

Travel Insurance Guide

Travel Benefits

provided by Cigna Europe Insurance
Company S.A.-N.V.

Community
banking

Key information about your Travel Insurance

Policy Number : TRVNIOM

Travel Insurance Helplines

Emergency contact information

24 hour Assistance Helpline: 020 8763 3046

From abroad: +44 (0) 20 8763 3046

Lines open 24x7

- if you need medical help whilst abroad, we're here to guide you to the right treatment.
- local knowledge of medical facilities to guide you to appropriate assistance.
- multi-lingual staff available 24x7 to speak direct to local medics.
- we can pay hospitals/clinics directly.

e-mail: international.ops@capita.co.uk

Non emergency contact information

Membership Services: 02392 676061

Customer Services: lines open 8am to 8pm Monday to Friday, 9am to 5 pm Saturday.

Travel Claims: 9am to 5pm, Monday to Friday.

All lines closed on Bank Holidays.

e-mail:

IOBank.travelinsurance@cignainsurance.co.uk

If you or anyone who relies on this Travel Insurance policy has an existing medical condition, you are not eligible to claim on this policy for the medical condition until you have called for medical screening and confirmation of cover.

At the time of opening the account or before You book a Trip, You can call the Insurer at any time to tell them about a medical condition. The Insurer will tell You whether or not the benefits of the Insurance are available to You at no charge, whether an endorsement to the Insurance can be purchased for an additional premium to cover Your medical conditions, or if the Insurer cannot cover Your medical condition at all.

If any of the medical statements detailed on page 5 apply, you need to call Membership Services for medical screening.

Trip Duration limits:

6 months or 17 days for Winter Sports unless a Trip Extension has been agreed.

Policy Upgrades Available

Medical Endorsement, Guest Endorsement, Increased Cancellation and Curtailment Limit, Extension, Winter Sports Trip Extension, Trip Extension.

Travel Insurance Benefits

Section	Cover	Limit	Excess
1	Personal baggage	up to £10,000	£35
	all Valuables	£1,000	£35
	Single article	£1,000	£35
	Delayed baggage		
	after 4 hours	up to £200	£0
	after 48 hours	up to £400	£0
2	Personal money cash	up to £500 up to £250	£35 £35
3	Loss of Passport/ Driving Licence	up to £500	£35
4	Cancellation and curtailment	up to £10,000	£35
5	Travel delay abandonment	up to £250	£0
		up to £10,000	£35
6	Missed connections	up to £1,000	£0
7	Failure of public transport	up to £250	£0
8	Medical and emergency expenses	unlimited	£35
9	Personal accident death	£50,000	£0
	loss of sight or limb	£50,000	£0
	permanent total disablement	£50,000	£0
10	Hospital benefit Per day maximum	£35	£0
		up to £800	£0
11	Personal liability	up to £2,000,000	£0
12	Legal Expenses	up to £50,000	£0
13	Winter sports		
	Ski pack		
	per week	up to £80	£0
	Loss of ski equipment	up to £1,000	£35
	Cost of hired skis	up to £200	£0
	Piste closure		
	alternative transport		
per day	£10	£0	
no sites available			
per day	£20	£0	
maximum	up to £150	£0	
	Avalanche closure	up to £150	£0
14	Golf cover		
	Loss/Damage to golf clubs	up to £1,500	£50
	Hire of golf clubs	up to £400	£50
	Cancellation and curtailment	up to £10,000	£50
	Reimbursement of green fees	up to £300	£50



Section A

Gold Summary of Travel Benefits

Please read this summary carefully. A full description of the benefits that are available to You, as well as the terms, conditions and exclusions applying to those benefits can be found in the Travel Benefits Guide on page 3.

This document is not a contract of insurance but summarises an Insurance policy held by Us which provides Insurance benefits and coverage held for the benefit of (and in trust for) Account holders and other Beneficiaries.

Helplines

Emergency contact information

24 hour Assistance Helpline: 020 8763 3046

From abroad: +44 (0) 20 8763 3046

Lines open 24x7

e-mail: international.ops@capita.co.uk

Non emergency claims contact information

Membership Services: 02392 676061

Lines open 9am to 5pm, Monday - Friday.
Line closed on Bank Holidays.

e-mail:

IOMBank.travelinsurance@cignainsurance.co.uk

Upgrade contact information

Membership Services: 02392 676061

Lines open 8am to 8pm Monday to Friday, 9am to 5pm Saturday. Line closed on Bank Holidays.

e-mail:

IOMBank.travelinsurance@cignainsurance.co.uk

Journeys You Can Claim Benefits For

You are only able to claim benefits for Trips or Journeys that are temporary absences from Your Home address for at least 1 night:

- a) abroad; or
- b) staying in pre-arranged Accommodation within the Beneficiary's Country of residence.

In either case the maximum Trip length is 6 months for any one Trip, with the exception of Trips that include winter sports where the maximum Trip length is limited to 17 days in total in any one year. There is no cover for any part of a Trip where the intended duration is greater than 6 months (or 17 days when that Trip includes winter sports), including for the first 6 months/17 days.

All cancellation cover ends when You leave Your home to start a Journey.

Eligibility to Receive Benefits

- a) You must be a Gold Account holder for the duration of Your Trip.
- b) there is a Journey limit of 6 months in duration, except where the Trip involves winter sports where the maximum duration allowable is 17 days. An Insurance policy to cover a higher maximum winter sports duration can be purchased by calling **Membership services: 02392 676061**.
- c) all eligibility to receive the benefits of the Insurance will stop upon closure of Your Gold account.
- d) the benefits of the Insurance do not become available if a Trip has already started.
- e) there may be an Excess applicable to some sections of this policy. This Excess will be applied to each Beneficiary for each event.
- f) You can purchase an Insurance policy for Guests at a special rate, please call **Membership services: 02392 676061**.
- g) the benefits of the Insurance are also available to Dependent children travelling without the Account holder on Trips organised by schools or recognised organisations that are supervised by adults.

Significant Features and Benefits

Medical and Emergency Expenses – unlimited

Cancellation and Curtailment – up to £10,000

Personal Baggage – up to £10,000

Cover also includes delayed Baggage, personal money, loss of passport/driving licence, travel delay and abandonment, missed connections, failure of Public transport, personal accident, hospital benefit, personal liability, Legal expenses and winter sports.

Full details of the Benefit levels are contained in the Policy Schedule.

Significant or Unusual Exclusions or Limitations

- any claims as a result of a Beneficiary's Business trip.
- any part of any Trip with a duration of greater than 6 months, or of 17 days if the Trip involves winter sports.
- pre-existing medical conditions – please see page 4 for further information.
- where You are diagnosed with a new medical condition or a change of health after You book a Journey, but before You leave, and do not contact the Insurer to discuss it.

- medical expenses incurred 12 months after the sickness or injury first occurred.
- medical treatment in Your Country of residence.
- claims where You were travelling to obtain medical treatment, contrary to medical advice, after receiving a terminal diagnosis, or while still awaiting medical treatment, tests or investigations.
- suicide, attempted suicide or wilful exposure to danger.
- a medical condition of a close relative, travelling companion or business associate (whether they are travelling or not) who:
 - has been a hospital in-patient in relation to the aforementioned condition in the last year or been put on a waiting list for treatment;
 - or has been diagnosed with or had cancer in the last year.
- any form of alcohol abuse including alcohol withdrawal or You drinking too much alcohol where it is reasonably foreseeable that such consumption could result in a serious impairment of Your faculties and/or judgement resulting in a claim. The Insurer does not expect You to avoid alcohol on Your Trip but they will not cover any claim arising because You have drunk so much alcohol that Your judgement is seriously affected and You need to make a claim as a result.
- bankruptcy/liquidation of any Tour operator, travel agent or transportation company.
- air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft).
- cover is excluded for certain hazardous activities. This means any pursuit or activity where it is recognised that there is an increased risk of injury or accident. A list of the activities covered by the policy can be found on page 7 under the Hazardous activities definition in the policy wording.
- travel to areas where the UK Foreign & Commonwealth Office or the equivalent government authority in Your Country of residence has advised against all travel.
- delays that were announced before You checked in.
- loss or theft of Valuables and/or personal property or money left unattended (except as specifically provided for in the Policy).
- any Anticipated events.
- the Excess (please see Schedule of Benefits for a list of all excess' applicable to the benefits).

Complaints Procedure

The Insurer is dedicated to providing a high quality service and wants to maintain this at all times. If You are not satisfied with this service, please contact them immediately so that Your complaint can be dealt with as soon as possible.

If You have a complaint, please contact:

The Customer Relations Manager, Isle of Man Bank Travel Insurance, Cigna Insurance Services, 1 Drake Circus, Plymouth PL1 1QH

Tel: 02392 676061

E-mail:
IOMBank.travelinsurance@cignainsurance.co.uk

If You are not satisfied following receipt of a final response, You may contact the Financial Ombudsman Service (FOS), Exchange Tower, Harbour Exchange Square, London E14 9SR Telephone 0300 123 9 123, free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02.

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

Website: www.financial-ombudsman.org.uk

Section B

Gold

TRAVEL BENEFITS GUIDE

Useful numbers

Medical emergency

Telephone: 020 8763 3046

From abroad +44 (0) 20 8763 3046

Lines open 24x7

To notify Us of a non emergency claim in the first instance please telephone **Membership services: +44 (0)2392 676061.**

Lines open 8am to 8pm Monday to Friday, 9am to 5pm Saturday.

This document is not a contract of Insurance but summarises an Insurance policy held by Us which provides Insurance benefits and coverage held for the benefit of (and in trust for) Account holders and other Beneficiaries.

The Insurance is administered by Cigna Insurance Services (Europe) Limited (Cigna Insurance Services). Registered in England & Wales No. 4617110. Registered Office: Chancery House, St Nicholas Way, Sutton, Surrey SM1 1JB. Cigna Insurance Services (Europe) Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 310671.

The Insurance is underwritten by Cigna Europe Insurance Company S.A.-N.V. UK Branch (Cigna), Chancery House, St Nicholas Way, Sutton, Surrey, SM1 1JB under policy no TRVNIOM. Registered in Belgium with limited liability (Brussels trade register no. 0474624562), Avenue de Cortenbergh 52, 1000 Brussels, Belgium. Subject to the prudential supervision of the National Bank of Belgium, Boulevard de Berlaimont 14, 1000 Brussels (Belgium) and to the supervision of the Financial Services and Markets Authority (FSMA), rue du Congrès 12-14, 1000 Brussels (Belgium), in the field of consumer protection and subject to limited regulation by the Financial Conduct Authority. Details of the extent of our regulation by the Financial Conduct Authority are available on request. You can check this information on the Financial Services Register by visiting the www.fca.org.uk or by contacting their consumer helpline on 0300 500 8082. The Insurance is held by Us – Isle of Man Bank. We are the only policyholder and only We have direct rights under the contract of Insurance against Cigna. These rights are held for the benefit of (and in trust for) Account holders and other Beneficiaries.

This document summarises the benefits available under the policy of Insurance held by Us: it does not give Account holders direct rights under the policy. Strict compliance with the Insurer's policy's terms

and conditions are required if You are to receive any benefit. Under the Insurance Conduct of Business rules, Account holders will not be customers of Cigna or of Us. The provision of these Insurance benefits to Account holders falls outside regulation by the Financial Conduct Authority. The conditions that appear in this Travel Benefits Guide reflect the contract between Us and the Insurer, and must be complied with. Failure to comply may mean that claims will not be paid under the Insurance.

Important information

We have agreed with the Insurer that English Law will apply. Communication of and in connection with the Insurance shall be in the English language.

If a Beneficiary holds a policy of insurance, which covers a loss for which they are also claiming benefit under the Insurance, the Insurer reserves the right to seek a contribution from the underwriters of that other policy of insurance where appropriate.

To notify Us of claims in the first instance please telephone

Membership services: + 44 (0) 2392 676061.

Complaints Procedure

The Insurer is dedicated to providing a high quality service and wants to maintain this at all times. If You are not satisfied with this service, please contact them immediately so that Your complaint can be dealt with as soon as possible.

If You have a complaint, please contact:

The Customer Relations Manager, Isle of Man Bank Travel Insurance, Cigna Insurance Services, 1 Drake Circus, Plymouth PL1 1QH

Tel: 02392 676061

E-mail:

IOMBank.travelinsurance@cignainsurance.co.uk

If You are not satisfied following receipt of a final response, You may contact the Financial Ombudsman Service (FOS), Exchange Tower, Harbour Exchange Square, London E14 9SR Telephone 0800 023 4567 and 0300 123 9123; Fax 0207 964 1001; www.financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

CIGNA Europe Insurance Company S.A.-N.V. is covered by the Financial Services Compensation Scheme. This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under its policies. Further information can be obtained from the Financial Services Compensation Scheme (www.fscs.org.uk) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by calling 0800 678 1100 or 020 7741 4100.

We're here to help

**Need medical help abroad? Call us first on
+44 (0) 20 8763 3046.**

Lines open 24x7.

For emergencies: If You are taken by ambulance to hospital following an emergency call, You or a travelling companion should call the Insurer as soon as possible once You have been admitted to hospital.

For non-emergencies: If You need a GP, or need to go to A&E or a clinic, **Call Us First**, before You try to locate help, so the Insurer can guide You to the safest and most appropriate source of treatment.

If You are unfortunate enough to need medical help whilst abroad please **Call Us First** on the Assistance Helpline +44 (0) 020 8763 3046

The Insurer's highly experienced multi-lingual team are available to talk 24 hours a day, to advise You or Your travelling companion of what steps to take. Their aim will always be to establish the best treatment available to You in the country you are visiting.

The Insurer's first steps will always be to:

- confirm that You're in a place of safety;
- establish the best local treatment available to You;
- and consider Your health and best interests;
- make sure that the necessary medical fees are guaranteed.

Important note: It may affect Your claim if You, Your travelling companion or a doctor/nurse does not contact the Insurer on the number above. The Insurer does not cover any costs over £500 where prior agreement regarding treatment has not been obtained from the Assistance Helpline.

The Insurer's highly experienced multi-lingual team of in-house doctors, nurses and experienced case managers will advise You, Your travelling companion, and/or Your treating doctor, of what steps to take.

We understand how important it is to have someone who:

- you can contact at any time of the day or night
- you can trust has the medical expertise to guide You to the right course of treatment
- has an in-depth understanding of how and when to transfer sick and injured patients back home
- will speak to You in a language you can understand.

The Insurer's team is focused on trying to take some of the worry out of what can be an incredibly stressful situation so they will keep Your key contacts updated on Your progress for You and if it is medically necessary, they'll fly a doctor or nurse out, with specialist repatriation equipment, to accompany You home.

The Insurer actively monitors the capabilities of medical facilities throughout the world and use this knowledge to determine whether You need to be transferred to a different facility. Once they are satisfied that You are getting the appropriate treatment, they will agree a treatment plan with Your treating doctor and You. If You cannot be discharged in time to continue Your Trip as planned, the Insurer will make arrangements to bring You home at the appropriate time.

Useful Telephone Numbers

Emergency

Telephone 020 8763 3046

From outside of the UK +44 (0) 20 8763 3046

E-mail: international.ops@capita.co.uk

Non-emergency

**Telephone Membership services:
+ 44 (0) 2392 676061 EU, EEA and Switzerland**

If you are a resident of the European Union (EU), the European Economic Area (EEA) or Switzerland and are travelling to any of these countries You are strongly advised to obtain a European Health Insurance Card (EHIC). Residents of the United Kingdom can apply either online through www.dh.gov.uk/travellers or by telephoning 0300 330 1350. This will entitle You to benefit from the health care arrangements which exist between countries within the EU/EEA or Switzerland.

This section explains the travel benefits available with Your Gold account.

It is recommended that You read this booklet before travelling and carry it with You. Please take particular note of the documentation required for each claim.

Please note: Any tax for which a Beneficiary becomes liable will be the responsibility of the Beneficiary and not that of Isle of Man Bank or the Insurer.

Please read this travel benefits guide carefully

Whilst all the words are important, You should pay particular attention to all the exclusions and conditions.

Eligibility to Receive Benefits

- a) you must be a Gold Account holder, or the Partner of a Gold Account holder, or dependent child of the Gold Account holder, where the Gold Account is operative for the entire duration of the Trip;
- b) there is a Journey limit of 6 months in duration, except where the Trip involves winter sports where the maximum duration allowable is 17 days. There is no cover for any part of a Trip where the intended duration is greater than 6 months (or 17 days when that Trip includes winter sports), including for the first 6 months/17 days. An insurance policy to cover a higher maximum winter sports duration can be purchased by calling **Membership services: 02392 676061**;
- c) all eligibility to receive the benefits of the Insurance will stop upon closure of Your Gold account;
- d) the benefits of the Insurance do not become available if a Trip has already started;
- e) there may be an Excess applicable to some sections of this policy. This Excess will be applied to each Beneficiary for each insured event;
- f) you can purchase an insurance policy for Guests at a special rate, please call **Membership services: 02392 676061**;
- g) benefits of the Insurance are also available to Dependent children travelling without the Account holder on Trips. These benefits are limited to Trips which have been organised by schools or recognised organisations that are supervised by adults such as a church or a member organisation of the National Council for Voluntary Youth Services. No benefit shall be available where the dependent child travels alone or under the supervision of any other person or institution not mentioned above. If You are unsure whether or not the benefits extend to a particular Trip, please call **Membership services: 02392 676061**.

Please note that any additional cover must be obtained prior to the start of a Trip.

Medical statements

It is important that You read this entire section to ensure that You understand what benefits may be available to You. Failure to do so may leave You with no right to make a claim.

Call Us on **Membership services: 02392 676061** to talk about Your medical circumstances.

At the time of opening the account or before You book a Trip

At the time of opening the account or before You book a Trip, You can call the Insurer at any time to tell them about a medical condition. The Insurer will tell You whether or not the benefits of the Insurance are available to You at no charge, whether an endorsement to the Insurance can be purchased for an additional premium to cover Your medical conditions, or if the Insurer cannot cover Your medical condition at all.

The Insurer will write to You to confirm what they tell You over the phone. Please read the medical questions below.

If You answer YES to any of these questions, you must telephone the Insurer to confirm eligibility of cover:

1. Are receiving in-patient treatment or are waiting to receive treatment;
2. Have been prescribed medication in the 12 months prior to booking the Journey, whether taking it or not;
3. Have been diagnosed with a heart or cancer related condition in the 12 months prior to booking the Journey;
4. Have been given a terminal prognosis;
5. Are diagnosed with any of the medical conditions below:
 - a circulatory condition (problems with blood flow, including high blood pressure and/ or high cholesterol); a breathing condition (including asthma where You are prescribed more than one medication or inhaler);
 - any joint and bone condition;
 - any gastrointestinal (stomach) condition;
 - or diabetes;

Please be aware that the Insurer is not able to:

1. Provide any cover for undiagnosed conditions, where You have experienced symptoms that are awaiting test results or other diagnostics;
2. Provide any cover for any diagnosed psychological or psychiatric disorder, stress, anxiety or depression which has required medication or treatment prior to booking the Journey.

Note that if You do not contact Us in this way, You may not have any benefits available to You if You make a claim.

If the Insurer is unable to cover Your medical condition(s), then they will not pay claims that are related to that condition.

After You have called the Insurer

Where the Insurer has either provided You with an endorsement to the Insurance to cover Your medical conditions, or declined to do so, they will usually apply those terms for a 12 month period and at the end of this period they will send You a communication asking You to call in again, so that they can reassess the cover for Your medical condition(s). In some circumstances, the Insurer may not be able to cover Your medical condition(s) for a period of 12 months. Where the Insurer is able to offer cover by way of an endorsement to the Insurance, this will be on a per Trip basis and the full details of each Trip will be required, which includes the countries You are travelling to and the total duration of Your Trip. If the cover for Your medical condition(s) has been accepted on a per Trip basis, You must contact the Insurer again as soon as You book another Trip or if there is a change in detail to Your existing Trip e.g. You decide to travel to a different country or You extend the duration of Your Trip.

Where the Insurer has provided You with an endorsement to the Insurance to cover Your medical condition(s) on a per Trip basis, as stated above, it is Your responsibility to advise the Insurer as soon as You book another Trip if You want cover to extend to Your medical condition(s) again.

The Insurer's medical risk assessment system is updated frequently and they reserve the right to amend their medical risk assessment outcomes, so You may find that after one year the Insurer might be unable to cover Your medical condition(s) but at a later date they might be able to or that the additional premium charged may change.

If You wish to make any change or corrections to Your details please contact **Membership services: 02392 676061**.

At any time

No benefits are available to You when:

- a) you travel to obtain medical treatment;
- b) you travel against medical advice.

Changes in Your health

If Your health changes (including medical conditions that are undiagnosed or awaiting investigation) after purchasing an endorsement to the Insurance for Your medical condition(s) but before You travel, You must tell the Insurer about these changes if because of these You:

- have seen a doctor and have seen or been referred to a consultant or specialist.
- have been admitted to hospital for, or are waiting to receive treatment (including surgery, tests or investigations) or the results of tests and investigations The Insurer will then tell You if they can cover these medical conditions free of charge or for an additional premium.

If the Insurer cannot cover Your medical condition(s) (including those which You may have already declared to the Insurer) or You do not want to pay the additional premium quoted, the Insurer will give You the choice of either:

- Making a cancellation claim for any pre-booked Trips; or
- Continuing but without cover for Your medical condition(s). Cancelling Your endorsement to the Insurance for Your medical condition(s) and receiving a proportionate/partial refund (provided that You have not made a claim or are about to).

Claiming Benefits

1. In relation to any benefit which is held by Us on trust for You, We have authorised You, as Our agent, to notify the Insurer and make a claim under this Insurance on Our behalf. The appointment of You as Our agent is subject to the appointment:
 - a) not altering the basis upon which the Insurance is held in trust by Us for Beneficiaries;
 - b) being limited to the sole purpose of making a claim under the Insurance directly from the Insurer;
 - c) providing no rights whatsoever to commence legal proceedings as Our agent;
 - d) not permitting any act or omission undertaken by a Beneficiary to affect any claims or any other rights of ours (or any other Beneficiary) under the Insurance.
2. If a claim is to be made You must contact the Insurer as soon as possible.
3. Amounts paid by the Insurer in respect of valid claims will be credited to the applicable Beneficiary's bank account or paid by cheque as agreed with the Beneficiary.
4. If You or any Beneficiary do not comply with obligations as shown in this Travel Benefits Guide, such Beneficiary's claim may be invalid.

DATA PROTECTION STATEMENT

Your information

PLEASE READ this notice as it explains the purposes for which the Insurer will use the personal and

sensitive personal data (information) that they hold. The Insurer accepts fully their responsibility to protect the privacy of customers and the confidentiality and security of information given to them. Where You have provided information about another person in connection with the purchase and performance of this Insurance then You confirm that they have appointed You to act for them, that they have consented to the processing of their personal data, including sensitive personal data and that they have consented to the transfer of their information Abroad. You also agree to receive on their behalf any data protection notices from the Insurer. The Insurer may transfer Your personal information to a country located outside of the EEA for the purposes outlined above. If they transfer Your information outside the EEA they will either obtain Your prior consent or take steps to ensure that Your privacy rights continue to be protected in accordance with the requirements of the Data Protection Act.

The Insurer will use the information You have provided for;

- customer service;
- handling claims;
- providing emergency assistance;
- and administration and underwriting;

in connection with the Insurance. They will use the information You have provided only for purposes related to the Insurance within the terms of the data protection acts, 'legal data processing conditions'.

They may disclose information to their service providers and agents for these purposes. The information You have provided may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies.

In the event that an Account holder claims a benefit in relation to an injury or illness, the Insurer may need to obtain further Sensitive Personal information such as medical history in order to assess the claim. The claim form will explain in more detail how this Sensitive Personal data is handled. If an Account holder asks We will provide details of the information We hold in accordance with the applicable law. Any information which is found to be incorrect will be corrected promptly. The Insurer may monitor and/or record Your communication with them, either themselves or by reputable organizations selected by them, to ensure consistent servicing levels and account operation. They will keep information about Account holders only for so long as it is appropriate. If You ask them, they will tell You what information they hold about You and provide it to You in accordance with applicable law. Any information which is found to be incorrect will be corrected promptly. They (or reputable organisations selected by them) may monitor and/or record Your communication with them to ensure consistent servicing levels and account operation. We will keep information about You only for so long as it is appropriate.

Data Protection Act

The Insurer's contact details are:

The Customer Service Manager

Isle of Man Bank Travel Insurance

Cigna Insurance Services, 1 Drake Circus,
Plymouth PL1 1QH

Tel: 02392 676061

E-mail:

IOMBank.travelinsurance@cignainsurance.co.uk

Definitions

Below are certain words that have been given specific meanings. They have the same meaning wherever they are used in the policy or in any endorsement.

'Abroad' means outside of the Beneficiary's Country of residence.

'Accommodation' means any hotel room, apartment, villa, etc, but excludes the provision of food, drink, telephone calls, newspapers etc.

'Account holder' means any individual who holds a Gold account.'

'Anticipated event' means any event or occurrence which the Beneficiary knew would occur or could reasonably have expected to occur during their Trip and which they were aware of at the time of booking the Trip.

'Associated condition' means a medical condition that has a higher likelihood of occurring if You have a particular existing medical condition than if You did not have that existing medical condition. Any associated conditions will be shown on Your policy schedule if You decline to cover Your medical condition(s) or they are excluded from cover. If You do not disclose Your medical condition(s) You may not be covered for any conditions associated with Your existing medical condition(s).

'Baggage' means clothing, personal effects (including Valuables) and suitcases (or similar luggage carriers), taken on or acquired during the Trip.

'Beneficiary/Beneficiaries/You/Your' is as described under 'Who is entitled to the benefits'?

'Bodily injury' means an identifiable physical injury sustained by Beneficiaries caused by sudden, unexpected, external, violent and visible means. Injury as a result of Your unavoidable exposure to the elements shall be deemed to have been caused by bodily injury.

'Business address' means where the Beneficiary works in their Country of residence.

'Business trip' means any Trip where the main purpose is to carry out Your business or trade even if this involves an element of the Trip involves leisure either prior or after the business element of the Trip.

‘Country of residence’ means the country in which the Beneficiary resides, and has resided (or has made formal arrangements to reside) for 6 months (or longer) in any one calendar year.

‘Curtailement’ means where the Beneficiary cuts short their Trip after its commencement to return to their Home address.

‘Dependent children’ means all children (including legally adopted, foster and step children) of the Account holder or Account holder’s Partner who at the start date of the Journey are aged under 18 years (or up to 23 if in full time education), living at the Account holder’s Home address and are unmarried or have not entered into a Civil Partnership. The benefits of the Insurance are also available to Dependent children who do not reside permanently (or for the majority of the time) with the Account holder, providing the child(ren) resides permanently with the other parent for the remainder of the time.

‘Directly related’ refers to situations where the Beneficiary has previously suffered from the same medical condition or illness. We would not consider conditions such as High Blood Pressure or high cholesterol to be ‘Directly related’ to a claim for a heart attack.

‘Excess’ an excess is the amount the Insurer will deduct from a claim. This amount is payable per Beneficiary claiming, per claim registered. Where a single incident gives rise to a claim under two or more benefits, only one excess will be payable per Beneficiary.

‘Guest’ any individual for whom the appropriate additional premium has been paid, whilst travelling with an Account holder during the period of the Journey and whose Country of residence is the same as the Account holder.

‘Hazardous activity’ means any sports or leisure activity.

Covered		
Aerobics	Ice Skating	SCUBA Diving (down to 30m accompanied by a qualified diver or instructor)
Badminton	Jogging	Snorkelling
Baseball	Manual Work on an Incidental basis (at ground level not involving machinery)*	Softball
Basketball		Squash
Boogie Boarding		Surfing
Bowls	Marathon Running	Swimming
Cricket	Mountain Biking (on recognised routes)	Table Tennis
Croquet	Rambling	Tennis
Curling	Rounders	Ten Pin Bowling
Cycling (no racing)	Sailing (within territorial waters)*	Volleyball
Fell Walking		Walking
Fishing		Water Polo
Golf		
Hiking/Trekking (under 4,000m)		

Covered if professionally organised and supervised plus you wear appropriate safety equipment and take safety precautions:

Abseiling	Go Karting*	Pony Trekking
Archery	Gymnastics	River Tubing (no white water)
Banana Boating	Hiking/Trekking (between 4,000m and 6,000m)	Shooting (not Big Game)*
Black Water Rafting	Horse Riding (no jumping)	Sleigh riding (as a passenger)
Bungee Jumping	Hot Air Ballooning	Swimming with Dolphins
Camel/Elephant Riding	Indoor Rock Climbing (with belays)	Trampolineing
Canoeing/ Kayaking (no white water)	Jet Biking*	Water Skiing (no jumping)
Clay Pigeon Shooting	Jet Skiing*	White Water Rafting
Fencing	Paint Balling	Zipling/ Zipwiring
Flotilla Sailing (with professional leader)*	Parascending over water	Zorbing

Not covered

Base Jumping	Lacrosse	Polo
Big Game Hunting	Micro Lighting	Professional/ Semi Professional Sports
BMX Stunt Riding	Motor Cycling as a driver or passenger (unless on machines of less than 125cc, you wear a helmet, and as a driver, you have held a motorcycle licence for at least 3 years and have no motoring convictions)	Quad Biking
Bouldering	Mountaineering	Rock Climbing
Boxing	Organised Team Sports	Sailing (outside territorial waters)
Canyoning	Parachuting	Scuba Diving (below 30m)
Caving/Pot Holing	Paragliding	Shark Diving
Coasterring	Parascending (over land)	Street Hockey
Cycle Racing	Participation in competitions unless otherwise agreed by us	Tomb Stoning
Flying except (as a fare paying passenger)		Track Days involving motor vehicles including motorcycles
Free/High Diving		Water Ski Jumping
Gliding		Weightlifting
Hang Gliding		
Horse Jumping/ Hunting		
Judo/Karate/ Martial Arts		
Kite Surfing		

*There is no cover under the Personal Liability section of this policy.

<p>Winter Sports If a Trip is longer than 17 days involving Winter Sports a trip extension will need to be purchased.</p>	
<p>The following activities are covered:</p> <ul style="list-style-type: none"> On piste skiing or snowboarding on piste Off-piste skiing or snowboarding where accompanied by a qualified guide or instructor Cross country skiing on recognised routes and with a guide Ski racing arranged by ski schools for their pupils Sledging 	<p>Examples of Winter Sports activities not covered are:</p> <ul style="list-style-type: none"> Bobsleighting Heli Skiing Ice Hockey Luging Use of Skeletons Ski Acrobatics Ski Jumping

'Home address' means where the Beneficiary lives in their Country of residence.

'Immediate family' the Beneficiary's Partner, Fiancé, Fiancée, Parents, Parents-in-law, Step-parents, Son, Son-in-law, Daughter, Daughter-in-law, Brother, Brother-in-law, Step-brother, Sister, Sister-in-law, Step-sister, foster children, Legal Guardian, Grandparents and Grandchildren.

'Incidental' means happening on a casual or occasional basis and not the main purpose of or reason for the Trip.

'Insurance' means the policy of travel insurance held by Us, the benefits of which are made available to Account holders and other Beneficiaries.

'Insurer' means Cigna Europe Insurance Company S.A.-N.V.

'Legal expenses' means professional fees and expenses reasonably and properly incurred by a legal representative that are proportionate to the value of the claim or legal proceedings. The Insurer will also pay costs the Beneficiary is ordered to pay by a court or other organisation and any other costs they agree to in writing. The most they will pay for all legal expenses will be £50,000 for any claim or claims arising from any one incident.

'Loss of limb(s)' means the permanent severing at or above the wrist or ankle or total loss of a complete foot, leg, hand or arm.

'Loss of sight' means if the degree of sight remaining, in one eye, after correction is 3/60 or less on the Snellen Scale (this means seeing at 3 feet what You should see at 60 feet), or in both eyes if the Beneficiary's name is added to the register of blind persons on the authority of a fully qualified ophthalmic specialist.

'Medical advisor(s)' means a senior medical officer appointed by the Assistance Helpline.

'Medical practitioner' means a person, other than the Beneficiary or a member of their family, or anyone travelling with them, who is qualified and registered as such by a competent and recognised authority.

'Outward Journey' means travelling from the Beneficiary's home or Business address to their Trip destination.

'Partner' the person that the Account holder lives with at the Account holder's Home address in a relationship, whether married or cohabiting, as if husband and wife or civil Partners regardless of gender.

'Period of the trip' means from the time of the Beneficiary leaving their Home address or Business address, to undertake a Trip, until they return thereto from their Trip, both of which must be in their Country of residence.

'Permanent total disablement' means a disability preventing the Beneficiary from doing any work of any kind for 104 weeks and at the end of this period there is no reasonable hope of improvement.

'Personal money' means cash, letters of credit, travel tickets and hotel vouchers, all held for the Beneficiary's private purpose and includes the wallet or purse in which these items are carried.

'Pre-existing medical condition' means when, at the time of a Beneficiary booking their Trip or opening their account, they answer yes to any of the Medical Statements on page 4 of this policy.

'Public transport' means a scheduled public service namely: train, coach, taxi, bus, aircraft and sea vessel.

'Redundant/Redundancy' means You being made redundant, as long as You had been working at Your current place of employment for a minimum continuous period of two years and that at the time of booking the Trip or the date You took out this account, whichever is earlier, You had no reason to believe that You would be made redundant.

This cover would not apply if You are self-employed or accept voluntary redundancy.

'Secure area' means the locked boot of a motor vehicle. This includes the locked luggage compartment of a hatchback or estate vehicle fitted with a lid, fixed tray or roller blind that closes off the luggage area behind the rear seats.

'Single article' means the one item, pair or set of articles (this doesn't include golf equipment).

'Ski equipment' means skis (including bindings), clothing, snowboards, boots and poles either owned or hired by the Beneficiary.

‘Ski pack’ means pre-paid lift pass, ski school and equipment hire fees or combination of these items.

‘Solicitor’ means any suitably qualified person acting for the Beneficiary to pursue a claim under Section 12.

‘Terrorism/Terrorist act’ means an act or threat of action by a person or group of people, whether they are acting alone or with other people, organisations or governments, for political, ethnic, racial, religious, ideological or similar purposes to influence any government or to frighten the public or any section of it. An ‘act’ or ‘action’ here means:

- violence against a person;
- damage to property;
- putting a person’s life in danger;
- creating a health risk to the public or a section of it; or
- interfering with or seriously disrupting electronic systems or transport services.

‘Tour operator’ means a registered company whose primary business is the provision of pre-arranged travel and accommodation facilities, with whom the Beneficiary is booked to travel or their agents as specified in the Beneficiary’s travel itinerary.

‘Trip/Journey’ means a temporary absence from the Beneficiary’s Home address for at least 1 night:

- a) abroad; or
- b) staying in pre-arranged Accommodation within the Beneficiary’s Country of residence.

This includes multi-centre holidays.

In either case the maximum Trip length is 6 months for any one Trip, with the exception of Trips that include winter sports where the maximum Trip length is limited to 17 days in total in any one year. Insurers will not pay any benefit for any part of a Trip that has exceeded these maximum Trip durations.

‘Valuables’ means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, photographic, audio, video, computer, television and telecommunications equipment (including CDs, DVDs, tapes, films, cassettes, cartridges, headphones, electronic readers, laptops, tablets and mobile phones), computer games and associated equipment, telescopes, binoculars and satellite navigation equipment.

‘We/our/us’ means Isle of Man Bank Limited.

General Conditions and Exclusions

General Conditions and Exclusions		
Main/unusual exclusions/restrictions	Sum Insured n/a	Excess n/a
<p>The following conditions and exclusions apply to all sections of the policy wording.</p> <p>Conditions which apply to the whole policy:</p> <ol style="list-style-type: none"> 1. You must tell the Insurer about any claim as soon as reasonably possible. The benefits of the insurance shall not be available in respect of any increase in costs caused by Your delay in telling the Insurer. You must also inform them if you are aware of any court order to do or stop doing something, order to attend court or impending prosecution. Every communication relating to a claim must be sent to them without delay. 2. You must take all reasonable steps to prevent any loss, damage or accident. If You do not, the benefits of the insurance may not be available to You. 3. You, or any person acting for You, must not negotiate, admit or repudiate any claim without the Insurer’s written consent. 4. The expense of supplying all certificates, information and evidence which the Insurer may require will be borne by the Beneficiary or their legal representative. When a Bodily injury or illness occurs, the Insurer may request and will pay for, any Beneficiary to be medically examined on behalf of the Insurer. They may also request, and will pay for, a post mortem examination if a Beneficiary dies. 5. If at the time of any incident, a separate policy of insurance covers the costs, loss, damage or liability or any part of such, the benefits shall only be available for a rateable portion of the claim, except under sections 9 and 10 where the benefits shall still be available in full, subject to the policy limits. 6. The Insurer is entitled to take over and conduct in Your name the defence or settlement of any legal action. They may also take proceedings to their own expense and for their own benefit, but in Your name, to recover any payment they have made under the Insurance to anyone else. 7. In respect of sections 1, 5, 6 and 7 when it is not possible for the account holder to utilise their Gold account or an associated credit or charge card for additional accommodation, travel expenses, meals and refreshments, invoices/receipts must be provided in order for the benefits of the insurance to be available. 8. If any claim is found to be fraudulent in any way, the benefits of the insurance will not be made available/ apply and all claims will be forfeited. It is a criminal offence to make fraudulent claims. 9. You must let the Insurer know of any medical condition as set out under Medical Statements including any medical conditions that have arisen after You have booked a Journey but before You leave. 		

General Conditions and Exclusions (continued)		
Main/unusual exclusions/restrictions	Sum Insured n/a	Excess n/a
<p>Exclusions</p> <p>This policy does not provide any benefits for claims arising from:</p> <ol style="list-style-type: none"> 1. A Business trip. 2. Any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. 3. Terrorism/a Terrorist act. This exclusion does not apply to section 9 - Personal Accident or to section 8 - Medical and Emergency Expenses except where nuclear, chemical or biological weapons/agents are used. 4. Whether directly or indirectly caused by: <ol style="list-style-type: none"> a) ionising radiation 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. 5. a) a medical condition of a close relative, travelling companion or business associate (whether they are travelling or not) who: <ul style="list-style-type: none"> • has been a hospital in-patient in relation to the aforementioned condition in the 12 months prior to the booking of your Journey; • has been put on a waiting list for treatment; or • has been diagnosed with or had cancer in the 12 months prior to the booking of your Journey. b) any psychological or psychiatric disorder, stress, anxiety or depression which was diagnosed prior to booking the Journey. 6. Death, injury, illness or disablement resulting from suicide, attempted suicide or wilful exposure to danger (except in an attempt to save human life). 7. Death, injury, illness or disablement resulting from alcoholism, the influence of intoxicating liquor or drugs (other than drugs taken under medical supervision and not for the treatment of drug addiction) or solvent abuse. 8. Bankruptcy/liquidation of any Tour operator, travel agent or transportation company. 9. Losses that are not directly associated with the incident that caused the claim. For example, loss of earnings due to being unable to return to work following injury or illness happening whilst on a Trip or the cost of replacing locks in the event that keys are lost. 10. Unlawful acts of beneficiaries. 11. Air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft). 12. Your participation in or practice of any other sport or activity unless shown as covered under hazardous activities unless otherwise agreed. 		

General Conditions and Exclusions (continued)		
Main/unusual exclusions/restrictions	Sum Insured n/a	Excess n/a
<ol style="list-style-type: none"> 13. Travel to areas where, at time of booking the Journey or thereafter but before You travel, the Foreign & Commonwealth Office or the equivalent government authority in your Country of residence has advised against all travel to. If You are unsure please contact the UK Foreign and Commonwealth Office at www.fco.gov.uk/knowbeforeyougo 14. Your failure to obtain any recommended vaccines, inoculations or medications prior to Your Trip. 15. Claims where there is another insurance policy covering the same risk. 16. Costs recoverable elsewhere. 17. Any form of alcohol abuse including alcohol withdrawal or You drinking too much alcohol where it is reasonably foreseeable that such consumption could result in a serious impairment of Your faculties and/or judgement resulting in a claim. The Insurer does not expect You to avoid alcohol on Your Trip but they will not cover any claim arising because You have drunk so much alcohol that Your judgement is seriously affected and You need to make a claim as a result. 18. Claims arising from the unauthorised use of a swimming pool outside the specified times of opening. 19. You climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or climbing or moving from any external part of any building to another (apart from stairs) regardless of the height, unless Your life is in danger or you are attempting to save human life. 20. Any claim where You are not wearing a helmet whilst on a motorcycle, motor scooter or moped. 21. Any claim where You are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available. 		

Gold Schedule of benefits

Section	Cover	Limit	Excess
1	Personal baggage all Valuables	up to £10,000	£35
	Single article	£1,000	£35
	Delayed baggage after 4 hours	up to £200	£0
	after 48 hours	up to £400	£0
2	Personal money cash	up to £500 up to £250	£35 £35
3	Loss of Passport/ Driving Licence	up to £500	£35
4	Cancellation and curtailment	up to £10,000	£35
5	Travel delay abandonment	up to £250	£0
		up to £10,000	£35
6	Missed connections	up to £1,000	£0
7	Failure of public transport	up to £250	£0
8	Medical and emergency expenses	unlimited	£35
9	Personal accident death	£50,000	£0
	loss of sight or limb permanent total disablement	£50,000	£0
		£50,000	£0
10	Hospital benefit Per day maximum	£35	£0
		up to £800	£0
11	Personal liability	up to £2,000,000	£0
12	Legal Expenses	up to £50,000	£0
13	Winter sports Ski pack		
	per week	up to £80	£0
	Loss of ski equipment	up to £1,000	£35
	Cost of hired skis	up to £200	£0
	Piste closure alternative transport		
	per day	£10	£0
	no sites available		
per day	£20	£0	
maximum	up to £150	£0	
Avalanche closure	up to £150	£0	
14	Golf cover		
	Loss/Damage to golf clubs	up to £1,500	£50
	Hire of golf clubs	up to £400	£50
	Cancellation and curtailment	up to £10,000	£50
	Reimbursement of green fees	up to £300	£50

The Benefits Available

Section 1 Baggage

How can You benefit

A. Personal Baggage

The Insurer will pay for up to a maximum of £10,000 per Beneficiary for personal possessions that are lost, damaged, stolen or destroyed whilst on a Journey.

The Single article limit is £1,000.

The Valuables limit is £1,000.

B. Delayed Baggage

If a Beneficiary's personal possessions are temporarily lost on an outbound Journey from their Country of residence and not restored to them:

1. Within 4 hours, the Insurer will pay the cost of essential replacement items up to the value of £200;
2. After 48 hours, the Insurer will pay the cost of further essential replacement items up to the further value of £400, giving a total of £600. The most the Insurer will pay under part B of this section is £600, regardless of the number of people claiming.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must:

1.
 - a) keep their tickets and luggage tags;
 - b) keep all receipts for any replacement essential items purchased;
2. Report any loss to the carriers or the Police within 24 hours of its discovery;
3. Take all steps to recover property, which is lost or stolen;
4. Obtain a property irregularity report from the carriers within three days of the incident or where they have reported the loss to the Police authorities in the country where the loss occurred within 24 hours of discovery and obtain a copy of the report;
5. Follow the carrier's conditions of carriage;
6. Provide the Insurer with proof of ownership for the items;
7. Not abandon any property.

If a Beneficiary's personal possessions prove to be permanently lost, the overall limit under Section 1 will apply. Beneficiaries must provide the Insurer with as much information as possible to substantiate claims and where necessary make every attempt to recover personal possessions.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, Insurers will not pay for loss, damage, theft or destruction of :

1. Valuables left in luggage whilst in transit and outside the control of a Beneficiary;
2. Valuables left in a motor vehicle;
3. Valuables and Personal possessions which are kept in a locked personal Accommodation or safety deposit box if force and violence has not been used to gain entry to the locked personal Accommodation or safety deposit box;
4. Personal possessions that are left in any motor vehicle (excluding caravans and motor homes) unless they are kept in the Secure area of the motor vehicle and there is evidence that force and violence has been used to gain entry.
5. Valuables and Personal possessions:
 - a) caused by wear and tear, loss of value, moth, vermin and atmospheric or climatic conditions, gradually operating causes or by any cleaning, repairing or restoring process;
 - b) being shipped as freight or under a bill of lading;
 - c) which are made of china, glass or similar fragile materials;
 - d) by delay, detention, seizure or confiscation by Customs or other officials;
6. Films, tapes, cassettes, cartridges, or discs that Beneficiaries have used or recorded on other than their value as unused material when we will pay the makers latest list price;
7. Perishable goods, bottles or cartons and their contents or any damage caused by these items;
8. Property more specifically covered by any insurance policy;
9. Business samples or business equipment;
10. Sports equipment and accessories whilst in use;
11. Ski equipment and golf equipment;
12. Personal money, bonds, negotiable instruments and securities of any kind;
13. Pedal cycles, motor vehicles, caravans, trailers, camping equipment or parts or accessories of any of them, or household goods, musical instruments, antiques, pictures, dinghies, boats and/or ancillary equipment;
14. Beneficiaries must take care to look after their personal possessions, in particular their Valuables. They should be kept on their person or secured in Baggage, which stays with them at all times. If this is not possible, these items should be locked in Accommodation or a safety deposit box. If Beneficiaries don't take precautions with their property, Insurers may not pay claims.

Claims settlement

1. When the Insurer settles a claim under this section they will at their option either:
 - a) pay the cost of replacing the item;
 - b) make a cash payment to You;
 - c) pay the cost of repairing the item.
2. They will make a deduction for wear and tear for claims for clothing, including sports clothing.
3. They will deduct an Excess of £35 under Personal Baggage (but not Delayed Baggage);
4. They will not pay the cost of replacing any other pieces that form part of a set.

Section 2 Personal Money

How You can benefit

The Insurer will pay up to a maximum of £500, per Beneficiary for personal money that is lost or stolen whilst on a Journey. They will also provide cover during the 72 hours immediately before Beneficiaries are due to leave on their Journey. The cash, currency, notes and coins limit is £250 per Beneficiary. NOTE - If a Beneficiary is aged 16 or under, claims under personal money are limited to £100 overall.

Personal money is defined as being cash, letters of credit, travel tickets and hotel vouchers, all held for private purpose and includes the wallet or purse in which these items are carried.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must:

1. Report any loss to the Police within 24 hours of its discovery and obtain a police report;
2. Take all steps to recover property, which is lost or stolen;
3. At all times, supervise or take reasonable care of their money to ensure its safety;
4. Provide the Insurer with proof of ownership for the amount of money they have lost or had stolen.

Beneficiaries must provide the Insurer with as much information as possible to substantiate Your claims, i.e. mini bank statements to show they had the money and where necessary make every attempt to recover personal money.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay for loss, damage, theft or destruction of personal money:

1. Left in luggage whilst in transit and outside the control of the Beneficiary;

2. Outside the control of the Beneficiary, other than when it is kept in a locked personal Accommodation or safety deposit box and as long as force and violence has been used to gain entry to the locked personal Accommodation or safety deposit box;
3. Left in any motor vehicle;
4. If the Beneficiary cannot provide proof that they had the money in their possession at the time of the loss;
5. Due to error, omission or depreciation in value;
6. More specifically covered by any insurance policy.

Beneficiaries must take care to look after their personal money. It should be kept on their person or secured in Baggage, which stays with them at all times. If this is not possible it should be locked in their personal Accommodation or safety deposit box. If they don't take precautions with their personal money, the Insurer may not pay their claim.

Claims settlement

The Insurer will deduct an Excess of £35.

Section 3 Loss of Passport/Driving Licence

How You can benefit

The Insurer will pay up to £500 per Beneficiary if their passport or driving licence is destroyed, lost or stolen Abroad for additional Accommodation and travel expenses whilst the Beneficiary obtains necessary documentation to re-enter their Country of residence.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must report the incident to the Police in the country where the loss occurred within 24 hours of discovery or as soon as possible after that and obtain a copy of the Police report.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay for claims which are a result of:

1. Any destruction, loss or theft, which occurred prior to the start date of the Journey Abroad.
2. Any costs incurred in replacing the passport or driving licence.

Claims settlement

1. Beneficiaries must provide the Insurer (at their own cost) with all documentation reasonably necessary in support of their claim. By saying reasonably necessary, Insurers mean documents such as:

- a) a copy of the police report;
- b) receipts for any additional Accommodation and travel expenses.

2. The Insurer will deduct an Excess of £35 per person.

Section 4 Cancellation and curtailment

The cancellation benefit is only available for a Journey before a Beneficiary leaves their home to start the Journey.

Please note!

Beneficiaries must let Us know of any medical condition as set out under Medical Statements on page 4.

How You can benefit

The Insurer will pay up to £10,000 for the Beneficiary's share of the Journey deposits and costs, which cannot be recovered from any other source if it becomes necessary to cancel or curtail their Journey and this is due to:

1. Death or serious injury or illness to the Beneficiary, a Beneficiary's travelling companion upon whom their travel depends, a member of their Immediate family, or their close business associate, all resident in the Beneficiary's Country of residence, or a relative or friend in whose home the Beneficiary is intending to stay.
2. The Beneficiary or their travelling companion upon whom the Beneficiary's travel depends being required:
 - a) for jury service in their Country of residence;
 - b) as a witness (but not as an expert witness) in their Country of residence;
 - c) to stay at their Home address following a serious burglary or attempted burglary, fire, lightning, storm, explosion, impact of aircraft, earthquake, subsidence, falling trees, riot or civil commotion, malicious damage, burst pipes or flood at their Home address or usual place of business in their Country of residence, which occurs during the Journey.
3. The Beneficiary being made unemployed or Redundant.
4. The Beneficiary's pet dog or cat requiring life saving treatment within seven days immediately prior to the Journey starting.
5. The Beneficiary being required for unexpected emergency duty or posted overseas as a member of the armed forces, the police, ambulance/fire or nursing service during the intended Journey.
6. The UK Foreign and Commonwealth Office or the equivalent government authority in Your Country of residence advising against 'all travel' or 'all but essential travel' to the Beneficiary's intended destination.

7. A Medical practitioner advising against travel for any reason.
8. The Beneficiary's passport or visa being stolen in a burglary within 7 days of their planned departure and they cannot obtain a replacement in time.
5. Unemployment due to lack of work if a Beneficiary is self-employed, promotion or any other occupational posting other than staff transfer which is absolutely necessary and which must be confirmed in writing by an employer.
6. Disinclination to travel or continue the Journey.

The Insurer will also pay for additional travel expenses needed to return the Beneficiary to their Country of residence which has been authorised by the Assistance Helpline.

Claims for Curtailment of a Trip will be calculated on the unused portion of a Trip starting from the time the Beneficiary is first admitted to hospital as an inpatient or from the time the Beneficiary returns to their Country of residence.

Claims conditions

In addition to anything mentioned in the general conditions, the Insurer will only pay:

1. For travel and Accommodation expenses, which the Beneficiary has pre-paid or contracted to pay, at the time they realise a claim may be made.
2. Claims that are a result of an accident or illness, when a Medical practitioner confirms in writing that cancellation or Curtailment is medically necessary.
3. Claims for injury or illness to the Beneficiary's cat or dog when it requires life saving treatment within seven days prior to the start date of Your Journey.
4. Refunds for Curtailment which have been calculated based on the number of complete days lost by the Beneficiary returning early to their Country of residence.
5. At the time of booking the Journey, Beneficiaries must not be aware of any reason why it may be cancelled or curtailed.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay for claims, which are a result of:

1. Government regulations, excluding where the UK Foreign and Commonwealth Office or the equivalent government authority in the Beneficiary's Country of residence advise against 'all travel' to the intended final destination.
2. Any criminal proceedings.
3. A Beneficiary's financial circumstances.
4. Strikes or industrial action existing or notified by declaration of intent, at or prior to the date of booking the Journey.

7. Failure of the Tour operator or any provider of transport or Accommodation to fulfill the Journey booking.
8. Adverse weather conditions.
9. A Pre-existing medical condition or an Associated condition, unless the Pre-existing medical condition has been declared to and accepted by the Insurer.
10. The transport operator or their agents refusing to transport a Beneficiary or an immediate relative, or a travelling companion, because they consider that they are not fit to travel.
11. Anyone upon whom the Journey depends receiving a terminal prognosis prior to the Journey being booked or the Insurance being taken out.
12. Failing to notify the travel agent or Tour operator as soon as the Beneficiary becomes aware of a reason to cancel the Journey.
13. A medical condition of a member of the Beneficiary's Immediate family, a travelling companion or close business associate (whether they are travelling or not) who has been a hospital inpatient in the past 12 months or been put on a waiting list for hospital treatment.
14. Any treatment or help where, given the Beneficiary's physical or mental condition, they should not have travelled or it would have been reasonable for them to have consulted their Medical practitioner, prior to the Journey, about whether or not it was appropriate to travel.

15. An Anticipated event.
16. Not having the correct passport or visa, or failing to get police confirmation that a passport or visa had been stolen in a burglary.
17. Airport taxes and credit or debit card fees incurred in the cost of booking the Journey.
18. The cost of Airport Passenger Duty (APD).
19. Travel tickets paid for using any airline mileage reward scheme, for example Air Miles or Avios Points.
20. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.

For specific country advice, You can visit the UK Foreign and Commonwealth Office (FCO) at:

www.gov.uk/foreign-travel-advice

Claims settlement

Beneficiaries must provide the Insurer (at their own cost) with all documentation reasonably necessary in support of claims.

The Insurer will deduct an Excess of £35, with the exception of claims:

- a) for loss of holiday deposit, where the Excess payable will be £10 per Beneficiary;
- b) for children travelling with a Beneficiary, where no Excess will be payable.

By saying reasonably necessary, the Insurer means documents such as:

- a) a medical certificate in the event of a medical condition that prevents a Beneficiary from travelling, or causes them to curtail their Trip or stay in hospital;
- b) a booking confirmation/invoice from the company who booked the Journey;
- c) confirmation of other insurance, which may cover the loss.

Section 5 Travel delay

The benefit provided under 1. below is intended to provide compensation if you are delayed at Your point of departure and is only applicable if You have travelled there and checked-in. If You have not travelled to Your departure point You will not be covered.

How You can benefit

If there is a delay in the departure of the ship, aircraft or train with which a Beneficiary is booked to make a Trip or if the flight is cancelled after they have checked in:

1. If they are delayed at their departure point, the Insurer will pay up to £250 per Beneficiary for the first full 4 hours of delay in respect of reasonable expenses incurred for additional Accommodation, travel expenses, meals and refreshments, there is a limit of £5 for telephone calls.
2. If they are delayed on their Outward Journey from their Country of residence for 24 hours or more, the Insurer will pay up to £10,000 per Beneficiary for deposits, which cannot be recovered from any other source, should they decide to cancel the Trip. The period of delay will be calculated from the date and time of the departure of the ship, aircraft or train specified in their travel itinerary, they must check-in according to this and obtain written confirmation from the carrier or handling agents stating the actual departure time and date and the reason for the delay.

Claims conditions

In addition to anything mentioned in the general conditions, the Beneficiaries must:

1. Provide confirmation of the scheduled departure time as detailed on their travel itinerary and the actual departure time from the airline.
2. The delay must have been announced after they checked in.
3. Provide receipts confirming any additional costs they pay.

When no benefit is available (exclusions)

No payment shall be made in respect of any claim arising from strike or industrial action existing, or notified by declaration of intent, at or prior to the date of booking the Trip.

Claims settlement

The Insurer will deduct an Excess of £35 for claims under 2. Abandonment (but not under 1. Travel Delay).

Section 6 Missed connections

How You can benefit

If a Beneficiary's first flight is delayed after they have checked in, meaning that they miss their connecting flight and an alternative flight is not offered within four hours, the Insurer will pay up to £250 per Beneficiary (maximum £1000) for additional Accommodation, travel expenses, meals and refreshments.

If a Beneficiary's first flight is delayed after they have checked in, meaning that they miss their connecting flight and an alternative connecting flight is not offered within 24 hours, the Insurer will pay up to an additional £500 per Beneficiary (maximum £2000) for additional travel expenses in order to reach their original intended destination as shown on their original travel itinerary by the same class of travel as originally booked. This additional benefit is only available to the Beneficiary where the total amount claimed under Section 6 Missed Connections does not exceed the total cancellation cost of the Journey.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must:

1. Provide confirmation of their scheduled departure times as detailed on their travel itinerary and their actual departure times from the airline.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay for claims, which are a result of:

1. Missing the check-in time as shown in the travel itinerary for any reason, other than the previous flight being delayed.

2. A strike or any form of industrial action which had been announced or commenced before the Beneficiary purchased the travel tickets, obtained confirmation of booking or before they departed from their Home address.

Claims settlement

Beneficiaries must provide the Insurer (at their own cost) with all documentation reasonably necessary in support of their claim.

By saying reasonably necessary, the Insurer means documents such as:

- a) a booking confirmation/invoice from the company that booked the Journey;
- b) confirmation from the carrier of the delay.

Section 7 Failure of Public transport

How You can benefit

The Insurer will pay up to £250 per Beneficiary for additional Accommodation, travel expenses, meals and refreshments, if a Beneficiary fails to arrive at their departure point in time to board their booked transport and this is because of:

1. The failure of Public transport; or
2. An accident to or breakdown of their own vehicle; or
3. A delay involving the Beneficiary's vehicle because of unexpected and unforeseen heavy traffic or road closures that were sufficiently severe to warrant reporting on a recognised motoring association web site, Highways Agency website, on television, news bulletins or in the press.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must provide confirmation of their scheduled departure time as detailed on their travel itinerary and their actual departure time from the airline/carrier.

You may claim only under this section or the Travel delay section or the Missed connections section for the same event.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay for claims, which are a result of:

1. Missing the check-in time as shown in the travel itinerary for any reason not detailed in the 'How You can benefit' section.
2. A strike or any form of industrial action which had been announced or commenced before the Beneficiary purchased the travel tickets, obtained confirmation of booking or before they departed from their Home address.

3. Where the Beneficiary had not allowed sufficient time for the journey to their departure point and allowed enough time to complete the boarding process at their point of departure.
4. If a Beneficiary did not use Public transport and they missed their departure because of heavy traffic or road closures that were not sufficiently severe to warrant reporting on a recognised motoring association website or on television, news bulletins or in the press.

Claims settlement

Beneficiaries must provide the Insurer (at their own cost) with all documentation reasonably necessary in support of their claim.

By saying reasonably necessary, the Insurer means documents such as:

- a) confirmation of the Beneficiary's scheduled departure time as detailed on their travel itinerary and their actual departure time from the airline/carrier.
- b) in the event of a claim arising from any delay occurring following an accident to or breakdown of the vehicle in which the Beneficiary is travelling the Beneficiary must obtain written confirmation from the carrier, police or relevant transport authority confirming the delay and stating its cause.
- c) in the event that the vehicle in which the Beneficiary is travelling is delayed by heavy traffic or road closures the Beneficiary must obtain confirmation that the delays were sufficiently severe to warrant reporting on a recognised motoring association web site, Highways Agency website on television, news bulletins or in the press.

Section 8 Medical and emergency expenses

This section provides insurance for emergency medical costs not covered under a reciprocal health agreement between the government of Your Country of residence and that of your country of loss including costs covered by the European Health Insurance Card (EHIC).

This is not Private Medical Insurance.

Please Note:

You must let Us know of any medical condition as set out under Medical Statements on page 4.

How You can benefit

The Insurer will pay towards a Beneficiary's emergency medical, surgical or hospital treatment (including complications in pregnancy as diagnosed by a Doctor or specialist in obstetrics, provided that if the Beneficiary is travelling between 28 and 35 weeks pregnant they obtained written confirmation from a registered Medical practitioner of the

Beneficiary's fitness to travel no earlier than 5 days prior to the commencement of the Journey) which is required whilst on a Journey.

The total amount payable in respect of each Beneficiary is unlimited.

The Insurer will also pay for:

1. Additional travel expenses needed to return a Beneficiary to their Your Country of residence on the advice of the Insurer's Medical advisor.
2. Extra Accommodation if the length of the Beneficiary's Journey is extended due to their stay in hospital.
3. Up to £2,500 towards the cost of the Beneficiary's funeral or cremation in the country in which death occurs.
4. The cost of a friend or relative, resident in the Beneficiary's Country of residence to be brought to, remain with or escort them back to their Country of residence on advice of the Insurer's Medical advisor, provided all costs are agreed with the Assistance Helpline.
5. The cost of returning a Beneficiary's remains to their Country of residence.
6. Dental treatment only for the relief of immediate pain.
7. The Insurer will also pay up to Limits of amount payable under the Cancellation and curtailment section if You were unable to use a pre-paid excursion due to injury or illness to You or Your travelling companion.
- 8
 - i. cost of telephone calls to the Assistance Helpline notifying and dealing with the problem for which You are able to provide receipts or other evidence to show the cost of the calls and the numbers You telephoned.
 - ii. any costs incurred by You when You receive calls on Your mobile from the Assistance Helpline for which You are able to provide receipts or other evidence to show the cost of the calls.
9. The cost of taxi fares, other than those for Your travel to or from hospital relating to Your admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for You by the hospital. However, any costs incurred by You to visit another person or by another person visiting You in hospital are not covered.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must:

1. Accept the Insurer's decisions concerning the most suitable, practical and reasonable solution to any medical emergency, including returning to their Country of residence if the Insurer's Medical advisor confirms they are fit to return or move You from one hospital to another.

They will do this if they and the treating doctor think that it is safe for You to be moved or returned to Your Country of residence. If You choose not to, Our liability will end on the date it was deemed safe for You to be moved or returned to Your Country of residence.

2. Contact the Assistance Helpline as soon as possible after an incident arises (where costs are likely to be greater than £500) to obtain authorisation for treatment or return to their Country of residence.
3. Not travelling contrary to medical advice or to obtain treatment.
4. Not have received a terminal prognosis prior to the Journey being booked or opening your account whichever is later.
5. Not be awaiting medical treatment or investigations or tests prior to booking the Journey or before becoming an Account holder.
6. Advise the Insurer of any change in health or circumstances before making any new travel arrangements. For travel to the United States of America emergency medical and other expenses means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay:

1. Any expenses incurred more than 12 months after the original injury or illness.
2. Any payment in respect of medical treatment obtained in a Beneficiary's Country of residence.
3. Any costs for treatment (including preventative treatment) in relation to an illness or injury, which is not essential in the opinion of the Insurer's Medical advisors and which could have waited until the Beneficiary's return to their Country of residence.
4. Claims for treatment or returning a Beneficiary to their Country of residence that are not confirmed as being necessary by the Insurer's Medical advisor.
5. A Pre-existing medical condition or an Associated condition, unless the Pre-existing medical condition has been declared to and accepted by the Insurer.
6. Your participation in or practice of any other sport or activity unless shown as covered under Hazardous activities unless otherwise agreed.
7. Any treatment or aid obtained after a Beneficiary, in the opinion of the Insurer's Medical advisors, first became able to return to their Country of residence.

8. Any claim for non-emergency treatment, tests or surgery (including cosmetic surgery and any complications of cosmetic surgery that a Beneficiary has travelled for), which is not Directly related to the illness or injury, which caused their admittance into hospital.
9. For single or private room Accommodation, unless it has been deemed medically necessary by the Insurer's Medical advisor.
10. Treatment or services obtained at a health spa, convalescent or nursing home or any rehabilitation centre.
11. Any claims which arise from a Beneficiary failing to take medication, which they knew was required or to be continued on their Journey.
12. For treatment for dental work involving the use of precious metals.
13. For treatment for dental work which is not to relieve immediate pain only.
14. An Anticipated event.
15. Any treatment or help where, given a Beneficiary's physical or mental condition, they should not have travelled or it would have been reasonable for them to have consulted their Medical practitioner, prior to their booking or taking the Journey, about whether or not it was appropriate for them to travel.
16. For the cost of any phone calls, other than necessary calls to the Insurer's Assistance Helpline.
17. In respect of the cover under part 7, claims where You have not received in writing confirmation from the treating doctor that You were not fit to undertake the excursion.
18. Claims where You do not comply with the treatment agreed by the treating doctor and the Assistance Helpline.
19. Any costs which are covered under a reciprocal health agreement between the government of Your Country of residence and that of Your country of loss including costs covered by the European Health Insurance Card (EHIC).

Claims settlement

1. Beneficiaries must provide the Insurer with all documentation reasonably necessary in support of their claim. By saying reasonably necessary, the Insurer means documents such as:
 - a) a medical certificate in the event of a medical condition necessitating a stay in hospital.
 - b) receipts for treatment or medication already paid for.
2. The Insurer will deduct an Excess of £35 from outpatient claims, with the exception of claims where using an EHIC or Medicare has reduced

the claim. Beneficiaries must have their EHIC with them on the Journey to benefit.

3. Where possible the Insurer will deal with the hospital direct.

Section 9 Personal accident

How You can benefit

The Insurer will pay one of the items shown below if during a Journey , a Beneficiary sustains Bodily injury which shall solely and independently of any other cause, result within 12 months in their:

Item 1 - Death where You are aged:

- a) under 18 years £2,000;
- b) aged 18 - 22 years £10,000;
- c) aged 23 and above £50,000

Item 2 - Loss of limb £50,000;

Item 3 - Loss of sight £50,000;

Item 4 - Permanent total disablement £50,000

When no benefit is available (exclusions)

In addition to anything in the general exclusions, the Insurer will not pay any claim, which arises from or is in connection with:

1. Any sickness or disease, naturally occurring or degenerative condition.
2. A claim under more than one item of this section.
3. A Pre-existing medical condition or an Associated condition, unless the Pre-existing medical condition has been declared to and accepted by the Insurer.
4. Your participation in or practice of any other sport or activity unless shown as covered under Hazardous activities unless otherwise agreed.
5. Any complication following a Bodily injury which is attributable to the death, loss of limb, Loss of sight or total permanent disablement.
6. Claiming for Permanent total disablement after retirement.
7. An injury which existed prior to commencement of the Journey.
8. Any claim that arises from or is in connection with a claim occurring in the Beneficiary's Country of residence.

Beneficiaries must let the Insurer know if they are taking part in any activity, which is either the main purpose of their Journey, or if they know there is a good chance they are going to be taking part.

Claims settlement

The Insurer will pay the amounts as detailed above to the Beneficiary or their legal representatives.

Section 10 Hospital benefit

How You can benefit

If the Insurer pays under section 8 - Medical and Emergency Expenses, they will also pay £35 for every complete 24 hours that a Beneficiary spends in hospital. The maximum amount the Insurer will pay per Beneficiary is £800.

The purpose of this section is to provide extra cash to cover telephone calls and any other incidental expenses that a Beneficiary cannot claim for from any other source.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay any claim under this section, when they have not paid under section 8 - Medical and Emergency Expenses.

Section 11 Personal liability

How You can benefit

The Insurer will indemnify the Beneficiary up to the Limit of Liability stated in the Schedule of benefits against all sums which the Beneficiary is legally liable to pay as damages in respect of:

1. Accidental Bodily injury (including death illness or disease) to any person;
2. Accidental loss of or damage to material property; which occurs during the period that the Beneficiary is the holder of a valid and open Gold account and arising out of the Journey.

The maximum the Insurer will pay under this Section for all damages as a result of any one occurrence or series of occurrences arising directly or indirectly from one source or original cause shall be the Limit of Liability stated in the Policy Schedule.

The Insurer will in addition pay Costs and Expenses.

Costs and Expenses shall mean:

1. All costs and expenses recoverable by a claimant from a Beneficiary;
2. All costs and expenses incurred with - written consent of the Insurer;
3. Solicitors' fees for representation at any coroner's inquest or fatal accident inquiry or in any Court of Summary Jurisdiction;

In respect of any occurrence to which this Section applies – except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada or any other territory within the jurisdiction of either such country, Costs and Expenses described in 1., 2. and 3. above are deemed to be included in the Limit of Liability for this Section.

Special Conditions

1. The Insurer may at their sole discretion in respect of any occurrence or occurrences covered by this Section pay to the Beneficiary the limit of liability applicable to such occurrence or occurrences (but deducting therefrom any sum(s) already paid) or any lesser sum for which the claim(s) arising from such occurrence(s) can be settled and the Insurer shall thereafter be under no further liability in respect of such occurrence(s) except for the payment of costs and expenses incurred prior to the date of such payment and for which the Insurer may be responsible hereunder.
2. If at the time of the happening of any occurrence covered by this Section there is any other existing insurance whether taken out by the Beneficiary or not covering the same liability the Insurer shall not be liable to indemnify the Beneficiary in respect of such liability except so far as concerns any Excess beyond the amount which would have been payable under such other insurance had this Section not been effected.

When no benefit is available (exclusions)

Cover for any liability:

- A. in respect of Bodily injury to any person who is
 - I. under a contract of service with a Beneficiary when such injury arises out of and in the course of their employment by that Beneficiary;
 - II. a member of a Beneficiary's family.
- B. assumed by a Beneficiary under a contract or agreement unless such liability would have attached in the absence of such contract or agreement;
- C. in respect of loss of or damage to property
 - I. belonging to a Beneficiary;
 - II. in the care, custody or control of a Beneficiary.However this Exclusion shall not apply in respect of loss of or damage to buildings and their contents not belonging to but temporarily occupied by a Beneficiary in the course of their Journey.
- D. in respect of Bodily injury loss or damage caused directly or indirectly in connection with:
 - I. the carrying on of any trade business or profession;
 - II. the ownership, possession or use of
 - i. mechanically propelled vehicles;
 - ii. aircraft, hovercraft or watercraft (other than manually propelled watercraft);
 - iii. firearms (other than sporting guns);

- iv. arising from the occupation or ownership of any land or building other than any building temporarily occupied by a Beneficiary in the course of a Journey.
- E. in respect of activities or volunteer work organised by or when the individual is assigned overseas by or under the auspices of a charitable voluntary not for profit social or similar organisation except where no other insurance or indemnity is available.
- F. in respect of punitive or exemplary damages. When hiring motorised vehicles such as cars, mopeds or jet skis on a Journey, Beneficiaries must ensure that they have adequate third party liability insurance as no benefit is available under the Insurance in respect of third party injury, loss or damage caused while they are in charge of such vehicles.

Section 12 Overseas Legal Advice & Expenses

This Section only applies to Journeys outside of the Beneficiary's Country of residence.

Within this section obligations on the Beneficiary, for example things which must be done or observed by the Beneficiary, are contractual obligations on us, these obligations must be performed by the Beneficiary acting as Our agent for the purpose of making a claim under the policy.

How You can benefit

If during a Journey the Beneficiary sustains Bodily injury or contracts an illness because of the wrongful acts or omissions of a third party, the Insurer will pay Legal expenses, up to the amount stated in the Schedule of benefits, which it is necessary to incur to assist the Beneficiary obtain any damages or compensation due from the third party.

Special Conditions

1. Legal representatives must be qualified to practice in the Courts of the country where the event giving rise to the claim occurred or where the proposed defendant under this Section is resident.
2. Where legal proceedings are taking place in the Beneficiary's Country of residence, at the point it is necessary to take a claim to court, or if there is a conflict of interests, We have the right to choose a legal representative to act for the Beneficiary. We will ask the Insurer to recommend a legal representative. Otherwise, the Insurer will choose a legal representative to act. The legal representative will act on behalf of the Beneficiary in the name of the Beneficiary.
3. The Beneficiary MUST co-operate fully with the legal representatives and ensure that the Insurer is fully informed at all times in connection with any claim or legal proceedings. The Insurer is

entitled to obtain from the legal representatives any information, document or advice relating to a claim or legal proceedings under the Insurance held by Us. On request the Beneficiary will give to the legal representatives any instructions necessary to ensure such access.

4. The Insurer's authorisation to incur Legal expenses will only be given whilst the Beneficiary is able to demonstrate that it is more likely than not that the claim or legal proceedings will conclude successfully and that the total Legal expenses it will be necessary to incur in the claim or legal proceedings will be proportionate to the level of damages or compensation that may realistically be recovered in the claim or legal proceedings.

The decision to grant authorisation will take into account the opinion of the legal representative. If there is a dispute, the Insurer may request, at the Beneficiary's (or party's other than the insurer) own expense, an opinion of a barrister or court advocate as to the merits of the claim or legal proceedings. If the claim is admitted, the Beneficiary's costs in obtaining this opinion will be covered by the Insurer.

5. The Insurer's written consent must be obtained before any Legal expenses are incurred or work undertaken by the legal representative. The Insurer may set fee limits and review the merits of the claim or legal proceedings at regular intervals.
6. The Insurer may at their discretion choose not to pay Legal expenses and instead agree to pay the Beneficiary the sum the Beneficiary would have been likely to obtain by way of damages or compensation should legal proceedings have been brought.
7. The Beneficiary shall be required to repay to the Insurer all sums paid by them in respect of the Legal expenses where:
 - A. an award of costs is made in the Beneficiary's favour in the claim or legal proceedings; or
 - B. costs are agreed to be paid to the Beneficiary as part of any settlement of the claim or legal proceedings.
8. If at the Beneficiary's request legal representatives cease to continue acting for the Beneficiary, the Insurer shall be entitled to withdraw cover immediately or agree with the Beneficiary to appoint other legal representatives in accordance with the terms of the Insurance held by Us.

When no benefit is available (exclusions)

The insurer will not cover:

1. Any claim reported to the Insurer more than 12 months after the beginning of the incident which led to the claim.

2. Legal expenses incurred before receiving prior authorisation in writing from the Insurer.
3. Legal expenses incurred in any claim or legal proceedings which involve any criminal or wilful act.
4. Legal expenses incurred in the defence of any allegations or legal proceedings.
5. Fines, penalties compensation or damages imposed by a court or other authority.
6. Legal expenses incurred for any claim or legal proceedings brought against:
 - Us, The Insurer or the Insurer's agents.
7. Legal proceedings pursued in order to obtain satisfaction or enforcement of a judgement or legally binding decision or agreement.
8. Legal expenses incurred in pursuing any claim for compensation (either individually or as a member of a group or class action) against the manufacturer, distributor or supplier of any drug, medication or medicine.
9. Legal expenses incurred where the Beneficiary has:
 - A. failed to co-operate fully with and make sure that the Insurer is fully informed at all times in connection with any claim or legal proceedings;
 - or
 - B. settled or withdrawn from any claim or legal proceedings without the Insurer's agreement. In such circumstances the Insurer shall be entitled to withdraw cover immediately and to recover any fees or expenses paid;
10. Legal expenses where the Beneficiary declines an offer from a third party to settle a claim or legal proceedings without the prior written consent of the Insurer.

Section 13 Winter Sports Cover

How You can benefit

1. Ski pack

Where a Beneficiary is unable to use their ski-pack on advice from the Insurer's Medical advisor, the Insurer will pay up to £80 per week for the unused ski pack, which the Beneficiary originally pre-booked in their Country of residence.

2. Ski equipment

If, during the Journey, a Beneficiary's Ski equipment is damaged, lost or stolen, the Insurer will pay up to £1,000 per Beneficiary for replacements.

3. Hired skis

If a Beneficiary's own Ski equipment is damaged, lost or stolen, the Insurer will pay up to £200 per Beneficiary to hire replacement equipment for the remainder of their Journey.

4. Piste closure

If the skiing facilities in a Beneficiary's pre-booked resort are closed in their entirety due to lack of or too much snow, the Insurer will pay up to £10 per day for the Beneficiary to travel to an alternative site. If there are no alternative sites available, the Insurer will pay £20 for each full day the Beneficiary is unable to ski up to a maximum of £150 per Beneficiary.

5. Avalanche closure

The Insurer will pay up to £150 per Beneficiary, if, following an avalanche, land-slide or land-slip the Beneficiary's arrival or departure from the ski resort is delayed and they have extra Accommodation expenses as a direct result.

Claims conditions

In addition to anything mentioned in the general conditions, Beneficiaries must:

1. Return damaged Ski equipment to their Home address for inspection.
2. Obtain a property irregularity report from the carriers within 3 days of the incident if it occurred in transit.
3. Report the loss or theft to the Police authorities in the country where the incident occurred within 24 hours of discovery and obtain a copy of the police report.
4. Take all reasonable steps to recover ski equipment that is lost or stolen.
5. Keep all Baggage tags and travel tickets for submission to the Insurer when making a claim.

When no benefit is available (exclusions)

In addition to anything mentioned in the general exclusions, the Insurer will not pay for claims:

1. Which have not been confirmed as being medically necessary by the Insurer's Medical advisor.
2. For Ski equipment which is more than 3 years old.
3. For hired equipment not verified as lost or damaged by an official receipt from the Ski equipment hire shop.
4. Following a Beneficiary's deliberate, wilful or malicious damage or carelessness or neglect.
5. Which occur whilst Ski equipment is left in a motor vehicle.
6. Caused by wear and tear, loss of value, moth, vermin, and atmospheric or climatic conditions, gradually operating causes or by any cleaning, repairing or restoring process.

Under parts 4 and 5 of this section when:

1. The Journey in Europe is between 1 May and 1 December each year.

2. Confirmation of the closure is not obtained from a local representative.
3. Not all skiing facilities are closed.
4. Where the skiing conditions are known or are public knowledge at the time of booking the Trip.

Claims settlement

The Insurer will pay one or a combination of the benefits for as long as such conditions prevail at the resort but in any case not exceeding the period of the Journey. The Insurer will deduct an Excess of £35 from claims under part 2 Ski equipment.

Section 14 Golf cover

Please refer to Extensions of the Period of the Trip, General exclusions which apply to all sections and General conditions which apply to all sections.

The following section will not apply to Trips undertaken within a Beneficiary's Country of residence.

Important note

All conditions and exclusions included within Sections 1, 4, 5 and 8 also apply to this section.

Additions to what the Insurer will pay:

Section 1 Baggage

- a) the Insurer will pay the cost of repair if economical, or otherwise the cost of replacement of golf clubs as new, less deductions for wear, tear or depreciation, if a Beneficiary's golf clubs are lost, damaged or stolen during the Period of the Trip up to a maximum of £1,500.
- b) the Insurer will pay the cost of hiring replacement golf clubs up to £400 for each pre-booked round of golf where their golf clubs were unavailable through being temporarily lost in transit on their Outward Journey and not restored to them within four hours after arrival at their destination.

Beneficiaries must obtain written confirmation from the carrier of the number of hours delay. If the golf clubs prove to be permanently lost, the overall limit insured as specified in point a) above shall apply. Beneficiaries must also obtain receipts for the cost of hiring replacement golf clubs.

Section 4 Cancellation and curtailment

If Beneficiaries are forced to cancel their Trip after paying the deposit for the Trip due to their sustaining a Bodily injury or illness that as a direct result prevents them from playing golf, the Insurer will pay up to £10,000 under Section 4.

Please note that in the event of cancelling the Trip as a result of their Bodily injury or illness, confirmation must be obtained from a Medical practitioner in their Country of residence that the Bodily injury or illness prevented them from playing golf.

Section 5 Travel delay

If there is a delay in the departure of the ship, train or aircraft in which Beneficiaries are booked to make their Trip, and they are delayed for at least four hours, the Insurer will pay the cost of non-refundable prepaid green fees up to £300 that they are unable to use as a direct result of the delay.

Section 8 Medical and emergency expenses

If the Insurer pays for the cost of expenses relating to emergency medical treatment given or prescribed by a Medical practitioner under 8 following a Beneficiary's Bodily injury or illness outside their Country of residence, the Insurer will pay the cost of non-refundable prepaid green fees up to £300 that they are unable to use as a direct result of their Bodily injury or illness.

Special definition applying to Section 14 – Golf cover

Golf clubs means a complete set of clubs normally carried in a golf bag, regardless of whether purchased as a set or individually.

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If you have a complaint, please contact: The Customer Service Manager, Isle of Man Bank Travel Insurance, Cigna Insurance Services, 1 Drake Circus, Plymouth, PL1 1QH. Tel: 02392 676061.
E-mail: IOMBank.travelinsurance@cignainurance.co.uk. If you are not satisfied following receipt of our final response, you may contact the Financial Ombudsman Service (FOS), Exchange Tower, Harbour Exchange Square, London E14 9SR Telephone 0800 023 4567 or 0300 123 9123; Fax 0207 964 1001;

www.financial-ombudsman.org.uk.

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Calls may be recorded.