FAIRSURE TRAVEL INSURANCE

SINGLE & MULTI TRIP / HANDBOOK - YOUR COVER

REV 20102021

accident & general

FAIRSURE TRAVEL INSURANCE

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MEDICAL WARRANTY

AT THE TIME OF BOOKING AND AT THE TIME OF STARTING YOUR TRIP, YOU (OR ANYONE INSURED ON THIS POLICY) MUST BE:

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

IF YOU ANSWER YES TO THE FOLLOWING QUESTION AND WISH YOUR MEDICAL CONDITION TO BE COVERED YOU MUST CONTACT ACCIDENT & GENERAL TO COMPLETE A MEDICAL SCREENING.
TELEPHONE : ROI (091) 501645 or **UK/NI** (028) 956 80133

	YES	NO
Q. At the time of taking out this policy and/or booking of a trip, have you been prescribed medication (including repeat prescriptions), received treatment or attended a G.P. or hospital as an outpatient or inpatient in the last 2 years?	☐	☐

The following exclusions apply to all Insured Persons at the time of taking out this cover or at the time of booking the Trip :

- 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 result of any tests or investigations
- If you have been diagnosed as having a terminal illness, this policy is NOT suitable for you and we cannot offer you cover.

You do not have to declare your condition if it is mentioned on the waived conditions list on pages 9 & 10 if it is the only one you have and is well controlled as long as you have been fully discharged from any post-operative follow up and any and all ongoing treatment or investigation.

Cover for cancellation or curtailment claims due to an immediate relative, travelling companion or close business associate's pre-existing medical condition is only available on Platinum Plus
Terms and conditions apply. Refer to Health of immediate relatives, travelling companions,close business associates and any person you are planning to stay with on pages 7, 8 & 9.

IMPORTANT

- It is **your** responsibility to review the answer to the medical question asked and if **you** are in any doubt or it is incorrect, **you** must contact Accident & General Medical Screening. The answers given form part of **your** insurance certificate.
- If someone has answered the above questions on **your** behalf, it is **your** responsibility to ensure that the answer given is correct and accurate. Any claim arising will be treated as such.
- If **you** fail to disclose a condition or if **your** answers to the medical questions are incorrect, this may result in **your** claim being turned down and **your** policy being invalid.
- No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** and known to **you** will be covered unless:

  a) **You** have declared all **pre-existing medical conditions** to **us**; and

  b) **You** have declared any changes in **your** health or prescribed medication; and
  c) **We** have accepted the condition(s) for insurance in writing; and
  d) **You** have paid any additional premium required.

FAIRSURE SINGLE / MULTI TRIP – SCHEDULE OF COVER (EURO)					
No.	SECTION	GOLD	GOLD EXCESS	PLATINUM (No Excess)	PLATINUM PLUS (No Excess)
1	Cancellation	€4,000	€100 (Single Trip) €25 Loss of Deposit	€7,500	€10,000
	Airline Cancellation / Tax Fees	€100		€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	N/C	N/C	€450	€450
5	Medical Inconvenience Benefit	€25 per day up to €400	€0	€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	€100		€100 1st 12 hour, €50 each 12 hours thereafter up to €200	€100 1st 12 hour, €50 each 12 hours thereafter up to €250
	Money Limit	€150		€400	€500
7	Personal liability (Per Policy)	€2,500,000	€0	€2,500,000	€2,500,000
8	Personal Assistance	€250	€0	€250	€250
9	Lost / Stolen Travel Tickets	€500	€75	€500	€1,000
10	Lost Passport Expenses	€400	€0	€400	€500
11	Travel Delay	€25 1st 12 hour, €15 each 12hours thereafter up to €150		€25 1st 12 hour, €15 each 12 hours thereafter up to €150	€25 1st 12 hour, €15 each 12 hours thereafter up to €150
	Abandonment	€4,000	€0	€7,500	€10,000
12	Missed Departure / Connection	€500	€0	€500	€1,000
13	Hijack	€50 per day up to €500	€0	€50 per day up to €500	€100 per day up to €1000
14	Catastrophe	€1,000	€100	€1,000	€1,000
15	Government Travel Advice	€1,250	€0	€1,250	€2,000
16	NON-OPERATION OF FLIGHT	N/C	N/C	€1,000	€1,000
17	NATURAL DISASTER				
17a	Natural Disaster (inc volcanic ash)	N/C	N/C	€3,000	€3,000
18	BUSINESS COVER				
18a	Company Funds	N/C	N/C	€650	€1,000
18b	Business Equipment	N/C	N/C	€1,250	€1,500
18c	Single Article Limit	N/C	N/C	€500	€750
18d	Replacement Colleague	N/C	N/C	€2,500	€5,000
19	Golf Cover				
19a	Golf Equipment	N/C	N/C	€1,250	€2,000
19b	Green Fees	N/C	N/C	€350	€350
19c	Hole in One	N/C	N/C	€200	€200
20	Winter Sports				
20a	Ski Equipment	N/C	N/C	€500	€750
20b	Ski Pack	N/C	N/C	€350	€500
20c	Ski Hire	N/C	N/C	€250	€250
20d	Piste Closure	N/C	N/C	€400	€400
20e	Avalanche Closure	N/C	N/C	€125	€125
OPTIONAL EXTRAS					
21	Event Cancellation	€2,000	€0	€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	NA	€25 per day up to €1,000	€25 per day up to €1,000
22c	Itinerary Change	€100 per port up to €500	NA	€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	€0	€750	€750
24	Excess Waiver	Optional	€0	included	included

KEY N/C means "Not Covered"

FAIRSURE SINGLE / MULTI TRIP – SCHEDULE OF COVER (GBP)					
No.	SECTION	GOLD	GOLD EXCESS	PLATINUM (No Excess)	PLATINUM PLUS (No Excess)
1	Cancellation	£2,500	£60 (Single Trip) £25 Loss of deposit	£5,500	£7,500
	Airline Cancellation / Tax Fees	£100		£100	£100
2	Curtailment	£2,500	£60	£5,000	£7,500
3	Personal Accident	£7,500	NIL	£20,000	£30,000
4	Medical Expenses	£3,000,000	£60	£5,000,000	£6,500,000
	Dental Treatment	N/C	N/C	£350	£350
5	Medical Inconvenience Benefit	£20 per day up to £300	£0	£20 per day up to £500	£20 per day up to £650
6	Baggage	£1,000	£60	£1,500	£2,000
	Single Article Limit	£125		£250	£350
	Valuables Limit	£150		£400	£500
	Delay	£60		£60 1st 12 hour, £30 each 12 hours thereafter up to £120	£60 1st 12 hour, £30 each 12 hours thereafter up to £150
	Money Limit	£125		£300	£350
7	Personal liability (Per Policy)	£2,000,000	£0	£2,000,000	£2,000,000
8	Personal Assistance	£250	£0	£250	£250
9	Lost / Stolen Travel Tickets	£400	£50	£400	£650
10	Lost Passport Expenses	£300	£0	£300	£350
11	Travel Delay	£15 1st 12 hour, £10 each 12 hours thereafter up to £100		£15 1st 12 hour, £10 each 12 hours thereafter up to £100	£15 1st 12 hour, £10 each 12 hours thereafter up to £100
	Abandonment	£2,500	£0	£5,500	£7,500
12	Missed Departure / Connection	£400	£0	£400	£650
13	Hijack	£40 per day up to £400	£0	£40 per day up to £400	£40 per day up to £650
14	Catastrophe	£600	£60	£600	£600
15	Government Travel Advice	£1,000	£0	£1,000	£1,200
16	Non-Operation of flight	N/C	N/C	£600	£600
17	Natural Disaster				
17a	Natural Disaster (inc volcanic ash)	N/C	N/C	£3,000	£3,000
18	Business Cover				
18a	Company Funds	N/C	N/C	£500	£650
18b	Business Equipment	N/C	N/C	£1,000	£1,000
18c	Single Article Limit	N/C	N/C	£400	£500
18d	Replacement Colleague	N/C	N/C	£2,000	£3,500
19	Golf Cover	N/C	N/C		
19a	Golf Equipment	N/C	N/C	£1,000	£1,200
19b	Green Fees	N/C	N/C	£250	£250
19c	Hole in One	N/C	N/C	£150	£150
20	Winter Sports	N/C	N/C		
20a	Ski Equipment	N/C	N/C	£400	£500
20b	Ski Pack	N/C	N/C	£250	£350
20c	Ski Hire	N/C	N/C	£200	£250
20d	Piste Closure	N/C	N/C	£300	£300
20e	Avalanche Closure	N/C	N/C	£100	£100
OPTIONAL EXTRAS					
21	Event Cancellation	£1,500	£0	£1,500	£1,500
22	Cruise Cover				
22a	Missed Port Departure	£ 1,000	£ 100	£ 1,000	£ 1,000
22b	Cabin Confinement	£25 per day up to £1,000	NA	£25 per day up to £1,000	£25 per day up to £1,000
22c	Itinerary Change	£100 per port up to £500	NA	£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	£0	£750	£750
24	Excess Waiver	Optional	£0	included	included

KEY N/C means "Not Covered"

You are only covered for taking part in any sports or activities if they are listed below and the appropriate policy level has been purchased.

KEY : G Fairsure Gold P Fairsure Platinum P+ Fairsure Platinum Plus

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 for **personal liability** cover Section 7 whilst partaking in any of these activities :

SCHEDULE OF HAZARDOUS ACTIVITIES

ACTIVITY	POLICY	ACTIVITY	POLICY
4x4 Off-roading (Within organiser's guidelines. No liability cover)	**G, P, P +**	Dancing (Including instruction)	**G, P, P +**
Abseiling	**P, P +**	Deep-sea fishing (Provided you are with a professional fisherman)	**G, P, P +**
Aerial Safari (Chartered aircraft and organised excursion)	**G, P, P +**	Dragon boat racing	**P, P +**
Aerial tram	**G, P, P +**	Dry slope skiing	**G, P, P +**
Aerobics	**G, P, P +**	Duathlon/Triathlon	**P, P +**
Air travel (Other than as a fare paying passenger on a regular scheduled airline or licensed charter aircraft)	**No Cover**	Dune bashing (Within organiser's guidelines, no **personal liability** cover)	**P, P +**
Air boarding	**G, P, P +**	Electric scooter (must wear a helmet)	**P, P+**
Amateur athletics	**G, P, P +**	Elephant riding	**G, P, P +**
American football	**P, P +**	Expeditions (Other than those packaged by a recognised tour operator)	**No Cover**
Angling	**G, P, P +**	Falconry	**G, P, P +**
Archaeological digging	**G, P, P +**	Fell walking / Running (Up to 3,000 metres above sea level, not using picks or ropes)	**G, P, P +**
Archery (Provided it is properly supervised)	**G, P, P +**	Fencing	**P, P +**
Assault course	**P, P +**	Fives	**G, P, P +**
Badminton	**G, P, P +**	Flying (As passenger in a private plane, helicopter or light aircraft up to 12 hours, no **personal liability** cover)	**P, P +**
Banana boating (Only as a passenger with no right of control)	**G, P, P +**	Flying fox (cable car)	**P, P +**
Baseball	**P, P +**	Frisbee	**G, P, P +**
Basketball	**G, P, P +**	Gaelic games	**G, P, P +**
Battle re-enactment	**G, P, P +**	Gliding (Excluding crewing and piloting)	**P, P +**
Beach games	**G, P, P +**	Go-karting (up to 120cc) (Provided properly supervised and organised)	**G, P, P +**
Big-game hunting	**No Cover**	Go- karting (over 120cc) (Provided properly supervised and organised)	**P, P +**
Billiards / Snooker / Pool	**G, P, P +**	Golf	**G, P, P +**
Blokarting (No liability cover)	**P, P +**	Grass skiing	**P, P +**
Body boarding / Boogie boarding	**G, P, P +**	Gymnastics	**G, P, P +**
Bowls	**G, P, P +**	Handball	**G, P, P +**
Breathing Observation Bubble (BOB)	**P, P +**	Hang–gliding	**No Cover**
Bridge Climb / Walk (Within organiser's guidelines)	**G, P, P +**	High diving (Under 5 Meters and excluding cliff diving)	**P, P +**
Bungee- jumping	**P, P +**	Hiking / Trekking (up to 3,000 metres above sea level) (No Picks or Ropes)	**G, P, P +**
Camel riding	**P, P +**	Hiking / Trekking (up to 6,000 metres above sea level) (No Picks or Ropes)	**P, P +**
Camp America Counsellor	**G, P, P +**	Hockey	**G, P, P +**
Canoeing / Rafting (In calm waters - not sea)	**G, P, P +**	Horse-riding or Pony-trekking on a casual basis (Excluding competition/ jumping. Must wear a helmet)	**P, P +**
Canoeing in white waters	**P, P +**	Hot-air ballooning (As part of an organised excursion)	**P, P +**
Canopy walking	**G, P, P +**	Hoverboard (must wear a helmet)	**P, P+**
Clay pigeon shooting (No liability cover)	**G, P, P +**	Hydro zorbing	**G, P, P +**
Climbing (On climbing wall only)	**G, P, P +**	Ice hockey	**No Cover**
Crewing of a vessel (Inside territorial waters)	**G, P, P +**	Iron Man (Must be part of an organised Event)	**P, P +**
Crewing of vessels from one country to another	**No Cover**	Jeep safari (Within organiser's guidelines, no guns, no **personal liability** cover)	**P, P +**
Cricket	**G, P, P +**	Jet boating (As part of an organised excursion. No racing, no **personal liability** cover)	**P, P +**
Croquet	**G, P, P +**	Jet skiing (No **personal liability** cover)	**P, P +**
Cross country running	**G, P, P +**	Kayaking	**P, P +**
Curling	**G, P, P +**	Kite surfing	**P, P +**
Cycle Touring	**P, P +**	Korfball	**G, P, P +**
Cycling (Excluding professional and mountain biking, no racing)	**G, P, P +**	Lacrosse (Amateur only)	**P, P +**

SCHEDULE OF HAZARDOUS ACTIVITIES CONTINUED:

ACTIVITY	POLICY	ACTIVITY	POLICY
Marathon running	**P, P +**	Shark cage diving (Must be pre-organised in the UK or Ireland)	**P, P +**
Martial arts	**No Cover**	Shinty	**G, P, P +**
Micro lighting	**No Cover**	Skateboarding (Excludes racing, competition and liability cover. Helmet & Pads must be worn)	**G, P, P +**
Motor cycles/mopeds up to 125cc (Must wear a helmet and the driver must have a full Irish or UK motorcycle license or the local equivalent)	**G, P, P +**	Skin-diving	**G, P, P +**
Motor cycles/mopeds over 125cc	**No Cover**	Snorkelling	**G, P, P +**
Motor rallying in major and non-major events	**No Cover**	Soccer	**G, P, P +**
Mountain biking (Helmet must be worn. Excluding competition, racing or extreme cycling)	**P, P +**	Softball	**P, P +**
Mountaineering	**No Cover**	Sphering	**G, P, P +**
Netball	**G, P, P +**	Squash	**G, P, P+**
Orienteering	**G, P, P +**	Stunt events	**No Cover**
Outward bound pursuits	**G, P, P +**	Surfing	**G, P, P+**
Paddle boarding	**G, P, P +**	Swimming	**G, P, P+**
Parachuting (Single jump; tandem only)	**P, P +**	Swimming with dolphins	**G, P, P+**
Parachuting (Solo)	**No Cover**	Table-tennis	**G, P, P+**
Parascending (when attached to a speedboat)	**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. If the sport is mentioned elsewhere on this list the appropriate policy level must be obtained.)	**G, P, P+**
Pedalos	**G, P, P +**	Ten-pin bowling	**G, P, P+**
Pot-holing	**No Cover**	Tennis	**G, P, P+**
Professional sports of any kind	**No Cover**	Trampolining	**P, P+**
Quad-biking (Under 150cc and wearing a helmet)	**P, P +**	Tug of war	**G, P, P+**
Racquetball	**G, P, P +**	Volleyball	**G, P, P+**
Rambling	**G, P, P +**	Ultimate frisbee	**G, P, P+**
Refereeing	**G, P, P +**	War Games/Paint Balling	**P, P+**
Ringos (Within organiser's guidelines and no cover for **personal liability**)	**G, P, P +**	Via Ferrata (Grades A-C)	**P, P+**
Rock climbing (where ropes and guides are required)	**No Cover**	Water- Skiing (No cover for water ski-jumping)	**G, P, P+**
Rollerblading / skating	**G, P, P +**	Water polo	**G, P, P+**
Rounder's	**G, P, P +**	White and black water rafting (Grades 1 to 4)	**P, P+**
Rowing	**G, P, P +**	Windsurfing.	**G, P, P+**
Rugby football	**P, P +**	Winter Sports: 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), Snowboarding, Snow-mobiling (No cover for third party injuries or liability), snow sledging and Tobogganing (Excluding Cresta run. No competitive Winter Sports)	**P, P+ (or as Optional Extra)**
Safaris with guns (including walking safaris)	**No Cover**		
Safaris without guns	**P, P +**		
Sailing / Yachting (Inside territorial waters – no cover for **personal liability**)	**G, P, P +**		
Sand boarding / Surfing / Skiing	**P, P +**	**NOTE** : The following winter sports are not covered under this policy: Ski Acrobatics, Ski Jumping, Heli-Skiing, Bob-Sleighing, Luge, Ski Racing of any kind, the use of skeletons or bobsleighs, snow jumping stunts	**No Cover**
Sand yachting (No racing, no **personal liability** cover)	**P, P +**	Yoga	**G, P, P+**
Scuba-diving (Down to 30 metres provided you are with a certified Buddy)	**P, P +**		
Sea canoeing/kayaking (Within coastal waters)	**G, P, P +**		
Segway	**G, P, P +**		

KEY : G Fairsure Gold P Fairsure Platinum P+ Fairsure Platinum Plus

FAIRSURE TRAVEL INSURANCE

YOUR INSURERS – WHO WE ARE

This insurance is arranged by Accident & General Insurance Services Ltd and is underwritten by Mapfre Assistance Agency Ireland (which is a registered trading name in Ireland of MAPFRE ASISTENCIA Compania de Seguros y Reaseguros SA).

Underwriters
MAPFRE ASISTENCIA Compañía de Seguros y Reaseguros, S.A. trading as MAPFRE ASSISTANCE Agency Ireland is authorised by Dirección General de Seguros y Fondos de Pensiones del Ministerio de Economía y Hacienda, in Spain, and is regulated by the Central Bank of Ireland for conduct of business rules.

The principal place of business of MAPFRE ASSISTANCE Agency Ireland is at Ireland Assist House, 22-26 Prospect Hill, Galway. MAPFRE ASSISTANCE Agency Ireland conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland. Registered in Republic of Ireland. Reg No 903874.

Stamp Duties Consolidation Act 1999
The appropriate stamp duty has been or will be paid in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act 1999.

Master Policy Document
This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under the Master Policy Document MAPFRE/AG/SINAMT/V01/2020 issued to Accident & General Insurance Services Ltd. Reference throughout this document to "Policy" shall be constituted to mean Master Policy Document MAPFRE/AG/SINAMT/V01/2020.

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 6 Leopardstown Office Park, Burton Hall Avenue, Sandyford Dublin 18, D18 P6F5.

This certificate of insurance is issued subject to the conditions and exclusions of this insurance. 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 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.

Medical Warranty Questionnaire
If **you** answer Yes to the following question for **you** or anyone in **your** party, **you** must contact Accident & General to complete a medical screening.

At the time of taking out this policy and/or booking of a trip, have you been prescribed medication (including repeat prescriptions), received treatment or attended a G.P. or hospital as an outpatient or inpatient in the last 2 years?

You do not have to declare **your** condition if it is mentioned on the waived conditions list on pages 9 & 10 if **your** condition is the only one you have and is well controlled as long as **you** have been fully discharged from any post-operative follow up and any and all ongoing treatment or investigation (unless otherwise mentioned on the list).

IMPORTANT

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.

If **you** have been diagnosed as having a terminal illness, this policy is not suitable for **you** and **we** cannot offer **you** cover.

It is **your** responsibility to review the answers to the medical question 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 Accident & General Medical Screening on (091) 501645 (if calling from the Republic of Ireland) or (028) 956 80133 (if calling from the UK).

Immediate relative, travelling companion or close business associate's pre-existing medical conditions:

Cancellation or Curtailment cover for an immediate relative, travelling companion or close business associate's pre-existing medical conditions is only available under Platinum Plus. Cover for cancellation or **curtailment** 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** from the time of purchasing the **trip** to purchasing the insurance. There is no cover for cancellation or **curtailment** due to a terminal diagnosis which has been received prior to the purchase of the insurance.

IMPORTANT HEALTH REQUIREMENTS RELATING TO YOU

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

Any medical information supplied in a 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 service providers.

To be covered, **you** must be healthy, fit to travel and to undertake **your** planned **trip**; the insurance will NOT cover **you**:

a) If **you** are travelling against the advice of a **doctor** (or would be travelling against the advice of a **doctor** had **you** sought his/her advice);
b) If **you** are travelling with the intention of obtaining medical treatment or consultation abroad.
c) If **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/ consultations, or awaiting results of investigations, where the underlying cause has not been established).
d) If you are not taking the recommended treatment or prescribed medication as directed by a doctor.
e) For any surgery or treatment arising from investigations or tests for which You were pending the results of prior to Your departure from Ireland or the U.K.

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** and known to **you** will be covered unless:

a) **You** have declared all **pre-existing medical conditions** to **us**; and
b) **You** have declared any changes in **your** health or prescribed medication; and
c) **We** have accepted the condition(s) for cover in writing; and
d) **You** have paid any additional premium required.

Each **insured person** who has a **pre-existing medical condition** 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 conditions** that are relevant to this insurance may invalidate the policy.

We may ask **you** to obtain, at **your** own expense, a medical report from **your** General Practitioner or Consultant in order to assess whether cover is available.

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 see the medical warranty above.

RECIPROCAL HEALTH AGREEMENT

Europe and EHIC

If **you** are travelling to European Union countries **you** should obtain a European Health Insurance Card (EHIC). **You** can apply as an Irish citizen either through **your** local Post Office and/or Health Board or download an application form here

http://www.hse.ie/eng/services/list/1/schemes/EHIC/EHIC_Application_Form.pdf

or as a citizen of the United Kingdom or Northern Ireland **you** can apply by downloading an application form here:

http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC or by telephoning 0300 330 1350.

This will entitle **you** to benefit from the reciprocal health agreements which exist between certain European countries.

AUSTRALIA AND MEDICARE

If **you** are travelling to Australia and **you** have to go to hospital, **you** must register for and make use of the treatment offered under the national Medicare scheme. If **you** know **you** need treatment, **you** can enrol for Medicare at a DHS Service Centre. If **you** receive treatment before **you** enrol, Medicare benefits will be reimbursed for eligible visitors.

If valid medical costs have been reduced using an EHIC, other reciprocal health agreement or private health insurance, **we** will not deduct any **excess**.

EMERGENCY MEDICAL EXPENSES

The **Fairsure** 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 costs in private facilities abroad will not be covered unless authorised in advance by **us** and no private treatment will be covered where medically suitable state facilities are available.

Medical Emergency: In the event of a medical emergency **you** must contact **us** as soon as possible on +00353 91 501645. You MUST contact **us** before incurring any expenses. If **you** are physically prevented from contacting **us** immediately, **you** or someone designated by **you** must contact **us** within 48 hours.

Pregnancy and Childbirth
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 Sections 1, 2, 4 and 5 of this policy for claims arising from **complications of pregnancy and childbirth**. Please make sure **you** read the definition of **complications of pregnancy and childbirth** given under the Definitions below.

HEALTH OF IMMEDIATE RELATIVES, TRAVELLING COMPANIONS, CLOSE BUSINESS ASSOCIATES AND ANY PERSON YOU ARE PLANNING TO STAY WITH

IMPORTANT LIMITATIONS
CANCELLATION AND CURTAILMENT COVER

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

This policy will NOT cover any claims under Sections 1and 2 (Cancellation and Curtailment) arising directly or indirectly from any medical condition affecting any immediate relative, travelling companion, close business associate or any person you are planning to stay with if:

- a terminal diagnosis had been received prior to the start of the **period of insurance**; or
- they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance** (unless Platinum Plus cover purchased); or
- if during the 90 days immediately prior to the start of the **period of insurance** they had:
  i) required surgery, inpatient treatment or hospital consultations (unless Platinum Plus cover purchased); or
  ii) required any form of treatment or more than 1 prescribed medication (unless Platinum Plus cover purchased)

IMPORTANT INFORMATION REGARDING PLATINUM PLUS COVER FOR CANCELLATION AND CURTAILMENT.

Cancellation or **Curtailment** cover for an **immediate relative's pre-existing medical conditions** under Platinum Plus 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** from the time of purchasing the **trip** to purchasing the insurance. There is no cover for cancellation or **curtailment** 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**.

WAIVED MEDICAL CONDITIONS

The following **medical conditions** are covered without additional charge and subject to the normal terms and conditions of this insurance, provided (a) the **insured person(s)** are not awaiting surgery for the condition, and (b) the **insured person(s)** have been fully discharged from any post-operative follow-up and ongoing treatment or investigation.

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne, Acronyx (Ingrowing Toe-nail)
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Asthma - Mild, suffered in isolation, well controlled, with not more than 2 medications and no hospitalisation in the last 12 months – non smoker.
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- 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
- Caesarean Section
- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury
- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- 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 - Breast
- Cyst - Testicular
- Cystitis (no ongoing treatment, no hospital admissions)
- Cystocele (no ongoing treatment, no hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis (no hospital admissions or consultations)
- Deviated Nasal Septum
- Diabetes (non-insulin) - no hospital admission in previous 12 months, no other medical conditions
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- 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
- Gall Bladder Removal
- 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 (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)
- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)
- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza (full recovery made)
- Ingrowing Toe-nail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia (no 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)
- Nettle Rash (Hives)
- Neuralgia (no hospital admissions)
- Nosebleed(s)

- Nystagmus
- Osgood-schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatosis
- Piles
- Post Viral Fatigue Syndrome (if the only symptom is fatigue and no hospital admissions)
- Pregnancy (provided no complications)
- 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
- Shingles (Herpes Zoster)
- 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 Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thyroid - Overactive Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction / Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Turner's Syndrome
- Umbilical Hernia
- Underactive Thyroid
- Undescended Testicle
- Urethritis (no ongoing treatment, fully recovered
- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine 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)
- Womb Prolapse (uterus)

We will provide the services and benefits described in this handbook:

- during the **period of insurance**
- within the **geographical limits**
- subject to the limits of cover, and all other terms, conditions and exclusions contained in this policy
- to persons who have resided in the Republic of Ireland or UK Area or Channel Islands (dependent on where **you** purchased the policy) for 6 months prior to purchasing the policy and intend to return there at the end of their **trip** (except in the case of a **one-way trip**)
- following payment of the appropriate premium for the level of cover selected

This policy will be effected in the country of purchase and subject to the laws of that country.

Claims will be paid in the currency in which the premium was paid.

FAIRSURE COVER

- Single **trip** cover has a maximum **trip** duration of 185 days.
- Multi-**trip** cover has a maximum **trip** duration of 45 days. The period of cover is 365 days from the chosen start date. There is no limit on the number of **trip**s that may be undertaken in any one period of 365 days. The maximum number of days' cover for **winter sports** activities in any one period of 365 day is 17 days.
- 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.
- **Winter sports** cover is not available to persons aged over 69 years on the first date of travel.
- **FAIRSURE** annual multi-**trip** cover is not available to persons aged 70 years or over on the date cover starts.
- For all policies, **trip**s must start and end in **your home country** except in relation to **one-way trips,** and **you** must have a return ticket.

DEFINITIONS

Wherever the following words and phrases appear in this handbook they will always have these meanings:

ACCIDENTAL BODILY INJURY
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**.

EMERGENCY ASSISTANCE SERVICE
The emergency service provider nominated by **us**.

BUSINESS EQUIPMENT
All computer and ancillary equipment (including hardware and related software) owned by or leased, hired or rented to the **insured person**, and communication equipment including mobile phones owned by, leased, hired or rented to **you** for use in connection with **your** employment or business.

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

COMPANY FUNDS
Cash, currency, bank notes, cheques, postal and money orders, travel tickets, passports, and travellers' cheques, held by **you** on behalf of the business.

COMPLICATIONS OF PREGNANCY AND CHILDBIRTH
Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/medically necessary emergency termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

COVID
Means COVID-19, coronavirus disease, severe acute respiratory syndrome coronavirus (SARSCOV-2) or any mutation or variation of these.

CURTAILMENT
Return early to **your home** in **your home country**.

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

EXCESS
The first amount of each claim as shown on the schedule of cover. This is payable by each **insured person**.

EVENT
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. wedding abroad, scout jamboree, amateur competition which is the main purpose of **your trip**.

FAMILY
Up to two adults and their children, (including step children, foster children, grandchildren and children under legal guardianship) under the age of 18 (or under the age of 23 years if in full time education), all permanently residing together.

GEOGRAPHICAL LIMITS
The countries for which **you** have paid the appropriate premium, as specified on the Certificate of Insurance, except those countries or parts of countries where the Department of Foreign Affairs (DFA) or Foreign & Commonwealth Office (FCO) has advised against travel or all but essential travel.

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

EUROPE
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
All countries worldwide, excluding The United States, Canada, The Caribbean.

WORLDWIDE INCLUDING NORTH AMERICA
All countries worldwide.

GOLF EQUIPMENT
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.

GOVERNMENT TRAVEL ADVICE
Travel advice as issued by the Department of Foreign Affairs of the government of The Republic of Ireland or The Foreign and Commonwealth Office of The United Kingdom Government.

HAZARDOUS ACTIVITIES
The activities listed on pages 5 & 6 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.

HOLIDAY/TRIP
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
Your residential address in Republic of Ireland, United Kingdom of Great Britain and Northern Ireland, the Isle of Man or the Channel Islands.

HOME COUNTRY
The country where **you** are resident and have permanently resided for 6 months or more.

IMMEDIATE RELATIVE
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).

INSURED PERSON
The person(s) named on the Insurance Certificate for this policy and for whom the appropriate premium has been paid.

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

LIMITS OF COVER
Our maximum liability per insured person is limited to the amount states on your Schedule of Cover unless otherwise stated in your cover.

LOSS OF LIMB
Physical severance at or above the wrist or ankle.

LOSS OF SIGHT
The complete and permanent blindness in one or both eyes.

MANUAL WORK
Work involving the interaction with wild animals of any kind, the installation, assembly, maintenance, repair or use of heavy electrical, mechanical or hydraulic plant or machinery, or working more than 3 metres above the ground.

MEDICAL CONDITION
Any medical or psychological disease, sickness, condition, illness or injury

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
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.

PERIOD OF INSURANCE: The period shown on the certifcation of insurance . Subject to:

- **FAIRSURE Single Trip Cover** - The maximum period of cover is 185 days from date of travel, 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. Cancellation cover shall be operative from the time you pay the premium and evidence of insurance is issued and will cease upon departure of your trip or in the event of a cancellation claim on your cover all remaining cover will cease for the planned Trip. In the event of a Curtailment claim all remaining cover will cease and this cover will become void.

- **FAIRSURE Multi-Trip Cover** - The period of cover is 365 days from date of purchase. Within that period of cover the maximum period for any one **holiday/trip** for which cover is provided is 45 days. There is no limit on the number of **trips** that may be undertaken in any one period of 365 days. Cancellation cover shall be operative from the start date this insurance is effected by you or at the time of booking any trip (whichever is the later) and terminates on commencement of any trip.

The maximum number of days' cover for **winter sports** activities in any one period is 17 days for Platinum or Platinum Plus Cover or as shown on **your** certificate of insurance if a **winter sports** option has been purchased.

NOTE: For any of the Single **trip** and Annual Multi-**trip** options, if **you** travel for more than the number of days for which **you** have paid for cover, **yo**u will not be covered after the last day for which **you** have paid. There is no cover under the **Cancellation Section** 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 on or before its expiry date and there is no gap in cover.

Please note: Please note: if, due to unexpected circumstances beyond your control and included in the conditions of this cover, you cannot finish your trip within the period of insurance set out on your validation certificate, 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 – Emergency Medical and Repatriation 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 (DFA) www.dfa.ie/travel/travel-advice or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel. All other general exclusions will continue to apply.

PERMANENT TOTAL DISABLEMENT
Disablement which entirely prevents **you** from attending to business or occupation of any and every kind which lasting for 12 months is, at the expiry of that period, in the opinion of an independent qualified specialist, beyond hope of improvement.

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

PERSONAL BAGGAGE
Suitcases, holdalls, haversacks and the like, and their contents including clothing as usually carried by travellers for their own use; also, infants' pushchairs but not tents, dinghies and other items not usually packed as baggage.

NOTE 1: Items hired to **you**, and all items loaned or entrusted to **you** are excluded (other than skis and **ski equipment** where the appropriate **winter sports** premium has been paid).

NOTE 2: This travel insurance is not intended to cover expensive items for which **you** should take out full 'Personal Possessions' insurance under **your** Home Contents policy.

PERSONAL MONEY
Your cash, currency, bank notes, cheques, postal and money orders, travel tickets, p assports, travellers' cheques, held and owned by **you**.

PERSONAL LIABILITY
Your legal liability for damages resulting from an accident.

PRE-EXISTING MEDICAL CONDITION
Any **medical condition**, disease, illness or injury for which you received prescribed medication, including repeat prescriptions or for which you received treatment or investigation or attended a G.P, hospital (as an outpatient or inpatient) in the last 2 years, or any terminal illness.

PUBLIC TRANSPORT
A train, bus, coach, ferry service or scheduled flight operating to a published timetable .

REDUNDANCY
Any insured person being unexpectedly declared redundant within the terms of the current **redundancy** legislation or any subsequent employment legislation. If **you** are self-employed **your** business going unexpectedly into liquidation.

STRIKE/INDUSTRIAL ACTION
Any form of organised action which is carried out with the intention of preventing, restricting, disrupting or otherwise interfering with the production of goods or the provision of services.

TRAVELLING COMPANION
A person(s) with whom you have booked to travel or are travelling with on the same booking invoice and without whom your travel plans would be impossible.

TRIP/HOLIDAY
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.**

SINGLE ARTICLE
A **single article** or a pair or set (two or more objects grouped or belonging together having certain features in common and that are used in conjunction with each other).

SKI EQUIPMENT
Skis, bindings, ski boots, ski poles and snowboards.

UNATTENDED
When **you** cannot see or are not close enough to **your** property or vehicle to prevent unauthorised interference or theft of **your** property.

VALUABLES
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; perfumes; precious stones and articles made of or containing gold, silver or other precious metals.

WE/US/OUR
Means MAPFRE ASISTENCIA Compania de Seguros y Reaseguros SA, trading as MAPFRE ASSISTANCE Agency Ireland, is authorised by Direccion General de Seguros y Fondos de Pensiones del Ministerio de Economia y Hacienda in Spain and is regulated by the Central Bank of Ireland for conduct of business rules.The principal place of business of MAPFRE ASSISTANCE Agency Ireland is at Ireland Assist House, 22-26 Prospect Hill, Galway. Registered in Republic of Ireland. Reg No 903874

WINTER SPORTS
Activities carried out as detailed in the Winter Sports Section of the Hazardous Activities Schedule on Page 6.

WINTER SPORTS EQUIPMENT
skis, ski-bindings, ski boots, ski goggles and bindings, ski poles, snowboards.

YOU/YOUR
Each insured person named in the Schedule of Insurance.

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 level of cover, which have not been used and for which **you** have paid or 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 relating to Your cover and occurring during the period of insurance:

1. The illness, injury or death of:
   a) **You;**
   b) The person with whom **you** are intending to travel and on whom **your trip** depends;
   c) An **immediate relative** of **yours**, travelling companion or any person you are planning to stay with or any person **you** are planning to stay with; or
   d) A **close business associate** of **yours.**
2. **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).
3. **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 notification of **redundancy** is received.
4. **Your home** or place of business being made uninhabitable 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.
5. **You** or any person who **you** are travelling or have arranged to travel with are a member of the Armed Forces, Garda, 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**.

6(a) **You**, **your travelling companion** or any person **you** have arranged to stay with during **your trip** 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** or **close business associate** being admitted to hospital with a **COVID** diagnosis at the time of the **trip**.

We will pay Up to €100/£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 it was found necessary to cancel the **holiday/trip**.
4. Any claim arising directly or indirectly from a known **pre-existing medical condition** affecting **you** unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance in writing from **us**.

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 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:
      - required surgery, inpatient treatment or hospital consultations (unless you have purchased the Platinum Plus cover) or
      - required any form of treatment or more than 1 prescribed medication (unless you have purchased the Platinum Plus cover).
6. Claims relating to an immediate relative's, travelling companion 's, any person you are planning to stay with or a close business associate's pre-existing medical condition unless Platinum Plus has been purchased within 14 days of booking (Single **Trip** Only) and/or the **medical condition** 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 7 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 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 (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 police in connection with burglary or fire affecting **your home** during **your trip**, **you** must provide **us** with written documentation from the police confirming that the loss or damage occurred during the **trip**.

SECTION 2 – CURTAILMENT

IMPORTANT NOTICE
If you have to curtail your holiday/trip due to your illness or injury you must seek prior approval from the Emergency Assistance Service on +00353 91 501645.

YOU ARE COVERED FOR:
Your additional travel costs incurred in returning home together with the 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 relating to Your cover and occurring during the period of insurance:

1. The death, severe injury or serious illness that happens during **your trip** of:
   a) You or You or your travelling companionor any person you had planned to stay with; or
   b) An **immediate relative** of **yours**; or
   c) A **close business associate** of **yours**.
2. **Your home** or place of business being made uninhabitable 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.
3. **You**, **your travelling companion** or any person **you** have arranged to stay with during **your trip** receiving a diagnosis of COVID within 14 days of the start of the **trip** or in the case of being admitted to hospital with a COVID diagnosis within 28 days of the start of the **trip**.
4. **Your immediate relative** or **close business associate** being admitted to Hospital with a **COVID** diagnosis.

NOTE - Claim payments for **curtailment**s 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 level of cover or purchased the **excess** waiver option.
2. Any claim arising directly or indirectly from a known **pre-existing medical condition** affecting **you** unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance from **us** in writing.
3. Additional travelling expenses incurred, which are not authorised by **us**.
4. More than €650/£500 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 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:
      - required surgery, inpatient treatment or hospital consultations (unless you have purchased the Platinum Plus cover) or
      - required any form of treatment or more than 1 prescribed medication (unless you have purchased the Platinum Plus cover)
6. **Curtailment** caused by pregnancy or childbirth unless the **curtailment** 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 7 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 Curtailment of the holiday due to your injury, illness or complications of pregnancy and childbirth.

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 cause of 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**, total and permanent **loss of sight** in one or both eyes OR
2. **permanent total disablement** OR
3. 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/£2,000 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.

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. Any claims for death, loss or disablement caused by or arising directly or indirectly from:
   a) Disease or any existing physical disability or illness
   b) Any injury which existed prior to the start of the **holiday/trip**
   c) Pregnancy
   d) An incident which is as a result of any **hazardous activity** unless cover for that activity unless the appropriate level of cover has been purchased. In such cases where there is cover, 50% of the overall benefit is payable.
   e) Any claims arising directly or indirectly as a result of any **pre-existing medical conditions**, unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance from **us** in writing
4. Anything mentioned in the General Exclusions.

SECTION 4 – EMERGENCY MEDICAL AND REPATRIATION 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.

CONTACT NO : +00353 91 501645

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 / £500, 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 need emergency dental treatment for the immediate relief of pain only and not requiring the use of precious metals (Platinum or Platinum Plus Cover only).

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 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, remain with **you** and 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 / £2,000.
3. (Platinum or Platinum Plus 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 level 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 conditions**, unless **you** have declared all **pre-existing medical conditions** 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 or diagnostic procedure.
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/£500 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 the 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 level 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 or additional premium paid.
20. Claims arising directly or indirectly from any of the **winter sports** or **hazardous activities** for which cover is not available. See page 5&6
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 in-patient 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 or the UK 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 or the UK 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 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 per day for inpatient treatment outside of **your home country**. 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: Emergency Medical and Repatriation Expenses.
2. For anything mentioned in the General Exclusions.

SECTION 6 - PERSONAL 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 be liable only 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 necessary 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 / £125 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 or stolen from a beach or pool-side is €150 / £125 per **insured person**.
- The maximum **we** will pay for any cigarettes or alcohol lost, damaged or stolen is €75/£50 in total.

WE WILL NOT PAY:
1. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option. This is charged twice on claims that include both **personal baggage** and **money**.
2. If **you** do not exercise reasonable care for the safety and supervision of **your personal baggage** and **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 driving licences 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 or malfunction; 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.
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. For anything mentioned in the General Exclusions.
14. 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.

SPECIAL CONDITIONS RELATING TO CLAIMS:
We have the option to either pay **you** for the loss, or replace, reinstate or repair the items concerned.

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**. Tel: +00353 91 501645.

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 local **doctors**, 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. For anything mentioned in the General Exclusions.
3. 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.

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 level 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 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
   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 24 hours (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. 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. 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).

   Or alternatively

   You can make use of airport lounge access on delays on **your** outward journey after a delay of at least 2 hours. (This section does not apply to trips within **your** home country)

WHAT YOU ARE COVERED FOR

AIRPORT LOUNGE ACCESS

If the outward flight (first leg only) on which you are booked to travel is delayed by at least two hours as a result of:

1. **strike or industrial action** provided that when this policy was taken out, there was no reasonable expectation that the **trip** would be delayed;
2. adverse weather conditions;
3. mechanical breakdown or technical fault of the aircraft.

We will provide access to an airport lounge, where available. Lounge access will become available on the announcement of a minimum two-hour delay, not, for example, two consecutive one-hour delays.

You must have access to a mobile device so that you can receive an SMS message in order to gain access to the lounge.

To take advantage of this benefit you will need to call the 24-hour access phone number:
+44 (0)1689 892252

You will need to quote **your** policy number and flight details. If **your** claim is valid **you** will then be sent an SMS message which will give **you** access to an airport lounge for the duration of **your** delay.

There may be occasions when this benefit is unavailable:

a) If the lounge is closed when the delay occurs – during the night, for instance
b) If the lounge is at full capacity
c) If **you** or another **insured person** fail to meet the lounge terms and conditions such as dress code or minimum age

WE WILL NOT PAY:

1. The **excess** (if **your** claim is under 2, abandonment) unless **you** have chosen the Platinum or Platinum Plus level 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 five hours. The airline must offer to refund **your** ticket.

SECTION 12 - MISSED DEPARTURE/ CONNECTION

YOU ARE COVERED FOR:
Your 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 failure of **public transport** or 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 **your** 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 level 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 or the Foreign and Commonwealth Office advise against travel, or all but essential 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 level 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 level of cover.

MISSED DEPARTURE/ 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/ 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. For anything mentioned in the General Exclusions.
4. 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.
5. Any claims caused by or relating to **COVID**. Nor will we cover any claims relating to any fear or threat of COVID.

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 your 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 CHOSEN THE NATURAL DISASTER OPTION, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED ON THE CERTIFICATE OF INSURANCE OR YOU HAVE SELECTED PLATINUM OR PLATINUM PLUS 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 (tsunami, earthquake, volcanic eruption, landslide, natural fire, tornado, flood or hurricane) 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 and Commonwealth 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 / £800 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 / £200 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 **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:
      i) 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

THIS SECTION IS ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF 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/£500 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** or your travelling companion
   b) An **immediate relative** of **yours**, or
   c) A **close business associate** of **yours**.
2. **Your home** or place of business being made uninhabitable 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** affecting **you** unless **you** have declared all **pre-existing medical conditions** to **us** and have acceptance from **us** in writing.
2. Any claim arising directly or indirectly from any medical condition affecting any immediate relative, 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 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:
      - required surgery, inpatient treatment or hospital consultations (unless you have purchased the Platinum Plus cover) or

- 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/£500 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, including driving licences and passports; 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 and tear, denting or scratching, moth or vermin.
11. For loss of **valuables** left as checked-in **personal baggage**.
12. For mechanical breakdown or malfunction, 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 / £200 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 be liable only 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 the new 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 gold 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 and tear, 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; or
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 the following:

1. 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 the WHAT WE WILL NOT PAY under Section 1 (Cancellation), Section 2 (Curtailment) and General Exclusions.

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 the General Exclusions.

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 a 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

THESE SECTIONS ARE ONLY AVAILABLE IF YOU HAVE CHOSEN THE PLATINUM OR PLATINUM PLUS LEVELS OF COVER OR HAVE CHOSEN THE WINTER SPORTS OPTION ON MULTI-TRIP GOLD, HAVE PAID THE ADDITIONAL PREMIUM AND IT IS MENTIONED THE CERTIFICATE OF INSURANCE

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/£150 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 be liable only 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. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option
2. If **you** do not exercise reasonable care for the safety and supervision of **your ski equipment** or **ski equipment** hired by **you**.
3. If **you** do not obtain a written police report within 24 hours of the discovery in the event of loss, burglary or theft of the **ski equipment**.
4. 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).
5. If **you** do not have receipted evidence if the **ski equipment** has been hired by **you**.
6. For loss, theft, damage or destruction by Customs or other officials or authorities.
7. For damage due to wear and tear.
8. 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.
9. 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)
10. 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. The **excess** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option
2. Anything mentioned in WHAT WE WILL NOT PAY in Section 4 Medical Expenses.
3. 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. The **excess** for each of **you** unless **you** have chosen the Platinum or Platinum Plus level of cover or purchased the **excess** waiver option
2. If **you** do not retain all hire receipts in respect of the hire of alternative **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 (P.I.R.) in the case of an airline).
4. If you do not exercise reasonable care for the safety and supervision of your ski equipment or ski equipment hired by you.
5. 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.
6. If you fail to produce evidence of the damage to your ski equipment from a reputable dealer
7. 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 / £30 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, **strikes** 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 / £20 for each 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 or 2.
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 THE CERTIFICATE OF INSURANCE.

YOU ARE COVERED FOR:
Cancellation & Curtailment cover (Sections 1 & 2) 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. Closure of the venue or denial of access to the venue due to fire, explosion, lightening, and impact

by aircraft or failure of the main power supply.

3. Cancellation of the **event** due to the bankruptcy of the organisers.

4. Non-appearance of the named leading performer in the **event**, and non-acceptability of any substitute.

5. The Irish Government or the UK Foreign and Commonwealth office advising against travel or all but essential travel to the country or area where the **event** is due to take place.

6. 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. All other terms, conditions and exclusions of Section 1 & 2 - **Cancellation** and **Curtailment** apply to this endorsement, as do the general terms, conditions and exclusions of the **Fairsure** policy.

SECTION 22 - CRUISE COVER

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

SECTION 22A – MISSED PORT DEPARTURE

YOU ARE COVERED FOR:
The amount shown in the Policy Schedule 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 Policy Schedule for each 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 the 'Medical Inconvenience Benefit' Section or the 'Cabin confinement' section for the same event, not both.

WE WILL NOT PAY:

1. Any confinement to your cabin which has not been confirmed in writing by the ships medical officer.
2. Anything listed in WE WILL NOT PAY under Section 4: Emergency Medical and Repatriation Expenses.
3. Anything mentioned in the General exclusions

SECTION 22C - ITINERARY CHANGE

YOU ARE COVERED FOR:
The amount shown in the Policy Schedule 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. 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. Your failure to attend the excursion as per your itinerary.
3. Claims arising from when your ship cannot put people ashore due to a scheduled tender operation failure.
4. Anything mentioned in the General exclusions

SECTION 22D – UNUSED EXCURSIONS

YOU ARE COVERED FOR:

The amount shown in the Policy Schedule 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 – Emergency Medical and repatriation expense.

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. Anything listed in WE WILL NOT PAY under Section 4: Emergency Medical and Repatriation Expenses.
3. Anything mentioned in the General exclusions.

SECTION 22E – CRUISE INTERRUPTION

YOU ARE COVERED FOR:

The amount shown in the Policy Schedule 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 level 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: Emergency Medical and Repatriation 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

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 THE CERTIFICATE OF INSURANCE.

YOU ARE COVERED FOR:

The amount shown in the Policy Schedule 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**
2. the failure of **your** booked cruise ship
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.

GENERAL EXCLUSIONS

WE WILL NOT COVER:

1. 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.

2. 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 by) Private Medical Insurance, Home Contents Insurance, Gadget Insurance or through the carrier). This exclusion shall not apply to **Personal Accident** cover under Section 3.

3. Any losses which are not directly covered by the terms and conditions of this policy. Examples of losses **we** will not pay for include loss of earnings due to being unable to return to work following injury or illness happening while on a **trip** and replacing locks if **you** lose **your** keys.

4. 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-authorised by **us** as part of a valid claim under Section 4 Medical/ medical related expenses and Medical Emergency Assistance, Section 1 Cancellation, or Section 2 **Curtailment**.)

5. Any deliberately careless or negligent act or omission by **you**.

6. **Your** intentional self-injury or wilful exposure to needless risk (except in an attempt to save human life)

7. Any claim arising or resulting from **your** own intentional illegal or criminal act.

8. **Your** suicide or attempted suicide, **you** deliberately injuring **yourself**.

9. Any claim arising directly from sexually transmitted diseases, your drug addiction or solvent or alcohol abuse, excessive alcohol intake, or you being under the influence of alcohol or drug(s).

10. Wilful exposure to exceptional risk, except in an attempt to save human life.

11. **Hazardous activities** as defined on the **Hazardous Activities** Table on page 5&6 unless **you** have chosen the appropriate level of cover.

12. Any **hazardous activities** not shown on the **hazardous activities** table.

13. **Winter sports** unless **you** have chosen **Fairsure** Platinum or Platinum Plus Level of cover or the **Winter Sports** optional cover, paid the appropriate

premium and it is mentioned on the Certificate of Insurance. There is no cover for the **Winter Sports** as listed on the **Winter Sports** table on page 6.

14. Participation in any formal organised competition involving any **hazardous activities** or **winter sports** (as defined on pages 5&6) unless otherwise specifically mentioned on the **Hazardous Activities** table on page 5&6.

15. Fighting except in self-defence.

16. Any act of terrorism; this exclusion will not apply to **Personal Accident** Section or Medical Emergency Expenses Section provided **you** have not participated in or conspired in such activities.

17. Any legal liability directly or indirectly relating to:

    a) Ionising radiation or contamination by radioactivity from any waste from the combustion of nuclear fuel;

    b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear machinery or any part of it;

    c) Pressure waves caused by aircraft and other flying objects travelling faster than the speed of sound.

18. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Department of Foreign Affairs or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel unless this advice relates only to **COVID**. In this instance, only claims relating to **COVID** will not be considered.

19. **Manual work** of any kind.

20. Any payment which **you** would normally have made during **your** travels if nothing had gone wrong.

21. 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** and Section 4 Medical Related Expenses and Medical Emergency Assistance.

22. Any claim when **you** have not paid the appropriate premium for **your** planned **trip**. 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.

23. 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.

24. 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.

25. Any loss, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any cause whatsoever.

26. Any claim arising directly or indirectly from a Natural Disaster unless you have chosen the Natural Disaster option, have paid the additional premium and it is mentioned on the certificate of insurance.

27. 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 sub section 5 of Section 1 - Cancellation or Curtailment).

28. Any claims caused by or relating to **COVID**. This applies to all sections of cover apart from Section 1 (Cancellation) subsections 6 (a)&(b), Section 2 (Curtailment) subsections 3 & 4, and Section 4 (Emergency Medical and Repatriation expenses) provided **You** have not travelled to a country or specific area or event to which the Travel Advice Unit of the Department of Foreign Affairs or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel.

29. Any claim caused directly or indirectly from the bankruptcy/liquidation of any tour operator, travel agent or transportation company.

GENERAL CONDITIONS

1. 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 Important Health Requirements).

2. During each **period of insurance** and before **you** depart on each **trip you** must declare to the Accident & General Medical Screening Helpline any change in **your** health or medical status. This change must be accepted in writing by **us** before cover will

be continued. If **you** are unsure as to whether **you** need to tell **us** about a change **you** should contact the Accident & General Medical Screening Helpline.

3. No payment will be made under the policy without appropriate evidence to confirm the details of the claim.

4. 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.

5. **You** should take all reasonable steps to recover any lost or stolen article.

6. **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.

7. **You** must avoid needless self-exposure to peril unless **you** are attempting to save human life.

8. 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.

9. If any claim is found to be fraudulent in any way this policy is void and all claims will be denied.

10. **You** should not admit liability, offer or promise to make any payment without written consent from **us**.

11. **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.

12. **We** may, at any time, pay to **you our** full liability under this policy after which **we** will accept no further liability.

13. 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.

14. **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.

15. **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.

16. 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.

17. Claims must be notified to **us** in writing within 28 days of the claim arising.

18. 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.

19. 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.

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. Failure to contact the **Emergency Assistance Service** may result in **your** claim being limited to €650/£500.

The emergency assistance provided for **you** by this insurance is operated by the **Emergency Assistance Service**. In the event of any illness, injury, accident or hospitalisation which requires:

IN THE CASE OF A MEDICAL EMERGENCY PLEASE CONTACT:

EMERGENCY ASSISTANCE SERVICE

CONTACT NO. : 00353 91 501645

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** Single & Multi **Trip** and give them **your** policy number along with a telephone number where **you** can be contacted.

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

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 2 (Emergency medical, repatriation & associated 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:

FAIRSURE TRAVEL INSURANCE CLAIMS,
Mapfre Assistance Agency Ireland
22-26 Prospect Hill
Galway
Tel: 00353 91 501645
Email: traveldept@mapfre.com

Return **your** completed claim form (remembering to keep a copy for **your** records) to **Fairsure** Claims together with all original documentation required including:

- **Your** certificate of insurance
- Confirmation of booking
- Original receipts in respect of medical expenses
- 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 the Travel Delay or Missed Departure/Connection sections
- 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** the best possible service 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.
6 Leopardstown Office Park
Burton Hall Avenue
Sandyford
Dublin 18
D18 P6F5

Tel: +353 (1) 874 8458
E-mail: sales@accidentgeneral.ie

IF YOUR COMPLAINT IS ABOUT A CLAIM

Please contact Mapfre Assistance Agency Ireland at:
Ireland Assist House, 22 - 26 Prospect Hill, Galway

If it is not possible to reach an agreement, **you** have the right to make an appeal to the Insurance Ombudsman of Ireland or the Financial Ombudsman Service in the United Kingdom. This also applies if **you** are insured in a business capacity but have a group annual turnover of less than €3 million. You may contact the Financial Services and Pensions Ombudsman (FSPO) at:

FINANCIAL SERVICES AND PENSIONS OMBUDSMAN (FSPO) , Lincoln House, Lincoln Place, Dublin 2, D02 VH29
Phone: +353 1 567 7000 / Email: info@fspo.ie

If **you** are resident in the United Kingdom that authority is the:

THE FINANCIAL OMBUDSMAN SERVICE
Exchange Tower, London, E14 9SR

Tel 1: 0800 023 4 567
Tel 2: 0300 123 9 123
Email: complaint.info@financial-ombudsman.org.uk

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

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
d) Non-compliance with policy terms and conditions

DATA PROTECTION

We will need to obtain personal information from you to provide you with the policy of insurance.

This means any information obtained from you in connection with this policy provided to you by us (or our subsidiaries) must be collected lawfully and in accordance with Data Protection Legislation.

We use your personal data in the following ways:
- to provide you with policy cover, including underwriting and claims handling. This may include disclosing information to other insurers, regulatory authorities, or to our agents who provide services on your behalf under the policy;
- to confirm, maintain, update and improve our customer records;
- to identify and market products and services that may be of interest to you, (subject to your prior consent);
- to analyse and develop our relationship with you;
- to help in processing any applications you may make;
- to carry out studies of statistics and claim rates;
- for the analysis and the prevention of fraud;
- for the analysis and the prevention of payment defaults;
- for statistical studies by us and/or any sectorial organisation in Europe.

Where you have given your consent, we may share some of your personal information with our partner companies or companies within our group so that they can provide you with information about other products, services and promotions that may be of interest to you by letter, telephone, SMS or e-mail.

We will only disclose your personal information to third parties if:
- it is necessary for the performance of your policy of insurance with us;
- you have given your consent, including marketing consent; or
- such disclosure is required or permitted by law.

You can change your mind about your marketing consent at any time by contacting our Data Protection Officer, Jon Forrow Address: 1 Victoria Street, Bristol Bridge, Bristol, BS1 6AA

Telephone: +44 (0) 1179 308926 **Email:** dpo@mapfre.co.uk

We disclose your personal information to third parties where:
- it is necessary for the performance of your insurance policy;
- if you have given your consent; or
- if such disclosure is required or permitted by law.

We deal with third parties that we trust to treat our customers' personal information with the same stringent controls that we apply ourselves.
Some of the personal information required from you is sensitive information such as details of any current or past medical conditions for you and your fellow travellers on the policy. This is a 'special category of information' under Data Protection legislation. We will not use sensitive information about you except for the specific purpose for which you provide it including enabling us to quote for your policy cover, to confirm policy cover and to provide the services described in the policy. You must ensure that you only provide sensitive information about other people identified on the insurance policy where you have their consent or the legal right to disclose their personal information, including their sensitive personal information.

To assist with fraud prevention and detection we may:

- share information about you across our group, with other insurers and, where we are entitled to do so under the Data Protection legislation, the police and other law enforcement agencies
- pass your details to a central insurance application and claims checking system, whereby it may be checked against information held by that central insurance application and claims checking system and shared with other insurers
- check your details with fraud prevention agencies and, if you give us false or inaccurate information and we suspect fraud, we will record this with the fraud prevention agency and other organisations may also use and search these records to:

a) help make decisions about credit and credit related services for you and members of your household;
b) help make decisions on motor, household, credit, life and other insurance proposals and claims for you and members of your household;
c) trace debtors, recover debt, prevent fraud and to manage your insurance policies;
d) check your identity to prevent money laundering;
e) undertake credit searches and additional fraud searches.

You are entitled on request to receive a copy of the personal information we hold about you. This will be information that you have given us during your policy. We do not hold any information relating to your credit status. If you would like a copy of your information, please contact our Data Protection Officer, Jon Forrow :

Address: 1 Victoria Street, Bristol Bridge, Bristol, BS1 6AA
Telephone: +44 (0) 1179 308926
Email: dpo@mapfre.co.uk

We are hereby released from any liability for any claim if you refuse disclosure of the data to a third party, which in turn prevents us from providing cover under this policy.

You agree we will store the Personal Data according to Data Protection legislation.

You agree that if you travel outside the European Economic Area ("EEA"), it may be necessary for us to transfer your data outside of the EEA in order to fulfil our obligations to you in the provision of the services under the terms of this policy. The fulfilment of our obligations may include sharing your data with our service providers whom we may engage to ensure the provision of those services to you. We undertake not to transfer your data outside of the EEA or share your data with our service providers for any other reason than the fulfilment of our obligations under the terms of this policy. You have provided your consent for such transfer and sharing of data. Further details of how data is shared outside the EEA can be found in our Privacy policy on our website.

We keep records of any transactions you enter with us or our partner companies for up to six years. This is to enable a response to all claims under the policy, validation of policy cover, any enquiries, complaints or disputes that arise in that period and to comply with our legal and regulatory requirements.

We may keep other personal information about you if it is necessary for us to do so to comply with the law.

IN THE EVENT OF A MEDICAL EMERGENCY

EMERGENCY ASSISTANCE SERVICE
Tel: 00353 91 501645

TO MAKE A CLAIM UPON RETURN HOME

Mapfre Assistance Agency Ireland
ROI (091) 501645 / UK (028) 956 80133 / Email : traveldept@mapfre.com

LOUNGE ACCESS

If 2 hour delay announced on outward journey, call our Lounge Hotline : +44 (0)1689 892252

CHECKLIST

PLEASE ASK YOURSELF THE FOLLOWING

- Do I have any pre-existing medical condition that I need to tell you about?

  If Yes then please contact Medical Screening on
  - **ROI** (091) 501645
  - **UK** (028) 956 80133

- Do I have any relatives with ongoing medical conditions?
  - If **YES**, consider Platinum Plus cover

- Will I engage in any winter sports on my **trip?**
- Will I engage in any hazardous activities on my **trip?**
  - If **YES**, consider Platinum cover

IF YOU WISH ANYTHING CLARIFIED, PLEASE CONTACT OUR TRAVEL HELPLINE ON TEL: +353 (1) 874 8458

IF YOU HAVE PURCHASED AN FAIRSURE **MULTI-TRIP** POLICY, THE MAXIMUM DURATION OF ANY **TRIP** IS 45 CONSECUTIVE DAYS AND CANCELLATION COVER ONLY COMMENCES ON THE START DATE OF THE POLICY

accident & general

FAIRSURE TRAVEL INSURANCE