

IMPORTANT INFORMATION

This document and any endorsement(s) form **your** Certificate and sets out the terms and conditions and exclusions of the contract of insurance between **you** and **us**, the Underwriters. They should be kept in a safe place. Words shown in **bold italics** have the meanings shown under the definitions on pages 8-9.

Please read the whole document carefully. It is arranged in different sections. It is important that:

- **you** check that the sections **you** have requested are included;
- **you** notify **us** of any inaccuracies in the information contained in the schedule, or of any changes to that information
- **you** comply with **your** duties under each section and under the Certificate as a whole.

Our aim is to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times **we** are committed to providing **you** with the highest standard of service. If **you** have any questions or concerns about **your** Certificate or the handling of a claim, or **you** cannot comply with what the contract states **you** must do, **you** should, in the first instance, contact **your** broker whose contact details are shown in the Schedule.

Complaints

If **you** are unable to resolve any concerns with **your** broker please refer to the complaints procedure on page 7.

Cooling off period

If **you** are a consumer **you** are entitled to cancel this Certificate by contacting **your** broker within fourteen days of either:

- the date **you** receive this Certificate; or
 - the start of the **period of insurance**
- whichever is the later.

Providing that no claim has been made or is pending then a full refund of any premium paid will be due as per the wording on page 10.

Cancellation

You have the right to cancel this contract including under a 14 day cooling off period, see page 10.

Hazardous Activities

If **you** engage in any hazardous occupation, sport or pastime or other activity which has a hazardous nature or **you** are unsure what is hazardous, please contact **your** broker whose contact details are shown in the Schedule.

Examples of hazardous activities are, but not limited to, manual labour occupations, aerial sports, bungee jumping, winter sports, scuba diving, climbing, potholing and motorcycle touring. If **you** are in any doubt as to what constitutes hazardous or whether **you** are covered for such activity please contact **your** broker.

Compensation

We are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if **we** are unable to meet **our** obligations under this Certificate.

If **you** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this Certificate. Further information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU) and on their website: www.fscs.org.uk

CLAIMS REPORTING PROCEDURES

Any occurrence or loss which may give rise to a claim, other than a Legal Expense Claims should be advised without delay and a claim form obtained from:



Claims can be notified via email on: travel@osq.ie or by telephone: (01) 261 1540

In no event must a claim be notified later than 31 days after the occurrence or loss occurred.

24 HOUR MEDICAL EMERGENCY SERVICE

In the event of a **Medical Emergency** arising and covered by this Certificate a 24 hour telephone service is operated by Intana Assist for the benefit of Insured Persons, who must be notified within **48** hours of admission as an in-patient to a hospital, clinic or nursing home.

Medical Emergency will mean **illness** or **accident** abroad which may lead to hospital treatment.

Intana Global operate 24 hours a day, 365 days a year

[Intana Global](#)
[Ground Floor](#)
[6 Devonshire Square](#)
[London](#)
[EC2M 4YE](#)

Telephone Number: +44 (0) 20 7902 7405

Fax Number: +44 (0) 20 7928 4748

E-mail: operations@intana-global.com

It is important to note that this Certificate only covers emergency medical and related expenses authorised and approved by Intana Assist.

COMPLAINTS PROCEDURE

If you have a complaint, please contact us at the following address quoting your Policy Number or claim reference if appropriate, you will then hear from us with our response:

The Compliance Team Travelers
Exchequer Court
33 St. Mary Axe
London EC3A 8AG
Email: CustomerRelations@travelers.com Tel: 020 3207 6000

If your complaint cannot be resolved to your satisfaction, you may refer the matter to the Complaints team at Lloyd's at the following address:

Complaints,
Lloyd's,
One Lime Street,
London EC3M 7HA,
United Kingdom
Tel: +44 (0)207 237 5693
Fax: +44 (0)207 327 5225
Email: complaints@lloyds.com

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and are also available from the above address. If your complaint still cannot be resolved to your satisfaction and you are an eligible complainant, you may refer the matter to the Financial Ombudsman Service (FOS) at the following address:

Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London E14 9SR
Tel: 0800 0234 567 (Landline) 0300 1239 123 (Mobile)
Email: complaint.info@financial-ombudsman.org.uk
01/07/15 LSW1836A

DEFINITIONS

Throughout this Certificate and attaching Schedule and any Endorsements, where the following words appear in **bold italics** they will have the following meaning: -

ACCIDENT means a sudden, unexpected, unusual, specific event, which occurs at an identifiable time and place, but will also include exposure resulting from a mishap to a conveyance in which **you** are travelling.

Accident will also include disappearance. If **you** are not found within 90 days of disappearing, and sufficient evidence is produced satisfactory to **us** that leads **us** inevitably to the conclusion that **you** have sustained **bodily injury** and that such injury caused **your** death, **we** will pay the death benefit, where applicable, under this Certificate, provided that the person or persons to whom such sum is paid will sign an undertaking to refund such sum to **us** if **you** are subsequently found to be living.

ACCUMULATION LIMIT means the maximum amount payable by **us** under PART A, Personal Accident.

BODILY INJURY means identifiable physical injury which: -

- a) is sustained by **you** and
- b) is caused by an **accident** during the **operative time** and
- c) solely and independently of any other cause, except **illness** directly resulting from, or medical or surgical treatment made necessary by such injury, results in **your** death or disablement within 24 months from the date of the **accident**.

CLOSE RELATIVE means **your partner**, fiancé(e), parent, parent-in-law, brother, brother-in-law, sister, sister-in-law, aunt, uncle, grandparent, grandchild or child including adopted, foster or step-child.

COUNTRY OF DOMICILE means the country in which **you** normally reside.

DEPENDENT CHILDREN means **your** children, including adopted, foster or step children, aged over 30 days and under 18 years, or aged under 23 years if in full time education.

EUROPE means all countries within the continent of Europe including Russia west of the Ural Mountains, the Azores, Madeira, the Canary Islands, Mediterranean islands and Turkey.

HI-JACK means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance or the crew of such conveyance in which **you** are travelling as a passenger.

ILLNESS means **your illness** the symptoms of which first appear during the **period of insurance** and which results solely and independently of any other cause in total disablement within 12 consecutive months after the symptoms first appear

INSURED PERSON(S) means the person(s) shown within the current Schedule.

IRELAND means the Republic of Ireland. In respect of persons not resident in **Ireland**

reference to **Ireland** is amended to read **Country of Domicile**.

LOSS OF LIMB means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle, and includes permanent total and irrecoverable loss of use of a hand, arm or leg.

LOSS OF SIGHT means the permanent and total **loss of sight** which will be considered to have happened: -

- a) In both eyes if **you** receive a Certificate of Vision Impairment on the authority of a fully qualified ophthalmic specialist and have registered **your** sight loss, or
- b) In one eye if, after correction, the degree of sight **you** have left is 3/60 or less on the Snellen scale meaning that **you** can see at 3 feet what **you** should be able to see at 60 feet.

MEDICAL EXPENSES means irrecoverable expenses properly incurred by **you** for Medical, Hospital, Surgical, Manipulative, Massage, Therapeutic, X-ray or Nursing treatment, including the cost of medical supplies and ambulance hire.

MEDICAL PRACTITIONER means a registered, qualified, practicing member of the medical profession who is not related to **you** or any person travelling with **you**.

MONEY means

- (a) Cash, bank or currency notes, travellers cheques, passports, green cards, petrol coupons or travel tickets,
- (b) Credit cards, charge cards, or banker's cards.

OPERATIVE TIME means the **operative time** as shown in the Schedule of Compensation.

PARTNER means **your** spouse or any person who has co-habited with **you** for at least 6 consecutive months and continues to do so at commencement of the **trip**.

PERMANENT TOTAL DISABLEMENT means disablement which entirely prevents **you** from attending to all aspects of any business or occupation for which **you** are reasonably suited by training, education or experience and which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

PERIOD OF INSURANCE means the period of the **trip** which takes place during the **period of insurance** as shown in the current Schedule.

PERSONAL PROPERTY means property owned by **you** or in **your** custody or control.

SUM INSURED means the limit of **our** liability, as shown in the Schedule of Compensation and any attaching endorsement.

TERRORISM means an act or series of acts, including the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.

TRIP means any *trip* undertaken by **you** commencing during the **period of insurance**, from the time **you** leave home or place of employment (whichever the later), until **you** return to **your** home or place of employment (whichever the earlier). Cover remains operative throughout the period of the *trip*

VALUABLES means watches, furs, jewellery and telecommunication, photographic, audio, visual and computer equipment or game consoles, including accessories.

WE/US/OUR means certain underwriters at Lloyd's in respect of syndicate 2007

YOU / YOUR means the **insured person(s)** named in the Schedule.

GENERAL CONDITIONS (applicable to the whole Certificate)

These are the conditions of the insurance that **you** need to meet as **your** part of this contract. If **you** do not meet these conditions, **we** may need to reject a claim payment or a claim payment could be reduced. In some circumstances **your** policy may not be valid

Hazardous Activities

If **you** engage in any hazardous occupation, sport or pastime or other activity which has a hazardous nature or **you** are unsure what is hazardous, please contact **your** broker whose contact details are shown in the Schedule. If **we** consider it significantly increases the risk, **we** will be entitled to exclude claims arising from it or modify the terms of **your** Certificate. Examples of hazardous activities are, but not limited to, manual labour occupations, aerial sports, bungee jumping, winter sports, scuba diving, climbing, potholing and motorcycle touring. If **you** are in any doubt as to what constitutes hazardous or whether **you** are covered for such activity please contact **your** broker.

Claims

In the event of an **accident** or **illness** which causes or may cause a claim under **your** Certificate, **you** must as soon as practicable:

- a) seek the attention of a duly qualified **medical practitioner**; and
- b) comply fully with the Claims Reporting Procedures on page 6.

You must provide all requested evidence in support of a claim. This may include invoices or receipts for items paid for or expenses incurred, medical reports, details of bookings of various trips and other such information but only where this information is necessary for the assessment of the claim. If **we** consider it necessary, **you** must provide **us** or **our** medical advisor with the necessary authorisation to access or obtain all **your** medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition. **You** must also undergo any reasonable medical examination(s) by the medical advisor(s) **we** may appoint. **We** will pay the cost of any medical examination **we** request.

If an **insured person** dies, **we** will be entitled to ask for, at **our** expense, a post mortem examination.

Cooling Off Period

You are entitled to cancel this Certificate by contacting **your** broker within fourteen days of either:

- the date **you** receive this Certificate, or
- the start of the **period of insurance**

whichever is later.

We will then refund the full premium **you** have paid provided no claim has been made or is pending.

Right to cancel

You can also cancel this Certificate at any time by contacting **your** broker.

If this Certificate is cancelled by **you** or **us** outside the cooling off period then, provided **you** have not made a claim, **you** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **you** have been covered. This will be calculated on a proportional basis. For example, if **you** have been covered for six (6) months, the deduction for the time **you** have been covered will be half the annual premium.

If **we** pay any claim, in whole or in part, then no refund of premium will be allowed.

We can cancel this Certificate by giving **you** thirty days' notice in writing where there is a valid reason for doing so. **We** will send the cancellation letter to the latest address **we** have for **you** and **we** will set out the reason for cancellation in this letter. Valid reasons include but are not limited to:

- Where **we** have been unable to collect a premium payment. In this case **we** will contact **you** in writing requesting payment by a specific date. If **we** do not receive payment by this date **we** will write to **you** again notifying **you** that payment has not been received and giving **you** 21 days' notice of a final date for payment. This letter will also notify **you** that if payment is not received by this date **your** Certificate will be cancelled. If payment is not received by that date **we** will cancel **your** Certificate with immediate effect and notify **you** in writing that such cancellation has taken place;
- Where **you** are required in accordance with the terms of this policy wording to co-operate with **us**, or send **us** information or documentation and **you** fail to do so in a way that materially affects **our** ability to process a claim, or **our** ability to defend **our** interests. In this case **we** may issue a cancellation letter and will cancel **your** Certificate if **you** fail to co-operate with **us** or provide the required information or documentation by the end of the cancellation notice period;
- A change in risk occurring which means that **we** can no longer provide **you** with insurance cover;
- Where **we** reasonably suspect fraud; or
- Use of threatening or abusive behavior or language, or intimidation or bullying of staff or suppliers.

Extension of Cover

Cover is normally for the **period of insurance** or **operative time**. However, if **you** have not returned to **Ireland** by the expected expiration date of a **trip** for reasons beyond **your** control,

cover will be automatically extended for up to 30 days or until return, whichever is the earlier, without additional premium.

Acting as if Uninsured

You must take all reasonable steps to avoid or minimise any expense, damage or loss and make every reasonable effort to make any recovery possible.

Information you have given us

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with false information **we** will treat this Certificate as if it never existed and decline all claims. If **we** establish that **you** were careless in providing **us** with the information **we** have relied upon in accepting this Certificate and setting its terms and premium **we** may:

- a) treat this Certificate as if it had never existed and refuse to pay all claims and return the premium paid. (**We** will only do this if **we** provided **you** with insurance cover which **we** would not otherwise have offered);
- b) amend the terms of **your** Certificate. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness;
- c) charge **you** more for **your** Certificate or reduce the amount **we** pay on a claim in the proportion the premium **you** have paid bears to the premium **we** would have charged **you**; or
- d) cancel **your** Certificate in accordance with the cancellation condition on page 10.

We or **your** broker will advise **you** if **we**:

- intend to treat **your** Certificate as if it never existed; or
- need to amend the terms of **your** Certificate or
- require **you** to pay more for **your** insurance.

Notifying us of any changes or inaccuracies

If **you** become aware that information **you** have given **us** is inaccurate or has changed, **you** must inform **your** broker as soon as practicable.

When **we** are notified that information **you** previously provided is inaccurate, or of any changes to that information, **we** will tell **you** if this affects **your** insurance. For example **we** may amend the terms of **your** insurance or require **you** to pay more for **your** insurance or cancel **your** insurance in accordance with the cancellation condition within this policy.

If **you** fail to notify **us** that information **you** have provided is inaccurate, or **you** fail to notify **us** of any changes, this insurance may become invalid and **we** may not pay **your** claim, or any payment could be reduced.

Subrogation

We will be subrogated (put in **your** place) to all **your** rights of recovery against any person or organisation for any claim paid or payable under this insurance up to the limit of **our** liability in respect of such claim. **You** must, wherever possible, give all such information and assistance as **we** may require to secure such rights.

Language of Certificate

Unless otherwise agreed the language of this Certificate will be English and all communication between **you** and **us** will be in English.

Law and Jurisdiction

You and **we** are free to choose the law applicable to this Certificate. Unless specifically agreed to the contrary this Certificate will be governed by the laws of **Ireland** and any litigation will be subject to the exclusive jurisdiction of the courts of **Ireland**.

How we treat information about you and your rights under data protection legislation

In order to provide **Our** insurance services, **We** (Travelers Syndicate Management Limited acting as a Data Controller) will collect certain personal information about **You**. The type of information that **We** collect will depend on **Our** relationship with **You**. For example, **You** may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If **You** provide **Us** with personal information about a third party, **You** should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover **We** are being asked to provide or the kind of claim **We** are being asked to assess or pay. Some of the information **We** collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, **We** will share Your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with **Our** products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of **Your** information to countries inside and outside the European Economic Area. We may also use **Your** personal information for marketing purposes, but only in accordance with Your marketing preferences.

For more information about how **We** process Your data and the rights **You** have, please click: <http://www.travelers.co.uk/main/privacy-policy.aspx>

Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

Assignment

You may not assign this Certificate unless **we** have agreed in writing.

Sanctions

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

Rights of third parties

A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Fraudulent claims

If **you** or an **insured person** makes a fraudulent claim under this insurance contract, then **we**:

- a) Are not liable to pay the claim; and
- b) May recover from **you** or an **insured person** any sums paid by **us** to **you** or an **insured person** in respect of the claim; and
- c) May by notice to **you** or an **insured person** treat the contract as having been terminated with effect from the time of the fraudulent act

If **we** exercise **our** right under clause (c) above:

- a) **We** will not be liable to **you** or an **insured person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim) and;
- b) **We** need not return any of the premiums paid

If this insurance contract provides cover for any person who is not a party to the contract, and a fraudulent claim is made under the contract by or on behalf of such **insured person**, **we** may exercise the rights set out in the clause above as if there were an individual insurance contract between **us** and the **insured person**. However, the exercise of any of those rights will not affect the cover provided under the contract for any other person.

GENERAL EXCLUSIONS (applicable to the whole Certificate)

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

1. **you** engaging in or taking part in military, air force or naval service or operations (other than reserve or volunteer training);
2. **you** engaging in or taking part in aeronautics or aviation other than as a fare paying passenger;

3. **you** engaging in or taking part in mountaineering or rock climbing normally involving ropes and/or guides;
4. **you** participating in (a) motor competitions or (b) professional sport;
5. **you** participating in Winter Sports involving racing at international or national events, or officially organised practice or training for these events;
6. **you** being intoxicated by alcohol or drugs;
7. **your** intentional self-injury, suicide or attempted suicide or whilst engaged in or taking part in civil commotions or riots of any kind;
8. nuclear reaction, nuclear radiation, radioactive contamination or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or component.
9. war, whether war be declared or not, invasion or civil war; except whilst **you** are travelling outside **Ireland**. However this exception will not apply where **you** are taking an active part in such war, invasion or civil war.
10. an act of **terrorism**, involving the threat and/or the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory causes.
11. **your** deliberate exposure to exceptional danger (except in an attempt to save human life),
12. a criminal act by **you**,
13. a sexually transmitted disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or A.I.D.S. Related Complex (ARC), howsoever this syndrome has been acquired or may be named.
14. If **you** are aged 65 years of age or older at commencement of the **period of insurance**.
15. the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear;
16. No endorsement or amendment to this Certificate overrides the Exclusions applicable to Section 6, Personal Liability.

We will not be liable under any Section of this Certificate in respect of: -

17. Any **trip** booked or commenced by **you** (a) contrary to medical advice, or (b) to obtain medical treatment, or (c) after a terminal prognosis has been made.
18. Any part of any **trip** booked or commenced in the knowledge that such **trip** will exceed the **period of insurance** stated in the Schedule.
19. Any claim for expenses arising as a consequence of a loss (e.g. loss of earnings due to an **accident**).

20. The first EUR 50 of each and every claim, each **insured person**, other than by Section 5 – Travel Delay and Section 9 – the Delayed **Personal Property** extension.

Additional Exclusion only applicable to **insured person(s)** travelling on **trips** that exceed 3 months duration: -

21. This Insurance excludes all claims arising from physical or mental conditions or disabilities of a recurring or chronic nature whether diagnosed or not, for which an **insured person** has sought advice, diagnosis, treatment or counselling or of which they were aware or should have been aware at the start of the **period of insurance** or for which an **insured person** has been treated during the 12 months prior to start of the **period of insurance** or prior to date of **your** addition to this Certificate, whichever is the later.

OPERATIVE TIME

An **insured person** is only covered at the **operative time** shown by the code next to their name or description on the schedule. An explanation of these codes is shown below.

OT 1 (Annual Multi Trip)

This Certificate covers **you** during the **period of insurance** whilst on a **trip** having a destination outside **Ireland** or within **Ireland** provided such **trip** involves an air flight or an overnight stay in pre-booked accommodation. Cover operates from the time of leaving **your** home or place of employment (whichever is the later) during the whole time away and until **you** return to **your** home or place of employment (whichever is the earlier).

The maximum duration of any one **trip** is 60 days. Each **trip** is considered to be a separate insurance, each being subject to the terms, definitions, exclusions and conditions

Note: Cancellation cover operates from the date of booking a **trip** or the commencement date of the **period of insurance**, whichever is the later, until commencement of the **trip** or expiry of the **period of insurance** whichever is the earlier.

In the event of this Certificate not being renewed with O'Driscoll O'Neil DAC, all cover will cease in respect of **trips** commencing during the **period of insurance**, no later than 30 days after expiry.

OT 2 (Single Trip)

Cover operates during the **period of insurance** from the time of leaving **your** home or place of employment (whichever is the later) during the whole time away and until **you** return to **your** home or place of employment (whichever is the earlier).

Note: Cancellation cover operates from the date of booking a **trip** or the issue date of the certificate, whichever is the later, providing such **trip** falls within the **period of insurance**.

EXTENSIONS APPLICABLE TO THIS INSURANCE

DELAYED RETURN TO IRELAND

If **you** have not returned to **Ireland** by the expected expiration date of a **trip** for reasons which are beyond **your** control, this Certificate will remain in force from such expected expiration date for a further 30 days or until return, whichever is the earlier, without additional premium.

HI-JACK

In the event of **you** being **hi-jacked**, cover will continue whilst **you** are subject to the control of the person(s) or their associates making the **hi-jack** and during travel directly to **Ireland** and/or original destination, up to twelve months from the date of the **hi-jack**.

SECTION 1. MEDICAL AND ADDITIONAL EXPENSES

The following cover applies only if the schedule shows that it is included.

What is covered

We will pay up to the **sum insured** each **insured person(s)** for the following expenses should **you** suffer **bodily injury** or **illness** during the **operative time** :-

1. Normal and necessary expenses incurred outside **Ireland** for medical or surgical treatment including specialists' fees, emergency dental treatment, emergency ophthalmic fees, hospital, nursing home and nursing attendance charges, physiotherapy, massage and manipulative treatment, surgical and medical requisites and ambulance charges.
2. Reasonable additional accommodation and repatriation expenses incurred by **you** and any one **close relative** who has to remain or travel with **you**.
3. Reasonable travel and accommodation expenses of two persons to travel from **Ireland** if their presence with **you** is necessary on medical grounds.
4. Reasonable expenses incurred in transporting **your** remains or ashes to **your** former place of residence in **Ireland** or reasonable funeral expenses incurred abroad.
5. Expenses incurred with the prior consent and authorisation of the Emergency Service Company detailed on page 6 for the provision of an air ambulance or the use of air transport, including qualified attendants, to repatriate **you** to **Ireland**.

Ireland Medical Expenses Extension

In the event of a valid claim by paragraph 1 of this Section, **we** will pay hospital **Medical Expenses** necessarily incurred within 12-months of **your** return to **Ireland**, up to a maximum of EUR 50,000.

Increased Medical Expenses Extension:

In the event of a valid claim incurred as a result of an insured event while abroad during the operative time of the travel policy, **we** will pay all Medical Expenses necessarily incurred, within 12- months of your return to Ireland, up to a maximum of €2,500.

EXCLUSIONS

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. The costs of continuing regular medication for any condition for which medical advice or treatment is being followed at the time of booking or commencing a **trip**.
2. Any expenses incurred more than 24 months after the date the first expense was incurred or any continuing expense incurred after **you** have refused the option of repatriation to **Ireland**.

3. Any claim for repatriation on the grounds of the fear of contracting Acquired Immune Deficiency Syndrome (A.I.D.S), A.I.D.S. Related Complex (A.R.C.) or Human Immunodeficiency Virus (H.I.V). from medical treatment.

SECTION 2. CANCELLATION AND CURTAILMENT

The following cover applies only if the schedule shows that it is included

What is covered

We will pay up to the **sum insured** each **insured person(s)** in respect of the following expenses incurred by **you** as the result of any of the occurrences specified in paragraphs (i) to (v) below:

- Irrecoverable loss of unused travel and accommodation expenses paid in advance or for which there is a contractual liability following the cancellation or curtailment of the pre-arranged **trip** or, if the **trip** is not cancelled:
- Up to EUR 1,000 in all in respect of reasonable additional travel and accommodation expenses incurred in fulfilling the pre-booked travel and accommodation commitments, including the use of equivalent local accommodation if made necessary by an occurrence covered under paragraph (v).

Specified occurrences:

- (i) **You** sustaining accidental **bodily injury** or becoming ill.
- (ii) The death, injury or illness of **your close relative**, or business colleague, or of any person with whom **you** had arranged to travel, reside or conduct business, or the **close relative**, or business colleague of such person.
- (iii) **You** or any person with whom **you** had arranged to travel, reside or conduct business being:-
 - (a) quarantined or called for witness or jury service.
 - (b) made redundant, provided that such redundancy qualifies for payment under the legislation of **Ireland**.
 - (c) called for emergency duty as a member of the armed forces, the defence or civil administration, the police force, or the fire, rescue, public utility or medical services.
 - (d) required to be present at their home or place of business in **Ireland** following burglary or major damage.
- (iv) The cancellation or delayed departure for 24 hours or more of an aircraft, sea vessel or other publicly licensed form of passenger transport in which **you** had previously booked to travel, resulting from any of the following incidents:

Strike, industrial action, **hijack**, terrorist act, criminal act, bomb scare, riot, civil commotion, fire, flood, earthquake, landslide, avalanche, adverse weather conditions, accident or mechanical breakdown,

 - provided always that such incident had not occurred, commenced or been announced before the booking was made in respect of the flight, voyage or journey thus affected.

- (v) Major damage making uninhabitable the accommodation in which **you** had previously booked to reside during the **trip**, excluding any waterborne vessel or craft.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claims attributable to any condition or set of circumstances known to **you** or any other person on whom **your trip** may depend, at the time of taking out this Certificate or booking a **trip**, where such condition or set of circumstances could reasonably have been expected to give rise to the possibility of cancellation or curtailment.
2. Any claim where medical or other suitable evidence is not provided as proof of the necessity to cancel or curtail the **trip**.
3. **Your** disinclination to complete the **trip**.

SECTION 3. PERSONAL ACCIDENT

The following cover applies only if the schedule shows that it is included

What is covered

We will pay up to the **sum insured** each **insured person(s)** in accordance with the following Schedule of Compensation should **you** suffer **bodily injury** during the **operative time**.

Schedule of Compensation

1. Death
2. Permanent total **loss of sight** of one or both eyes
3. Loss of one or more limbs
4. **Permanent Total Disablement** (other than **loss of sight** or **loss of limb(s)**)

SPECIAL CONDITIONS APPLYING TO SECTION 3

In addition to the GENERAL CONDITIONS: -

1. Compensation will not be payable under more than one of the items of the Schedule of Compensation in respect of the consequences of one **accident**.
2. The total sum payable under this section in respect of any one **insured person(s)** or any one or more **accident(s)** will not exceed in all the largest **sum insured** payable under any one of the items of the Schedule of Compensation.
3. The **sum insured** by item 1 of the Schedule of Compensation is limited to EUR 2,500 in respect of **dependent children**.

SECTION 4. JOURNEY CONTINUATION

The following cover applies only if the schedule shows that it is included

What is covered

We will pay up to the **sum insured** each **insured person(s)** for reasonable additional travel and accommodation expenses incurred to enable **you** to reach a reserved overseas travel

connection or accommodation or to return home to **Ireland**, if during the **operative time**, **you** fail to reach such destination directly as a result of any cause beyond the control of the **insured person**.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claims attributable to any condition or set of circumstances known to **you** at the time of taking out this Certificate or booking a **trip**, where such condition or set of circumstances could reasonably have been expected to give rise to the possibility of the missed departure or delay of a **trip**.
2. Any claim where suitable evidence is not provided.
3. Any disinclination of the **insured person(s)** to travel or complete the **trip**.
4. Any claim arising as a result of the default or financial failure of any transport or accommodation provider, of any agent acting for them or of any agent acting for the **insured person**.
5. Any claim arising as a result of regulations or order made by any authority or government.
6. Any claim arising as a result of the withdrawal from service, temporary or otherwise, of any public conveyance on the order or recommendation of the manufacturer, the Civil Aviation Authority, the Port Authority or any similar organisation.

SECTION 5. TRAVEL DELAY

The following cover applies only if the schedule shows that it is included

What is covered

We will pay the **sum insured** each **insured person(s)** for each completed 24 hour period of delay (subject to the maximum amount shown in the Schedule of Compensation) during the **operative time**, should the aircraft, sea vessel, coach or train on which **you** are booked to travel, be delayed as a result of strike, locked out workers, industrial action, riot or civil commotion, bomb scare, criminal or terrorist action, **hi-jack**, fire, avalanche, landslide, earthquake, flood, adverse weather conditions, or accident to or mechanical breakdown of such aircraft, sea vessel, coach or train.

OR

In the event of delay due to the incidents specified above of at least 24 hours, **we** will pay up to the **sum insured** by Section 2, Cancellation and Curtailment, each **insured person(s)** for any irrecoverable payments paid or contracted to be paid in respect of travel, accommodation and unused pre-booked excursions in the event of the cancellation of a **trip**.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claims attributable to any condition or set of circumstances known to the **insured person(s)** at the time of taking out this Certificate or booking a **trip**, where such condition or set of circumstances could reasonably have been expected to give rise to a claim under this Section.

2. Any claims arising out of, or in any way connected with, the failure of the **insured person(s)** to check in according to their itinerary and obtain written confirmation from the carriers, or their handling agents, of the number of hours delay and the reason for such delay.

SECTION 6. PERSONAL LIABILITY

The following cover applies only if the schedule shows that it is included

What is covered

We will indemnify up to the **sum insured** each **insured person**, any one event or series of events (including legal expenses), should **you** become legally liable to pay claims for accidental **bodily injury** to the public or accidental loss of or damage to property, occurring during the **operative time**.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claims arising out of accidental **bodily injury** to any member of **your** family or household or any employee.
2. Any claims arising out of accidental loss of or damage to, property belonging to or in **your** care, custody or control or any member of **your** family or household or of any employee.
3. Any claims arising out of the ownership, possession or use of any horse drawn or mechanically propelled vehicle (other than golf buggies), aircraft (including drones), waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, foot or hand propelled paddle boats, and inflatable dinghies), firearms or animals.
4. Any claims arising out of the ownership, possession, occupation or use of lands, or buildings.
5. Any claims arising out of **your** profession, occupation or business or arising out of liability assumed under a contract, if such liability would not otherwise have attached.

SPECIAL CONDITIONS APPLYING TO SECTION 6

In addition to the GENERAL CONDITIONS: -

1. **You** must not make any admission of liability whatsoever, or make any arrangements, offer, promise or payment without **our** written consent.
2. **We** will be entitled, if **we** so desire, to take over and conduct in **your** name, the defence of any claim or to prosecute in **your** name for **our** own benefit any claims for indemnity or damages or otherwise against any third party, and will have full discretion in the conduct of any negotiations or proceedings or the settlement of any claim. **You** will, whenever possible, give all such information and assistance as **we** may require. **We** will only ask for information and/or assistance in relation to the claim.

SECTION 7. LEGAL EXPENSES

The following cover applies only if the schedule shows that it is included.

What is covered

We will pay up to the **sum insured** each **insured person(s)** for legal expenses incurred by or on their behalf in the pursuit of a claim for damages against a third party who has caused their **bodily injury** or **illness** during the **operative time**.

EXCLUSIONS

In addition to the GENERAL EXCLUSIONS, **we** will not be liable to pay for: -

1. Legal expenses incurred without **our** written consent (which will not be unreasonably withheld).
2. Legal expenses incurred in connection with any criminal act deliberately or intentionally committed by **you**.
3. Actions against travel agents, tour operators, **us** and **our** agents, **you** or **your** family.

SPECIAL CONDITIONS APPLYING TO SECTION 7

In addition to the GENERAL CONDITIONS:

1. **We** will be entitled to nominate and appoint a legal representative to act on **your** behalf and to have direct access to the legal representative at all times.
2. **We** reserve the right to withdraw at any stage giving 10 (ten) days notice and thereafter **we** will not be liable for any further expenses.

SECTION 8. HOSPITAL BENEFIT

The following cover applies only if the schedule shows that it is included.

We will pay up to the **sum insured** each **insured person(s)** should **you** suffer **bodily injury** or **illness** during the **operative time**: -

1. The amount specified in the Schedule of Compensation for each day or part thereof, up to a maximum of 365 (three hundred and sixty five) days, that **you** spend in hospital as an in-patient during the **operative time**. This daily amount will be doubled during public or bank holidays in **Ireland**.
2. Normal and necessary expenses incurred in hospital as an in-patient, up to a maximum of 3 months immediately following the date of **your** return to **Ireland**.

SECTION 9. PERSONAL PROPERTY AND MONEY

The following cover applies only if the schedule shows that it is included

What is covered

We will pay up to the **sum insured** in all each **insured person(s)** in the event of loss of or damage to **personal property** and/or **money** (including reasonable expenses incurred as a result of loss of **money**), during the **operative time**, subject to: -

1. The limit shown in the Schedule of Compensation for **personal property** and/or **money**.
2. The limit shown in the Schedule of Compensation for any one article, pair or set of articles.
3. The limit shown in the Schedule of Compensation for cash.

EXCLUSIONS

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claim due to moth, vermin, wear and tear and gradual deterioration, or **money** shortages due to error, omission or depreciation in value.
2. Any claim arising from delay, confiscation or detention by customs or any other authority.
3. Any claim in respect of **personal property** belonging to the **insured person(s)** if otherwise insured.
4. Any claim in respect of **valuables** or **money** whilst in the custody of a carrier.
5. Any claim arising out of electrical and/or mechanical breakdown.
6. Any claim arising from the fraudulent use of credit cards, charge cards or banker's cards, if **you** and/or the **insured person(s)** has not reported the loss of the card to the issuing bank or company, and otherwise not complied with the terms and conditions under which the card was issued. **Our** liability will be limited to any loss not covered by any guarantee given by the issuing bank or company to **you** and/or **insured person(s)**

SPECIAL CONDITION APPLYING TO SECTION 9

In addition to the GENERAL CONDITIONS: -

1. In the event of loss or damage by a carrier, **you** must obtain a Property Irregularity Report within 7 days of the loss.

Note: -

1. If **you** purchase a comparable replacement for a lost or damaged article, **we** will pay for the replacement cost, providing that such article was less than 2 years old at the time, and that evidence of the original purchase is provided. For articles of 2 years old or more, or if the article is not actually replaced, or evidence of the original purchase cannot be provided, payment will be based upon the value of such article at the time of loss, or the cost of repair.
2. In respect of foreign currency and signed travellers cheques only, cover will be effective from the time of collection from a bank or travel agent or from 5 days prior to commencement of a **trip**, whichever is the later, and up to 5 days after completion of a **trip**, or time of conversion or encashment, whichever is the earlier.

DELAYED PERSONAL PROPERTY EXTENSION

If **personal property** is temporarily lost by the carrier during the **operative time**, **we** will pay up to the **sum insured** each **insured person(s)** for the purchase of immediate necessities, but such payment will be deducted from the final claim under this Section if the loss becomes permanent. Receipts for such purchases must be provided.

ADDITIONAL EXCLUSION APPLICABLE TO THIS EXTENSION

1. **We** will not be liable to pay for any claims occurring during return travel to **Ireland**.

LOSS OF KEYS EXTENSION

If **you** lose the keys to **your** main permanent residence during the **operative time**, **we** will reimburse **you** any reasonable cost of parts and labour to replace the relevant keys or locks.

SECTION 10. HI-JACK, KIDNAP AND DETENTION

The following cover applies only if the schedule shows that it is included

We will pay up to the **sum insured** each **insured person(s)** in the event of **your** detainment, internment, **hi-jack**, or kidnap during the **operative time**: -

1. The amount specified in the Schedule of Compensation for each completed 24-hour period of detention.
2. Up to the **sum insured** for legal, travel, accommodation and related incidental expenses reasonably and necessarily incurred to secure **your** release.

Items 1, 2 and this Section as a whole, are subject to the limits shown in the Schedule of Compensation.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claim relating to payment of ransom monies.
2. Any claim arising out of any act(s) by **you** that would be considered an offence by a court of **Ireland** if committed in **Ireland**.
3. Any claim where **your** detainment, internment, **hi-jack** or kidnap is for a period of less than 3 days.
4. Any detention, internment or kidnap that occurs in Afghanistan, Colombia, Iraq, Mexico, Nigeria, Pakistan, Philippines, Somalia, Venezuela or Yemen.

SPECIAL CONDITIONS APPLYING TO SECTION 10

In addition to the GENERAL CONDITIONS: -

1. **You** have not engaged in any political or other activity that would prejudice this Certificate
2. **You** have no family or business connections that could be expected to prejudice this Certificate or increase **our** risk.
3. All visas and documents are in order.

SECTION 11. CAR HIRE EXCESS WAIVER

The following cover applies only if the schedule shows that it is included

What is covered

We will pay up to the **sum insured** each **insured person(s)** for any monetary excess or deductible that **you** are legally liable to pay in respect of loss of or damage to a rental car hired by **you** during the **operative time**.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS **we** will not be liable to pay for: -

1. Any claim arising out of loss of or damage due to the operation of the rental car in violation of the terms of the rental agreement.
2. Any claim due to wear and tear, corrosion, rot of any kind, woodworm, fungus, mildew, rust, insects, moth, vermin, any cause that happens gradually, or mechanical or electrical breakdown.

SPECIAL CONDITIONS APPLYING TO SECTION 11

In addition to the GENERAL CONDITIONS: -

1. The rental car must be rented from a licensed rental agency.
2. As part of the rental agreement, **you** must agree to accept all comprehensive motor insurance and waivers offered by the licensed rental agency, whether discretionary or mandatory, against loss of or damage to the rental car during the rental period.
3. **You** must comply with all the requirements of the licensed rental agency under the rental agreement and of the car insurer.

SECTION 12. POLITICAL EVACUATION

The following cover applies only if the schedule shows that it is included

What is covered

We will reimburse the **insured person(s)** for **evacuation and repatriation costs** and **expenses** due to **political evacuation** or **political instability**.

The maximum **we** will pay under this extension is EUR 50,000 any one **political evacuation** and in the annual aggregate for **evacuation and repatriation costs** and EUR 100 per **insured person(s)** per day for a maximum of 30 days in respect of **expenses**.

ADDITIONAL DEFINITIONS APPLICABLE TO SECTION 12

ADVISORY means a formal recommendation of the **appropriate authorities** that **you** or a class of person that includes the **insured person(s)** leaves the **host country**.

APPROPRIATE AUTHORITIES means any legally empowered regulatory, governmental or local authority of **Ireland**.

EVACUATION AND REPATRIATION COSTS means costs incurred by **you** for **your** emergency evacuation within 30 (thirty) days prior to an **insured event**, and the 10 (ten) days after the **insured event** to the nearest place of safety or for **your** repatriation to **Ireland**.

Note: **Evacuation and repatriation costs** will be paid once each **insured person(s)** per **insured event**.

EXPENSES means the costs of accommodation, transportation, food and any other reasonable and necessary expenses for up to 30 (thirty) days until such time as **you** can be repatriated to **Ireland**.

EXPROPRIATION means when a public agency takes private property for a purpose considered to be in the public interest

HOST COUNTRY means the country in which **you** are located.

INSURED EVENT means any occurrence described under **political evacuation** or **political instability** definitions.

PERSONA NON-GRATIA means (a foreign person whose entering or remaining in a particular country is prohibited by that country's government)

POLITICAL EVACUATION means **you** being expelled or declared **persona non-grata** on the written authority of the recognised government of the **host country**, or the wholesale seizure, confiscation or **expropriation** of the property, plant or equipment of the **insured person(s)**

POLITICAL INSTABILITY means political or military events involving the **host country** such that the **appropriate authorities** issue an **advisory** ordering the departure of all **Ireland** governmental personnel in non-emergency positions and their dependents from the **host country**, or such that the **insured person(s)** receives direct instructions or recommendation to evacuate from the **appropriate authorities**. All such related and/or connected incidents will be considered a single event and all losses arising will be considered to be a single loss. All acts or events having a common cause (including continuous or repeated exposure to conditions) or carried out by any person, group or collaborating groups will be treated as related and/or connected incidents.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS, **we** will not be liable to pay for: -

1. Any claim arising from or attributable to an alleged violation of the laws of the **host country** by the **insured person(s)** or by **you**.
2. Any claim which results from the failure of the **insured person** to maintain and possess duly authorised and issued documents and visas as required, unless **we** determine that such allegations were intentionally false, fraudulent and malicious and made solely to achieve political, propaganda and/or coercive effect upon, or at, **your** expense.
3. Any debt, insolvency, commercial failure, the repossession of any property or any other financial cause
4. Any claim arising from or attributable, in whole or in part, to the non-compliance by **you** with any obligation specified in a contract or licence or failure by **you** to provide bond or other security because of any liability assumed by **you** under any contract, whether written or oral, unless **our** specific consent is endorsed on this Certificate prior to an **insured event**.
5. Any shortfall in currency should an exchange rate be fixed by a legally constituted authority.
6. Any claim if **you** are a citizen of the **host country**.
7. Any claim arising from or attributable to any set of circumstances known to the **insured person(s)** and/or **you** at the time of taking out this Certificate or booking a **trip** where such set of circumstances could reasonably be expected to give rise to a claim.

SPECIAL CONDITION APPLYING TO SECTION 12

If an incident occurs which may result in an **insured event** the **insured person(s)** must contact the Emergency Service Company detailed on page 6. No claim will be admitted unless the 24 Hour Emergency Service Company are contacted prior to any **evacuation and repatriation costs** and **expenses** being incurred.

SECTION 13. WINTER SPORTS

The following cover applies only if the schedule shows that it is included

What is covered

SKI PASSES, SKI HIRE, SKI CLOTHING HIRE AND TUITION FEES

We will pay up to EUR 250 each **insured person(s)** for any irrecoverable payments in respect of: -

1. The unused proportion of any ski pass lost during the **operative time**.
2. The unused proportion of any ski pass, ski hire, ski clothing hire and tuition fees if: -
 - (a) **You** suffer **bodily injury** or **illness** during the **operative time** that is certified by a local **medical practitioner**, or
 - (b) There is a valid claim by Section 2 – Cancellation and Curtailment.

PISTE CLOSURE

In the event that all skiing facilities at a pre-booked resort outside **Ireland** are closed due to lack of snow during the **operative time**, **we** will pay: -

1. Up to EUR 10 per day for additional travel expenses incurred in reaching an alternative skiing site, or
2. EUR 20 per day when an alternative skiing site is not available.

The maximum amount payable under this Section is EUR 200 each **insured person**.

AVALANCHE

We will pay up to EUR 150 (one hundred and fifty) each **insured person(s)** for additional accommodation and travel expenses incurred if, as a result of avalanche, landslide or landslip, **you** are unavoidably delayed from leaving **your** pre-booked resort outside **Ireland** during the **operative time**.

EXCLUSIONS (What is not covered)

In addition to the GENERAL EXCLUSIONS, **we** will not be liable to pay for: -

1. Any claims for travel expenses where the Tour Operator has made alternative travel arrangements.
2. Any claims for Piste Closure or Avalanche arising within **Europe** and occurring during the period from 1st May to 30th November inclusive.