



**ALC Health Prima Travel Plan Policy Wording
Valid from 1st November 2017**

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IMPORTANT CONTACT DETAILS

	Telephone	Email
a la carte healthcare limited	+44 (0)1903 817970	sales@alchealth.com
Emergency Medical Assistance Service (24hours)	+44 (0)330 660 0548	assistance@mstream.co.uk
Claims Service	+44 (0)330 660 0549	claims@mstream.co.uk
Medical Screening Service	+44 (0)330 660 0563	healthcheck@mstream.co.uk

OTHER USEFUL CONTACTS

	Telephone	Email
Foreign & Commonwealth Office	+44 (0)207 008 1500	www.gov.uk/fco
European Health Insurance Card (EHIC)	+44 (0)300 330 1350	www.ehic.org.uk
Department of Health – Advice for Travellers	+44 (0)207 210 4850	www.dh.gov.uk/travellers
Medicare Australia	+61 (0)2 6124 6333	www.medicareaustralia.gov.au

The following table is a summary of the main cover limits that apply to policies purchased in Pound Sterling. You should read the rest of the policy for full terms and conditions.

SUMMARY OF COVER (£)					
Section	Gold Cover Limit (up to)	Gold Cover Excess	Silver Cover Limit (up to)	Silver Cover No Excess	
Section 1	£6,250	No excess	£3,125	£65 (deposit £40)	
Section 2	£6,250	No excess	£3,125	£65 (deposit £40)	
Section 3	Emergency Medical & Repatriation Expenses £12.5 million In patient benefit	No excess	£6.25 million	£65	
Section 4	Additional Hospital Benefit	No excess	£12.50/day	No Excess	
Section 5	Personal Accident				
	Death	£12,500	£6,250	No excess	
	Loss of limb	£37,500	£18,750	No excess	
	Total disablement	£37,500	£18,750	No excess	
Section 6	Baggage & Personal Belongings	£4,000	£2,000	£65	
	Single article, pair or set	£375	£200	£65	
	Valuables limit	£500	£250	£65	
	Tobacco, alcohol and fragrances	£50	£25	£65	
	Delayed baggage (after 24 hours)	£250 max	£125	£65	
Section 7	Cash & Documents	£1,250	£625	£65	
	Cash Limit	£375	£187.50	£65	
Section 8	Loss of Passport/Driving licence	£650	£325	No excess	
Section 9	Travel Delay				
	Delay	£50/12 hrs max £250	£25/12 hrs max £125	No excess	
	Abandonment	£6,250	£3,125	£65	
Section 10	Missed Departure/Connection	£2,000	£1,000	No excess	
Section 11	Personal Liability	£2.5 million	£1.25 million	£125	
Section 12	Legal Expenses	£25,000	£12,500	£125	
Section 13	Replacement business associate	£6,500	No cover	n/a	
	ADDITIONAL COVER				
Section 14	Winter Sports Cover				
	Ski pack	Optional	Optional	n/a	
	Delayed ski equipment	£500	£250	£65	
	Ski Equipment (own)	£1,000	£500	£65	
	Single Item Limit	£625	£300	No excess	
	Ski Equipment (hired)	£350	£175	£65	
	Piste Closure	£25/day	£12.50/day	No excess	
Section 15	Sports and Activities	See section for details	See section for details		
Section 16	Golf Cover				
	Loss of green fees	Optional	No Cover	n/a	
	Delayed Golf Equipment	£200	No Cover	n/a	
	Golf Equipment (own)	£250	No Cover	n/a	
	Single Item Limit	£1,000	No Cover	n/a	
	Golf Equipment (hired)	£200	No Cover	n/a	
	Hole In One	£250	No Cover	n/a	
		£100	No excess	n/a	

The following table is a summary of the main cover limits that apply to policies purchased in Euros. You should read the rest of the policy for full terms and conditions.

SUMMARY OF COVER (€)						
Section	Gold Cover Limit (up to)	Gold Cover Excess	Silver Cover Limit (up to)	Silver Cover Excess	No Excess	
Section 1	Cancellation	€7,500	No excess	€3,750	No excess	€75 (deposit €50)
Section 2	Curtailement	€7,500	No excess	€3,750	No excess	€75 (deposit €50)
Section 3	Emergency Medical & Repatriation Expenses	€15 million	No excess	€7.5 million	No excess	€75
Section 4	In patient benefit					
Section 4	Additional Hospital Benefit	€30/day €1,500 max	No excess	€15/day €750 max	No excess	No Excess
Section 5	Personal Accident					
	Death	€15,000	No excess	€7,500	No excess	No excess
	Loss of limb	€45,000	No excess	€22,500	No excess	No excess
	Total disablement	€45,000	No excess	€22,500	No excess	No excess
Section 6	Baggage & Personal Belongings	€4,500	No excess	€2,250	No excess	€75
	Single article, pair or set	€450	No excess	€225	No excess	€75
	Valuables limit	€600	No excess	€300	No excess	€75
	Tobacco, alcohol and fragrances	€60	No excess	€30	No excess	€75
	Delayed baggage (after 24 hours)	€300 max	No excess	€150	No excess	€75
Section 7	Cash & Documents	€1,500	No excess	€750	No excess	€75
	Cash Limit	€450	No excess	€225	No excess	€75
Section 8	Loss of Passport/Driving licence	€750	No excess	€375	No excess	No excess
Section 9	Travel Delay					
	Delay	€60/12 hrs max €300	No excess	€30/12 hrs max €150	No excess	No excess
	Abandonment	€7,500	No excess	€3,750	No excess	€75
Section 10	Missed Departure/Connection	€2,250	No excess	€1,125	No excess	No excess
Section 11	Personal Liability	€3 million	No excess	€1.5 million	No excess	€150
Section 12	Legal Expenses	€30,000	No excess	€15,000	No excess	€150
Section 13	Replacement business associate	€7,750	No excess	No cover	No cover	n/a
	ADDITIONAL COVER					
Section 14	Winter Sports Cover					
	Ski pack	Optional	n/a	Optional	n/a	n/a
	Delayed ski equipment	€600	No excess	€300	No excess	€75
	Ski Equipment (own)	€1,200	No excess	€600	No excess	€75
	Single Item Limit	€750	No excess	€375	No excess	€75
	Ski Equipment (hired)	€450	No excess	€225	No excess	€75
	Piste Closure	€30/day €300 max	No excess	€15/day €150 max	No excess	No excess
Section 15	Sports and Activities	See section for details	See section for details	See section for details	See section for details	See section for details
Section 16	Golf Cover					
	Loss of green fees	Optional	n/a	No Cover	No Cover	n/a
	Delayed Golf Equipment	€225	No excess	No Cover	No Cover	n/a
	Golf Equipment (own)	€300	No excess	No Cover	No Cover	n/a
	Single Item Limit	€200	No excess	No Cover	No Cover	n/a
	Golf Equipment (hired)	€300	No excess	No Cover	No Cover	n/a
	Hole In One	€120	No excess	No Cover	No Cover	n/a

IMPORTANT INFORMATION

Thank **you** for taking out ALC Health Prima Travel Plan with **us**.

It is very important that **you** carefully read the terms and conditions and exclusions of this insurance to ensure that **you** are properly covered for **your** planned trip.

You will not be covered if **you** travel outside the area **you** have chosen as shown on **your** Certificate of Insurance.

WHO IS COVERED

The persons insured as named on the Certificate of Insurance.

Cover is only available to people resident in the **European Union**, the Channel Islands or the Isle of Man.

Cover is only valid for trips starting and returning to **your home in your Country of Residence**. **You** must have a permanent residential address in and unrestricted right of entry to the **European Union**, the Channel Islands or the Isle of Man.

WHAT IS COVERED

You are covered for:

1. holidays, leisure trips and business trips (see definition of **Work Abroad**)
2. a trip that takes place during the period of insurance which begins when **you** leave **home** and ends when **you** get back to **your home** or to a hospital or nursing home in **your Country of Residence**, whichever is earlier.

For Single Trip Gold and Silver cover

You will only be covered if **you** are aged 74 and under the date **your** policy was issued.

Any other trip which begins after **you** get back is not covered.

A trip which is booked to last longer than 100 days is not covered.

For six month Multi-trip Gold cover

You will only be covered if **you** are aged 75-84 inclusive at the start date of **your** policy.

A trip which is booked to last longer than 21 days is not covered.

Cover is available for travel to **Areas 1 and 2** only

Trips within **your country of residence** must be at least 2 nights and have:

- i) pre-booked transport or accommodation or
- ii) be more than 25 miles from **your home** (unless it involves a sea crossing).

For Annual Multi-trip Gold cover

You will only be covered if **you** are aged 74 and under at the start date of **your** policy.

Any trip which is booked to last longer than 62 days is not covered.

Cover is available for travel to **Areas 1, 2 and 3**

Trips within **your country of residence** must be at least 2 nights and have:

- i) pre-booked transport or accommodation or

- ii) be more than 25 miles from **your home** (unless it involves a sea crossing).

You will be covered for taking part in winter sports activities for up to 21 days in total during the period of insurance when the appropriate premium has been paid.

For Annual Multi-trip Silver cover

You will only be covered if **you** are aged 74 and under at the start date of **your** policy.

A trip which is booked to last longer than 31 days is not covered.

Persons aged 74 and under are covered to travel to

Areas 1, 2 and 3

Trips within **your country of residence** must be at least 2 nights and have:

- i) pre-booked transport or accommodation or
- ii) be more than 25 miles from **your home** (unless it involves a sea crossing).

You will be covered for taking part in winter sports activities for up to 10 days in total during the period of insurance when the appropriate premium has been paid (cover for persons aged 74 and under only)

3. trips within the Geographic Region as shown on **your** schedule. **You** must observe travel advice provided by the Foreign and Commonwealth Office (FCO). No cover is provided under any section of this policy in respect of travel to a destination to which the FCO has advised against all or all but essential travel. Travel Advice can be obtained from the FCO. Telephone: +44 (0)20 7008 1500 Website www.gov.uk/fco
4. trips within **your Country of Residence** if it is pre-booked in paid accommodation and for 2 nights or more. (Restrictions apply to medical expenses cover. See section for details).
5. participating in sports and activities under level 1 as detailed in Section 15.
6. participating in sports and activities under Level 2 as detailed in Section 15 if shown on the Summary of Cover and on **your** Certificate of Insurance. **You** are not covered for **Hazardous Activities**, other than as specified in Section 15, unless **we** agree to include and **you** have paid the appropriate premium required.
7. reasonable activities **you** partake in on an unplanned and incidental basis provided that **you** are
 - supervised by a qualified instructor, or
 - hold the appropriate qualification or licence, or
 - have subscribed to an accredited organisation for the activity
 - and that **you** act in a reasonable way and use all recommended equipment and protective clothing that is necessary.

LIMITS OF COVER AND EXCESSES

The limits of cover under each section are shown on the Summary of Cover and apply to each insured person. This policy has an excess as shown on the Summary of Cover which will be deducted in the event of a claim under certain sections. The excess is applicable per person, per policy section to a maximum of two excesses per insured incident.

WHEN COVER STARTS AND ENDS

If **you** have Annual Multi-trip cover Cancellation cover starts from the time of booking a trip providing it is within the period of cover as shown on **your** schedule and ends when **you** leave **your home** to commence the trip.

If **you** have Single Trip cover **you** are covered for the dates as shown on **your** policy schedule. Cancellation cover starts from the date **you** have purchased this insurance policy.

All other sections of cover start from when **you** leave **your home** to commence the trip. Cover applies for the duration of the booked trip (or earlier return to **your Country of Residence**) including the period of travel directly to the departure point and back **home** directly afterwards, not exceeding 24 hours in each case.

If **you** return is unavoidably delayed for an insured reason, cover will be extended free of charge for up to 30 days maximum.

CANCELLATION RIGHTS

If **you** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your** policy for a refund of **your** premium. If during this 14 day period **you** have travelled, made a claim, or intend to make a claim then **we** are entitled to recover all costs for those services that **you** have used. Please note that **your** cancellation rights are no longer valid after this initial 14 day period.

WORKING ABROAD

This insurance is extended to cover **work abroad**. **You** are not covered under the Personal Liability section when **you** are working.

RENEWAL OF YOUR INSURANCE

If **you** have Annual Multi-trip cover we will send **you** a renewal notice prior to the expiry of the Period of Cover as shown on **your** Certificate of Insurance. The terms of **your** cover and the premium may be varied by **us** at the renewal date. **We** will give **you** at least 21 days written notice before the renewal date should this happen. Please note **your** policy will not be automatically renewed unless **we** hear from you to renew **your** policy.

At renewal **you** must make sure that **your** cover continues to meet **your** travel needs. In particular this applies to any sports and hazardous activities that **you** are planning to participate in. **You** must also check to see that **you** still comply with the Health Declaration as this may affect the cover provided. If **you** do not comply with the Health Declaration, this may invalidate **your** insurance.

DISCLOSURE OF FACTS

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** offer **you**.

You must, to the best of **your** knowledge, have given accurate answers to the questions **we** have asked when buying this policy.

If **you** have not answered the questions truthfully it could result in **your** policy being invalid and that could leave **you** with no right to make a claim.

If **you** think that any of **your** answers might be incorrect, or if **you** need any help, please contact **us** as soon as possible and **we** will be able to confirm if **we** are still able to offer **you** cover under this policy.

MEDICAL CONDITIONS

This insurance contains restrictions regarding pre-existing medical conditions in respect of the people travelling and of other people upon whose health the trip depends.

You must tell **us** (to the best of **your** knowledge) about anything, which could give rise to a claim, particularly where **your** own health is concerned. In particular **we** will not cover medical problems referred to in the Health Warranty unless this was declared to **us** and accepted by **us** in writing.

You are advised to read the Health Warranty contained in the policy. If **you** are in any doubt as to whether a medical condition is covered **you** must contact the Medical Screening Service on +44 (0)330 660 0563.

MEDICAL EXCLUSION AND DECLARATION

You must advise **us** (to the best of **your** knowledge) if any of the following apply to **you**, a travelling companion, an immediate relative, close business associate or someone upon whom the trip depends (whether they are travelling with **you** or not). The Medical Screening Service must be contacted:

1. **You/they** were aware of any reason why the trip could be cancelled or curtailed or of any medical condition which could result in a claim.
2. **You/they** have, during the 12 months before this insurance started, suffered from or received treatment, advice or medication for any chronic, ongoing or recurring illness or condition. (A chronic condition is one lasting three months or more).
3. **You/they** were travelling against the advice of a **medical practitioner** or in order to get medical treatment abroad.
4. **You/they** have been diagnosed as having a terminal illness.
5. **You/they** were receiving, recovering from, or on a waiting list for in-patient treatment in a hospital or nursing home.
6. **You/they** were waiting for the results of tests or investigations, or awaiting a referral for an existing medical condition.

Failure to contact **us** could leave **you** with no right to make a claim, and may mean that **you** travel with insufficient cover.

CHANGE IN HEALTH

If any of the reasons stated in the Health Warranty above occur between the date the policy is issued and before the first day of **your** trip, **you** must notify the Medical Screening Service immediately on +44 (0)330 660 0563.

We will then decide if **we** can provide **you** with cover on existing terms. **We** may ask **you** to pay an additional premium or add special conditions to the policy. If **we** cannot provide cover, or if **you** do not want to pay the additional premium, **you** can make a cancellation claim if **you** have booked and paid for a trip that **you** have not yet made. Alternatively **you** can cancel **your** policy and **we** will send **you** a pro-rata refund.

We reserve the right not to extend the policy where the booked trip could be detrimental to **you** well being. Failure to contact **us** could leave **you** with no right to make a claim, and may mean that **you** travel with insufficient cover.

Failure to contact **us** could leave **you** with no right to make a claim, and may mean that **you** travel with insufficient cover. If cover can be provided for **your** condition, **you** will be given a screening reference number and a letter will be sent to **you** upon receipt of payment. Any additional premiums must be paid directly to the Medical Screening Service.

DEFINITIONS

Whenever the following words appear in bold in this policy they will always have these meanings:

Area 1

European Mainland, Europe, European Union including the United Kingdom, The Channel Islands, the Isle of Man, Libya, Egypt, Russia.

Area 2

Worldwide, excluding United States of America, Canada, and all islands in **The Caribbean**

Area 3

Worldwide, including United States of America, Canada, and all islands in **The Caribbean**

Appointed adviser

The solicitor or appropriately qualified person, firm or company, including **us**, who is chosen to act for **you** in **your** claim for compensation.

Close Business Associate

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

Couple

The lead insured, spouse (or co-habiting partner) named on the schedule.

Country of Residence

European Union, the Channel Islands or the Isle of Man.

Curtail/Curtailment

Cutting **your** trip short following either **your** early return **home** or, by being admitted into a hospital as an inpatient.

EEA

Member country of the European Economic Areas, Switzerland and Gibraltar

Europe

(including the Channel Islands and the Isle of Man) Europe, Republic of Ireland, The Azores, Madeira, The Canary Islands, Morocco, Tunisia, Israel, Mediterranean Islands, Turkey and territories formally known as USSR, west of the Ural Mountains.

European Mainland

Albania, Andorra, Austria, Belgium, Bosnia, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Lapland, Liechtenstein, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland.

European Union

Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal,

Romania, Slovakia, Slovenia, Spain, Sweden & United Kingdom

Expert Witness

A person who testifies in a court of law because they have specialist knowledge in a particular field or area of expertise, entitling that person to testify about their opinion on the meaning of facts.

Family

You and **your** spouse (or co-habiting partner) and **your** financially dependant children including those aged under 18 years in full time education, at the inception date of **your** policy all normally resident with **you** and named on the Certificate of Insurance.

Golf Equipment

Golf clubs, golf Baggage & Personal Belongings, golf trolley, and golf shoes.

Hazardous Activities

Participating in any sport or activity which could pose an increased risk or danger to **you**, and may require **you** to take additional precautions to avoid injury or claim (a list of included sports activities covered by this insurance are shown in Section 15).

Home

Your residential address in **your Country of Residence**.

Immediate Relative

Mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother or step-sister resident in **your Country of Residence**.

Insurer

AWP P&C S.A.

Legal action

Work carried out to support a claim that **we** have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings other than an application by **you**:

- to the European Court of Justice, European Court of Human Rights or similar International body; or
- to enforce a judgement or legally binding decision.

Legal costs

Fees, costs and expenses (including Value Added Tax) which **we** agree to pay for **you** in connection with legal action. Also, any costs which **you** are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs **we** agree to pay.

Loss of limb

Physical, permanent and total loss of use at or above the wrist or ankle.

Loss of sight

The complete, irrecoverable and irremediable loss of all sight in one or both eyes.

Medical Practitioner

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

Money

Cash, travel tickets and passports held by **you** for social domestic and/or pleasure purposes.

Outward Journey

The outward flight/sea crossing/ coach/train departure from **your Country of Residence** to **your** destination, which may include several connections and up to two overnight stays until reaching **your** destination.

Permanent total disablement

Disablement as a result of which there is no business or

occupation, which **you** are able to attend and to which having lasted for a period of 12 months, is, at the end of that period, beyond hope of improvement.

Personal accident

Accidental bodily injury caused solely and directly by outward violent and visible means.

Personal baggage

Your suitcases (or similar luggage carriers) and their contents usually taken on a **trip**, together with articles worn or carried by **you** for **your** individual use during **your** trip. (Not including any specialised items, medical or otherwise, unless specified on **your** Certificate of Insurance).

Public Transport

Any fare paying passenger on the following regular scheduled forms of transport: train, coach, bus, aircraft and sea vessel.

Redundancy

Any person being declared redundant, who is under 65 years and under the normal retiring age for someone holding that person's position, and who has been employed for 2 continuous years with the same employer at the time of being made redundant.

Return Journey

The return flight/sea crossing/ coach/train departure from **your** final accommodation to commence the return journey to **your Country of Residence**, which may include several connections and up to two overnight stays until reaching the arrival point in **your Country of Residence**.

Scuba Diving

Conventional **scuba diving** only. **We** do not cover solo diving, cave diving, any dive which takes **you** below **your** current qualification limits, or any dive below 30 metres (or 50 metres if the appropriate additional premium has been paid) under any circumstances. **You** are limited to **your** current qualification limit, unless accompanied by a qualified Instructor, taking part in a recognised course requirement of your chosen Diving Association.

You must hold a current internationally recognised diving certificate such as P.A.D.I. (Professional Association of Diving Instructors), B.S.A.C. (British Sub Aqua Club) SAA (Sub Aqua Association), C.M.A.S. (Confederation Mondiale Des Activites Subaquatiques), or equivalent internationally recognised qualification and follow their relevant Association, Club or confederation rules and guidelines at all times, or **you** must only dive under the constant supervision of a properly licensed Diving Instructor and follow their rules and instructions at all times.

Single Parent Family

You and **your** financially dependant children including those under 18 years old in full time education, at the inception date of **your** policy, all normally resident with **you** and named in the Certificate of Insurance.

The Caribbean

Antigua and Barbuda, Anguilla, Aruba, The Bahamas, Barbados, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Navassa Island, Netherland Antilles, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, Virgin Islands

Unattended

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

Valuables

Watches, furs, jewellery, photographic equipment, binoculars, telescopes, spectacles, sunglasses, computers and or accessories (including laptops, games & gaming consoles), PDA's and tablet devices (including iPad's and eBooks) video cameras, audio visual equipment, televisions, mobile phones and satellite navigation devices.

We / us / our

Millstream Underwriting Ltd on behalf of AWP P&C SA Limited is the appointed administrator in the United Kingdom.

Winter Sports Equipment

Skis, bindings, ski boots, ski poles, snowboards and specialised clothing.

Winter Sports

Conventional skiing / snowboarding only. **We** do not cover any competition, free-style skiing, ski jumping, ice hockey, use of bobsleighs or skeletons, repetitive travel in ski run helicopters. Off-piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guide lines.

Work abroad

For the purposes of this policy clerical business activities of the insured only. Non-manual or light general work not involving the use of mechanical or industrial machinery at a height not exceeding 2 metres.

Worldwide (excluding USA, Canada & The Caribbean)

Worldwide excluding United States of America, Canada and **The Caribbean**.

Worldwide (including USA, Canada & The Caribbean)

Worldwide

You / your

Each insured person as shown on **your** Certificate of Insurance.

SECTION 1 CANCELLATION

Covered

You are covered up to the limit as shown on the Summary of Cover for loss of travel and accommodation expenses, which were cancelled before **you** were due to leave **your home** for which **you** have paid or are contracted to pay, providing the cancellation is necessary and unavoidable (and is not as a result of mere disinclination to begin **your** trip as arranged) due to any cause listed below occurring during the period of insurance:

1. injury, serious illness, death of **you**, any person with whom **you** are intending to travel or stay, or of an **immediate relative or close business associate of yours**;
2. **you** being called for jury service, attending court as a witness (but not as an **expert witness**), or **redundancy** (for **you** or for any person with whom **you** had arranged to travel);
3. **your home** or place of business being made uninhabitable, within 14 days of travel, or the police asking to see **you** after theft from **your home** which occurred within 14 days of travel;
4. **you** having to cancel **your** trip as a result of the Travel Advice Unit of the Foreign & Commonwealth Office (FCO), the World Health Organisation (WHO) or similar body issuing a directive prohibiting all travel or all but essential travel to the country or specific area or event to which **you** were booked to travel, providing the directive came into force after **you**

purchased this insurance or booked the trip (whichever is the later).

5. **you** become pregnant after the date **you** purchased this policy (or booked **your** trip whichever is later) and **you** will be more than 26 weeks pregnant at the start of, or during **your** trip. Or, if **you** become pregnant after the date **you** purchased this policy, and **your Medical Practitioner** advises that **you** are not fit to travel due to complications in **your** pregnancy

Not covered

1. the policy excess shown on the Summary of Cover (£40/€50 in respect of loss of deposit only claims) of any incident. This applies to each person making a claim;
2. medically related claims where confirmation has not been obtained from a **medical practitioner** confirming that cancellation of the trip is medically necessary
3. additional costs as a result of not immediately telling the travel agent, tour operator or provider of transport or accommodation that **you** need to cancel the trip. **We** will only pay the cancellation charges that would have applied at the time **you** knew it was necessary to cancel **your** trip, if a valid claim exists;
4. any costs recoverable from another source;
5. anything caused directly or indirectly by prohibitive regulations by the Government of any country;
6. if the Health Declaration has not been complied with and **you** do not have an appropriate endorsement from the Medical Screening Service (see Health Declaration);
7. any costs incurred on behalf of other party members who are not specified on the insurance schedule;
8. anything mentioned in the General Exclusions.

SECTION 2 CURTAILMENT

This section includes the services of the 24 hour Emergency Medical Assistance Service who must be contacted immediately in the event of a serious injury, illness, or hospitalisation, or where repatriation has to be considered.

The 24 hour Emergency Medical Assistance Service telephone number is +44 (0)330 660 0548

Covered

You are covered up to the limit as shown on the Summary of Cover for the value of the portion of **your** travel and accommodation expenses, calculated from the date of **your** return to **your home** in **your Country of Residence** or the date of **your** hospitalisation as an inpatient, which have not been used and which were paid before **your** departure from **your home**. **You** are also covered for reasonable additional travelling expenses (Economy Class) incurred by **you** for returning to **your home** earlier than planned due to a cause listed below:

1. accidental injury, serious illness, death of **you**, any person with whom **you** are intending to travel or stay, or of an **immediate relative** or **close business associate** of **yours**.
2. **your home** or place of business being made uninhabitable or the police requesting **your** presence following a theft from **your home**.

3. **you** having to **curtail your** trip as a result of the Travel Advice Unit of the Foreign & Commonwealth Office (FCO), the World Health Organisation (WHO) or similar body recommending evacuation from the country or specific area in which **you** are travelling, providing the directive came into force after **you** purchased this insurance and after **you** have left the **United Kingdom** to commence the trip (whichever is the later).

Conditions

1. **You** must contact the 24 hour Emergency Medical Assistance Service for assistance/advice if **you** need to cut short **your** trip for an insured reason.
2. **You** must use or revalidate **your** original ticket for **your** early return. If this is not possible **you** must provide evidence that additional costs were necessary. Any refunds due on unused original tickets will be deducted from **your** claim. If **you** do not have an original return ticket, **you** will not be reimbursed for costs incurred for **your** early return.
3. If **you** require the 24 hour Emergency Medical Assistance Service to pay for arrangements, they may first need to contact the relevant **medical practitioner** to confirm **your** claim falls within the terms of **our** cover.
4. If **you** make **your** own arrangements **you** must supply all necessary documentation to substantiate that **your** claim falls within the terms of cover.
5. This policy does not provide compensation for loss of holiday/enjoyment.

Not covered

1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
2. claims that are not confirmed as medically necessary by the 24 hour Emergency Medical Assistance Service, and where a medical certificate has not been obtained from the attending **medical practitioner** abroad confirming it necessary to **curtail** the trip;
3. additional travelling expenses incurred which are not authorised by the 24 hour Emergency Medical Assistance Service;
4. unused prepaid travel tickets where repatriation has been arranged by the 24 hour Emergency Medical Assistance Service;
5. if the Health Declaration has not been complied with and **you** do not have an appropriate endorsement from the Medical Screening Service (see Health Declaration);
6. anything mentioned in the General Exclusions.

SECTION 3

EMERGENCY MEDICAL & REPATRIATION EXPENSES (NOT PRIVATE HEALTH INSURANCE)

*NOTE: This is not a private health insurance policy. **We** will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available and **we** reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate. In the event of medical treatment becoming necessary for which reimbursement will be sought, **we** or **our** representatives may require access to **your** medical records and information if this is possible.*

If **you** are admitted to hospital as an in-patient overseas, the Emergency Medical Assistance Service must be notified immediately. They will deal direct with the hospital and arrange the payment of any bills. Repatriation by specially equipped air ambulance will be available where medically necessary.

You must maintain contact with the Emergency Medical Assistance Service until **your** return to **your Country of Residence** or until **you** no longer require treatment or assistance.

If **you** receive out-patient treatment (no hospital admission) and the costs are likely to exceed £1,000/€1,200 **you** must refer to the Emergency Medical Assistance Service for authorisation.

If **you** receive out-patient treatment (no hospital admission) in Spain, Greece, Cyprus, Portugal or Turkey, show this document to the doctor and **your** treatment will be paid through ChargeCare International in line with the policy wording. The doctor will ask **you** to fill in a form to confirm treatment and may request **you** to pay the excess.

If **you** receive out-patient treatment (no hospital admission) in other countries, it may be easier to pay any bills yourself. Keep all receipts and submit a claim when **you** return **home**. If **you** are in any doubt, call the Emergency Medical Assistance Service for help.

24 hour Emergency Medical Assistance Service telephone number: **+44 (0)330 660 0548**

NOTE: IF YOU ARE TRAVELLING TO A COUNTRY IN THE EUROPEAN UNION YOU SHOULD TAKE A EUROPEAN HEALTH INSURANCE CARD (EHIC). THIS MAY ENTITLE YOU TO FREE OR REDUCED COST HEALTHCARE IN THE EU. THESE ARE FREE OF CHARGE AND CAN BE OBTAINED OR RENEWED BY CALLING 0300 330 1350, PICKING UP AN APPLICATION FORM FROM A POST OFFICE OR APPLYING ONLINE AT WWW.EHIC.ORG.UK. IF YOU ARE TRAVELLING TO AUSTRALIA AND REQUIRE MEDICAL TREATMENT, YOU MUST ENROL WITH MEDICARE.

Covered

You are covered up to the limit as shown on the Summary of Cover for costs incurred

A. Outside **your Country of Residence** for:

1. emergency medical and surgical treatment and hospital charges (including necessary physiotherapy, authorised by the Emergency Medical Assistance Service);
2. emergency dental treatment, to relieve pain only, limited to amount shown on the Summary of Cover;
3. reasonable and necessary additional accommodation (room only) and travelling expenses **home** (Economy Class), including those of one relative or friend if **you** have to be accompanied **home** on the advice of the attending **medical practitioner** or if **you** are a child and require an escort **home**;
4. in the event of death, reasonable cost for the conveyance of the body or ashes to **your Country of Residence** (the cost of burial or cremation is not included), or local funeral expenses abroad limited to £1,000/€1,200.

B. Within **your Country of Residence**:

1. reasonable and necessary expenses incurred in respect of **your** travel **home** (Economy Class), or additional accommodation (room only) for **you** and one relative or friend should **you** suffer accidental bodily injury, illness or death whilst on a trip within **your Country of Residence** limited to the amount stated on the summary of cover.

Not covered

1. the policy excess shown on the Summary of Cover. This applies to each person making a claim;
2. any sums which can be recovered from another source or which are covered under any National Insurance scheme or reciprocal health arrangement;
3. any expenses or fees, for in-patient treatment or returning **home** early, which have not been reported to and authorised by the Emergency Medical Assistance Service;
4. any expenses incurred for illness, injury or treatment required as a consequence of:
 - a) Surgery or medical treatment which in the opinion of the attending **medical practitioner** and the Emergency Medical Assistance Service can be reasonably delayed until **your** return to **your Country of Residence**.
 - b) Medication and/or treatment which at the time of departure is known to be required or to be continued during **your** trip;
5. if the Health Declaration is not complied with and **you** do not have an appropriate endorsement from the Medical Screening Service (see Health Declaration);
6. the cost of any routine or elective (non-emergency) treatment or surgery, including specialist review or referral, exploratory tests, treatment or surgery which are not directly related to the injury, which necessitated **your** admittance to hospital;
7. claims that are not confirmed as medically necessary by the attending **medical practitioner** or the Emergency Medical Assistance Service;
8. any additional hospital costs arising from single or private room accommodation unless medically necessary;
9. treatment or services provided by a health spa, convalescent or nursing **home** or any rehabilitation centre;
10. any costs incurred within **your Country of Residence** other than under B above;
11. further costs **you** incur if **we** wish to bring **you** **home** early but **you** refuse (where in the opinion of the treating **medical practitioner** and the Emergency Assistance Service **you** are fit to travel);
12. anything mentioned in the General Exclusions.

SECTION 4 ADDITIONAL HOSPITAL BENEFIT

This section does not apply to trips within **your country of residence**.

This benefit is payable only if the hospital admission has been covered under the terms of the Emergency Medical Expenses section. The benefit payment is intended to contribute towards miscellaneous expenses that may be incurred whilst **you** are an in-patient (e.g. taxi fares and telephone calls). This policy does not provide compensation for loss of holiday/enjoyment.

Covered

You are covered up to the limit as shown on the Summary of Cover for:

1. payment of the amount shown for each complete 24 hours **you** spend in hospital, as a result of **you** being admitted as an in-patient to a registered hospital. This is in addition to any medical expenses incurred under Emergency Medical Expenses section.

Conditions

1. In the event of a claim **you** must provide documentation confirming the date and time of admission and discharge.

Not Covered

1. anything mentioned in the General Exclusions.

SECTION 5 PERSONAL ACCIDENT

Covered

You are covered up to the limit as shown on the Summary of Cover in respect of **loss of limb, loss of sight, permanent total disablement** or for death (which will be paid to **your** legal representative), if **you** have a **personal accident** during **your** trip which, up to 12 months from the date of the accident, is the sole cause of **your** consequent death or disability.

We will only pay the benefit for **permanent total disablement** if **your** medical practitioner or specialist confirms that **you** cannot do any paid work for 12 months after the date of the accident and there is little or no hope of improvement. **You** must accept and agree to examination by **our** doctor or specialist should **we** consider it necessary to validate the claim.

*NOTE: If **you** are aged under 16 years or 76 and over at the time of the accident, the death benefit will be limited to funeral and other reasonable costs up to £3000/€2,500 (Gold cover) or £1500/€1,250 (Silver cover)*

Not covered

1. any claims for death, loss or disablement caused directly or indirectly by:
 - a) Disease or any physical defect or illness
 - b) An injury which existed prior to the beginning of the trip;
2. anything mentioned in the General Exclusions.

SECTION 6 BAGGAGE & PERSONAL BELONGINGS

Covered

A) Personal Baggage

You are covered up to the limit as shown on the Summary of Cover for the value or repair to any of **your** **personal baggage** (not hired, loaned or entrusted to **you**), which is lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation) limited to:

- a) the single item limit as shown on the Summary of Cover for any one item, pair or set of items
- b) the **valuables** limit as shown on the Summary of Cover for all **valuables** in total

B) Delayed Baggage

You are covered up to the limit as shown on the Summary of Cover for the cost of buying replacement

necessities if **your** **personal baggage** is delayed in reaching **you** on **your** **outward journey** for at least 24 hours and **you** have a written report from the carrier (e.g. airline, shipping company etc) or tour representative. Receipts will be necessary in the event of a claim.

Conditions

1. Any amount **we** pay **you** under B Delayed Baggage will be deducted from the final claim settlement if **your** baggage is permanently lost.
2. **You** must obtain written proof of the incident from the police, **your** accommodation management, tour operator or carrier, within 24 hours of the discovery in the event of loss, burglary or theft of the baggage. Failure to do so may result in **your** claim being declined.
3. If **your** **personal baggage** or **valuables** are left in **your** locked and secure hotel room, apartment or holiday residence or **your** vehicle, the loss must be as a result of forcible & violent entry.
4. In the event of a claim for damaged items, proof of the damage must be supplied.
5. In the event of a claim for a pair or set of items, **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.
6. If the repair cost is more than the value of an item, **we** will assess the claim as if the item has been lost.

Not covered

1. the policy excess shown on the Summary of Cover. This applies to each person making a claim; of any incident.
2. if **you** do not exercise reasonable care for the safety and supervision of **your** **personal baggage**;
3. any item, pair or set of items with a value of over £50/€60, if an original receipt, valuation report or other acceptable proof of ownership and value cannot be supplied to support **your** claim;
4. more than £50/€60 (Gold) and £25/€30 (silver) for tobacco, alcohol, fragrances and perfumes.
5. in the event of a claim for damaged items, proof of the damage must be supplied. The damaged articles must be retained by **you** and if requested, submitted to the claims handlers so as to substantiate a claim. Failure to do so may result in a claim being turned down.
6. if **your** **personal baggage** is lost, damaged or delayed in transit and **you** do not:
 - a) notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carrier's report (or Property Irregularity Report in the case of an airline); or
 - b) follow up in writing within 7 days to obtain a written carrier's report (or Property Irregularity Report in the case of an airline) if **you** are unable to obtain one immediately.
7. loss, destruction, damage or theft of the following property:
 - a) contact or corneal lenses, hearing aids, dentures and false body parts or other prostheses.
 - b) antiques, precious stones that are not set in jewellery, glass or china, pictures, musical instruments.
 - c) pedal cycles, dinghies, boats and/or ancillary equipment, vehicles or vehicle accessories (other than wheelchairs and pushchairs).

- d) tools of trade.
- e) perishable items such as food.
- f) **valuables left unattended** at any time (including in a vehicle or in the custody of carriers) unless they are with **you** or locked in a safe or safety deposit box or locked in the accommodation;
- g) **valuables** left as checked-in baggage;
- 8. loss, destruction, damage or theft:
 - a) due to confiscation or detention by customs or other officials or authorities.
 - b) due to wear and tear, denting or scratching, moth or vermin.
 - c) transportation by any postal or freight service, or if sent under an air-way bill or bill of lading.
- 9. mechanical breakdown or derangement, for breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessels, aircraft or vehicle in which they are being carried.
- 10. **personal baggage** stolen from:
 - a) **Personal baggage left unattended** at any time, unless they are in a locked and secure hotel room, apartment or holiday residence or kept in the safe or safety deposit box or in an out of sight locked boot, concealed luggage department or under the purpose built luggage cover of an estate or hatchback car.
 - b) An **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am local time.
- 11. any shortage due to error, omission or depreciation in value;
- 12. any property more specifically insured or recoverable under any other source;
- 13. stamps, documents, deeds, samples or merchandise, manuscripts or securities of any kind, sports gear or activity equipment.
- 14. **winter sports equipment** (unless **you** have paid the appropriate premium), sports or activity equipment whilst in use);
- 15. anything mentioned in the General Exclusions.

SECTION 7 CASH & DOCUMENTS

Covered

You are covered up to the limit as shown on the Summary of Cover for accidental loss or theft of **your** own **money** whilst being carried on **your** person or left in a locked safety deposit box. Cash is limited to the amount shown on the Summary of Cover unless **you** are under 16 years, in which case the maximum payable is £50/€60.

Condition

In the event of a claim for loss of cash **you** must provide evidence of the initial withdrawal of the cash and also evidence of how **you** coped financially immediately after the loss (e.g. currency exchange/ withdrawal slips, bank/credit card statements).

Not covered

1. the policy excess shown on the Summary of Cover of any incident. This applies to each person making a claim;
2. if **you** do not exercise reasonable care in protecting **your money** against loss, theft or damage;
3. if **you** do not obtain a written police report within 24

hours of the discovery in the event of loss, burglary or theft of **money**;

4. any shortages due to error, omission or depreciation in value;
5. anything mentioned in the General Exclusions.

SECTION 8 LOSS OF PASSPORT/DRIVING LICENCE EXPENSES

This section does not apply to trips within **your Country of Residence**.

Covered

You are covered up to the limit as shown on the Summary of Cover for

1. reasonable additional travel or accommodation expenses **you** have to pay whilst abroad, over and above any payment which **you** would normally have made during the trip if no loss had been incurred, as a result of **you** needing to replace a lost or stolen passport/driving licence.
2. any additional fees payable specifically for **you** to obtain the replacement passport/visa or driving licence itself over and above that payable in **your Country of Residence**;
3. The equivalent (pro rata) value of the remaining period of **your** original passport/visa or driving licence at the time of loss;
4. The replacement costs of any temporary passport, as well as Visa or Temporary Work permits which were issued in **your** original passport.

Condition

You must provide receipts for all costs incurred.

Not covered

1. the policy excess shown on the Summary of Cover of any incident. This applies to each insured person involved in the incident causing the claim;
2. any costs that **you** would have incurred had **you** not lost **your** passport or driving licence;
3. if **you** do not exercise reasonable care for the safety or supervision of **your** passport/driving licence;
4. if **you** do not obtain a written police report within 24 hours of the loss;
5. loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities;
6. anything mentioned in the General Exclusions.

SECTION 9 TRAVEL DELAY AND ABANDONMENT

This section does not apply to trips within **your Country of Residence**.

Covered

You are covered if **your outward journey** is delayed for more than 12 hours beyond the intended arrival time (as specified on **your** travel ticket) as a result of:

- a) strike or industrial action (provided that when this policy was taken out, and or when the trip was booked there was no reasonable expectation that the trip would be affected by such cause);
- b) adverse weather conditions;
- c) mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel

then a benefit of:

1. £50/€60 (Gold) or £25/€30 (Silver) for each complete 12 hours you are delayed up to a maximum of £250/€300 (Gold) or £125/€150 (Silver) or up to the limit under Cancellation section of **your** policy (less the excess) if **you** abandon the trip having been delayed for the first full 24 hours;
2. up to the Cancellation section limit of this policy (less the excess) if **you** abandon **your** trip as a result of **your** vehicle being involved in an accident or mechanical breakdown en route to **your** departure point from **your Country of Residence** rendering it impossible for **you** to undertake **your** planned itinerary.
3. Up to £20/€25 per full 24 hour delay on **your** return to **your Country of Residence** in respect of maintaining **your** dog or cat in pre-booked, registered kennels or cattery, up to a maximum of £100/€120.

Conditions

1. In the event of a claim due to delayed **public transport you** must provide documentation from the transport company, confirming the period of and the reason for the delay.
2. This benefit is only payable in respect of either 1 and 3 or 2 as detailed above.

Not covered

1. the policy excess shown on the Summary of Cover of any incident. This applies to each person making a claim and is only applicable if **you** abandon **your** trip;
2. if **you** have not checked-in in sufficient time for **your** outward or return journey;
3. any claims arising from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the order or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
4. abandonment of a trip once **you** have departed from **your Country of Residence**
5. internal flights
6. anything mentioned in the General Exclusions.

SECTION 10 MISSED DEPARTURE/CONNECTION

This section does not apply to trips within **your Country of Residence**.

Covered

You are covered up to the limit as shown on the Summary of Cover for necessary hotel and travelling expenses incurred in reaching **your** booked destination, if **you** arrive at any departure point shown on **your** pre-booked itinerary too late to commence **your** booked trip as a result of:

- a) the **public transport** in which **you** are travelling is delayed (**you** must obtain written confirmation from the transport company);
- b) the vehicle in which **you** are travelling being involved in an accident or breakdown, or **you** being delayed as a result of a major accident on a motorway. In the event of a claim due to vehicle breakdown or a road accident, **you** must obtain a police or roadside assistance report.
- c) adverse weather conditions making it impossible to travel to the outbound departure point in **your Country of Residence**;

Not covered

1. the policy excess shown on the Summary of Cover of any incident. This applies to each person making a claim;
2. if sufficient time has not been allowed for **your** journey in order to meet the check-in time specified by the transport providers or agent
3. if **you** are not proceeding directly to the departure point;
4. any costs claimed under Travel Delay and Abandonment section;
5. anything mentioned in the General Exclusions.

SECTION 11 PERSONAL LIABILITY

Covered

You are covered up to the limit as shown on the Summary of Cover, for legal expenses and legal liability for damages incurred by **you** which are caused by an accident that happened during the trip, and leads to claims made against **you** as a result of:

1. accidental bodily injury to a person who is not a member of **your** family or household or employed by **you**;
2. loss of or damage to any property which does not belong to **you**, is not in the charge of, and is not in the control of **you** or any member of **your** family, household or employee;
3. loss of or damage to temporary holiday accommodation that does not belong to **you**, or any member of **your** family, household or employee.

*NOTE: **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.*

Not covered

1. the policy excess shown on the Summary of Cover of any incident. This applies to each person making a claim;
2. fines imposed by a Court of Law or other relevant bodies;
3. anything caused directly or indirectly by:
 - a) liability which **you** incur as a result of an agreement that **you** made which would not apply in the absence of that agreement;
 - b) injury, loss or damage arising from:
 - i) ownership or use of aircraft including drones horse-drawn or mechanical/motorised vehicles, vessels (other than rowing boats, punts or canoes), animals (other than horses) or firearms or any weapons
 - ii) the occupation (except temporarily for the purpose of the trip) or ownership of any land or buildings
 - iii) the carrying out of any trade or profession
 - iv) racing of any kind
 - v) any deliberate act
 - c) liability covered under any other insurance.
4. anything mentioned in the General Exclusions.

*NOTE: If **you** are using a mechanical/motorised vehicle, make sure that **you** are adequately insured for third party liability, as **you** are not covered under this insurance.*

SECTION 12 LEGAL EXPENSES

Covered

You are covered if **you** die, are ill or injured during **your** trip and **you** or **your** personal representative take **legal action** to claim damages or compensation for negligence against a third party **we** will do the following:

Nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility.

For each event giving rise to a claim, **we** will pay up to the limits shown on the Summary of Cover for **legal costs** and **legal action** for **you** (but no more than the limits shown on the Summary of Cover in total for all persons insured on the policy).

Conditions

- you** must conduct **your** claim in the way requested by the **appointed adviser**;
- you** must keep **us** and the **appointed adviser** fully aware of all the facts and correspondence including any claim settlement offers made to **you**;
- we** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent;
- we** can withdraw cover after **we** have agreed to the claim, if **we** think a reasonable settlement is unlikely or that the cost of **legal action** could be more than settlement.

Not Covered

- Any claim:
 - reported to **us** more than 60 days after the event giving rise to the claim;
 - where **we** think a reasonable settlement is unlikely or where the cost of **legal action** could be more than the settlement;
 - involving **legal action** between members of the same household, an **immediate relative**, a travelling companion or one of **your** employees;
 - where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
 - against a travel agent, tour operator or carrier, **us**, the **insurer**, another person insured by this policy or **our** agent.
- Legal costs**:
 - for **legal action** that **we** have not agreed to;
 - if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
 - if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will be become **your** responsibility;
 - that cannot be recovered by **us**, **you** or **your appointed adviser**, when **you** receive compensation. Any repayment will not be more than half of the compensation **you** receive;
 - awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with Court rules and protocols);

- for bringing **legal action** in more than one country for the same event
- the funding of any appeal costs or actions to enforce a judgement or legally binding decision;
- anything mentioned in the General Exclusions.

SECTION 13 REPLACEMENT BUSINESS ASSOCIATE

Covered

We will pay up to the amount shown in **your** Summary of Cover in total for the cost of extra transport/accommodation to send a replacement **close business associate** to complete **your** business itinerary if **you** have to curtail **your** journey outside **your country of residence** because of one of the following:

- The death, serious injury or serious illness of **you** or an **immediate relative**
- You** being called for jury service, attending court as a witness (but not as an **expert witness**) in **your country of residence**.
- You** are needed by the police following a burglary, or damage caused by serious fire, storm flood, explosion, subsidence vandalism, fallen trees, impact by aircraft or vehicle at **your home**.
- You** are injured or ill and are in hospital for the rest of the journey.

Not Covered

- The policy excess shown on the Summary of Cover
- Any medical conditions not covered under the Health Declaration

Anything caused by:

- anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- you** not wanting to travel or not enjoying **your** journey
- riot, civil unrest, strike or lock-out;
- air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft).
- Suicide, deliberate self- injury being under the influence of drink or drugs (unless prescribed by a **medical practitioner**) alcoholism, drug addiction, solvent abuse, wilful exposure to exceptional risk (unless **you** are trying to save someone's life)
- The death of any pet or animal

Cutting short **your** journey unless **we** have agreed.

Any costs when **you** do not get a medical certificate (from the **medical practitioner** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come home because of death , injury or illness. **Our** medical advisors must have agreed with the reason and that **you** were fit to travel.

The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.

You travelling on a motorbike unless it is under 125cc, the rider holds an appropriate valid licence and all persons insured are wearing helmets and the appropriate safety gear.

Anything caused by **you** taking part in a hazardous activity or **winter sports** unless shown on **your** Certificate of Insurance.

Please refer to sections General Exclusions, Conditions and Claims Procedure.

SECTION 14 WINTER SPORTS COVER

Covered

If **you** have paid the appropriate premium to include and if shown on **your** policy (please refer to **your** Certificate of Insurance and the Summary of Cover) **you** are also covered for:

A WINTER SPORTS MEDICAL

The medical section of this policy is extended to cover **you** whilst participating in **winter sports**.

B WINTER SPORTS LIABILITY

The personal liability section of this policy is extended to cover **you** whilst participating in **winter sports**.

C SKI EQUIPMENT

You are covered up to the amount shown on the Summary of Cover for the value or repair of **your** own **winter sports equipment** (after making proper allowance for wear and tear and depreciation) or hired **winter sports equipment**, if they are lost, stolen or damaged during **your** trip, limited to the single item limit for any one item. For **winter sports equipment** over 5 years old the maximum **we** will pay is £50/€60.

Conditions

In the event of a claim **you** must provide the following documentation:

1. loss or theft: a report from police, resort management or tour operator; plus original receipt or proof of ownership and confirmation of second hand value from a specialist dealer.
2. damage: confirmation from a specialist dealer of the damage sustained and repair costs, or confirmation that damage is beyond economic repair, plus the second hand value prior to damage.

D EQUIPMENT HIRE

You are covered up to the amount shown on the Summary of Cover for the reasonable cost of hiring **winter sports equipment** for the rest of **your** trip or until **your** own or hired **winter sports equipment** has been returned to **you**, if:

1. **your** equipment is lost, stolen or damaged; or
2. **your** equipment is delayed for more than 12 hours on **your** outward journey.

Conditions

In the event of a claim **you** must provide the following documentation:

1. loss or theft: report from police, resort management or tour operator plus receipts showing original and additional hire charges.
2. damage: confirmation from the hire company of damage sustained and additional charges incurred.
3. delay: confirmation from the airline or transport company that **your** equipment was delayed for over 12 hours on the **outward journey** plus a receipt showing original and additional hire charges.

E WINTER SKI PACK

You are covered up to the amount shown on the Summary of Cover for the value of the unused portion of **your** ski school, resort pass, lift pass and **winter sports equipment** hire costs limited to £350/€450 (Gold) or £175/€225 (Silver) per week, if:

1. **you** have an accident or **you** are ill;
2. **your** lift pass is lost or stolen.

Conditions

In the event of a claim **you** must provide the following documentation:

1. accident or illness: medical report confirming the reason and length of time **you** were unable to undertake **your** planned activity plus the original lift pass and evidence of initial cost.
2. loss or theft: report from police or resort management plus evidence of initial cost and cost of replacement pass.

F PISTE CLOSURE

You are covered up to the amount shown on the Summary of Cover if during the period of **your** stay, on-piste skiing at the resort that **you** had pre-booked is not available due to lack of snow or excessive snow or avalanche conditions, **we** will pay:

1. up to the amount shown on the Summary of Cover per day towards transport costs to reach another resort or;
2. compensation of up to the amount shown on the Summary of Cover per full day if skiing is unavailable due to the total closure of all on-piste skiing activity.

Conditions

In the event of a claim **you** must provide documentation from the resort's management confirming how long the piste was closed at **your** resort and the reason.

Not Covered

1. the policy excess as shown on Summary of Cover;
2. if **you** do not adhere to the International Ski Federation code or the resort regulations;
3. anything not covered in Baggage and Personal Belongings Section (applicable to Part C and D above);
4. anything not covered in Emergency Medical Expenses Section (applicable to Part A and E);
5. anything not covered in Personal Liability Section;
6. ski jumping, ice hockey, the use of skeletons or bobsleighs, taking part in International and National events and their heats and officially organised practice or training for these events;
7. anything listed in the General Exclusions.

SECTION 15 SPORTS & ACTIVITIES

Covered

You are covered when participating in sports and activities listed under Level 1. **You** are covered when participating in sports and activities listed under Level 2 if **you** have paid the appropriate additional premium (please refer to **your** Certificate of Insurance).

Level 1	Level 2
Abseiling (max 100m) (a,c)	Abseiling (over 100m) (a,c)
Angling	Aerial Safari (a,c)
Archery (a,b)	American Football (c)
Badminton	Black Water Rafting (Grades 4-5) (a,c)
Black Water Rafting - (Grades 1-3) (a)	Bouldering
Bowling	Bungee Jumping (3 or more jumps per trip) (a,c)
Bungee Jumping (max 2 jumps per trip) (a,c)	
Camel/Elephant riding/trekking (b)	Canoeing White Water (Grade 1-3) (a)
Canoeing (inland/coastal, no White Water) (a)	
Clay Pigeon Shooting (a,b)	
Climbing wall (max 100m) (a,c)	
Cycling (no touring)	
Deep Sea Fishing (a)	Equestrian activities other than trekking and hacking
Fell Running/Walking (without ropes, picks or specialist climbing equipment)	Football (including 5 a side)
Golf	Go-Karting (a,b)
Gymnastics (a)	
Hiking without ropes, picks or specialist climbing equipment up to 1500m	Hiking without ropes, picks or specialist climbing equipment up to 3000m (a)
Hockey	Horse Riding/Trekking (main purpose of trip)
Horse Riding (Hacking only – incidental to trip, no jumping)	Hunting on foot, animal or machine (a,b,c)
Hot-Air Ballooning (as a passenger only) (a)	
Ice Skating (in-door only)	
Jet Boating / Jet Skiing (inland/coastal waters, no White Water) (a,b)	Jet Boating / Jet Skiing White Water (Grades 1-2) (a,b)
Kayaking (inland/coastal waters, no White Water) (a)	Kayaking White Water (Grades 1-3) (a)
	Kite Surfing (c)
Martial Arts (non-contact)	Mountain Biking (off-road, day trip) (b,c)
Mountain Biking (on road) (b,c)	Motor Biking (excluding touring by motorbike or where a motorbike is the main mode of transport), helmet to be worn and the rider must have the appropriate valid UK/EU licence for the machine) (b,c)
Motor Biking (up to 125cc, helmet to be worn and the rider must have the appropriate valid UK/EU licence for the machine) (b,c)	
Netball	
Orienteering (a)	
Outdoor Endurance (a)	
Outward Bound (a)	
Paint balling (a,b)	Parachuting (1 Jump only) (a,c)
Parasailing (a)	Quad Biking (a,b,c)
Parascenting (over water only) (a)	
Passenger private small aircraft/helicopter (a,c)	
Rambling	Rugby (c)
Roller Skating/Blading (no stunting)	
Rowing/Sculling (inland/coastal waters, no White Water)	
Rifle range shooting (a,b)	
Safari Tours (a)	Sailing outside coastal waters (Europe ONLY) (a,b)
Sailing (coastal waters only) (a,b)	Scrambling
Scuba Diving (30m) (a)	Scuba Diving (50m) (a)
Snorkeling	Sea Canoeing (coastal waters only)
Speed Boating (inland/coastal waters ONLY, no White Water) (a,b)	Surfing (main purpose of trip)
Squash	
Surfing (incidental to trip)	
Swimming	
Table Tennis	Trekking (without ropes, picks or specialist climbing equipment up to 3000m) (a)
Ten Pin Bowling	
Tennis	
Trekking (without ropes, picks or specialist climbing equipment up to 1500m)	
Volleyball	
Water Skiing (no jumps) (a,b)	White Water Rafting (Grades 4-5) (a,c)
White Water Rafting (grades 1-3) (a,c)	War Games (a,b)
Wind Surfing (incidental to trip) (b)	Wind Surfing (main purpose of holiday) (b)
Yachting (coastal waters only) (a,b)	Yachting outside coastal waters (Europe ONLY) (a,b)

The following conditions and exclusions apply to individual sports and activities where highlighted in the sport and activities list above

- a. Provided **you** are supervised by a qualified instructor / licenced operator or have subscribed to an accredited organisation for the activity
- b. Personal Liability cover is excluded
- c. Personal Accident cover is excluded

Condition

You must act in a reasonable way and use all recommended safety equipment and protective clothing that is necessary.

Not Covered

1. taking part in activities at a professional level
2. competing at international events as a national representative
3. participating in dangerous or extreme pursuits other than as listed
4. racing or participating in speed or endurance tests, time trials.
5. travelling on a motorbikes over 125cc, motorbike touring or where a motorbike is the main mode of transport
6. mountaineering, ordinarily necessitating the use of picks, ropes or other specialist equipment, pot holing or caving
7. motor sports, air travel other than as a fare paying passenger on a scheduled airline or licensed chartered aircraft
8. taking part in dangerous expeditions or the crewing of a vessel more than 60 miles from a safe haven
9. anything listed in the General Exclusions:

SECTION 16 GOLF COVER

Covered

If **you** have paid the appropriate premium to include and if shown on **your** policy (please refer to **your** Certificate of Insurance and the Summary of Cover) **you** are also covered for:

Loss of green fees

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

- **You** have to cancel or curtail **your** journey
- **You** cannot play golf because of an injury or illness during **your** journey

Delayed golf equipment

- **We** will pay up to the amount shown in **your** Summary of Cover in total for **your** own **golf equipment** and up to the amount shown in **your** Summary of Cover in total for **golf equipment you** hire that is damaged, stolen, lost or destroyed on **your** journey.

There is also a single article limit of the amount shown in **your** Summary of Cover for **golf equipment** whether jointly owned or not.

*Note: It will be **our** decision to pay either:*

- *The cost of repairing **your** items;*
- *To replace **your** belongings with equivalent items; or*
- *The cost of replacing **your** items. An amount for wear and tear and loss of value will be deducted.*

Hole in one

We will pay up to the amount shown in **your** Summary of Cover in total if **you** complete a hole in one gross shot (not including handicap) during a round of golf on **your** journey.

Not Covered

Under Loss of green fees

Anything **you** are not covered for under Section 1 Cancellation and Section 2 Curtailment

Anything **you** are not covered for under Section 3 Emergency Medical Expenses

Under Delayed golf equipment

Anything **you** are not covered for under Section 6 Baggage and Personal Belongings

Under Golf equipment

Anything **you** are not covered for under Section 6 Baggage and Personal Belongings

Please also refer to General Exclusions and Claims Procedures that also apply

GENERAL CONDITIONS

1. All claims must be submitted within 60 days from the date of **your** return to **your Country of Residence**.
2. Original receipts and or proof of ownership and value must be supplied in the event of a claim.
3. **You** must take all reasonable steps to recover any lost or stolen article.
4. Damaged articles must be retained by **you** and if requested submitted to the Claims Handlers so as to substantiate a claim. Failure to do so may result in a claim being turned down.
5. If **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
6. In the event of a claim, if **we** require a medical examination **you** must agree to this. In the event of death, **we** are entitled to a post mortem examination. The post mortem would be at **our** expense.
7. **You** must not make any payment; admit liability, offer or promise to make any payment without written consent from **us**.
8. **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.
9. **We** may at any time pay to **you** **our** full liability under this insurance, after which no further payments will be made in any respect.
10. If at the time of making a claim there is any other insurance covering the same risk, **we** are entitled to contact that insurer for a contribution.
11. If a claim made by **You** or the **Insured Person** or anyone acting on **Your** or the **Insured Person's** behalf is fraudulent or exaggerated, whether ultimately material or not, or any false declaration or statement is made or a fraudulent device is used in support of a claim the **Insured Person's** claim will be

rejected and that **Insured Person's** cover will be cancelled with effect from the date of such fraudulent or exaggerated claim or the date of such false declaration or statement or use of such fraudulent device in support of a claim. Any amounts already paid by **Us** in respect of any fraudulent or exaggerated claim must be repaid to **Us**

GENERAL EXCLUSIONS

You are not covered for anything caused directly or indirectly by the following, unless **you** have contacted **us** and **we** have confirmed in writing that **you** will be covered:

1. **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.
2. If **you** choose to travel to a specific area against the advice issued by the Foreign & Commonwealth Office: Telephone : +44 (0)20 7008 1500
Website : www.gov.uk/fco
3. a set of circumstances which **you** knew about at the time the trip was booked unless **you** could not reasonably have expected such circumstances to result in a claim;
4. If an Annual Multi Trip policy, **you** being 85 (six month multi trip Gold cover) and 75 (Annual Multi trip Gold and Silver cover) at the date of the policy. If a single trip policy, **you** being 75 on the date of purchase.
5. any criminal act by **you**;
6. failure to comply with the laws applicable to the country in which **you** are travelling;
7. bankruptcy/liquidation of a tour operator, travel agent or transportation company.
8. any other costs that are caused by the event which led to a claim, unless specifically stated in the policy.
9. any payment, which **you** would normally have made during **your** travels, if no claim had arisen.
10. any trip that is undertaken for the purpose of
 - a) obtaining medical treatment (whatever the nature of this treatment);
 - b) against the advice of a medically qualified doctor.
 - c) after being given a terminal prognosis.
11. suicide, deliberate self-injury, being under the influence of drink or drugs (unless prescribed by a **medical practitioner**), alcoholism, drug addiction, solvent abuse, wilful exposure to exceptional risk (unless **you** are trying to save someone's life).
12. any claim arising from sexually transmitted diseases.
13. any injury, illness, death, loss, expenses or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness and/or any mutant derivatives or variations thereof however caused.
14. the cost of any routine or elective (non-emergency) treatment or surgery, including specialist review or referral, exploratory tests which are not directly related to the illness or injury which necessitated **your** admittance to hospital.
15. any epidemic or pandemic
16. loss or damage to any property and expense or legal liability, directly or indirectly caused by or contributed to or arising from:
 - a) Ionising radiation or radioactive contamination from any nuclear fuel or nuclear waste, which results in burning of nuclear fuel.
 - b) The radioactive toxic explosive or other dangerous properties of nuclear machinery or any part of it.
 - c) Pressure waves from aircraft and other flying objects travelling faster than the speed of sound.
17. any consequence whether direct or indirect of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), discharge, explosion or use of a weapon of mass destruction whether or not employing nuclear fission or fusion, or chemical, biological, radioactive or similar agents, by any party at any time for any reason, terrorist activity (although terrorist activity does not apply to claims made under Section 3 Emergency Medical Expenses and Section 5 Personal Accident, providing the disturbances were not taking place at the start of the insured trip), civil war, rebellion, revolution, insurrection, blockade, military or usurped power.
18. air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft).
19. planned **hazardous activities** unless **you** have paid the appropriate additional premium and **we** have issued **you** with an endorsement;
20. **your** manual work or hazardous occupation of any kind.
21. any off-piste skiing except when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.
22. **You** drinking too much alcohol or alcohol abuse where it is reasonably foreseeable that such consumption could result in an impairment of **your** faculties and/or judgement resulting in a claim. **We** do not expect to avoid drinking alcohol on **your** trip but **we** will not cover any claims arising because **you** have drunk so much alcohol that **your** judgement is seriously affected and **you** need to make a claim as a result.
23. **You** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external part of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life.

COMMENTS & COMPLAINTS PROCEDURES

We aim to provide a first class level of service at all times. If, for any reason, **you** feel that **our** service is not of the standard **you** would expect, please tell **us**. **You** should address any enquiries or complaints, in writing to:-

Millstream Underwriting Limited
52-56 Leadnehall Street, London, EC3A 2EB
(quoting the policy number on **your** Certificate of Insurance)

If **you** are still dissatisfied, at this stage **you** may contact:

The Financial Ombudsman Service, Exchange Tower,
Harbour Exchange Square, London, E14 9SR

Please note that the Financial Ombudsman Service will not consider **your** complaint until **you** have received a final decision from Millstream Underwriting Limited.

You can also raise a dispute about any of **our** online eservices via the Online Dispute Resolution platform at www.ec.europa.eu/odr

CLAIMS PROCEDURES

All claims to be submitted within 60 days of the incident giving rise to the claim. First, check this wording to make sure **your** claim is valid:

CANCELLATION CLAIMS

The travel agent, tour operator, provider of transport or accommodation must be contacted immediately and **you** must obtain a cancellation invoice. The original tickets and booking forms / receipts will also be required to support **your** claim. Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549. They will advise **you** of any other additional supporting documentation required (this will be dependant upon the reason for the cancellation).

CURTAILMENT CLAIMS

Call the Emergency Medical Assistance Service on +44 (0)330 660 0548 if **you** are ill or injured. **your** authorisation must be obtained before **you** cut short **your** trip. All original ticket stubs/booking forms/receipts should be retained and submitted to support **your** claim. Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549. They will advise **you** of any additional supporting documentation required (this will be dependant upon the reason for the curtailment).

MEDICAL CLAIMS

IN-PATIENT TREATMENT OR OUT-PATIENT TREATMENT EXPECTED TO BE OVER £1,000

If serious injury is incurred in which **you** are admitted to hospital abroad or require significant out-patient treatment, call **our** Emergency Medical Assistance Service on +44 (0)330 660 0548 as soon as possible. **You** will be given advice on what to do and the assistance **you** require. All original receipts for medical consultations / treatment / medication etc should be retained and submitted to support **your** claim.

OUT-PATIENT LESS THAN £1,000 in the following countries only: Spain, Greece, Cyprus, Egypt, Turkey and Portugal

If **you** need out-patient medical treatment and the costs are likely to be less than £1000 please provide a copy of **your** Certificate of Insurance to the doctor and **your** treatment will be paid by ChargeCare International in line with the policy wording. In such cases, the doctor will ask **you** to fill in a simple form to confirm the treatment and may request **you** pay the policy excess. The doctor will then send the medical bill and supporting documentation to ChargeCare International for repayment.



Contact for Chargecare International
newcliniccase@chargecare.net

OUT-PATIENT LESS THAN £1,000 in all other countries

Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549. They will advise **you** of any additional supporting documentation required (this will be dependant upon the circumstances and nature of the medical claim). All original receipts for medical consultations / treatment / medication etc should be retained and submitted to support **your** claim.

PERSONAL BAGGAGE CLAIMS

Written proof of the incident must be obtained from the police, the accommodation management, tour operator or carrier within 24 hours of the loss/theft. If the loss occurs during travel, **you** must obtain a property irregularity report from the carrier. Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549 when **you** return home.

If personal baggage is delayed please obtain a written report from the carrier (e.g. airline, shipping company etc.) is required detailing the length and cause of the delay. Retain all the receipts which relate to any emergency replacement items **you** have purchased.

Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549 when **you** return **home**.

MONEY CLAIMS

Written proof of the incident must be obtained from the police, the accommodation management, tour operator or carrier within 24 hours of the loss/theft. **You** may be asked to provide proof of the withdrawal of the money from the bank. Please remember that the loss of money must occur whilst it is carried on **your** person or whilst it is left in a locked safety deposit box. Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549.

TRAVEL DELAY

Written confirmation must be obtained from the airline, shipping, coach or train company stating the period of the delay and the reason for the delay. Please remember that cover for travel delay is provided for specific reasons only:

- strike or industrial action (provided that when this policy was taken out and or the trip was booked, there was no reasonable expectation that the trip would be affected by such cause)
- adverse weather conditions
- the mechanical breakdown or technical fault of the aircraft, coach or sea vessel

MISSED DEPARTURE CLAIMS/CONNECTION CLAIMS

Written confirmation must be obtained from the Transport Company, police or roadside assistance service confirming the location, reason and duration of the delay. Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549.

PERSONAL LIABILITY AND LEGAL EXPENSES

Obtain as much information as possible, including police reports, witness details and any photographs. **You** must NOT admit liability at any time. The Claims Service must be notified immediately by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549.

GOLF CLAIMS

For Loss of green fees medical evidence from the treating doctor to confirm the illness or injury and treatment given including hospital admission/discharge if this applies. If **you** are advised by a doctor at **your** resort that **you** cannot play golf because of medical reasons, **you** should obtain a medical certificate from them confirming this. For delayed **golf equipment** and **golf equipment**, all hire receipts and luggage labels/tags and a written report from **your** airline or other carrier if **your golf equipment** is delayed or misdirected. **You** will need to provide all appropriate evidence requested under the heading 'Baggage and Personal Belongings and Money under

these sections. A written report from the airline or other carrier will be required if **your golf equipment** is delayed or misdirected. For a Hole in one, a letter from the secretary of the golf club, or a fully completed and signed score card confirming the hole in one.

Contact the Claims Service for a claim form by email on claims@mstream.co.uk or by phone on +44 (0)330 660 0549 when **you** return **home**. They will advise **you** of any other additional supporting documentation required.

YOUR PERSONAL DATA PRIVACY NOTICE

In this notice "we", "us" and "our" means Millstream Underwriting Limited. We are the data controller in respect of any personal data we collect, hold and use about you.

We collect **your** personal data directly from **you**, but we may also collect it from brokers and other intermediaries who provide information to us for the purpose of providing **your** policy of insurance.

We will mainly use **your** data for the purpose of providing and administering this policy of insurance and claims **you** make under it. If **you** decline to provide **your** data when requested, or **you** give us false or inaccurate data, we may be unable to process **your** enquiry, and this could give us the right to void coverage or could impact **your** ability to claim under **your** policy.

In some circumstances, we may need to collect and use particularly sensitive data, such as data about **your** health or ethnicity. Where this is required, we will usually seek **your** consent to use that data. **You** can withhold or withdraw **your** consent at any time by contacting us, but if **you** do, we may be unable to process **your** enquiry or claim or continue to provide coverage.

We will exchange data about **you** with other parties in order to provide our services and administer this policy and any claims. This may include insurers, claims handlers and loss adjusters and providers of emergency medical services. In some cases, this may involve a transfer of data outside the UK and the European Economic Area ("EEA") to countries that have less robust data protection laws. Any such transfer will be made in accordance with data protection laws.

We will not use **your** data or pass it to any other party for marketing products or services to **you** unless **you** have given **your** consent.

Our full privacy notice explains how we use **your** data in more detail. Our privacy notice also explains the rights **you** have in respect of **your** data, including the right to request a copy of the personal data we hold about **you**.

A copy of our full privacy notice is available on our website at <http://www.millstreamonline.com/pages/privacy> or can be provided on request by contacting us at: Managing Director, Millstream Underwriting Limited, 52-56 Leadenhall Street, London, EC3A 2EB, or by emailing us at admin@mstream.co.uk

If **you** are not satisfied with the way we have managed **your** personal data, **you** may complain to the Information Commissioners Office (ICO) at www.ico.org.uk/concerns

GOVERNING LAW

Unless agreed otherwise, English law will apply and all communications and documentation in relation to this policy will be in English. **We the insurer and you** do not intend any term of this contract to be enforceable pursuant to the Contract (Rights Of Third Parties) Act 1999.

DETAILS ABOUT OUR REGULATOR

This ALC Health Prima Travel Plan travel insurance policy is arranged by Crispin Speers & Partners Limited and underwritten by Millstream Underwriting Limited on behalf of AWP P&C S.A.

a la carte healthcare limited (FCA Firm Ref: 311496), Crispin Speers & Partners Limited (FCA Firm ref: 3311507) and Millstream Underwriting Limited (FCA Firm Ref: 308584) are authorised and regulated by the Financial Conduct Authority (FCA). Details about the extent of our authorisation and regulation by the FCA are available from us on request. Their registration can be checked on the financial services register at www.fca.org.uk or you can contact them on 0800 111 6768.

AWP Assistance UK Limited, trade name of AWP P&C SA-Dutch branch is registered at the Netherlands Authority for the Financial Markets (AFM) No 12000535 Corporate Identification No 33094603. AWP P&C S.A. is authorised by Autorité de Contrôle Prudenciel in France and authorised and subject to limited regulation by the FCA.

Millstream Underwriting Limited will act as agent for AWP P&C S.A. with respect to the receipt of customer money and for the purpose of settling claims. Crispin Speers & Partners limited act as an agent for AWP P&C SA with respect to the receipt of customer money and handling premium refunds.

a la carte healthcare Limited act as agents for Millstream Underwriting Limited with respect to the receipt of customer money and for the purpose of handling premium refunds.

Millstream Underwriting Limited, Registered in England No. 3896220, Registered Office: 52-56 Leadenhall Street, London, EC3A 2EB a la carte healthcare Limited Registered in England No 4163178, registered Office: Chanctonfold Barn, Chanctonfold, Horsham Road, Steyning, West Sussex, BN44 3AA. Crispin Speers & Partners Limited Registered in England No 3931540, Registered Office: St Clare House, 30-33 Minories, London, EC3N 1PE.

FINANCIAL SERVICES COMPENSATION SCHEME (UK RESIDENTS ONLY)

In the event that the **insurer**, is unable to pay a claim **you** may be entitled to compensation from the Financial Services Compensation Scheme. Information can be obtained on request, or by visiting the Financial Services Compensation Scheme website at www.fscs.org.uk

