



TRAVEL INSURANCE WORDING



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SALES AND ENQUIRIES

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e: directsales@coverforyou.ie

CLAIMS ENQUIRIES

t: +44 (0) 1702 427246
www.submitclaim.co.uk/cfyi

THE MEDICAL EMERGENCY ASSISTANCE COMPANY

t: +44 (0) 203 824 0742
e: operations@emergencyassistance.co.uk



Policy Document Underwritten by Chaucer Syndicates Limited

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SCHEDULE OF BENEFITS AND EXCESSES

Cover section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 1 - Cancellation or curtailment Charges						
Cancellation or curtailment charges	€1,000	€150 (€25 loss of deposit)	€5,000	€75 (€25 loss of deposit)	€7,500	€50 (€25 loss of deposit)
Excursions	€150		€150		€150	
Section 2 - Emergency medical and other expenses						
Emergency medical and other expenses	€5,000,000	€150	€8,000,000	€75	€11,000,000	€50
Emergency dental treatment	No Cover	N/A	€350	Nil	€450	Nil
Additional accommodation and travelling costs	€1,000	€150	€1,000	€75	€1,000	€50
Funeral expenses abroad	€1,000	€150	€2,000	€75	€2,500	€50
Section 3 - Hospital benefit						
Hospital benefit	€10 per complete 24 hours of in-patient treatment up to €100	Nil	€20 per complete 24 hours of in-patient treatment up to €1,000	Nil	€40 per complete 24 hours of in-patient treatment up to €2,000	Nil
Section 4 - Personal accident						
Permanent total disablement (age 18 – 65 years inclusive)	€7,500	Nil	€25,000	Nil	€40,000	Nil
Permanent total disablement (age 17 years or under or 66 years and over)	No Cover	N/A	No Cover	N/A	No Cover	N/A
Loss of one or more limbs, or total and irrecoverable loss of sight in one or both eyes	€7,500	Nil	€25,000	Nil	€40,000	Nil
Death benefit						
Aged 18 – 65 years inclusive	€5,000	Nil	€15,000	Nil	€20,000	Nil
Aged 17 years or under	€500	Nil	€1,500	Nil	€2,000	Nil
Aged 66 years or over	€500	Nil	€1,500	Nil	€2,000	Nil
Section 5 - Baggage						
Baggage	€1,000	€150	€2,500	€75	€3,500	€50
Single article, pair or set limit	€150	€150	€250	€75	€500	€50
Total for all valuables	€200	€150	€300	€75	€400	€50
Total for all valuables (age 17 years or under)	€75	€150	€75	€75	€75	€50
Tobacco, alcohol and fragrances limit	€50	€150	€75	€75	€100	€50
Delayed baggage	€75 per 24 hours up to €150	Nil	€150 per 24 hours up to €300	Nil	€300 per 24 hours up to €600	Nil
Section 6 - Personal money						
Personal money	€250	€150	€400	€75	€500	€50
Cash limit	€150	€150	€300	€75	€350	€50
Cash limit (age 17 years or under)	€75	€150	€100	€75	€150	€50
Passport & travel documents	€125	Nil	€250	Nil	€500	Nil
Passport & travel documents (age 17 years or under)	€100	Nil	€100	Nil	€100	Nil

Cover section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 7 - Personal liability						
Personal liability	€750,000	€150	€2,000,000	€75	€2,000,000	€50
Section 8 - Delayed departure						
Delayed departure after 12 hours delay	€10 per 12 hours up to €50	Nil	€25 per 12 hours up to €250	Nil	€50 per 12 hours up to €500	Nil
Abandonment of trip after 24 hours delay	€1,000	€150	€5,000	€75	€7,500	€50
Section 9 - Missed departure on your outward journey						
Missed departure on your outward journey	€500	€150	€1,000	€75	€2,000	€50
Section 10 - Hijack						
Hijack	€50 per 24 hours up to €500	Nil	€100 per 24 hours up to €1,000	Nil	€150 per 24 hours up to €1,500	Nil
Section 11 - Mugging						
Mugging	€15 per 24 hours up to €150	Nil	€25 per 24 hours up to €250	Nil	€100 per 24 hours up to €500	Nil
Section 12 - Legal expenses						
Legal expenses	€15,000 (€30,000 policy maximum)	€150	€20,000 (€40,000 policy maximum)	€75	€25,000 (€50,000 policy maximum)	€50
Section 13 - Credit card fraud						
Credit card fraud	€200	€150	€500	€75	€500	€50
Section 14 - Connecting flight						
Connecting flight	No Cover	N/A	€750	€75	€1,000	€50
Section 15 - Scheduled airline failure						
Scheduled airline failure	No Cover	N/A	€1,500	Nil	€2,500	Nil
Section 16 - End supplier failure						
End supplier failure	No Cover	N/A	€1,500	Nil	€2,500	Nil

Optional Winter Sports cover

- **Your policy certificate** will show if **you** selected this option and the appropriate additional premium has been paid.

Cover Section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 17.1 - Winter sports cover						
Ski equipment						
Owned	No Cover	N/A	€500	€75	€1,000	€50
Hired	No Cover	N/A	€400	€75	€600	€50
Single article, pair or set limit	No Cover	N/A	€200	€75	€300	€50
Section 17.2						
Ski equipment hire	No Cover	N/A	€30 per 24 hours up to €300	Nil	€60 per 24 hours up to €600	Nil
Section 17.3						
Ski pack	No Cover	N/A	€300	Nil	€600	Nil
Section 17.4						
Piste closure	No Cover	N/A	€30 per 24 hours up to €300	Nil	€40 per 24 hours up to €400	Nil
Section 17.5						
Avalanche closure	No Cover	N/A	€300	€75	€500	€50

Optional Cruise cover

- **Your policy certificate** will show if **you** selected this option and the appropriate additional premium has been paid.

Cover Section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 18.1 - Cruise cover						
Additional baggage cover	No Cover	N/A	No Cover	N/A	€1,500	€50
Increased single article, pair or set limit	No Cover	N/A	No Cover	N/A	€250	€50
Section 18.2						
Cabin confinement	No Cover	N/A	€75 per 24 hours up to €375	Nil	€100 per 24 hours up to €700	Nil
Section 18.3						
Missed port	No Cover	N/A	€75 per port up to €375	Nil	€100 per port up to €500	Nil
Section 18.4						
Unused cruise excursions	No Cover	N/A	€500	€75	€750	€50
Section 18.5						
Cruise connection	No Cover	N/A	No Cover	N/A	€750	€50

Optional Golf cover

- **Your policy certificate** will show if **you** selected this option and the appropriate additional premium has been paid.

Cover Section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 19.1- Golf cover						
Golf equipment						
Owned	No Cover	N/A	€1,500	€75	€1,500	€50
Hired	No Cover	N/A	€325	€75	€750	€50
Single article, pair or set limit	No Cover	N/A	€250	€75	€400	€50
Section 19.2						
Golf equipment hire	No Cover	N/A	€40 per 24 hours up to €240	Nil	€80 per 24 hours up to €400	Nil
Section 19.3						
Loss of green fees	No Cover	N/A	€80 per 24 hours up to €400	Nil	€80 per 24 hours up to €400	Nil
Section 19.4						
Hole in one	No Cover	N/A	€55	Nil	€100	Nil

Optional Business cover

- **Your policy certificate** will show if **you** selected this option and the appropriate additional premium has been paid.

Cover Section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 20.1 - Business cover						
Business equipment	No Cover	N/A	€1,500	€75	€3,000	€50
Single article, pair or set limit	No Cover	N/A	€300	€75	€500	€50
Samples limit	No Cover	N/A	€275	€75	€500	€50
Section 20.2						
Business equipment hire	No Cover	N/A	€50 per 24 hours up to €250	Nil	€100 per 24 hours up to €500	Nil
Section 20.3						
Replacement employee	No Cover	N/A	€1,500	€75	€2,000	€50

Optional Wedding cover

- **Your policy certificate** will show if **you** selected this option and the appropriate additional premium has been paid.

Cover Section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 21.1 - Wedding cover						
Wedding rings	No Cover	N/A	€500	€75	€1,000	€50
Section 21.2						
Wedding gifts	No Cover	N/A	€1,000 per couple	€75	€2,000 per couple	€50
Single article, pair or set limit	No Cover	N/A	€250	€75	€500	€50
Section 21.3						
Wedding clothes	No Cover	N/A	€2,000 per couple	€75	€2,000 per couple	€50
Single article, pair or set limit	No Cover	N/A	€250	€75	€500	€50
Section 21.4						
Wedding photographs and video	No Cover	N/A	€750 per couple	€75	€1,500 per couple	€50

Optional Catastrophe cover

- **Your policy certificate** will show if **you** selected this option and the appropriate additional premium has been paid.

Cover Section	Silver Cover	*Excess	Gold Cover	*Excess	Platinum Cover	*Excess
Section 22.1 - Catastrophe Cover						
Cancellation or curtailment	No Cover	N/A	€1,500	€75	€2,000	€50
Section 22.2						
Missed departure	No Cover	N/A	€1,500	€75	€2,000	€50
Section 22.3						
Delayed return	No Cover	N/A	€250	€75	€500	€50

*The **excess** is deducted from each claim, per section, for each separate incident payable for each **insured person**. If **you** have paid the additional premium for **excess** waiver, this will be shown on **your policy certificate** and the **excess** would be reduced to Nil in the event of a claim.

INTRODUCTION

This policy wording along with **your policy certificate** and any appropriate endorsements forms the basis of **your** contract of insurance with **us**. Together, these documents detail and explain what **you** are covered for and what **you** are not covered for.

Different levels of cover apply depending on whether **you** have bought a Silver, Gold or Platinum policy, and additional sections of cover will apply if **you** have paid the required premium for policy upgrades.

Please read this policy wording to make sure that the cover meets **your** needs and please check the details outlined within **your policy certificate** and any applicable endorsements to make sure that the information shown is correct. If anything is incorrect please notify CoverForYou Travel Insurance immediately.

In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, legal liability or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your policy certificate**.

ELIGIBILITY - REPUBLIC OF IRELAND RESIDENTS ONLY

This policy is only available to **you** if:

- » **You** are permanently resident in the **Republic of Ireland** and have **your** main **home** in the **Republic of Ireland**;
- » **You** are registered with a doctor in the **Republic of Ireland**;
- » **You** have a Personal Public Service Number (PPS number), where aged 16 years of age or older);
- » **You** are in the **Republic of Ireland** at the time of purchasing this policy and before starting **your trip**.
- » **You** are not travelling against medical advice or with the intention of receiving medical treatment;
- » **Your trip** starts and ends in the **Republic of Ireland**.

THE LAW WHICH APPLIES TO THIS POLICY

This policy will be governed by the laws of the **Republic of Ireland** and **you, insured persons** and **we** agree to submit to the exclusive jurisdiction of the courts of the **Republic of Ireland** to determine any dispute arising under or in connection with it, unless agreed to the contrary by **you** and **us** before the commencement date.

The Terms and Conditions of this policy will only be available in English and all communication relating to this policy will be in English.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme (depending on the type of insurance and the circumstances of the claim) if **we** are unable to meet **our** financial obligations under this policy. A claim under this type of insurance is covered for 90% of the claim without any upper limit.

Further information about the compensation scheme is available from: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU. United Kingdom. Tel: +44 (0) 20 7741 4100 or 0800 678 1100. Website: www.fscs.org.uk

AGE ELIGIBILITY – ANNUAL MULTI TRIP

The person buying this insurance must be 18 years of age or over at the date of purchase.

This policy is not available to anyone aged 76 or over at the time the **policy certificate** is issued if annual multi trip cover is selected. If **you** are aged 17 or under at the time the **policy certificate** is issued, **you** may travel

independently provided **you** are accompanied by a responsible adult.

If **you** reach any of the ages mentioned above during the **period of insurance**, cover will continue until the next renewal date but not after that.

AGE ELIGIBILITY – SINGLE TRIP

The person buying this insurance must be 18 years of age or over at the date of purchase.

If single trip cover is selected, this policy is not available to anyone aged 80 or over at the time the **policy certificate** is issued.

GEOGRAPHICAL AREAS

You will not be covered if **you** travel outside the area **you** have selected, as shown in **your policy certificate**.

Area 1: ROI & UK – The **Republic of Ireland** and the United Kingdom being England, Wales, Scotland, Northern Ireland, the Isle of Man and the Channel Islands.

Area 2: Europe - All countries listed in **ROI & UK** above, together with Albania, Andorra, Austria, Belarus, Belgium, Bosnia- Herzegovina, Bulgaria, Corsica, Croatia, Cyprus (Northern & Southern), Czech Republic, Denmark, Estonia, Egypt, Finland, France, Germany, Gibraltar, Gozo, Greece, the Greek Islands (including Crete, Rhodes, Corfu, Kos and Zakynthos), Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), Sardinia, Serbia and Montenegro, Sicily, Slovakia, Slovenia, Spain, the Balearic Islands (including Majorca, Menorca, Ibiza and Formentera); the Canary Islands (including Fuerteventura, Gran Canaria, Lanzarote and Tenerife), Sweden, Switzerland, Tunisia, Turkey and Ukraine.

Area 3: Australia & New Zealand

Area 4: Worldwide (but excluding Canada, the Caribbean and the USA)

Area 5: Worldwide (including Canada, the Caribbean and the USA)

Stop-overs in a country within a higher area are insured provided they do not exceed 48 hours.

Please note: this policy does not cover **your** travel to a country or specific area or event to which the Department of Foreign Affairs in the **Republic of Ireland** or the World Health Organisation (WHO) has advised against all travel or all but essential travel.

There is no cover for any **trips** in, to or through Afghanistan, Liberia or Sudan.

POLICY EXCESS

Under most sections of the policy, claims will be subject to an **excess**. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**, unless **you** have paid the additional premium to waive the **excess** and this is shown on **your policy certificate**. Please note that **excess** waiver is only available under the Platinum & Gold Cover.

HELPLINES

Please carry this policy document with **you** in case of an emergency.

POLICY INFORMATION OR ADVICE

If **you** would like more information or if **you** feel the insurance may not meet **your** needs, please contact CoverForYou Travel Insurance by email: directsales@coverforyou.ie, or by telephone 00353 1 513 4190.

INSURER

This insurance is underwritten by Chaucer Syndicates Limited.

Chaucer Syndicates Limited are authorised and regulated by the Financial Conduct Authority and registered in England & Wales No. 184915, Financial Services Register number 204915. Registered Office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AD.

SOLD AND ADMINISTERED BY

This policy is sold and administered by CoverForYou Travel Insurance, a trading name of Worldwide Internet Insurance Services Limited. Worldwide Internet Insurance Services Limited is an insurance intermediary licenced in Gibraltar by the Financial Services Commission under License Number FSC00657B. Registered Office Suite 3.2.1 Eurotowers, Europort Road, Gibraltar. Company House No: 81201. Regulated by the Central Bank of Ireland for conduct of business rules.

You can contact CoverForYou Travel Insurance by telephone: 00353 1 513 4190, or by email: directsales@coverforyou.ie or by writing to: CoverForYou, 13 Upper Baggot Street, 2nd Floor, Dublin 4.

STAMP DUTY

Stamp duty has been or will be paid to the Revenue Commissioners in accordance with the provisions of Section 5 of the Stamp Duty Consolidation Act 1999.

DATA PROTECTION ACT NOTICE

Who we are

We are Chaucer Syndicates Limited, the underwriter identified in the contract of insurance and/or in the **policy certificate**.

The basics

We collect and use relevant information about **you** to provide **you** with **your** insurance cover and to meet **our** contractual obligations.

This information includes details such as **your** name, address and contact details and any other information that **we** collect about **you** in connection with the insurance cover from which **you** benefit. This information may include more sensitive details such as information about **your** health.

In certain circumstances, **we** may need **your** consent to process certain categories of information about **you** (including sensitive details such as information about **your** health). Where **we** need **your** consent, **we** will ask **you** for it separately. **You** do not have to give **your** consent and **you** may withdraw **your** consent at any time. However, if **you** do not give **your** consent, or **you** withdraw **your** consent, this may affect **our** ability to provide the insurance cover from which **you** benefit and may prevent **us** from providing cover for **you** or handling **your** claims.

The way insurance works means that **your** information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **your** personal information in connection with the insurance cover that **we** provide and to the extent required or permitted by law.

Other people's details you provide to us

Where **you** provide **us** or Cover For You Travel Insurance with details about other people, **you** must provide this notice to them.

Want more details?

For more information about how **we** use **your** personal information please see **our** full privacy notice(s), which is/are available online on **our** website www.chaucerplc.com/privacy-cookie-policy/ or in other formats on request.

Contacting us and your rights

You have rights in relation to the information **we** hold about **you**, including the right to access **your** information. If **you** wish to exercise **your** rights, discuss how **we** use **your** information or request a copy of **our** full privacy notice(s), please contact **us** or Cover For You Travel Insurance who arranged **your** insurance who will provide **you** with **our** contact details at:

CoverForYou travel insurance by telephone: 00353 1513 4190, or by email: directsales@coverfor.ie or by writing to: CoverForYou, 13 Upper Baggot Street, 2nd Floor, Dublin 4.

INFORMATION – EU TRAVEL REGULATIONS

Under European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** carrier if any of the following happen:

1. Denied boarding and cancelled flights

If **you** check-in on time but **you** are denied boarding because there are not enough seats available or if **your** flight is cancelled, the airline operating the flight must offer **you** financial compensation.

2. Long delays

If **you** are delayed for two hours or more, the airline must offer **you** meals and refreshments, hotel accommodation and communication facilities. If **you** are delayed for more than five hours, the airline must also offer to refund **your** ticket.

3. Luggage

If **your** checked-in luggage is damaged or lost by an EU airline, **you** must claim compensation from the airline within 7 days. If **your** checked-in luggage is delayed, **you** must claim compensation from the airline within 21 days of its return.

4. Death or injury

If **you** are injured in an accident on a flight by an EU airline, **you** may claim damages from the airline. If **you** die as a result of these injuries **your** family may claim damages from the airline.

Full details are available at https://ec.europa.eu/info/live-work-travel-eu/travelling-within-eu/passenger-rights_en

DEFINITIONS

These definitions apply throughout **your** policy wording. Where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. **We** have listed the definitions alphabetically.

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

Bodily injury - means an identifiable physical injury caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

Business equipment - means items used by **you** in support of **your** business activity including stationery, business books, office equipment which is portable by design including, but not restricted to, personal computers, PDA's and mobile telephones all owned by **you** or **your** legal responsibility which are used or carried by **you** during any **trip**.

Business money - means bank notes, currency notes and coins in current

use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for business use and which are non-refundable.

Business samples – means samples of **your** business stock owned by **you** or **your** legal responsibility.

Business trip – means a **trip** for business purposes involving administrative duties and excluding **manual work**.

Change in health

Any deterioration or change in **your** health between the date the policy was purchased and the date of travel, this includes, new medication, change in regular medication, deterioration of a previously stable condition, referral to a specialist, investigation of an undiagnosed condition or awaiting treatment/consultation.

Close business associate - means any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

Close relative - means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/ fiancée.

Complications of pregnancy - means toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, still births, miscarriage, medically necessary emergency Caesarean section, medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

Cruise - means a **trip** involving a sea voyage of more than five days total duration, where transportation and accommodation is primarily on an ocean going passenger carrying liner, ship or river cruiser. In any event there is no cover for **your** travel by freighter, container or cargo ship.

Curtailement /Curtailed/Curtailed - means either:

- a. abandoning or cutting short the **trip** by direct early return to **your home area**, in which case claims will be calculated from the day **you** returned to **your home area** and based on the number of complete days of **your trip you** have not used, or
- b. by attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a treating **medical practitioner**, in either case for a period in excess of 48 hours.

Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

Cyber event – means an unauthorised or malicious act or series of related unauthorised or malicious acts or the threat or hoax thereof involving access to, processing of, use of or operation of any information technology system or any electronic data by any person or group(s) of persons.

Excess - means the first amount of each claim, per section, for each separate incident payable for each **insured person**.

Family cover - means up to two adults and all of their children, step children, foster children or grandchildren aged 17 or under at the time the **policy certificate** is issued, who are in full time education.

On an annual multi trip policy, either of the adults and the children (when accompanied by a responsible adult) are also insured to travel on their own.

Golf equipment - means golf clubs, golf balls, golf bag, non-motorised golf trolley, golf shoes and golf gloves.

Hijack - means the unlawful seizure or wrongful exercise of control of the **public transport** in which **you** are travelling as a passenger.

Home - means **your** normal place of residence in the **Republic of Ireland**.

Home area – An **insured person's** usual place of residence within the **Republic of Ireland**.

Insured person - See definition of **You/Your/Yourself/Insured person**.

Loss of Limb - means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

Loss of sight - means total and irrecoverable **loss of sight** which shall be considered as having occurred:

- c. in both eyes, if **your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and
- d. in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Manual work - means physical work or work involving the use or operation of mechanical or non-mechanical machinery or equipment.

Medical condition - means any disease, illness or injury.

Medical practitioner - means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with.

Mugging - means a violent, threatening attack by someone previously not known to **you**, which results in physical harm to the body, as shown in the police report.

Package - means the pre-arranged combination of at least two of the following components when sold or offered for sale at an inclusive price and when the service covers a period of more than 24 hours or includes overnight accommodation:

- a. transport
- b. accommodation
- c. other tourist services not ancillary to transport or accommodation (such as car hire or airport parking) and accounting for a significant proportion of the **package** as more fully described under The Package Travel, Package Holidays and Package Tour Regulations 1992.

Period of insurance - means:

- a. If annual multi trip cover is selected: the period of 12 months for which **we** have accepted the premium as stated in the **policy certificate**.

During this period any **trip** not exceeding the relevant maximum duration any one **trip** stated below, is covered:

Age of insured person at the date the policy certificate is issued	Maximum duration any one trip		
	Silver	Gold	Platinum
65 years and under	31 Days	31 Days	45 days (or 90 days if agreed by us and shown on your policy certificate)
66 to 75 years	31 Days	31 Days	31 Days

IMPORTANT - If any **trip** exceeds the durations shown above then there is absolutely no cover under this policy for that **trip** (not even for the first 31, 45 or 90 days of the **trip**), unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

If **you** have paid the appropriate additional premium and winter sports cover is shown on **your policy certificate** as being included, **you** are covered for up to 24 days under Platinum cover, up to 21 days under Gold cover in total in each **period of insurance** for winter sports. There is no cover provided for winter sports under Silver cover.

Section 1 - Cancellation charges, Section 15 – Scheduled airline failure

sub-section 1a and Section 16 – End supplier failure sub section 1a will be operative from the date stated in the **policy certificate** or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

For all other sections of the policy that apply, the insurance starts when **you** leave **your home** but not before the selected start date of **your** policy or for a **business trip your** place of business in **your home area** (whichever is the later) to start the **trip**, and ends at the time of **your** return to **your home** or place of business in **your home area** on completion of the **trip**, or on expiry of the **period of insurance**, whichever is earlier.

However any **trip** that had already begun when **you** purchased this insurance will not be covered, except where this policy replaces or renews an existing annual multi trip policy which fell due for renewal during the **trip**.

b. 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 the **policy certificate**, unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

Section 1 – Cancellation charges, Section 15 – Scheduled airline failure sub-section 1a and Section 16 – End supplier failure sub section 1a will be operative from the time **you** pay the premium.

For all other sections of the policy that apply, the insurance starts when **you** leave **your home** but not before the selected start date of **your** policy or for a **business trip your** place of business in **your home area** (whichever is the later) to start the **trip**, and ends at the time of **your** return to **your home** or place of business in **your home area** on completion of the **trip**, or on expiry of the **period of insurance**, whichever is earlier.

However any **trip** that had already begun when **you** purchased this insurance will not be covered.

The **period of insurance** is automatically extended for the period of the delay (but not exceeding 30 days unless agreed in writing by **us**) in the event that **your** return to **your home area** is unavoidably delayed due to an event insured by this policy.

Personal money - means bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for personal use and which are non-refundable.

Piste - means a recognised and marked ski run within the resort boundaries.

Policy certificate - means the document showing details of the cover and which should be read with this policy wording.

Public transport - means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

Republic of Ireland/ROI - means the **Republic of Ireland**.

Schedule of benefits - means the details of cover as outlined on pages 4, 5, 6 and 7 of this document.

Secure baggage area - means any of the following, as and where appropriate:

- a. The locked dashboard, boot or luggage compartment of a motor vehicle
- b. The locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c. The fixed storage units of a locked motorised or towed caravan
- d. A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

Single parent cover - means one adult and all of his or her children, step children, foster children or grandchildren aged 17 years or under at the time

the **policy certificate** is issued, who are in full time education.

On an annual multi trip policy the adult and children (when accompanied by a responsible adult) are also insured to travel on their own.

Ski equipment - means skis (including bindings), ski boots, ski poles and snowboards.

Sports equipment - means specialist equipment belonging to **you** used specifically for a particular sport or leisure pursuit.

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

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

Trip - means any holiday or pleasure **trip** or journey, within the geographical areas shown in the **policy certificate** that begins and ends in **your home area** during the **period of insurance**.

Trip does not include any

- a. part of any **trip** where **you** engage in or intend to engage in **manual work**
- b. one-way **trip**
- c. **trip** that had already begun when **you** purchased this insurance except where this policy is an annual multi trip policy that replaces or renews an existing annual multi trip policy which fell due for renewal during the **trip**.
- d. any **trip** which exceeds the maximum duration for any one **trip** stated in the **policy certificate**.

In addition, any **trip** solely within **your home area** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each **trip** under annual multi trip cover is considered to be a separate insurance, with the terms, definitions, What is not covered and conditions contained in this policy applying to each **trip**.

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

Usual, reasonable and customary - means the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. **We** will determine what **usual, reasonable and customary** charges are, and in doing so may consider one or more of the following factors:

- a. the level of skill, extent of training, and experience required to perform the procedure or service;
- b. the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services;
- c. the severity or nature of the illness or **bodily injury** being treated;
- d. the amount charged for the same or comparable services, medicines or supplies in the locality;
- e. the amount charged for the same or comparable services, medicines or supplies in other parts of the country;
- f. the cost to the medical provider of providing the service, medicine or supply;
- g. such other factors as **we**, in the reasonable exercise of discretion, determine are appropriate.

Valuables - means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, telescopes, binoculars, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, smart phones and ancillary items, tablets, laptops, computer equipment, games and associated equipment, MP3/4 players, CD's, DVD's, tapes, films, cassettes, cartridges and headphones).

We/Us/Our - means Chaucer Syndicates Ltd.

You/Your/Yourself/Insured person - means each person travelling on a **trip** whose name appears in the **policy certificate**.

GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

You must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. Dual insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section 4 – Personal accident).

2. 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** or CoverForYou Travel Insurance 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 CoverForYou Travel Insurance 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 is inaccurate, **you** must inform CoverForYou Travel Insurance as soon as practicable.

3. Reasonable precautions

At all times **you** must take all reasonable precautions to avoid **bodily injury**, illness, disease, loss, theft or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

4. Cancellation by you

a. Statutory cancellation rights

You can cancel this policy within 14 days of receiving it. This is called the 'cooling off' period.

If **you** have not travelled and no claim has been made and no incident likely to result in a claim has occurred, **we** will refund the premium **you** paid.

b. You may cancel this policy at any time, after the 14 day 'cooling off' period.

If **you** have purchased a single trip policy, **we** will refund 50% of the premium.

If **you** have purchased an annual multi trip policy, and cover has not already started **we** will refund **your** entire premium. If cover has started, **we** will refund the premium to **you** subject to the minimum

premium (plus Irish Government Levy and Stamp Duty where applicable), in accordance with the amounts shown below.

No refund will be payable if **you** have made or intend to make a claim or if any **trip** has already started.

Refund of premium		
Period within buying your policy (or for renewals, period within your policy renewal date):	Premium Returned	Minimum premium
14 days	75%	€15.00
2 months	60%	
3 months	50%	
4 months	40%	€35.00
5 months	30%	
6 months	25%	
No refund will be given after 6 months.		

If CoverForYou Travel Insurance charges an administration fee for cancelling **your** policy, it will be clearly identified by them and will not form part of the premium returned or minimum premium.

If **you** decide that **you** want to cancel the policy (or any future renewal of the policy offered by **us**) tell **us**:

- a. by emailing directsales@coverforyou.ie; or
- b. by writing to CoverForYou Travel Insurance Customer Support, 13 Upper Baggot Street, 2nd Floor, Dublin 4; or
- c. by telephoning 00353 1 513 4190.

5. Cancellation by us

We may cancel **your** policy where there is a valid reason for doing so by giving **you** seven days' notice in writing to **your** last known address or by email to the address **you** have given **us**. **We** will give **you** a refund in proportion to the time left until **your** current **period of insurance** is due to run out. Valid reasons may include but are not limited to:

- » If **you** advise **us** of a change of risk under **your** policy which **we** are
- » unable to insure;
- » Where **you** fail to respond to requests from **us** for further information or documentation;
- » Where **you** have given incorrect information and fail to provide clarification when requested;
- » Where **you** breach any of the terms and conditions which apply to **your** policy; and/or
- » The use of threatening or abusive behaviour or language, or intimidation or bullying of **our** staff or suppliers, by **you** or any person acting on **your** behalf.

No refund will be payable if **you** have made or intend to make a claim or if **your trip** has already started.

6. Fraudulent acts

If **you** or anyone acting on **your** behalf have intentionally concealed or misrepresented any information or circumstance that **you** had a responsibility to tell **us** about, or engaged in any fraudulent conduct, or made any false statement relating to this insurance, **we** may:

- » void the policy, which means **we** will treat the policy as if it had never existed;
- » not return to **you** the premium paid;
- » not pay claims;
- » seek to recover any money from **you** for any claims **we** have already paid, including the amount of any costs or expenses **we** have incurred;
- » inform the police, other financial services organisations and anti-fraud databases, as set out under the Important Notes section headed 'Fraud prevention and detection'.

7. Several liability notice

The subscribing (re)insurers' obligations under contracts of (re)insurance to which they subscribe are several and not joint and are limited solely to

the extent of their individual subscriptions. The subscribing (re)insurers are not responsible for the subscription of any co-subscribing (re)insurer who for any reason does not satisfy all or part of its obligations

CLAIMS CONDITIONS

You must comply with the following conditions to have the full protection of **your** policy.

1. Making a claim

You must tell **us** about any incidents of loss, damage, **bodily injury**, illness, redundancy or liability as soon as possible, whether or not they give rise to a claim. **You** must give **us** all the information and help **we** may need. **We** will decide how to settle or defend a claim and may carry out proceedings in the name of any person covered by **your** policy, including proceedings for recovering any claim payments.

a. Medical emergencies, hospital treatment, tests and repatriation

If **you** are injured or become ill abroad and need hospital treatment, specialist medical treatment, medical tests, scans or to be brought back to the **Republic of Ireland** **you** must contact:

The Medical Emergency Assistance Service on +44 (0) 203 824 0742

If **you** are unable to do this **yourself**, a personal representative must do this for **you** as soon as possible.

If the Medical Emergency Assistance Service are not contacted, **we** may reject **your** claim or reduce payments.

b. All other claims

You must contact within 30 days of **your trip** ending:

Claims Settlement Agencies,
308-314 London Road,
Hadleigh, Benfleet,
Essex, SS7 2DD. United Kingdom.
Email: info@csal.co.uk
Website: www.csal.co.uk
Tel: +44 (0) 1702 427246

The fastest and easiest way to make a claim is online at www.submitclaim.co.uk/cfy

You (or **your** legal representative) must give **us** all the information and documents that **we** may need at **your** (or their) own expense. If **you** make a medical claim **you** may be asked to supply **your medical practitioner's** name to enable **us** to access **your** medical records. This will help **us** and the **medical practitioner** treating **you**, to provide the most appropriate assistance and assess whether cover applies. If **you** do not agree to provide this when requested **we** will not deal with **your** claim.

When there is a claim for **bodily injury** or illness **we** may ask for (and will pay the costs of) an **insured person** to be medically examined on **our** behalf, or in the event of death, request a post-mortem examination.

2. Repaying claims not covered

If **we** make a payment before cover is confirmed and **our** claim investigation reveals that no cover exists under the terms of **your** policy, **you** must pay **us** back any amount **we** have paid.

3. Lost or damaged property

You must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property.

We may refuse to reimburse **you** for any property which **you** cannot provide proof of ownership such as an original receipt, a valuation, original user manual or bank or credit card statements.

4. Transferring of rights

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

IMPORTANT CONDITIONS RELATING TO HEALTH

You must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

Private Health Insurance Members

If, when **you** purchased this policy, **you** have confirmed that **you** have a valid private health insurance policy that includes in-patient hospital cover abroad of €55,000 or more, **you** do not need to contact **us** for medical screening.

If, under **your** private health insurance policy, **you** have to serve a "waiting period" (this is the period during which **you** are not fully covered under the policy), **you** must contact **us** for medical screening to declare any medical conditions as stipulated below.

Important note: If **your** private health insurance does not provide cover for the full duration of **your trip** abroad as stated on **your policy certificate** **you** will still be required to contact **us** for medical screening to declare **your medical conditions** as stipulated below.

Please note: If **you** are answering the medical questions on behalf of someone else, **you** must make sure that **you** have their permission to do so and all of the required information to answer the medical questions fully and accurately. If **you** are not sure of any of the information **you** are giving **us** or do not know, the answers must be checked with the treating G.P.

It is a condition of this policy that **you** will not be covered under:

- Section 1 – Cancellation or curtailment charges, Section 2 – Emergency medical & other expenses, Section 3 – Hospital benefit and
- if the appropriate optional section of cover is shown as operative in the **policy certificate**, Section 17.3 – Ski pack, Section 18.2 - Cabin confinement, Section 18.4 – Unused cruise excursions and Section 18.5 – Cruise connection, Section 20.3 – Replacement employee

for any claims arising directly or indirectly from:

1. At the time of taking out this policy:

- Any existing **medical condition** **you** have unless **you** have completed the medical screening process during the purchase of **your** policy, paid any relevant additional premium and received written confirmation from CoverForYou Travel Insurance confirming **we** are able to cover **you**.
- Any **medical condition** for which **you** have received a terminal prognosis.
- Any **medical condition** **you** are aware of but for which **you** have not had a diagnosis.
- Any **medical condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.
- Any medical condition affecting **you**, a **close relative** or a **close business associate** that **you** are aware of, that could reasonably be expected to result in a claim on this policy.
- Any existing **medical condition** of a non-travelling **close relative**, **close business associate** or friend living abroad who **you** had planned to stay with, or any known or recognised complication of or caused by the existing **medical condition** if during the three months before **you** bought this policy, they:
 - » have been diagnosed with a new **medical condition** for which they need to take prescribed medication;
 - » have been referred to or seen by a medical specialist or needed in-patient treatment;
 - » are receiving or waiting for medical investigation or treatment for any undiagnosed condition or set of symptoms; or
 - » have been given a terminal prognosis.

2. At any time:

- Any medical conditions **you** have for which a **medical practitioner** has advised **you** not to travel (or would have done so had **you**

- sought his/her advice), but despite this **you** still travel.
- Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures).
 - Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
 - Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
 - Your** participation in clinical/drug trials.

You should also refer to What is not covered – applicable to all sections of the policy.

MEDICAL SCREENING

Telephone: 00 353 1 513 4190

If **you** need to complete the medical screening process, **you** can visit www.coverforyou.ie where **you** will find simple questions about **your medical conditions**, medication, trips to **your medical practitioner**, and other related matters, or **you** can call Coverforyou.ie on 00353 1 513 4190.

If, as a result of **you** completing medical screening, special terms such as an additional premium are applied, **you** will be advised immediately and these terms will form part of the policy. The policy will be emailed to **you** with confirmation of the conditions declared, terms and conditions that apply and confirmation that **you** have paid any additional premium due.

If **you** decide not to pay any additional premium due or do not declare a **medical condition to us**, **you** will NOT be covered for any medical conditions:

- Under Section 1 – Cancellation or curtailment charges, Section 2 – Emergency medical & other expenses, Section 3 – Hospital benefit and
- if the appropriate optional section of cover is shown as operative in the **policy certificate** under Section 17.3 – Ski pack, Section 18.2 – Cabin confinement, Section 18.4 – Unused cruise excursions and Section 18.5 – Cruise connection, Section 20.3 – Replacement employee.

You should also refer to What is not covered – applicable to all sections of the policy.

Change in health during the period of insurance

If **your** health changes between the date this policy was bought and the date of travel, **you** should telephone CoverForYou Travel Insurance on 00353 1 513 4190 as soon as possible, to make sure **your** cover is not affected.

You will need to answer simple questions about **your change in health - medical conditions**, medication, trips to **your medical practitioner**, and other related matters.

We may require an additional premium, or withdraw cover completely should the stability of the condition make it necessary to do so.

If **we** cannot cover **your** medical conditions, **we** will give **you** the choice of either:

- cancelling **your** policy and **we** will arrange a proportionate/partial refund providing **you** have not/will not make a claim; or
- making a cancellation claim for any pre-booked **trips**.

Travelling when pregnant

Pregnancy is not a **medical condition**. **You** may decide to travel until **you** are quite late into **your** pregnancy. Airlines and ferry/shipping companies including **cruise** liners have their own restrictions due to health and safety requirements. **You** should check with them or any other transport companies **you** propose to use before **you** book.

Please make sure that **your medical practitioner** and midwife are aware of **your** travel plans, that there are no known complications and that **you** are not travelling against any medical advice. **We** have the right to request a medical certificate to confirm this.

We will only pay claims due to **complications of pregnancy**, or where **you** were unaware of the pregnancy at the time of purchasing this policy and **you** are advised not to travel by a **medical practitioner**.

WHAT IS NOT COVERED – APPLICABLE TO ALL SECTIONS OF THE POLICY

We will not pay for claims arising directly or indirectly from:

1. War risks, civil commotion.

War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

2. Terrorism

This exclusion shall not apply to losses under Section 2 – Emergency medical and other expenses, Section 3 – Hospital benefit and Section 4 – Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.

3. Radioactive contamination

Ionising radiation or radioactive contamination caused by nuclear fuel or waste, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear equipment.

4. Sonic bangs

Pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

5. Flying other than as a passenger

You travelling in an aircraft other than as a fare paying passenger in a fully licensed passenger carrying aircraft.

6. Winter sports

Your participation in winter sports unless the appropriate winter sports premium has been paid, then cover will apply under those sections shown as covered for winter sports in **your policy certificate** for:

- the winter sports specified in the list on page 18
- any other winter sports shown as covered in **your policy certificate** for a period of no more than 24 days in total under Platinum cover, or 21 days in total under Gold cover in each **period of insurance** under annual multi trip policies and for the period of the **trip** under single trip policies.

Winter sports cover is not available under Silver cover.

7. Other sports or activities

Your participation in or practice of:

- professional entertaining or professional sports or competitive activities.
- any other sport or activity, **manual work**, racing of any kind (other than on foot and recreational winter sports), driving any motorised vehicle unless:
 - specified in the lists on pages 17 and 18
 - or
 - shown as covered in **your policy certificate**.

8. Any search and rescue costs.

9. Driving without a licence

You driving any car or motorcycle, moped or scooter for which **you** do not hold appropriate qualification and licence to drive/ride in the **Republic of Ireland**. In any event there is no cover for **your** use of a quad bike.

10. Safety Precautions

You not wearing:

- a helmet whilst on a motorcycle, motor scooter or moped; or
- a seatbelt when travelling in a motor vehicle, where a seatbelt is available.

11. Pillion Passenger

You riding pillion, where the rider does not hold appropriate qualifications and licence to drive the vehicle in the country of use.

12. Carrier refusal

Your carriers refusal to allow **you** to travel for whatever reason.

13. **Your** travel by freighter, container or cargo ship.

14. Any **trip** in, to or through Afghanistan, Liberia or Sudan.

15. **Your** participation in clinical drug trials.

16. Sanctions

We shall not provide any cover or pay any claim or provide any benefit to the extent that this cover, payment of a claim or benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **Republic of Ireland** or the United States of America.

17. Suicide, self-inflicted injury or illness, and unnecessary danger

Your suicide or attempted suicide, wilful or self-inflicted injury or illness, or **your** deliberate exposure to unnecessary danger (except in an attempt to save human life).

18. Not taking medication or treatment

A **medical condition** for which an **insured person** chose not to take medication or other recommended treatment as prescribed or directed by a **medical practitioner**.

19. Tropical disease where not vaccinated

A tropical disease where **you** have not had the vaccinations or taken the medication recommended by the **Republic of Ireland** Department of Health or required by the authorities in the country being visited, unless **you** have written confirmation from a **medical practitioner** that **you** should not be vaccinated or take the medication, on medical grounds.

20. STD's

Sexually transmitted diseases.

21. Drugs, alcohol, substance or solvent abuse.

- a. **Your** use of drugs (other than drugs taken under supervision of **your medical practitioner** but not for drug addiction).
- b. **Your** alcohol intake whilst taking any combination of medication or drugs known (or would reasonably be suspected) to cause drowsiness, impaired vision or judgment when combined with alcohol whether such drugs are prescribed or not.
- c. **You** drinking too much alcohol (a blood alcohol level that exceeds 0.19% - approximately four pints or four 175ml glasses of wine).
- d. **Your** alcohol abuse or alcohol dependency.
- e. **Your** use of substance or solvents.

22. Jumping from buildings, balconies, vehicles etc.,

You (unless in an attempt to save human life or **your** life is in danger):

- a. climbing, jumping, moving from one balcony to another; or
- b. climbing, jumping or moving from any external part of a building to another (unless during the normal course of using the stairs, lifts or usual access points
- c. jumping or diving from piers, walls or rocks, including tombstoning and shore jumping, or climbing on top of or jumping from a vehicle.

23. Unlawful action

Your unlawful action or any criminal proceedings made against **you** under the authority of the customs and/or government of any country.

24. Additional loss or expense

Any loss that is not directly associated with the incident that caused the claim. For example, loss of earnings due to being unable to return to work following **bodily injury** or illness happening while on a **trip**.

25. Armed Forces

Your duties as a member of any armed forces or Territorial Army (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section 1 – Cancellation or curtailment charges).

26. Travelling against DFA /WHO advice

You travelling to a country or area or event against the advice of the Department of Foreign Affairs in the **Republic of Ireland** or the World Health Organisation (WHO) has advised against all travel or all but essential travel.

Websites: <https://www.dfa.ie/travel/travel-advice/>
<http://www.who.int/en/>

27. Reward Scheme Points

Any costs paid for using reward scheme points or similar, timeshare, holiday property bond or similar points scheme (including any exchange fees, property maintenance expenses or fees).

28. Cyber event

Any claim or loss arising directly or indirectly from a **cyber event**.

29. Insolvency

Any tour operator, travel agent, accommodation provider, **public transport** carrier or other service provider becoming insolvent and being unable or unwilling to carry out their duty to **you**.

30. Other Insurance

Loss, damage, liability or expense more specifically insured by another policy.

31. Denial of boarding

Any claim for denial of boarding by **your** carrier.

32. Currency exchange

Any loss caused by currency exchanges or fluctuations.

33. Costs recoverable elsewhere/refusal of reasonable alternative

Any costs incurred by **you**:

- a. which **you** can recover from **your** accommodation provider, **public transport** carrier or other service provider; and/or
- b. because **you** have refused a reasonable alternative from **your** accommodation provider, **public transport** carrier or other service provider.

SPORTS AND ACTIVITIES

The following lists detail the sports and activities that this policy will cover when **you** are participating on a recreational, incidental and amateur basis during any **trip**, provided that **you**:

1. comply with local laws and the relevant safety procedures rules and regulations
2. use appropriate safety equipment (such as helmet, harness, knee and/or elbow pads)
3. have not been advised by a **medical practitioner** against participating in such sport or activity (or would not have been advised against it if it would have been reasonable for **you** to seek their advice and **you** chose not to).

Please refer to General Exclusions and the relevant exclusions under each section of this policy, which continue to apply.

Please also note the specific exclusions under Section 7 – Personal liability relating to **your** owning, handling or looking after any animal; **you** owning or using a firearm, a horse drawn or motorised vehicle, a waterborne, motorised, mechanical or towed vehicle (except manually propelled watercraft) or an aircraft of any description, including unpowered flight; **you** owning or occupying any land or building; and **your** job or **your** involvement in paid or unpaid **manual work** or physical labour of any kind.

If **you** are participating in any other sports or activities not mentioned, please contact CoverForYou Travel Insurance by emailing directsales@coverforyou.ie; or by telephoning 00353 1 513 4190, as **we** may be able to offer cover for an additional premium. Details of those sports and activities which **you** have purchased cover for will be added to **your policy certificate**.

ACTIVITY PACK 1 – COVERED AS STANDARD

Aerobics	Angling
Animal Sanctuary/Refuge Work	Archery
Athletics - Track & field	Badminton
Balloonng - Hot Air	Banana Boating
Bar Work	Baseball
Basketball	Beach Games
Biathlon	Billiards
Bird Watching	Body Boarding
Bowling	Bowls
Bungee Jumping (maximum of 2 jumps)	Camel/Elephant Riding
Camping	Canoeing/Kayaking (including white water grade 1 and 2 rivers)
Catamaran Sailing (In-shore)	Clay Pigeon Shooting
Cricket	Croquet
Curling	Cycling
Dancing	Darts
Diving (indoor up to 5 metres)	Elephant Trekking (ROI -Booked)
Fell Walking	Flag football
Football	Fresh Water/Sea Fishing
Frisbee	Fruit or Vegetable Picking
Glass Bottom Boats	Golf
Gymnastics	Highland games
Hiking/Trekking/Walking up to 3,000m	Horse Riding
Ice Skating	Jet Boating (as passenger on organised trip with Tour Operator. No racing)
Jet Skiing	Jogging

Keepfit	Kiting
Korfball	Low Ropes
Marathons (Maximum of 2 and not extreme marathons)	Model Flying
Model sports	Motorcycling - Within Europe only - on a road, wearing a helmet, providing you hold an appropriate ROI licence for the capacity of the motorcycle you are riding). No cover off road or for Quad Bikes.
Mountain Biking (not downhill)	Netball
Petanque	Pigeon racing
Pony Trekking	Pool
Quoits	Rackets
Rafting (grade 1 rivers only)	Rambling
Racquet Ball	Restaurant Work
Rifle Range	Ringos
River Walking	Roller Blading
Roller skating	Rounders
Rowing	Running, Sprint/Long Distance
Safari (ROI Organised)	Safari Trekking
Sail Boarding	Sailing/Yachting inshore (recreational)
Scuba Diving to 30m with recognised school and qualified instructor	Sea Fishing
Sea Kayaking as a beach activity (subject to not kayaking alone, must wear a life jacket and be within sight of the shore)	Shooting (target range-not hunting)
Sledging/Tobogganing	Sleigh riding (reindeer, horses or dogs)
Small Bore Target Shooting	Snooker
Snorkelling	Softball
Squash	Stoolball
Stoopball	Surfing
Swim Trekking	Swimming
Swimming with Dolphins	Sydney Harbour Bridge
Table Tennis	Ten Pin Bowling
Tennis	Tubing
Tug of War	Volleyball
Wake Boarding	Water Skiing
Whale Watching	Windsurfing
Working	Yachting (inland and coastal waters)
Yoga	

ACTIVITY PACK 2 – COVERED SUBJECT TO PAYMENT OF AN ADDITIONAL PREMIUM AND IS SHOWN ON YOUR POLICY CERTIFICATE

Section 2 – Emergency Medical & Other Expenses - **Excess** increased to €250

Section 4 – Personal Accident – Cover excluded

Section 7 – Personal Liability – Cover excluded

Abseiling	Airsoft
Bamboo Rafting	Breathing Observation Bubble (BOB)
Climbing (indoor only)	Cross Country Running
Cycle Touring	Deep Sea Fishing
Dinghy Sailing	Dragon Boat Racing
Dry Slope Skiing	Elephant Trekking (Non-ROI booked)
Falconry	Fell Running
Fencing	Fives
Gaelic Football	Go Karting
Gorge Walking (no ropes)	Gorilla Trekking
Handball	Hockey
Indoor Climbing (on climbing wall)	Judo (training only)
Karate (training only)	Karting
Kendo (training only)	Lacrosse
Land Yachting	Martial Arts (training only)
Octopush	Orienteering
Paint Balling	Parasailing (Over water)
Parascending (Over water)	Rap Running/Jumping
Rugby (training)	Safari (Non ROI Organised)
Shark Cage Diving	Shinty
Skateboarding	Street Hockey
Summer Tobogganing	Swimming Open Water (organised and subject to boat escort e.g. swim trek. No cover for across the Channel.)
Tae Kwon Do (training only)	Trampolineing
Triathlon	War Games/Paint Balling
Water Polo	Weight Lifting

ACTIVITY PACK 3 – COVERED SUBJECT TO PAYMENT OF AN ADDITIONAL PREMIUM AND IS SHOWN ON YOUR POLICY CERTIFICATE

Section 2 – Emergency Medical & Other Expenses - **Excess** increased to €250

Section 4 – Personal Accident – Cover excluded

Section 7 – Personal Liability – Cover excluded

Blade Skating	Boxing Training
Canoeing/Kayaking (white water up to grade 3 rivers)	Canyoning
Equestrian	Flying crew/pilot
Glacier Walking (up to 4,000 metres)	Harness Racing (Europe only)
Horse Jumping (no Polo, Hunting)	Horse Riding (Eventing)
Hydro Zorbing	Ice Go Carting

Ice Hockey	Modern Pentathlon
Mountain Walking up to 1,500 metres	Power Boating
Power lifting	River Tubing
Roller Hockey	Rugby (amateur game)
Rugby League	Rugby Union
Sand Boarding	Sand Dune Surfing/Skiing
Speed Sailing	Speed Skating
Tree Top Canopy Walking	White Water Rafting (grade 1 to 3)
Wrestling	Zip lining/trekking (e.g. Go Ape)

WINTER SPORTS - COVERED IF THE APPROPRIATE WINTER SPORTS PREMIUM HAS BEEN PAID AND IS SHOWN ON YOUR POLICY CERTIFICATE

Big Foot Skiing	Cat Skiing (with guide)
Cross Country Skiing	Husky Dog Sledding
Kick Sledging	Langlauf
Mono Skiing	Off-piste Skiing /Snowboarding (except in areas considered to be unsafe by local resort management)
Passenger Sledge	Ski Blading
Ski Boarding	Ski Dooing
Skiing	Skiing - Cat (with a guide)
Skiing - Mono	Skiing - Nordic
Snow Mobile/Ski Doos	Snow Mobiling
Snow Parascending	Snow Shoe Walking
Snowboarding	Snowcat Driving
Telemarking	

THE MEDICAL EMERGENCY ASSISTANCE COMPANY

The medical emergency assistance company offer 24-hour worldwide assistance service in relation to the cover provided under **your** policy.

The medical emergency assistance company will advise and assist **you** should **you** be injured in an accident or fall ill. The medical emergency assistance company service will also arrange transport to **your home area** when this is considered to be medically necessary.

You must contact them if **you** are admitted to a medical facility or wish to return **home** by any means other than originally booked or require treatment that will cost more than €500 (or the equivalent in local currency).

In the case of a medical emergency please contact the medical emergency assistance company, on +44 (0) 203 824 0742. or via email at operations@emergencyassistance.co.uk. They are open 24 hours a day, 7 days a week, 365 days a year.

Payment for medical treatment abroad

If **you** are admitted to a medical facility while abroad, the medical emergency assistance company may be able to arrange for medical expenses covered by the policy to be paid direct to the medical facility. To take advantage of this benefit someone must contact the medical emergency assistance company for **you** as soon as possible. Private medical treatment is **not** covered unless authorised specifically by the medical emergency assistance company.

SPECIAL NOTICE

This is not a private medical insurance and only gives cover in the event of an accident or sudden illness that requires emergency treatment. In the event of any medical treatment becoming necessary which results in a claim under this insurance, **you** will be expected to allow insurers or their representative's unrestricted reasonable access to all **your** medical records and information.

The medical emergency assistance company

Tel: +44 (0) 203 824 0742

Email: operations@emergencyassistance.co.uk

IF YOU REQUIRE OUT-PATIENT TREATMENT

If **you** require out-patient treatment **you** must provide a copy of **your policy certificate** to the treating doctor / clinic at the time of treatment so that they can contact the medical emergency assistance company to obtain authorisation for **your** treatment, in line with **your** policy wording. **You** are responsible for any **excess** and this should be paid by **you** at the time of treatment.

Instructions to Doctors/Clinics:

In order to have your invoices paid quickly, please send your invoice for **usual, reasonable and customary** expenses together with a copy of the **policy certificate** (clearly showing the policy number and names) and any supporting documentation related to the out-patient treatment (Medical report, cost breakdown) by email to: audit@costcontainment.co.uk

Please include your bank account details, IBAN no's and / or Swift code for payment to be processed electronically.

E-mail: audit@costcontainment.co.uk

Tel: +44 (0) 203 829 6565

PRIVATE HEALTH INSURANCE MEMBERS

If **you** are currently a VHI, Laya Healthcare and Irish Life member **you** must notify the relevant private medical insurance assistance company at the time of claiming as per contact details below.

VHI Assistance: Tel +353 1 448 2444

VHI Assistance USA & Canada : Tel 1800 364 9022

Laya Healthcare Assistance: Tel +353 21 422 2204

Irish Life: Tel +353 1 481 7840

RECIPROCAL HEALTH AGREEMENTS WITH OTHER COUNTRIES

EU, EEA or Switzerland

If **you** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **you** must obtain a European Health Insurance Card (EHIC). **You** can apply for an EHIC either online at <https://www.hse.ie/eng/services/list/1/schemes/ehic/> or in person or by post by completing an application form at **your** Local Health Office. This will entitle **you** to benefit from the health care arrangements which exist between countries within the EU/EEA or Switzerland.

If **we** agree to pay for a medical expense which has been reduced because **you** have used either a European Health Insurance Card or private health insurance, **we** will not deduct the **excess** under Section 2 - Emergency medical and other expenses.

Australia or New Zealand

If **you** need medical treatment in Australia or New Zealand **you** must enrol with a local MEDICARE office. **You** do not need to enrol when **you** arrive, but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public hospital will then be available free of charge. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE website on www.medicareaustralia.gov.au or www.health.govt.nz, or by emailing medicare@medicareaustralia.gov.au or info@health.govt.nz. Alternatively please call the medical emergency assistance company for guidance.

If **you** are admitted to hospital **you** must contact the medical emergency assistance company as soon as possible and get their authorisation for any treatment not available under MEDICARE.

A note to all insured people, doctors and hospitals

This is not a private medical insurance. If **you** need any medical treatment, **you** must tell **us** immediately or **we** may not guarantee medical expenses. If **you** need any medical treatment, **you** must allow **us** or **our** representatives to see all of **your** medical records and information.

SECTION 1 – CANCELLATION OR CURTAILMENT CHARGES

What is covered

We will pay **you** up to the amount shown in the **schedule of benefits** for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges (including excursions) which **you** have paid or are contracted to pay, together with **your** proportion only of any reasonable additional travel expenses incurred if:

- a. cancellation of the **trip** is necessary and unavoidable or
- b. the **trip** is **curtailed** before completion

as a result of any of the following events:

1. The death, **bodily injury**, illness, disease, or **complications of pregnancy** of:
 - a. **you**
 - b. any person who **you** are travelling or have arranged to travel with
 - c. any person who **you** have arranged to stay with
 - d. **your close relative**
 - e. **your close business associate**.
2. **You** or any person who **you** are travelling or have arranged to travel with being quarantined on the orders of a treating **medical practitioner**, called as a witness at a Court of Law or for jury service attendance.
3. Redundancy of **you** or any person who **you** are travelling or have arranged to travel with (which qualifies for payment under current **Republic of Ireland** redundancy payment legislation, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant).
4. **You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Garda, Fire, Nursing or Ambulance Services and have **your**/their authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
5. The Garda or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

Special conditions relating to claims

1. **You** must get (at **your** own expense) a medical certificate from a **medical practitioner** and the prior approval of the medical emergency assistance company to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or **complications of pregnancy**.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.

If **you** cancel the **trip** due to stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from either a registered mental health professional if **you** are under the care of a Community Mental Health Team or if not, a consultant specialising in the relevant field or any other **bodily injury**, illness, disease or **complications of pregnancy**, **you** must provide (at **your** own expense) a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from travelling.

We need the medical certificate completed as soon as **you** find out it is necessary to cancel the **trip**, as any delay in seeing a **medical practitioner** could mean that **your** symptoms are no longer present. If **you** cannot get an immediate appointment, please make one for as early as possible and keep all details of this to help substantiate **your** claim.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. The cost of **your** unused original tickets where the medical emergency assistance company or **we** have arranged and paid for **you** to come **home** following **curtailment** of the **trip**. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we** have incurred which are medically necessary to repatriate **you** to **your home**.
3. The resumption of **your trip** once it has been **curtailed**. There is no further cover once **you** have returned to **your home area**.
4. The cost of Air Passenger Duty (APD) whether irrecoverable or not.
5. Any claims arising directly or indirectly from:
 - a. **Your** misconduct or misconduct by any person who **you** are travelling with or have arranged to travel with leading to dismissal, **your**/their resignation, voluntary redundancy, **you**/their entering into a compromise agreement, or where **you**/they had received a warning or notification of redundancy before **you** purchased this insurance or at the time of booking any **trip**.
 - b. Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
6. Anything mentioned in 'What is not covered' applicable to all sections of the policy.

You should also refer to the 'Important conditions relating to health'.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A medical certificate from the treating **medical practitioner** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, either a registered mental health professional if **you** are under the care of a Community Mental Health Team or if not, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
- » In the case of death causing cancellation or **curtailment** of the **trip**, the original death certificate.
- » Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- » In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- » **Your** unused travel tickets.
- » Receipts or bills for any costs, charges or expenses claimed for.
- » In the case of compulsory quarantine, a letter from the treating **medical practitioner**.
- » In the case of jury service or witness attendance, the court summons.
- » The letter of redundancy for redundancy claims.
- » A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- » In the case of serious damage to **your home** a report from the Garda or relevant authority.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 2 – EMERGENCY MEDICAL AND OTHER EXPENSES

What is covered

We will pay **you** up to the amount shown in the **schedule of benefits** for the following expenses which are reasonably and necessarily incurred during a **trip** as a result of **you** suffering unforeseen **bodily injury**, illness, disease, or **complications of pregnancy** and/or compulsory quarantine on the orders of a treating **medical practitioner**:

1. **usual, reasonable and customary** emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
2. **usual, reasonable and customary** emergency dental treatment for the immediate relief of pain (to natural teeth only) incurred outside of **your home area**.
3. Costs of telephone calls:
 - a. to the medical emergency assistance company notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned
 - b. incurred by **you** when **you** receive calls on **your** mobile phone from the medical emergency assistance company for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.
4. The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for out-patient treatment or appointments and/or for collection of medication prescribed for **you** by the hospital.
5. If **you** die:
 - a. outside **your home area** the reasonable additional cost of funeral expenses abroad plus the reasonable cost of returning **your** ashes to **your home**, or the additional costs of returning **your** body to **your home**
 - b. within **your home area** the reasonable additional cost of returning **your** ashes or body to **your home**.
6. Reasonable additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, all inclusive, bed and breakfast, self-catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date.

This includes, with the prior authorisation of the medical emergency assistance company, reasonable additional transport and/or accommodation expenses for a **travelling companion**, friend or **close relative** to stay with **you** or travel to **you** from the **Republic of Ireland** or escort **you**. Also additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.

7. With the prior authorisation of the medical emergency assistance company, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the outward journey unless the medical emergency assistance company agree otherwise.

Special conditions relating to claims

1. **You** must tell the medical emergency assistance company as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **Republic of Ireland** at any time during the **trip**. **We** will do this, if in the opinion of the medical emergency assistance

company or **us** (based on information provided by the **medical practitioner** in attendance), **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

3. The intention of this section is to pay for emergency medical/surgical/dental treatment only and not for treatment or surgery that can be reasonably delayed until **your** return to **your home area**. **Our** decisions regarding the treatment or surgery that **we** will pay for (including repatriation to **your home area**) will be based on this. If **you** do not accept **our** decisions and do not want to be repatriated, then **we** will cancel all cover under **your** policy and refuse to deal with claims for any further treatment and/or **your** repatriation to **your home area**.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate** (except claims under subsection 2 of What is covered).
2. The first €55,000 for in-patient hospital claims, where a private health insurance discount has been availed of and this is confirmed on **your policy certificate**.
3. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or **complication of pregnancy**. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
4. The cost of **your** unused original tickets where the medical emergency assistance company or **we** have arranged and paid for **you** to return to **your home**, if **you** cannot use the return ticket. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we** have incurred which are medically necessary to repatriate **you** to **your home**.
5. Any claims arising directly or indirectly for:
 - a. The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
 - b. Any expenses which are not **usual, reasonable and customary** to treat **your bodily injury**, illness or disease.
 - c. Any form of treatment or surgery which in the opinion of the medical emergency assistance company or **us** (based on information provided by the **medical practitioner** in attendance), can be delayed reasonably until **your** return to **your home area**.
 - d. Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**. *Where possible and with the agreement of your medical practitioner, you should always travel with plenty of extra medication in case of travel delays.*
 - e. Additional costs arising from single or private room accommodation.
 - f. Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the medical emergency assistance company.
 - g. Any costs incurred by **you** to visit another person in hospital.
 - h. Any expenses incurred after **you** have returned to **your home area**.
 - i. Any expenses incurred in the **Republic of Ireland**:
 - » for private treatment, or
 - » funded by, or are recoverable from the Health Authority in **your home area**, or
 - » funded by a reciprocal health agreement (RHA).
 - j. Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.

6. The cost of work involving the use of precious metals in any dental treatment.
7. Claims for emergency repatriation if **you** have specific cover for this under a private health insurance policy.
8. The provision of dentures, crowns or veneers.

9. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
- » In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- » Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
- » Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the medical emergency assistance company.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 3 – HOSPITAL BENEFIT

What is covered

We will pay **you** the amount shown in the **schedule of benefits** for every complete 24 hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation on the orders of a treating **medical practitioner** outside **your home area** as a result of **bodily injury**, illness or disease **you** sustain.

We will pay the amount above in addition to any amount payable under Section 2 – Emergency medical and other expenses. *This payment is intended to help **you** pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.*

Special conditions relating to claims

1. **You** must tell the medical emergency assistance company as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **medical practitioner**.

What is not covered

1. Any claims arising directly or indirectly from:
 - a. Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
 - i. relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
 - ii. relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
 - iii. following **your** decision not to be repatriated after the date, when in the opinion of the medical emergency assistance company it is safe to do so.
 - b. Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
 - i. relating to any form of treatment or surgery which in the opinion of the medical emergency assistance company or **us** (based on information provided by the **medical practitioner** in attendance), can be delayed reasonably until **your** return to **your home area**.
 - ii. occurring in the **Republic of Ireland** and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by a reciprocal health agreement (RHA), or are funded by or recoverable from the Health Authority in **your home area**.

2. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Confirmation in writing from the hospital, relevant authority or the treating **medical practitioner** of the dates when **you** were admitted and subsequently discharged from hospital, or confinement to **your** accommodation.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 4 - PERSONAL ACCIDENT

What is covered

We will pay one of the benefits as shown in the **schedule of benefits** if **you** sustain **bodily injury** which shall solely and independently of any other cause, result within two years in **your** death, **loss of limb**, **loss of sight** or permanent total disablement.

Special conditions relating to claims

1. **Our medical practitioner** may examine **you** as often as they consider necessary if **you** make a claim.

Provisions

1. Benefit is not payable to **you**:
 - a. Under more than one of the items shown in the **Schedule of benefits** under this section.
 - b. Under permanent total disablement until 24 continuous calendar months after the date **you** sustain **bodily injury**.
 - c. If **you** were already disabled before the **bodily injury** occurred or already have a condition which is gradually getting worse, **we** may reduce **our** payment. Any reduced payment will be based on **our** medical assessment of the difference between:
 - » the disability after the **bodily injury**; and
 - » the extent to which the disability is affected by the disability or condition before the **bodily injury** occurred.
2. The death benefit will be paid to the deceased **insured person's** estate.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » In the event of death, the original death certificate.
- » A medical certificate or report in relation to claims for **loss of limb**, **loss of sight** or permanent total disablement.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 5 - BAGGAGE

What is covered

1. **We** will pay **you** up to the amount as shown in the **schedule of benefits** for the accidental loss of, theft of or damage to **baggage**. The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage**.

The maximum **we** will pay **you** for the following items is:

- a. for any one article, pair or set of articles is as shown in the **schedule of benefits**.
 - b. for the total for all **valuables** is as shown in the **schedule of benefits**.
 - c. for any tobacco, alcohol and fragrances is as shown in the **schedule of benefits**.
2. **We** will also pay **you** up to the amount as shown in the **schedule of benefits** for each complete 24 hours delay up to a maximum as shown in the **schedule of benefits** if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 24 hours, as long as **we** receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent **we** will deduct the amount paid from the final amount to be paid under this section.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline.
 - b. give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate** (except claims under subsection 2 of What is covered).
2. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle, in checked-in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - i. it is locked out of sight in a **secure baggage area** and
 - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry

is available.

4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, **golf equipment**, **business equipment**, **ski equipment**, wedding attire and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or an accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of **sports equipment** or damage to sports clothing whilst in use.
8. Loss of, theft of or damage to **business samples**.
9. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
10. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt, proof of ownership or valuations for items lost, stolen or damaged and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than 8 hours.
- » A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- » Repair report where applicable.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 6 – PERSONAL MONEY, PASSPORT AND DOCUMENTS

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). **We** will also cover foreign currency during the 72 hours immediately before **your** departure on the outward journey.

The maximum **we** will pay for the following items is:

- a. for bank notes, currency notes and coins is as shown under the cash limit in the **schedule of benefits**.
- b. for bank notes, currency notes and coins, if **you** are under the age of 18 is as shown under the cash limit in the **schedule of benefits**.
- c. for all other **personal money** and travel documents (including the cost of the emergency replacement or a temporary passport or visa) is as shown under the **schedule of benefits**.

Special conditions relating to claims

- You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
- If **personal money** or passports are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this policy.
- If documents are lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
- If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
 - give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
 - keep all travel tickets and tags for submission to **us** if **you** are going to make a claim under this policy.
- You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

- The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
- Loss, theft of or damage to **personal money** or **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked-in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
- Loss, theft of or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
- Loss or theft of **business money**.
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- Loss or damage due to depreciation (loss in value), or shortages due to error or omission.
- Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
- » Receipts or bills or proof of purchase for any transport and accommodation expenses claimed for.
- » Receipt for all currency and travellers cheques transactions.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

- Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative** or persons residing with **you** but not paying for their accommodation.
- Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a **close relative** and/or anyone in **your** employment other than any temporary holiday accommodation occupied (but not owned) by **you**.

Special conditions relating to claims

- You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
- You** must send **us** every court claim form, summons, letter of claim or other document as soon as **you** receive it.
- You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
- We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance which **we** may require.
- If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

What is not covered

- The **excess** as shown in the **schedule of benefits** unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
- Compensation or legal costs arising directly or indirectly from:
 - Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
 - Pursuit of any business, trade, profession or occupation or the supply of goods or services.
 - The transmission of any contagious or infectious disease or virus.
 - you** owning or occupying any land or building, unless **you** are occupying any temporary holiday accommodation, which is not owned by **you**;
 - you** owning, handling or looking after any animal; or
 - you** owning or using:
 - a firearm;
 - a horse drawn or motorised vehicle;
 - a waterborne, motorised, mechanical or towed vehicle (except manually propelled watercraft); or
 - an aircraft of any description, including unpowered flight.
- Any fines or exemplary damages (punishing, or aimed at punishing, the person responsible rather than awarding compensation) **you** have to pay.
- Anything mentioned in What is not covered applicable to all sections of the policy.
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Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Full details in writing of any incident.
- » Any court claim form, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

confirmation from the **public transport** operator (or their handling agents) and/or provider of accommodation (or their booking agents) that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.

5. If **you** are a **ROI** resident living in the **Republic of Ireland** and **your** travel itinerary requires **you** to use Northern Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from the **Republic of Ireland** with respect to claims coverage.

SECTION 8 – DELAYED DEPARTURE

What is covered

If the **public transport** on which **you** are booked to travel:

1. is delayed at the final departure point from or to the **Republic of Ireland** (but not including delays to any subsequent outbound or return connecting **public transport**) for at least 12 hours from the scheduled time of departure, or
2. is cancelled before or after the scheduled time of departure as a result of any of the following events:
 - a. strike or
 - b. industrial action or
 - c. adverse weather conditions or
 - d. mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel

We will pay you:

1. up to the amount as shown in the **schedule of benefits** for each complete 12 hours delay up to a maximum as shown in the **schedule of benefits** (*which is meant to help **you** pay for telephone calls made and meals and refreshments purchased during the delay*) provided **you** eventually travel, or
2. up to the amount as shown in the **schedule of benefits** for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, if:
 - a. after a delay of at least 24 hours, or
 - b. following cancellation, no suitable alternative **public transport** is provided within 24 hours of the scheduled time of departure

you choose to cancel **your trip** before departure from the **Republic of Ireland**.

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

You can only claim under one of either Section 8 – Delayed departure or Section 9 – Missed departure on your outward journey for the same event, not both.

Special conditions relating to claims

1. **You** must check-in according to the itinerary given to **you** unless **your** tour operator has requested **you** not to travel to the airport.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the cancellation, number of hours of delay and the reason for these together with confirmation of **your** check-in times and details of any alternative transport offered.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider 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 Passenger Rights legislation in the event of cancellation or long delay of flights.
4. Where applicable **you** must get (at **your** own expense) written

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate** (except claims under subsection 1 of What is covered).
2. Claims arising directly or indirectly from:
 - a. Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b. An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
 - c. Any delays to any subsequent outbound or return connecting **public transport** following **your** departure from the final departure point from or to the **Republic of Ireland**.
 - d. Volcanic eruptions and/or volcanic ash clouds.
3. For subsection 2. only of What is covered:
 - a. The cost of Air Passenger Duty (APD) whether irrecoverable or not.
 - b. Any costs incurred by **you** which are recoverable from the providers of the accommodation, their booking agents (or the administrators of either) or for which **you** receive or are expected to receive compensation or reimbursement.
 - c. 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.
 - d. Any costs incurred by **you** which are recoverable from **your** credit/debit card provider or for which **you** receive or are expected to receive compensation or re-imbursement.
 - e. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
 - f. Any cost if **your trip** was booked as part of a **package** holiday.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Full details of the travel itinerary supplied to **you**.
- » A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check-in time.
- » In the case of cancellation claims, **your** booking confirmation together with written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- » **Your** unused travel tickets.
- » Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
- » Written confirmation from the provider of transport/accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 9 – MISSED DEPARTURE ON YOUR OUTWARD JOURNEY

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **you** overseas destination if **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel on for the initial international outbound leg of the **trip** as a result of:

1. the failure of other **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. an accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling or
4. strike, industrial action or adverse weather conditions.

If the same expenses are also covered under Section 8 – Delayed departure **you** can only claim under one section for the same event, not both.

Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must obtain a report from repairers if **your** claim is because of a breakdown or accident to **your** car.
3. **You** must obtain written confirmation from the Garda or emergency breakdown services of the location, reason for and duration of the delay if an accident or breakdown happening ahead of **you** on a motorway or dual carriageway causes an unexpected delay to the vehicle in which **you** are travelling.
4. If **you** are a **ROI** resident living in the **Republic of Ireland** and **your** travel itinerary requires **you** to use Northern Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from the **Republic of Ireland** with respect to claims coverage.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Claims arising directly or indirectly from:
 - a. Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b. An accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
 - c. An accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling when the Garda or emergency breakdown services report confirming the location, reason for and duration of the delay is not provided.
 - d. Breakdown of any vehicle owned by **you** which has not been serviced properly and maintained in accordance with manufacturer's instructions.
 - e. An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
 - f. **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound leg of the **trip**.
 - g. Volcanic eruptions and/or volcanic ash clouds (except claims under subsection 1. of What is covered).

h. Trips solely within the **Republic of Ireland**.

3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A letter from the **public transport** provider detailing the reasons for failure.
- » A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
- » **Your** unused travel tickets
- » Receipts or bills or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 10 – HIJACK

What is covered

If the **public transport** on which **you** are travelling is **hijacked**, we will pay **you** the amount shown in the **schedule of benefits** for each complete 24 hour delay, up to the maximum shown in the **schedule of benefits**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours or as soon as possible thereafter and get (at **your** own expense) a written report from the local Police of the **hijack**.

What is not covered

1. Any claim where **your hijack** has not been reported or investigated by the Police or local authority.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 11 - MUGGING

What is covered

We will pay **you** the amount as shown in the **schedule of benefits** for each complete period of 24 hours, up to a maximum as shown in the **schedule of benefits**, that **you** are hospitalised and **you** receive in-patient hospital treatment which is covered under Section 2 – Emergency medical and other expenses as a direct result of a **mugging** whilst on **your trip**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours or as soon as possible thereafter and get (at **your** own expense) a written report from the local Police of the **mugging**.
2. **You** must give notice as soon as possible to the medical emergency assistance company of any physical harm which necessitates **your** admittance to hospital as an in-patient.

What is not covered

1. Any claim where **your mugging** has not been reported or investigated by the Police or local authority.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 12 – LEGAL EXPENSES

What is covered

We will pay up to the amount shown in the **schedule of benefits** for legal costs to pursue a civil action for compensation if someone else causes **your bodily injury**, illness or death.

Where there are two or more **insured persons** insured by this policy, then the maximum amount **we** will pay for all such claims shall not exceed double the amount shown in the **schedule of benefits**.

What is not covered

We shall not be liable for:

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Any claim where in **our** opinion or the opinion of the suitably qualified person appointed by **us** there is insufficient prospect of success in obtaining reasonable compensation.
3. Legal costs and expenses incurred in pursuit of any claims against a travel agent, tour operator, carrier, **us**, the medical emergency assistance company or their agents, someone **you** were travelling with, a person related to **you**, or another **insured person**.
4. Legal costs and expenses incurred prior to **our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement).
7. Legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
8. Legal costs and expenses incurred if an action is brought in more than one country.
9. Any claim where in **our** opinion the estimated amount of compensation payment is less than €1,000 for each **insured person**.
10. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
11. Costs of any appeal.
12. Claims by **you** other than in **your** private capacity.
13. Anything mentioned in What is not covered applicable to all sections of the policy.

Special conditions relating to claims

1. Unless **you** have made a nomination in accordance with Special Condition 2 below, **we** or **our** suitably qualified person will decide the point at which **your** legal case cannot usefully be pursued further.
2. If **you** do not want **our** suitably qualified person to assess whether or not **your** claim can be pursued, **you** are free to nominate a suitably qualified

person to conduct this assessment by sending **us** the name and address of such suitably qualified person. **You** must confirm either:

- i. that the person **you** nominate will not charge more than the suitably qualified person **we** would have appointed; or
 - ii. that **you** are willing to pay the difference between the cost of using **you** suitably qualified person and the cost of using **our** choice of suitably qualified person.
3. On acceptance of a claim, if appropriate, **we** will appoint a suitably qualified person to act on **your** behalf, unless **you** have nominated **your** own suitably qualified person in accordance with Special Condition 4 below.
 4.
 - i. If there is a conflict of interest; or
 - ii. If it is necessary to start court proceedings and proceedings are being issued within the **Republic of Ireland**; or
 - iii. **you** are unhappy with **our** suitably qualified person

you are free to nominate a suitably qualified person by sending **us** the name and address of such suitably qualified person. **You** must confirm either:

- i. that the person **you** nominate will not charge more than the suitably qualified person **we** would have appointed; or
 - ii. that **you** are willing to pay the difference between the cost of using **your** suitably qualified person and the cost of using **our** choice of suitably qualified person.
5. If **we** do not agree to **your** choice of suitably qualified person under Special Condition 2 or 4. above, **you** may choose another suitably qualified person.
 6. If there is still a disagreement with regard to the suitably qualified person **we** will ask the president of a relevant national law society to choose a suitably qualified person to represent **you**. **We** and **you** must accept such choice.
 7. Where **you** have not notified **us** of a nominated suitably qualified person in accordance with Special Condition 2 and/or Special Condition 4, **we** will be free to choose a suitably qualified person.
 8. Where **we** appoint a suitably qualified person to represent **you** such appointment will be in accordance with **our** standard terms of appointment.
 9. **We** will have direct access to the suitably qualified person who will, upon request, provide **us** with any information or opinion on **your** claim.
 10. **You** must co-operate fully with **us** and the suitably qualified person and must keep **us** up to date with the progress of the claim.
 11. At **our** request **you** must give the suitably qualified person any instructions that **we** require.
 12. **You** must notify **us** immediately if anyone offers to settle a claim or makes a payment into court.
 13. If **you** do not accept the recommendation of the suitably qualified person to accept a reasonable offer or payment into court to settle a claim, **we** may refuse to pay further costs and expenses.
 14. No agreement to settle on the basis of both parties paying their own costs is to be made without **our** prior approval.
 15. If **you**:
 - i. settle a claim or withdraw a claim without **our** prior agreement;
 - ii. do not give suitable instructions to the suitably qualified person ;
 - iii. dismiss a suitably qualified person without **our** prior consent, **our** consent not to be withheld without good reason;

the cover **we** provide will end immediately and **we** will be entitled to re-claim any costs and expenses **we** have incurred from **you**.

16. **You** must take every available step to recover costs and expenses that **we** have to pay and must pay **us** any costs and expenses that are recovered.
17. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party in respect of any indemnity paid under this policy including **our** legal costs and other related expenses. **You** MUST give such assistance as **we** shall reasonably require and any amount recovered shall belong to **us**.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Relevant documentation and evidence to support **your** claim, including photographic evidence.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 13 – CREDIT CARD FRAUD

What is covered

We will pay up to the amount as shown in the **schedule of benefits** for unauthorised purchases made using **your** credit or debit card after it has been lost or stolen and fraudulently used during **your trip**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours or as soon as possible thereafter and get (at **your** own expense) a written report from the local Police of the loss.
2. **You** must follow **your** card issuer's procedures and obtain a written report (at **your** own expenses) of any fraudulent transactions occurring on **your trip** which they confirm are not refundable by them.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Any claim where **you** have not followed **your** card issuer's procedure for reporting lost or stolen cards.
3. Costs that can be recovered from **your** card issuer or anywhere else.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 14 – CONNECTING FLIGHT

What is covered

We will pay up to the amount as shown in the **schedule of benefits** for any reasonable additional travel expenses **you** incur in purchasing alternative transport, either by air, sea, rail or road, to complete this particular **trip**, if **your** inbound flight to the **Republic of Ireland** and/or any connecting flights are missed due to the flight immediately prior to the connection being delayed by at least 3 hours or cancelled after at least 3 hours.

You can only claim under one of either Section 8 – Delayed departure or Section 14 – Connecting flight for the same event, not both.

Special conditions relating to claims

1. **You** must obtain (at **your** own expense) written confirmation from the airline or its authorised agent, which shows the reason for the delay, the scheduled departure time, the duration of the delay of **your** flight and full details of any refund or compensation given.
2. Any compensation which is payable under this section of cover, will take into account any refund **you** have received from the airline or its

authorised agent.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Any compensation if **you** have chosen to use the flight ticket, relating to the flight that has been cancelled, at a later date for a totally separate **trip**.
3. Any compensation for a flight cancellation, which is not due to a delay of in excess of three hours.
4. Any claims where the time difference between the initial flight and the commencement of the connecting flight is less than three hours.
5. Claims arising directly or indirectly from:
 - a. strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b. **Your** failure to check-in according to the itinerary supplied to **you**;
 - c. Volcanic eruptions and/or volcanic ash clouds.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 15 – SCHEDULED AIRLINE FAILURE

What is covered

We will pay up to the amount as shown in the **schedule of benefits** for each **insured person** named on the invoice and airline ticket for:

- a. Irrecoverable sums paid in advance, in the event of insolvency of the scheduled airline not forming part of an inclusive holiday prior to departure; or
- b. In the event of insolvency after departure:
 - i. the additional pro rata costs incurred by **you** in replacing that part of the flight arrangements to a similar standard to that originally booked; or
 - ii. if **curtailment** of the **trip** is unavoidable - the cost of return flights to the **Republic of Ireland** to a similar standard to that originally booked.

PROVIDED THAT in the case of i) and ii) above where practicable **you** have obtained **our** approval prior to incurring the relevant costs by contacting **us** as set out in the claims conditions on page 13.

What is not covered

1. Scheduled airline flights not booked by **you** from within the **Republic of Ireland**.
2. Any costs resulting from the insolvency of:
 - a. any scheduled airline which is in or is under threat of insolvency, or in the USA and Canada in Chapter 11, which is known at the date **you** purchased this insurance or at the time of booking any **trip**;
 - b. any scheduled airline who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim).
3. The financial failure of any travel agent, tour organiser, booking agent or consolidator with whom **you** have booked a scheduled airline flight.
4. Any loss for which a third party is liable or which can be recovered by other legal means.
5. Any losses that are not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach **your** pre booked hotel, villa, car hire or **crui**se following the financial failure of an airline.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 16 – END SUPPLIER FAILURE

What is covered

We will pay up to the amount as shown in the schedule of benefits for each **insured person** named on the invoice for:

- a. Irrecoverable sums paid in advance in the event of insolvency of the Hotel, Train Operator, Coach Operator, Car Hire Company, Caravan Site, Campsite, Mobile Home, Camper Rental, Theme Park all known as the End Supplier of the travel arrangements not forming part of an inclusive holiday prior to departure; or
- b. In the event of insolvency after departure:
 - i. the additional pro rata costs incurred by **you** in replacing that part of the travel arrangements to a similar standard to that originally booked; or
 - ii. if **curtailment** of the **trip** is unavoidable - the cost of return transportation to the **Republic of Ireland** to a similar standard to that originally booked.

PROVIDED THAT in the case of i) and ii) above where practicable **you** have obtained **our** approval prior to incurring the relevant costs by contacting **us** as set out in the claims conditions on page 13.

What is not covered

1. Travel and accommodation not booked within the **Republic of Ireland**.
2. The financial failure of:
 - a. any travel or accommodation which is in or is under threat of insolvency, or in the USA and Canada in Chapter 11, which is known at the date **you** purchased this insurance or at the time of booking any **trip**;
 - b. any travel or accommodation provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim);
 - c. any travel agent, tour organiser, booking agent or consolidator with whom **you** have booked travel or accommodation.
3. Any loss for which a third party is liable or which can be recovered by other legal means.
4. Any losses that are not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach **your** pre booked hotel following the financial failure of the train operator.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 17 – WINTER SPORTS

Cover for sections 17.1, 17.2, 17.3, 17.4 and 17.5 only operates:-

1. Under single trip policies - if the appropriate winter sports extension has been chosen and the appropriate additional premium has been paid and is shown on your **policy certificate**. Winter Sports cover is not available under Silver cover.
2. Under annual multi trip policies for a period not exceeding 24 days in total under Platinum cover, 21 days in total under Gold cover in each **period of insurance**- if the appropriate winter sports extension has been chosen and the appropriate additional premium has been paid and is shown on your **policy certificate**. Winter Sports cover is not available under Silver cover.

SECTION 17.1 – SKI EQUIPMENT

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for the accidental loss of, theft of or damage to **your** own **ski equipment**, or up to the amount as shown in the **schedule of benefits** for hired **ski equipment**. The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value - calculated from the table below), or **we** may replace, reinstate or repair the lost or damaged **ski equipment**.

Age of ski equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

The maximum **we** will pay for any one article, pair or set of articles is the amount payable calculated from the table above or the single article limit as shown in the **schedule of benefits** whichever is the lesser.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get a written report (at **your** own expense) of the loss, theft or attempted theft of all **ski equipment**.
2. If **ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline
 - b. give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Loss, theft of or damage to **ski equipment** contained in or stolen from an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - i. it is locked out of sight in a **secure baggage area** and
 - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
3. Loss or damage due to delay, confiscation or detention by customs or any other authority.

4. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt or proof of ownership for items lost, stolen or damaged.
- » Repair report where applicable.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

3. Loss or damage caused by wear and tear, depreciation (loss of value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt, proof of ownership or valuations for items lost, stolen or damaged together with receipts or bills detailing the costs incurred of hiring replacement **ski equipment**.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 17.2 SKI EQUIPMENT HIRE

What is covered

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

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of **your** own **ski equipment**.
2. If **ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline.
 - b. give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. Loss, theft of or damage to **ski equipment** contained in an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - i. it is locked out of sight in a **secure baggage area** and
 - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
2. Loss or damage due to delay, confiscation or detention by customs or any other authority.

SECTION 17.3 – SKI PACK

What is covered

We will pay **you**:

1. Up to the amount as shown in the **schedule of benefits** for each complete 24 hours up to a maximum as shown in the **schedule of benefits** for the unused portion of **your** ski pack (ski school fees, lift passes and hired **ski equipment**) following **your** **bodily injury**, illness or disease.
2. Up to the amount as shown in the **schedule of benefits** for the unused portion of **your** lift pass if **you** lose it.

Special conditions relating to claims

1. **You** must provide (at **your** own expense) written confirmation to **us** from a **medical practitioner** that the **bodily injury**, illness or disease prevented **you** from using **your** ski pack.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A medical certificate from the treating **medical practitioner** explaining why **you** were unable to use **your** ski pack.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 17.4 - PISTE CLOSURE

Valid only when **you** are skiing north of the earths equator between 1st January and 30th April, or south of the earths equator between 1st June and 31st October and at a destination of higher than 1600 metres above sea level.

What is covered

We will pay **you** the amount as shown in the **schedule of benefits** for each complete 24 hours up to a maximum as shown in the **schedule of benefits** for transport costs necessarily incurred by **you**, to travel to and from an alternative site if either lack of or excess of snow, or an avalanche results in the skiing facilities (excluding cross-country skiing) in **your** resort being closed and it is not possible to ski. The cover only applies:

1. To the resort which **you** have pre-booked for a period more than 12 hours and for as long as these conditions continue at the resort, but not more than the pre-booked period of **your trip** and
2. To trips taken outside the **Republic of Ireland** during the published ski season for **your** resort.

Special conditions relating to claims

1. **You** must get (at **your** own expense) written confirmation from the relevant authority, ski lift operator or **your** tour operator's representative of the number of days skiing facilities were closed in **your** resort and the reason for the closure.

What is not covered

1. Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **you**.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A letter from the relevant authority, ski lift operator or **your** tour operator's representative of the number of days skiing facilities were closed in **your** resort and the reason for the closure.
- » Receipts or bills for any transport costs claimed for.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 17.5 – AVALANCHE CLOSURE

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** booked resort or returning **home** if **you** are delayed for more than 12 hours by avalanche. The cover only applies to **trips** taken outside the **Republic of Ireland** during the published ski season for **your** resort.

Special conditions relating to claims

1. **You** must get (at **your** own expense) written confirmation from the relevant authority or **your** tour operator's representative confirming the event.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.

2. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A letter from the relevant authority or **your** tour operator's representative confirming details of the avalanche, landslide or severe weather conditions that caused the delay and the period of delay.
- » Receipts or bills for any accommodation and travel expenses claimed for.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 18 – CRUISE COVER

Cover for sections 18.1, 18.2, 18.3, 18.4 and 18.5 only operates if the appropriate **crucise** cover extension has been chosen and the appropriate additional premium has been paid and is shown on **your policy certificate**. **Crucise** cover is not available under Silver cover.

SECTION 18.1 – ADDITIONAL BAGGAGE COVER

What is covered

Cover is extended to pay **you** up to the amount as shown in the **schedule of benefits** in addition to the cover under section 5 – **Baggage**.

You should refer to What is covered, Special conditions relating to claims and What is not covered under Section 5 – **Baggage**.

SECTION 18.2 – CABIN CONFINEMENT

What is covered

If there is a valid claim under section 2 - Emergency medical and other expenses, as a result of **your** **bodily injury** or illness sustained abroad during the period of **your trip**, in addition to the cover provided under Section 2 – Emergency medical and other expenses, **we** will pay cabin confinement benefit up to the amount shown in the **schedule of benefits** for each full day that **you** are confined to **your** cabin by the ship's doctor during the period of the **trip**.

What is not covered

1. Any claims if **you** do not have a valid claim under section 2 – Emergency medical and other expenses.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Written confirmation of any confinement to **your** cabin in writing from the ship's medical officer.

SECTION 18.3 – MISSED PORT

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** if a scheduled port visit is cancelled during **your cruise** due to adverse weather conditions or timetable restrictions and no alternative port can be offered.

What is not covered

1. A missed port caused by strike or industrial action.
2. **Your** failure to attend the excursion as per **your** itinerary.
3. If **your cruise** ship cannot put people ashore due to a scheduled tender operation failure.
4. Where a monetary amount (including on board credit) of compensation has been offered by the **cruise** ship or **your** tour operator.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A written report from the **cruise** operator, carrier or their handling agents confirming the itinerary change and the reason for it.

SECTION 18.4 – UNUSED CRUISE EXCURSIONS

What is covered

If there is a valid claim under section 2 - Emergency medical and other expenses, as a result of **your bodily injury** or illness sustained abroad during the period of **your trip**, in addition to the cover provided under Section 2 – Emergency medical and other expenses, **we** will pay for **your** unused excursions from the **cruise** ship that **you** pre-booked and pre-paid for in **your home area** and are unable to take because **you** are confined to bed in **your** cabin by the ship's doctor, and on which **you** are unable to obtain a refund.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Any claims if **you** do not have a valid claim section 2 - Emergency medical and other expenses.
3. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Written confirmation of any confinement to **your** cabin in writing from the ship's medical officer.

SECTION 18.5 – CRUISE CONNECTION

What is covered

If there is a valid claim under section 2 - Emergency medical and other expenses, as a result of **your bodily injury** or illness sustained abroad during the period of **your trip**, in addition to the cover provided under Section 2 – Emergency medical and other expenses, **we** will pay **you** up to the amount shown in the **schedule of benefits** to enable **you** to reach **your cruise** ship's next port of call in order to re-join the **cruise** following **your bodily injury** or illness requiring hospital treatment on dry land.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Any claims if **you** do not have a valid claim section 2 – Emergency medical and other expenses.
3. Claims where **you** re-join **your cruise** when less than 25% of the **trip** duration remains.
4. The cost of additional travel **you** arrange without first contacting **us** so that **we** can approve and assist with travel arrangements.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

SECTION 19 – GOLF COVER

Cover for sections 19.1, 19.2, 19.3 and 19.4 only operates if the appropriate golf cover extension has been chosen and the appropriate additional premium has been paid and is shown on **your policy certificate**. Golf cover is not available under Silver cover.

SECTION 19.1 – GOLF EQUIPMENT

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for the accidental loss of, theft of or damage to **your own golf equipment**.

The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value - calculated from the table below), or **we** may replace, reinstate or repair the lost or damaged **golf equipment**.

Age of golf equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

The maximum **we** will pay for any one article, pair or set of articles is the amount payable calculated from the table above or the single article limit as shown in the **schedule of benefits** whichever is the lesser.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get a written report (at **your** own expense) of the loss, theft or attempted theft of all **golf equipment**.
2. If **golf equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **golf equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline
 - b. give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Loss, theft of or damage to **golf equipment** contained in or stolen from an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - i. it is locked out of sight in a **secure baggage area** and
 - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
3. Loss or damage due to delay, confiscation or detention by customs or any other authority.
4. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt or proof of ownership for items lost, stolen or damaged.
- » Repair report where applicable.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 19.2 – GOLF EQUIPMENT HIRE

What is covered

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

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of **your** own **golf equipment**.
2. If **golf equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **golf equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline.
 - b. give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. Loss, theft of or damage to **golf equipment** contained in an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - » it is locked out of sight in a **secure baggage area** and
 - » forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
2. Loss or damage due to delay, confiscation or detention by customs or any other authority.
3. Loss or damage caused by wear and tear, depreciation (loss of value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt, proof of ownership or valuations for items lost, stolen or damaged together with receipts or bills detailing the costs incurred of hiring replacement **golf equipment**.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 19.3 – LOSS OF GREEN FEES

What is covered

We will pay **you** up to the amount shown in the **schedule of benefits** for **your** green fees that have been paid and that cannot be recovered from anywhere else, if:

1. **You** have to cancel or **curtail your trip**.
2. **You** are unable to play golf because of **your bodily injury** or illness occurring during **your trip**.

Special conditions relating to claims

1. **You** must provide (at **your** own expense) written confirmation to **us** from a **medical practitioner** that the **bodily injury** or illness prevented **you** from playing golf.

What is not covered

1. Anything mentioned under the heading 'What is not covered' within Section 1 Cancellation or **curtailment** charges or Section 2 - Emergency medical and other expenses.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

SECTION 19.4 – HOLE IN ONE

What is covered

We will pay **you** up to the amount as shown in the **Schedule of benefits** for customary celebratory expenses **you** incurred within the golf club premises immediately following **you** achieving a hole-in-one during a competition round.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following:

- » A written report from the golf club secretary confirming the competition details counter signed by **your** playing partner together with a certified copy of **your** score card.
- » Receipts from the golf club for expenditure incurred immediately following **your** hole-in-one to help **you** to substantiate **your** claim.

SECTION 20 – BUSINESS COVER

Cover for sections 20.1, 20.2 and 20.3 only operates if the appropriate business cover extension has been chosen and the appropriate additional premium has been paid and is shown on **your policy certificate**. Business cover is not available under Silver cover.

SECTION 20.1 – BUSINESS EQUIPMENT

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for the accidental loss of, theft of or damage to **your business equipment**.

The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value - calculated from the table below), or **we** may replace, reinstate or repair the lost or damaged **business equipment**.

Age of business equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

The maximum **we** will pay **you** for the following items is:

- a. for any one article, pair or set of articles is as shown in the **schedule of benefits**.
- b. for the total for all **business samples** is as shown in the **schedule of benefits**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **business equipment**.
2. If **business equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **business equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline
 - b. give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Loss, theft of or damage to **business equipment** or **business samples** left **unattended** at any time (including in a vehicle, in checked-in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to **business equipment** or **business samples** contained in an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - i. it is locked out of sight in a **secure baggage area** and

- ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
 5. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
 6. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt, proof of ownership or valuations for items lost, stolen or damaged.
- » Repair report where applicable.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

2. Loss or damage due to delay, confiscation or detention by customs or any other authority.
3. Loss or damage caused by wear and tear, depreciation (loss of value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- » A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- » All travel tickets and tags for submission.
- » An original receipt, proof of ownership or valuations for items lost, stolen or damaged together with receipts or bills detailing the costs incurred of hiring replacement **business equipment**.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 20.2 – BUSINESS EQUIPMENT HIRE

What is covered

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

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of **your** own **business equipment**.
2. If **business equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **business equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - a. get a Property Irregularity Report from the airline.
 - b. give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
 - c. keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. Loss, theft of or damage to **business equipment** contained in an **unattended** vehicle:
 - a. overnight between 9 pm and 9 am (local time) or
 - b. at any time between 9 am and 9 pm (local time) unless:
 - i. it is locked out of sight in a **secure baggage area** and
 - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.

SECTION 20.3 – REPLACEMENT EMPLOYEE

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for the additional cost of travel and accommodation (up to the same standard as **your** original booking) for one colleague to replace **you**, if **you** are unable to meet **your** business commitments due to the events insured under one of the following sections - Section 1 – Cancellation or curtailment charges, or Section 2 – Emergency medical and other expenses, or Section 4 – Personal accident.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Any claims if **you** do not have a valid claim under either section 1 – Cancellation or curtailment charges, section 2 – Emergency medical and other expenses or section 4 – Personal accident.
3. Anything mentioned in What is not covered applicable to all sections of the policy.

You should also refer to the Important conditions relating to health.

SECTION 21 – WEDDING COVER

Cover for sections 21.1, 21.2, 21.3 and 21.4 only operates if the appropriate wedding cover extension has been chosen and the appropriate additional premium has been paid and is shown on **your policy certificate**. Wedding cover is not available under Silver cover.

Special definitions relating to this section (which is shown in italics) :

You/your/insured person/insured couple

Means the couple travelling abroad to be married whose names appear on **your policy certificate**.

Wedding attire

Means dress, suits, shoes and other accessories bought specially for the wedding and make-up, hair styling and flowers paid for or purchased for the wedding forming part of *your* **baggage**.

You can only claim under either Section 5 – Baggage or Section 21 – Wedding Cover for the same event, not both.

SECTION 21.1 – WEDDING RINGS

What is covered

We will pay *you* up to the amount as shown in the **schedule of benefits** for the *insured couple's* wedding rings which are lost, stolen or damaged during *your* **trip**.

SECTION 21.2 – WEDDING GIFTS

We will pay the *insured couple* up to the amount as shown in the **schedule of benefits** for wedding gifts which are lost, stolen or damaged after the wedding day and whilst *you* are still on *your* **trip**.

The maximum **we** will pay *you* for the following items is:

- a. for any one article, pair or set of articles is as shown in the **schedule of benefits**.

SECTION 21.3 – WEDDING CLOTHES

We will pay the *insured couple* up to the amount as shown in the **schedule of benefits** for *wedding attire* owned by the *insured couple* (not borrowed or hired) which are lost, stolen or damaged during *your* **trip** and prior to *your* wedding day.

Payment will be based on the value of the *wedding attire* at the time it was lost, stolen or damaged. An allowance may need to be made for wear, tear and loss of value depending on the age of the *wedding attire*.

The maximum **we** will pay *you* for any one article, pair or set of articles is as shown in the **schedule of benefits**.

SECTION 21.4 – WEDDING PHOTOGRAPHS /VIDEO

We will pay the *insured couple* up to the amount as shown in the **schedule of benefits** for reasonable additional costs incurred to make photographic reprints, copy the video/digital recording or retake photographs/video or digital recordings at a later date either during the **trip** or at a venue in the **Republic of Ireland** if:

1. the professional photographer who was booked to take *your* photographs/video or digital recordings on *your* wedding day is unable to fulfil their obligations due to **bodily injury**, illness or unavoidable and unforeseen transport delays; or
2. the photographs/video or digital recordings of *your* wedding day taken by a professional photographer are lost, stolen or damaged after the wedding day and whilst *you* are still on the **trip**.

What is not covered applicable to sections 21.1, 21.2, 21.3 and 21.4

1. The **excess** as shown in the **schedule of benefits**, unless *you* have purchased the **excess** waiver and this is shown on *your* **policy certificate**.

2. Property *you* leave **unattended** in a public place.
3. Any claim for loss or theft of items which *you* do not report to the police within 24 hours of discovering it and which *you* do not get a written police report for.
4. Any claim for loss, theft or damage to items which *you* do not report to the relevant airline or transport company within 24 hours of discovering it and which *you* do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or damage to *your* property is only noticed after *you* have left the airport, *you* must contact the airline in writing with full details of the incident within seven days of leaving the airport and get a written report from them.
5. Any loss, theft or damage to **valuables** and electronic/other equipment which *you* do not carry in *your* hand luggage while *you* are travelling on **public transport** or on an aircraft.
6. Claims where *you* are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
7. Breakage of fragile objects.
8. Damage due to scratching or denting unless the item has become unusable as a result of this.
9. Loss due to variations in exchange rates.
10. If *your* property is delayed or detained by Customs, the police or other officials.
11. Loss of jewellery (other than wedding rings) while swimming or taking part in sports and activities.
12. Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).
13. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at *your* own expense) the following evidence where relevant:

- » A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- » A letter from *your* tour operator's representative, hotel or accommodation provider where appropriate.
- » An original receipt, proof of ownership or valuations for items lost, stolen or damaged.
- » Any other relevant information relating to *your* claim under this section that **we** may ask *you* for.

SECTION 22 – CATASTROPHE COVER

Cover for sections 22.1, 22.2 and 22.3 only operates if the appropriate catastrophe cover extension has been chosen and the appropriate additional premium has been paid and is shown on **your policy certificate**. Catastrophe cover is not available under Silver cover.

Special definitions relating to this section (which is shown in italics)

Natural catastrophe

Means avalanche, earthquake, fire, flood, hurricane, landslide, storm, tsunami or volcanic eruption.

SECTION 22.1 – CANCELLATION OR CURTAILMENT

What is covered

We will pay **you** up to the amount shown in the **schedule of benefits** for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges (including excursions) which **you** have paid or are contracted to pay, together with **your** proportion only of any reasonable additional travel expenses incurred if:

- a. cancellation of the **trip** is necessary and unavoidable; or
- b. the **trip** is **curtailed** before completion

as a result of a *natural catastrophe* meaning **you** cannot use **your** booked pre-paid accommodation, transport and excursions.

Special conditions relating to claims

1. **You** must get (at **your** own expense) written confirmation from the supplier, tour operator, provider of the accommodation, the local Police or relevant authority that **you** could not use **your** accommodation, transport or excursion and the reason for this.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. The cost of **your** unused original tickets if it is necessary for **you** to **curtail your trip**. If **you** have not purchased a return ticket to **your home area**, we reserve the right to deduct the cost of an economy flight from any additional costs incurred which are necessary to repatriate **you** to **your home**.
3. The resumption of **your trip** once it has been **curtailed**. There is no further cover once **you** have returned to **your home area**.
4. The cost of Air Passenger Duty (APD) whether irrecoverable or not.
5. Any costs incurred by **you** which are recoverable from the travel agent, tour operator or the providers of the accommodation, travel or excursions or for which **you** receive or are expected to receive compensation or reimbursement.
6. Expenses that **you** can claim from elsewhere.
7. Claims arising directly or indirectly from a *natural catastrophe* existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
8. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- » In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- » **Your** unused travel tickets.
- » Receipts or bills for any costs, charges or expenses claimed for.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 22.2 – MISSED DEPARTURE

What is covered

We will pay **you** up to the amount as shown in the **schedule of benefits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in either:

- a. reaching **your** overseas destination, or
- b. returning **you** to **your home area**

if **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel on for the initial international outbound or return leg of the **trip** as a result of a *natural catastrophe*.

If the same expenses are also covered under Section 22.3 – Delayed departure, **you** can only claim under one section for the same event, not both.

Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. If **you** are a **ROI** resident living in the **Republic of Ireland** and **your** travel itinerary requires **you** to use Northern Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from the **Republic of Ireland** with respect to claims coverage.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Claims arising directly or indirectly from:
 - a. A *natural catastrophe* existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b. **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound or return leg of the **trip**.
3. Trips solely within the **Republic of Ireland**.
4. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » A letter from the **public transport** provider detailing the reasons for failure.
- » **Your** unused travel tickets
- » Receipts or bills or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION 22.3 – DELAYED RETURN

What is covered

If the **public transport** on which **you** are booked to travel is either:

- a. delayed at the final departure point to the **Republic of Ireland** (but not including delays to any subsequent return connecting **public transport**) for at least 24 hours from the scheduled time of departure, or
- b. is cancelled before or after the scheduled time of departure,

as a result of a *natural catastrophe*, **we** will pay **you** up to the amount as shown in the **schedule of benefits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in returning **you** to **your home area**.

You can only claim under one of either Section 22.2 – Missed departure or Section 22.3 – Delayed return for the same event, not both.

Special conditions relating to claims

1. **You** must check-in according to the itinerary given to **you** unless **your** tour operator has requested **you** not to travel to the airport.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the cancellation, number of hours of delay and the reason for these together with confirmation of **your** check-in times and details of any alternative transport offered.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider 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 Passenger Rights legislation in the event of cancellation or long delay of flights.
4. Where applicable **you** must get (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) and/or provider of accommodation (or their booking agents) that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
5. If **you** are a **ROI** resident living in the **Republic of Ireland** and **your** travel itinerary requires **you** to use Northern Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from the **Republic of Ireland** with respect to claims coverage.

What is not covered

1. The **excess** as shown in the **schedule of benefits**, unless **you** have purchased the **excess** waiver and this is shown on **your policy certificate**.
2. Claims arising directly or indirectly from *natural catastrophe* existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
3. Any delays to any subsequent return connecting **public transport** following **your** departure from the final departure point to the **Republic of Ireland**.
4. 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.
5. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- » Full details of the travel itinerary supplied to **you**.
- » A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check-in time.
- » **Your** unused travel tickets.
- » Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
- » Written confirmation from the provider of transport/accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- » Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

MAKING A COMPLAINT

We are committed to providing a high level of customer service. If **you** don't feel **we** have delivered this, **we** would welcome the opportunity to put things right for **you**.

Many concerns can be resolved straight away

Therefore first of all, please get in touch with the relevant party shown below as they may be able to provide **you** with an immediate response to **your** satisfaction.

Making your complaint:

If **your** complaint relates to the sale of **your** policy, please contact CoverForYou Travel Insurance:

By email: complaints@coverforyou.ie, or
By telephone: 00353 1 513 4189, or
By writing to: CoverForYou Travel Insurance Customer Support, 13 Upper Baggot Street, 2nd Floor, Dublin 4.

If **your** complaint relates to **your** claim or the provision of emergency medical assistance, please contact:

The Complaints Officer
Claims Settlement Agencies,
308-314 London Road,
Hadleigh, Benfleet,
Essex
SS7 2DD
United Kingdom

Tel: +44 (0) 1702 427246
Email: info@csal.co.uk

When **you** make contact please provide the following information:

- » **Your** name, address and postcode, telephone number and e-mail address (if **you** have one)
- » **Your** policy and/or claim number, and the type of policy **you** hold
- » The reason for **your** complaint

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material.

In the event **you** remain dissatisfied and wish to make a complaint, **you** can do so at any time by referring the matter to either the Complaints team at Chaucer Syndicates Limited, or Lloyd's:

Any written correspondence should be headed complaint and **you** may include copies of supporting material.

The address of the complaints team at Chaucer is:

Chaucer Complaints,
Plantation Place,
30 Fenchurch Street,
London,
EC3M 3AD.
United Kingdom.

Tel: +44 (0)20 7105 8161 Fax: +44 (0)20 7105 8010
Email: complianceenquiries@chaucerplc.com

The address of the complaints team at Lloyd's is:

Complaints, Lloyd's,
One Lime Street,
London,
EC3M 7HA.
United Kingdom.

Tel:+44 (0)20 7327 5693 Fax: +44 (0)20 7327 5225
Email: complaints@lloyds.com
Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and are also available from the above address.

Timeframes for responding to your complaint

- » **We** will acknowledge **your** complaint, in writing, within five business days of the complaint being made and provide **you** with a point of contact regarding **your** complaint until the complaint is resolved or cannot be progressed any further.
- » **We** will provide **you** with an update on the progress of the investigation of the complaint within twenty business days of the complaint being made.
- » **We** will provide **you** with a decision on **your** complaint in writing within forty business days of the complaint being made.

Financial Services and Pensions Ombudsman

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. The contact details for the Financial Ombudsman Service are:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
Tel: +353 1 6 567 7000
E-mail: info@fspoi.ie

You can find more information about the Financial Services and Pensions Ombudsman at: www.fspoi.ie

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

Online Sales Only

If **you** purchased **your** policy online, **you** can also use the online European Online Dispute Resolution platform to provide details of **your** complaint, which can then be forwarded to the Financial Ombudsman Service after 30 days. Please note that this service facilitates contact only, it doesn't provide any other complaints service. **You** can find this platform at: <http://ec.europa.eu/odr>.

COMPENSATION SCHEME

We are covered by the Financial Services Compensation Scheme (FSCS) which means that **you** may be entitled to compensation if **we** are unable to meet **our** obligations to **you**. Further information is available at www.fscs.org.uk or by contacting the FSCS directly on 0800 678 1100.