



# FAIRSURE TRAVEL

## SINGLE & MULTI TRIP POLICY WORDING



### HEALTH NOTICE AND EMERGENCY ASSISTANCE

If **you** or any person who is travelling has a medical condition(s), then you must declare that medical condition(s) to our **Medical Screening Line** on +353 1 533 7357.

Please do not incur inpatient medical expenses without first contacting the

**Emergency Assistance Service** +44 1733 224 875.



## Contents

Welcome Statement .....	4
Contacting Us .....	4
Schedule of Cover .....	5
Your Travel Insurance Policy Wording.....	8
Introduction - Your Policy Summary .....	8
Your Insurers – Who We Are .....	8
About White Horse Insurance Ireland dac.....	8
About Accident & General Insurance Services Ltd ('Accident & General') .....	8
Understanding This Policy .....	8
Residency .....	8
The Law Applicable to this Contract .....	8
Important Notice.....	10
Pregnancy.....	10
Important Limitations – Cancellation and Curtailment Cover .....	11
Definitions .....	12
Medical Warranty and Important Conditions Relating to Health .....	19
Medical Assistance Abroad .....	24
Payment for Medical Treatment Abroad.....	24
Sports or Activities - Hazardous Activities.....	26
General Conditions Applicable to All Sections of the Policy .....	31
SECTION 1 – CANCELLATION .....	33
SECTION 2 – CURTAILMENT .....	35
SECTION 3 – PERSONAL ACCIDENT .....	37
SECTION 4 – MEDICAL EXPENSES.....	38
SECTION 5 – MEDICAL INCONVENIENCE BENEFIT .....	40
SECTION 6 – BAGGAGE.....	40
SECTION 7 – PERSONAL LIABILITY .....	42
SECTION 8 – PERSONAL ASSISTANCE .....	42
SECTION 9 – LOST/STOLEN TRAVEL TICKETS .....	43
SECTION 10 – LOST PASSPORT EXPENSES .....	43
SECTION 11 – TRAVEL DELAY / ABANDONMENT .....	44
SECTION 12 – MISSED DEPARTURE/ FLIGHT CONNECTION .....	45
SECTION 13 – HIJACK .....	45
SECTION 14 – CATASTROPHE.....	46
SECTION 15 – GOVERNMENT TRAVEL ADVICE.....	46
SECTION 16 – NON-OPERATION OF FLIGHT .....	47
SECTION 17 – NATURAL DISASTER (INCLUDING VOLCANIC ASH) .....	48
SECTION 18 – BUSINESS COVER .....	49
SECTION 19 – GOLF COVER .....	51

SECTION 20 - WINTER SPORTS COVER .....	53
SECTION 21 - EVENT CANCELLATION .....	55
SECTION 22 - CRUISE COVER .....	56
SECTION 23 - MISSED PORT DEPARTURE .....	58
WHAT TO DO IN THE CASE OF MEDICAL EMERGENCY.....	59
HOW TO MAKE A CLAIM .....	60
COMPLAINTS PROCEDURE .....	61
COOLING OFF - Policy Cancellation Provisions.....	61
DATA PROTECTION .....	62

# FAIRSURE TRAVEL INSURANCE

## Welcome Statement

**We** want **you** to get the most from **your** policy and to do this, **you** should read **your**

- policy wording;
- Insurance Product Information Document (IPID); and
- **certificate of insurance**

and make sure that **you** understand the exclusions and conditions which apply to **your** policy because if **you** do not meet these conditions, it may affect any claim **you** make. **We** will provide the services and benefits described in this policy:

- during the **period of insurance**; and
- within the geographical limits

to persons who are permanently resident in the Republic of Ireland, enrolled in a school/educational body or similar and have been for the six months prior to purchasing the policy following payment of the appropriate premium for the level of cover selected.

Note: This policy is only suitable for groups up to 20 people.

This policy has been sold to **you** on a non-advised basis and **you** should read this information to ensure that it meets **your** requirements. **You** may already possess alternative insurance(s) for some, or all, of the features and benefits provided by this product; it is **your** responsibility to investigate this. If, upon reading this policy, **you** find it does not meet **your** requirements, please refer to the relevant cooling off/policy cancellation section.

Remember, no policy covers everything. **We** do not cover certain things including, but not limited to:

- Losses that **we** do not state are specifically covered under 'What is covered'.
- Any circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could have reasonably been expected to lead to a claim under this policy.

The things which are not covered by **your** policy are stated:

- In the 'General Exclusions Applying to All Sections of the Policy' and
- In the 'What is not covered' section of cover.

If **we** do not state that something is covered, **you** should assume that it is not covered.

## Contacting Us

If **you** have any questions about **your** policy, please contact the issuing agent who sold **you** **your** policy.

**We** recommend that **you** save these important contact details into **your** mobile phone.

### Emergency Medical Assistance

24 hour worldwide medical & emergency assistance service. If **you** need emergency medical treatment, need to go to hospital or need to return **home** earlier than planned.

Phone: +44 1733 224 875

### Claims Team

For any claim other than for emergency medical treatment.

Phone: +353 1 533 7352

Email: [claims@white-horse.ie](mailto:claims@white-horse.ie)

### Medical Screening

To apply for cover for an existing **medical condition** call **us**. **You** may not be covered for any existing **medical conditions** unless **you** call **us**, and **we** have agreed in writing to provide cover.

It is essential that **you** refer to the Medical Warranty and Important Conditions Relating to Health section in this policy wording.

If **you** fail to disclose a **medical condition** or if **your** answers to the medical questions are incorrect, this may result in **your** claim being turned down and **your** cover under this policy being invalid.

Phone: +353 1 533 7357

When **you** contact **us**, **you** will need to tell **us** **your** name, **your** policy number and **your** contact details so **we** can keep in touch. Please try to have these and other useful information to hand.

## Schedule of Cover

This table shows the maximum benefits that each **insured person** can claim. All limits are per **insured person**.  
**Your certificate of insurance** will show any optional cover that **you** have chosen.

FAIRSURE SINGLE/MULTI TRIP – SCHEDULE OF COVER (Euro)					
No.	Section	Gold Cover Limit	Gold Excess	Platinum Cover Limit (No Excess)	Platinum Plus Cover Limit (No Excess)
1	Cancellation	€4,000	€100 (Single Trip) €25 Loss of Deposit	€7,500	€10,000
	Airline Cancellation / Tax Fees	€100	Nil	€100	€100
2	Curtailment	€3,000	€100	€6,500	€10,000
3	Personal Accident	€25,000	Nil	€40,000	€50,000
4	Medical Expenses	€5,000,000	€100	€7,500,000	€10,000,000
4a	Dental Treatment	NO COVER		€450	€450
5	Medical Inconvenience Benefit	€25 per day, up to €400	Nil	€25 per day, up to €650	€25 per day, up to €1000
6	Baggage	€1,750	€100	€2,500	€3,000
	Single Article Limit	€150		€350	€500
	Valuables Limit	€200		€500	€750
	Delay	€50 for the first 12 hours, €50 per each 12 hours thereafter, up to €100	Nil	€100 for the first 12 hours, €50 per each 12 hours thereafter, up to €200	€100 for the first 12 hours, €50 per each 12 hours thereafter, up to €250
	Money Limit	€150	€100	€400	€500
7	Personal Liability (per policy)	€2,500,000	Nil	€2,500,000	€2,500,000
8	Personal Assistance	€250	Nil	€250	€250
9	Lost/Stolen Travel Tickets	€500	€75	€500	€1,000
10	Lost Passport Expenses	€400	Nil	€400	€500
11	Travel Delay	€25 for the first 12 hours, €15 per each 12 hours thereafter, up to €150	Nil	€25 for the first 12 hours, €15 per each 12 hours thereafter, up to €150	€25 for the first 12 hours, €15 per each 12 hours thereafter, up to €150
	Abandonment	€4,000	Nil	€7,500	€10,000
12	Missed Departure / Flight Connection	€500	Nil	€500	€1,000
13	Hijack	€50 per day, up to €500	Nil	€50 per day, up to €500	€100 per day, up to €1,000
14	Catastrophe	€1,000	€100	€1,000	€1,000
15	Government Travel Advice	€1,250	Nil	€1,250	€2,000
16	Non-Operation of Flight	No Cover		€1,000	€1,000
17	Natural Disaster				
17a	Natural Disaster (inc. Volcanic Ash)	No Cover		€3,000	€3,000
18	Business Cover				
18a	Company Funds	No Cover		€650	€1,000
18b	Business Equipment	No Cover		€1,250	€1,500
18c	Single Article Limit	No Cover		€500	€750

18d	Replacement Colleague	No Cover		€2,500	€5,000
19	Golf Cover				
19a	Golf Equipment	No Cover		€1,250	€2,000
19b	Green Fees	No Cover		€350	€350
19c	Hole In One	No Cover		€200	€200
20	Winter Sports				
20a	Ski Equipment	No Cover		€500	€750
20b	Ski Pack	No Cover		€350	€500
20c	Ski Hire	No Cover		€250	€250
20d	Piste Closure	No Cover		€400	€400
20e	Avalanche Closure	No Cover		€125	€125
Optional Extras (Available upon payment of an additional premium)					
21	Event Cancellation	€2,000	Nil	€2,000	€2,000
22	Cruise Cover				
22a	Missed Port Departure	€ 1,000	€ 100	€ 1,000	€ 1,000
22b	Cabin Confinement	€25 per day, up to €1,000	Nil	€25 per day, up to €1,000	€25 per day, up to €1,000
22c	Itinerary Change	€100 per port, up to €500	Nil	€100 per port, up to €500	€100 per port, up to €500
22d	Unused Excursions	€ 500	€ 100	€ 500	€ 500
22e	Cruise Interruption	€ 1,000	€ 100	€ 1,000	€ 1,000
23	Missed Port Departure	€750	Nil	€750	€750
24	Excess Waiver	Optional	-	Included	Included

## Type of Insurance and Cover

Travel insurance for a Single Trip & Annual Multi Trip – please refer to **your certificate of insurance** for **your** selected cover level.

**Family** cover means up to two adults and any number of their children, stepchildren, foster children, grandchildren and children under legal guardianship aged under 18 years (or under 23 years if living at **home** and in full time education), accompanying their parent(s) or legal guardian(s) insured on the same policy on any **trip** to the same destination. Under Annual Multi Trip cover, each adult and child is also insured to travel independently.

## Optional Cover

Gold cover: Non-Operation of Flight, **Natural Disaster**, Business Cover, Golf Cover and **Winter Sports** are not available. Event Cancellation, Cruise Cover, Missed Port Departure and Excess Waiver may be included upon payment of an appropriate additional premium – **your certificate of insurance** will show if **you** have selected any of these options.

Platinum and Platinum Plus cover: Cover automatically includes Non-Operation of Flight, **Natural Disaster**, Business Cover, Golf Cover, **Winter Sports**, Event Cancellation, Cruise Cover, Missed Port Departure and Excess Waiver.

## Age Limits and Trip Duration Summary

This is a annually renewable or single trip policy – please refer to **your certificate of insurance** for **your** selected cover.

Trip Type	Maximum Trip Duration	Age Limit (on the date of purchase)
Single Trip	185 Days	Aged 79 years or under
Single Trip	31 Days	Aged 80 years or older
Multi Trip	45 Days	Aged 70 years or under
Winter Sports	17 Days	Aged 69 years or under

Note: **Winter sports** cover is not available to persons aged 70 years or over on the date of purchasing this insurance policy or the start date of any **trip** if **you** reach the age of 70 during the **period of insurance**. Annual Multi Trip cover is not available to persons aged 70 years or over on the date of purchasing this insurance policy. If **you** reach the age of 70 during the **period of insurance**, cover will continue until the next renewal date but not thereafter.

## Policy Excess

Under most sections of the policy, claims will be subject to an **excess**. This means that **you** will be responsible for paying the first part of each claim, per section, for each separate **incident**, payable for each **insured person**, unless the additional premium has been paid to waive the **excess** or **you** have selected Platinum or Platinum Plus levels of cover on **your** policy (Platinum and Platinum Plus automatically includes excess waiver) and is shown in **your certificate of insurance**. The **excess** amounts per **insured person** per section of cover are confirmed in the Schedule of Cover table.

# Your Travel Insurance Policy Wording

## Introduction- Your Policy Summary

### Your Insurers – Who We Are

This Fairsure Travel Insurance policy is arranged by Accident & General Insurance Services Ltd and is underwritten by White Horse Insurance Ireland dac.

### About White Horse Insurance Ireland dac

This policy is underwritten by White Horse Insurance Ireland dac. White Horse Insurance Ireland dac is registered in **Ireland** No. 306045. White Horse Insurance Ireland dac's Registered Office is Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland. White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website – [www.centralbank.ie](http://www.centralbank.ie).

### About Accident & General Insurance Services Ltd ('Accident & General')

Accident & General is a multi-agency intermediary authorised and regulated by the Central Bank of Ireland. Regulated Number 8954. Company Registration number 146193. Registered address is 20 Harcourt Street, Dublin, D02 H364.

### Understanding This Policy

This is **your** travel insurance policy wording. The policy wording contains details of the insurance cover **we** provide. Please read the policy carefully to ensure that it meets **your** needs, the policy document outlines the cover, what is not covered, conditions and exclusions and is the basis on which **we** settle all claims. It is validated by the issue of the **certificate of insurance** which must be attached to the policy.

In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, **serious illness**, loss, **theft**, damage or other events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy. Each section of the policy details the cover provided. This policy provides cover for specific reasons only as per each "What Is Covered" section and should be read together with "What Is Not Covered" and "Special Conditions". **You** should take time to read and understand the general exclusions and general conditions which apply to all sections of this policy. The **certificate of insurance** and any endorsements are all part of the policy. **Your certificate of insurance** is evidence of the contract of insurance.

### Your Responsibilities

**You** must take reasonable care to provide complete and accurate answers to the questions asked by the issuing agent when **you** purchase or make changes to this policy. **You** must tell **us** of any changes to the answers **you** have given as soon as possible. If any information **you** provide is not complete and accurate, this may mean **your** policy is invalid and that it will not provide cover in the event of a claim, or **we** may not pay any claim in full.

### Residency

This policy is only available to **you** if **you** are permanently resident in **Ireland**, enrolled in a school/educational body or similar and have been for the six months prior to the date of issue of this insurance.

### The Law Applicable to this Contract

**You** and **we** are free to choose the laws applicable to the policy. **We** propose to apply the laws of the Republic of Ireland.

### Claim Settlement

All claim payments by **us** to **insured persons** will be made in EUR.



## Geographical Limits

**You** are covered for worldwide **trips** under this insurance policy. **You** are not insured to travel to a country, specific area or **event** to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions or has issued travel security rating restrictions i.e. High Degree of Caution, Avoid Non-Essential Travel or Do not travel.

If the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions specifically related to **COVID** and **you** commence **your trip** whilst **COVID** travel restrictions are in effect, **you** are insured to travel, however there is no cover whatsoever under any section of this policy for any claim directly or indirectly related to **COVID** during **your trip**.

### United Kingdom

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

### Europe

Means the continent of Europe, including all countries west of the Ural Mountains, Canary Islands, Iceland, the Azores, islands in the Mediterranean and non-European countries bordering the Mediterranean (except Algeria, Lebanon and Libya).

### Worldwide excluding North America

Means all countries worldwide, excluding the United States of America, Canada and the Caribbean.

### Worldwide including North America

Means all countries worldwide.

## When Does Cover Start

Annual Multi Trip cancellation cover starts from the start date of **your** policy, not from the date **you** take out the policy. Single trip cover cancellation cover starts from the date **you** take out the policy.

For all other cover, cover begins when you commence **your** trip.

For all policies, **trips** must start and end in **your home country**, except in relation to **one-way trips**, and **you** must have a return ticket.

## Cancellation Period

**You** are free to cancel this policy at any time. If **you** wish to cancel within 14 days of receipt of the policy documents, **you** may do so by writing to the address on **your** policy schedule for a refund providing that **you** have not travelled and no claim has been made or will be made. If **you** cancel after the first 14 days of receipt of the documents no premium refund will be made. See the Cooling Off - Policy Cancellation Provisions section for full details.

## Important Medical Warranty Summary

This medical warranty summary does not contain full details and conditions of **your** cover under this policy. These are located in the Medical Warranty and Important Conditions Relating to Health section of this policy.

Medical Screening	Telephone
To complete a medical screening, <b>you</b> and/or <b>insured person(s)</b> must contact us quoting the reference: A&G Group Travel	+353 1 533 7357

**You** and all **insured persons** on this policy must comply with the Medical Warranty and Important Conditions Relating to Health section to have the full protection of the policy. Where **you** is used, it will bear the same meaning throughout this section meaning **you** and all **insured persons** on this policy.

Any medical information supplied in a medical screening Medical Health Declaration will be treated in the strictest confidence. **We** will only use sensitive information for the specific purpose **you** provide it, including to administer **your** claim and to provide the services described in the cover, which may include sharing with **our** service providers.

Each **insured person** who has a **pre-existing medical condition(s)** must make a medical health declaration before each **period of insurance** and, if there are any changes in health or prescribed medication, prior to start of the **period of insurance** or departing on any **trip**. Failure to declare all **pre-existing medical condition(s)** that are relevant to this insurance may invalidate the policy. **We** recommend declaration of all **pre-existing medical condition(s)** within 14 days of purchasing this policy.

Based on **our** assessment of the medical information supplied, **we** will decide if the person is suitable for this insurance, if certain exclusions or restrictions should be imposed or if cover can be offered subject to the payment of an additional premium. If **we** offer cover, and if the cover is subject to the payment of an additional premium, cover will not commence until **we** have received full payment and provided written confirmation to **you**.

Please note certain **medical conditions** will incur an additional premium. **You** (and all **insured persons** on this policy) must comply with the Medical Warranty and Important Conditions Relating to Health section to have full protection of the policy. If **you** do not comply, **we** may, at **our** option, cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

At the time of booking and at the start date of **your trip**, **you** (and all **insured persons** on this policy) must be:

- Healthy & fit to travel.
- Not travelling against medical advice.
- Taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
- Not travelling to obtain medical treatment abroad.

## Important Notice

1. It is **your** responsibility to review the answers to the medical warranty questions asked and noted on **your certificate of insurance**. If **you** are in any doubt or the answers are incorrect in any way, **you** must contact Medical Screening on +353 1 533 7357. The answers given form part of **your** insurance cover.
2. If someone has answered the medical warranty questions on **your** behalf, it is **your** responsibility to ensure that all answers given are correct and accurate.
3. If **you** fail to disclose a **medical condition** or if **your** answers to the medical questions are incorrect, this may result in **your** claim being turned down and **your** cover under this policy being invalid.
4. If **you** have been diagnosed as having a terminal illness, this policy is not suitable for **you** and **we** cannot offer **you** cover.
5. This policy cannot provide cover relating directly or indirectly to any **medical condition** where **you** are on a waiting list or are receiving hospital treatment or awaiting the results of any tests or investigations at the time of booking the insurance cover and/or **trip**.
6. No claim arising directly or indirectly from a **pre-existing medical condition(s)** affecting **you** and known to **you** will be covered unless:
  - a) **You** have declared all **pre-existing medical condition(s)** to us; and
  - b) **You** have declared any changes in **your** health or prescribed medication; and
  - c) **We** have accepted the **medical condition(s)** for insurance in writing; and
  - d) **You** have paid any additional premium required.

## Pregnancy

This policy is designed to provide cover for unforeseen events. Pregnancy and childbirth are not considered as unforeseen events. For the avoidance of doubt, please note that cover is ONLY given under Section 1 – Cancellation, Section 2 – Curtailment, Section 4 – Medical Expenses and Section 5 – Medical Inconvenience Benefit of this policy for claims arising from **complications of pregnancy and childbirth** which occurs during **your period of insurance**.

## Special Notice – This is Not a Private Medical Insurance Policy

This is not a private medical insurance policy and only gives cover in the event of an **accident** or sudden **serious illness** that requires emergency treatment whilst outside **your home country**. If **you** plan to receive elective treatment (treatment that is not necessary, but which **you** have chosen to have) when **you** travel on a **trip** or choose to have any treatment abroad which is not an emergency, this will not be covered under the policy.

If **you** need any medical treatment which results in a claim under this insurance, **we** will expect **you** to allow **us** or **our** representatives unrestricted and reasonable access to all of **your** medical records and information. It is

essential that **you** read and understand the Medical Warranty and Important Conditions Relating to Health section of **your** policy wording to have the full protection of **your** policy.

## Important Limitations – Cancellation and Curtailment Cover

### *Immediate relative or close business associate's pre-existing medical condition(s)*

Cancellation or **curtailment** cover for an **immediate relative, travelling companion or close business associate's pre-existing medical condition(s)** is only available under the Platinum Plus level of cover only.

Cover for cancellation or **curtailment** will only be in force if the Platinum Plus level of cover is purchased within 14 days of booking the **trip**, provided there is no change in the **medical condition(s)** from the time of purchasing the **trip** to purchasing this policy.

## Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy. For ease of reading the definitions are highlighted by the use of **bold** print.

### Accident(s)

- means an event that is sudden and unexpected, which is caused by external and visible means at a time that can be identified.

### Accidental Bodily Injury

- means a sudden, violent, external, unexpected specific event, which occurs at an identifiable time and place, which solely and independently of any other cause results, within 12 months, in the death, **loss of limb**, **loss of sight** or the **permanent total disablement** of an **insured person**.

### Adverse Weather

- means rain, flood, snow, sleet, hail, wind, fog, lightning storm or thunderstorm.

### Baggage, Personal Baggage

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

- **Note 1:** Items hired by **you** and all items loaned or entrusted to **you** are excluded (other than skis and **ski equipment**).
- **Note 2:** This travel insurance is not intended to cover expensive items; if **you** are planning to take expensive items such as certain items of jewellery, photographic or telecommunications equipment or other items that **we** define as **valuables** on **your trip**, then **you** should check that **you** have adequate cover under an alternative insurance policy.
- **Note 3:** Please note that **baggage** claims are paid on the value of the purchase price less a deduction for **wear, tear and depreciation**. This cover, therefore, is not on a "new for old" basis and means that a deduction per item will be made during the assessment of **your** claim as follows.

Baggage Wear and Tear Table	
Baggage up to 1 year old	We will pay 85% of purchase price
Baggage up to 2 years old	We will pay 70% of purchase price
Baggage up to 3 years old	We will pay 50% of purchase price
Baggage up to 4 years old	We will pay 25% of purchase price
Baggage up to 5 years old	We will pay 10% of purchase price
Baggage over 5 years old	No payment
Baggage - Where there are no receipts	No payment

### Bodily Injury

- means an identifiable physical injury sustained by **you** due to a sudden, unexpected, external and specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to have been caused by **bodily injury**.

### Business Equipment

- means items owned by or leased, hired or rented to the **insured person**, used by **you** in support of **your** employment or business activity, including office equipment, which is portable by design including, but not restricted to, personal computers, communication equipment, including mobile phones and calculators.

### Business Trip

- means a **trip** taken wholly or in part for business purposes, but excluding **manual work**.

### Certified antigen test(s)

- means a rapid antigen test conducted by trained healthcare personnel or trained operators in a healthcare, medical or clinical company with test results issued on a certificate which includes **your** personal details and test result. **Certified antigen test(s)** excludes any home or self-administered **COVID** rapid antigen test(s).

#### Certificate of Insurance

- means the document which is provided to **you** and which includes policy information such as the **period of insurance**, unique policy number and the names of all **insured person(s)** under this insurance policy.

#### Close Business Associate

- means any person in the same employment and having the same employer as **you** whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

#### Close Relative, Immediate Relative

- means spouse or common-law partner, parent, parent-in-law, step-parent, legal guardian, children (including legally adopted, foster and step-children and daughter/son-in-law), sibling (including step-siblings and sister/brother-in-law), uncle, aunt, niece, nephew, grandparent, grandchild, or fiancé(e).

#### Company Funds

- means cash, currency, bank notes, cheques, postal and money orders, travel tickets and travellers' cheques held by **you** on behalf of the business.

#### Complications of Pregnancy and Childbirth

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

#### Flight Connection

- means a flight that is scheduled to depart from **your** international arrival airport, within 24 hours of **your** arrival at the same international arrival airport.

#### COVID

- means **COVID-19**, coronavirus disease, severe acute respiratory syndrome coronavirus (SARS-COV-2) or any mutation or variation of these.

#### Cruise

- means a **trip** involving a sea voyage of more than two days total duration, where transportation and accommodation is primarily on an ocean-going passenger ship.

#### Curtailed

- means either:

- a) abandoning or cutting short the **trip** by immediate direct early return to **Ireland**, in which case claims will be calculated from the day **you** returned to **Ireland** and based on the number of complete days of **your trip you** have not used, or
- b) by attending a hospital abroad as an inpatient or being confined to **your** accommodation abroad on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day **you** were admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised or confined to **your** accommodation.

Note: In respect of travel expenses, **we** will pay for **your** additional travel costs only and not for the loss of **your** pre-booked travel arrangements. If **you** have not purchased a return flight, then no cover exists for **you** to claim for the cost of **your** return flight.

#### Cyber-terrorism

- means the use of disruptive activities, or the threat thereof, against computers and/or networks, with the intention to cause real-world harm or severe disruption of infrastructure.

#### Emergency Assistance Service

- means the emergency service provider nominated by **us**.

#### Event

- means a concert, sporting **event**, match, competition or other public entertainment for which tickets are bought before the date of travel, taking place at a specific location on a specific date, or other organised **event/occasion** e.g. a wedding abroad, scout jamboree or amateur competition, which is the main purpose of **your trip**.

#### Excess

- means, where applicable, the **excess** is the first amount of each claim as shown on the Schedule of Cover, per section, for each separate **incident**, payable for each **insured person**.

#### Family

- means up to two adults, their children (including stepchildren, foster children, grandchildren and children under legal guardianship) aged under 18 years (or under 23 years if in full time education) all permanently residing together. Under Annual Multi Trip cover each adult and child is also insured to travel independently.

#### Golf Equipment

- means objects or articles usually carried by golfers required to participate in the game of golf, including golf clubs, golf shoes, golf bag, umbrella and waterproof clothing forming part of **your baggage**.

Note: **Golf equipment** is included as standard on Platinum and Platinum Plus cover. Cover for **golf equipment** is not available on Gold cover.

#### Government Travel Advice

- means travel advice as issued by the Department of Foreign Affairs of the government of the Republic of Ireland.

#### Hazardous Activity, Hazardous Activities

- means the activities listed on pages 26 to 28 are defined as **hazardous activities**. Cover for these activities is included for recreational, amateur purposes only, unless otherwise stated. If **you** wish to undertake a pursuit or activity which is not listed in this policy or are in any doubt as to whether cover will apply, please call **our** Travel Helpline on (01) 874 8458.

#### Hijack

- means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance that **you** are travelling in as a passenger.

#### Holiday, Trip

- means a pre-booked journey within the countries of the geographical limits, as stated on the **certificate of insurance**, during the **period of insurance** and commencing and ending in **your home country**.

#### Home, Home Area

- means **your** normal place of residence (residential address) in the Republic of Ireland.

#### Home Country

- means the country where **you** are resident and have permanently resided for 6 months or more.

#### Incident

- means a specific or sudden **accident** during a **trip** which causes **your** death or **bodily injury**.

#### Incidental Basis

- means that the sport or activity **you** are taking part in on **your trip** is on a strictly amateur basis and is not the specific reason for **you** going on **your trip**.

Note: Sports and activities are only covered on a non-competitive, non-professional basis.

#### Ireland

- means the Republic of Ireland.

#### Irrecoverable

- means that **we** will only cover costs that **you** have not already recovered, for which reasonable remedy was not offered or provided by another source and which **you** are not entitled to recover or regain from another source or another third party.

#### Loss of Limb

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

#### Loss of Sight

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

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

#### Manual Work

- means work involving the:

- a) interaction with wild animals of any kind
- b) installation, assembly, maintenance, repair or use of heavy electrical, mechanical or hydraulic plant equipment or machinery
- c) working more than 3 metres above the ground.

#### Medical Condition(s)

- means any medical or psychological disease, **serious illness** or **bodily injury**.

#### Medical Practitioner, Doctor

- means a registered practising member of the medical profession who is not related to **you** or to any person with whom **you** are travelling and/or insured on this policy.

#### Mugging

- means a violent attack on **you** that takes place with a view to **theft**, and is made by person(s) not previously known to **you**.

#### Natural Disaster

- means an extraordinary natural phenomenon such as tsunamis, earthquakes, landslides, volcanic eruptions (including volcanic ash clouds), atypical cyclonic storms, falling objects from space (including meteorites) and, in general, any extraordinary atmospheric, meteorological, seismic or geological phenomenon.

#### One-Way Trip(s)

- means a single continuous journey during the **period of insurance**, but with cover ceasing 12 hours after the time **you** first leave the Immigration Control of **your** destination country.

#### Pair or set

- means two or more items of **baggage** which are or used or worn together.

#### Period of Insurance

- means the start date and end date as stated on **your certificate of insurance**. During this period any **trip** not exceeding the maximum **trip** duration is covered, subject to:

1. **FAIRSURE Single Trip Cover** - The period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in **your certificate of insurance**.
  - Under these policies Section 1 – Cancellation cover starts from the time **you** pay the premium and **your certificate of insurance** is issued.
  - Cancellation cover ends upon the earlier occurrence of the departure of **your trip** or in the event of a cancellation claim under **your** policy, all remaining cover under this policy will end for **your** planned **trip**.
  - In the event of a **curtailment** claim, all remaining cover will cease and this cover will become void thereafter.
  - For all other sections of the policy, the insurance commences when **you** leave **your home** or in respect of a **business trip**, **your** place of business in **Ireland** (whichever is the later), to commence the **trip** and terminates at the time of **your** return to **your home** or place of business in **Ireland** (whichever is the earlier) on completion of the **trip**.
  - The maximum period of cover available under a single trip policy is 185 days from the start date of **your trip**, except in the case of **one-way trips**, where cover ceases 12 hours after the time **you** first leave the Immigration Control of **your** destination country.

1. **FAIRSURE Multi Trip Cover** -
2. The period of cover is 365 days from date of purchase as stated on **your certificate of insurance**. Within that period of cover the maximum period for any one **trip** for which cover is provided is 45 days, except in the case of **one-way trips**, where cover ceases 12 hours after the time you first leave the Immigration Control of **your** destination country.
  - There is no limit on the number of **trips** that may be undertaken in any one period of 365 days.
  - **Trips** exceeding 45 days are not covered.
  - Cancellation cover starts from the time **you** pay the premium and **your certificate of insurance** is issued, or at the time of booking any **trip** (whichever is the later), and terminates on commencement of any **trip**.
3. **One Way Trip Cover** - The period of a single outward **trip** (max. 7 days) and terminating upon its completion, but not in any case exceeding 24 hours after the time **you** first leave the Immigration Control of **your** final destination country. Under these policies Section 1 – Cancellation cover shall be operative from the time **you** pay the premium and **your certificate of insurance** is issued as **your** evidence of insurance and will cease upon departure of **your trip** or in the event of a cancellation claim on **your** policy, all remaining cover will cease for the planned **trip**.
 

All other sections of the insurance commences when **you** leave **your home** to commence the **trip** and terminates 24 hours after the time **you** first leave the Immigration Control of **your** final destination country.
4. **Winter Sports** - The maximum number of days' cover for winter sports activities in any one **period of insurance** is 17 days for both the Platinum and Platinum Plus cover levels.
  - **Winter sports** is included as standard on Platinum and Platinum Plus cover levels. Cover for **winter sports** is not available on Gold cover.

Note:

1. Any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing Annual Multi Trip policy which fell due for renewal during the **trip**, if there is no gap in **your** insurance cover.
2. If **your** travel exceeds the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.
3. There is no cover under Section 1 - Cancellation of this policy outside the **period of insurance**. However, if during the **period of insurance**, **you** book a **trip** with a start date after the expiry of **your** Annual Multi Trip policy then cancellation cover will continue for that **trip**, provided **you** renew this policy with **us** on or before its expiry date and there is no gap in **your** insurance cover.
4. If, due to unexpected circumstances beyond **your** control and for reasons included in the conditions of this cover, **you** cannot finish **your trip** within the **period of insurance** set out on **your certificate of insurance**, **we** will extend **your** cover for up to 30 days at no extra charge.

If the reason **you** cannot finish **your trip** is linked to **COVID**, **we** will still extend **your** cover for up to 30 days at no extra charge. However, **we** will only cover claims that are not related to **COVID**, apart from Section 4 - Medical Expenses, provided that **you** are not travelling to a country or specific area or **event** to which the Travel Advice Unit of the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice/](http://www.dfa.ie/travel/travel-advice/)) or the World Health Organization (WHO) or similar body has advised against all or has issued travel security rating restrictions i.e. High Degree of Caution, Avoid Non-Essential Travel or Do not travel. All other general exclusions will continue to apply.

#### Permanent Total Disablement

- means disablement which:

1. has lasted for at least 12 months; and
2. which in the professional medical opinion of a **Medical Practitioner** is beyond hope of recovery; and
3. will in all probability continue for the remainder of the **Insured Person's** life; and
4. will prevent the **Insured Person** from engaging in or giving attention to business profession or occupation of any and every kind for the remainder of their life.

#### Personal Accident

- means an **accidental bodily injury** caused solely and directly by outward violent and visible means.

#### Personal Money

- means bank notes, currency notes and coins in current use, traveller's cheques and other cheques, postal or money orders, prepaid cards and credit, debit or charge cards all held and owned by **you** for private purposes.



#### Pre-Existing Medical Condition(s)

- means any **medical condition(s)**, disease, illness or injury for which **you** are taking or have taken prescribed medication, or are waiting to receive, or have received treatment (including surgery, tests or investigations) within 2 years, or any terminal illness.

#### Public Transport

- means any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel, operating to a published timetable.

#### Redundancy, Redundant

- means **you** being unexpectedly declared **redundant** and becoming unemployed under the Protection of Employment Act. **You** must have been given a notice of **redundancy** and be receiving payment under the current **redundancy** payments legislation. If **you** are self-employed, **your** business going unexpectedly into liquidation.

The following are not included in this definition:

- Any employment which has not been continuous with the same employer for at least two years.
- Any employment which is not permanent.
- Any employment which is on a short-term fixed contract.
- Any instance where **you** had reason to believe that **you** would be made **redundant** at the time **you** booked **your trip** and/or **holiday** or the date **you** bought this insurance policy.

#### Personal Liability

- means **your** legal liability for damages resulting from an **accident**.

#### Serious Illness

- means any disease, infection or **bodily injury** which is unexpectedly contracted by **you** prior to **your trip** or unexpectedly manifests itself for the first time during **your trip**.

#### Single Article

- means any one article, collection, **pair or set**.

#### Ski Equipment

- means skis (including bindings), ski boots, ski poles, ski goggles and snowboards, snowboard bindings and snowboard boots.

#### Stolen

- means the unauthorised taking of **your baggage** by another person with the intention of permanently depriving **you** of it.

#### Strike, Industrial Action

- means any form of organised action, which is carried out with the intention of preventing, restricting, stopping, disrupting or otherwise interfering with the production of goods or the provision of services.

#### Terrorism

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

#### Theft

- means any **theft** committed by violence, threat of violence, **mugging**, assault or through break in by a third party (i.e. a person who is not a relative, **close relative** or **travel companion**).

#### Travelling Companion

- means any named person(s) on **your certificate of insurance** with whom **you** have booked to travel and/or are travelling with on the same booking invoice and without whom **your** travel plans would be impossible.

#### Trip

- means any pre-booked **holiday**, business or pleasure **trip** or journey made by **you** within the area of travel shown on **your certificate of insurance** which begins and ends in **Ireland** during the **period of insurance**, unless the **trip** is a **one-way trip** or journey as defined under **period of insurance**.

If Annual Multi Trip cover is selected, any **trip** not exceeding 45 days is covered. **Winter sports** cover is limited to 17 days in total in each **period of insurance** on Platinum and Platinum Plus cover. Cover for **winter sports** is not available on Gold cover

**Trips** within **Ireland** (includes **trips** within Northern Ireland) are covered, but only in respect of cancellation/**curtailment** where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each **trip** under Annual Multi Trip cover is deemed to be a separate insurance, each being subject to the terms, definitions, exclusions and conditions contained in this policy.

#### Unattended

- means when **you** cannot see or are not close enough to **your baggage, personal money**, property or vehicle to stop it being damaged or **stolen**.

#### Valuables

- means cameras, photographic and video equipment and associated equipment of any kind, computer hardware and software; computer tablets, satellite navigation equipment; games consoles (PlayStation, Gameboy, Nintendo, etc.), accessories and games; personal organisers; mobile telephones; televisions; portable audio equipment (DVD, CD, mini-disc, MP3 players, i-pods, etc.) and all associated discs and accessories; smart phones; spectacles; prescription sunglasses; telescopes; binoculars; jewellery; watches (including smart watches); furs; leather articles; precious stones and articles made of or containing gold, silver or other precious metals.

#### Wear, Tear and Depreciation

- means a reduction in value through age, natural deterioration, ordinary use, depreciation due to use, damage by exposure to light, lack of maintenance or damage which happens gradually over a period of time.

Wear and Tear Table	
<b>Baggage</b> up to 1 year old	<b>We</b> will pay 85% of purchase price
<b>Baggage</b> up to 2 years old	<b>We</b> will pay 70% of purchase price
<b>Baggage</b> up to 3 years old	<b>We</b> will pay 50% of purchase price
<b>Baggage</b> up to 4 years old	<b>We</b> will pay 25% of purchase price
<b>Baggage</b> up to 5 years old	<b>We</b> will pay 10% of purchase price
<b>Baggage</b> over 5 years old	No payment
<b>Baggage</b> - Where there are no receipts	No payment

#### We/Us/Our

- means White Horse Insurance Ireland dac, their agents or sub-agents.

#### Winter Sports

- means activities carried out as detailed in the Winter Sports Section of the Hazardous Activities Schedule.

#### You/Your/Insured Person(s)

- means the person(s) named on the **certificate of insurance** for this policy and for whom the appropriate premium has been paid.

## Medical Warranty and Important Conditions Relating to Health

Medical Screening	Telephone
To complete a medical screening, <b>you</b> and/or <b>insured person(s)</b> must contact <b>us</b> quoting the reference: A&G Group Travel	+353 1 533 7357

**You** and all **insured persons** on this policy must comply with the Medical Warranty and Important Conditions Relating to Health section to have the full protection of the policy. Where **you** is used, it will bear the same meaning throughout this section meaning **you** and all **insured persons** on this policy.

Any medical information supplied in a medical screening Medical Health Declaration will be treated in the strictest confidence; **we** will only use sensitive information for the specific purpose **you** provide it, including to administer **your** claim and to provide the services described in the cover, which may include sharing with **our** service providers.

Please note certain **medical conditions** will incur an additional premium. **You** (and all **insured persons** on this policy) must comply with this Medical Warranty and Important Conditions Relating to Health section to have the full protection of the policy. If **you** do not comply, **we** may, at **our** option, cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment. **We** recommend declaration of all **pre-existing medical condition(s)** within 14 days of purchasing this policy.

### Medical Warranty Question

If **you** answer yes to the following question for **you** or **insured person(s)** on this policy, **you** (they) must contact **us** to complete a medical screening on telephone: +353 1 533 7357.

If **you** do not contact **us**, it is a condition of this policy that **you** will not be covered under Section 1 – Cancellation, Section 2 - Curtailment, Section 3 – Personal Accident, Section 4 – Medical Expenses, and Section 5 - Medical Inconvenience Benefit for any claims arising directly or indirectly from this **medical condition(s)** unless **you** have contacted **us** on +353 1 533 7357 and **we** have agreed in writing to cover **your medical condition(s)**.

#### At the time of taking out this policy:

- Do **you** have or have **you** had any **medical condition(s)** for which **you** are taking or have taken prescribed medication, or are waiting to receive, or have received treatment (including surgery, tests, or investigations) within the last 2 years?

If **you** answer no to the Medical Warranty Question (including if **you** have had no **medical condition**), please read the conditions below to see if they apply to **you**. If none of them apply, then **your medical condition(s)** will be covered.

If **you** have a **medical condition** and it is one of those shown in the Waived Medical Conditions List, then this will be covered under the policy without the need to contact **us**.

#### In either circumstances, if **you** answered yes or no to the medical warranty question:

It is a condition of this policy that **you** and all **insured persons** will not be covered under Section 1 – Cancellation, Section 2 - Curtailment, Section 3 – Personal Accident, Section 4 – Medical Expenses and Section 5 - Medical Inconvenience Benefit for any claims arising directly or indirectly from:

#### A. At the time of taking out this policy:

- Any **medical condition** for which **you** are aware of, but have not had a diagnosis.
- Any **medical condition** for which **you** have received a terminal prognosis.
- Any **medical condition** for which **you** are on a waiting list for, or have the knowledge of the need for, surgery, treatment or investigation at a hospital, clinic or nursing home.

#### B. At any time

- Any **medical condition** **you** have in respect of which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought his/her advice, but despite this, **you** still travel.

- ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **Ireland** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures).
- iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
- iv) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

**You** should also refer to the “General Exclusions Applicable to All Sections of the Policy” on page 29.

Please see the Waived Medical Conditions List which do not require medical screening.

### Automatically Accepted Waived Medical Conditions

The following list of waived **medical conditions** are covered without additional charge and subject to the normal terms and conditions of this insurance, provided at the time of taking out this policy:

1. No more than 5 of these conditions are suffered.
2. **You** answer no to the following medical warranty question:

Do **you** have or have **you** had any **medical condition(s)** for which **you** are taking or have taken prescribed medication, or are waiting to receive, or have received treatment (including surgery, tests, or investigations) within the last 2 years?

### Waived Medical Conditions List

<u>Waived Medical Condition</u>	<u>Limitation(s)</u>
Abnormal Smear Test	
Achilles Tendon Injury	
Acne,	
Acronyx / Ingrown Toe-nail Acronyx	
Adenoids	
Allergic Rhinitis	
Alopecia	
Anal Fissure/Fistula	
Appendectomy	
Asthma	Mild, suffered in isolation from any other medical condition(s), well controlled, with no more than 2 medications and no hospitalisation in the last 12 months, non-smoker.
Astigmatism	
Athlete’s Foot / Tinea Pedis	
Attention Deficit Hyperactivity Disorder (ADHD)	
Bell’s Palsy (Facial Paralysis)	
Benign Prostatic Enlargement	
Bladder Infection	No ongoing treatment, no hospital admissions
Blepharitis	
Blindness	
Blocked Tear Ducts	
Breast - Fibroadenoma	
Breast Cyst(s)	
Breast enlargement / Reduction	
Broken Bones	Other than head or spine – No longer in plaster
Bunion (Hallux Valgus)	
Bursitis / Housemaid’s Knee	
Caesarean Section	
Candidiasis (oral or vaginal)	
Carpal Tunnel Syndrome	
Cartilage Injury	
Cataracts	
Cervical Erosion	
Cervicitis	
Chalazion	
Chicken Pox	Fully resolved
Cholecystectomy / Gall Bladder Removal	
Chronic fatigue syndrome	If only symptom is fatigue and no hospital admissions
Coeliac Disease	

Cold Sore / Herpes Simplex	
Common Cold(s)	
Conjunctivitis	
Constipation	
Corneal Graft	
Cosmetic Surgery	
Cyst - Testicular	
Cystitis	No ongoing treatment, no hospital admissions
Cystocele	No ongoing treatment, no hospital admissions
D & C / Dilatation and Curettage	
Deaf Mutism	
Deafness	
Dental Surgery	No hospital admissions or consultations
Dermatitis	
Deviated Nasal Septum	
Diabetes (non-insulin)	No hospital admission in previous 12 months, no other <b>medical condition(s)</b>
Diarrhoea and/or Vomiting	Fully resolved
Dislocations	No joint replacements or hospital admissions
Dry Eye Syndrome	
Dyspepsia	
Ear Infections	Resolved - must be all clear prior to travel if flying
Eczema	No hospital admissions or consultations
Endocervical Polyp	
Endocervicitis	
Endometrial Polyp	
Epididymitis	
Epiphora (Watery Eye)	
Epispadias	
Epistaxis (Nosebleed)	
Erythema Nodosum	
Essential Tremor	
Facial Neuritis / Trigeminal Neuralgia	
Femoral Hernia	
Fibroadenoma	
Fibroid - Uterine	
Fibromyalgia	
Fibromyositis	
Fibrositis	
Frozen Shoulder	
Ganglion	
Glandular Fever	Full recovery made
Glaucoma	
Glue Ear	Resolved - must be all clear prior to travel if flying
Goitre	
Gout	
Grave's Disease	
Grommet(s) inserted (for Glue Ear)	
Gynaecomastia	
Haematoma (external)	
Haemorrhoidectomy	
Haemorrhoids / Piles	
Hammer Toe	
Hay Fever	
Hernia (not Hiatus)	
Herpes Zoster (Shingles)	
Hip Replacement	No subsequent arthritis and never any dislocation of a joint replacement
Hives / Nettle Rash	
HRT (Hormone Replacement Therapy)	
Hyperthyroidism / Overactive Thyroid	
Hypospadias	
Hypothyroidism / Underactive Thyroid	
Hysterectomy	Provided no malignancy
Impetigo	
Indigestion	
Influenza	Full recovery made
Inguinal Hernia	

Insomnia	
Intercostal Neuralgia	No hospital admissions
Intertrigo	
Irritable Bowel Syndrome (IBS)	Provided definite diagnosis made and no ongoing investigations
Keinboeck's Disease	
Keratoconus	
Knee Injury - Collateral/cruciate ligaments	
Knee Replacement	No subsequent arthritis and never any dislocation of a joint replacement
Kohlers Disease	
Labyrinthitis	
Laryngitis	
Learning Difficulties	
Leptothrix	
Leucoderma	
Lichen Planus	
Ligaments (injury)	
Lipoma	
Macular Degeneration	
Mastitis	
Mastoidectomy	Resolved - must be all clear prior to travel if flying
Menopause	
Menorrhagia	
Migraine	Provided definite diagnosis is made and there are no ongoing investigations
Miscarriage	
Mole(s)	
Molluscum Contagiosum	
Myalgia (Muscular Rheumatism)	
Myalgic Encephalomyelitis (ME)	If the only symptom is fatigue and no hospital admissions
Myxoedema	
Nasal Infection	
Nasal Polyp(s)	
Neuralgia	No hospital admissions
Nosebleed(s)	
Nystagmus	
Osgood-schlatter's Disease	
Osteochondritis	
Otosclerosis	
Parametritis	
Pediculosis	
Pelvic Inflammatory Disease	
Photodermatitis	
Post Viral Fatigue Syndrome	If the only symptom is fatigue and no hospital admissions
Prickly Heat	
Prolapsed Uterus (womb)	
Pruritis	
Psoriasis	No hospital admissions or consultations
Repetitive Strain Injury	
Retinitis Pigmentosa	
Rhinitis (Allergic)	
Rosacea Ruptured Tendons	
Salpingo-oophoritis	
Scabies	
Scalp Ringworm / Tinea Capitis	
Scheuermann's Disease	Provided no respiratory issues
Sebaceous Cyst	
Sinusitis	
Skin Ringworm (Tinea Corporis)	
Sleep Apnoea	No machine used to assist breathing
Sore Throat	
Sprains	
Stigmatism	
Stomach Bug	Resolved
Strabismus (Squint)	
Stress Incontinence	No urinary infections
Synovitis	

Talipes / Club Foot	
Tendon Injury	
Tennis Elbow	
Tenosynovitis	
Termination of Pregnancy	
Testicles – Epididymitis / Hydrocele / Varicocele	
Testicular Torsion (Twisted Testicle)	
Throat Infection(s)	
Thyroid - Overactive Thyroid Deficiency	
Tinnitus	
Tonsillitis	
Tooth Extraction / Toothache	
Torn Ligament	
Torticollis (Wry Neck)	
Trichomycosis	
Turner’s Syndrome	
Umbilical Hernia	
Undescended Testicle	
Urethritis	No ongoing treatment, fully recovered
URTI (Upper Respiratory Tract Infection)	Resolved, no further treatment
Urticaria	
Uterine Polyp(s)	
Uterine Prolapse / Womb prolapse	
Varicocele	
Varicose Veins	Legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
Vasectomy	
Verruca	
Vitiligo	
Warts	Benign, non-genital

In addition to any **medical condition** on our ‘Waived Medical Condition List’, **you** are automatically accepted for cover, provided **you** do NOT have more than ONE of the following **medical conditions** and **you** must NOT have ANY other **pre-existing medical condition(s)**.

If **you** have a **medical condition(s)** that does not meet the above or below criteria, **you** must contact the Medical Screening line on +353 1 533 7357 to declare all of **your medical conditions** to ensure that the cover will meet **your** needs.

**Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter’s Syndrome, Rheumatism):**

- There must have been NO hospital admissions within the last 12 months.
- Must NOT affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- There must have been NO dislocations of any joint replacements.
- Must NOT be awaiting surgery.
- Must have NO lung problems/respiratory disorders.

**Asthma (Wheezing):**

- There must have been NO hospital admissions EVER.
- Must have been diagnosed under the age of 50.
- Must be controlled with 2 or less medications (NO nebuliser, NO home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must always be able to walk 200 yards on the flat without becoming short of breath.

**Diabetes Mellitus (Sugar Diabetes):**

- Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
- Controlled by diet alone or by no more than 1 medication (no insulin).
- There must have been NO hospital admissions or diabetic complications EVER.
- Must have been a non-smoker for at least 12 months.

**Hypercholesterolaemia (High/Raised Cholesterol):**

- No more than 1 medication.
- Must NOT be the inherited (genetic) form.
- Must have been a non-smoker for at least 12 months.

**Hypertension (High Blood Pressure, White Coat Syndrome):**

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.

- Must have been a non-smoker for at least 12 months.

Hypotension (Low Blood Pressure):

- Must NOT be associated with any underlying condition.

Osteoporosis (Osteopaenia, Fragile Bones):

- There must have been no broken bones within the last 5 years.
- There must have been NO vertebral (backbone) fractures.

## Emergency Assistance Service

Emergency Medical Assistance	Telephone
24 hour worldwide medical & <b>emergency assistance service</b> . If <b>you</b> need emergency medical treatment, need to go to hospital or need to return <b>home</b> earlier than planned.	+44 1733 224 875

In the event of **your bodily injury** or **serious illness** which may lead to inpatient hospital treatment or before any arrangements are made for repatriation, **you** must contact the **emergency assistance service**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment, **you** must contact the **emergency assistance service** as soon as possible.

Private medical treatment is not covered unless authorised specifically by the **emergency assistance service**. This travel insurance policy is NOT a private medical insurance policy and does not provide cover for procedures that can be carried out in **your home country** after repatriation.

## Medical Assistance Abroad

The **emergency assistance service** has the medical expertise, contacts and facilities to help should **you** be injured in an **accident** or fall ill. The **emergency assistance service** will also arrange transport to **your home area** when this is considered to be medically necessary or when **you** have notice of **serious illness** or death of a **close relative at home**.

## Payment for Medical Treatment Abroad

If **you** are admitted to a hospital/clinic while abroad, the **emergency assistance service** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the **emergency assistance service** for **you** as soon as possible.

## Outpatient Treatment

For simple outpatient treatment, **you** can pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to **your home area**. Beware of requests for **you** to sign for excessive treatment or charges.

If in doubt regarding any such requests, please call the **emergency assistance service** for guidance. To obtain assistance please call **our emergency assistance service** on +44 1733 224 875.

Telephone calls are recorded and may be monitored.

## Reciprocal Health Agreements

### Europe and EHIC

If **you** are an Irish resident, **you** are entitled to health care through the public system in countries of the European Union (EU), European Economic Area (EEA) and Switzerland if **you** become ill or injured while on a temporary stay there.

If **you** are travelling to another EU, EEA country or Switzerland, **we** strongly recommend **you** apply for and obtain a European Health Insurance Card (EHIC) for yourself and/or **your family** and make sure that any medical treatment is provided at hospitals or by a **doctor** working within the terms of the reciprocal health care agreement, unless the **emergency assistance service** agree otherwise. If **you** are admitted to a private clinic, **you** may be transferred to a public hospital as soon as the transfer can be arranged safely.



## Australia and Medicare

If **you** are travelling to Australia and **you** require medical treatment, **you** must register for and make use of the treatment offered under the national Medicare scheme. **You** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival, but **you** must do this after the first occasion **you** receive treatment. Inpatient and outpatient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be obtained by the Australian Embassy in **Ireland** by contacting 01 664 5300 or [www.ireland.embassy.gov.au](http://www.ireland.embassy.gov.au).

If **you** are visiting Australia on a student visa, **you** are not covered by MEDICARE. Please call the **emergency assistance service** for guidance.

If **you** are admitted to hospital, contact must be made with the **emergency assistance service** as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE.

If valid medical costs have been reduced using an EHC, other reciprocal health agreement or private health insurance, **we** will not deduct any **excess** if you hold the Gold level of cover. No **excess** applies to the Platinum and Platinum Plus levels of cover.

## Sports or Activities- Hazardous Activities

**You** are only covered for taking part in any sports or activities if they are listed below and the appropriate policy level (Gold, Platinum, Platinum Plus) has been purchased.

**You** must ensure that any activity is adequately supervised and appropriate safety equipment is worn/used at all times whilst participating in the activity. **You** will not be covered under Section 7 - Personal Liability whilst partaking in any of these activities if it is in relation to a mechanically propelled vehicle or otherwise stated.

Sports and activities are only covered on a non-competitive, non-professional, **incidental basis**. **You** are not covered when participating in any sports or activity training courses or qualification course(s). Under no circumstances will any claims arising from any activities not listed be covered, regardless of whether undertaken as part of an organised excursion or event.

**You** are covered under Section 4 - Medical Expenses and Section 5 - Medical Inconvenience Benefit for the following activities, provided that the activity is on an **incidental basis**. Under this insurance contract, **incidental basis** means that the sport or activity **you** are taking part in on **your trip** and/or **holiday** is on a strictly amateur basis and is not the specific reason for **you** going on **your trip** and/or **holiday**.

If **you** participate in any listed activity below, **you** are required at all times to wear the appropriate safety equipment for that activity (for example protective clothing and/or suitable head protection). Please note that a general exclusion of cover exists under **your policy** with **us** for claims arising directly or indirectly from **your** "self-exposure to needless peril".

If **you** use a motorised vehicle during **your trip**, **you** must hold a full and valid current driving licence that permits the use of such vehicles in **your country of temporary residence** or **your holiday** destination.

KEY:	G - Fairsure Gold	P - Fairsure Gold	P+ - Fairsure Gold
<b>SCHEDULE OF HAZARDOUS ACTIVITIES TABLE</b>			
ACTIVITY	POLICY	ACTIVITY	POLICY
4x4 Off-roading (Within organiser's guidelines. No liability cover)	G, P, P +	Camel riding	P, P +
Abseiling	P, P +	Camp America Counsellor	G, P, P +
Aerial Safari (Chartered aircraft and organised excursion)	G, P, P +	Canoeing / Rafting / Kayaking (In calm waters or in the sea within coastal waters)	G, P, P +
Aerial tram	G, P, P +	Canoeing in white waters	P, P +
Aerobics	G, P, P +	Canopy walking	G, P, P +
Air boarding	G, P, P +	Clay pigeon shooting	G, P, P +
Amateur athletics	G, P, P +	(No <b>personal liability</b> cover)	
American Football	P, P +	Climbing	G, P, P +
Angling	G, P, P +	(On climbing wall only)	
Archaeological digging	G, P, P +	Crewing of a vessel (Inside territorial waters)	G, P, P +
Archery (Provided it is properly supervised)	G, P, P +	Cricket	G, P, P +
Assault course	P, P +	Croquet	G, P, P +
Badminton	G, P, P +	Cross country running	G, P, P +
Banana boating (Only as a passenger with no right of control)	G, P, P +	Curling	G, P, P +
Baseball	P, P +	Cycling	G, P, P +
Battle re-enactment	G, P, P +	(Excluding professional and mountain biking, no racing)	
Beach games	G, P, P +	Cycle Touring	P, P +
Billiards / Snooker / Pool	G, P, P +	Dancing (Including instruction)	G, P, P +
Blokarting (No <b>personal liability</b> cover)	P, P +	Deep-sea fishing	G, P, P +
Bowls	G, P, P +	(Provided <b>you</b> are with a professional fisherman)	
Bungee-jumping	P, P +	Dragon boat racing	P, P +
Breathing Observation Bubble (BOB)	P, P +	Dry slope skiing	G, P, P +
Bridge Climb / Walk (Within organiser's guidelines)	G, P, P +	Duathlon/Triathlon	P, P +
Body boarding / Boogie boarding	G, P, P +	Dune bashing	P, P +
		(Within organiser's guidelines, no <b>personal liability</b> cover)	

**SCHEDULE OF HAZARDOUS ACTIVITIES TABLE (CONTINUED)**

<b>ACTIVITY</b>	<b>POLICY</b>	<b>ACTIVITY</b>	<b>POLICY</b>
Electric scooter (must wear a helmet)	P, P+	Mountain biking (Helmet must be worn. Excluding competition, racing or extreme cycling)	P, P +
Elephant riding	G, P, P+		
Falconry	G, P, P+		
Fell walking / Running (Up to 3,000 metres above sea level, not using picks or ropes)	G, P, P+	Netball	G, P, P+
		Orienteering	G, P, P+
		Outward bound pursuits	G, P, P+
Fencing	P, P +	Paddle boarding	G, P, P+
Fives	G, P, P+	Pedalos	G, P, P+
Flying (As a passenger in a private plane, helicopter or light air-craft up to 12 hours, no <b>personal liability</b> cover)	P, P +	Parachuting (Single jump; tandem only)	P, P +
		Parascending (When attached to a speedboat)	P, P +
Flying fox (cable car)	P, P +	Quad-biking (Under 150cc and wearing a helmet)	P, P +
Frisbee	G, P, P+	Rambling	G, P, P+
Gaelic games	G, P, P+	Refereeing	G, P, P+
Gliding (Excluding crewing and piloting)	P, P +	Ringos (Within organiser's guidelines and no cover for <b>personal liability</b> )	G, P, P+
Go-karting (up to 120cc) (Provided properly supervised and organised)	G, P, P+	Rollerblading / Skating	G, P, P+
		Rounder's	G, P, P+
		Rowing	G, P, P+
Go-karting (over 120cc) (Provided properly supervised and organised)	P, P +	Rugby football	P, P+
		Safaris without guns	P, P+
Golf	G, P, P+	Sailing / Yachting (Inside territorial waters – no cover for <b>personal liability</b> )	G, P, P+
Grass skiing	P, P +		
Handball	G, P, P+	Sand boarding / Surfing / Skiing	P, P+
High diving (Under 5 Meters and excluding cliff diving)	P, P +	Sand yachting (No racing, no <b>personal liability</b> cover)	P, P+
Hiking / Trekking (Up to 3,000 metres above sea level) (No Picks or Ropes)	G, P, P+	Scuba-diving (Down to 30 metres provided <b>you</b> are with a certified buddy)	P, P+
Hiking / Trekking (Up to 6,000 metres above sea level) (No Picks or Ropes)	P, P +	Sea canoeing/kayaking (Within coastal waters)	G, P, P+
Hockey	G, P, P+	Segway	G, P, P+
Horse-riding or Pony-trekking on a casual basis (Excluding competition/ jumping. Must wear a helmet)	P, P +	Shark cage diving (Must be pre-organised in the UK or <b>Ireland</b> )	P, P +
Hot-air ballooning (As part of an organised excursion)	P, P +	Shinty	G, P, P +
Hoverboard (Must wear a helmet)	P, P+	Skateboarding (Excludes racing, competition and <b>personal liability</b> cover. Helmet & Pads must be worn)	G, P, P +
Hydro zorbing	G, P, P+		
Iron Man (Must be part of an organised <b>event</b> )	P, P +		
Jeep safari (Within organiser's guidelines, no guns, no <b>personal liability</b> cover)	P, P +	Skin-diving	G, P, P +
		Sky Walk, High Ropes, Arial Walk	G,P, P+
		Snorkelling	G, P, P +
Jet boating (As part of an organised excursion. No racing, no <b>personal liability</b> cover)	P, P +	Soccer	G, P, P +
		Softball	P, P +
		Sphering	G, P, P +
Jet skiing (No <b>personal liability</b> cover)	P, P +	Squash	G, P, P+
Kayaking	G, P, P+	Surfing	G, P, P+
Kite surfing	P, P +	Swimming / Swimming with dolphins	G, P, P+
Korfball	G, P, P+		
Lacrosse (Amateur only)	P, P +		

SCHEDULE OF HAZARDOUS ACTIVITIES TABLE (CONTINUED)	
ACTIVITY	POLICY
Table-tennis	G, P, P+
Team sports (Provided they are played on an amateur and recreational basis only and that there is no reward involved directly or indirectly)	G, P, P+
Ten-pin bowling	G, P, P+
Tennis	G, P, P+
Trampolining	P, P+
Tug of war	G, P, P+
Ultimate frisbee	G, P, P+
Via Ferrata (Grades A-C)	P, P+
Volleyball	G, P, P+
War Games/Paint Balling	P, P+
Water- Skiing (No cover for water ski-jumping)	G, P, P+
Water Parks	G, P, P+
Water Inflatable Park	P, P+
Water polo	G, P, P+
White and black water rafting (Grades 1 to 4)	P, P+
Windsurfing	G, P, P+
<b>Winter Sports:</b> Cross-country skiing (must be accompanied by a guide or instructor), Dog Sledding, Ice- Skating, Skiing, Skiing off-piste (must be accompanied by a guide or instructor), Reindeer Sleighrides, Snowboarding, Snow-mobiling (No cover for third party injuries or liability), Snow sledging and Tobogganing (Excluding Cresta run. No competitive <b>Winter Sports</b> )	P, P+
Yoga	G, P, P+

SCHEDULE OF HAZARDOUS ACTIVITIES - NOT COVERED			
ACTIVITY	POLICY	ACTIVITY	POLICY
Air travel (Other than as a fare paying passenger on a regular scheduled airline or licensed charter aircraft)	No Cover	Expeditions (other than those packaged by a recognised Tour operator)	No Cover
Big-game hunting	No Cover	Hang-gliding	No Cover
Ice hockey		Crewing of vessels from one country to another	No Cover
Martial arts	No Cover	Motor cycles/mopeds over 125cc	No Cover
Micro lighting	No Cover	Motor rallying (In major and non-major <b>events</b> )	No Cover
Mountaineering	No Cover	Stunt events	No Cover
Pot-holing	No Cover	Parachuting (Solo)	No Cover
Professional sports of any kind	No Cover	Rock climbing (Where ropes and guides are required)	No Cover
Note: The following <b>winter sports</b> are not covered under this policy: Ski Acrobatics, Ski Jumping, Heli-Skiing, Bob-Sleighting, Luge, Ski Racing of any kind, the use of skeletons or bobsleighs, snow jumping stunts	No Cover	Safaris with guns (Including walking safaris)	No Cover

## General Exclusions Applicable to All Sections of the Policy

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

1. **Your** travel to a country, specific area or **event** to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions which are not **COVID** specific. If the Department of Foreign Affairs has issued travel restrictions specifically related to **COVID** and **you** commence **your trip** whilst **COVID** travel restrictions are in effect, **you** are insured to travel, however there is no cover whatsoever under any section of this policy for claims directly or indirectly related to **COVID** during **your trip**.
2. **Your** travel to a country, specific area or **event** to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel security rating restrictions i.e. High Degree of Caution, Avoid Non-Essential Travel or Do not travel.
3. Any circumstance known to **you** before purchasing this insurance or at the time of booking any **trip** which could reasonably be expected to result in a claim.
4. Loss, damage or expense which at the time of happening is insured by, or would, but for the existence of this policy, be insured by any other existing certificate, policy or any motoring organisation's service. If **you** have any other policy in force, which may cover the event for which **you** are claiming, **you** must tell **us**. Examples of this would include, but are not limited to, Private Medical Insurance, Home Contents Insurance, Gadget Insurance or through the carrier. This exclusion shall not apply to **Personal Accident** cover under Section 3.
5. Any other loss, damage or additional expense following on from the event for which **you** are claiming unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be loss of earnings due to being unable to return to work following injury or illness happening while on a **trip**, costs incurred in preparing a claim or replacing locks if **you** lose **your** keys.
6. Costs of telephone calls or faxes, meals, taxi fares (with the sole exception of the taxi costs incurred for the initial journey to a hospital abroad due to an **insured person's** illness or injury), interpreters' fees, time-share maintenance fees, holiday property bonds or points and any additional travel or accommodation costs (unless pre-authorized by **us** as part of a valid claim under Section 4 – Medical Expenses, Section 1 - Cancellation or Section 2 - Curtailment).
7. Any deliberately, careless or negligent act or omission by **you**.
8. **Your** intentional self-injury or self-exposure to needless risk (except in an attempt to save human life).
9. Any claim arising or resulting from **your** own intentional illegal or criminal act or any criminal proceedings against **you**.
10. Fighting except in self-defence.
11. **Your** suicide or attempted suicide.
12. **You** deliberately injuring yourself.
13. **Your** sexually transmitted diseases, solvent abuse, alcohol abuse or **your** alcohol dependency, use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction or alcohol dependency).
14. **You** drinking too much alcohol which is evidenced by one of the following:
  - a) a **medical practitioner** stating that **your** alcohol consumption has caused or actively contributed to **your** injury or illness;
  - b) a witness report from a third party or a police incident report;
  - c) **your** own admission;
  - d) **you** having drunk so much alcohol that **your** judgment is affected and **you** need to make a claim as a result.
15. **Hazardous activities** as defined on the **hazardous activities** table on pages 26, 27 and 28.
16. **Your** participation in or practice of any sport or activity unless:
  - a) Shown as being covered under section Schedule of Hazardous Activities; or
  - b) Shown as operative in **your certificate of insurance**.
17. Any **hazardous activities** not shown on the Schedule of Hazardous Activities Table.
18. **Winter sports** unless **you** have chosen Fairsure Platinum or Platinum Plus levels of cover. There is no cover for the following winter sports: Ski Acrobatics, Ski Jumping, Heli-Skiing, Bob-Sleighing, Luge, Ski Racing of any kind, the use of skeletons or bobsleighs, snow jumping stunts.
19. Participation in any formal organised competition involving any **hazardous activities** or **winter sports** (as defined on the Schedule of **Hazardous Activities**) unless otherwise specifically mentioned on the Schedule of **Hazardous Activities**.
20. **Manual work**.

21. **You** engagement in or practice of:
  - a) Flying, except as a fare paying passenger in a fully-licensed passenger carrying aircraft,
  - b) The use of a motorised vehicle, unless a full Republic of Ireland or United Kingdom driving licence is held, permitting the use of such vehicles in **Ireland** or the United Kingdom,
  - c) Professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions.
22. Any act of **terrorism**; this exclusion will not apply to Section 3 - Personal Accident, Section 4 – Medical Expenses and Section 5 - Medical Inconvenience Benefit and to any **medical emergency assistance**, provided **you** have not participated in or conspired in such activities.
23. Any legal liability directly or indirectly relating to:
  - a) Ionising radiation or contamination by radioactivity from any waste from the combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear machinery or any part of it;
  - b) Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
24. Any consequences of **cyber-terrorism** including, but not limited to, the delay or cancellation of flights due to the failure of critical systems.
25. Any payment which **you** would normally have made during **your trip** if nothing had gone wrong.
26. Any claim directly or indirectly relating to the malfunction of any computer equipment as a result of a computer virus. This exclusion does not apply to claims under Section 3 - Personal Accident, Section 4 - Medical Expenses and Section 5 – Medical Inconvenience Benefit and **Medical Emergency Assistance**.
27. Any claim when **you** have not paid the appropriate premium for **your planned trip** and/or if **you** travel for more than the number of days for which **you** have paid for cover; **you** will not be covered after the last day for which **you** have paid.
28. Loss of any kind arising from the provision of, or any delay in providing, the services to which this policy relates, unless negligence on **our** part can be demonstrated.
29. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by **us** or by anybody else (whether or not recommended by **us** and/or acting on **our** behalf) unless negligence on **our** part can be demonstrated.
30. Any loss, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any cause whatsoever.
31. Any claim arising directly or indirectly from a **natural disaster**, unless **you** have chosen to buy either the Platinum or Platinum Plus levels of cover, which includes cover up to the limits shown on **your certificate of insurance** for Section 17 - Natural Disaster.
32. Any claim arising directly or indirectly from operational duties as a member of the Armed Forces, other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under section 1 – Cancellation.
33. Any claims caused by or relating to **COVID**. This applies to all sections of cover apart from Section 1 – Cancellation, Section 2 - Curtailment and Section 4 - Medical Expenses, provided **you** have not travelled to a country or specific area or **event** to which the Department of Foreign Affairs or the World Health Organization (WHO) or similar body has issued travel security rating restrictions i.e. High Degree of Caution, Avoid Non-Essential Travel or Do not travel.
34. Any claim caused directly or indirectly from the bankruptcy/liquidation of any tour operator, travel agent or transportation company.
35. Any war, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.

## General Conditions Applicable to All Sections of the Policy

**You** must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply, **we** may, at **our** option, cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. If, at the time of any **incident** which results in a claim under this policy, there is another insurance policy covering the same loss, damage, expense or liability, then **you** must disclose this to **us** at the time of submitting a claim.  
In these circumstances **we** will not be liable to pay or contribute more than **our** proportional share (not applicable to Section 3 - Personal Accident). Under Section 4 - Medical Expenses, in the event of a private health insurance, **your** private health insurer must pay the first amount as stated in their policy and **we** will commence cover once that limit has been reached.
2. **You** must take all reasonable precautions to avoid injury **serious illness**, disease, loss, **theft** or damage and take all practical steps to safeguard **your** property from loss or damage and to recover lost or **stolen** property.
3. Cover will not be valid unless each **insured person** has declared all necessary **pre-existing medical conditions** to **us**, and they have been formally accepted by **us** in writing. Please refer to the Medical Warranty and Important Conditions Relating to Health section.
4. No payment will be made under this policy without appropriate evidence to confirm the details of the claim.
5. Any certificates, information, evidence and receipts required by **us** must be obtained at **your** expense (originals must be provided). If **we** require a medical examination, **you** must agree to this and in the event of death, **we** are entitled to a post mortem examination, both at **our** expense.
6. **You** should take all reasonable steps to recover any lost or **stolen** article(s).
7. **You** must exercise reasonable care for the supervision and safety of both **you** and **your** property. **You** must take all reasonable steps to avoid or minimise any claim. **You** must act as if **you** are not insured.
8. **You** must avoid needless self-exposure to peril, unless **you** are attempting to save human life.
9. In the event of a valid claim, **you** shall allow **us** the use of any relevant travel tickets **you** are not able to use because of the claim.
10. If any claim is found to be fraudulent in any way, this policy is void and all claims will be denied.
11. **You** should not admit liability, offer or promise to make any payment without written consent from **us**.
12. **We** are entitled to take over **your** rights in the defence or settlement of a claim, or to take proceedings in **your** name for **our** own benefit against another party, and **we** shall have full discretion in such matters. This is to enable **us** to recover any costs **we** have incurred from any third party who may have liability for the costs.
13. **We** may, at any time, pay to **you our** full liability under this policy, after which **we** will accept no further liability.
14. Where it is possible for **us** to recover sums that **we** have paid out under the terms of the policy, **you** must co-operate fully with **us** in any recovery attempt **we** make. **We** will pay all costs associated with the recovery. Should **you** instigate **your** own recovery from other parties, the sums **we** have paid out under the terms of the policy must be reimbursed from any recovery **you** have made.
15. **We** may give 7 days' notice of cancellation of this policy by recorded delivery to **you** at **your** last known address. In this case, **we** shall refund to **you** the unexpired pro-rata portion of the premium **you** have paid.
16. **You** will be required to repay to **us**, within one month of **our** request to **you**, any costs or expenses **we** have paid on **your** behalf which are not covered under the terms and conditions of this policy.
17. The **period of cover** under this policy can only be extended by the issue of a continuation policy, provided no claim is pending and there are no known circumstances which may give rise to a claim and if the original policy has not yet expired.
18. Claims must be notified to **us** as soon as possible after the **incident** arising.
19. When engaging in any sport or holiday activity (not excluded under General Exclusions), **you** must accept and follow the supervision and tuition of experts qualified in the pursuit or activity in question, and **you** must use all appropriate precautions, equipment and eye protection.  
Although **we** are prepared to cover **you** when undertaking certain sports and activities, the availability of the insurance cover does not, in itself, imply that **we** consider such sports and activities to be safe.  
At all times **you** must satisfy yourself that **you** are capable of safely undertaking the planned sport or activity and **you** must take care to avoid injury, **accident** or loss to yourself and to others.
20. **You** will be covered when travelling by recognised **public transport** between countries, but not if **you** are being paid to crew a private motor or sailing vessel or are travelling by private plane.

# POLICY SECTIONS



## SECTION 1 – CANCELLATION

### YOU ARE COVERED FOR:

#### GOLD COVER

The cancellation, after the date of issue of the policy, of **your irrecoverable** travel and/or accommodation expenses.

#### PLATINUM AND PLATINUM PLUS COVER

In addition to the above, **you** are also covered for **your irrecoverable** prepaid green fees, prepaid match tickets or prepaid concert, entertainment and theme park tickets if **you** have selected the Platinum or Platinum Plus levels of cover, which have not been used and for which **you** have paid or are contracted to pay.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen, if the cancellation of **your holiday/trip** is necessary and unavoidable due to any of the following events occurring after payment of premium, and occurring during the **period of insurance**:

1. The illness, injury or death of:
  - a) **You**;
  - b) A **travelling companion** or **immediate relative** of **yours**, or any person **you** are planning to stay with; or
  - c) A **close business associate** of **yours**;
  - d) **You** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **your** employment would normally require **you** to attend court).
2. **Your redundancy** or the **redundancy** of any person with whom **you** are intending to travel arising during the period of cover, provided that **we** are informed in writing immediately when notification of **redundancy** is received.
3. **Your home** being made uninhabitable or **your** place of business being unsuitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damages, burst pipes, impact by aircraft, vehicles, animals or the police requesting **your** presence following burglary or attempted burglary at **your home** or place of business.
4. **You**, or any person who **you** are travelling with, or have arranged to travel with, are a member of the Armed Forces, Gardaí, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your/their** authorised leave cancelled or are called up for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
5.
  - a) **You**, receiving a diagnosis of **COVID** within 14 days before the start of the **trip**, or in the case of being admitted to hospital with a **COVID** diagnosis, within 28 days before the start of the **trip**.
  - b) **Your immediate relative, travelling companion** or **close business associate** being admitted to hospital with a **COVID** diagnosis at the time of the **trip**.

**We** will pay up to €100 for any charges payable by **you** to seek refunds from **your** carrier for airport taxes, airport charges, service charges, facility charges, user fees, security charges or air passenger duty relating to **your** cancellation of **your trip**.

### WE WILL NOT PAY FOR:

1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the excess waiver option.
2. Claims under subsection 1 of this section where a medical certificate has not been obtained from the attending **doctor** confirming it is necessary to cancel the **holiday/trip**. (Please see IMPORTANT NOTICE section for conditions attached).
3. More than the cancellation charge that would have applied had **you** notified the travel agent/tour operator or provider of transport/accommodation immediately after it was found necessary to cancel the **holiday/trip**.
4. Any claim arising directly or indirectly from a known **pre-existing medical condition(s)** affecting **you** unless **you** have declared all **pre-existing medical condition(s)** to **us** and have acceptance in writing from **us**.
5. Any claim arising directly or indirectly from any **medical condition** affecting any **travelling companion** or **immediate relative**, who is not insured under this policy or person with whom **you** intend to stay with whilst on **your** trip if:
  - a) a terminal prognosis has been received prior to the booking of the **trip** and/or insurance;

- b) they were on a waiting-list or had knowledge of the need for surgery, inpatient treatment or investigation at any hospital or clinic at the time of booking the **trip** and/or insurance (unless **you** have purchased the Platinum Plus level of cover); or
  - c) during the 90 days immediately prior to the booking the **trip** and/or insurance, they had:
    - i) required surgery, inpatient treatment or hospital consultations (unless **you** have purchased the Platinum Plus cover); or
    - ii) required any form of treatment; or
    - iii) more than 1 prescribed medication (unless **you** have purchased the Platinum Plus cover).
6. Claims relating to a **travelling companion, immediate relative** or a **close business associate's pre-existing medical condition(s)** unless the Platinum Plus level of cover has been purchased within 14 days of booking and/or the **medical condition(s)** has arisen or deteriorated from the time of purchasing the **trip** to purchasing the insurance.
  7. Cancellation caused by pregnancy or childbirth unless the cancellation is certified by a **doctor** as necessary due to **complications of pregnancy and childbirth**.
  8. Failure by the provider of any part of the booked **trip** to supply the service or transport, unless the **event** is specifically covered under Section 21 of this policy and the additional premium has been paid. **You** should direct any claim in this case to the provider involved.
  9. Anything arising directly or indirectly from the following causes:
    - a) Prohibitive regulations by the government of any country.
    - b) Any circumstance known to **you** likely to cause cancellation prior to the booking of the **trip** and/or insurance.
  10. Claims arising due to **your** disinclination to travel.
  11. Any **COVID** claims arising within 28 days of the date **you** purchased this insurance or the time of booking any **trip**, whichever is the later, except where the insurance is purchased within 48 hours of booking the **trip**.
  12. Anything mentioned in the General Exclusions.

## IMPORTANT NOTICE

All claims relating to cancellation due to a **medical condition(s)** and/or **complications of pregnancy and childbirth** must be supported by relevant documentation confirming that attendance to a **doctor** occurred and that advice was given by that **doctor** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, a consultant specialising in the relevant field) to cancel a **trip** prior to cancellation of that **trip**.

If **you** cancel the **trip** due to unforeseen illness or injury, **you** must provide a medical certificate from the treating **doctor** stating that this prevented **you** from travelling.

## SPECIAL CONDITIONS RELATING TO CLAIMS

**Your** cancellation must be necessary and unavoidable for **you** to claim. Disinclination to travel will not be covered.

If **you** cancel **your trip** because **your** presence is required by the Gardaí/police in connection with burglary or fire affecting **your home** during **your trip**, **you** must provide **us** with written documentation from the Gardaí/police confirming that the loss or damage occurred during the **trip**.

## Important Limitations – Cancellation Cover

Note: Important health requirements relating to **you** and **your immediate relatives, travelling companion** or **close business associate** and any person **you** are planning to stay with.

This policy will NOT cover any claims under Section 1 – Cancellation arising directly or indirectly from any **medical condition(s)** affecting any **immediate relative, travelling companion** or **close business associate** or any person **you** are planning to stay with if:

1. At the time of taking out this policy:
  - i) Any **medical condition** for which they had received a terminal prognosis.
  - ii) Any **medical condition** for which they are on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home (unless the Platinum Plus level of cover has been purchased).
  - iii) Any **medical condition** for which they are aware of, but have not had a diagnosis.

2. If 90 days immediately prior to the start of the **period of insurance**, they had:
  - i) required surgery, inpatient treatment or hospital consultations (unless the Platinum Plus level of cover has been purchased); or
  - ii) required any form of treatment or more than one prescribed medication (unless the Platinum Plus level of cover has been purchased)

## Platinum Plus Cover – Important Information

Cancellation cover for a **travelling companion** or **immediate relative's pre-existing medical condition(s)** under the Platinum Plus level of cover will only be in force if the policy is purchased within 14 days of booking the **trip** and there is no change in the **medical condition(s)** from the time of purchasing the **trip** to purchasing the insurance.

There is no cover for cancellation due to a terminal diagnosis which has been received prior to the purchase of the insurance.

**You** should also refer to the appropriate policy sections and General Exclusions.

## SECTION 2 – CURTAILMENT

### YOU ARE COVERED FOR:

**Your** additional travel costs incurred in returning **home** together with the value of the unused **irrecoverable** accommodation costs paid for prior to departure.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** have to cut short **your holiday/trip** and have to return **home** due to any of the following reasons occurring after payment of premium and occurring during the **period of insurance**:

1. The death, severe injury or **serious illness** that happens during **your trip** of:
  - a) **You**; or
  - b) A **travelling companion, immediate relative of yours**; or
  - c) A **close business associate of yours**.
2. **Your home** being made uninhabitable or **your** place of business being unsuitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees riot or civil commotion, malicious damages, burst pipes, impact by aircraft, vehicles, animals, or the Gardai/police requesting **your** presence following burglary or attempted burglary at **your home** or place of business.
3. **Your immediate relative, travelling companion or close business associate** being admitted to hospital with a **COVID** diagnosis.

Note: Claim payments for **curtailment** are calculated pro-rata on the total cost of the **holiday** paid in advance, after deducting the cost of the outward and return transport. The calculation will start from the date of return to **your home country**.

### WE WILL NOT PAY FOR:

1. The **excess** as shown in the schedule of cover, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. Any claim arising directly or indirectly from a known **pre-existing medical condition(s)** affecting **you**, unless **you** have declared all **pre-existing medical condition(s)** to **us** and have acceptance from **us** in writing.
3. Additional travelling expenses incurred, which are not authorised by **us**.
4. More than €650 or the actual costs incurred by **you** (whichever is the lesser), if **you** do not contact the **emergency assistance service** prior to curtailing **your holiday/trip**.
5. Any claim arising directly or indirectly from any **medical condition** affecting any **immediate relative, travelling companion** who is not insured under this policy or person with whom **you** intend to stay with whilst on **your trip** if:
  - a) a terminal prognosis has been received prior to the booking of the **trip** and/or insurance;

- b) they were on a waiting-list or had knowledge of the need for surgery, inpatient treatment or investigation at any hospital or clinic at the time of booking the **trip** and/or insurance (unless **you** have purchased the Platinum Plus level of cover); or
- c) during the 90 days immediately prior to the booking of the **trip** and/or insurance they had:
  - i) required surgery, inpatient treatment or hospital consultations (unless **you** have purchased the Platinum Plus level of cover); or
  - ii) required any form of treatment; or
  - iii) more than 1 prescribed medication (unless **you** have purchased the Platinum Plus level of cover).
- 6. **Curtailement** caused by pregnancy or childbirth unless the **curtailement** is certified by a **doctor** as necessary due to **complications of pregnancy and childbirth**.
- 7. Any claims in relation to point 1 if they occur as a result of **COVID**.
- 8. Any **COVID** claims arising within 28 days of the date **you** purchased this insurance or the time of booking any **trip**, whichever is the later, except where the insurance is purchased within 48 hours of booking the **trip**.
- 9. Anything mentioned in the General Exclusions.

### Special Conditions Relating to Claims

You must obtain a medical certificate from a **doctor** abroad and prior approval of the **emergency assistance service** to confirm the necessity to return **home** prior to **curtailement** of the **holiday** due to **your** injury, illness or **complications of pregnancy and childbirth**.

### Important Limitations – Curtailement Cover

Important health requirements relating to **you** and **your immediate relatives, close business associates** and any person **you** are planning to stay with.

This policy will NOT cover any claims under Section 2 – Curtailement arising directly or indirectly from any **medical condition(s)** affecting any **travelling companion, immediate relative** or **close business associate** or any person **you** are planning to stay with if:

1. At the time of taking out this policy:
  - i) Any **medical condition** for which they had received a terminal prognosis.
  - ii) Any **medical condition** for which they are on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home (unless the Platinum Plus level of cover has been purchased).
  - iii) Any **medical condition** for which they are aware of, but have not had a diagnosis.
2. If 90 days immediately prior to the start of the **period of insurance**, they had:
  - i) required surgery, inpatient treatment or hospital consultations (unless the Platinum Plus level of cover has been purchased); or
  - ii) required any form of treatment or more than one prescribed medication (unless the Platinum Plus level of cover has been purchased)

### Platinum Plus Cover – Important Information

**Curtailement** cover for a **travelling companion** or **immediate relative's pre-existing medical condition(s)** under the Platinum Plus level of cover will only be in force if the policy is purchased within 14 days of booking the **trip** and there is no change in the **medical condition(s)** from the time of purchasing the **trip** to purchasing the insurance.

There is no cover for **curtailement** due to a terminal diagnosis which has been received prior to the purchase of the insurance.

**You** should also refer to the appropriate policy sections and General Exclusions.

## SECTION 3 – PERSONAL ACCIDENT

### You are covered for:

A lump sum payment if **you** suffer an **accidental bodily injury** during the **trip**, which, within 12 months, is the sole and direct, and independent of any other cause, cause of **your** death or **permanent total disablement**.

### We Will Pay

To **you** or **your** legal personal representatives the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** suffer **accidental bodily injury** during the **trip** which, within 12 months is, the sole and direct cause of death or **permanent total disablement**, as per the following:

1. **Loss of limb**; or
2. Total and permanent **loss of sight** in one or both eyes; or
3. **Permanent total disablement**; or
4. Death.

Note: If **you** are aged 65 years and over, the death benefit will be limited to funeral and other expenses up to €3,000 and the **permanent total disablement** benefit will not apply.

### IMPORTANT

Any claim under this section is limited to 50% of the benefit payable if the injury is as a result of undertaking a covered **hazardous activity**.

### Special Condition Relating to Claims

Our **medical practitioner** may examine **you** as often as they deem necessary in the event of a claim.

### Provisions

1. Benefit is not payable to **you**:
  - a) Under more than one of the items shown in the Schedule of Cover.
  - b) Under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
  - c) Under **permanent total disablement**, if **you** are able or may be able to carry out any relevant employment or relevant occupation.
2. The death benefit payment will be paid into the deceased's estate.

### We Will Not Pay For:

1. Injury not caused solely by outward, violent and visible means.
2. **Your** disablement caused by mental or psychological trauma not involving **your bodily injury**.
3. Claims arising directly or indirectly as a result of **your** failure to comply with the "Medical Warranty and Important Conditions Relating to Health" section.
4. Any claims for death, loss or disablement caused by or arising directly or indirectly from:
  - a) Disease or any existing physical disability or illness; or
  - b) Any injury which existed prior to the start of the **holiday/trip**; or
  - c) Pregnancy; or
  - d) An **incident** which is as a result of any **hazardous activity** unless cover for that activity has been purchased by purchasing the appropriate level of cover (Gold, Platinum or Platinum Plus). In such cases where there is cover, 50% of the overall benefit is payable; or
  - e) Any claims arising directly or indirectly as a result of any **pre-existing medical condition(s)**, unless **you** have declared all **pre-existing medical condition(s)** to **us** and have acceptance from **us** in writing.
5. Anything mentioned in the General Exclusions.

## SECTION 4 – MEDICAL EXPENSES

### ATTENTION:

In the event of a medical emergency the **emergency assistance service** must be contacted by the **insured person** or someone acting on their behalf at the first available opportunity.

Telephone: +44 1733 224 875

To comply with the terms and conditions of this cover, **you** must obtain the prior consent of the **emergency assistance service** before incurring any expenses over €650, curtailing or extending **your trip** due to **your** illness or injury. In the case of an emergency where **you** are physically prevented from contacting **us** immediately, **you** or someone designated by **you**, must contact **us** within 48 hours, otherwise **we** may not pay **your** claim.

For travel to the United States of America: **We** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

**We** reserve the right to limit payment to what **our** medical officer deems reasonable.

If **our** medical officer advises a date when it is feasible and practical to repatriate you, but **you** choose instead to remain abroad, **our** liability to pay any further costs under this section after that date ceases and will be limited to what **we** would have paid if **your** repatriation had taken place at the time **we** specified.

### YOU ARE COVERED FOR:

Medical and related expenses, including emergency expenses necessarily and reasonably incurred outside of **your home country**, if during the **holiday/trip you** become ill or are injured or for the Platinum or Platinum Plus levels of cover only, need emergency dental treatment for the immediate relief of pain only and not requiring the use of precious metals.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen in respect of expenses necessarily and reasonably incurred for:

1. Any unforeseen emergency medical and surgical treatment, hospital and nursing home charges.
2. Reasonable and necessary costs for additional accommodation and travelling expenses (Economy Class only, unless agreed by the **emergency assistance service**) if it is necessary to remain beyond **your** scheduled return date. This includes, with prior authorisation of the **emergency assistance service**, reasonable costs for someone to travel to **you** and/or to remain with **you** and/or accompany **you home**.  
In the event of a positive diagnosis of **COVID** abroad, the policy will cover reasonable additional transport (economy class) or accommodation expenses incurred, up to the standard of **your** original booking if **you** must extend **your** stay, up to the amounts of €2,000.
3. Platinum or Platinum Plus levels of cover only: Emergency dental treatment, for immediate relief of pain only and not involving the use of precious metals.
4. In the event of **your** death, reasonable expenses incurred for the conveyance of the body or ashes to **your home country** or local funeral expenses abroad as shown in the Schedule of Cover.

Note: All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.

If, in the opinion of the **doctor** in attendance and the **emergency assistance service** Medical Officer, **you** are fit to travel, **we** reserve the right to:

- a) Repatriate **you** to **your home country**; or
- b) Arrange for **your** transfer to another hospital, clinic or location of **our** choice abroad.

### WE WILL NOT PAY FOR:

1. The **excess** as shown in the Schedule of Cover, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. Any additional hospital costs arising from single or private room accommodation, unless medically necessary.
3. Any claims arising directly or indirectly as a result of any **pre-existing medical condition(s)**, unless **you** have declared all **pre-existing medical condition(s)** to **us** and have acceptance from **us** in writing.

4. Any sums which can be recovered by **you** and/or which are covered under any National Health Insurance Scheme, any reciprocal health agreement or any private health insurance.
5. Any pre-planned or expected medical treatment(s) or diagnostic procedure(s).
6. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
7. Any claims for costs related to pregnancy or childbirth, unless the claim is certified by a **doctor** as necessary due to **complications of pregnancy and childbirth**.
8. Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre, unless confirmed as medically necessary by **our** Medical Officer.
9. More than the costs of **your** repatriation to **your home country** if **you** are fit to travel and this has been confirmed by the treating **doctor** and the **emergency assistance service** Medical Officer and **you** have refused the offer of assistance to be repatriated to **your home country**.
10. More than €650 in respect of medical expenses incurred by **you**, if **you** did not contact the **emergency assistance service** prior to incurring these expenses.
11. Any expenses incurred for illness, injury or treatment required in consequence of:
  - a) surgery or medical treatment which in the opinion of the attending **doctor** and the **emergency assistance service's** Medical Officer can or could have been reasonably delayed until **your** return to **your home country**.
  - b) medication which at the time of departure **you** knew **you** needed.
12. Preventative treatment which can be delayed until **you** return to **your home country**.
13. **Your** claim if **you** have not obtained a written certificate of fitness and ability to travel where **you** are undergoing medical treatment at the time of paying the final **holiday/trip** balance.
14. Any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or the injury which necessitated **your** admittance into hospital.
15. Treatment for cosmetic purposes, unless the **emergency assistance service's** Medical Officer agrees that such treatment is necessary as a result of an **accident** covered under this policy.
16. Any dental treatment or diagnostic procedure which is not solely for the immediate relief of pain or discomfort or to alleviate distress in eating.
17. Any dental treatment or diagnostic procedure if **you** have not purchased the Platinum or Platinum Plus levels of cover.
18. Expenses incurred as a result of a tropical disease when **you** have not had the recommended inoculations and/or taken the recommended medication.
19. Claims arising directly or indirectly from covered **winter sports** or **hazardous activities** where the correct cover level has not been chosen (Gold, Platinum or Platinum Plus).
20. Claims arising directly or indirectly from any of the **winter sports** or **hazardous activities** for which cover is not available. See pages 26, 27 and 28.
21. Medical treatment in **your home country**.
22. Air-sea rescue and transfer costs.
23. Anything mentioned in the General Exclusions.

### Special Conditions Relating to Claims

1. **You** must give notice immediately to the **emergency assistance service** of any **bodily injury** or illness which necessitates **your** admittance to hospital as an inpatient or before any arrangements are made for **your** repatriation.
2. In the event of **your bodily injury** or illness, **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to **Ireland** at any time during the **holiday/trip**. **We** will do this if, in the opinion of the **doctor** in attendance or the **emergency assistance service**, **you** can be moved safely and/or travel safely to **Ireland** to continue treatment.
3. **You** must claim against **your** private health insurer first for any inpatient medical expenses abroad up to **your** policy limit.
4. As often as **we** require, **you** shall submit to medical examination at **our** expense. In the case of the death of an **insured person**, **we** shall be entitled to have a post-mortem examination carried out at **our** expense. **You** must supply **us** with a written statement substantiating **your** claim, together with (at **your** own expense) all certificates, information, evidence and receipts that **we** require.
5. **You** will be required to reimburse to **us**, within one month of **our** request to **you**, any costs or expenses **we** have paid out on **your** behalf which are not covered under the terms of the insurance.

## SECTION 5 – MEDICAL INCONVENIENCE BENEFIT

### You Are Covered For:

A benefit for each complete 24 hour period that **you** have to stay in hospital as an inpatient for treatment outside of **your home country** as a result of **bodily injury** or **serious illness you** sustain. This is intended to cover things like phone calls and taxi costs for visitors.

### We Will Pay:

The amount shown in the Schedule of Cover for the cover level **you** have chosen in addition to any medical expenses incurred under Section 4 of this policy if **you** are admitted as an inpatient to a recognised hospital abroad.

### We Will Not Pay For:

1. Anything listed in 'We Will Not Pay' under Section 4 - Medical Expenses.
2. Anything mentioned in the General Exclusions

## SECTION 6 – BAGGAGE

### YOU ARE COVERED FOR:

#### PERSONAL BAGGAGE

Any of **your own baggage** (not hired, loaned or entrusted to you) which is lost, **stolen**, damaged or destroyed.

#### DELAYED PERSONAL BAGGAGE

**Your baggage** being delayed in reaching **you** on **your** outward journey for at least 12 hours and **you** have written confirmation from the carrier or tour representative.

#### PERSONAL MONEY

**Your** money lost or **stolen** whilst being carried on **your** person or while left in a locked safety deposit box.

### WE WILL PAY:

#### PERSONAL BAGGAGE:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen for the value or repair of the articles, less a deduction for **wear, tear and depreciation**. Claims in respect of **valuables** or in respect of **single articles** or a **pair or set** or articles which is/are lost, **stolen**, damaged or destroyed will be limited to the amount shown in the Schedule of Cover for the cover level **you** have chosen.

Note: In the event of a claim in respect of a **pair or set** of articles, **we** shall only be liable for the value of that part of the **pair or set** which is lost, **stolen**, damaged or destroyed.

#### DELAYED PERSONAL BAGGAGE

Up to the amount shown in the Schedule of Cover towards the cost of buying replacement necessities; original receipts will be required in the event of a claim. Cover applies to **your** outward journey only.

#### PERSONAL MONEY

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen.

#### Note:

- The maximum **we** will pay for any one article, or for any one **pair or set** of articles, is shown in the Schedule of Cover.
- The maximum **we** will pay under this policy for all **valuables** owned by each **insured person** is shown in the Schedule of Cover.
- The maximum **we** will pay for sunglasses or prescription glasses of any kind is €150 per **insured person**.
- The maximum **we** will pay for mobile telephones is subject to the **single article** limit of the level of cover chosen.
- The maximum **we** will pay for **personal baggage** or **valuables** lost, damaged, **stolen** or **unattended** is €150 per **insured person**.



## WE WILL NOT PAY:

1. The **excess**, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option. This **excess** is charged twice on claims that include both **personal baggage** and **personal money**.
2. If **you** do not exercise reasonable care for the safety and supervision of **your personal baggage** and **personal money**.
3. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or **theft**.
4. If **you** do not obtain a written carrier's report if **your personal baggage** is lost or damaged in transit or a Property Irregularity Report (P.I.R.) in the case of an airline.
5. For anything that can be replaced by the issuer.
6. For loss arising from confiscation or detention by customs or other officials or authorities.
7. For loss, destruction, damage or **theft** of dentures; bonds; securities; stamps or documents of any kind, including and passports; musical instruments; glass; china; antiques; pictures; pedal cycles; hearing aids; unused mobile telephone rental charges or prepayments; coupons; vehicles or accessories; boats and/or ancillary equipment; samples or merchandise or business goods or specialised equipment relating to a trade or profession.
8. For loss due to **wear** and **tear**, denting or scratching, moth or vermin.
9. For loss of **valuables** left as checked-in **personal baggage**.
10. For mechanical breakdown, malfunction or breakage of fragile and/or brittle articles unless caused by fire or by **accident** to the vessel, aircraft or vehicle in which they are being carried.
11. For **personal baggage stolen** from:
  - a) An **unattended** vehicle unless it was in the locked boot of the vehicle and there is evidence of forcible entry;
  - b) A vehicle left for any period between the hours of 2100hrs and 0900hrs;
  - c) A hatchback vehicle, unless the **personal baggage** was in the locked boot of the vehicle, below the rear parcel shelf and out of sight.
12. For any shortages due to error, omission or depreciation in value.
13. Loss, **theft** of or damage to **your valuables** or money left **unattended** at any time, unless deposited in a hotel safe or safety deposit box.
14. For anything mentioned in the General Exclusions.

## SPECIAL CONDITIONS RELATING TO CLAIMS:.

Claims are paid based on the value of the goods at the time that they are lost and not on a 'new for old basis' or replacement cost basis; an appropriate deduction is made for **wear, tear and depreciation**.

**You** must take suitable precautions to ensure the safety of **your personal baggage** and must not leave it unsecured, **unattended** or beyond **your** reach at any time.

If claiming for **your** goods that were **stolen** or lost, **you** should produce proof of purchase of the original goods by way of receipts, credit card or bank statements, as failure to do so may affect the assessment of the claim.

Within 24 hours of discovery of the **incident**, **you** must report loss of **personal baggage** to the local police or to the carrier, as appropriate (damage to **personal baggage** in transit must be reported to the carrier before **you** leave the **baggage** hall and a Property Irregularity Report (PIR) must be obtained), or to **your** hotel or accommodation management, or to the tour operator representative.

**You** must produce to **us** written documentation from one of the parties listed above confirming that the loss or **theft** occurred during the **trip**, otherwise no claim will be paid.

If **you** are claiming for damaged or destroyed goods, **you** must produce an estimate of repair from a reputable dealer confirming the estimated cost of repair (salvage to be retained until claim completed).

## IMPORTANT NOTICE:

Under the European Union (EU) travel regulations (Montreal Convention), **you** are entitled to claim compensation from **your** carrier if **your** checked-in luggage is damaged or lost by an EU airline. **You** must claim compensation from the carrier within seven days. If **your** checked-in luggage is delayed, **you** must claim compensation from the carrier within 21 days of its return.

## SECTION 7 – PERSONAL LIABILITY

### YOU ARE COVERED FOR:

**Your** legal expenses and legal liability for damages payable to a third party resulting from an **accident** occurring during the **holiday/trip**.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen in respect of any one occurrence for claims made against **you** for:

1. **Accidental bodily injury** caused to a person who is not a member of **your family** or employed by **you**.
2. Loss or damage to any property which **you** do not own and is not hired, loaned or borrowed by **you** or any member of **your family** or an employee of **yours**.
3. Damage to **your** temporary **holiday/trip** accommodation that does not belong to **you** or to any member of **your family** or employee.

### WE WILL NOT PAY:

1. Claims arising directly or indirectly from any agreement or contract which adds any liability which would not have existed otherwise.
2. Claims for injury, loss or damage arising directly or indirectly from:
  - a) Ownership or use of firearms, aircraft, horse-drawn or mechanically propelled vehicles, vessels, sail or powered boats other than rowing boats, punts or canoes, animals other than horses, domestic dogs or cats.
  - b) The occupation (except temporarily for the **holiday/trip**) or ownership of any land or buildings.
  - c) The carrying out of any trade or profession.
  - d) Racing of any kind.
  - e) Wilful or malicious acts.
3. Liability for which indemnity is provided under any other insurance.
4. For any injury, illness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV-related illness including AIDS and/or any mutant derivatives or variations thereof.
5. Liability which was as a result of undertaking any **hazardous activity**.
6. For anything mentioned in the General Exclusions.

## SECTION 8 – PERSONAL ASSISTANCE

### THIS SECTION IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER

In all cases where **you** use the services offered in this section, **you** will still be able to make a claim under any other section of the policy. If **you** need to use any of the services in this section, contact the **emergency assistance service** who will help **you**. Telephone: +44 1733 224875.

### YOU ARE COVERED FOR:

The costs incurred in providing the following services:

1. The transmission of up to two urgent messages to **your home** in **your home country** following **your** illness, **accident**, unforeseen travel delay problems or other unforeseen problems arising.
2. Advice in replacing essential medication or prescription drugs which have been lost or are unobtainable in the country **you** are in.
3. Help with obtaining names and addresses of a local **doctor**, hospitals, clinics and dentists when consultation or minor treatment is required.
4. Advice and, where possible assistance, with the replacement of lost/**stolen** tickets and travel documents and referral to suitable travel offices.
5. Advice in obtaining contact details of bank, police and embassy if **your** credit card(s) or charge card(s) are lost or **stolen**.

## WE WILL NOT PAY:

1. For the cost of any replacement articles, documents, drugs or other medicines.
2. The provision of services referred to in this section is at the sole discretion of the **emergency assistance service**. In certain circumstances or locations, it may not be possible to provide the services mentioned. This section is intended to provide advice and assistance; **we** do not accept any liability or additional expenses that may be caused either directly or indirectly by the provision of this service.
3. For anything mentioned in the General Exclusions.

## SECTION 9 – LOST/STOLEN TRAVEL TICKETS

### YOU ARE COVERED FOR:

The loss or **theft** of any prepaid non-refundable tickets valid for travel on **public transport** outside **your home country** including Inter-Rail passes, Eurail passes, Amtrak passes, Ameripass tickets and such like, provided the original ticket is personalised to be used only by **you**.

### WE WILL PAY:

Up to the amount shown on the Schedule of Cover in this document for the cover level **you** have chosen towards the cost of obtaining a replacement ticket to enable **you** to continue **your** journey, or towards the cost of travel back to **your home country**, whichever is the less.

### WE WILL NOT PAY:

1. The **excess**, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. If **you** do not exercise reasonable care for the safety and supervision of **your** non-refundable ticket.
3. If **you** do not obtain a written police report within 24 hours of the discovery in the event of the loss of **theft** of the ticket.
4. If **you** do not obtain a written report from the service provider.
5. Anything that can be replaced by the issuer.
6. For **your** prepaid, non-refundable tickets **stolen** from:
  - a) an **unattended** vehicle; and/or
  - b) a hotel room, unless the ticket was in a locked safe.
7. For anything mentioned in the General Exclusions.

### Special Conditions Relating to Claims

**You** must take suitable precautions to secure the safety of **your** prepaid tickets and must not leave it unsecured or **unattended** or beyond **your** reach at any time in a place to which the public have access.

## SECTION 10 – LOST PASSPORT EXPENSES

### YOU ARE COVERED FOR:

The cost of a temporary passport and reasonable additional travel or accommodation expenses **you** incur abroad in obtaining a temporary passport.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **your** passport is lost or **stolen**.

### WE WILL NOT PAY:

1. If **you** do not exercise reasonable care for the safety and supervision of **your** passport.
2. If **you** do not obtain a written police report within 24 hours of discovery of the loss or **theft**.
3. For loss, arising from confiscation or detention by customs or other officials or authorities.
4. Anything that can be replaced by the issuer.
5. If **your** passport is **stolen** from:
  - a) an **unattended** vehicle; and/or
  - b) a hotel room unless the passport was in a locked safe.
6. For anything mentioned in the General Exclusions.

## SPECIAL CONDITIONS RELATING TO CLAIMS:

Within 24 hours of discovery of the **incident**, **you** must report loss of **your** passport to the local police or to the carrier, as appropriate.

**You** must take suitable precautions to ensure the safety of **your personal baggage** and must not leave it unsecured, **unattended** or beyond **your** reach at any time.

**You** must provide **us** with written documentation from one of the parties listed above confirming that the loss or **theft** occurred during the **trip** otherwise no claim will be paid.

## SECTION 11 – TRAVEL DELAY / ABANDONMENT

### YOU ARE COVERED FOR:

If the **public transport** on which **you** are booked as a passenger for **your** outward or return journey from or to **your home country** is delayed for more than 12 hours beyond the intended departure time (Travel Delay claim) or delayed for 24 hours or more (Abandonment claim) as a result of:

1. **Strike** or **industrial action** (provided that when the policy was issued there was no reasonable expectation that the **holiday/trip** would be affected by such cause).
2. **Adverse weather** conditions.
3. Mechanical breakdown or technical fault of the **public transport you** are travelling on (excluding any claims arising from withdrawal from service temporarily or otherwise on the orders or recommendation of the Civil Aviation Authority or a port authority or similar body in any country).

### WE WILL PAY:

1. Travel Delay: The amount shown in the Schedule of Cover for the first full 12 hours that **you** are delayed and an additional amount for each full 12 hour delay thereafter, up to the maximum amount shown in the Schedule of Cover.
2. Abandonment: Up to the amounts shown on the Schedule of Cover as chosen by **you** not otherwise recoverable if **you** abandon **your trip** on the outward leg of **your** journey (after a full 24-hour delay).

### WE WILL NOT PAY:

1. The **excess**, (if **your** claim is under point 2, Abandonment) unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. If **you** did not check-in for the **public transport** departure in accordance with the recommended check-in time limits.
3. If **you** do not obtain written confirmation from the **public transport** company stating the period and the reason for the delay.
4. If **your** claim arises from a **strike**, **adverse weather** conditions and or **industrial action** existing or known of on the date of purchase of this policy or arranging the **trip** whichever is later.
5. If **you** have made a claim under Section 16 - Non-Operation of Flight.
6. If the aircraft on which **you** are booked to travel is withdrawn from service as a result of ash or other debris arising from a volcano. **You** should direct any claim in this event to the transport operator involved.
7. Any costs relating to airport taxes, airport charges, service charges, facility charges, user fees, security charges or air passenger duty. **You** should obtain a refund from **your** carrier for such charges.
8. For anything mentioned in the General Exclusions.

### IMPORTANT NOTICE

Under the European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** carrier if **your** flight is delayed for more than three hours. The airline must offer to refund **your** ticket.

## SECTION 12 – MISSED DEPARTURE/ FLIGHT CONNECTION

### YOU ARE COVERED FOR:

**You** necessary additional travel and accommodation expenses that **you** incur to reach **your** pre-booked destination.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen for necessary, **irrecoverable** additional travel and accommodation expenses if **you** arrive at the point of international departure and/or any intermediate departure point en-route on **your** pre-booked journey too late to begin or continue the booked **holiday/trip** as a result of:

- a) a failure of **public transport**; or
- b) due to an **accident** or mechanical failure involving the vehicle in which **you** were travelling, provided that **you** have taken reasonable steps to complete the journey to the departure point on time to check-in in accordance with the recommended check-in limits.

### WE WILL NOT PAY:

1. If **your** claim arises from withdrawal of service of an aircraft or sea vessel on the recommendation of a port authority or the Civil Aviation Authority or any similar body in any country.
2. If **your** claim arises from a **strike, adverse weather** conditions and/or **industrial action** existing on the date **you** purchased this insurance or at the time of booking any **trip** whichever is the later.
3. If the reason for the failure of the **public transport** is within the control of the provider.
4. If the aircraft on which **you** are booked to travel is withdrawn from service as a result of ash or other debris arising from a volcano. **You** should direct any claim in this event to the transport operator involved.
5. For anything mentioned in the General Exclusions.

### SPECIAL CONDITIONS RELATING TO CLAIMS

**You** must take every reasonable step to commence and complete the journey to the departure point and check in for the flight, sea crossing, coach or train journey on time. **You** must obtain written confirmation from the carrier stating the period and reason for the delay.

## SECTION 13 – HIJACK

### YOU ARE COVERED FOR:

A benefit per day in the event of the aircraft in which **you** are travelling being hijacked.

### WE WILL PAY:

A benefit per 24 hours up to the maximum shown in the schedule of cover for the duration of the **hijack**.

### WE WILL NOT PAY:

1. If **you** or **your family** or **your** business connections have engaged in activities that could be expected to increase the risk of **hijack**.
2. Claims not substantiated by a written police report confirming the length and exact nature of the **incident**.
3. For anything mentioned in the General Exclusions.

## SECTION 14 – CATASTROPHE

### YOU ARE COVERED FOR:

The cost of providing replacement similar accommodation if **you** booked and pre-paid accommodation is inhabitable due to fire, flood, earthquake or storm.

### WE WILL PAY:

Up to the amount shown in the schedule of cover if **you** cannot stay in **your** booked accommodation because of one of the causes specified above.

### WE WILL NOT PAY:

1. The **excess**, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. Any expenses that **you** can recover from any tour operator, airline, hotel or other provider of services.
3. Any expenses that **you** would normally have to pay during the period of **your holiday/trip**.
4. Any claim resulting from **you** travelling against the advice of the appropriate international, national or local authority.
5. If **you** do not provide a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long, it lasted.
6. For any event that results in a claim under this section which was known about before **you** left from **your** international departure point or known at the time of booking **your** insurance cover.
7. If **you** do not provide evidence of all the extra costs **you** had to pay.
8. For anything mentioned in the General Exclusions.

## SECTION 15 – GOVERNMENT TRAVEL ADVICE

Should the Department of Foreign Affairs advise against travel, or issued travel security rating restrictions i.e. High Degree of Caution, Avoid Non-Essential Travel or Do not travel, after **you** have purchased **your** policy or have booked **your trip**:

### YOU ARE COVERED FOR:

#### CANCELLATION

**Irrecoverable** cancellation fees payable by **you** if **you** cancel **your trip** for:

- a) **Your** travel and accommodation;
- b) **Your** ski hire, ski school, lift passes, prepaid green fees, prepaid match tickets and prepaid concert tickets if **you** have selected the Platinum or Platinum Plus levels of cover.

#### CURTAILMENT

**Your** additional **irrecoverable** travel costs incurred in returning **home** together with the value of **your** unused accommodation costs paid for prior to departure.

The value of the unused portion of **your** accommodation costs. This section will also cover ski hire, ski school, lift passes, prepaid green fees, prepaid match tickets and prepaid concert tickets not used by **you** if **you** have selected the platinum or Platinum Plus levels of cover.

#### MISSED DEPARTURE/ FLIGHT CONNECTION

**Your** necessary additional **irrecoverable** travel and accommodation expenses that **you** incur in order to reach **your** booked destination.

#### ADDITIONAL EXPENSES

**Your** additional **irrecoverable** expenses incurred in respect of travel and accommodation expenses incurred by **you** as a result of a **government travel advice** that is the sole cause of an interruption to **your** pre-booked travel itinerary.

## WE WILL PAY:

### CANCELLATION

Up to the amount shown in the Schedule of Cover if the cancellation arises as a direct result of **government travel advice** issued not to travel to **your** intended destination that is announced within seven days of the pre-booked departure date.

### CURTAILMENT

Up to the amount shown in the Schedule of Cover if **you** have to cut short **your trip** and have to return **home** due to events occurring in the country **you** are visiting as a result of which **government travel advice** is issued advising **you** to leave the country for **your** own safety.

### MISSED DEPARTURE/ FLIGHT CONNECTION

Up to the amount shown in the Schedule of Cover for necessary additional travel expenses if **your** outward or return journey is cancelled as a result of the airline or ferry company on which **you** are booked to travel, cancelling the service as a direct result of **government travel advice**.

### ADDITIONAL EXPENSES

Up to the amount shown in the Schedule of Cover if **you** incur additional accommodation expenses or if **you** incur additional travel expenses if **your** pre-booked return transportation is cancelled or delayed as a result of the airline **you** are booked to travel on cancelling the service as a direct result of **government travel advice**.

## WE WILL NOT PAY:

1. If the airline or other carrier or tour operator make alternative arrangements to accommodate **you** or rearrange flights.
2. For any claim arising as a result of a terrorist **incident** or threat of a terrorist **incident** occurring.
3. Claims arising directly or indirectly from a government notice existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
4. Any claims caused by or relating to **COVID**. Nor will **we** cover any claims relating to any fear or threat of **COVID**.
5. For anything mentioned in the General Exclusions.

## SECTION 16 – NON-OPERATION OF FLIGHT

THIS SECTION IS ONLY AVAILABLE IF **YOU** HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER

### YOU ARE COVERED FOR:

**Your** necessary additional travel and accommodation expenses **you** incur in order to reach **your** booked destination.

## WE WILL PAY:

Up to the amount shown in the Schedule of Cover in respect of necessary and unavoidable additional **irrecoverable** travel and accommodation expenses, incurred by **you** if **you** arrive at the point of international departure and/or any intermediate departure point en-route on either **your** outward or return journey and the flight on which **you** are booked, is not operating and the first available flight offered to **you** by the carrier is more than 12 hours later than **your** original scheduled time of departure.

## WE WILL NOT PAY:

1. If **your** claim arises from withdrawal of service of an aircraft on the recommendation of the Civil Aviation Authority or any similar body in any country.
2. If **your** claim arises from a **strike, adverse weather** or **industrial action** existing or known of on the date **you** purchased this insurance or at the time of booking any **trip** whichever is later.
3. If written confirmation from the carrier is not provided confirming the cancellation/non-operation of **your** original booked flight.
4. If written confirmation from the carrier is not provided giving details of the alternative flight offered to you.
5. If **you** do not have original receipts confirming the additional travel and/or accommodation costs incurred by you.
6. If **you** have made a claim under Section 11 - Travel Delay/Abandonment.

7. If **you** claim arises due to bankruptcy/liquidation of any tour operator, travel agent or transportation company.
8. For anything mentioned in the General Exclusions.

## SECTION 17 – NATURAL DISASTER (INCLUDING VOLCANIC ASH)

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF YOU HAVE SELECTED THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER WHICH AUTOMATICALLY INCLUDES NATURAL DISASTER COVER

### YOU ARE COVERED:

For Cancellation/Abandonment of **your trip** or expenses incurred if **you** are delayed or stranded on **your** return journey as a direct result of a **natural disaster** occurring after the date **you** purchased this insurance or at the time of booking any **trip** whichever is the later.

### WE WILL PAY:

1. Cancellation and Abandonment: Up to €3,000 in all for any one **holiday/trip** to reimburse **you** for the unused **irrecoverable** travel and/or accommodation costs which **you** have paid or are contracted to pay and which **you** cannot recover from any other source when **you** are prevented from travelling to their destination abroad due to:
  - a) the **public transport** on which **you** are booked to travel from **your home country** on the outbound leg of **your holiday/trip** being cancelled and not replaced or reinstated within 24 hours of its scheduled departure time or delayed by at least 24 hours from its scheduled departure time; or
  - b) the Travel Advice Unit of the Department of Foreign Affairs or the Foreign, Commonwealth and Development Office issuing a directive advising against all, or all but essential travel to **your** destination.
2. Travel Delay/Stranded Abroad:
  - a) Up to the amount shown in the Summary of Cover for meals, refreshments and telephone calls;
  - b) Up to €1,000 if **you** are stranded abroad, for reasonable costs incurred by **you** for hotel accommodation and transport between the airport and the hotel;
  - c) Up to €250 for additional pet care fees incurred if **you** are delayed for 24 hours or stranded abroad for a longer period;when the scheduled departure of the **public transport** in which **you** are booked to travel on **your holiday/trip** from or to **your home country** is delayed.

### SPECIAL CONDITIONS

1. Cover will only apply where a recognised government or public authority body, acting on behalf of such government or public authority, of the country to or from which **you** are travelling has issued a directive:
  - a) prohibiting all travel, or all but essential travel, to or from; or
  - b) recommending evacuation from;the country or specific area or **event** to which **you** were travelling provided that the directive came into force after **your holiday/trip** was booked (or after the purchase of this insurance, if later) or in the case of **curtailment** or rearrangement, **you** had left **your home country** to commence the **holiday/trip**.
2. **You** must:
  - a) check-in before the scheduled departure time shown on **your** travel itinerary; and
  - b) comply with the travel agent, tour operator and transport providers contract terms; and
  - c) maintain contact with the **public transport** operator and;
  - d) if stranded abroad:
    - i) make every reasonable effort to return to **your home country** at the earliest opportunity;
    - ii) not accept a refund from the **public transport** operator for the return leg of **your holiday/trip** to **your home country**, unless **you** can arrange an alternative method of returning to **your home country** at an earlier time than if **you** had allowed the original **public transport** operator to return **you** to **your home country**.
  - e) provide **us** with written confirmation from the operator that the **public transport** on which **you** were scheduled to travel was cancelled or delayed as a direct result of a **natural disaster**, and if appropriate, the length of the delay;
  - f) make every reasonable effort to recover the additional costs and expenses incurred from the **public transport** operator or any other available source.



## WE WILL NOT PAY:

1. Any charge or expense paid for, with, or settled, using any kind of promotional voucher or points, timeshare, property bond or points scheme or any claim for management fees, maintenance costs or exchange fees in relation to timeshares or similar arrangements.
2. Any costs incurred by **you** which are recoverable from the **public transport** operator or for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
3. Any claim for costs and/or expenses recoverable from any other source.

## SECTION 18 – BUSINESS COVER

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF **YOU** HAVE SELECTED THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER WHICH AUTOMATICALLY INCLUDES NATURAL DISASTER COVER

### YOU ARE COVERED FOR:

#### COMPANY FUNDS

**Company funds** lost or **stolen** whilst being carried on **your** person or left in a locked safety deposit box.

#### BUSINESS EQUIPMENT

**Business equipment** which is lost, **stolen**, damaged or destroyed.

#### REPLACEMENT COLLEAGUE

Travel expenses to send a colleague to replace **you** on a **business trip**, if **you** become ill or are injured while abroad and are forced to curtail or are otherwise unable to continue conducting **your** business as a result of **your** illness or injury. If **you** do not contact the **emergency assistance service**, but make **your** own arrangements to have a replacement colleague join **you**, **your** claim will be limited to €650 or the actual costs incurred, whichever is the lesser.

## WE WILL PAY:

#### COMPANY FUNDS

Up to the amount shown in the Schedule of Cover for lost or **stolen company funds**.

#### BUSINESS EQUIPMENT

Up to the amount shown in the Schedule of Cover. Claims in respect of **single articles** or a **pair or set** or articles which is/are lost, **stolen**, damaged or destroyed will be limited to the amount shown in the Schedule of Cover.

Note: In the event of a claim in respect of a **pair or set** of articles, **we** shall be liable only for the value of that part of the **pair or set** which is lost, **stolen**, damaged or destroyed.

#### REPLACEMENT COLLEAGUE

Up to the amount shown in the Schedule of Cover in respect of extra travel and accommodation costs incurred as a result of a colleague of **yours** having to replace **you** if **you** are unable to attend to the business which was the purpose of **your trip** or if **you** have to cut short **your trip** and have to return **home** due to any of the following:

1. The death, severe injury or **serious illness** of:
  - a) **You**,
  - b) A **travelling companion** or **immediate relative** of **yours**, or
  - c) A **close business associate** of **yours**.
2. **Your home** being made uninhabitable or **your** place of business being unsuitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damages, burst pipes, impact by aircraft, vehicles, animals, the police requesting **your** presence following burglary or attempted burglary at **your home** or place of business.

## WE WILL NOT PAY:

1. Any claim arising directly or indirectly from a known **pre-existing medical condition(s)** affecting **you** unless **you** have declared all **pre-existing medical condition(s)** to **us** and have acceptance from **us** in writing.
2. Any claim arising directly or indirectly from any **medical condition** affecting any **immediate relative** or **travelling companion** if:
  - a) a terminal prognosis has been received prior to the booking of the **trip** and or insurance;
  - b) they were on a waiting-list, or had knowledge of the need for surgery, inpatient treatment or investigation at any hospital or clinic at the time of booking the **trip** and/or insurance (unless **you** have purchased the Platinum Plus cover); or
  - c) during the 90 days immediately prior to the booking the **trip** and or insurance they had:
    - i) required surgery, inpatient treatment or hospital consultations (unless **you** have purchased the Platinum Plus cover) or
    - ii) required any form of treatment or more than 1 prescribed medication (unless **you** have purchased the Platinum Plus cover).
3. For additional travel and accommodation costs incurred where it is not confirmed as medically necessary that **you** were unable to attend the business which was the purpose of **your trip** and/or where a medical certificate has not been obtained from the attending **doctor** abroad confirming it is necessary to curtail the **trip**.
4. More than €650 or the actual additional travelling and accommodation costs incurred (whichever is the lesser) if **you** do not contact the **emergency assistance service** prior to arrangements being made to have a colleague replace **you** while abroad.
5. If **you** do not exercise reasonable care for the safety and supervision of **your company funds** and/or **business equipment** and/or where **you** have left them unsecured, **unattended** or beyond **your** reach at any time.
6. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or **theft of your company funds** and/or **business equipment**.
7. If **you** do not obtain a written carrier's report if **your business equipment** is lost or damaged in transit (or a Property Irregularity Report (P.I.R.) in the case of an airline.
8. For loss due to confiscation or detention by customs or other officials or authorities.
9. For loss, **theft**, damage or destruction of dentures; bonds; securities; stamps or documents of any kind,; musical instruments; typewriters; glass; china; antiques; pictures; pedal cycles; hearing aids; coupons; vehicles or accessories; boats and/or ancillary equipment.
10. For loss due to **wear, tear and depreciation**, denting or scratching, moth or vermin.
11. For loss of **valuables** left as checked-in **personal baggage**.
12. For mechanical breakdown, malfunction and/or breakage of fragile or brittle articles unless caused by fire or by **accident** to the vessel, aircraft or vehicle in which they are being carried.
13. For **business equipment stolen** from:
  - a) an **unattended** vehicle unless it was in the locked boot of the vehicle and there is evidence of forcible entry;
  - b) A vehicle left for any period between the hours of 2100hrs and 0900hrs;
  - c) A hatchback vehicle unless the **business equipment** was in the locked boot of the vehicle, below the rear parcel shelf and out of sight.
14. For any shortages due to error, omission or depreciation in value.
15. For claims for lost or **stolen business equipment** unless a receipt (or other acceptable evidence) for the purchase of the original goods is produced.
16. For additional travelling and accommodation costs incurred in a colleague replacing **you** abroad, which are not authorised by **us**.
17. If **you** fail to produce an estimate of repair from a reputable dealer confirming the estimated cost of repair for damaged or destroyed good (salvage to be retained until claim completed).
18. For anything mentioned in the General Exclusions.

## SECTION 19 – GOLF COVER

GOLF COVER IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER.

### SECTION 19A- GOLF EQUIPMENT

#### LOSS, THEFT OR DAMAGE WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the value or repair of **golf equipment** (after making proper allowance for **wear, tear and depreciation**). Claims will be limited to €250 in respect of a single club and/or other items of **golf equipment** that are lost, **stolen**, damaged or destroyed.

Note: In the event of a claim in respect of a set of golf clubs, **we** shall only be liable for the value of that part of the set which, is lost, **stolen**, damaged or destroyed.

#### DELAY

If **your golf equipment** is delayed reaching **you** on **your** outward journey for at least 12 hours and for which **you** have written confirmation from the carrier or tour operator, **we** will pay a benefit per day up to the amount shown in the Schedule of Cover towards the cost of hiring alternative **golf equipment**. If **your golf equipment** is permanently lost or **stolen** any amount payable will be deducted from the total claim.

#### IMPORTANT NOTICE:

Under European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** carrier if **your** checked-in luggage is damaged or lost by an EU airline; **you** must claim compensation from the carrier within seven days. If **your** checked-in luggage is delayed, **you** must claim compensation from the carrier within 21 days of its return.

#### WE WILL NOT PAY

1. If **you** do not exercise reasonable care for the safety and supervision of **your golf equipment** and/or where **you** have left them unsecured, **unattended** or beyond **your** reach at any time.
2. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or **theft of your golf equipment**.
3. If **you** do not obtain a written carrier's report if **your golf equipment** is lost or damaged in transit (Property Irregularity Report (P.I.R.) in the case of an airline or carrier).
4. For loss due to confiscation or detention by customs or other officials or authorities.
5. For loss, destruction, damage or **theft** due to **wear, tear and depreciation**, denting or scratching, moth or vermin.
6. For any additional value an item of **golf equipment** may have because it is part of a pair or a set.
7. For **golf equipment stolen** from:
  - a) An **unattended** vehicle unless it was in the locked boot of the vehicle and there is evidence of forcible entry;
  - b) A hatchback vehicle unless the **golf equipment** was in the locked boot of the vehicle, below the rear parcel shelf and out of sight and there is evidence of forcible entry;
  - c) A vehicle left for any period between 2100hrs and 0900hrs regardless of where it was left in the vehicle.
8. If **you** fail to produce an estimate of repair from a reputable dealer confirming the estimated cost of repair for damaged or destroyed good (salvage to be retained until claim completed)
9. For anything mentioned in the General Exclusions.

## SECTION 19B- GREEN FEES CANCELLATION OR CURTAILMENT

### YOU ARE COVERED FOR:

The value of the unused portion of **your** prepaid green fees, paid for prior to departure.

### WE WILL PAY:

**You** up to the amount shown in the Schedule of Cover in respect to prepaid **irrecoverable** green fees if cancellation of **your trip** is necessary and unavoidable due to a valid claim under either Section 1 - Cancellation or Section 2 - Curtailment of this policy.

### WE WILL NOT PAY:

1. Claims where a medical certificate has not been obtained from the attending **doctor** confirming it is necessary to curtail or cancel the **holiday/trip**.
2. For anything arising directly or indirectly from the following causes:
  - a) Prohibitive regulations by the government of any country;
  - b) Any circumstances known to **you** likely to cause cancellation prior to booking of this insurance.
3. For anything mentioned in sub-section WHAT WE WILL NOT PAY under Section 1 - Cancellation, Section 2 - Curtailment and anything mentioned in section General Exclusions Applicable to All Sections of the Policy.

Note: If **you** have to curtail **your holiday/trip** for an insured reason, **you** must contact the **emergency assistance service** who will arrange for **your** repatriation to **your home country**.

### DELAYED ARRIVAL

#### WE WILL PAY:

Up to the amount shown in the Schedule of Cover in respect of prepaid green fees if **your** arrival at **your** final destination is delayed for more than 12 hours because of **strike**, riot, civil commotion, **accident**, mechanical breakdown of the **public transport you** are travelling on or **adverse weather** conditions as a result of which **you** are unable to utilise the prepaid green fees on the day of **your** arrival.

#### WE WILL NOT PAY:

1. If **you** do not obtain written confirmation from the carrier or tour operator, confirming the delay and stating the cause.
2. For anything mentioned in WHAT WE WILL NOT PAY under Section 11 - Travel Delay and in the General Exclusions Applicable to All Sections of the Policy.

### GOLF COURSE CLOSURE

#### WE WILL PAY:

The amount per each full day if the course **you** have prepaid green fees for is closed due to **adverse weather** conditions up to the limit as shown in the Schedule of Cover.

#### WE WILL NOT PAY:

1. If the course closure, the prepayment of green fees and the fact of there being no credit allowed, is not certified by the secretary/manager of the club in respect of which the green fees have been prepaid.
2. If the club has allowed a credit in respect of the unused green fees or has rebooked a tee time for **you**.
3. For anything mentioned in the General Exclusions.

## SECTION 19C- HOLE IN ONE

### YOU ARE COVERED FOR:

Up to the amount shown in the Summary of Cover in the event of **your** scoring a hole-in-one during **your holiday/trip**.

### WE WILL NOT PAY:

1. If **you** are not a member of a recognised golf club affiliated to a National Golfing Union and hold an official National Golfing Union Handicap.
2. If **you** do not have **your** scorecard signed by **your** playing partner(s), who must be members of a National Golfing Union.
3. If the golf course at which the hole-in-one is scored is not affiliated to the Golfing Union of the country in which it is located.
4. If **your** scorecard is not countersigned by the secretary/manager of the club at which the hole in-one has been scored.
5. If temporary greens and/or tee boxes are in use.
6. For anything mentioned in the General Exclusions.

## SECTION 20- WINTER SPORTS COVER

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF **YOU** HAVE SELECTED THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER WHICH AUTOMATICALLY INCLUDES **WINTER SPORTS COVER**. **WINTER SPORTS** IS NOT AVAILABLE ON THE GOLD COVER

### SECTION 20A- SKI EQUIPMENT

#### YOU ARE COVERED FOR:

The loss, **theft**, damage or destruction of **ski equipment** belonging to **you** or hired by **you**.

#### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen for the value or repair of **ski equipment** (after making proper allowance for **wear, tear and depreciation**) if owned by **you** or up to €200 if the **ski equipment** has been hired by **you**.

Note: In the event of a claim in respect of a **pair or set** of articles, **we** will only be liable for the value of that part of the **pair or set** which is lost, **stolen**, damaged or destroyed. Skis are covered when locked to a roof rack, which is itself locked to the roof of a vehicle.

#### WE WILL NOT PAY:

1. If **you** do not exercise reasonable care for the safety and supervision of **your ski equipment** or **ski equipment** hired by you.
2. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or **theft** of the **ski equipment**.
3. If **you** do not obtain a written carrier's report if **your ski equipment** is lost or damaged in transit (or a Property Irregularity Report in the case of an airline).
4. If **you** do not have receipted evidence if the **ski equipment** has been hired by **you**.
5. For loss, **theft**, damage or destruction by customs or other officials or authorities.
6. For damage due to **wear, tear and depreciation**.
7. For **ski equipment stolen** from:
  - a) An **unattended** vehicle unless it was in the locked boot or for vehicles without a separate boot, locked in the vehicle and covered from view and there is evidence of forcible entry to the vehicle confirmed by a police report;
  - b) A vehicle left for any period between 2100hrs and 0900hrs regardless of where it is located in the vehicle.
8. If **you** fail to produce an estimate of repair from a reputable dealer confirming the estimated cost of repair for damaged or destroyed good (salvage to be retained until claim completed)
9. For anything mentioned in the General Exclusions.

## SECTION 20B- SKI PACK

### YOU ARE COVERED FOR:

The proportional amount of **irrecoverable** pre-paid charges that **you** have paid or contracted to pay for **ski equipment** hire, lift passes and ski school costs.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** are necessarily prevented from skiing for more than 48 hours following **your** injury or illness during the period of **your holiday/trip**.

### WE WILL NOT PAY:

1. Anything mentioned in WHAT WE WILL NOT PAY in Section 4 - Medical Expenses.
2. For anything mentioned in the General Exclusions.

## SECTION 20C- SKI HIRE

### YOU ARE COVERED FOR:

The cost of necessary hire of **ski equipment**.

### WE WILL PAY:

Up to the amount shown in the Schedule of Cover for the cover level **you** have chosen if **you** are deprived of **your own ski equipment** following:

1. Loss or damage to it;
2. It being misdirected or delayed in transit resulting in **your** being deprived of the use of **your ski equipment** for 12 hours or more on **your** outward journey and being unable to ski as a result.

### WE WILL NOT PAY:

1. If **you** do not retain all hire receipts in respect of the hire of alternative **ski equipment**.
2. If **you** do not obtain a written carrier's report if **your ski equipment** is lost or damaged in transit (or a Property Irregularity Report (P.I.R.) in the case of an airline).
3. If **you** do not exercise reasonable care for the safety and supervision of **your ski equipment** or **ski equipment** hired by you.
4. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or **theft** of the **ski equipment**.
5. If **you** fail to produce evidence of the damage to **your ski equipment** from a reputable dealer
6. For anything mentioned in the General Exclusions.

## SECTION 20D- PISTE CLOSURE

### YOU ARE COVERED FOR:

The total closure of all ski facilities in **your** resort due to **adverse weather** conditions.

### WE WILL PAY:

A benefit per day, up to €40, for transportation costs to the nearest resort where there are adequate snow conditions or compensation per day in the event of there being no suitable resort available.

### WE WILL NOT PAY:

1. If **you** are able to obtain compensation in respect of:
  - a) Total closure of skiing facilities in **your** resort from any other source, or:
  - b) If the total closure of the skiing facilities in **your** resort is not certified by a representative of the tour operator or of the management of the resort visited.
2. If the closure of the piste is due to avalanche danger, **strike** or closure of the lift system.
3. For anything mentioned in the General Exclusions.

## SECTION 20E- AVALANCHE COVER

### YOU ARE COVERED FOR:

Additional travel and accommodation expenses necessarily incurred if the outward or return journey is delayed beyond the scheduled arrival time as a direct result of avalanche, subject to the delay in arrival being of at least 12 hours.

### WE WILL PAY:

€25 for each full 12 hour period, up to the maximum shown in the Schedule of Cover.

### WE WILL NOT PAY:

1. If a claim has been submitted under Section 1 - Cancellation or Section 2 - Curtailment.
2. For anything mentioned in the General Exclusions.

## SECTION 21- EVENT CANCELLATION

### THIS SECTION IS OPTIONAL

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF YOU HAVE CHOSEN THE EVENT CANCELLATION OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON **YOUR** CERTIFICATE OF INSURANCE.

### YOU ARE COVERED FOR:

Section 1 - Cancellation and Section 2 - Curtailment which is extended to include up to the amount shown in the Schedule of Cover in respect of **your** part of the pre-paid travel accommodation and entrance fees, which are **irrecoverable** from any other source, following the cancellation of a specific **event** which was the principle reason for **your** booked **trip** as a direct or indirect result of one of the reasons listed below, which were not announced or known prior to the date **you** purchased this insurance or at the time of booking any **trip** whichever is later:

### WE WILL PAY:

1. For the closure of the venue or denial of access to the venue by order of the applicable authority.
2. For the closure of the venue or denial of access to the venue due to fire, explosion, lightning and impact by aircraft or failure of the main power supply.
3. For cancellation of the **event** due to the bankruptcy of the organisers.
4. For the non-appearance of the named leading performer in the **event** and non-acceptability of any substitute.
5. For the Irish Government advising **against travel or all but essential travel** to the country or area where the **event** is due to take place.
6. For the cancellation of the **event** due to **adverse weather** conditions, **war**, **strike** or civil commotion prior to start of travel.

### WE WILL NOT PAY:

1. If the **event** is rescheduled to take place within 24 hours of the original date and time as originally published.
2. If the cancellation of the **event** is caused by or relating to **COVID**, nor will **we** cover any **event** cancellation relating to any fear or threat of **COVID**.
3. For anything mentioned in the General Exclusions Applicable to All Sections of the Policy. All other terms, conditions and exclusions of Section 1 - Cancellation and Section 2 - Curtailment apply to this endorsement, as do the general terms, conditions and exclusions of the Fairsure policy.

## SECTION 22- CRUISE COVER

THIS SECTION IS OPTIONAL

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF **YOU** HAVE CHOSEN THE CRUISE COVER OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON **YOUR CERTIFICATE OF INSURANCE**.

### SECTION 22A – MISSED PORT DEPARTURE

#### YOU ARE COVERED FOR:

The amount shown in the Schedule of Cover for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching the next available embarkation point of **your cruise** itinerary if **you** fail to arrive at the original embarkation point in time to board the **cruise** ship on which **you** are booked to travel, or **your** failure to disembark at the original disembarkation place and time to reach **your** international flight departure point, as a direct result of:

1. The failure of scheduled **public transport**; or
2. **Strike, industrial action** or **adverse weather** conditions.

#### SPECIAL CONDITIONS RELATING TO CLAIMS:

**You** must allow sufficient time for the scheduled **public transport, cruise** ship or other transport to arrive on schedule and to deliver **you** to **your** embarkation point or international departure point. This is at **our** discretion.

#### WE WILL NOT PAY:

1. The **excess** as shown in the Schedule of Cover, unless **you** have chosen the Platinum or Platinum Plus level cover or purchased the excess waiver option.
2. Claims arising directly or indirectly from:
  - a) **Adverse weather, strike** or **industrial action** or air traffic control delay existing or publicly declared by the date this insurance is purchased by **you** or the date **your trip** was booked whichever is the later.
  - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any such regulatory body in a country to/from which **you** are travelling.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Additional expenses where **your** planned arrival time at the port is less than 3 hours in advance of the sail departure time if you are travelling independently and not part of an integrated **cruise** package.
5. Anything mentioned in the General exclusions.

### SECTION 22B – CABIN CONFINEMENT

#### YOU ARE COVERED FOR:

The amount shown in the Schedule of Cover for each full 24 hour period that **you** are confined by the ships medical officer to **your** cabin due to **your** illness or injury during the period of the **trip**.

**You** may claim only under Section 5 - Medical Inconvenience Benefit or Section 22B - Cabin Confinement for the same event, not both.

#### WE WILL NOT PAY:

1. For any confinement to **your** cabin which has not been confirmed in writing by the ships medical officer.
2. For anything listed in sub-section WE WILL NOT PAY under Section 4 - Medical Expenses.
3. For anything mentioned in the General exclusions.

### SECTION 22C- ITINERARY CHANGE

#### YOU ARE COVERED FOR:

The amount shown in the Schedule of Cover for each missed port in the event of cancellation of a scheduled port visit due to **adverse weather** or timetable restrictions. This must be confirmed by the **cruise** operator in writing confirming the reason for the missed port.



## WE WILL NOT PAY:

1. For claims arising from a missed port caused by **strike** or **industrial action** if the **strike** or **industrial action** was notified at the time that the insurance was purchased.
2. For **your** failure to attend the excursion as per **your** itinerary.
3. For claims arising from when **your** ship cannot put people ashore due to a scheduled tender operation failure.
4. For anything mentioned in the General exclusions.

## SECTION 22D – UNUSED EXCURSIONS

### YOU ARE COVERED FOR:

The amount shown in the Schedule of Cover for the cost of pre-booked excursions, which **you** were unable to use as a direct result of being confined to **your** own cabin due to an **accident** or illness which is covered under Section 4 - Medical Expenses.

### WE WILL NOT PAY:

1. The **excess** as shown in the Schedule of Cover, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. Anything listed in WE WILL NOT PAY under Section 4 - Medical Expenses.
3. Anything mentioned in the General Exclusions.

## SECTION 22E – CRUISE INTERRUPTION

### YOU ARE COVERED FOR:

The amount shown in the Schedule of Cover for additional travel expenses incurred to reach the next port in order to re-join the **cruise**, following **your** temporary illness requiring hospital treatment on dry land.

### WE WILL NOT PAY:

1. The **excess** as shown in the Schedule of Cover, unless **you** have chosen the Platinum or Platinum Plus levels of cover or purchased the excess waiver option.
2. Claims where less than 25% of the **trip** duration remains.
3. Anything listed in WE WILL NOT PAY under Section 4 - Medical Expenses.
4. Anything mentioned in the General Exclusions.

## Special Conditions Relating to Claims

Under this policy **you** must:

1. Prior to arranging any additional travel, contact **us** so that **we** can approve and assist with any travel arrangements. **You** must also obtain a medical certificate from the **medical practitioner** in attendance to confirm the details of **your** unforeseen illness or injury.
2. If, at the time of requesting **our** assistance in the event of an interruption claim, satisfactory medical evidence is not supplied in order to substantiate that the claim is due to **your** unforeseen illness or injury, **we** will make all necessary arrangements at **your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

## SECTION 23- MISSED PORT DEPARTURE

THIS SECTION IS OPTIONAL

THE FOLLOWING BENEFITS ARE ONLY AVAILABLE IF **YOU** HAVE CHOSEN THE MISSED PORT DEPARTURE OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON **YOUR CERTIFICATE OF INSURANCE**.

### YOU ARE COVERED FOR:

The amount shown in the Schedule of Cover for reasonable additional onward travel expenses and accommodation (room only) necessarily incurred in reaching the next available embarkation point of **your cruise** itinerary if **you** fail to arrive at the original embarkation point in time to board the **cruise** ship on which **you** are booked to travel or **your** failure to disembark at the original disembarkation place and time to reach **your** international flight departure point, as a direct result of:

1. The failure of any scheduled **public transport**; or
2. The failure of **your** booked **cruise** ship; or
3. **Strike, industrial action** or **adverse weather** conditions.

### SPECIAL CONDITIONS RELATING TO CLAIMS

**You** must allow sufficient time for the scheduled **public transport, cruise** ship or other transport to arrive on schedule and to deliver **you** to **your** embarkation point or international departure point. This is at **our** discretion.

### WE WILL NOT PAY

1. Claims arising directly or indirectly from:
  - a) **Strike, industrial action**, air traffic control delay or **adverse weather** conditions or air traffic control delay existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip** whichever is later.
  - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Irish Aviation Authority or a Port Authority or any similar body in any country.
2. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements If written confirmation from the carrier is not provided confirming the reason and length of delay incurred.
3. Any delay caused by quarantine on the **cruise** ship due to contagious disease.
4. Anything mentioned in the general exclusions.

### IMPORTANT NOTICE

Under the European Union (EU) travel regulations, **you** are entitled to claim compensation from **your** carrier if **your** flight is cancelled or delayed for a specified period. The carrier must offer **you** financial compensation. **You** must notify the carrier or travel agent immediately **you** know the **trip** is to be cancelled, to minimise **your** loss as far as possible. If **you** fail to notify the carrier or travel agent immediately it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had such failure not occurred.

## WHAT TO DO IN THE CASE OF MEDICAL EMERGENCY

In the event of a medical emergency or if **you** need to return **home** early, **you** must contact the **emergency assistance service** as soon as possible. Details of how to contact them are shown below.

The emergency assistance provided for **you** by this insurance is operated by the **emergency assistance service**.

### IN THE CASE OF A MEDICAL EMERGENCY PLEASE CONTACT

#### EMERGENCY ASSISTANCE SERVICE

24 hour worldwide medical & **emergency assistance service**. If **you** need emergency medical treatment, need to go to hospital or need to return **home** earlier than planned.

Telephone: +44 1733 224 875

The **emergency assistance service** may be able to guarantee costs on **your** behalf. When contacting the **emergency assistance service** please tell them **you** have Accident & General Travel Insurance Fairsure and give them **your** policy number, along with a telephone number where **you** can be contacted.

Note: **You** must retain receipts for medical expenses and any additional costs incurred. **You** are responsible for any policy **excess**, which should be paid by **you** at the time of treatment, unless you have purchased the Platinum or Platinum Plus levels of cover.

If **you** need medical treatment, **you** must contact the **emergency assistance service** immediately. Failure to do so could mean **we** will reduce the amount **we** pay for medical expenses.

### REPATRIATION OF PATIENTS

If **you** have to return to **your home country** under Section 4 - Medical Expenses, **you** must contact the **emergency assistance service**. If **you** do not, this could mean that **we** will not provide cover or **we** may reduce the amount **we** pay for **your** return to **your home country**. **We** reserve the right to repatriate **you** should **our** medical advisors consider **you** fit to travel.

## HOW TO MAKE A CLAIM

Claim forms can be obtained by requesting them from:

White Horse Insurance Ireland dac,  
Rineanna House,  
Shannon Free Zone,  
Shannon,  
Co. Clare

Telephone: +353 1 5337352

Email: [claims@white-horse.ie](mailto:claims@white-horse.ie)

Return **your** completed claim form, remembering to keep a copy for **your** records, to either [claims@white-horse.ie](mailto:claims@white-horse.ie) or Whitehorse Insurance Ireland dac, Rineanna House, Shannon Free Zone, Shannon, Co. Clare, together with all original documentation required below:

- **Your certificate of insurance**
- Confirmation of booking
- Original receipts in respect of medical expenses or **personal baggage**
- Original medical reports as appropriate
- Proof of ownership in respect of claims for lost/**stolen personal baggage**, tickets, etc.
- Police report (obtained within 24 hours of discovery) in the event of **theft** of personal property
- Evidence of delay in the event of a claim under Section 11 - Travel Delay or Section 12 - Missed Departure/Flight Connection
- Other evidence as appropriate to **your** claim including the specific information requested on the claim form

## COMPLAINTS PROCEDURE

It is the intention to give **you** a high level of service at all times, but if **you** do have any questions or concerns about this insurance or the handling of a claim, **you** should follow the Complaints Procedure below:

### IF YOUR COMPLAINT IS ABOUT THE SALE OF THE POLICY

Please contact **your** agent who arranged the insurance on **your** behalf at:

Customer Service Department,  
Accident & General Insurance Services Ltd.  
20 Harcourt Street, Dublin,  
D02 H364  
Telephone: +353 (1) 874 8458  
E-mail: [sales@accidentgeneral.ie](mailto:sales@accidentgeneral.ie)

### IF YOUR COMPLAINT IS ABOUT A CLAIM

Please contact White Horse Insurance Ireland dac in writing at:

The Customer Experience Manager  
White Horse Insurance Ireland dac  
Rineanna House  
Shannon Free Zone  
Shannon  
County Clare  
Republic of Ireland  
V14 CA36  
Email: [complaints@white-horse.ie](mailto:complaints@white-horse.ie)

If it is not possible to reach an agreement, **you** have the right to make an appeal to the Financial Services and Pensions Ombudsman (FSPO) in **Ireland**. **You** may contact the FSPO at:

Financial Services and Pensions Ombudsman,  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29  
Telephone: +353 1 567 7000  
Email: [info@fspoi.ie](mailto:info@fspoi.ie)

**Your** statutory rights are not affected if **you** choose to follow any of the complaint's procedures above. For further information about **your** statutory rights, contact **your** local authority Trading Standards Service or Citizens Advice Bureau.

## COOLING OFF- Policy Cancellation Provisions

If **you** decide that for any reason, this policy does not meet **your** insurance needs, then please return it to **your** agent within 14 days from the day of purchase or the day on which **you** receive **your** policy documentation, whichever is later. On the condition that **you** have not travelled, and no claims have been made or are pending, **we** will refund **your** premium in full. Thereafter, **you** may cancel the insurance cover at any time by informing **your** agent, however no refund of premium will be payable.

The insurer is not bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** last known address. Valid reasons may include, but are not limited to,:

- a) Fraud;
- b) Non-payment of premium;
- c) Threatening and abusive behaviour; and
- d) Non-compliance with policy terms and conditions.

## DATA PROTECTION

White Horse Insurance Ireland dac holds **your** personal information in accordance with all applicable data protection laws.

To administer **your** policy White Horse Insurance Ireland dac will collect and use information about **you** provided by **you**. This notice applies to anyone who is insured under this travel insurance policy and whose personal information may be processed for the provision of insurance and related services.

Personal information may be used by **us** for the purposes of administering **your** policy including decision making on provision of insurance cover, underwriting, processing and claims handling. **We** may also use **your** personal information for other related matters such as customer service, analysis, complaints handling and the detection and prevention of crime. The information **you** have supplied may be passed to other insurers and reinsurers for underwriting and claims purposes or to other third-party service providers used by **us** in fulfilling **your** insurance contract.

**We** may send **your** personal information in confidence to other companies who provide services to **us** for processing and storage. This may mean sending information to countries outside of the United Kingdom, European Union or European Economic Area that may not have the same levels of privacy legislation as in the United Kingdom, European Union or European Economic Area. When **we** do this, **we** will ensure that **we** transfer the data securely and accordingly to regulatory requirements.

**You** have various rights in relation to personal information that is held by **us**, including the right to request access to **your** personal information, the right to correct inaccurate personal information or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

This notice explains certain aspects of how **we** use **your** information and what rights **you** have in relation to **your** personal information, however, **you** can obtain more information about how **we** use **your** data by reviewing **our** full privacy policy. **Our** privacy policy is available to read on **our** website [www.whitehorseinsurance.eu](http://www.whitehorseinsurance.eu).

**Your** data will be treated in accordance with **our** privacy policy.