



TRIP INSURANCE POLICY

This policy is for residents of the United Kingdom only

Arranged by:
Fogg Travel Insurance Services Limited
Crow Hill Drive, Mansfield, Notts. NG19 7AE
Tel: 01623 631331 Fax: 01623 420450

Underwritten by:
Union Reiseversicherung AG

Master policy number
RTXIS40073-02 A & B

Valid for Issue from 28 April 2016 to 31 August 2017 for
Departures between 28 April 2016 to 31 August 2018

GEOGRAPHICAL AREA

The geographical area of all parts of this policy is limited to the **United Kingdom**.

POLICY INFORMATION APPLICABLE TO BOTH POLICIES

Your insurance is covered under master policy number **RTXIS40073-02 A & B** specially arranged through **GBSURE!** and insured by Union Reiseversicherung AG. Cover is provided for each passenger who is shown as having paid the insurance premium and whose name is shown on the insurance certificate issued by **GBSURE!**. This insurance wording is a copy of the master policy and is subject to the terms, conditions and exclusions of the master policy.

This policy is only valid for a maximum of **18 days trip** duration.

This policy is only valid in respect of persons whose names are shown on the insurance certificate as **insured persons**.

No refund of the insurance premium will be given after the policy has been issued unless, after receipt of the policy, **you** find that the terms, conditions and exclusions do not meet **your** requirements and an alternative is available. In this case **you** must return the policy, insurance certificate, booking confirmation invoice and alternative insurance policy to **GBSURE!** within **14 days** of receipt for a refund to be considered.

Your pre-travel policy covers **you** from the time **you** purchase **your** policy until **you** leave home to start **your** trip. The second policy **your** travel policy starts when **you** leave home to start **your** trip and ends when **you** return home or the policy ends, whichever is the first.

We have tried to keep the wording as simple as possible. There are conditions and exclusions applying to both the pre-travel and travel policies. Each section tells **you** what is covered, what is not covered and what **you** need to do if **you** need to claim under that section. There are no hidden parts or small print.

Like most policies they exclude all pre-existing health conditions but if **you** do need the cover, unlike some other policies, **you** may be able to obtain cover for these conditions by calling **our** Referral Helpline on the lo-call number shown below the summary of cover section. Cover is not available on all conditions and to include others **we** may need to charge **you** an additional premium or increase **your** policy excess for this condition, an excess is the first part of the claim cost. **You** should bear in mind that this excess will apply to everyone on **your** booking if they have to claim for cancellation or **curtailment** (cutting short the **trip**) due to **your** health condition. Cover is not available for conditions where **you** are under investigation or awaiting treatment.

If **you** do not tell **us** about **your pre-existing health conditions** they will not be covered at all and **you** will not be able to claim for anything caused by them.

We are unable to provide any cover on psychological conditions such as stress, anxiety, depression, eating disorders or mental instability unless pre-screened and accepted by the Referral Helpline in writing.

Additionally **your** policy does not provide any cover for a claim arising from a recognised complication of a known **pre-existing medical condition** of a **close relative** or a close **business associate**.

If **your** health changes after **you** have bought the policy **you** must call **our** Referral Helpline immediately. As **you** have two policies, cancellation under the Pre-travel Policy will be effective, but cover for the Travel Policy, which has not started, may change. Travel insurers require stability of health conditions whilst away so what cover is available will depend on the condition, the medication and the period of time before travel. In some instances the new condition may be excluded and on a few occasions **we** may agree to pay the cancellation charges at the time of diagnosis and recommend postponement of **your** trip.

WHERE TO OBTAIN A CLAIM FORM

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 by email to claims@foggtravelinsurance.com or alternatively if **you** do not have internet access **you** can contact:

Fogg Travel Insurance Services Limited
Crow Hill Drive, Mansfield, Notts. NG19 7AE
Tel : 01623 631331 or Fax : 01623 420450,

In all circumstances **you** should quote **GBSURE! TRIP TRAVEL**, advising the section under which **you** wish to claim, or alternatively go to www.foggtravelinsurance.com and click on claim forms – **you** can print the relevant claim form required.

When returning the claim form please enclose **your** insurance certificate together with this policy and the tour operator's confirmation of booking invoice and if the claim is for cancellation, the tour operator's cancellation invoice.

POLICY EXCESSES APPLICABLE TO BOTH POLICIES

in respect of sections **A1 – Cancellation, B1- Curtailment, B2 - Emergency expenses and B3 – Personal Liability**.

An excess is the amount **you** have to pay towards each claim.

Each section of the policy listed carries an excess. All excesses shown for this policy are payable by **each insured-person**, for each incident giving rise to a separate claim. The policy excess under sections **1** and **2** may be increased to include **pre-existing health conditions** confirmed in writing by **our** Referral Helpline. The increased excess will apply to all persons insured under **your** policy.

DEFINITION OF WORDS APPLICABLE TO BOTH POLICIES

Listed below are certain words that appear throughout the policy. These will always be shown in **bold** type and in all cases will have the meanings shown below.

Business associate - means a business partner, director or employee of **you** who has a close working relationship with **you**.

Close relative - means spouse or partner of over six months, parents, step-parent, grandparents, parents-in-law, brother, sister, child, step-child, grandchild, fiancé(e).

Curtailment/curtail – means the cutting short of **your** trip by **your** early return home or **your** repatriation to a hospital or nursing home in the **United Kingdom**. Payment will be made on the number of full days of **your** trip that are lost from the day **you** are repatriated.

Family - means up to **2** parents/guardians and up to **4** children living at the same address and aged under **18** at the time of buying **your** policy.

Flight - means a service using the same airline or airline **flight** number.

Hazardous activity - means mountaineering (requiring the use of ropes and/or guides), pot-holing, racing (other than on foot), including any form of **winter sports**, scuba diving below **9** metres, parachuting, gliding, go-karting, hot-air ballooning, rugby, football, any other activity that requires skill and involves increased risk of injury. If **you** are taking part in any sport not listed above please contact **us** to ensure **you** are covered.

Home - means one of **your** normal places of residence in the **United Kingdom**.

Insured-person/you/your - means any person named on the insurance certificate.

Manual labour – means work involving the lifting or carrying of heavy items, work at a higher level than two storeys or any form of work underground.

Pre-existing health condition – means any heart, circulatory or breathing conditions, cancer or diabetes or serious or re-occurring medical condition which has been previously diagnosed, investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

Redundancy - means being an employee where **you** qualify under the provision of the Employment Rights Act 1996, and who, at the date of termination of employment by reason of redundancy, has been continuously employed for a period of two years or longer and is not on a short term fixed contract.

Resident - means a person who has had their main **home** in the **United Kingdom** and has not spent more than six months abroad in the year before buying this policy.

Trip - means a holiday or journey that begins when **you** leave **home** and ends on **your** return to either (i) **your** home, or (ii) a hospital or nursing home in the **United Kingdom** following **your** return home, both during the period of cover. Any subsequent holiday or journey that starts after **you** have returned home or to a hospital or nursing home (as described above) is not covered.

United Kingdom - means England, Wales, Scotland, Northern Ireland and Isle of Man.

We/our/us/Insurer - means Union Reiseversicherung AG.

Winter sports - means skiing, snow boarding and ice skating.

POLICY CONDITIONS APPLICABLE TO BOTH POLICIES

At all times **we** will act in good faith in **our** dealings with **you**. The payments for all claims following events that occur in **your** selected geographical area during the period of cover are dependent on **you**:

1. OBSERVING THE FOLLOWING:

In respect of all sections of the policy

- being a **resident** of the **United Kingdom**.
- taking all possible care to safeguard against accident, injury, loss or damage as if **you** had **no insurance cover**.
- producing **your** insurance certificate confirming **you** are insured before a claim is admitted.
- giving **us** full details in writing of any incident that may result in a claim under any section of the policy at the earliest possible time.
- notifying **us** immediately of any changes in **your** health or medication after **you** buy the policy.
- passing on to **us** immediately every writ, summons, legal process or other communication in connection with the claim.
- providing all necessary information and assistance **we** may require at **your** own expense (including where necessary medical certification and details of **your** National Health number or equivalent and Private Medical Insurance).
- not admitting liability for any event or offering to make any payment without **our** prior written consent.

POLICY A – YOUR PRE-TRAVEL POLICY

- (i) accepting that **your** policy cannot be extended once it has expired.
- (j) accepting that no alterations and/or additions to the printed terms and conditions of **your** policy be valid unless initialled by us.

In respect of sections A1 – Cancellation, B1 - Curtailment, and B2 - Emergency expenses

- (k) checking with **your** doctor on the advisability of making the **trip** if **you** have any existing medical condition, taking into account **your** chosen destination, the climatic conditions, the stability of **your** condition, the effect of any additional drugs or vaccines necessary and the standard of the medical services available. Cover will not be given if travel is against the advice of **your** doctor.
- (l) not travelling specifically to receive medical treatment during **your trip** or in the knowledge that **you** are likely to need treatment.
- (m) not requiring insurance for any health condition where a terminal prognosis has been given by a registered doctor before buying this policy.
- (n) not requiring insurance for any health condition that is being investigated or for which **you** are awaiting or receiving treatment in hospital at the time of buying this policy.
- (o) disclosing all relevant information as soon as possible after the policy is issued.
- (p) obtaining any recommended vaccines, inoculations or medications prior to **your trip**.

2. RECOGNISING OUR RIGHTS TO:

- (a) make **your** policy void where a false declaration is made or any claim is found to be fraudulent.
- (b) take over and deal with in **your** name the defence or settlement of any claim made under the policy.
- (c) subrogate against the responsible party and take proceedings in **your** name but at **our** expense to recover for **our** benefit the amount of any payment made under the policy.
- (d) give 7 days notice of cancellation of this policy by recorded delivery to **you** at **your** last known address. In this case **we** will refund to **you** the pro-rata proportion of any unexpired premium **you** have paid.
- (e) obtain information from **your** medical records (with **your** permission) for the purpose of dealing with any medical claims. No personal information will be disclosed to any outside person or organisation without **your** prior approval.
- (f) cancel all benefits provided by **your** policy without refund of premium when a payment has been made for cancellation or **curtailment** of the **trip**.
- (g) not to refund the policy premium after the policy has been issued, unless after receipt of the document **you** find that the terms and conditions do not meet **your** requirements, in which case the policy and any other relevant documents must be returned to the point of sale within 14 days of receipt for any refund to be considered.
- (h) not make any payment under section A1, B1, B2 and B3 for any event that is covered by another insurance policy.
- (i) settle all claims under the Law of the country that **you** live in within the **United Kingdom** unless **we** agree otherwise with **you**.
- (j) maintain **your** personal details in connection with an anti-fraud claims checking system.

GENERAL EXCEPTIONS APPLICABLE TO BOTH POLICIES

A. This insurance will not pay for:

any deterioration or loss or damage to property or any delay, legal liability, injury, illness, death or expense directly or indirectly due to, contributed to or caused by:

- (1) war, terrorism, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- (2) participation in a **hazardous activity** except where forming part of the published tour operator programme.
- (3) any **pre-existing health condition** or health condition that has been diagnosed, been in existence or for which **you** have received treatment from a hospital or specialist consultant during the last 2 years or for which **you** are awaiting or receiving treatment or under investigation unless **we** have agreed cover in writing and any additional premium has been paid.
- (4) any payments made or charges levied after the date of diagnosis of any change in **your** health or medication after the policy was bought unless this has been advised to **us** and any revised terms or conditions have been confirmed in writing.
- (5) cancellation or **curtailment** of **your trip** due to a health condition of a person travelling with **you** and included on **your** booking, where the risk attached to that health condition has not been accepted by **us** in writing.
- (6) delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or other government officials or authorities of any country.
- (7) **you** being under the influence of drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction).
- (8) **your** abuse or prior abuse of solvents or alcohol.
- (9) any claim arising from any relevant information known by **you** at the time of buying this policy or which occurs between booking and travel unless it has been disclosed to **us** and **we** have agreed in writing any terms applicable.
- (10) any deliberate or criminal act by an **insured-person**.
- (11) **manual labour**.

B. This insurance will not cover:

- (1) any **trip** that exceeds 18 days in duration.
- (2) any **trip** where the ticketed return journey exceeds 18 days from the outward journey or where the ticket has no fixed return date.
- (3) any one-way **trip**.
- (4) **your** carrier's refusal to allow **you** to travel for whatever reason.
- (5) loss of earnings, additional hotel costs, additional car hire, additional parking fees, kennel fees or any other loss unless it is specified in the policy.
- (6) any loss due to currency exchanges of any and every description.
- (6) any loss unless it is specified in the policy.

A. PRE-TRAVEL POLICY

Policy section	Maximum benefit	Excesses
1. Cancellation Loss of deposit	up to £500 (See note 1)	£50* £10

* 10% of cancellation charge, minimum of £30 (£60 per family), maximum of £50 (£100 per family)

Note 1. **Your** policy does not provide cover for re-occurring or **pre-existing health conditions**. If **you** have **ever** had a heart or circulatory related problem, a stroke, cancer, any breathing problems, diabetes, any psychological conditions, **or** any other health condition which has been treated in hospital or has been referred to a specialist in the last 2 years **you** should phone **our** Referral Helpline quoting **GBSURE! TRIP TRAVEL** on **01623 635958** to see if cover is available. **We** will confirm any special terms in writing. **You** should also tell **us** if **your** health or medication changes between buying this policy and travelling.

HOW YOUR PRE-TRAVEL POLICY WORKS

Your pre-travel policy shows the sections of cover, limits, conditions, exclusions and information on what to do if **you** need to claim. It is essential that **you** read it. The policy is a contract between **us** and **you**. **We** will pay for any event, as set out in the policy, that happens during the period of cover for which **you** have paid the appropriate premium.

We are unable to provide any cover on psychological conditions such as stress, anxiety, depression, eating disorders or mental instability unless pre-screened and accepted by the Referral Helpline in writing.

Additionally **your** policy does not provide any cover for a claim arising from a recognised complication of a known **pre-existing medical condition** of a **close relative** or a close **business associate**.

All numbers and letters shown under 'For each insured-person this insurance will not cover:' refer to the same numbers and letters under 'For each insured-person this insurance will pay:' Where no letters or numbers are shown it applies to the whole section.

WHEN YOUR PRE-TRAVEL POLICY STARTS AND ENDS

The cover on cancellation starts from the date the **trip** booking was made after the policy was issued and ends when **you** leave **home**. No further **trips** are covered by this policy.

DISCLOSURE OF PRE-EXISTING HEALTH CONDITIONS

Your policy may not cover claims arising from **your pre-existing health conditions** so **you** need to tell **us** of anything **you** know that is likely to affect **our** acceptance of **your** cover.

Pre-existing health conditions - so that **we** can ensure **you** are provided with the best **existing** **we** can offer please read the following questions carefully:

1. Have **you**, or anyone travelling with **you**, **ever** had treatment for:
 - any heart or circulatory condition,
 - a stroke or high blood pressure.
 - a breathing condition (such as asthma).
 - any type of cancer.
 - any type of diabetes.
 - any type of psychological condition (such as stress, anxiety, depression, eating disorders or mental instability).
 2. **In the last 2 years** - have **you**, or anyone who is travelling with **you**, been treated for any serious or re-occurring medical condition, asked to take regular prescribed medication, or referred to a specialist or consultant at a hospital for tests, diagnosis or treatment?
- If **you** have answered 'Yes' to any of the above questions **we** may be able to offer some cover and may be able to cover **your** health condition, although an increased premium may be required. To enable **us** to consider **your** health condition please contact **our** Referral Helpline quoting **GBSURE! TRIP TRAVEL** on **01623 635958** to see if cover is available. All calls will be treated in the strictest confidence).
3. **You** must also tell **us** if:
 - **you** are waiting for tests or treatment of any description
 - **your** doctor alters **your** regular prescribed medication
 4. **You** must tell **us** about the **pre-existing medical conditions** of anyone travelling with **you** who is **not** insured under this policy but who may make it necessary for **you** to cancel or **curtail your trip** to find out if **we** are able to provide cover on their conditions. **Your** failure to declare these **pre-existing medical conditions** will mean that **you** will not be able to claim for any event that is due directly or indirectly to the condition.

If when **you** buy this policy **you** are aware of anyone or anything that could increase the risk or result in a claim **you** must tell **us**. If **you** do not tell **us**, **your** policy may not cover **you**, and might be invalidated altogether. **We** reserve the right to charge an increased premium, decline, withdraw cover or increase the policy excess as well as cancel or restrict cover for any person.

Should **we** require any additional premium, and **you** accept **our** offer, this should be paid to **GBSURE!** either by credit card or cheque, made payable to Fogg Travel, and sent within 14 days of receipt. Should **you** decide not to pay the additional premium the declared health condition will not be covered. Full confirmation of **our** terms and conditions will be sent out to **your** address after **your** call. Any additional health conditions not declared to **us** will not be covered.

All terms and conditions declared under this pre-travel policy will also be recorded under **your** travel policy so that **you** do not need to declare these twice.

Please note:

We are unable to provide cover for any claim arising from a recognised complication of a known **pre-existing medical condition** of a **close relative** or a close **business associate**.

NEW MEDICAL CONDITION OR CHANGE IN MEDICAL CONDITION OR ONGOING MEDICATION

If **your** health or **your** ongoing medication changes between the date the policy was bought and the date of travel **you** should advise **our** Referral Helpline quoting **GBSURE! TRIP TRAVEL** on **01623 635958** as soon as possible. **We** will advise **you** what cover **we** are able to provide after the date of diagnosis.

SECTION A1 - CANCELLATION CHARGES

For each insured-person this insurance will pay:

up to **£500** for **your** proportion of (i) transport charges, (ii) loss of accommodation and (iii) additional travel expenses that **you** have paid or agreed to pay and that **you** cannot recover from any other source following **your necessary** cancellation after **you** bought this insurance and before **your trip** starts through **your** inability to travel due to:

- (i) the death, injury or illness of:
 - **you** or a friend with whom **you** are travelling .
 - a **close relative**.
 - a close **business associate** who lives in the **United Kingdom**.
 - a friend who lives abroad and with whom **you** were intending to temporarily stay,
- (ii) **you**, a friend or **close relative** who is travelling with **you** and included on **your** booking being required in the **United Kingdom** for jury service or as a witness in a Court of Law.
- (iii) **you**, a friend or **close relative** who is travelling with **you** and included on **your** booking being given notice of **redundancy**.
- (iv) the requirements of H. M. Forces.
- (v) **your**, a friend or **close relative** who is travelling with **you**, presence being required by the Police after **your home**, or the home in the **United Kingdom** of **your** friend or **close relative**, or usual place of business in the **United Kingdom**, having suffered from burglary, serious fire, storm or flood.

For each insured-person this insurance will not cover :

- the first **10%** of the holiday cost subject to a minimum of **£30** (minimum of **£60** per family excess) and a maximum of **£50** (**£100** per family excess) of each claim (reduced to **£10** on claims for deposits only)
- any claim where **you** have not obtained a written statement at the time of the cancellation confirming the necessity to cancel **your trip**.
- any payment or part payment made using frequent flyer vouchers, Air Miles vouchers or other vouchers that have no financial face value.
- any payment where **you** have not suffered any financial loss.
- any claim that is due to:
 - the withdrawal of previously approved leave by **your** employer unless it is due to the death or serious illness of a close **business associate**.
 - **your** carrier's refusal to allow **you** to travel for whatever reason.
 - the operation of law or as a result of an unlawful act or criminal proceedings against anyone included in **your** booking.
 - the failure of any transport or accommodation provider, their agent or anybody who is acting as **your** agent.
 - the cancellation of **your trip** by the tour operator.
 - the failure of **your** travel agent or tour operator.
 - the cancellation of any conference or business **trip** onto which **your trip** was to be an add-on.
 - financial circumstances or unemployment except when it is due to **redundancy** that **you** received or were aware of after buying this insurance.
 - **your** disinclination to travel.
 - **you** travelling in an aircraft (other than as a passenger in a fully licensed passenger carrying aircraft and for no other purpose).
 - **your** suicide, self-injury or any wilful act of self exposure to peril (except where it is to save human life).
 - **you** being under the influence of drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction).
 - **your** abuse or prior abuse of solvents or alcohol.
 - death or illness of any pets or animals.
 - terrorism, riot, civil commotion, strike or lock-out.
- any event that is due to **you** participating in a **hazardous activity** except where forming part of the published tour operator programme.
- cancellation due to the fear of an epidemic or pandemic.
- the cost of Air Passenger Duty or equivalent and airport charges or booking fees.
- cancellation for any claim arising from a recognised complication of a known **pre-existing medical condition** of a **close relative** or **close business associate**.
- (iv) any event that is the result of leave being cancelled because of war, terrorism, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
 - any claim where **you** have not obtained prior authority to take leave.
 - any claim where leave has been cancelled on disciplinary grounds.
 - any event caused by **your** failure to get a medical certificate from the treating doctor near to where **you** are staying that states the necessity to return **home** due to death, injury or illness.

What you need to do if you wish to make a claim

Notify the travel agent/tour operator **immediately**, by telephone and in writing, that **you** need to cancel and obtain a cancellation invoice. Obtain a claim form from **GBSURE!** either by internet or telephone, and get **your/the** patient's registered doctor to complete the medical certificate attached to the claim form.

POLICY B – YOUR TRAVEL POLICY

B. TRAVEL POLICY

Policy section	Maximum benefit	Excesses
1. Curtailment	up to £500 (See note 1)	£50*
2. Emergency expenses	up to £10,000 (See note 1)	£50
3. Personal Liability	up to £1,000,000	£ 50**

* **10% of holiday cost, minimum of £30 (£60 per family), maximum of £50 (£100 per family)**

** **increased to £250 in respect of rented property damage only.**

Note 1. **Your** policy does not provide cover for re-occurring or **pre-existing health conditions**. If **you** have **ever** had a heart or circulatory related problem, a stroke, cancer, any breathing problems, diabetes **or** any other health condition which has been treated in hospital or has been referred to a specialist in the last **2** years **you** should phone **our** Referral Helpline quoting **GBSURE! TRIP TRAVEL** on **01623 635958** to see if cover is available. **We** will confirm any special terms **in writing**. **You** should also tell **us** if **your** health or medication changes between buying this policy and travelling.

HOW YOUR TRAVEL POLICY WORKS

Your travel policy shows details of **your** travel policy, the sections of cover, limits, conditions, exclusions and information on what to do if **you** need to claim. It is essential that **you** read it. The policy is a contract between **us** and **you**. **We** will pay for any event, as set out in the policy that happens during the period of cover for which **you** have paid the appropriate premium.

We are unable to provide any cover on psychological conditions such as stress, anxiety, depression, eating disorders or mental instability unless pre-screened and accepted by the Referral Helpline in writing.

Additionally **your** policy does not provide any cover for a claim arising from a recognised complication of a known **pre-existing medical condition** of a **close relative** or a close **business associate**.

All numbers and letters shown under 'For each insured-person this insurance will not cover:' refer to the same numbers and letters under 'For each insured-person this insurance will pay:' Where no letters or numbers are shown it applies to the whole section.

WHEN YOUR TRAVEL POLICY STARTS AND ENDS

The cover under the travel policy starts at the beginning of **your trip** as shown on **your** insurance certificate and ends on **your return home** or expiry of the policy, whichever is the first.

EXTENSION OF PERIOD

1. In the event of **your** death, injury or illness or that of anyone travelling with **you**, **you** are unable to complete the **trip** before the expiry of this policy the cover will be automatically extended without additional premium for the additional days necessary for **you** to complete the **trip**.
2. In the event of delay to any vehicle, vessel or aircraft in which **you** are travelling as a ticket holder **you** are unable to complete the **trip** before the expiry of this policy the cover will be automatically extended without additional premium up to **14** days for **you** to complete the **trip**.

NEW MEDICAL CONDITION OR CHANGE IN MEDICAL CONDITION OR ONGOING MEDICATION

If **your** health or **your** ongoing medication changes between the date the policy was bought and the date of travel **you** should advise **our** Referral Helpline quoting **GBSURE! TRIP TRAVEL** on **01623 635958** as soon as possible. **We** will advise **you** what cover **we** are able to provide after the date of diagnosis.

SECTION B1 - CURTAILMENT CHARGES

For each insured-person this insurance will pay:

up to **£500** for **your** unused proportion of (i) transport charges, (ii) loss of accommodation and (iii) additional travel expenses that **you** have paid or agreed to pay and that **you** cannot recover from any other source following **your necessary** curtailment of **your trip** due to the **trip** being cut short by **your** early return **home** because of:

- (i) the death, injury or illness of:
 - **you** or a friend with whom **you** are travelling .
 - a **close relative**.
 - a close **business associate** who lives in the **United Kingdom**.
 - a friend who lives abroad and with whom **you** were intending to stay,
- (ii) **you**, a friend or **close relative** who is travelling with **you** being required in the **United Kingdom** for jury service or as a witness in a Court of Law, or
- (iii) **you**, a friend or **close relative** who is travelling with **you** being called back by the Police after **your home**, or the home in the **United Kingdom** of **your** friend or **close relative**, or usual place of business in the **United Kingdom**, having suffered from burglary, serious fire, storm or flood.

For each insured-person this insurance will not cover :

- the first **10%** of the holiday cost subject to a minimum of **£30** (minimum of **£60** per family excess) and a maximum of **£50** (**£100** per family excess) of each claim
- any payment or part payment made using frequent flyer vouchers, Air Miles vouchers or other vouchers that have no financial face value.
- any payment where **you** have not suffered any financial loss.
- any claim that is due to:
 - the withdrawal of previously approved leave by **your** employer unless it is due to the death or serious illness of a close **business associate**.
 - the operation of law or as a result of an unlawful act or criminal proceedings against anyone included in **your** booking.

- the failure of any transport or accommodation provider, their agent or anybody who is acting as **your** agent.
 - the **curtailment of your trip** by the tour operator.
 - the failure of **your** travel agent or tour operator.
 - the cancellation of any conference or business **trip** onto which **your trip** was to be an add-on.
 - financial circumstances or unemployment except when it is due to **redundancy** that **you** received or were aware of after buying this insurance.
 - your** disinclination to travel.
 - your** loss of enjoyment of the **trip** however caused.
 - you** travelling in an aircraft (other than as a passenger in a fully licensed passenger carrying aircraft and for no other purpose).
 - your** suicide, self-injury or any wilful act of self exposure to peril (except where it is to save human life).
 - you** being under the influence of drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction).
 - your** abuse or prior abuse of solvents or alcohol.
 - curtailment** for any claim arising from a recognised complication of a known **pre-existing medical condition** of a **close relative or close business associate**.
 - death or illness of any pets or animals.
 - terrorism, riot, civil commotion, strike or lock-out.
- any event that is due to **you** participating in a **hazardous activity** except where forming part of the published tour operator programme.
- the cost of Air Passenger Duty or equivalent and airport charges or booking fees.
- any claim where **you** have not obtained prior authority to take leave.
- any claim where leave has been cancelled on disciplinary grounds.
- any unused portion of **your** original ticket where **you** have returned **home**.
- cutting short **your trip** unless the **Insurer** or **GBSURE!** have agreed.
- any event caused by **your** failure to get a medical certificate from the treating doctor near to where **you** are staying that states the necessity to return **home** due to death, injury or illness.
- **curtailment** cover where the **trip** is of 2 days duration or less or is a one-way **trip**.
- **curtailment** due to the fear of an epidemic or pandemic.
- **curtailment** due to any event caused by:
- you** driving a motorcycle for which **you** do not hold a full licence to ride in the **United Kingdom**.
 - you** riding on a motorcycle without wearing a crash helmet, whether legally required locally or not.

What you need to do if you wish to make a claim

If **you** feel **you** need to cut short **your trip** **you** will need a letter confirming this is due to medical necessity from **your** treating doctor in resort, and to confirm with **GBSURE!** **Curtailment** claims will not otherwise be covered. **You** should keep any receipts or accounts given to **you** and send them in to **GBSURE!**

SECTION B2 - EMERGENCY EXPENSES

Please note : If **you** need to return early or to be returned to **your** home this must be reported to **GBSURE!** as soon as it is practically possible.

For each insured-person this insurance will pay:

to **you** or **your** legal representatives the following *necessary* emergency expenses that are payable within six months of the event that causes the claim that results from **your** death, injury or illness:

up to **£10,000** for reasonable:

- additional accommodation costs of a similar standard to the accommodation which was enjoyed for the duration of the **trip** if available if it is necessary for **you** to stay beyond the intended return date and travel expenses which **you** may have to pay to get **you** back to **your home** if **you** cannot use **your** return ticket. The costs include any *one other person who is required for medical reasons* to stay with **you**, to travel to **you** or to travel with **you**.
- additional transport expenses incurred to get **you** home made for or by **you** and for any *one other person who is required for medical reasons* to stay with **you**, to travel to **you** or to travel with **you**.
- costs of transporting **your** body to **your home**.

For each insured-person this insurance will not cover:

- the first **£50** of each and every incident giving rise to a claim.
- any expenses of fees for **your** return **home** which have not been notified and authorised by the **Insurer** or **GBSURE!**
- any elective or pre-arranged treatment.
- any routine non-emergency tests or treatment.
- any treatment or hospitalisation which can be reasonably expected.
- the cost of any medication.
- the cost of taxi fares for anyone other than the patient, telephone calls, faxes or any expenses for food or drink.
- any out-patient and / or in-patient medical, surgical treatment and associated costs.
- any services or treatment received by **you**, including any form of cosmetic surgery **OR** expenses arising from any treatment that in the opinion of the Insurer medical advisors, in consultation with **your** treating doctor, can reasonably wait until **you** return to the **United Kingdom**.
- the cost associated with the diversion of an aircraft due to **your** death injury or illness
- repatriation unless this is deemed medically necessary by **our** appointed emergency medical assistance service.
- repairs to or for the provision of dentures, artificial limbs or hearing aids.
- any dental work.
- any extra costs for single or private accommodation in a hospital or nursing home.
- any treatment, including exploratory tests, that has no relationship with the illness or injury on which the claim is being made.
- any claim that is caused by:
 - you** travelling in an aircraft (other than as a passenger in a fully licensed passenger carrying aircraft and for no other purpose).
 - you** driving a motorcycle for which **you** do not hold a full licence to ride in the **United Kingdom**.

- you** riding on a motorcycle without wearing a crash helmet, whether legally required locally or not.
- your** suicide, self-injury or wilful act of self exposure to peril (except where it is to save human life).
- you** being under the influence of drugs (except those prescribed by **your** registered doctor but not when for the treatment of drug addiction).
- your** abuse, or prior abuse, of solvents or alcohol.
- your** participation in a **hazardous activity** except where forming part of the published tour operator programme.

What you need to do if you wish to make a claim

Any expenses or fees to get you home must be notified to and authorised by GBSURE! You must keep all receipts accounts and medical certificates.

SECTION B3 - PERSONAL LIABILITY

For each insured-person this insurance will pay:

up to **£1,000,000**, plus costs agreed between **us** in writing, for any event occurring during the period of this insurance that **you** are legally liable to pay that relate to an incident caused by **you** and that results in:

- injury, illness or disease of any person.
- loss of, or damage to, property that does not belong to **you** or any member of **your** family and is neither in **your** charge or control nor under the charge or control of any member of **your** family.
- loss of, or damage to **trip** accommodation which does not belong to **you** or any member of **your** family.

For each insured-person this insurance will not cover:

- any liability for loss of or damage to property or injury, illness or disease:-
 - where an indemnity is provided under any other insurance.
 - that is suffered by anyone who is under a contract of service with **you** or any member of **your** family and is caused by the work **you** or any member of **your** family employ them to do.
 - that is caused by any deliberate act or omission by **you**.
 - that is caused by **your** own employment, profession or business or that of any member of **your** family.
 - that is caused by **your** ownership, care, custody or control of any animal.
 - that falls on **you** by agreement and would not have done if such agreement did not exist.
 - any liability for injury, illness or disease suffered by **you** or any member of **your** family.
 - compensation or any other costs caused by accidents involving **your** ownership, possession or control of any:
 - land or building or their use either by or on **your** behalf other than **your** temporary **trip** accommodation.
 - mechanically propelled vehicles and any trailers attached to them.
 - aircraft, motorised skis, motorised waterborne craft or sailing vessel.
 - firearms or incendiary devices.
- (a) & (b) the first **£50** in respect of each and every event that causes a claim.
(c) the first **£250** in respect of each and every event that causes a claim.

What you need to do if you wish to make a claim

- never admit responsibility to anyone and do not agree to pay for any damage, repair costs or compensation.
- keep notes of any circumstances that may become a claim so these can be supplied to **us** along with any supporting evidence **we** may require

OUR PLEDGE TO YOU

It is **our** aim to give a high standard of service and to meet any claims covered by this policy honestly, fairly and promptly. **We** occasionally get complaints and these are usually through a misunderstanding or insufficient information. Any complaint will be investigated at once and the matter resolved as quickly as possible.

YOUR RIGHT TO COMPLAIN

We sincerely hope **you** will not need to complain about **your** insurance policy or claims settlement.

- If **your** complaint is regarding the selling of **your** policy please forward details of **your** complaint in the first instance as follows: Managing Director, Fogg Travel Insurance Services Ltd, Crow Hill Drive, Mansfield, Notts. NG19 7AE
- Or if, **your** complaint is about the outcome of **your** claim or assistance provided please forward details of **your** complaint in the first instance as follows: Write to the Branch Manager, URV, 1 Tower View, Kings Hill, West Malling, ME19 4UY who will review the claims office decision.
- If **you** are still not satisfied with the outcome **you** may ask the Financial Ombudsman Service (FOS) to review your case. Their address is Exchange Tower, London, E14 9SR, telephone advice line is 0800 023 4567.

URV, Branch Office of Union Reiseversicherung AG for the United Kingdom and the Republic of Ireland. Registered in England & Wales. Company No. FC024381. Branch No. BR006943. A public body corporate with limited liability. Registered Office: Maximilianstrasse 53, D-80530 Munich, Germany. Registered with Amtsgericht Munich, Germany. Registered Number: HRB 137918. URV are authorised in Germany with BaFin and subject to limited regulation in the United Kingdom by the Financial Conduct Authority and in the Republic of Ireland by the Insurance Regulator. Union Reiseversicherung AG are members of the Financial Services Compensation Scheme. The URV Branch office is administered in the United Kingdom and Ireland by Travel Insurance Facilities plc. Registered Office: 10 Victoria Road South, Southsea, Hampshire, PO5 2DA. Registered in England. Registered Number: 3220410. Travel Insurance Facilities plc are authorised and regulated by the Financial Conduct Authority.

GBSURE! is a trading name of Fogg Travel Insurance Services Limited. Fogg Travel Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Our FCA Register reference is 307304. This can be checked on the financial services register held on the FCA's website (www.fca.org.uk)