



Group International Emergency Medical Expenses & Travel Insurance

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This insurance (and the Schedule which form an integral part of the insurance) is a legal contract please examine it thoroughly to ensure it meets the Insured's requirements. If it does not, the Insured must advise their insurance adviser immediately.

This **Policy** is a contract between the **Insured** (named in the **Schedule**) and Antares Syndicate 1274 at Lloyd's (hereafter referred to as **Us, Our, We**).

Provided the premium specified in the **Schedule** has been paid in the required manner, **We** will provide the insurance specified in this **Policy** (which includes any attached **Endorsements**) and **Schedule** during the **Period of Insurance**.

Antares Managing Agency Limited is the managing agent for Antares Syndicate 1274 at Lloyd's. Antares Managing Agency Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Registration Number 06646629). Registered address is 21 Lime Street London EC3M 7HB.

IMPORTANT NOTES:

This Policy (which includes all endorsements attached to it) is only valid when issued in conjunction with a numbered, signed and dated **Schedule**.

Please read this Policy and attaching **Schedule** very carefully. **We** are relying upon the information the **Insured** provides to **Us**, either directly or through the **Insured's Insurance Intermediary**, in deciding whether to provide the **Insured** with this **Policy** and on what terms and at what premium. If there are any errors or the coverage or benefits provided do not meet the **Insured's** requirements, the **Insured** should return it immediately to the **Insurance Intermediary** who sold the **Insured** the Policy originally.

If the information the **Insured** has provided **Us** is inaccurate or incomplete, and **We** establish that the **Insured** deliberately or recklessly provided **Us** with false or misleading information, then **We** may treat this **Policy** as if it never existed and decline all claims. If **We** establish that the **Insured** carelessly provided **Us** with false or misleading information, then the cover and benefits under this **Policy** could be affected and **We** might, for example:

- Treat this **Policy** as if never existed and return the **Insured's** premium paid; or
- Cancel the **Insured's Policy** and refuse to pay any claim; or
- Revise the premium; or
- Charge an additional premium or not pay a claim in full.

CONTENTS:

Page 1	IMPORTANT CONTACT INFORMATION
Page 2	HOW TO MAKE A CLAIM
Page 4	GENERAL TRAVEL ADVICE
Page 4	COOLING OFF PERIOD AND CANCELLATION
Page 5	DEFINITIONS
Page 8	CONDITIONS
Page 9	OPERATIVE TIMES
Page 10 – 20	WHAT IS COVERED:
Page 10	Section 1 – Personal Accident
Page 13	Section 2 – Baggage
Page 14	Section 3 – Cancellation, Curtailment (including Replacement and Rearrangement) and Change of Itinerary
Page 15	Section 4 – Hijack, Kidnap and Detention
Page 15	Section 5 – Medical Expenses and Emergency Medical Assistance
Page 16	Section 6 – Political and Natural Disaster Evacuation Expenses
Page 17	Section 7 – Money and Credit Cards
Page 18	Section 8 – Legal Expenses
Page 19	Section 9 – Personal Liability
Page 20	Section 10 – Travel Delay
Page 20	Section 11 – Travel Documents
Page 21	WHAT IS NOT COVERED
Page 22	HOW TO MAKE A COMPLAINT
Page 23	COMPENSATION
Page 23	PRIVACY NOTICE
Page 24	SANCTIONS
Page 24	CHOICE OF LAW

IMPORTANT CONTACT DETAILS

MEDICAL ASSISTANCE (24 HOUR) HELPLINE

If an **Insured Person** suffers **Illness** or **Bodily Injury** which requires **Hospitalisation** whilst on a trip the **Insured Person** must ring the telephone number provided below, which is also shown in the **Schedule**, before seeking treatment.

Tel: 0044 (0) 207 183 8910

Back up Mobile: 0044 (0) 7785 627433

Email: ops@northcottglobalsolutions.com

The information the **Insured Person** will be required to provide is:

1.	The Insured Person's name.
2.	The Policy Number (if known).
3.	The name of the Insured Person's employer, company or organisation.
4.	The telephone, Email address or facsimile number on which an Insured Person or the Insured or their representatives can be reached.
5.	The Insured Person's address abroad.
6.	Details of the medical problem, the Hospital and the name of doctor conducting treatment.

Medical Assistance Services provided by the team:

24-hour Service	Access to multi-lingual co-ordinators through the emergency telephone lines operating 24 hours a day 365 days a year. The co-ordinators are trained in worldwide Hospital procedures.
Evacuation Services	Evacuation or repatriation can be arranged, depending on the circumstances, by air ambulance or scheduled airline and if medically necessary attended by a fully equipped medical team.
Medical Staff	A qualified team of Doctors and Nurses are on hand to ensure that the most appropriate medical treatment is provided, with access to medical consultants.
Direct Billing	Direct billing with Hospitals can be arranged, removing the cost and inconvenience of using personal cash or credit card.

Northcott Global Solutions Ltd (NGS) may be contacted at any time, should the **Insured Person** require advice or assistance regarding all emergency matters.

In the **Event** of an **Insured Person** requiring evacuation/repatriation, it is imperative that NGS is contacted and authorisation obtained prior to such treatment and/or evacuation/repatriation taking place.

Failure to contact NGS and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. The **Insured** and the **Insured Person** should not attempt to find their own solution and then expect full reimbursement without prior approval first having been obtained from the NGS Limited.

In the **Event** that liability cannot be established at the outset of an emergency it is agreed that the first named **Insured** will guarantee payment until such time that liability can be accepted by **Us**.

CLAIMS CORRESPONDENCE AND NOTIFICATION – NON EMERGENCY MEDICAL CLAIMS

For non-medical emergency assistance claims other than as stated elsewhere in this Policy, the **Insured** or the **Insured Person** should notify the claim as soon as practicable but no later than ninety (90) days after an **Event, Bodily Injury or Illness** to **Our** Claims Administrator, at the following address:

Roger Rich & Co
2a Marston House
Cromwell Park
Chipping Norton
Oxfordshire
OX7 5SR

Telephone (within the UK): 0044 (0) 1608 641351

Telephone (outside the UK): 0044 (0) 1608 641176

E-mail: enquiries@rogerrich.co.uk

A claim form will be sent once contact is made.

If the **Insured** or the **Insured Person** encounters any issues with this process the **Insured** or **Insured Person** should contact the **Insurance Intermediary** who sold the **Insured** the Policy (whose details will appear on correspondence sent to the **Insured**). The **Insurance Intermediary** will be able to assist the **Insured** or the **Insured Person** with making the claim and any further issues that may arise.

VOYAGE MANAGER

With this insurance policy, the Insured and Insured Persons have access to the Country profile library.

You can access the Voyage Manager Country profile library to download or print country information including:

- Country risk
- Warnings
- Economy
- Climate
- Population
- Health
- Medical and Vaccination Guidelines
- Government
- Religion

A step-by-step guide is available for more information, if required.

Please use the following link and sign in details to access this information:

Web Link: <https://northcott.voyagemanager.com/Account/Default.aspx>

Username: antares.cp

Password: antares123

ONE TAP APP

With this insurance policy the Insured and Insured Persons have access to the NGS One Tap App.



NOTE: PLEASE DO NOT 'TEST' THIS FACILITY AS IT WILL INCUR COSTS

The app, at a touch of a button, sends all information from the **Insured's** phone to the NGS 24/7/365 Operations Room, along with the GPS location of the device at that time.

The app is designed to speed up transfer of information to NGS Ops, whilst providing generic advice for the following; security, medical, localized incidents and large-scale incidents.

To download the app, please type 'Northcott Global Solutions' into the search bar of the App Store or Google Play.

Follow the instructions to download the app onto **Your** device. On an Android press accept to allow NGS to access to the information displayed on **Your** screen. When filling out the details please make sure **Your** email address and policy number is correct. Once **You** have completed the details stage press 'Activate App' **You** will have to wait for NGS to manually approve **You**. Once approved by NGS, **You** will be emailed an activation code to enter into the device. **You** will be granted once **You** hit 'Activate APP'.

A step-by-step guide is available for more information, if required.

Any queries contact InsExec@northcottglobalsolutions.com.

If the app is pressed without an accompanying phone call to NGS Ops, NGS is not required to contact the holder of the app. It is for the **Insured** to officially inform NGS of a request for assistance by a phone call or email.

A request for NGS assistance using the app is to be communicated verbally in line with their policy instruction through the initial phone call that automatically opens up when the app is triggered.

For the avoidance of doubt, the purpose of the app is for information transfer only and not for triggering any kind of emergency response. This information consists of the information that the app holder entered into the device on setup.

For the call to go through successfully, the device will need signal. The email specifying the GPS coordinate requires data coverage in **Your** area. Data on **Your** device will also need to be switched on. There is an option to manually switch to SMS should **You** not have data coverage or **Your** device is not data enabled; **You** will need GSM coverage for this.

CARE FIRST - COUNSELLING AND INFORMATION SERVICE

Provided by **Care First** a leading UK provider of **Employee** assistance solutions.

Telephone: 0044 (0) 808 168 2142

Care First provides high quality resources for the **Insured's** managers – to help them manage their teams, reduce conflict and solve people problems – that will make a clear difference to the **Insured's** bottom line.

This means that the **Insured's** business will benefit from:

- A motivated and productive workforce
- Lower stress levels
- Lower sickness and absenteeism
- Improved recruitment and retention
- Compliance with Health and Safety legislation and the **Insured's** duty of care

Claims Co-Operation

The **Insured** and **Insured Person** shall in a timely fashion and within any time period specified by **Us** provide assistance and co-operate with **Our** or their representatives, in obtaining any other records **We** deem necessary to evaluate the **Incident** or claim. In no instance shall **We** be liable to pay any claim hereunder unless the **Insured** and/or an **Insured Person** co-operates with **Us** and/or their representatives in the investigation of the **Incident** or claim.

Claims Procedure

Claims Correspondence and Notification:

For any loss liable to give rise to a claim under this Policy, the **Insured** or **Insured Person** shall give notice to **Our** claims administrators in writing as soon as practicable and in any case within ninety (90) days with the following initial information:

	The Insured Person's name.
	The Policy Number (if known).
	The name of the Insured Person's employer, company or organisation.
	The telephone, Email address or facsimile number on which an Insured Person or the Insured or their representatives can be reached.
	Brief details of the claim to be made.

The **Insured** should also contact their **Insurance Intermediary** who sold them this Policy as soon as practicable, but no later than ninety (90) days of the loss. The **Insurance Intermediary's** address and telephone number will appear on their correspondence with the **Insured**.

GENERAL TRAVEL ADVICE

MEDICAL COVER AND THE EUROPEAN HEALTH INSURANCE CARD

People whose permanent address is in the United Kingdom are entitled to a European Health Insurance Card (EHIC) issued in the United Kingdom.

The EHIC can be used to cover any medical treatment needed within the European Economic Area (EEA) as a result of an **Bodily Injury** or **Illness**.

Although the EHIC may not cover all medical costs, **We** strongly recommend that each **Insured Person** gets an EHIC card and takes it with them whenever they are travelling in the EEA.

An **Insured Person** can get more details from the EHIC Information Service website at www.ehic.org.uk, from the Department of Health or from local post offices in the United Kingdom.

FOREIGN & COMMONWEALTH OFFICE (FCO) TRAVEL ADVICE

Before an **Insured Person** sets off on any foreign travel, they should review the FCO website at www.gov.uk/foreign-travel-advice. The site is packed with essential travel advice and tips, plus up-to-date information about the country being travelled to. Any **Insured Person** can subscribe to email alerts. The FCO can also be contacted on 0845 850 2829.

WORLD HEALTH ORGANIZATION

Along with the FCO, the WHO website can be a useful tool for any **Insured Person** to check before they travel for further in depth information about the country being travelled to. The website is www.who.int/countries/en/

COOLING-OFF PERIOD AND CANCELLATION

If this **Policy** does not meet the **Insured's** requirements and the **Insured** wishes to cancel this insurance, the **Insured** must notify the **Insured's Insurance Intermediary** who arranged this **Policy** for the **Insured** within the Cooling-Off Period, which is fourteen (14) days from the commencement of the **Period of Insurance** specified in the **Insurance Schedule** or within fourteen (14) days from receipt of the **Policy** documents from the **Insured's Insurance Intermediary**, whichever time period is later.

If the **Insured** or **Insured Person** has not made a claim during this Cooling-Off Period, **We** will refund the premium the **Insured** has paid to **Us** in full to the **Insured** via the **Insured's Insurance Intermediary**. Please contact the

Insurance Intermediary to obtain this refund. Their address and telephone number will appear on their correspondence to the **Insured**.

The **We** may cancel this Policy or any cover hereunder by giving thirty (30) days written notice to the **Insured** at their last known address and the premium shall be calculated for the period up to the date when the cancellation takes effect and **We** shall return any unearned portion of the premium paid.

The **Insured** may cancel this Policy by giving thirty (30) days written notice to **Us**. In this **Event**, provided that no claim has been paid or is payable and no **Incident** has occurred which could give rise to a claim under this Policy, the return premium to be calculated will be based upon the period of cover the **Insured** or **Insured Person** has had.

An **Insured Person** has no rights of cancellation under this Policy, nor any right to a premium refund.

DEFINITIONS (applicable to all Sections)

Wherever the following words appear in bold they will have the meanings shown below

Accident

means a sudden, unexpected, unusual, specific, external **Event** which occurs at an identifiable time and place during the period of this insurance.

Bodily Injury

means identifiable physical **Bodily Injury** which

- is caused by an **Accident**, and
- solely and independently of any other cause (except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such **Bodily Injury**) which results in the death or disablement of the **Insured Person** within twelve months from the date of the **Accident**.

Child/Children

Any child/children of an **Insured Person** who is/are unmarried and dependent and under eighteen (18) years of age or under 25 years of age if in full-time education or under 40 if dependent due to reason of mental or physical disability.

Country of Domicile

The country in which the **Insured Person** is habitually resident during the period of this insurance. Where the **Insured Person** is not domiciled in the United Kingdom and where the context permits, the term United Kingdom shall be construed as meaning the **Insured Person's country of domicile**.

Employee

Any **Person** under a contract of employment, service or apprenticeship with the **Insured**.

Event

All individual losses arising out of and directly occasioned by one sudden, unexpected, unusual, specific **Event** occurring at an identifiable time and place as stated in the **Schedule**.

The duration and extent of any **Event** shall be limited to twenty-four (24) consecutive hours and within a 10 mile radius for any **Event** hereunder, and no individual loss which occurs outside such period and/or radius shall be included in that **Event**.

The **Insured** or the **Insured Person** may choose the date and time when such period of consecutive hours commences and also the specific 10 mile radius determining an **Event**. If any **Event** is of greater duration than the above period the **Insured** or the **Insured Person** may divide that **Event** into two or more **Events** provided that no two periods overlap and provided no period commences earlier than the date and time of the **Insured** or **Insured Person's** first recorded individual loss arising out of the **Event**.

Excess

The first amount of each and every claim that the **Insured** or **Insured Person** shall pay and for which the **We** shall not be liable.

Hospital

Any institution which meets fully every one of the following criteria

- A. maintains permanent and full time facilities for the care of overnight resident patients and
- B. has diagnostic and therapeutic facilities for the surgical and medical diagnosis treatment and care of injured and sick persons by or under the supervision of a staff of **Medical Practitioners** and
- C. continuously provides 24 hours a day nursing service supervised by state registered nurses or by persons with equivalent qualifications and
- D. is not other than incidentally an institution which provides full time facilities for:
 - i) mentally **III** or mentally handicapped persons
 - ii) nursing or convalescing
 - iii) aged persons of 70 years or more
 - iv) drug addicts
 - v) alcoholics.

III / Illness

An **Illness** or disease that manifests itself during the **Operative Time**.

Incidental Leisure Trip

Shall mean a period of holiday up to (five) 5 days immediately prior to or following a business trip undertaken on behalf of the **Insured**.

Insurance Intermediary

The broker who arranged and concluded this contract of insurance for the **Insured**.

Incident

All individual losses arising out of and directly occasioned by one sudden unexpected specific **Event** occurring at an identifiable time and place.

Insured

As detailed in the **Schedule**.

Insured Journey

Any trip commencing during the period of this insurance in connection with the business of the **Insured**, involving travel outside the **Insured Person's country of domicile** and shall start from the time of leaving home or the normal place of business (whichever is left first) and continue until arrival back at home or the normal place of business (whichever is reached last).

Insured Person

Any **Person** working on behalf of and with the permission of the **Insured** including their **Partner** and **children** whilst accompanying them on an **Insured Journey**.

Medical Practitioner

Any suitably qualified **Medical Practitioner** registered by the General Medical Council in the **Insured Person's Usual Country of Domicile** (or foreign equivalent); or in respect of dental treatment only, a dental practitioner who is registered with the British Dental Association (or foreign equivalent); other than:

1. an **Insured Person**.
2. a member of the immediate family of the **Insured Person**.
3. an **Employee** of the **Insured**.

Operative Time

The period of time applicable to each section of cover during which the **Insured** and **Insured Persons** are covered by the terms and conditions of this Policy.

Partner

The spouse, domestic **Partner** or civil **Partner** of an **Insured Person**.

Period of Insurance

The period shown in the **Schedule** or subsequently amended by endorsement.

Property

1. Personal effects owned by or the responsibility of an **Insured Person** and/or
2. **Business Equipment** taken by an **Insured Person** on a trip or acquired by the **Insured Person** in the course of such trip during the **Operative Time**.

Proposal

The **proposal** or statement of fact including any renewal declaration and information supplied by or on behalf of the **Insured**.

Radiation

The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement, or death of people or animals.

Schedule

The document attached to and forming part of the Policy showing details of the cover the **Insured** has purchased which are specific to them and to any **Insured Person(s)**.

Terrorist Activity

An act, or acts, of any Person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. **Terrorist Activity** may include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity may either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).

Total Disablement or Total Disability

An **Insured Person's** complete and physical inability to attend to their usual business or occupation solely as a result of a **Bodily Injury** or **Illness** and independently of any other cause.

We / Us / Our

Antares Managing Agency Limited, as managing agent for Antares Syndicate 1274 at Lloyd's.

Utilisation of Biological Weapons of Mass Destruction

The emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death of people or animals.

Utilisation of Chemical Weapons of Mass Destruction

The emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death of people or animals.

Utilisation of Nuclear Weapons of Mass Destruction

The use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death of people or animals.

War

Any activity arising out of, or any attempt to participate in, the use of military force between nations including:

1. hostilities or warlike operations (whether **War** be declared or not).
2. invasion, civil **War**, rebellion, insurrection, revolution.
3. act(s) of an enemy foreign to the nationality of the **Insured Person** or the country in, or over which the act occurs.
4. civil commotion assuming the proportions of, or amounting to, an uprising.
5. overthrow of the legally constituted government.
6. military or usurped power.
7. explosions of **War** weapons.
8. **Terrorist Activity**.
9. murder or assault subsequently proved beyond doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether **War** be declared with that state or not.

CONDITIONS (applicable to all Sections)

Access to Additional Materials

The **Insured** and/or any **Insured Person** under this Policy shall furnish to **Us**, or their designated representatives, all information, documentations and medical information that **We** may require at any time during the term of this Policy, or until resolution of all claims, whichever is later.

Acquisition Clause

If during the period of this insurance the **Insured** acquires or creates any new office branch subsidiary or associated company either directly or through one of its subsidiaries cover shall automatically apply from such date of acquisition or creation (provided either the wage roll or number of **Insured persons** or travel pattern does not increase by more than 10% of the estimate provided at inception or renewal) at no additional charge otherwise **We** agree to provide cover from the date of creation or acquisition for a period of 30 days during which time the **Insured** shall provide any additional information and pay any additional premium as may be required by **Us**.

Associated Companies

Where this insurance covers associated companies a list of these companies shall be provided to **Us**.

Cancellation of terrorism or War cover

We may cancel any insurance provided by this insurance against **War** or **terrorism** by giving seven (7) days' notice to the **Insured** at the **Insured's** last known registered address. The insurance in respect of any **Insured Journey** involving travel outside the **Insured Person's country of domicile** which commences before the expiry of such notice shall not be affected.

Change of Business

The **Insured** shall, within thirty (30) days, notify **Us** of any change in their business, trade or profession and at which time the **We**, at **Our** option will amend the cover and/or amend the premium.

Contribution

Where a claim is made against **Us** and there is more than one contract of Insurance in force covering the same interest, against the same loss against the same subject matter, **We** are entitled to call upon any other Insurers liable for the same to make a rateable contribution towards the loss.

Currency Conversion

Should any payment be required to be made in a different currency to that shown on the **Schedule**, the rate of exchange used shall be as published on www.oanda.com at the date of loss.

Fraudulent Claims

If any claim submitted under this Policy by the **Insured** or an **Insured Person** or by any **Person** acting on behalf of the **Insured** or an **Insured Person** shall in any respect be through concealment, misstatement or deliberate provision of false information **We** shall be under no liability to make payment in respect of such claim and the **Insured** or **Insured Person** must pay back any benefit that the **We** have already paid that was subject to the concealment, misstatement or deliberate provision of false information within 30 days of **Our** request for the payment of such monies. In this event **We** will cancel this Policy and not refund any premiums.

Interest

No sum payable by **Us** under this Policy shall carry interest.

Other Insurance

We will not pay any indemnity claim if any loss, damage payment, or liability under this Policy is also covered wholly or in part under any other insurance except in respect of any **Excess** beyond the amount which would have been covered under such other insurances had this Policy not been effected.

Premium Adjustment

If the premium is calculated on a declaration basis the **Insured** shall within one (1) month of the expiry of this Policy provide the premium adjustment information required by the **Us**.

Right to Medical Records and Medical Examination

Following notice of a claim, an **Insured Person** shall provide, when requested by **Us**, all authorisations necessary to obtain such **Insured Person's** medical records. **We** have the right to have an **Insured Person** examined by a physician or vocational expert of their choice, and at their expense, when and as often as they may request.

Affordable Care Act

This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ("ACA"). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain **US** citizens and **US** residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA-compliant coverage. **You** should consult **Your** attorney or tax professional to determine if ACA's requirements are applicable to **You**.

Due Care

The **Insured** and each **Insured Person** must take all steps to avoid or minimise any loss or damage and must also make every effort to recover any **Property** which has been lost or stolen.

OPERATIVE TIME AND DESCRIPTION

Operative Time means a time within the **Period of Insurance** during which coverage shall apply, being:

Business and Incidental leisure trips outside Usual Country of Domicile

Any trip commencing during the **Period of Insurance** in connection with the business of the **Insured**, involving travel outside **Usual Country of Domicile** starting from the time of leaving home or the normal place of business (whichever is left last) and continuing until arrival back at home or the normal place of business (whichever is reached first).

WHAT IS COVERED

SECTION 1: PERSONA ACCIDENT COVER

Cover

If during a **Journey** the **Insured Person** sustains **bodily Bodily Injury** following an **Accident** which within two years is the sole and independent cause of death or disablement **We** will pay to the **Insured** the appropriate Benefit shown in the **Schedule** subject to the Maximum **Incident** Limit (and inner limits where applicable) as detailed in the **Schedule**.

Benefits payable:

1. Death
2. The amount payable for Benefit 2 shall be a percentage of the amount shown in the **Schedule**. The following scale states the percentages applicable to the forms of disablement specified. For forms of permanent disablement not specified the degree of disability will be assessed by comparison with the percentages shown in the scale without taking into account the **Insured Person's** occupation. The appropriate percentage shall be applied to the amount for Benefit 2 shown in the **Schedule** or to the Limit per **Person** under Benefit 2 whichever is the lesser:
 - a) Loss of Eye 100%
 - b) Permanent and total loss of speech 100%
 - c) Permanent and total loss of hearing:
 - i) in both ears 100%

ii)	in one ear	40%
Loss by permanent physical severance or permanent and total loss of use of:		
d)	one Limb	100%
e)	one big toe	15%
f)	any other toe	6%
g)	one thumb	30%
h)	one forefinger	20%
i)	any other finger	10%

Permanent total loss of use of:

j)	shoulder or elbow	25%
k)	wrist hip knee or ankle	22%

Removal by surgical operation of:

l)	lower jaw	30%
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3. Permanent Total Disablement from the **Insured Person's** usual occupation in the business.

4. Temporary Total Disablement from the **Insured Person's** usual occupation in the business.

Special Definitions applying to this Section:

Permanent total disablement	means disablement which prevents the Insured Person from attending to all aspects of any business or occupation for which the Insured Person is practically suited by training, education, industry knowledge or experience and which lasts twelve consecutive months and at the end of that period is beyond hope of improvement.
Temporary total disablement	means disablement which prevents the Insured Person from attending to all aspects of the Insured Person's business or occupation.
Loss of hearing	means permanent total and irrecoverable loss of hearing in one or both ears shall be considered as having occurred: <ol style="list-style-type: none"> 1. in both ears, if an Insured Person is declared totally deaf on the authority of a registered qualified audiology specialist and is without hope or prospect of improvement; or 2. in one ear, if the degree of hearing is more than 90% and is without hope or prospect of improvement.
Loss of limb or limbs	means permanent and complete loss of or loss of use of a limb or limbs at or above the knee or wrist.
Loss of sight	Permanent and total loss of sight shall be considered as having occurred: <ol style="list-style-type: none"> 1. in both eyes, if an Insured Person's name is added to the Register of Blind Persons on the authority of a registered qualified ophthalmic specialist and is without hope or prospect of improvement; or 2. in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope or prospect of improvement.
Loss of speech	means permanent total and irrecoverable loss of speech shall be considered as having occurred if an Insured Person is declared totally unable to communicate by voice on the authority of a registered qualified Medical Practitioner and/or a registered qualified speech therapist and is without hope or prospect of improvement.

Special Conditions applying to this Section:

Benefits

- A. **We** will not pay in respect of any one **Insured Person** more than one of Benefits 1 to 3 in connection with the same **Accident**.
- B. On the happening of an **Accident** giving rise to a claim for 100% of the amount for any of Benefits 2 to 3 this insurance will not cover any further **Accident** to that **Insured Person**.
- C. **We** will pay any amount claimed for Benefit 4 in addition to any amount claimed under Benefits 1 to 3 in connection with the same **Accident**.
- D. Loss of Limb or Eye or speech or hearing must be proved before **We** will pay for Benefit 2.
- E. Permanent Total Disablement must be proved to **Our** satisfaction to be permanent and without expectation of recovery and any claim for Benefit 4 must have been settled in full before **We** will pay for Benefit 3.
- F. If Benefit 1 is included but the amount payable thereunder is less than the amount for Loss of Limb or Eye or speech or hearing **We** will not pay more than the amount for Benefit 1 until at least thirteen weeks after the date of the **Accident** and **We** will only then pay the balance if the **Insured Person** has not died in the meantime as a result of the **Accident**.
- F. If Benefit 2 is claimed in respect of the same **Insured Person** for more than one form of permanent disablement as the result of the same **Accident** the total of the percentages payable shall not exceed 100% of the amount for Benefit 2. If a claim is payable for loss of use of a whole member of the body a claim for parts of that member cannot also be made.
- G. If Benefit 2 under the Standard Scale is claimed for permanent total loss of hearing in one ear **We** will not pay more than 40% of the amount which would have been payable had the claim been for permanent total loss of hearing in both ears.H. Where an **Insured Person** is not in full time gainful employment, or is a **Partner** or **Child** of an **Insured Person**:
- H1. **Permanent Total Disablement** shall read, "**Total Disablement** caused other than by **Loss of Limb or Limbs** or **Loss of Sight** or **Loss of Speech** or **Loss of Hearing**, Disablement which entirely prevents the **Insured Person** from attending to any business or occupation to which the **Insured Person** is suited by training or experience, and which lasts twelve (12) consecutive months and at the expiry of that period is beyond hope of improvement in the opinion of a **Medical Practitioner**."
- H2. **Disability Income** benefit will not be payable.

Disappearance

In the event of the disappearance of an **Insured Person** if after a suitable period of time and having examined available evidence there is reason to believe that Death has occurred as a result of **Bodily Injury** following an **Accident** Benefit 1 shall become payable subject to a signed undertaking by the **Insured** that if the belief is subsequently found to be wrong such amount shall be refunded to **Us**.

Exposure

If an **Insured Person** suffers Death or Disablement as a result of exposure to the elements **We** will consider that as having been caused by **Bodily Injury** following an **Accident**.

Minors

If the **Insured Person** is i) under the age of 16 or ii) aged 16 or 17 and is not one of the **Insured's** employees

- A. The amount for Benefit 1 will be limited to GBP 10,000
- B. Benefit 3 shall be defined as Permanent Total Disablement from gainful employment of any and every kind
- C. No amount will be payable under Benefit 4.

Special Extensions applying to this Section:

Catastrophe

If during an **Insured Journey** an **Incident** results in payment of the Death benefit for five or more **Insured persons** who are covered under the Personal **Accident** Section of this insurance **We** will pay to the **Insured** an additional

25% of the total Sum Insured payable relative to those five or more **Insured persons** subject to the Maximum **Incident Limit** (and inner limits where applicable) as detailed in the **Schedule**.

Coma Benefit

If during an **Insured Journey** the **Insured Person** sustains **Bodily Injury** following an **Accident** which within 90 days is the sole and independent cause of the **Insured Person** being in a continuous unconscious state **We** will pay GBP 50 per full 24 hours up to a maximum of 104 weeks any one **Insured Person** while they remain in a continuous unconscious state.

Convalescence Benefit

If during an **Insured Journey** the **Insured Person** sustains **Bodily Injury** following an **Accident** which within two years is the sole and independent cause of permanent disablement for which Benefit 2 3 or 4 is claimed **We** will pay necessary expenses incurred with **our** prior written consent to employ the services of a chauffeur, domestic help or other similar service provider necessitated as a direct result of the **Insured Person's** Disablement up to GBP 100 per week to a maximum GBP 10,000 any one **Insured Person** subject to this not being included in any claim under Section 6.

Disability Assistance

If during an **Insured Journey** the **Insured Person** sustains **Bodily Injury** following an **Accident** which within two years is the sole and independent cause of permanent disablement for which Benefit 2 or 3 is claimed **We** will pay necessary expenses incurred with **our** prior written consent to make alterations to the **Insured Person's** home car or workplace as a direct and necessary result of the permanent disability suffered up to a maximum of GBP 30,000 any one **Insured Person**.

Special Exceptions applying to this Section:

We will not pay any Benefit where **Bodily Injury** following an **Accident** is the result of or is contributed to by:

1. **Illness** or disease (not resulting from **Bodily Injury** following an **Accident**);
2. any naturally occurring condition or degenerative process;
3. any gradually operating cause.

SECTION 2: BAGGAGE

Cover

If during an **Insured Journey** an **Insured Person's** baggage is lost damaged stolen or destroyed **We** will indemnify the **Insured** on behalf of the **Insured Person** concerned for the cost of repair or replacement.

We will pay

the cost of replacement as new (or at **our** option will replace as new) except for items that can be economically repaired (including clothing) where the cost of repair will be paid up to the appropriate Sum Insured shown in the **Schedule** in respect of any one **Insured Person** less any amount recoverable from the transport provider.

Special Extensions applying to this Section

Delayed Baggage

In the **Event** of the **Insured Person's** baggage being lost for more than 4 hours **We** will reimburse the **Insured** on behalf of the **Insured Person** concerned up to GBP 1,500 towards the cost of purchasing emergency replacement clothing toilet requisites and similar items. Cover under this Extension is only applicable during outbound trips.

Loss of Keys

If during an **Insured Journey** the keys to the external doors safes or alarms of the **Insured Person's** home or car are lost damaged stolen or destroyed **We** will indemnify the **Insured** on behalf of the **Insured Person** concerned for the replacement of the keys and lock mechanisms up to GBP 500.

Automatic reinstatement of Sum Insured after a loss

In respect of any one **Insured Person** the Sum Insured shall not be reduced by the amount of any loss during any

one **Insured Journey** and no additional premium shall be payable for such automatic reinstatement of cover.

Special Exceptions applying to this Section:

We will not pay

1. more than GBP 1,500 or 25% of the appropriate Sum Insured whichever is the greater in respect of any one item.
2. for loss or damage theft or destruction of money and credit cards.
3. for loss or damage or destruction caused by:
 - A. wear and tear, depreciation, moth, vermin, chipping, scratching, breakage of glass, china or other fragile items, atmospheric or climatic conditions or any other gradually operating cause;
 - B. any process of cleaning dyeing repairing or restoring and
 - C. delay confiscation or detention by order of any government or public authority.
4. for mechanical or electrical breakdown or derangement.
5. for loss damage theft or destruction of trade samples exceeding GBP 1,000 in total or where **Insured** under a more specific insurance.
6. for any baggage that is lost damaged stolen or destroyed while being shipped as freight or under a bill of lading.
7. for any consequential loss.
8. the first GBP 50 of any claim.
9. for loss or destruction to any **Property** whatsoever or any expense whatsoever resulting or arising therefrom or any consequential loss or any legal liability of whatsoever nature directly or indirectly caused or contributed to or arising from:
 - A. ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - B. the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

SECTION 3: CANCELLATION, CURTAILMENT (INCLUDING REPLACEMENT AND REARRANGEMENT) AND CHANGE OF ITINERARY

Cover

Cancellation

If the **Insured** or the **Insured Person** is forced to cancel an **Insured Journey** as a direct and necessary result of any cause outside the **Insured's** or the **Insured Person's** control including volcanic ash **We** will reimburse the **Insured** for all deposits advance payments and other charges for transport and accommodation.

Curtailement

If the **Insured** or the **Insured Person** is forced to cut short an **Insured Journey** and return to their normal country of residence as a direct and necessary result of any cause outside the **Insured's** or the **Insured persons** control including volcanic ash **We** will reimburse the **Insured**

- A. for all non-recoverable deposits advance payments and other charges for transport and accommodation.
- B. for the additional cost of travel and accommodation necessarily incurred to return the **Insured Person** to their **country of domicile**.

Replacement and Rearrangement following Curtailement

Following the Curtailment of an **Insured Journey** We will reimburse the **Insured** for the additional cost of travel and accommodation necessarily incurred as a direct result of

- A. the sending of a replacement for the **Insured Person** to assume the duties of that **Insured Person**.
- B. rearrangement of the **Insured Persons' Insured Journey** to resume his or her duties within six months of Curtailment.

Change of Itinerary including Missed Departure

If the **Insured** or the **Insured Person** is forced to alter pre-booked arrangements in connection with an **Insured Journey** as a direct and necessary result of any cause outside the **Insured's** or the **Insured Person's** control We will reimburse the **Insured** for the additional cost of travel and accommodation necessarily incurred to enable the **Insured Person** to continue that **Insured Journey**.

We will pay

up to the cost of the **Insured Journey** including those trips on the **Insured's** business funded wholly or in part by air miles but not exceeding the appropriate Sum Insured in respect of any one **Insured Person** subject to the **Incident Limit** as detailed in the **Schedule**.

Special Exceptions applying to this Section:

We will not pay

The first GBP 50 of any claim and furthermore in respect of any claim as a result of:

- 1. disinclination to travel;
- 2. the **Insured Person** committing or attempting to commit suicide or as a result of self-inflicted **Bodily Injury**;
- 3. the **Insured Person** engaging in flying of any kind other than as a passenger;
- 4. redundancy of the **Insured Person** or any of the **Insured's** employees;
- 5. the **Insured's** financial circumstances;
- 6. the financial failure or omission or neglect of any provider (or their agent) of transport or accommodation;
- 7. regulations made by any government or public authority;
- 8. withdrawal from service temporarily or permanently of any means of transport on the orders or recommendation of any port authority or the Civil Aviation Authority or any similar body in any country;
- 9. strike labour dispute mechanical breakdown or failure of the means of transport other than where the departure of any means of transport on which the **Insured Person** is booked to travel is delayed by at least 4 hours unless the delay is due to a strike or industrial action which existed or of which advance warning had been given prior to the date on which the **Insured Journey** was booked and
- 10. circumstances involving a **Person** who is travelling or intending to travel against the advice of a **Medical Practitioner** or for the purpose of obtaining treatment.
- 11. The serious **Illness**, accidental bodily injury or death of an Immediate Relative or **Close Business Colleague** (over the age of 75 years), validated by a qualified medical practitioner. **This is subject to the individual not being seriously or critically ill at the time of the application** and only if the **Insured Journey** is in excess of 120 days continuous duration.

SECTION 4: HIJACK, KIDNAP AND DETENTION

Cover

We will reimburse the **Insured** for costs or expenses incurred as a direct consequence of an **Insured Person** being victim of a Hi-jack, Kidnap or taken Hostage during an **Insured Journey** up to the daily amount specified and an amount not exceeding the sum Insured stated in the **Schedule**.

Provisions applying to this Section

If during an **Insured Journey** an **Insured Person** is the victim of a Hi-jack, Kidnap or taken Hostage, the cover shall continue in respect of that **Insured Person** for up to 52 weeks from the date of Hi-jack, Kidnap or taken Hostage or until the **Insured Person** returns home, whichever is the earlier.

SECTION 5: MEDICAL EXPENSES AND EMERGENCY MEDICAL ASSISTANCE

Cover

If during an **Insured Journey** an **Insured Person** falls **Ill** or sustains **Bodily Injury** following an **Accident** **We** will indemnify the **Insured** in respect of Medical Expenses and Emergency Travel Expenses which are necessarily incurred as a direct result.

We will pay

up to the appropriate Sum Insured shown in the **Schedule** for all Medical and Emergency Travel Expenses incurred in respect of any one **Insured Person**.

Special Definitions applying to this Section

Medical Expenses

The cost of medical surgical or other remedial attention treatment or appliances given or prescribed by a **Medical Practitioner** and all **hospital**, nursing home and ambulance charges:

- A. incurred during an **Insured Journey** and within two years of the date that the need for treatment first arises.
- B. incurred within the United Kingdom or the **Insured Person's country of domicile** on return from an **Insured Journey** for an amount not exceeding GBP 50,000 per **Insured Person** and incurred within three months of the **Insured Person's** return the United Kingdom or **country of domicile**.

Dental and optical expenses are included only if necessitated by **Bodily Injury** following an **Accident** or incurred for emergency treatment.

Emergency Travel Expenses

The additional costs incurred on an **Insured Journey** (less any saving by or recovery available to the **Insured Person** concerned) of travel, accommodation, rescue and repatriation incurred upon the recommendation of Northcott Global Solutions in respect of the **Insured Person** or of any business colleague relative or friend who have necessarily to travel to or remain with or escort the **Insured Person** or the **Insured Person's** baggage.

Funeral Expenses

If during the course of an **Insured Journey** the **Insured Person** dies **We** will pay up to a maximum of GBP 10,000 for the necessary cost incurred, with **our** prior consent, of funeral expenses and in the case of death outside the **Insured Person's country of domicile** the necessary cost of transporting the body or ashes and the **Insured Person's** baggage to their normal **country of domicile**.

Hospital Benefit

If during the course of an **Insured Journey** the **Insured Person** is admitted to a **hospital** on the recommendation of a **Medical Practitioner** **We** will pay GBP 50 per full 24 hours up to a maximum of 52 weeks while the **Insured Person** is a **hospital** in-patient outside the United Kingdom or their **country of domicile**.

In addition **We** will pay the necessary costs incurred by the **Insured Person's** immediate family in respect of travel and accommodation expenses in visiting the **Insured Person** in **hospital** up to GBP 100 per full 24 hours up to a maximum of GBP 10,000 any one **Insured Person**.

Special Exceptions applying to this Section

We will not pay

1. for any Medical Expenses incurred in the **Insured Person's country of domicile** (other than as provided under Special Definition Medical Expenses B above) or for routine Medical Expenses EG check-ups and regular medication or for any form or elective, non-urgent treatment.
2. any claim if the **Insured Person** is travelling against medical advice given by a **Medical Practitioner** or, for the purpose of obtaining treatment.
3. any claim handled by Northcott Global Solutions where it is subsequently found that the **Person** receiving treatment or incurring costs is not an **Insured Person** on an **Insured Journey** in which **Event** such costs will be the sole responsibility of the **Insured**.
4. for any National or Citizen of the United States of America or any **Insured Person** who is domiciled in the USA for any trip to or within the USA.
5. the first GBP 50 of any claim.
6. for Medical Expenses within the United Kingdom or within the **Insured Person's country of domicile** where treatment is available under a national health system or equivalent scheme.
7. for routine medical expenses resulting from pregnancy or childbirth.
8. for any medical expenses resulting from pregnancy or childbirth incurred within four weeks of the expected date of childbirth.

SECTION 6: POLITICAL AND NATURAL DISASTER EVACUATION EXPENSES

Cover

Political Evacuation Expenses

If whilst an **Insured Person** is travelling outside of their **Country of Domicile** on business and:

1. officials (local government employees or equivalent) in the country the **Insured Person** is in, recommend that certain employment categories of persons, which employment categories include the **Insured Person**, should leave that country; or
2. the **Insured Person** is expelled from or declared persona non grata in the country in which they are situated.

We will pay:

1. expenses not exceeding the sum insured stated in the **Schedule** to return the **Insured Person** to their **Country of Domicile**; or
2. expenses not exceeding the sum insured stated in the **Schedule** to deliver the **Insured Person** to the nearest place of safety; and
3. the provision of appropriate security, security escort service and/or appropriate flight(s) home up to the sum insured stated in the **Schedule**
4. hibernation options, life support assistance, security, and relocation
5. where the **Insured Person** is unable to return to their **Country of Domicile**, the costs of accommodation, up to a maximum of £100 per day for each **Insured Person** for a maximum period of ten (10) days. This benefit is not payable in the **Insured Person's Country of Domicile**.

Conditions applicable to Political Evacuation Expenses – See also General Conditions:

1. If an incident occurs which is a Political Evacuation Expense, but the **Insured Person** has not sustained any **Injury**, the **Insured** or **Insured Person** must inform the **Our** representatives, Northcott Global Solutions Ltd, who are available twenty-four hours a day, seven days a week at the following number:



Tel: 0044 (0) 207 183 8910
Backup Ops Mobile: 0044 (0) 7785 627433
Email: ops@northcottglobalsolutions.com
Fax: 0044 (0) 207 183 8919

IF THE ABOVE-NAMED REPRESENTATIVES HAVE NOT BEEN CONTACTED, THEN NO CLAIM WILL BE PAID.

2. If repatriation expenses are necessarily incurred by **Us** when acting in good faith in respect of any person subsequently found not to be insured under this Policy, the **Insured** will reimburse **Us** for all such costs incurred.
3. To avoid prejudicing the reimbursement of expenses, the **Insured** and/or an **Insured Person** will not try to provide solutions to medical emergency problems encountered without involving the Evacuation Services.

Natural Disaster Evacuation Expenses

Cover

If whilst an **Insured Person** is travelling outside of their **Country of Domicile** on business and a **Major Natural Disaster** has occurred in the country in which the **Insured Person** is situated, necessitating their immediate evacuation in order to avoid personal risk of **Injury** or **Illness**:

We will pay:

1. up to the cost not exceeding the sum insured stated in the **Schedule** to return the **Insured Person** to their **Country of Domicile**; or
2. up to the cost not exceeding the sum insured stated in the **Schedule** to deliver the **Insured Person** to the nearest place of safety; and
3. where the **Insured Person** is unable to return to their **Country of Domicile**, the costs of accommodation, up to a maximum of £100 per day for each **Insured Person** for a maximum period of ten (10) days. This benefit is not payable in the **Insured Person's** country of domicile.
4. the provision of appropriate security, security escort service and/or appropriate flight(s) home up to the sum insured stated in the **Schedule**
5. hibernation options, life support assistance, security, and relocation

Note: If an **Insured Person** needs to leave the country they are in, the Evacuation Services must be contacted beforehand to confirm cover. Where possible the Evacuation Services will make the travel arrangements and in all cases the **We** will decide where to send the **Insured Person**.

Definitions applicable to Natural Disaster Evacuation Expenses – See also General Definitions for the meaning of other terms used within this Sub-Section:

Major Natural Disaster

Shall mean:

Geological event:	Earthquake, Volcanic eruption.
Hydrological event:	Maelstrom, Tsunami.
Climatic event:	Hurricane, Tropical cyclone, Typhoon, Ice storm, Tornado.

Conditions applicable to Natural Disaster Evacuation Expenses – See also General Conditions:

1. If an incident occurs which is a Natural Disaster which may give rise to a claim as a result, the **Insured** or **Insured Person** must inform **Our** representatives, Northcott Global Solutions Ltd who are available twenty-four hours a day, seven days a week at the following number:



Tel: 0044 (0) 207 183 8910
Backup Ops Mobile: 0044 (0) 7785 627433
Email: ops@northcottglobalsolutions.com
Fax: 0044 (0) 207 183 8919

IF THE ABOVE-NAMED REPRESENTATIVES HAVE NOT BEEN CONTACTED, THEN NO CLAIM WILL BE PAID.

3. To avoid prejudicing the reimbursement of expenses, the **Insured** and/or an **Insured Person** will not try to provide solutions to medical emergency problems encountered without involving The Evacuation Services.
4. In the event that repatriation expenses are necessarily incurred by **Underwriters** when acting in good faith in respect of any person subsequently found not to be insured under this Policy, the Insured will reimburse **Underwriters** for all such costs incurred.

Exclusions applicable to Political and Natural Disaster Evacuation Expenses – See also General Exclusions:

We will not pay any claim:

1. where the **Insured Person** has breached or is accused of breaching the laws or regulations of the country from which they have to be evacuated;
2. where the **Insured Person** fails to produce or maintain immigration, work, residence or similar visas, permits or other documentation necessary to remain in that country;
3. due to debt, insolvency, commercial failure, the repossession of property or any other financial cause;
4. following the **Insured's** or **Insured Person's** failure to honour any contractual obligations or bond or to obey any conditions in a licence;
5. If the **Insured Person** is a national of the country from which they are to be evacuated;
6. where political unrest or a **Major Natural Disaster** existed prior to the **Insured Person** entering the country or its **Event** being foreseeable to the **Insured Person** before they entered the country;
7. for expenses necessarily incurred as part of the original travel budget;
8. where the **Insured Person** was travelling solely for leisure purposes;
9. where it is illegal or deemed by **Underwriters** to be too dangerous to evacuate the **Insured Person**.

SECTION 7: MONEY AND CREDIT CARDS

Cover

We will reimburse the **Insured** on behalf of the **Insured Person** concerned if during

- A. an **Insured Journey** or the 120 hours immediately preceding its commencement or subsequent to its completion an **Insured Person** loses **money**.
- B. an **Insured Journey** an **Insured Person** suffers financial loss solely as a result of a credit card being stolen or lost and subsequently used by any **Person** other than the **Insured Person** or a member of the **Insured Person's** family.

We will pay

up to the appropriate Sum Insured detailed in the **Schedule** in respect of any one **Insured Person**.

Special Definitions applying to this Section:

Money

Coins, bank and currency notes, postal orders, signed travellers' and other cheques, letters of credit, travel tickets, current postage stamps, credit cards, petrol and other coupons, driving licence, and green card.

Special Exceptions applying to this Section

We will not pay

1. for losses exceeding GBP 2,000 in respect of coin bank and currency notes.
2. for confiscation errors or omissions in receipts payments or accountancy or depreciation in value.
3. any claim for loss of a credit card unless the **Insured** or the **Insured Person** has complied with all the terms and conditions under which the card was issued where able to do so.
4. for any consequential loss.
5. the first GBP 50 of any claim.

SECTION 8: LEGAL EXPENSES

Cover

We will indemnify the **Insured** for Legal Expenses incurred by or on behalf of an **Insured Person** up to an amount not exceeding the sum Insured stated in the **Schedule** in pursuing a claim for damages against any third party who has caused the death or **Bodily Injury** of an **Insured Person** by an **Incident** occurring during an **Insured Journey** during the period of this insurance.

Special Definitions applying to this Section

Legal Expenses

- A. Any fees (other than those charged only on the successful outcome of the Legal Proceedings) expenses or other disbursements including costs and fees of expert witnesses incurred by the Legal Personal Representative in connection with the Legal Proceedings or in appealing or resisting an appeal against the judgement of any court in connection with any Legal Proceedings.
- B. Any costs payable by the **Insured Person** following an award of costs by any court and any costs payable following an out of court settlement to which **We** have agreed and which is made in connection with any Legal Proceedings.

Legal Personal Representative

A solicitor or other suitably qualified **Person** appointed to act for **Insured** or the **Insured Person** or their Legal Personal Representatives in any Legal Proceedings.

Legal Proceedings

The pursuit of a legal action in a civil court.

Special Exceptions applying to this Section

We will not pay for:

1. Legal Expenses incurred without **our** prior written approval.
2. any claim reported to **Us** more than 60 days after the beginning of the **Incident** which led to the claim.
3. claims against **Us** or anyone acting on **our** behalf, or a travel agent, tour operator or carrier.
4. the continued pursuit of any claim where **We** consider the **Insured** or an **Insured Person** does not have a likely prospect of establishing a legal liability against the party being pursued and of recovering charges from such party.
5. Legal Proceedings between **Insured Persons**.
6. Legal Proceedings to obtain satisfaction of a judgement or legally binding decision, or Legal Proceedings brought in more than one country.
7. Legal Expenses incurred in connection with any criminal or wilful act.
8. Fines, penalties, compensation or damages imposed by a court or other authority.
9. The first GBP 50 of any claim.

SECTION 9: PERSONAL LIABILITY

Cover

We will indemnify the **Insured** on behalf of the **Insured Person** in respect of legal liability for damages arising from accidental

- A. **Bodily Injury** to any **Person**.
- B. loss of or damage to material **Property** happening during an **Insured Journey**.

We will pay

- A. up to GBP 2,000,000 for damages in respect of any one **Incident** and
- B. claimant's costs and expenses for which the **Insured Person** is legally liable in connection with the **Incident** giving rise to the claim and
- C. all other costs and expenses incurred with **our** written consent.

Special Definitions applying to this Section

Bodily Injury

Bodily Injury, mental **Bodily Injury**, death, disease or **Illness**.

Claims Settlement Conditions applying to this Section

Admission of Liability

No admission offer promise payment or indemnity may be made or given by or on behalf of the **Insured** or the **Insured Person** without the written agreement of **Us**.

Final Settlement

We may at any time pay the **Insured Person** the amount for which a claim can be settled up to a limit of GBP 2,000,000 (less any sums already paid as damages). **We** will then be under no further liability in respect thereof other than for costs and expenses incurred prior to **Us** making such a payment.

Notification

The **Insured** shall give **Us** immediate written notice with full particulars of any claim or occurrence which may give rise to a claim.

Every letter, claim form, writ, summons and process must be forwarded to **Us** immediately.

The **Insured** shall notify **Us** immediately upon becoming aware of any prosecution inquest or inquiry in connection with any occurrence which may give rise to a claim.

Subrogation Rights

We shall be entitled to take over the defence or settlement of any claim or to prosecute any claim in the name of the **Insured Person** for **our** own benefit and shall have full discretion in the conduct of any proceedings and the settlement of any claim.

Special Exceptions applying to this Section

We will not pay the first GBP 50 of any claim furthermore, the indemnity will not apply to legal liability

- 1. arising out of
 - A. the **Insured Person's** profession trade or business.
 - B. the ownership possession or use by or on behalf of the **Insured Person** of any caravan mechanically propelled vehicle aircraft or other aerial device hovercraft or water-borne craft (other than hand-propelled or sailing craft in inland or territorial waters).
- 2. in respect of loss of or damage to any **Property** which at the time of the **Incident** giving rise to such legal liability

is owned by or held in trust by or in the custody or control of the **Insured Person**. This Exception shall not apply to loss or damage to premises including their fixtures and fittings leased or rented to the **Insured Person** where such legal liability has not been accepted by agreement.

SECTION 10: TRAVEL DELAY

Cover

If the departure (both original and subsequent) of the means of transport on which the **Insured Person** is booked to travel on an **Insured Journey** is delayed as a direct and necessary result of any cause outside the **Insured** or **Insured Person's** control including volcanic ash **We** will compensate the **Insured** for the inconvenience caused.

We will pay

GBP 100 for each consecutive 4 hours up to a maximum of GBP 500 in respect of any one **Insured Person**.

Special Exceptions applying to this Section

We will not pay

1. if the delay is due to strike or industrial action which existed or of which advance notice had been given on or before the date on which the **Insured Journey** was booked.
2. if the delay is due to the withdrawal from service temporarily or permanently of any means of transport on the orders or recommendations of any port authority or the Civil Aviation Authority or any similar body in any country.
3. if the **Insured Person** has received any financial compensation from the airline concerned in respect of over booking of seats.
4. for the first 4 hours of any delay.

SECTION 11: TRAVEL DOCUMENTS

Cover

If in the 120 hours preceding or during an **Insured Journey** the **Insured Person** loses or damages their passport visa travel tickets or other essential travel documents **We** will reimburse the **Insured** for the necessary additional cost of travel and accommodation and other costs necessarily incurred to enable the **Insured Person** to obtain replacements.

We will pay

up to GBP 2,500 any one **Insured Person**.

Special Exception applying to this Section

We will not pay

1. the first GBP 50 of any claim.
2. if the loss of passport or visa has not been reported to the consular representative of the relevant issuing country within 24 hours of discovery.

WHAT IS NOT COVERED (applicable to all Sections)

This insurance does not cover claims in any way caused or contributed to by:

1. **War**, whether **War** be declared or not, hostilities or any act of **War** or civil **War**;
2. **terrorism** occasioned by any nuclear, chemical or biological cause
3. the actual or threatened use of pathogenic or poisonous biological or chemical materials by any **Person(s)**, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
4. nuclear reaction, nuclear radiation or radioactive contamination;
5. the **Insured Person** engaging in or taking part in armed forces service or operations;
6. the **Insured Person** engaging in flying of any kind other than as a passenger;
7. the **Insured Person** suicide or attempted suicide or intentional self-**Bodily Injury**;
8. the **Insured Person's** deliberate exposure to exceptional danger (except in an attempt to save human life);
9. a criminal act by the **Insured Person**;
10. the **Insured Person** being intoxicated by alcohol or drugs;
11. neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or any other emotional diseases or disorders of any type;
12. any activities below, unless listed in the Recreational Activities Extension (unless the validating Certificate of Insurance is endorsed to include such activities). abseiling, alpine skiing (including off piste provided such activity is not undertaken alone and/or against local authoritative warning or advice), American football, ballooning, curling, cycle touring, dry slope skiing, fencing, go karting, hockey, horse riding (excluding hunting/show jumping/eventing), ice skating, ice hockey, judo, lacrosse, martial arts, Nordic skiing, off road driving (excluding third party liability), paintballing, kayaking, canoeing or white water rafting grades 4 & 5 (inland waters only and provided under the control of an officially licensed outdoor pursuits organisation), rugby, ski bobbing/ski doo, snowboarding, weight lifting, wrestling.
13. the following are activities are excluded acrobatics; base jumping; bouldering; boxing; bungee jumping; canyoning; caving; free climbing; gliding; hang gliding; heli skiing; hunting; microlighting; mountaineering or rock climbing normally involving the use of ropes or guides; motor sports; parachuting; paragliding; paramotoring; parapenting; polo; potholing; ski flying; ski jumping; ski mountaineering; ski racing; ski randonee; ski stunting/acrobatics; sky diving; all forms of racing other than on foot; white water rafting in **Excess** of Grade 5; any form of operational duties as a member of the armed forces; professional sports; professional entertaining; sports tours or competitions; any other sport or activity not listed above which involves physical contact or a significant risk of **Bodily Injury** (except when stated in the validating Certificate of Insurance as being included).
14. driving or riding on motor cycles or motor scooters other than those under 200cc or where the **Insured Person**:
15. is found to have been driving at the time of the **Accident** with a level of alcohol in their blood above that permitted under prevailing legislation or
16. was not wearing a safety crash helmet, or
17. did not hold a current UK driving license and/or was unqualified to drive such motorcycle.
18. an **Insured Person** who has attained the age of 85 years or older.

HOW TO MAKE A COMPLAINT

We strive to provide an excellent service to all **our** customers but occasionally things can go wrong. **We** take all concerns seriously and endeavour to resolve all customers' problems promptly. If **You** have a question or concern about **Your** policy **You** should, in the first instance follow the guidance notes or instructions in the insurance documentation. **Your** insurance advisor will also be able to advise **You** and provide assistance in this regard.

Alternatively, if **You** wish to contact **Us** directly **You** should either write or telephone:

Compliance Department
Antares Managing Agency Limited
21 Lime Street
London EC3M 7HB

Telephone: 0044 (0) 20 7959 1900

Fax: 0044 (0) 20 7959 1901

Email: intl.complaint.notifications@antaresunderwriting.com

In the unlikely **Event** that **You** remain dissatisfied and wish to make a complaint **You** can do so at any time by referring the matter to **Us** at the above stated address or the Complaints Team at Lloyd's at the following address:

Complaints Team
Lloyd's
One Lime Street
London
EC3M 7HA

Email: complaints@lloyds.com

Telephone: 0044 (0) 20 7327 5693

Fax: 0044 (0) 20 7327 5225

Website: www.lloyds.com/complaints

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

Should **You** remain dissatisfied after Lloyd's has considered **Your** complaint and **You** are NOT a policyholder in the UK, **You** should, in the first instance, seek advice from **Your** broker as to whom **You** should direct **Your** complaint.

If **You** were sold this product online or by other electronic means and within the European Union (EU) **You** may refer **Your** complaint to the EU Online dispute Resolution (ODR) platform. Upon receipt of **Your** complaint the ODR will escalate **Your** complaint to **Your** local dispute resolution service – this process is free and conducted entirely online. **You** can access the ODR platform on <http://ec.europa.eu/odr>.

If **You** are a policyholder in the UK, **You** may be able to refer the matter to The Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services, they can normally deal with complaints from private individuals and from small organisations, further information is available from:

Financial Ombudsman Service (FOS)

Exchange Tower

London

E14 9SR

Helpline: 0044 (0) 800 0234 567

0044 (0) 20 7964 0500 (if outside UK)

Switchboard: 0044 (0) 20 7964 1000

Facsimile: 0044 (0) 20 7964 1001

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Making a complaint to the Financial Ombudsman Service (FOS) does not affect **Your** rights under this policy

but if **You** are not an eligible complainant then the informal complaint process ceases.

COMPENSATION

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **our** obligations. This depends on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS.

Financial Services Compensation Scheme
10th Floor
Beaufort House
15 St Botolph Street
London
EC3A 7QU
Tel: 0044 (0) 20 7741 4100
Helpline: 0044 (0) 800 678 1100
Facsimile: 0044 (0) 20 7741 4101
Website: www.fscs.org.uk

The FSCS opening hours are:
Monday to Friday 8:30am to 5:30pm excluding public holidays.

Website: www.financial-ombudsman.org.uk

PRIVACY NOTICE

Who We are

We are the Lloyd's Underwriter(s) identified in the contract of insurance and/or in the certificate of insurance and/or in the **Insurance Schedule**.

Basic information

We collect and use relevant information about **You** to provide **You** with **Your** insurance cover or the insurance cover that benefits **You** and to meet **Our** legal obligations.

This information includes details such as **Your** name, address and contact details and any other information that **We** collect about **You** in connection with the insurance cover from which **You** benefit. This information may include more sensitive details such as information about **Your** health and any criminal convictions **You** may have.

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

The way insurance works means that **Your** information may be shared with and used by a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **Your** personal information in connection with the insurance cover that **We** provide and to the extent required or permitted by law. **We** will never sell any personal information **You** provide **Us**.

Other people's details You provide to Us

Where **You** provide **Us** or **Your** agent or broker with details about other people, **You** must provide this notice to them.

Want more details?

For more information about how **We** use **Your** personal information please see **Our** full privacy notice(s), which is available online on **Our** website or in other formats on request. Website: www.antaresunderwriting.com

Contact Details

You have rights in relation to the information **We** hold about **You**, including the right to access **Your** information. If **You** wish to exercise **Your** rights, discuss how **We** use **Your** information or request a copy of **Our** full privacy notice(s), please contact **Us** at:

Antares Managing Agency Ltd
21 Lime Street
London
EC3M 7HB

Email: Compliance2@antaresunderwriting.com

Telephone: 0044 (0) 207 959 1900

SANCTIONS

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

CHOICE OF LAW

Unless specifically agreed to the contrary this contract of insurance will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999 CLARIFICATION CLAUSE

Any third parties to this contract do not have the right to enforce the terms of this contract. Only the **Insured** and **We** may enforce the terms of this contract.

The **Insured** and **We** may vary or rescind the contract without the consent of any third party who may assert they have rights to this contract under the Contracts (Rights of Third Parties) Act 1999.