



Prodomou & Makriyiannis
Lloyd's Coverholder

SCHENGEN TRIP TRAVEL INSURANCE

Underwritten by
Certain Underwriters at Lloyd's of London

Arranged by
Insurance Consultants International Limited
Administered by
Fogg Travel Insurance Services Limited

This insurance is valid for policies issued between
1st MAY 2016 and 30TH APRIL 2017
in respect of Departures between
1st MAY 2016 and 30TH APRIL 2018

AGE LIMITS

This insurance is not valid for persons aged 66 and over at date of departure on the journey or trip.

SCHEDULE OF COVER

	COVER	SUMS INSURED	EXCESS
A	LOSS OF DEPOSIT / CANCELLATION	€ 750	€ 50
B	EMERGENCY MEDICAL & ASSOCIATED EXPENSES	€ 50,000	€ 50
C	ABANDONMENT OF JOURNEY/TRIP	€ 750	€ 50
D	PERSONAL ACCIDENT Death limit	€ 2,000 € 2,000*	NIL
E	BAGGAGE Single article limit / valuables limit TRAVEL DOCUMENTS DELAYED LUGGAGE	€ 500 € 200 € 200 € 50	€ 50 € 50 NIL
F	PERSONAL MONEY (CASH LIMIT) CASH LIMIT FOR UNDER 18'S	€ 150 (€ 100) € 50	€ 50
G	PERSONAL LIABILITY	€ 500,000	€ 200
H	DELAYED DEPARTURE DELAY ABANDONMENT	€ 50 € 750	NIL € 50
i	MISSED DEPARTURE	€ 100	NIL

* reduced to € 750 in respect of persons aged under 18 years or 65 years and over.

PLEASE READ THIS POLICY CAREFULLY

This policy details the terms, conditions and exclusions for each **insured** who is shown as having paid the insurance premium and whose name is shown on the Insurance Schedule. The policy wording and Insurance Schedule must be read together as both documents form the contract of insurance between **insurers** and **you**. Please read both documents in full before **you** travel making sure that **you** understand exactly what **we** will and will not pay for under each section. Please check that the information **you** have given to **us** is accurate and notify **us** as soon as practicable of any inaccuracies and/or in the case of any change of circumstance. **Your** particular attention is drawn to 'Pre-existing medical conditions' section, 'Change in medical condition or ongoing medication' section and 'Conditions which apply the whole policy' section, General Conditions point 1. of this policy.

If the cover provided does not meet with **your** requirements **you** may return this policy to the point of sale within 14 days of purchase. A full refund of premium will be made to **you** provided **you** have not travelled, made or are intending to make a claim. **PLEASE READ YOUR POLICY WORDING AND INSURANCE SCHEDULE CAREFULLY. FAILURE TO OBSERVE THE TERMS AND CONDITIONS SET OUT IN THIS DOCUMENT MAY PREJUDICE ANY CLAIM. KEEP ALL YOUR POLICY DOCUMENTS IN A SAFE PLACE.**

GEOGRAPHICAL LIMITS

Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland (but excluding the **insured's home country**).

PERIOD OF INSURANCE

This policy provides cover for trips or journeys taken within the Period of Insurance stated in the Insurance Schedule.

For Section A. Cancellation Charges cover starts from the date of issue of the policy and terminates on the start of the planned journey or trip.

For all other sections cover starts at the time of leaving the normal place of residence or business in the European Union (whichever is the later) and shall terminate on return thereto in the European Union on completion of the journey or trip as specified in the itinerary but shall not exceed the period stated in the Insurance Schedule (whichever is the first). In any event cover will start no more than 24 hours prior to the booked departure time from **your home address** and will cease no more than 24 hours after the booked return to **your home address**.

The cover operates only where all of the following conditions are satisfied:

- all of the persons entitled to benefit under this policy are normally resident in the European Union at the date of issue of the policy; and
- the trip is a conventional holiday or a **business trip** of a commercial nature; and
- it is a round trip commencing in and returning to the European Union during the Period of Insurance.

EXTENSION OF PERIOD OF INSURANCE

If the homeward journey cannot be completed before the expiry of the Period of Insurance the policy shall remain in force without additional premium as follows:

- Up to 14 days in the event of delay to any vehicle, vessel or aircraft in which **you** are travelling as a ticket holding passenger.
- Up to 30 days if the intended return journey is prevented due to **your bodily injury** or **illness**.

We will also continue to pay medical treatment under the Emergency Medical and Associated Expenses section (up to the sum insured provided by the policy) for this period or such extension of period as is medically certified as being necessary.

PRE-EXISTING MEDICAL CONDITIONS

IT IS A CONDITION THAT **YOU** MUST CONTACT THE REFERRAL HELPLINE PRIOR TO EFFECTING THIS INSURANCE WHERE **YOU**:

- are aware of any known circumstance why the proposed journey or trip could be cancelled or **abandoned** or of any medical condition of any person whether travelling or not which could result in a claim or require treatment during the period of insurance
- have any serious and/or chronic pre-existing **illness/infirmities** or on-going medical conditions for which **you** including all persons whether travelling or not on whom the journey or trip plans depend, have received medication, treatment or advice or have visited/been referred to a specialist or have been a hospital patient for that **illness/infirmity/medical condition** in the last 12 months prior to issue of the policy.

The **insured(s)** must obtain medical advice on the advisability of taking a journey or trip where medical treatment as a hospital in-patient has been received during the 12 months preceding the holiday booking.

To enable **us** to consider **your** medical condition please contact the Referral Helpline quoting **CYPRUS – SCHENGEN TRIP TRAVEL SCHEME**, on ++ 44 (0)1623 635958 to see if cover is available. All calls will be treated in the strictest confidence.

You need to keep copies of all letters **we** send **you** for future reference. COVER FOR THESE CONDITIONS WILL ONLY BE PROVIDED FOLLOWING **OUR** ACCEPTANCE. UNLESS REPORTED AND AGREED BY THE MEDICAL HELPLINE IN WRITING THE ABOVE CONDITIONS WILL BE EXCLUDED.

You have a duty to take reasonable care to provide **us** with full and accurate information in relation to taking out this insurance. Failure to fulfil this duty may impact any claim made on the policy.

CHANGE IN MEDICAL CONDITION OR ONGOING MEDICATION

Where **you** have sought medical advice for a potentially serious **illness** or **bodily injury** between purchasing this policy and travelling **you** should advise **our** Referral Helpline quoting **CYPRUS – SCHENGEN TRIP TRAVEL SCHEME**, on +44 (0) 1623 635958 as soon as possible. **We** will advise **you** what cover **we** are able to provide after the date of diagnosis. **We** reserve the right to exclude the condition or withdraw cover if the condition declared makes this necessary.

CLAIMS

If **you** require a claim form please visit www.foggtravelinsurance.com and click on **claim forms** – **you** can print the relevant claim form required or alternatively **you** can contact:

**Fogg Travel Insurance Services Limited, Crow Hill Drive, Mansfield, Notts.
NG19 7AE, England** or telephone : ++ 44 (0)1623 631331
or by email to claims@foggtravelinsurance.com

in all circumstances **you** should quote **CYPRUS – SCHENGEN TRIP TRAVEL SCHEME**, advising the section under which **you** wish to claim. When returning the claim form please enclose **your** Insurance Schedule, **your** tour operator confirmation of booking invoice and if the claim is for cancellation, the tour operator's cancellation invoice.

RECIPROCAL HEALTH AGREEMENT

In countries where reciprocal health arrangements exist all reasonable steps must be made to utilise them. Travellers to European Union countries and Switzerland and Norway are strongly advised to apply and obtain the European Health Insurance Card (EHIC) or equivalent from the appropriate issuing authority. This will entitle **you** to benefit from the reciprocal health arrangements which exist between European Union countries. In other countries where reciprocal health arrangements exist all reasonable steps should be made to utilise them.

24 HOUR WORLDWIDE EMERGENCY MEDICAL SERVICE

The cost of the Medical Emergency Service will be met under this insurance. The operation and availability of the service will be governed by the terms, conditions and exclusions in this policy and will be operated by FOGG ASSIST.

An experienced Assistance Coordinator will deal with **your** enquiry and will then ensure:

- where necessary hospitals are contacted
- necessary medical fees are guaranteed
- medical advisers are consulted
- where medically necessary in the opinion of **our** medical advisers make arrangements for repatriation to **your home country** and the best method of transportation to be adopted.

If **you** need help please phone: **FOGG ASSIST**

Tel : 44 (0) 20 7902 7409 Fax: 44 (0)20 7928 4748

quoting Scheme Name: **CYPRUS – SCHENGEN TRIP TRAVEL SCHEME**, and **your** level of cover as stated on **your** valid Insurance Schedule.

SPECIAL CONDITION: Where any **illness** or **bodily injury** necessitates admittance to a hospital or repatriation to **your home country** or **abandonment of your** trip, it is imperative that FOGG ASSIST is contacted first prior to making any admission arrangements. If this is not possible because the condition is life, limb or organ threatening FOGG ASSIST must be contacted as soon as possible thereafter and at the latest within 48 hours before incurring expenses in excess of € 600. Failure to contact FOGG ASSIST may prejudice **your** claim.

NOTE TO TREATING DOCTOR: **Fogg Assist** must be contacted prior to treatment with full medical details. Failure to do this will mean payment of medical expenses incurred cannot be guaranteed.

In the event of **bodily injury** or **illness** to the **insured**, **insurers** reserve the right to:

- repatriate **you** when, in the opinion of the treating doctor and the Assistance Service, **you** are fit to travel
- avoid further liability in the event that **you** refuse repatriation when, in the opinion of the treating doctor and the Assistance Service, **you** are fit to travel
- transfer **you** to the hospital, clinic or location of **our** choice when, in the opinion of the treating doctor and the Assistance Service, **you** are fit to be transferred.

This is not a general health insurance. It only covers the **insured** in the event of any sudden and unexpected accident or the onset of sickness or **illness** and does not cover ELECTIVE (non-emergency) treatment.

THIS IS NOT A PRIVATE MEDICAL INSURANCE

We will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available and **we** reserve the right to organise a transfer from a private medical facility to a public medical facility where appropriate. If medical treatment becomes necessary for which reimbursement will be sought, **we** or **our** representatives will require unrestricted access to all **your** medical records and information.

DEFINITIONS

The following words or expressions carry the meaning shown below whenever they appear in **bold** print within this policy.

'**Abandonment/abandoned/abandon**' means returning to **your home address** prior to the scheduled return date or becoming an in-patient in hospital, in which case a proportionate refund will be made of unused travel and accommodation costs and pre-paid charges. The refund for accommodation will be based on each day **you** have lost but a proportionate refund of travel expenses will be paid only if **you** cannot use **your** return ticket.

'**Accident/accidental**' means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which the **insured** is travelling.

'**Bodily injury**' means identifiable physical injury which:

- is caused by an **accident**, and
- solely and independently of any other cause, except **illness** directly resulting from, or medical or surgical treatment rendered necessary by such **bodily injury**, occasions the death or disablement within twelve months from the date of the **accident**.

'**Business trip**' means any trip outside **your home country** during the period of insurance to carry out commercial, non manual work/business only on behalf of **your** employer or **your** company. There is no cover for any manual work/business undertaken whilst on the **business trip** unless specifically agreed in advance by the **Insurers**.

'**Close business associate**' means an associate of the **insured** in the same employment as the **insured** whose absence from work or place of employment necessitates the cancellation or **abandonment** of the journey/trip as certified by a Senior Director of such company.

'**Close relative**' means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-sister, step-brother, aunt, uncle, cousin, nephew or niece.

'**Fitness to travel**' means that it is unlikely **you** will require in-patient treatment whilst abroad.

'**Home address/home country**' means **your** permanent place of residence in the European Union.

'**Illness**' means a sudden and unexpected deterioration in health not caused by **bodily injury**.

'**Immediate relative**' means mother, father, sister, brother, wife, husband, daughter or son.

'**Loss of limbs**' means loss by physical severance at or above the wrist or ankle or the total and permanent loss of use of an entire hand, arm, foot or leg.

'**Permanent total disablement**' means permanent and total disablement from engaging in or attending to any kind of profession or occupation.

'**Personal money**' means cash, travellers' cheques, letters of credit, travel tickets, hotel vouchers, passports and green cards held by **you** for social and domestic purposes.

'**Total loss of sight**' means complete and irrecoverable loss of sight.

'**Travel documents**' means current passports, valid visas, travel tickets.

'**Travelling companion**' means an accompanying person without whom the journey or trip cannot start.

'**United Kingdom**' includes Isle of Man and Channel Islands.

'**Valuables**' means jewellery, gold/silver/precious metal or precious stone articles, furs and animal skins, watches, cameras, photographic apparatus and equipment, satellite navigation equipment, binoculars, telescopes, video equipment, camcorders and any audio or audio visual equipment including, but not limited to: tape recorders, cassettes and players, radios, compact discs and players, minidisks and players, ipods, mp3 players, ipads, Kindles, Tablets, e-book readers, computers and accessories and/or equipment, video games and TV sets, discs or Compact Discs, films, cassettes, cartridges, flash drives.

'**We/us/our/insurers**' means Certain Underwriters at Lloyd's of London.

'**You/your/insured**' means the first **insured** and/or persons named in the Insurance Schedule.

OPERATIVE CLAUSE

Subject to the terms of this policy insurers will cover you, during the Period of Insurance and within the Geographical Limit for which we have accepted your premium, up to the sums insured provided in respect of:

SECTION A. CANCELLATION CHARGES

Refund of deposits which are not recoverable and any other amount which **you** are legally obliged to pay in respect of unused travel and accommodation costs and other pre-paid charges (purchased prior to the date of departure from **your home address** and prior to any occurrence giving rise to a claim) in the event of unavoidable cancellation of the journey or trip as a result of any of the following occurring after the date of issue of this insurance:

- (a) The accidental **bodily injury** to or **illness** or quarantine or death:
 - of yourself
 - of **your travelling companion**
 - of any person with whom **you** have arranged to stay.
- (b) The accidental **bodily injury** to or **illness** or death:
 - of any **close relative** residing in **your home country**

- of any **immediate relative** residing elsewhere in the World
- of **your fiancé(e)**
- of any **close business associate** in **your home country** of any **insured** under this policy.

IMPORTANT All claims resulting from **accidental bodily injury, illness, quarantine** or death must be supported by medical report(s) and/or death certificate as applicable.

- You** or **your travelling companion** being summoned for Jury Service or called as a witness in a Court of Law during the Period of Insurance.
- You** or **your** spouse being made redundant and certified as being such by the Employment Service.
- (a) **Your home address** becoming uninhabitable following fire, storm or flood.
(b) **Your** presence being required by the Police following burglary at **your home address** or place of business.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each **insured** is up to the amount stated in the Schedule of Cover section.

WHAT IS NOT COVERED

Exclusions are listed after Section E and under the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

SECTION B. EMERGENCY MEDICAL AND ASSOCIATED EXPENSES

- Expenses itemised below if **you** suffer accidental **bodily injury, illness** or death during the Period of Insurance.
 - Emergency medical, surgical or hospital treatment (including emergency rescue or ambulance services to take **you** to a hospital).
 - Emergency dental treatment for the immediate relief of pain only up to a limit of € 250.
 - Costs of burial or cremation in the country abroad where **your** death occurred up to a limit of € 3,000 plus the cost of conveying the ashes to **your home address**.
 - Costs of transporting **your** body to **your home address**.
 - Reasonable additional charges for accommodation of a similar standard to the accommodation which was enjoyed for the duration of the journey or trip if available if it is necessary for **you** to stay beyond the intended return date and travel expenses which **you** have to pay to get back to **your home address** if **you** cannot use **your** return ticket.
- Expenses incurred in the repatriation of the **insured** to their **home address** if it is medically necessary following accidental **bodily injury** or **illness** during the Period of Insurance.

Items 1(e) and 2 include the reasonable travel and accommodation expenses of any one relative or friend who is required on medical advice to travel to, remain with or accompany **you**.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each **insured** shall not exceed the amount stated in the Schedule of Cover section. In respect of Item 1(a), 1(b) and 1(c) **we** shall only pay for costs incurred while **you** are abroad during the Period of Insurance unless **your** homeward journey cannot be completed before the expiry of the Period of Insurance, in which case the Extension of Period of Insurance clause automatically applies.

SPECIAL CONDITIONS

- It is imperative that immediate notice must be given to FOGG ASSIST of any **illness** or **bodily injury** which necessitates admittance to hospital as an in-patient or before any arrangements are made for repatriation. If this is not possible because the condition is life, limb or organ threatening FOGG ASSIST must be contacted as soon as possible thereafter and at the latest within 48 hours before incurring expenses in excess of € 600. Failure to contact FOGG ASSIST may prejudice **your** claim.
- In the event of **bodily injury** or **illness** to the **insured, insurers** reserve the right to:
 - repatriate **you** when, in the opinion of the treating doctor and the Assistance Service, **you** are fit to travel
 - avoid further liability in the event that **you** refuse repatriation when, in the opinion of the treating doctor and the Assistance Service, **you** are fit to travel
 - transfer **you** to the hospital, clinic or location of **our** choice when, in the opinion of the treating doctor and the Assistance Service, **you** are fit to be transferred.

WHAT IS NOT COVERED

Exclusions are listed after Section D and under the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

SECTION C. ABANDONMENT OF JOURNEY OR TRIP

- Proportionate refund of unused travel and accommodation costs or charges (purchased prior to the date of departure from **your home address** and prior to any occurrence giving rise to a claim):
 - the event of **abandonment** of the journey or trip where it is medically necessary as a result of any of the following occurring after the start of the journey or trip:
 - The accidental **bodily injury** to or **illness** or quarantine or death:
 - of yourself
 - of **your travelling companion**
 - of any person with whom **you** have arranged to stay.
 - The accidental **bodily injury** to or **illness** or death:
 - of any **close relative** residing in **your home country**
 - of any **immediate relative** residing elsewhere in the World
 - of **your fiancé(e)**
 - of any **close business associate** in **your home country** of any **insured** under this policy.
 - In the event of the **insured** becoming an in-patient in hospital as a result of any accidental **bodily injury** or **illness** occurring after the start of the journey or trip.

IMPORTANT All claims resulting from accidental **bodily injury, illness, quarantine** or death must be supported by medical report(s) and/or death certificate as applicable.

- Reasonable additional travel and accommodation expenses which **you** incur if it is necessary for **you** to return to **your home address** (and **you** cannot use **your** return ticket) due to the **accidental bodily injury** to or **illness** or death of a **travelling companion**; or
 - Your close relative, fiancé(e)** or **close business associate** (or of a **travelling companion**) not travelling with **you** and resident in the European Union or
 - Your home address** becoming uninhabitable following fire, storm or flood or

(iii) **Your** presence being required by the Police following burglary at **your home address** or place of business.

Item 1(a) includes the reasonable travel and accommodation expenses of any one relative or friend who is required on medical advice to travel to, remain with or accompany **you**.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each **insured** is up to the amount stated in the Schedule of Cover section.

WHAT IS NOT COVERED

Exclusions are listed after Section D and under the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

SECTION D. PERSONAL ACCIDENT

Bodily injury suffered by **you** during the Period of Insurance caused by **accident** resulting solely and independently of other causes in death or disablement. The benefits shown below will be paid to **you** or **your** legal personal representative.

	Under age 18 years	Age 18 to 65 years inclusive
Item 1 Death	€ 750	€ 2,000
Item 2 Loss of limbs (one or more limbs) and/ or total loss of sight in one or both eyes	€ 2,000	€ 2,000
Item 3 Permanent total disablement after 104 weeks except when compensation is paid under Item 2	NIL	€ 2,000

SPECIAL CONDITIONS APPLYING TO SECTION D

1. Death or disablement must occur within one year of the **bodily injury**.
2. Benefit shall not be payable under more than one item and any such payment shall end this section of the policy in respect of the **insured** concerned.
3. The death benefit is limited to € 750 if aged under 18 years of age.

EXCLUSIONS TO SECTIONS A, B, C and D

1. **We** shall not make any payment in respect of a medical condition of any **insured** where the **insured** travelled against the advice of a qualified medical practitioner or would be travelling against the advice of a qualified medical practitioner had advice been sought.
2. **We** shall not make any payment arising from any known circumstances which could reasonably have been anticipated at the time **you** booked **your** holiday.
3. **We** shall not make any payment in respect of a medical condition of any **insured** for which (at the time of purchasing insurance) the **insured**:
 - a) is receiving in-patient treatment or is on a waiting list for in-patient treatment
 - b) has received a terminal prognosis
 - c) is intending to obtain medical treatment during the Period of Insurance.
 - d) has suffered from, received medication, treatment or advice for that **illness/infirmity** in the last 12 months prior to the issue of this policy, unless declared to **Insurers** via Fogg Travel and accepted in writing by them' This includes in respect of 3 a), b) and d) all persons whether travelling or not on whom the journey or trip plans depend.
4. **We** shall not make any payment in respect of a medical condition of any **insured** for:
 - a) any expenses or fees for any in-patient treatment or repatriation which have not been notified to and authorised by **insurers** or the Assistance Company
 - b) the cost of any elective treatment or surgery, including exploratory tests, which are not directly related to the **illness** or **bodily injury** which necessitated the **insured's** admittance into hospital
 - c) any form of treatment which in the opinion of the doctor in attendance and **insurer's** medical advisers can reasonably be delayed until the **insured** returns to **your home country**
 - d) cosmetic surgery
 - e) medication, which at the time of departure is known to be required or to be continued outside **your home country**.
 - f) any additional costs arising from single or private room accommodation
 - g) treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre
 - h) emotional disorders
 - i) any treatment after the **insured** has returned to **your home country**.
 - j) any cancellation or **abandonment** claims arising from the **illness/infirmity** of a **close relative, immediate relative, close business associate, travelling companion** or person with whom **you** have arranged to stay, who has suffered from, received medication, treatment or advice for that **illness/infirmity** in the last 12 months prior to the issue of this policy, unless declared to **insurers** via Fogg Travel and accepted in writing by them'.
5. **We** shall not make any payment in respect of **your** death, **bodily injury, illness** or disablement resulting from:
 - a) any psychological or mental disorder, depression, stress or anxiety, suicide or self-inflicted injury
 - b) or **your** carriers refusal to allow **you** to travel for whatever reason
 - c) flying or other aerial activities except while travelling in an aircraft as a passenger
 - d) motor cycling as a driver or passenger
 - i) on machines exceeding 125 cc engine capacity: and/or
 - ii) where the **insured** as a driver does not hold a full motor cycle licence applicable to **your home country**.
 - e) mountaineering or rock climbing ordinarily necessitating the use of ropes or guides, bungee jumping, scuba diving below 9 metres, pot-holing or organised team sports
 - f) engaging in or practising for speed or time trials, sprints or racing of any kind
 - g) manual work of any kind
 - h) winter sports or the use of dry ski slopes
 - i) participation in expeditions or the crewing of a vessel from one country to another.
6. **We** shall not make any payment for cancellation arising from unemployment caused by or resulting from misconduct on the part of the **insured** leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the application for insurance.
7. **We** shall not pay the first € 50 of each claim per **insured** in respect of Cancellation Charges, Loss of Deposit, Emergency Medical and Associated Expenses and Abandonment Charges.
8. **We** shall not make any payment for the **insured's** disinclination to travel or for the **insured's** loss of enjoyment during the journey or trip.
9. **We** will not cover items listed within the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.
Exclusions 5(c) to (i) do not apply to cancellation and in respect of **abandonment** they apply only to **you**.

SECTION E. BAGGAGE AND LOSS OF TRAVEL DOCUMENTS

1. Loss of or damage during the Period of Insurance:
 - (i) to personal effects (worn or carried as baggage)
 - (ii) to personal baggage in **your** custody and control and taken by **you** on **your** journey.
2. If **your** baggage is temporarily lost in transit on any leg of the outward journey from **your home country** and not restored to **you** within 12 hours **we** will pay **you** € 25 for each full 12 hours this is not restored to **you** for the emergency purchase of essential replacement items, and supported by receipts, up to a maximum of € 50 per **insured** in any one Period of Insurance. **You** must obtain written confirmation from the Carrier of the number of hours delay. If the baggage proves to be permanently lost the overall baggage sum insured shall apply.
3. If **your travel documents** are lost or stolen during the Period of Insurance **we** will pay up to € 100 for additional travel and accommodation expenses necessarily incurred to obtain replacement **travel documents** whilst on **your** trip.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each **insured** is up to the amount stated in the Schedule of Cover section and within which the maximum sums insured stated shall apply in respect of any single article, pair or set of articles and/or overall in respect of **valuables**.

SPECIAL CONDITIONS APPLYING TO SECTION E

1. **You** must, at all times, take reasonable precautions to ensure the safety and supervision of **your** property. If it is lost or damaged while in the care of a transport company, authority or hotel **you** must report to them, in writing, details of the loss or damage and obtain written confirmation.
If baggage is lost or damaged by an airline **you** must:
 - a) obtain a Property Irregularity Report (PIR)
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (and retain a copy)
 - c) keep all travel tickets and tags for submission if a claim is to be made under this policy.
2. Reasonable precautions must, at all times, be taken to ensure the safety and supervision of **your** Baggage and **you** should take all practicable steps to recover Baggage lost or stolen.

WHAT IS NOT COVERED

Exclusions are listed after Section F and under the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

NOTE

This policy provides cover up to the market value of the item, allowing for age, wear and tear and does not provide cover on a 'new for old' basis.

SECTION F. PERSONAL MONEY

Loss of **personal money** during the Period of Insurance.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each **insured** is up to the amount stated in the Schedule of Cover section and within which the maximum sum stated payable for cash or banknotes.

SPECIAL CONDITION APPLYING TO SECTION F

Reasonable precautions must, at all times, be taken to ensure the safety and supervision of **your personal money** and **you** should take all practicable steps to recover **personal money** lost or stolen.

EXCLUSIONS TO SECTIONS E and F

The policy does not insure:

1. cracking, scratching or breakage of glass (other than lenses in cameras, binoculars, telescopes or spectacles), china or similar fragile articles
2. pedal cycles, contact lenses, medical and dental fittings, mobile phones and/or accessories
3. wear and tear, depreciation, deterioration or damage by moth, vermin or by any process of cleaning, repairing or restoring
4. loss of baggage, **valuables, travel documents** and **personal money** not reported to the Police within 24 hours of discovery and a written Police report obtained
5. breakage of sports equipment while in use.
6. household goods and anything shipped as freight
7. delay, detention, seizure or confiscation by Customs or other officials
8. items used in connection with **your** employment or occupation
9. bonds, securities or documents of any kind
10. loss, theft or damage of **valuables** and **personal money** in a suitcase while in transit and outside **your** control
11. loss, theft of **valuables, travel documents, personal money** unless at all times they are attended by **You** or deposited in a safe or safety deposit box where available or left in **your** locked personal holiday or journey accommodation
12. loss, theft of Baggage (but not **valuables**) from an unattended vehicle unless
 - a) secured in the locked boot of the locked vehicle or
 - b) contained in the luggage space at the rear of a locked Estate car or locked Hatchback under a top cover and out of view
13. shortages due to error omission or depreciation in value
14. any costs which are due to any errors or omissions on **your travel documents** and any costs incurred before departure or after **you** return home
15. the cost of replacement **travel documents** and any expenses for food or drink
16. **your** failure to obtain the required passport, visa or ESTA.
17. the first € 50 of each claim per **insured** under the Baggage and Loss of Travel Documents, Personal Money sections except in respect of temporary loss of baggage on the outward journey
18. items listed within the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

SECTION G. PERSONAL LIABILITY

All sums which **you** become personally legally liable to pay in the event of:

1. death or **bodily injury** of any person
2. loss of or damage to property arising from an accident occurring during the Period of Insurance.

LIMIT OF AMOUNT PAYABLE

The total amount payable for all claims made against **you** arising from any one occurrence is the amount stated in the Schedule of Cover section. **We** will also pay any extra costs and expenses awarded against **you** or incurred by **you** with **our** written consent.

SPECIAL CONDITION RELATING TO SECTION G

It is warranted that no liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by **you** without **our** written consent. **We** shall be entitled, if **we** so desire, to take over and conduct (in **your** name) **your** defence of any claim or to prosecute for **your** own benefit any claims for compensation, damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims. **You** shall, wherever possible, give all such information and assistance as **we** require.

WHAT IS NOT COVERED

1. Punitive and exemplary damages.
2. Liability arising from:
 - (a) death or **bodily injury** of **your** employees or members of **your** family permanent resident with **you**
 - (b) loss of or damage to property which belongs to or is under the control of **you** or a member of **your** family or household or a person employed by **you**
 - (c) **your** trade, business or profession
 - (d) the ownership or occupation of any land or building (other than occupation only of any temporary holiday accommodation)
 - (e) the ownership, possession or use of animals (other than domestic animals), firearms (other than sporting guns), mechanically propelled vehicles, vessels (other than manually propelled watercraft) or aircraft of any description
 - (f) mountaineering or rock climbing ordinarily necessitating the use of ropes or guides, bungee jumping, scuba diving below 9 metres, pot-holing or organised team football, engaging in or practising for speed or time trials, sprints or racing of any kind, winter sports or the use of dry ski slopes.
3. The first € 200 of each claim per **insured**.
4. **We** will not cover items listed within the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

SECTION H. DELAYED DEPARTURE

Delay in departure of the ship or aircraft in which **you** are booked to travel departing from or returning to **your home country**. **We** will:

1. pay the sum of € 10 for the first full 12 hours of delay and € 10 for each subsequent full 12 hours of delay subject to a maximum payment of € 50 in all per **insured** if **you** are delayed in departing from **your home country** on **your** outward journey or if delay occurs at the point of departure on the initial leg of **your** return journey to **your home country** or
2. refund non-recoverable deposits and other pre-paid holiday charges up to a maximum amount stated in the Schedule of Cover section in respect of each **insured** if after 24 hours delayed departure of the outward journey from **your home country** **you** choose to cancel the holiday.

The period of delay will be calculated from the date and time of departure of the ship or aircraft from the International Port or International Airport specified in **your** itinerary. **You** must check in according to such itinerary and obtain written confirmation from the Carrier or their handling agents stating the actual date and time of departure and reason for such delay.

WHAT IS NOT COVERED

We shall not make any payment:

1. in respect of strike or industrial action existing or notified by declaration of intent at or prior to the date this insurance is purchased
2. under more than one item of this Section
3. under item 2 in respect of the first € 50 of each claim per **insured**
4. for items listed within the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

SECTION I. MISSED DEPARTURE

Additional accommodation and travel expenses necessarily incurred in reaching **your** overseas destination or returning to **your home address** should **you** fail to arrive at the International Port or International Airport in time to board the vessel or aircraft in which **you** are booked to travel on the initial international leg of the journey or trip as a result of:

- (a) failure of public transport, or
- (b) the vehicle in which **you** are travelling being the subject of an accident or breakdown.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each **insured** is up to the amount stated in the Schedule of Cover section.

SPECIAL CONDITIONS

1. The **insured** must take all reasonable steps to arrive in time at the departure port or airport as specified in the itinerary.
2. The **insured** must supply a repairer's report in the event of an accident or breakdown to the vehicle in which they are travelling.

WHAT IS NOT COVERED

We shall not make any payment for:

1. claims arising from strike, riot, industrial action or civil commotion in respect of which a warning has been given prior to the start of the planned journey/trip
2. items listed within the 'General Exclusions which apply to the whole policy' and 'Conditions which apply to the whole policy' sections.

GENERAL EXCLUSIONS WHICH APPLY TO THE WHOLE POLICY

This policy does not insure:

1. Any person:
 - a) aged 66 years or over, and
 - b) not normally resident in the European Union at the date of issue of this policy.
2. Any consequence of War, Invasion, Act of Foreign Enemy, Terrorism Activity of any kind, Hostilities (whether War be declared or not) Civil War, Rebellion, Revelation, Insurrection or Military or Usurped Power.
3. Claims of whatever nature directly or indirectly caused by:
 - a) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly
 - c) pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
3. Death, **bodily injury**, **illness** or disablement resulting from suicide or attempted suicide or exposure to danger which is reasonably foreseeable (except in an attempt to save human life), venereal infection or the influence or effect of intoxicating liquor or drugs (other than drugs taken under medical supervision and

not for the treatment of drug addiction).

4. Any payment which **you** would normally have made during **your** travel if nothing had gone wrong.
5. Any loss other than as specified in the policy.
6. Any trip or journey within **your home country**.
7. Any one way trip.
8. Any claims arising, directly or indirectly, from or consisting of, the failure, or fear of failure or inability of any equipment or any computer program to recognise or correctly to interpret or process any date as the true or correct date, or to continue to function correctly beyond that date. This exclusion does not apply to the Emergency Medical and Associated Expenses or Personal Accident Sections.
9. Any claim arising from any sexually transmitted disease, HIV (Human Immunodeficiency Virus), the fear of HIV and/or any HIV-related illness including AIDS and/or any mutant derivative or variations thereof however caused.
10. Any claims directly or indirectly occasioned by any criminal or illegal act committed by **you** or **your** travelling companion.
11. Any loss which has not been conclusively proven and amount thereof substantiated.

CONDITIONS WHICH APPLY TO THE WHOLE POLICY

GENERAL CONDITIONS

1. It is a condition of **your** policy that:
 - a) **You** must inform **us** of any circumstances known at the time **you** purchase this policy which are likely to cause cancellation or **abandonment** of **your** holiday. This includes where **you** are aware of any existing **illness** or **bodily injury** of any relative which if this **illness** or **bodily injury** continued or deteriorated would mean **you** would have to cancel or **abandon your** holiday.
 - b) **You** must provide **us** with full and accurate information which is likely to influence **us** in the assessment or acceptance of **your** insurance. If **you** have any doubt what **you** need to tell **us** please contact the intermediary who arranged this insurance for **you** or **us**.
 - c) **You** take reasonable care not to make a misrepresentation to **us** if **we** ask **you** a question in connection with **your** insurance or **we** ask **you** to confirm or amend details.
 - d) **You** must obtain medical advice prior to the holiday booking on the advisability of taking **your** holiday where medical treatment as a hospital in-patient has been received during the preceding 6 months. This includes a potentially serious **illness** or **bodily injury** where any medical advice has been sought between purchasing this policy and travelling. The **insured** must obtain a medical policy confirming fitness to travel.If **you** fail to comply with these conditions it may impact **your** insurance. In the worst case scenario, this may result in refusal of any claims, cancellation of **your** insurance from the start and retaining all premium paid.
2. No refund of premium shall be allowed after 14 days from the date of issue of this policy.
3. **You** must take all reasonable steps to prevent and minimise loss.

CLAIMS CONDITIONS

4. **You** must notify **insurers** in writing as soon as possible after any **bodily injury**, **illness**, incident or unemployment or on the discovery of any loss or damage which may give rise to a claim under this policy. **You** must also inform **us** if **you** are aware of any writ summons or impending prosecution. Every communication relating to a claim must be sent **us** without delay.
5. **You**, or any person acting for **you**, must not negotiate, admit or repudiate any claim without **our** written consent.
6. The **insured** or the legal representative of the **insured** must supply at their own expense information, evidence, details of household insurances and medical certificates required by **insurers**.
7. **Insurers** reserve the right to require the **insured** to undergo an independent medical examination at the expense of **insurers**. **We** may also request, and will pay for, a post mortem examination if any **insured** dies.
8. If at the time of any incident which results in a claim under this policy, there is any other insurance covering the same loss, damage, expense or liability **we** will pay only **our** proportionate share. This condition does not apply to the Personal Accident Section.
9. **Insurers** are entitled to take over and conduct in **your** name the defence or settlement of any Legal Action. **We** may also take proceedings at **our** own expense and for **our** own benefit, but in **your** name, to recover any payment **we** have made under this policy to anyone else.
10. If **you** or anyone acting for **you** make a claim under this policy knowing the claim to be dishonest or intentionally exaggerated or fraudulent in any respect, or if any false declaration or statement is made in support, **we** will not pay the claim and all cover under this policy terminates.
We reserve the right to notify the Police of any such claim.

SEVERAL LIABILITY CLAUSE

11. The liability of an insurer under this policy is several and not joint with other insurers party to this policy. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this policy.
The proportion of liability under this policy underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this policy.
In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this policy. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.
Although reference is made at various points in this clause to "this certificate" in the singular, where the circumstances so require this should be read as a reference to policies in the plural.

WHAT TO DO IN THE EVENT OF A COMPLAINT

We care about the service that **we** provide for **our** customers **we** make every effort to maintain the highest possible standards. Although **we** set ourselves high standards, if **we** do not meet **your** expectations and **you** are dissatisfied in some way, **we** would like to know. If **you** follow the guidelines below, **your** complaint will be dealt with in the most efficient way possible.

Any enquiry or complaint should be addressed in the first instance to:

General Manager, Fogg Travel Insurance Services Limited
Crow Hill Drive, Mansfield, Notts NG19 7AE ENGLAND
Telephone: +44 (0)1623 631331 Fax: +44 (0)01623 420450
Email: complaints@foggtravelinsurance.com

If **you** are not satisfied with the way a complaint has been dealt with **you** may ask the Policyholder & Market Assistance department at Lloyd's to review **your** case without prejudice to **your** rights in law. The address is:

Policyholder & Market Assistance, Market Services, Lloyd's

One Lime Street, London EC3M 7HA ENGLAND Telephone: +44 (0)20 7327 5693
Fax : +44 (0)20 7327 5225 E-mail : Complaints@Lloyds.com

Complaints that cannot be resolved by the Complaints Department at Lloyd's may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

This complaint procedure is without prejudice to **your** right to take legal proceedings.

FINANCIAL SERVICES COMPENSATION SCHEME

"Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **you** under this contract. If **you** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (Beaufort House, 15 St Botolph Street, London, EC3A 7QU, England) and on their website (www.fscs.org.uk).

IMPORTANT NOTE

United Kingdom law allows the parties to choose the law applicable to the contract. The contract will be subject to English law unless otherwise agreed.

This Insurance is administered by Fogg Travel Insurance Services Limited, who is authorised and regulated by the Financial Conduct Authority and whose FCA registered number is 307304. This can be checked on the financial services register held on the FCA's website (www.fca.org.uk).

This insurance is underwritten by the Association of Underwriters known as Lloyd's led by MS Amlin Insurance Underwriting Limited.

The agreement number for this insurance is PM8368016.