backpacker travelinsurance.ie

# BACKPACKER TRAVEL INSURANCE COVER HANDBOOK




**IMPORTANT NOTICE**

If **You** or any person who is travelling has a **Medical Condition** then **You** must declare that condition to the medical screening line 0818 286 518.

**Please do not Curtail any Trip or incur inpatient medical expenses without first contacting the Emergency Assistance Service +353 1 681 9142.**

Backpacker Version V1 10/2026

# TRAVEL INSURANCE COVER SCHEDULE

| Section / Description | | | Premier Cover Limit | Excess | Premier Plus Cover Limit | Excess |
|---|---|---|---|---|---|---|
| | | | (per Insured Person) | (per Insured Person) | (per Insured Person) | (per Insured Person) |
| A. | **Cancellation, Curtailment or Rearrangement** | | Up to €1,500 | €125 (Loss of deposit €30) | Up to €2,500 | €75 (Loss of deposit €20) |
| B. | **Emergency Medical and other Expenses*** | | Up to €3,000,000 | €125 | Up to €6,000,000 | €75 |
| | Including Emergency Assistance Services | | | | | |
| | Emergency Dental Pain Relief | | Up to €250 | | Up to €250 | |
| C. | **Personal Accident*** | | Maximum Benefit | N/A | Maximum Benefit | N/A |
| | Loss of Limbs or Sight (Aged 18 to 49yrs) | | €20,000 | | €40,000 | |
| | Permanent Total Disablement (Aged 18 to 49yrs) | | €40,000 | | €40,000 | |
| | Death Benefit (Aged 18 to 49yrs) | | €5,000 | | €10,000 | |
| | Death Benefit (Under 18yrs) | | N/A | | N/A | |
| D. | **Baggage and Passport** | | Up to €1,000 | €125 | Up to €1,500 | €75 |
| | Single Article or Set of Articles Limit | | €150 | | €250 | |
| | **Valuables** Limit in Total | | Up to €150 | | Up to €250 | |
| | Replacement of Passport | | Up to €250 | N/A | Up to €250 | N/A |
| | Emergency Passport Travel | | Up to €250 | N/A | Up to €250 | N/A |
| E. | **Personal Money and Travel Documents** | | Up to €250 | €125 | Up to €350 | €75 |
| | Cash Limit (Currency notes and coins) | | €250 | €125 | €350 | €75 |
| | Cash (Aged under 18yrs) | | N/A | | N/A | |
| | Travel Documents | | Up to €250 | | Up to €350 | |
| F. | **Personal Liability*** | | Up to €2,500,000 | €200 | Up to €3,000,000 | €200 |
| G. | **Missed Departure** | | Up to €500 | €125 | Up to €750 | €75 |
| H. | **Student Loans** | | Up to €1,000 | €125 | Up to €2,000 | €75 |
| I. | **Loss of Earnings** | | Up to €750 | €125 | Up to €1,000 | €75 |
| J. | **Programme Costs** Within 28 days of commencement | | Up to €750 | €125 | Up to €1,500 | €75 |
| K. | **Resumption of Journey** | | Up to €250 | €125 | Up to €500 | €75 |
| L. | **Inter Rail Tickets** | | Up to €250 | €125 | Up to €500 | €75 |
| M. | **Government Travel Advice** | | Up to €500 | €125 | Up to €1,000 | €75 |
| N. | **Tropical Disease Screening & Protection** | | Up to €200 | €125 | Up to €250 | €75 |
| O1. | **Delayed Departure** | | €15 for each 12hrs | N/A | €25 for each 12hrs | N/A |
| | | | (Up to Max €150) | | (Up to Max €250) | |
| O2. | **Holiday Abandonment** | | Up to €1,500 (after 24hrs) | €125 | Up to €2,500 (after 24hrs) | €75 |
| P. | **Third Party Supplier Insolvency** | | N/A | N/A | N/A | N/A |
| Q. | **Credit Card Fraud** | | €250 | €125 | €750 | €75 |
| R. | **Overseas Legal Expenses and Assistance** | | Up to €10,000 | €200 | Up to €15,000 | €200 |
| S. | **Scheduled Airline Failure** | | N/A | N/A | N/A | N/A |
| **Winter sports** (Available upon payment of additional premium) | | | (per Insured Person) | (per Insured Person) | (per Insured Person) | (per Insured Person) |
| T1. | **Ski Equipment*** | Owned | Up to €300 | €125 | Up to €400 | €75 |
| | | Hired | Up to €300 | | Up to €400 | |
| | | Single Article Limit | €200 | | €300 | |
| T2. | **Ski Hire*** | | €300 (€30 per day) | N/A | €400 (€40 per day) | N/A |
| T3. | **Ski Pack*** | | €300 (€30 per day) | N/A | €500 (€50 per day) | N/A |
| T4. | **Piste Closure*** | | €400 (€40 per day) | N/A | €500 (€50 per day) | N/A |
| T5. | **Avalanche Closure*** | | Up to €400 | €125 | Up to €500 | €75 |

* **You** are not covered under sections B, C, D, F and T for **Winter sports** activities unless an additional premium has been paid.

# TRAVEL INSURANCE COVER

## Introduction

This is **Your** travel insurance Cover. It contains details of cover, conditions and exclusions relating to each **Insured Person** and is the basis on which all claims will be settled. It is validated by the issue of the validation certificate which must be attached to this Cover handbook.

In return for having accepted **Your** premium **We** will in the event of **Bodily Injury**, death, illness, disease, loss, theft, damage or other specified events happening within the **Period of Insurance** provide insurance in accordance with the operative sections of **Your** Cover as referred to in **Your** validation certificate.

The validation certificate and any endorsements are all part of **Your** Cover.

**Your** Cover is evidence of the contract of insurance.

## Important Information

This insurance policy is not designed to cover known or publicly announced events. Cover for **COVID**, which is subject to the exclusions, is detailed in subsection 2 and 3 of Section A (Cancellation or Curtailment) and Section B (Emergency Medical and other Expenses).

## Cover Excess

Under most sections of the Cover, claims will be subject to an **Excess**. This means that **You** will be responsible for paying the first part of each claim, per section, for each separate incident, payable for each **Insured Person**, unless the additional premium has been paid to waive the **Excess** on **Your** Cover as shown in the validation certificate or the Travel Insurance **Cover Schedule** specifically states that one is not applicable (N/A). The **Excess** in Sports and Activities: Grade 2-4 will still apply regardless of including **Excess** waiver.

## Cover Information

If **You** would like more information or if **You** feel the insurance may not meet **Your** needs, please contact **Your** issuing agent.

## Residency

This Cover is only available to **You** if **You** are permanently resident in **Ireland** and have been for the past six months prior to the date of issue.

## The Law Applicable to this Contract

This Policy is governed by the law of the **Republic of Ireland**.

## Type of Insurance and Cover

Travel insurance for backpacker – Please refer to **Your** validation certificate for **Your** selected level of cover.

Some **Winter Sports** may also be included upon payment of an appropriate additional premium – **Your** validation certificate will show if **You** selected this option.

Excess Waiver may also be included upon payment of an appropriate additional premium – **Your** validation certificate will show if **You** selected these options.

## Stamp Duties Consolidation Act 1999 (as amended)

The appropriate stamp duty has been or will be paid in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act 1999 (as amended).

# UNDERWRITER

This policy is underwritten by Zurich Insurance Europe AG who are registered in Germany under HRB 133359, with registered address at Platz der Einheit 2, 60327 Frankfurt am Main, Germany. Zurich Insurance Europe AG is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), firm reference number 10005151

# ARRANGED BY

This insurance is arranged by Cover-More Blue Insurance Services Limited (trading as Backpackertravelinsurance.ie) who are appointed as managing general agent to act on behalf of the insurer, Zurich Insurance Europe AG.

Cover-More Blue Insurance Services Limited is a company registered in Ireland with company number 345681, and registered address Suite 11, Fifth Floor, No. 2 Stemple Exchange, Blanchardstown Corporate Park, Blanchardstown, Dublin 15, Ireland. Cover-More Blue Insurance Services Limited is regulated by the Central Bank of Ireland. Its, firm reference number is C29373.

## Remuneration

Cover-More Blue Insurance Services Limited receives a commission from the insurer which is a percentage of the premium charged to you for this insurance policy. Further details on our remuneration, our role and our services are set out in our terms of business which is included on our website www.blueinsurance.ie/toba/IE/

# TERRITORIAL LIMITS

| | |
|---|---|
| Area 2 | The Continent of Europe west of the Ural Mountains, Madeira, Canary Islands, Iceland, the Azores, Mediterranean Islands, and non-European countries bordering the Mediterranean (except Algeria, Israel, Jordan, Libya, Lebanon and Syria) |
| Area 3 | Canada only (including up to 21 days travel in The United States |
| Area 4 | Worldwide including the Caribbean but excluding The United States and Canada |
| Area 5 | Worldwide including The United States and Canada |

This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Belarus, Cuba, Iran, Syria, North Korea, Russia or the Crimea, Donetsk People's Republic (DNR), or Luhansk People's Republic (LNR) regions of Ukraine.

# DEFINITIONS

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Cover handbook. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

## Baggage

– means luggage, clothing, personal effects, **Valuables**, **Golf Equipment** and other articles which belong to **You** (or for which **You** are legally responsible) which are worn, used or carried by **You** for **Your** individual use during any **Trip** excluding **Ski Equipment and Personal Money** and **Travel Documents**.

## Bodily Injury

– means an identifiable physical injury sustained by **You** due to a sudden, external, unexpected and specific event. Injury as a result of **Your** unavoidable exposure to the elements shall be deemed to have been caused by bodily injury.

## Cancellation Period

– means the 14 days following the date the Cover is received at new business.

## Close Business Associate

– means any person whose absence from business for one or more complete days at the same time as **Your** absence prevents the proper continuation of that business.

## Close Relative

– means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, next of kin, fiancé/fiancée, partner (any couple in a common law relationship or who have co-habited for at least 6 months) or civil partner.

## Complications of Pregnancy and Childbirth

– means
- Toxaemia (toxins in the blood)
- Gestational diabetes (diabetes arising as a result of pregnancy)
- Gestational hypertension (high blood pressure arising as a result of pregnancy)
- Pre-eclampsia (where **You** develop high blood pressure, carry abnormal fluid and have protein in **Your** urine during the second half of pregnancy)
- Ectopic pregnancy (a pregnancy that develops outside of the uterus)
- Molar pregnancy or hydatidiform mole (a pregnancy in which tumour develops from the placental tissue)
- Post-partum haemorrhage (excessive bleeding following childbirth)
- Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery)
- Placental abruption (part or all of the placenta separates from the wall of the uterus)
- Hyperemesis gravidarum (excessive vomiting as a result of pregnancy)
- Placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix)
- Stillbirth
- Miscarriage

- Emergency Caesarean section
- A termination needed for medical reasons
- Premature birth more than 8 weeks (or 16 weeks if **You** know **You** are having more than one baby) before the expected delivery date

## Cover Schedule
– means the details of cover as outlined at the start of this document.

## COVID
– means COVID-19, coronavirus disease, severe acute respiratory syndrome coronavirus (SARSCOV-2) or any mutation or variation of these.

## Curtailment/Curtail
– means either:

a) abandoning or cutting short the **Trip** by immediate direct early return to **Ireland** or the **United Kingdom**, in which case claims will be calculated from the day **You** returned to **Ireland** or the **United Kingdom** and based on the number of complete days of **Your Trip You** have not used, or

b) by attending a hospital as an in-patient or being confined to **Your** accommodation or on the orders of a **Medical Practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day **You** were admitted to hospital or confined to **Your** accommodation and based on the number of complete days for which **You** were hospitalised, or confined to **Your** accommodation.

## Excess
– means where applicable the **Excess** is the first amount of each claim, per section, for each seperate incident payable for each **Insured Person.**

## Golf Equipment
– means golf clubs, golf balls, golf bag, golf shoes and non motorised golf trolley forming part of **Your Baggage**.

## Home
– means **Your** normal place of residence in the Republic of **Ireland**.

## Incidental
– means happening on a casual or occasional basis.

## International Departure Point
– means the final departure point in **Ireland** or the **United Kingdom** on **Your** outward journey or **Your** final departure point overseas to return **You** back to **Ireland** or the **United Kingdom** on **Your** return journey.

## Ireland/IRL
– means the Republic of **Ireland**.

## Irrecoverable
– means that **We** will only cover costs that **You** have not already recovered, for which reasonable remedy was not offered or provided by another source and which **You** are not entitled to recover or regain from another source.

## Loss of Limb
– means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

## Loss of Sight
– means total and **Irrecoverable Loss of Sight** which shall be considered as having occurred:

a) in both eyes if **Your** name is added to the NCBI Register of Blind Persons on the authority of a fully qualified

b) ophthalmic specialist and

c) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. Medical Condition – means any disease, illness, injury or symptom.

## Medical Practitioner
– means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **You** or any person who **You** are travelling with.

## Natural Disaster
– means an extraordinary natural phenomenon such as tsunamis, earthquakes, landslides, volcanic eruptions (including volcanic ash clouds), atypical cyclonic storms, falling objects from space (including meteorites), and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.

## Period of Insurance
– means if Backpacker cover is selected: the period of the **Trip** and terminating upon its completion, but not in any case exceeding the period shown in the validation certificate. Under this Cover Section A – Cancellation Cover shall be operative from the time **You** pay the premium and

evidence of insurance is issued and will cease upon departure of **Your Trip** or in the event of a cancellation claim on **Your** Cover all remaining cover will cease for the planned **Trip**.

This Cover also entitles **You** to a maximum of two return visits to **Your Home** before **Your** intended return date (as specified on **Your** validation certificate) for up to a maximum duration of 21 days excluding any return for which a claim is being made as a result of Emergency Medical, Repatriation or **Curtailment**. Cover is suspended from the time **You** arrive at Your departure point to **Your Home** and starts again when **You** exit the airport at **Your** overseas destination. During this period no cover is provided by this Cover.

For the above Cover type; All other sections of the Cover, the insurance commences when **You** leave **Your Home** in **Ireland** or the **United Kingdom** (whichever is the later) to commence the **Trip** and terminates at the time of **Your** return to **Your Home** in **Ireland** or the **United Kingdom** on completion of the **Trip**. Any **Trip** that had already begun when **You** purchased this insurance will not be covered.

**Please note:** if, due to unexpected circumstances beyond **Your** control and included in the conditions of this cover, **You** cannot finish **Your Trip** within the **Period of Insurance** set out on **Your** validation certificate, **We** will extend **Your** cover for up to 30 days at no extra charge. If the reason **You** cannot finish **Your Trip** is related to **COVID**, **We** will still extend **Your** cover for up to 30 days at no extra charge. However, **We** will only cover claims that are not related to **COVID**, apart from Section B – Emergency Medical and other Expenses, provided that **You** are not travelling to a country or specific area or event to which the Travel Advice Unit of the Department of Foreign Affairs (DFA) www.dfa.ie/travel/travel-advice or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel. All other general exclusions will continue to apply.

– means if one way **Trip** cover is selected: the period of a single outward **Trip** (max 7 days) and terminating upon its completion, but not in any case exceeding 24 hours after the time **You** first leave the immigration control of **Your** final destination country. Under this Cover Section A – Cancellation Cover shall be operative from the time **You** pay the premium and evidence of insurance is issued and will cease upon departure of **Your Trip** or in the event of a cancellation claim on **Your** Cover all remaining cover will cease for the planned **Trip**.

All other sections of the Cover, the insurance commences when **You** leave **Your Home** to commence the **Trip** and terminates 24 hours after the time You first leave the immigration control of **Your** final destination country.

## Permanent Total Disablement

– means disablement which entirely prevents the **Insured Person** from attending to business or occupation of any and every kind for at least 12 months, and at the end of that time being beyond the hope of improvement.

## Personal Money and Travel Documents

– means bank notes currency notes and coins in current use, travellers' and other cheques, travel tickets, event and entertainment tickets, money cards and credit/debit or charge cards all held for private purposes.

## Public Transport

– means any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

## Qualified Medical Practitioner

– means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **You** or any person who **You** are travelling with.

## Rearrangement Costs

– means all reasonable costs incurred in transporting the original **Insured** to complete the curtailed **Trip** provided that such costs shall be limited to economy fare travel and other essential expenses in transportation of the original **Insured** to the point at which the original **Trip** was curtailed. The **Trip** must be continued within six months of the original curtailment.

## Recoverable

– means costs that **You** have already recovered or for which reasonable remedy was offered or provided by another source, and which **You** are entitled to recover or regain from another source.

## Single Item

– means any one article pair or set of articles (including golf clubs) or collection which are used or worn together.

## Ski Equipment

– means skis (including bindings), ski boots, ski poles, snowboards, snowboard bindings and snowboard boots forming part of **Your Baggage**.

## Strike or Industrial Action

– means any form of Industrial Action, whether organised by a trade union, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.

## Terrorism

– means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

## Travelling Companion
– means a person(s) with whom **You** have booked to travel or are travelling with on the same booking invoice and without whom **Your** travel plans would be impossible.

## Trip
– means any holiday, business or pleasure **Trip** or journey made by **You** within the area of travel shown in the validation certificate which begins and ends in **Ireland** or the **United Kingdom** during the **Period of Insurance** unless the **Trip** is a one-way **Trip** or journey as defined under **Period of Insurance**. Participation in **Winter Sports** is limited to the duration specified on **Your** validation certificate (provided **You** have paid the appropriate **Winter Sports** premium to include this cover).

In any event **Winter Sports** cover is limited to 93 days for Premier or Premier Plus cover in total in each **Period of Insurance** (if **You** have paid the appropriate **Winter Sports** premium to include this cover).

If **You** travel for more than the number of days for which **You** have paid for cover, **You** will not be covered after the last day for which **You** have paid.

## Unattended
– means when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property or vehicle.

## United Kingdom (UK)
– means England, Scotland Wales Northern Ireland, Isle of Man and the Channel Islands.

## Valuables
– means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photo-graphic, audio, video, computer, game console, television (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars, portable DVD players, ipods, MP3/4 players and portable satellite navigation equipment.

## We/Us/Our
– means Zurich Insurance Europe AG acting by its managing general agent, Cover-More Blue Insurance Services Limited

## Work
– means any work, including work placements, incidental work and work experience, involving any of the following non-manual or light manual work, paid or unpaid:
**All non-manual work**
Any professional, clerical or administrative work
**All Study**
Any study course or programme
**Childcare**
Au pair, Nanny, Child minder
**Education**
Classroom Teacher, Classroom or Laboratory assistant, Field work, Research
**Entertainment** (not covered if the **Insured's** livelihood currently or after the **Trip** is dependent on being able to work in entertainment) Musician and singer, Comedian, Children's Entertainer
**Farming and Agriculture**
Farm work (not involving the use of machinery), Fruit picking (not involving the use of machinery)
**Food and Drink**
Chef, Kitchen Assistant, Bar Work, Waiting/Waitressing
**Health and Beauty**
Gym, Fitness, or Dance Instructor, Hairdresser, Beautician/Body Treatments, Reflexology/ Aromatherapy, Physiotherapy
**Sports and Activities**
As set.
**Tourism**
Guides or Tour Leaders, Representatives, Salesmen/Saleswomen, Interpreters, Counsellors, Museum Worker, Summer Camp Worker, National and/or Theme Park Worker
**Vocational**
Conservation work
Community work (including supervised construction duties, but excluding the use of plant, machinery or power tools)
Volunteer work (including supervised construction duties, but excluding the use of plant, machinery or power tools)
Caring/nursing (excluding the administering of drugs or medicine), Fundraising and charity work
**Other Occupations**
Photographer (studio only), Artist, Cleaner (domestic and light work only)
Market researcher (including surveys and census-taking)

## Winter Sports
– means guided cross-country skiing (Nordic skiing), mono skiing, off-piste skiing or snowboarding except in areas designated as unsafe by local resort management unless accompanied by a locally qualified guide, recreational racing, skiing, snowboarding, snowmobiling and snow sledging.

## You/Your/Insured Person(s)

– means each person travelling on a **Trip** whose name appears in the validation certificate.

# IMPORTANT CONDITIONS RELATING TO HEALTH

## ☎ 0818 286 518

## Please note certain medical conditions will incur an additional premium.

**You** must comply with the following conditions to have full protection of **Your** Cover. If **You** do not comply **We** may at **Our** option cancel the Cover or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### All Insured Persons

At the time of taking out this Cover do **You** have or have **You** had any **Medical Condition(s)** for which **You** are taking or have taken prescribed medication or are waiting to receive, or have received treatment (including surgery, tests, or investigations) within the last 2 years?

If Yes
Telephone **0818 286 518** and declare all **Medical Condition(s).**
**You** will not be covered under Section A – Cancellation or Curtailment Charges, Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for any claims arising directly or indirectly from this **Medical Condition(s)** unless **You** contact **Us** on the above telephone number and **We** have agreed in writing to cover **Your Medical Condition(s).**

If **You** have only ONE **Medical Condition** and it is one of those shown in the table of **Medical Condition(s)** listed below which do not require screening then this will be covered under this Cover without the need to contact **Us**.

If No
Please read the below exclusions applying to all **Insured Persons**
(If none of them apply then **Your Medical Condition(s)** will be covered)

### Exclusions that apply to all Insured Persons

The following exclusions apply to all **Insured Persons** at the time of taking out this Cover or at the time of booking the **Trip**.

**You** will not be covered under Section A – Cancellation or Curtailment Charges, Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for any claims arising directly or indirectly from:

i) Any **Medical Condition** for which **You** are aware of but have not had a diagnosis.
ii) Any **Medical Condition** for which **You** have received a terminal prognosis.
iii) Any **Medical Condition** for which **You** are receiving or are on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

The following exclusions apply to all **Insured Persons** at all times:

i) Any **Medical Condition You** have in respect of which a **Medical Practitioner** has advised **You** not to travel or would have done so had **You** sought his/her advice but despite this **You** still travel.
ii) Any surgery, treatment or investigations for which **You** intend to travel outside of **Ireland** to receive (including any expenses incurred due to the discovery of other **Medical Conditions** during and/or complications arising from these procedures).
iii) Any **Medical Condition** for which **You** are not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
iv) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider.
v) Any surgery, treatment or investigations arising from investigations or tests for which **You** were pending the results of prior to **Your** departure from **Ireland**.

**You** should also refer to the general exclusions.

Exclusions that apply if a Close Relative or Travelling Companion has Medical Conditions

If any of the below exclusions apply to **Your Close Relative(s)** or **Travel Companion(s)** at the time of taking out this Cover or at the time of booking the **trip**, **You** will not be covered under Section A – Cancellation or Curtailment Charges, Section B – Emergency Medical and Other Expenses and Section C – Personal Accident for any claims arising directly or indirectly from:

i) Any **Medical Condition** for which a **Close Relative** or **Travelling Companion** have received a terminal prognosis.
ii) Any **Medical Condition** for which a **Close Relative** or **Travelling Companion** are receiving or on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.
iii) Any **Medical Condition** for which a **Close Relative** or a **Travelling Companion** are aware of but for which they have not had a diagnosis

**You** sho

uld also refer to the general exclusions.

**Medical Conditions which do not require screening.**

## (You do not have to contact Us if You only have ONE of these)

**Important Note:**
**If You have more than one of the following conditions You must contact the Medical Screening Line or if You have any other condition in addition to any of the following conditions You must declare all conditions to Medical Screening.**

- Achilles Tendon Injury
- Acid Reflux
- Acne
- Anal Fissure/Fistula
- Allergy (requiring nonprescriptive treatment only)
- Bells Palsy (in isolation only)
- Benign Prostatic Enlargement
- Blindness
- Broken/Fractured Bones (not head or spine)
- Carpal Tunnel Syndrome
- Cataracts
- Colds or Influenza
- Colitis (no hospital admissions in last 12 months
- Corneal Graft
- Cuts & Abrasions (non self-inflicted)
- Cyst Breast (Benign)
- Cyst Testicular (Benign)
- Cystitis
- Diarrhoea and/or vomiting (resolved)
- Dislocated Hip
- Dyspepsia
- Eczema
- Epididymitis
- Essential Tremor
- Fungal Nail Infection
- Gall Bladder Removal (if more than 3 months ago)
- Gastric Reflux
- Glandular Fever
- Glaucoma
- Gout
- Hayfever
- Hemorrhoids (Piles)
- Hernia (not Hiatus)
- Hip Replacement
- Hyperthyroidism (Overactive Thyroid)
- Hypothyroidism (Underactive Thyroid)
- Hypercholesterolaemia (high cholesterol)
- Hysterectomy (provided carried out more than 6 months ago)
- Irritable Bowel Syndrome
- Macular Degeneration
- Menorrhagia
- Migraine (confirmed diagnosis, no on-going investigations)
- Myalgia (Muscular Rheumatism)
- Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)
- Nasal Polyp(s)
- Neuralgia, Neuritis
- Nut Allergy
- Osteochondritis
- Osteoporosis, Osteopaenia (fragile bones) NO vertebral (backbone) fractures
- Pelvic Inflammatory Disease
- Psoriasis
- Reflex Oesophagitis
- Rheumatism
- Rhinitis (Allergic)
- Shingles (Herpes Zoster)
- Shoulder Injury
- Sinusitis
- Sleep Apnoea
- Tendon Injury
- Tonsilitis
- Underactive Thyroid

- Urticaria
- Varicose Veins legs only (if GP has confirmed that client is fit to travel)

# GENERAL CONDITIONS

## Applicable to All Sections of Your Cover

**You** must comply with the following conditions to have the full protection of **Your** Cover.

If **You** do not comply **We** may at **Our** option cancel the Cover or refuse to deal with **Your** claim or reduce the amount of any claim payment.

### 1. Dual Insurance

If at the time of any incident which results in a claim under this Cover, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Section C – Personal Accident). Under Section B – Medical Expenses – In the event of private health insurance **Your** private health insurer must pay the first amount as stated in their Cover and **We** will commence cover once that limit has been reached.

### 2. Reasonable Precautions

**You** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take and cause to be taken all practicable steps to safe guard **Your** property from loss or damage and to recover property lost or stolen.

### 3. Maximum Age Limit

Backpacker – 49yrs.

### 4. Statutory Cancellation Rights

**You** may cancel this Cover within 14 days of receipt of this **Cover Schedule** (new business) during the **Cancellation Period**. Any premium already paid will be refunded to **You** providing **You** have not used this insurance to acquire a visa, the departure date on **Your** Cover has not passed, **You** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. The Cover will be cancelled with effect from its date of issue.
**You** may cancel this policy
By email: info@backpackertravelinsurance.ie
By telephone: 0818 286 516
By submitting your cancellation request online at www.backpackertravelinsurance.ie
If the period of insurance is less than 31 days, the cooling-off period does not apply**.**

**CANCELLATION OUTSIDE THE STATUTORY PERIOD**
**You** may cancel this Cover at any time after the **Cancellation Period**. If You cancel after the **Cancellation Period** no premium refund will be made. **We** reserve the right to cancel the Cover by providing 21 days notice by registered post to **Your** last known address. No refund of premium will be made.

**NON PAYMENT OF PREMIUMS**
**We** reserve the right to cancel this Cover immediately in the event of non payment of the premium or in the event that the payment is made by fraudulent use of a credit/debit card or other payment method then this Cover automatically becomes null and void.

# GENERAL EXCLUSIONS

## Applicable to All Sections of Your Cover

**We** will not pay for claims, or any loss, injury, damage or legal liability sustained or arising directly or indirectly from or by:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **Terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section B – Emergency Medical and Other Expenses and Section C – Personal Accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. The failure or fear of failure or inability of any equipment or any computer programme, whether or not **You** own it, to recognise or to interpret correctly or process any date as its true calendar date, or to continue to function correctly beyond that date.
5. **Your** pursuit of **Winter Sports** unless Sections T1 – T5 are shown as operative in the validation certificate and the appropriate additional premium has been paid.
6. The following **Winter Sports** activities even if Sections T1 – T5 are shown as operative in the validation certificate: Off-piste skiing or snowboarding in areas designated as unsafe by local resort management unless accompanied by a locally qualified guide, skiing

against local authoritative warning or advice, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, snowcat skiing, glacier skiing, snow carting or the use of bob sleighs, luges or skeletons.

7. **Your** engagement in or practice of manual work including:
   - hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant (other than in a purely managerial/ supervisory, sales or administrative capacity.
   - work in connection with a profession, business or trade for example: plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder.
   - working with wild animals of any kind.
   - work of any other kind except where shown as covered under Sports and Activities Grade 1.
8. **Your** engagement in or practice of: flying except as a fare paying passenger in a fully licensed passenger- carrying aircraft, the use of a motorised vehicle unless a full Irish or **United Kingdom** driving licence is held permitting the use of such vehicles in **Ireland** or the **United Kingdom**, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions.
9. **Your** participation in or practice of any sport or activity unless:
   a) Shown as covered without charge in the Grade 1 list or
   b) Shown as operative in **Your** validation certificate.
10. Any claim arising directly or indirectly from drug addiction, alcohol or solvent abuse by **You** or by reason of **You** being under the influence of alcohol (where a person in authority such as an officer of the law, or a **Medical Practitioner** or **Our** Senior Medical Officer confirms that **Your** intoxication was significant to the claim occurring) or drug(s) (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction), **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, self-exposure to needless peril (except in an attempt to save human life).
11. Any circumstances **You** are aware of at the time of taking out this cover or at the time of booking any **Trip** or any element of any **Trip** that could reasonably be expected to give rise to a claim on this cover.
12. **Your** own unlawful action or any criminal proceedings against **You**.
13. Any other loss, damage or additional expense following on from the event for which **You** are claiming unless **We** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **Bodily Injury** or illness.
14. Operational duties as a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section A – Cancellation or curtailment Charges.
15. Loss of enjoyment.
16. Costs which would have been payable if the event being the subject of a claim had not occurred (for example, the cost of meals which **You** would have paid for in any case).
17. Consequential losses of any nature, including, but not exclusively, phone calls and taxi fares, other than as specifically provided within the terms of this Cover.
18. A **Natural Disaster.**
19. Your planned or actual travel will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Belarus, Cuba, Iran, Syria, North Korea, Russia or the Crimea, Donetsk People's Republic (DNR), or Luhansk People's Republic (LNR) regions of Ukraine. In addition, this policy does not cover any loss, injury, damage or liability to residents of Belarus, Cuba, Iran, Syria, North Korea, Russia or the Crimea, Donetsk People's Republic (DNR), or Luhansk People's Republic (LNR) regions of Ukraine
20. This policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch lists as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.
21. Any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch lists as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.
22. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Department of Foreign Affairs* or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel unless this advice relates only to **COVID**. In this instance, only claims relating to **COVID** will not be considered.
    *** Contact details are:** 80 St. Stephen's Green, Dublin 2.
    Telephone: (01) 4780822 or refer to: www.dfa.ie/services/traveladvice
23. **We** will not cover any claims caused by or relating to **COVID**. Nor will **We** cover any claims relating to any fear or threat of **COVID**. This general exclusion applies to all sections of cover apart from; subsection 2 and 3 of Section A - **Cancellation** or curtailment and Section B – Emergency Medical and other Expenses, provided that **You** meet the conditions outlined in these sections and that **You** have not travelled to a country or specific area or event for which the Travel Advice Unit of the Department of Foreign Affairs (DFA) https://www.dfa.ie/travel/travel-advice/ or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel.
24. Events where coverage may imply that the Insurer must make any provision or payment of any nature, return of premiums included, to the extent that said provision or said payments may expose the Insurer to any sanction, prohibition or restriction by virtue of United Nations resolutions or trade or economic sanctions, laws or regulations of the European Union, the United Kingdom or the United States of America, or any others that currently exist or may exist in the future.
25. Events that take place in those countries which the Irish Department of Foreign Affairs, the World Health Organisation (WHO) or other similar body has advised against all or all but essential travel, that are subject to an embargo by the UN Security Council or other international organisations, or events that occurred in any conflict zone whether war has been declared or not, or if there have been national or international interventions with the use of force or coercion.
26. Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation

# CLAIMS CONDITIONS

**You** must comply with the following conditions to have the full protection of **Your** Cover.

If **You** do not comply **We** may at **Our** option cancel the Cover or refuse to deal with **Your** claim or reduce the amount of any claim payment.

When contacting the claims department, please have the following information to hand:

Ref: Blue Backpackertravelinsurance.ie ROI

- Name of **Your** Cover and where it was purchased
- Cover number
- Date insurance purchased & Resort and country visited
- Value of claim
- Brief circumstances
- Travel dates
- Incident date

Failure to have the above information to hand may result in **Your** claim being delayed.

## 1. Claims

**ClaimSorted EU Limited** 24A Baggot Street Upper, Dublin Ireland
Tel: 0818 286 518 or from outside Ireland: +353 1 681 9142
Email: backpacker@claim.covermoreeurope.com
Online: claim.covermoreeurope.com/backpacker

The notification must be made within 31 days or as soon as possible thereafter following any **Bodily Injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may give rise to a claim under this Cover.

**You** must also inform **Us** if **You** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay.

**You** or anyone acting on **Your** behalf must not negotiate admit or repudiate any claim without **Our** written consent.

**We** may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this Cover.

**You** or **Your** legal representatives must supply at **Your** own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a postmortem examination.

**You** must retain any property which is damaged, and, if requested, send it to **Us** at **Your** own expense. If **We** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **Our** property. **We** may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts or bills.

## 2. Subrogation

**We** are entitled to take over and conduct in **Your** name the defence and settlement of any legal action. **We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this Cover to anyone else.

## 3. Fraud

**You** must not act in a fraudulent manner.

If **You** or anyone acting for **You**:

a) Make a claim under the Cover knowing the claim to be false or fraudulently exaggerated in any respect or
b) Make a statement in support of a claim knowing the statement to be false in any respect or
c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
d) Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance

Then

a) **We** shall not pay the claim
b) **We** shall not pay any other claim which has been or will be made under this Cover
c) **We** may at **Our** option declare the Cover void
d) **We** shall be entitled to recover from **You** the amount of any claim already paid under this Cover
e) **We** shall not make any return of premium
f) **We** may inform the police of the circumstances.

# SPORTS AND ACTIVITIES – GRADE 1

## (No Additional Charge)

**You** are covered under Section B – Emergency Medical Expenses and Section C – Personal Accident sections for the following activities automatically, provided that the activity is on an **Incidental** basis **You** do not need to contact **Your** issuing agent.

- Archery
- Badminton
- Baseball
- Basketball
- Beach Games
- Bungee Jump (1)
- Camel/Elephant Riding +
- Canoeing (Grades 1 to 3) – Life jacket and helmet must be worn
- Clay Pigeon Shooting +
- Cricket
- Cycling – helmet recommended (Mountain Biking / Cycle Touring – see Grade 2)
- Dinghy Sailing +
- Fell Walking
- Fencing
- Fishing
- Flying as a fare paying passenger in a fully licensed passenger carrying aircraft
- Football
- GAA Football
- Golf
- Hiking (under 2,000 metres altitude)
- Hockey
- Horse Riding (up to 7 days, no Polo, Hunting, Jumping) – wearing a helmet
- Ice Skating (Rink)
- Jet Boating +
- Jet Skiing +
- Jogging
- Kayaking (Grades 1 to 3) – Life jacket and helmet must be worn
- Work (see definitions)
- Marathon Running
- Motorcycling up to 125cc (with the appropriate Irish motorcycle licence, wearing a crash helmet, no racing) +
- Netball
- Orienteering
- Paintballing +
- Parascending/Parasailing (over water)
- Pony Trekking – wearing a helmet
- Quad biking up to 50cc (wearing a crash helmet, no racing) +
- Racquetball
- Rambling
- River Canoeing (Up to Grade 3) – Life jacket and helmet must be worn
- Roller Skating
- Roller Blading
- Rounders
- Rowing
- Running – sprint/ long distance
- Safari (Irl/UK organised)
- Sail Boarding
- Sailing within territorial waters +
- Scuba Diving* down to 30 metres if qualified and not diving alone or accompanied by a qualified instructor (see notes below)
- Skateboarding
- Snorkelling
- Squash
- Surfing (under 14 days)
- Tennis
- Tour Operator Safari
- Track Events
- Trekking (under 2,000 metres altitude)
- Volleyball
- War Games + (with eye protection)
- Water Polo
- Water Skiing
- White Water Rafting (Grades 1 to 3) – Life jacket and helmet must be worn
- Windsurfing
- Yachting (racing/crewing inside territorial waters) +

* Scuba diving – scuba diving to the following depths. Provided **You** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guidelines of the relevant diving or training agency or organisation and not diving alone:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres*
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 30 metres*

- BSAC Dive Leader – 30 metres*

**We** must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.

**You** will not be covered under this Cover if **You** travel by air within 24 hours after participating in Scuba Diving.

* For the purposes of diving under Sports and Activities Grade 1.

** Please see paragraph 7. in the General exclusions applicable to all sections of **Your** Cover for details of manual work which cannot be covered under this Cover.

+ Cover under Section F – Personal Liability for those sports and activities marked with a + is excluded.

# SPORTS AND ACTIVITIES – GRADE 2

## Subject to Additional Premium

### 50% Loading to cover all activities or €30 per activity

**You** can be covered under Section B – Emergency Medical Expenses and Section C – Personal Accident sections for the following activities provided that the activity is on an **Incidental** basis (unless stated otherwise below) and subject to an additional premium being paid and shown on the validation certificate.

### Medical Excess increased to €320

### Personal Accident Sum insured reduced by 50%

### Personal Liability Cover is Excluded

- Boxing Training (no contact)
- Bungee Jump (up to 3 additional)
- Black Water Rafting (Grade 1 to 4) Life jacket and helmet must be worn
- Camel/Elephant Riding/Trekking (non-Incidental)
- Cycle Touring / Cycling Holiday – helmet must be worn
- Go Karting – wearing a crash helmet
- Horse Riding – wearing a helmet (no Polo, Hunting, Jumping)
- Hot Air Ballooning – organised pleasure rides only (non-Incidental)
- Hurling
- Jet Skiing (non-Incidental)
- Martial Arts (Training only)
- Mountain Biking – helmet must be worn
- Parascending/Parasailing (over water, non-Incidental)
- Rambling/Trekking between 2,001m and 4,200m
- Safari (non Irl/UK organised)
- Scuba Diving* (non-Incidental/ down to 50m if qualified and not diving alone or
- accompanied by a qualified instructor (see notes below)
- Sea Canoeing
- Sea Fishing (non-Incidental)
- Surfing
- Tandem Skydive (up to 2 jumps max)
- Triathlon
- White Water Rafting (Grade 4 ) – Life jacket and helmet must be worn
- Waterskiing/Wind- surfing/Snorkelling (non-Incidental)

* Scuba diving – scuba diving to the following depths. Provided **You** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guidelines of the relevant diving or training agency or organisation and not diving alone:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres*
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres*
- BSAC Dive Leader – 50 metres*

**We** must agree with any equivalent qualification. If **You** do not hold a qualification, **We** will only cover **You** to dive to a depth of 18 metres.

**You** will not be covered under this Cover if **You** travel by air within 24 hours after participating in Scuba Diving.

* For the purposes of diving under Sports and Activities Grade 2.

# SPORTS AND ACTIVITIES – GRADE 3

## Subject to Additional Premium

### 100% Loading to cover all activities or €75 per activity

**You** can be covered under Section B – Emergency Medical Expenses and Section C – Personal Accident sections for the following activities provided that the activity is on an **Incidental** basis (unless stated otherwise below) and subject to an additional premium being paid and shown on the validation certificate.

### Medical Excess increased to €650

### Personal Accident Sum insured reduced by 50%

### Personal Liability Cover is Excluded

- Abseiling
- American Football
- Canoeing (Grade 4) – Life jacket and helmet must be worn
- Gliding
- Kayaking (Grade 4) – Life jacket and helmet must be worn
- Motorcycling over 125cc (with the appropriate Irish motorcycle licence, wearing a crash helmet, no racing)
- Paragliding
- Rambling/Trekking between 4,201m and 6,000m (professionally organised Trips with experienced operators, maximum age 45 years)
- Rugby
- Sand Yachting
- Yachting (racing/ crewing) – outside territorial waters
- Zip Lining/Trekking (safety harness must be worn)

# SPORTS AND ACTIVITIES – GRADE 4

## Subject to Additional Premium

### 200% Loading to cover all activities or €112.50 per activity

**You** can be covered under Section B – Emergency Medical Expenses and Section C – Personal Accident sections for the following activities provided that the activity is on an **Incidental** basis (unless stated otherwise below) and subject to an additional premium being paid and shown on the validation certificate.

### Medical Excess increased to €650

### Personal Accident Sum insured reduced by 50%

### Personal Liability Cover is Excluded

- Canyoning
- Hang Gliding
- High Diving under 5m (excluding cliff diving)
- Horse Jumping – wearing a helmet (no Polo, Hunting)
- Kite Surfing
- Micro Lighting
- Parasailing/Parascending (over land, non-**Incidental**)
- Rock Climbing (under 2,000m)
- Rock Scrambling (under 4,000m)

# EMERGENCY AND MEDICAL SERVICE

## Contact the Emergency Assistance Service on +353 1 681 9142

In the event of **Your Bodily Injury** or Illness which may lead to in-patient hospital treatment or incur expenses over €500 or before any arrangements are made to extend **Your Trip** or before any arrangements are made for repatriation or in the event of **Curtailment** necessitating **Your** early return to **Your Home** area **You** must contact the Emergency Assistance Service. The service is available to **You** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **You** must contact the Emergency Assistance Service as soon as possible.

Private medical treatment is not covered unless authorised specifically by the Emergency Assistance Service.

## Medical Assistance Abroad

The Emergency Assistance Service has the medical expertise, contacts and facilities to help should **You** be injured in an accident or fall ill. The Emergency Assistance Service will also arrange transport to **Your Home** area when this is considered to be medically necessary or when **You** have notice of serious illness or death of a **Close Relative** at home.

## Repatriation of Patients

If, in the opinion of **Our** Medical Adviser, it would be preferable to repatriate a patient to **Ireland**, **We** will organise the repatriation. If **You** do not comply with this decision **We** reserve the right to withdraw cover with immediate effect.

**The decision on the method of repatriation will be at the discretion of Our Senior Medical Officer subject to consultation with the doctor in attendance.**

Remember that in the case of patients requiring repatriation, the attending doctor must provide a certificate confirming that the patient is fit to travel, since without this the airline company operators reserve the right to refuse to carry any sick or injured person.

## Payment for Medical Treatment Abroad

If **You** are admitted to a hospital/clinic while abroad, the Emergency Assistance Service will arrange for medical expenses covered by this Cover to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the Emergency Assistance Service for **You** as soon as possible.

## Reciprocal Health Agreements

If **You** are an Irish resident **You** are entitled to health care through the public system in countries of the European union (EU), European Economic Area (EEA) and Switzerland if **You** become ill or injured while on a temporary stay there.

If **You** are travelling to another EU /EEA country or Switzerland, **We** strongly recommend **You** apply for and obtain a European Health Insurance Card for yourself and/or family and make sure that any medical treatment is provided at hospitals or by doctors working within the terms of the reciprocal health care agreement, unless the Emergency Assistance Service agree otherwise. If **You** are admitted to a private clinic **You** may be transferred to a public hospital as soon as the transfer can be arranged safely.

If **You** are currently a VHI, Irish Life and Laya Healthcare member **You** must notify the relevant private medical insurance assistance company at the time of claiming as per contact details below.

## VHI Assistance: Tel +353 1 448 2444
## VHI Assistance USA & Canada: Tel 1800 364 9022
## Laya Healthcare Assistance: Tel +353 21 422 2204
## Irish Life: Tel +353 1 481 7840

## Australia

If **You** require medical treatment in Australia **You** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **You** must do this after the first occasion **You** receive treatment.

In-patient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be obtained by the Australian Embassy in **Ireland** by contacting 01 664 5300 or ireland.embassy.gov.au.

If **You** are visiting Australia on a Student Visa **You** are not covered by MEDICARE. Alternatively please call the Emergency Assistance Service for guidance.

If **You** are admitted to hospital contact must be made with the Emergency Assistance Service as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE.

# INSURANCE

## Section A: Cancellation, Curtailment Or Rearrangement Charges

### What is Covered

**We** will pay **You**, up to the amount shown in the **Cover Schedule** for:

a) **Your Irrecoverable** unused travel and accommodation costs and other pre-paid charges (including sports, concert and entertainment tickets) which **You** have paid or are contracted to pay if Cancellation of the **Trip** is necessary and unavoidable as a result of any of the following events occurring after payment of the premium relating to **Your** Cover and occurring within the **Period of Insurance**;

or

b) **Your** reasonable additional travel expenses and loss of **Irrecoverable** unused accommodation costs and other unused pre-paid charges (including sports, concert and entertainment tickets) which **You** have paid or are contracted to pay if **Your Trip** is **Curtailed** as a result of any of the following events occurring after payment of the premium relating to **Your** cover and occurring within the **Period of Insurance**;

1. The death, **Bodily Injury**, illness of;
   a) **You**
   b) **Your Travelling Companion**
   c) any person with whom **You** have arranged to reside temporarily
   d) **Your Close Relative**
   e) Y **our** Close Business Associate
2. **You, Your Travelling Companion** or any person with whom **You** have arranged to stay with during **Your Trip** receiving a **COVID** diagnosis within 14 days of the start of the **Trip** or in the case of being admitted to hospital with a **COVID** diagnosis within 28 days of the start of the **Trip**.
3. **Your Close Relative** or **Close Business Associate** being admitted to hospital with a **COVID** diagnosis at the time of the **Trip** and/or the death of **Your Close Relative** or **Close Business Associate** due to **COVID** at the time of the **Trip**.
4. If **You** become pregnant after **We** have sold **You** this Cover, and **You** will be more than 32 weeks pregnant (or 24 weeks if You know **You** are having more than one baby) at the start of, or during, **Your Trip**. Or, **Your** doctor advises that **You** are not fit to travel because **You** are suffering from **Complications of Pregnancy and Childbirth**. If **You** will be more than 32 weeks pregnant (or 24 weeks if **You** know **You** are having more than one baby) at the start of, or during, **Your Trip** and **You** still choose to travel, **You** may not claim for cutting short **Your Trip** unless as a result of the **Complications of Pregnancy and Childbirth**.
5. Jury service attendance or being called as a witness at a Court of Law of **You** or **Your Travelling Companion**.
6. Redundancy (which qualifies for payment under the current Irish redundancy payment legislation and at the time of booking the **Trip** there was no reason to believe anyone would be made redundant) of **You** or **Your Travelling Companion.**
7. **You** or any person who **You** are travelling or have arranged to travel with are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **Your**/their authorised leave cancelled or are called up for operational reasons, provided that such cancellation or **Curtailment** could not reasonably have been expected at the time when **You** purchased this insurance or at the time of booking any **Trip**.
8. In the event of Burglary at **Your Home** within 48 hours of **Your** departure or the police requesting **You** to return to **Your Home** due to serious damage to **Your Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

### Special Conditions Relating to Claims

1. **You** must obtain a medical certificate from a **Medical Practitioner** abroad and prior approval of the Emergency Assistance Service to confirm the necessity to return **Home** prior to **Curtailment** of the **Trip** due to death, **Bodily Injury**, illness or **Complications of Pregnancy and Childbirth.**
2. If **You** fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel the **Trip**, the amount **We** will pay will be limited to the cancellation charges that would have otherwise applied.
3. All claims relating to cancellation due to a medical reason or **Complications of Pregnancy and Childbirth** must be supported by relevant documentation confirming that attendance to a **Medical Practitioner** occurred and that advice was given by that **Medical Practitioner** (in the case of stress, anxiety, depression or any other mental or nervous disorder a consultant specialising in the relevant field) to cancel a **Trip** prior to cancellation of that **Trip**.
4. As often as **We** require **You** shall submit to medical examination at **Our** expense. In case of the death of an **Insured Person We** shall be entitled to have a postmortem examination carried out at **Our** expense. **You** must supply **Us** with a written statement substantiating **Your** claim, together with (at **Your** own expense) all certificates, information, evidence and receipts that **We** require.
5. **You** will be required to reimburse to **Us**, within one month of **Our** request to **You**, any costs or expenses **We** have paid out on **Your** behalf which are not covered under the terms of the Insurance.

### What is Not Covered

1. Under point 2 or 3 of 'What is Covered', **You** will not be covered for any claim event occurring within 14 days of the date **You** purchased this insurance or the time of booking any **Trip**, whichever is the later, except where the insurance is purchased within 48 hours of booking the **Trip**.
2. There will be no cover for Cancelling or **Curtailment** of **Your Trip** due to: (a) restrictions implemented by any government or administration; or (b) actions taken by a transport or accommodation provider; if those restrictions or actions relate to a pandemic illness (as declared by the World Health Organisation), including **COVID**.
3. The **Excess** as shown in the **Cover Schedule**.
4. The cost of **Recoverable** airport charges and levies.
5. Any claims arising directly or indirectly from:
   a) Redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date this insurance is affected by You or the time of booking any Trip.
   b) Circumstances known to You prior to the date this insurance is effected by **You** or the time of booking any **Trip** which could reasonably have been expected to give rise to cancellation or **Curtailment** of the **Trip**.
   c) Any claim that comes from pregnancy or childbirth, unless a qualified **Medical Practitioner** confirms that the claim comes from the

**'Complications of Pregnancy and Childbirth'.**

6. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to health.
7. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
8. Travel tickets paid for using any mileage or supermarket reward scheme for example Air Miles.
9. **Your** failure to obtain the required passport or visa.
10. **Your** disinclination to travel for any reason.
11. Any claim for **Irrecoverable** payments for unused flight tickets to return home where a claim is also made under Section A or B for additional return travel expenses.
12. Anything mentioned in the general exclusions.

**YOU SHOULD ALWAYS CONTACT THE EMERGENCY ASSISTANCE SERVICE BEFORE CURTAILMENT.**

# Section B: Emergency Medical and Other Expenses

## What is Covered

**We** will cover **You** under this Cover up to the amount shown on **Your Cover Schedule** per **Insured Person** who suffers a sudden and unforeseen **Bodily Injury** or **Illness** or dies during a **Trip**. **We** will cover the following costs necessarily and reasonably incurred abroad as a result of **You** becoming ill, sustaining injury or dying outside **Ireland** during the **Period Of Insurance**:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred:
   a) outside **Ireland** or the **United Kingdom** or
   b) within the Channel Islands.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of €250 incurred:
   a) outside **Ireland** or the **United Kingdom** or
   b) within the Channel Islands.
3. In the event of **Your** death:
   a) outside **Ireland** or the **United Kingdom** the reasonable additional cost of funeral expenses abroad up to a maximum of €7,000 plus the reasonable cost of conveying **Your** ashes to **Your Home**, or the additional costs of returning **Your** remains to **Your Home**.
   b) within **Ireland** or the **United Kingdom** the reasonable additional cost of returning **Your** body to **Your Home**.
4. Reasonable additional transport (economy class) or accommodation expenses incurred, up to the standard of **Your** original booking, if it is medically necessary for **You** to stay beyond **Your** scheduled return date. This includes, with the prior authorisation of the Emergency Assistance Service, reasonable additional transport or accommodation expenses for a friend, **Travelling Companion** or **Close Relative** to remain with **You** or travel to **You** from **Ireland** or the **United Kingdom** or escort **You** and additional travel expenses to return **You** to **Your Home** if **You** are unable to use the return ticket.
5. In the event of a positive diagnosis of **COVID** abroad, the policy will cover reasonable additional transport (economy class) or accommodation expenses incurred, up to the standard of **Your** original booking if **You** must extend **Your** stay up to the amounts of €2,000. This is €2,000 per **Trip**, not per person.
6. With the prior authorisation of the Emergency Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **You** to **Your Home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.

## Special Conditions Relating to Claims

1. **You** must give notice immediately to the Emergency Assistance Service of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an in-patient. **You** must obtain prior authorisation from the Emergency Assistance Service before any arrangements are made for **Your** repatriation or before any arrangements are made to extend **Your Trip** due to **Your Bodily Injury** or illness.
2. In the event of **Your Bodily Injury** or illness **We** reserve the right to relocate **You** from one hospital to another and arrange for **Your** repatriation to **Ireland** or the **United Kingdom** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance or the Emergency Assistance Service **You** can be moved safely and/or travel safely to **Ireland** or the **United Kingdom** to continue treatment.
3. **You** must claim against **Your** private health insurer first for any inpatient medical expenses abroad up to **Your** Cover limit.
4. As often as **We** require **You** shall submit to medical examination at **Our** expense. In case of the death of an **Insured Person We** shall be entitled to have a postmortem examination carried out at **Our** expense. **You** must supply **Us** with a written statement substantiating **Your** claim, together with (at **Your** own expense) all certificates, information, evidence and receipts that **We** require.
5. **You** will be required to reimburse to **Us**, within one month of **Our** request to **You**, any costs or expenses **We** have paid out on **Your** behalf which are not covered under the terms of the Insurance.

## What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Any claims arising directly or indirectly in respect of:
   a) Costs of telephone calls other than:
      i) Calls to the Emergency Assistance Service notifying and dealing with the problem for which **You** are able to provide receipts or other reasonable 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 telephone from the Emergency Assistance Service for which **You** are able to provide receipts or other reasonable evidence to show the cost of the calls.
   b) The cost of taxi fares, other than those for travel to or from hospital relating to **Your** admission, discharge, attendance for outpatient treatment or appointments or for collection of medication prescribed by the hospital.
   c) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.
   d) Any expenses which are not usual, reasonable or customary to treat **Your Bodily Injury** or illness.
   e) Any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and the Emergency Assistance Service can be delayed reasonably until **Your** return to **Ireland** or the **United Kingdom**.
   f) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **Ireland** or the **United Kingdom**.
   g) Additional costs arising from single or private room accommodation.

h) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Emergency Assistance Service.
i) Any expenses incurred after **You** have returned to **Ireland** or the **United Kingdom**.
j) Expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
k) Expenses incurred as a result of **Your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
l) Any claim that comes from pregnancy or childbirth, unless a qualified **Medical Practitioner** confirms that the claim comes from the '**Complications of Pregnancy and Childbirth**'.

3. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to health.
4. Any amount **Recoverable** under any National or Private Health Insurance Scheme, Reciprocal Health Arrangement (such as European Health Insurance Card – previously E111) or any other source.
5. Anything mentioned in the general exclusions.

# Section C: Personal Accident

## What is Covered

**We** will pay **You**, the amount shown in the **Cover Schedule**, if **You** sustain **Bodily Injury** which shall solely and independently of any other cause, result within two years in **Your** Death, **Loss of Limb, Loss of Sight** or **Permanent Total Disablement**.

## Special Conditions Relating to Claims

1. **Our Medical Practitioner** may examine **You** as often as they deem necessary in the event of a claim.

## Provisions

1. Benefit is not payable to **You**:
   a) Under more than one of items shown in the **Cover Schedule**.
   b) Under **Permanent Total Disablement**, until one year after the date **You** sustain **Bodily Injury**
   c) Under **Permanent Total Disablement**, if **You** are able or may be able to carry out any relevant employment or relevant occupation.
2. The death benefit payment will be paid into the deceased's estate.

## What is Not Covered

1. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to health.
2. **Your** disablement caused by mental or psychological trauma not involving **Your Bodily Injury**.
3. Disease or any physical defect, infirmity or Illness which existed prior to the commencement of the **Trip**.
4. Anything mentioned in the general exclusions.

# Section D: Baggage and Passport

## What is Covered

1. **We** will pay **You** up to the amount shown in the **Cover Schedule** for the accidental loss of, theft of or damage to **Baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage**). The maximum **We** will pay for any **Single Item**, and in total for **Valuables** is as shown in the **Cover Schedule**.
2. **We** will also pay **You** up to the amounts shown in the **Cover Schedule** for:
   a) Replacement of Passport – reasonable additional travel and accommodation expenses necessarily incurred outside **Ireland** or the **United Kingdom** to obtain a replacement of **Your** lost or stolen passport or visa which has been lost or stolen outside **Ireland** or the **United Kingdom**.
   b) Emergency Passport Travel – reasonable additional transport costs if **You** are unable to make **Your** pre booked return flight **Home** following the loss or theft of **Your** passport within 48 hours of **Your** pre booked return flight **Home**.

## Duty to Take Care

**You** must take proper and due care of **Your** property including examination of **Your** luggage on arrival at **Your** destination. In the event of loss or damage, **You** must take all reasonable steps to safeguard and recover **Your** property. **You** must not leave **Your** property unsecured or outside **Your** reach or **Unattended** at any time in a place to which the public have access or in the custody of a person who is not a **Travelling Companion**.

## Special Conditions Relating to Claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Baggage**. A Holiday Representatives Report is not sufficient.
2. If **Baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **Baggage** is lost, stolen or damaged whilst in the care of an airline **You** must:
   a) obtain a Property Irregularity Report from the airline.
   b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
   c) retain all travel tickets and tags for submission if a claim is to be made under this Cover.
3. Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help **You** to substantiate **Your** claim.
4. If **You** are claiming for damaged or destroyed goods **You** must produce an estimate of repair from a reputable dealer confirming the

estimated cost of repair (salvage to be retained until claim completed).

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule** (except claims under subsection 2. a) above).
2. Loss, theft of or damage to **Valuables** or **Your** passport left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to **Baggage** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
   a) anytime between 9pm and 8am local time) or
   b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, televisions, tobacco or tobacco products, alcohol or alcohol products, vehicles and/or their accessories, hearing aids, dental or medical fittings, antiques, musical instruments, mobile telephones or telecommunications equipment of any kind, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind, **Ski Equipment** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
8. Claims arising for **Personal Money and Travel documents**.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other Items used in connection with **Your** business, trade, profession or occupation.
11. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
12. Cover for permanent loss of **Baggage** for which **You** have received full compensation from someone else. Any partial compensation from another source will be deducted from the final amount payable under this section.
13. Anything mentioned in the general exclusions.

## Section E: Personal Money and Travel Documents

### What is Covered

**We** will pay **You,** up to the amount shown in the **Cover Schedule**, for the accidental loss of, theft of or damage to **Personal Money and Travel Documents** (including driving license).

### Special Conditions Relating to Claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of **all Personal Money and Travel Documents**. A Holiday Representatives report is not sufficient.
2. Receipts for items lost, stolen or damaged should be retained, including foreign currency exchange receipts showing the amount, as these will help **You** to substantiate **Your** claim.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Loss, theft of or damage to **Personal Money and Travel Documents** left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuers conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission. 6. Anything mentioned in the general exclusions.

## Section F: Personal Liability

### What is Covered

On condition no other insurance is in place, **We** will pay **You** up to the amount shown in the **Cover Schedule**, (inclusive of legal costs and expenses) against any amount **You** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

1. **Bodily Injury** death illness or disease to any person who is not in **Your** employment or who is not a **Close Relative**, or member of **Your** household or **Travelling Companion**.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **You**, a **Close Relative**, **Travelling Companion**, anyone in **Your** employment or any member of **Your** household other than any temporary holiday accommodation occupied (but not owned) by **You**.

### Special Conditions Relating to Claims

1. **You** must give **Us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **Us** as soon as **You** receive it.

3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **Our** written consent.
4. **We** will be entitled if **We** so desire to take over and conduct in **Your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **You** shall give **Us** all necessary information and assistance which **We** may require.
5. In the event of **Your** death, **Your** legal representative(s) will have the protection of this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this Cover handbook.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Compensation or legal costs arising directly or indirectly from:
    a) Liability which has been assumed by **You** under agreement unless the liability would have attached in the absence of such agreement.
    b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
    c) Ownership possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled row-boats, punts, canoes and where the appropriate **Golf Equipment** premium has been paid, golf buggies whilst in use on a golf course), animals (other than domestic dogs or cats); firearms (other than sporting guns).
    d) The transmission of any communicable disease or virus.
    e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **We** will not pay for the **Excess** as outlined in the **Cover Schedule** of each and every claim arising from the same incident).
3. Accidental injury or loss not caused through **Your** negligence in respect of property damage caused to temporary holiday accommodation
4. Wilful or malicious acts of the **Insured Person**.
5. Liability or material damage for which indemnity is provided under any other insurance.
6. Anything mentioned in the general exclusions.

## Section G: Missed Departure

### What is Covered

**We** will pay **You** up to the amount shown in the **Cover Schedule** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **Your** overseas destination or returning to **Ireland** if:

1. **You** fail to arrive at the **International Departure Point** in time to board the **Public Transport** on which **You** are booked to travel on **Your** outward journey from **Ireland** or the **UK**; or
2. **You** fail to arrive at the **International Departure Point** in time to board the **Public Transport** on which **You** are booked to travel on the final part of **Your** return journey to **Ireland** or the **UK**, including missing an onward connecting flight between **Ireland** ,the **UK** or mainland Europe; or
3. **You** fail to arrive into **Ireland** in time to board **Your** onward connecting flight on which **You** are booked to travel as a result of a delay.

Cover is only provided as a direct result of one of the following events:

1. the failure of other scheduled **Public Transport** or
2. an accident to or breakdown of the vehicle which **You** are travelling or
3. an accident or breakdown occurring ahead of **You** on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which **You** are travelling or
4. **Strike or Industrial Action** or adverse weather conditions.

**You** may claim only under Section O1 – Delayed Departure or Section G – Missed Departure for the same event, not both.

### Special Conditions Relating to Claims

1. In the event of a claim arising from any delay occurring on a motorway or dual carriage way **You** must obtain written confirmation from the Police or emergency breakdown services of the location, reason for and duration of the delay.
2. **You** must allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Claims arising directly or indirectly from:
    a) **Strike or Industrial Action**, adverse weather, cancellation of **Public Transport** or a directive prohibiting all travel or all but essential travel, to the country or specific area or event to which **You** were travelling, existing or being publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip**.
    b) An accident to or breakdown of the vehicle in which **You** are travelling for which a professional repairers report is not provided.
    c) Breakdown of any vehicle in which **You** are travelling if the vehicle is owned by **You** and has not been serviced properly and maintained in accordance with manufacturer's instructions
    d) d) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Irish Aviation Authority or a Port Authority or any such regulatory body in a country to/from which **You** are travelling.
3. Additional expenses where the scheduled **Public Transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in the general exclusions.

## Section H: Student Loans

Cover under this Section does not apply to a **Trip** in **Ireland**.

### What is Covered

**We** will pay the **Insured** or the **Insured's** estate up to the amount shown in the **Cover Schedule** in respect of an outstanding loan in the **Insured's** name through a regulated financial institution which was arranged by the **Insured** for the purpose of the payment of the student programmes

fees or attending university or other third level institutions arising as a result of the **Insured** sustaining **Bodily Injury** which shall solely and independently of any other cause, result within 180 days in the **Insured's** death, **Loss of Limb**, **Loss of Sight** or **Permanent Total Disablement** and prevent the **Insured** from engaging in paid occupations. No benefits shall be paid for more than one loss suffered.

### Special Conditions Relating to Claims

1. **Our Medical Practitioner** may examine the **Insured** as often as **We** deem necessary in the event of a claim.

### Provisions

1. Anything mentioned in the general exclusions.
2. Benefit is not payable to the Insured:
    a) Under **Permanent Total Disablement** until one year after the date the **Insured** sustain **Bodily Injury**.
    b) Under **Permanent Total Disablement**, if the **Insured** is able or may be able to carry out any gainful employment or gainful occupation.
3. The death benefit payment will be paid into the deceased's estate.

### Exclusions (General Exclusions apply as well)

**We** will not pay:

1. The **Excess** as shown in the **Cover Schedule**.
2. Claims arising directly or indirectly as a result of the **Insured's** failure to comply with the important conditions relating to health.
3. Anything mentioned in the general exclusions.

Cover under this Section does not apply to a **Trip** in **Ireland**.

## Section I: Loss Of Earnings

Cover under this Section does not apply to a **Trip** in **Ireland**.

### What is Covered

**We** will pay the Insured up to the amount shown in the **Cover Schedule** in respect of loss of earnings resulting from the **Insured** being hospitalised as an inpatient due to unforeseen **Bodily Injury** or illness whilst overseas for a period of five consecutive working days during the **Insured's Trip** resulting in the **Insured** being unable to attend the **Insured's** place of work.

### Special Conditions applying to this Section

1. The **Insured** must provide an official medical report confirming the duration and reason the **Insured** was unable to work.
2. The **Insured** must provide written evidence from the **Insured's** employer confirming the duration and reason for the **Insured's** absence from the **Insured's** place of work.
3. The **Insured** must give notice immediately to **Us** of any **Bodily Injury** or illness which necessitates the **Insured's** admittance to hospital as an inpatient.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Loss of salary which can be recovered from another source.
3. Claims arising directly or indirectly as a result of the **Insured's** failure to comply with the Important conditions relating to health.
4. Anything mentioned in the general exclusions.

## Section J: Programme Participation Costs

Cover under this Section does not apply to a **Trip** in **Ireland**.

### What is Covered

**We** will pay the **Insured** up to the amount shown in the **Cover Schedule** in respect of:

1. The **Insured's** costs of participation in the **Insured's** work programme, if during a period of 28 days commencing on the **Insured's** departure from **Ireland** the **Insured** needs to **Curtail** their **Trip** due to the death, **Bodily Injury** or illness of:
    a) The **Insured**;
    b) The **Insured's Travelling Companion**;
    c) The **Insured's Close Relative** resident in **Ireland**;
    d) The **Insured's Close Business Associate** resident in **Ireland**;
2. The **Insured's** cost of participation in the J1/work programme, if during a period of 28 days commencing on the **Insured's** departure from **Ireland** the **Insured** is unable to obtain employment as a direct result of the **Insured** being unable to furnish a Social Security number to a prospective employer as a result of the failure of the local government and the **Insured** has to **Curtail**.

### Special Conditions applying to this Section

1. The **Insured** must provide a medical report of from a General **Medical Practitioner** to confirm that the **Insured** was unable to participate in their travel and **Work** programme.
2. The **Insured** must obtain authorisation from **Us** before they **Curtail** their **Trip**.

### What is not Covered

1. The **Excess** as shown in the **Cover Schedule**;
2. The cost of the **Insured's** flight home should their original flight ticket allow them to return to **Ireland** at the required time;

3. Claims arising directly from the **Insured's** failure to comply with the Important conditions relating to health.
4. Anything mentioned in the general exclusions.

# Section K: Resumption Of Journey

Cover under this Section does not apply to a **Trip** in **Ireland**.

## What is Covered

**We** will pay the **Insured** up to the amount shown in **Cover Schedule** for the cost of the flights which take the **Insured** back to the destination where the **Insured's** original **Trip** ceased and resume the **Insured's** original **Trip** if:

a) the **Insured** or a **Travelling Companion** suffer **Bodily Injury** or illness and are repatriated under the provisions of this Cover to **Ireland** or;
b) the **Insured** has to interrupt the **Insured's Trip** and return to **Ireland** due to the death, **Bodily Injury** or illness of their **Close Relative** resident in **Ireland**.

## Special Conditions applying to this Section

1. The **Insured** must recommence the **Insured's Trip** within 21 days of the **Insured's** return to **Ireland**.
2. The **Insured's** transportation to recommence the **Insured's Trip** must be authorised by **Us**.

## Please Note

If the **Insured** or the **Insured's Travelling Companion** return **Home** because of illness or **Bodily Injury** to the **Insured**, the **Insured's Travelling Companion** or **Close Relative**, there is no cover for that illness or **Bodily Injury** or related **Medical Condition**, once the **Insured** recommences the **Insured's Trip** under any section of this insurance Cover.

## What is not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Claims arising directly or indirectly as a result of the **Insured's** failure to comply with the important conditions relating to the **Insured's** health.
3. Anything mentioned in the general exclusions.

# Section L: Inter Rail Tickets

Cover under this Section does not apply to a **Trip** in **Ireland**.

## What is Covered

**We** will pay the **Insured**, up to the amount shown in the **Cover Schedule**, for the accidental loss of, or theft of the **Insured's** Inter Rail Tickets.

## Special Conditions applying to this Section

1. The **Insured** may claim under Section L – Loss/Stolen Inter Rail Tickets or Section E – **Personal Money and Travel Documents** for the same event, not both.
2. The **Insured** must report to the local Police, in the country where the incident occurred, within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all Inter Rail Tickets. A **Trip** Representatives report is not sufficient.
3. Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help the **Insured** to substantiate the **Insured's** claim.
4. Please retain all travel tickets and tags for submission if a claim is to be made under this Cover.

## What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Loss of or theft of Inter Rail Tickets left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss due to delay, confiscation or detention by customs or other authority.
4. Anything mentioned in the general exclusions.

# Section M: Government Travel Advice

Cover under this Section does not apply to a **Trip** in **Ireland**.

**We** will pay The **Insured** up to the amount shown in the **Cover Schedule** for any cancellation fees incurred in respect of:

1. Pre-paid travel and accommodation costs and/or
2. School or University fees paid to colleges abroad which the **Insured** has paid, if the **Insured** has to cancel the **Insured's Trip** after the **Insured's** Cover has been issued due to a government travel notice being issued for the **Insured's** destination within 14 days of the original travel date and the **Insured** is advised not to travel to the **Insured's** original destination.

## Special Conditions applying to this Section

1. The **Insured** must provide evidence of the government notice and issue date of this notice by the government.

## What is Not Covered

1. There will be no cover for cancelling or Curtailment of Your Trip due to: (a) restrictions implemented by any government or administration;

or (b) actions taken by a transport or accommodation provider; if those restrictions or actions relate to a pandemic illness (as declared by the World Health Organisation), including Coronavirus disease (COVID-19) or severe acute respiratory syndrome coronavirus (SARSCOV-2) or any mutation or variation of these.
2. The Excess as shown in the Cover Schedule.
3. Fees incurred by the Insured if the airline or other carrier makes alternative arrangements to accommodate the Insured or re-arrange flights.
4. Fees incurred by the Insured if the country listed by the government notice is a transit stopover for less than 30 days.
5. The cost of Recoverable airport charges and levies.
6. Travel tickets paid for using any airline mileage reward scheme, for example Air Miles.
7. Accommodation costs paid for using any Timeshare, Trip Property Bond or other Trip points scheme.
8. Claims arising directly or indirectly from a government notice existing or being publicly announced by the date the Insured purchased this insurance or at the time of booking any Trip.
9. Any costs incurred by the Insured which are Recoverable from the providers of the accommodation (or their administrators) or for which the Insured receives or are expected to receive compensation or reimbursement.
10. Any costs incurred by the Insured which are Recoverable from the Public Transport operator or for which the Insured receives or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
11. Any accommodation costs, charges and expenses where the Public Transport operator has offered reasonable alternative travel arrangements.
12. Anything mentioned in the general exclusions.

# Section N: Tropical Disease Screening & Treatment

Cover under this Section does not apply to a **Trip** in **Ireland**.

**We** will pay the **Insured** up to the amount shown in the **Cover Schedule** for medical expenses necessarily incurred in undergoing tropical medical screening and treatment at a Tropical Medical Bureau centre, or other registered centre specialising in screening for **Tropical Diseases** approved by **Us**, upon the **Insured's** return home to **Ireland** following:

1. the **Insured** undergoing in-patient or out-patient medical treatment abroad for a suspected **Tropical Disease**; or
2. receipt of a referral of a Qualified **Medical Practitioner** in **Ireland** as a direct result of suspecting that the **Insured** has contracted a **Tropical Disease** occurring outside **Ireland** during the **Period of Insurance.**

## Special Conditions applying to this Section

The **Insured** must have obtained the necessary vaccinations prior to travel in line with standard internationally accepted recommendations such as those provided by the Centre for Disease Control (CDC) and British and Scottish Advisory panels.

## What is Not Covered

1. Medical expenses incurred for treatment or surgery for which **Our** medical advisers and/or the appropriate **Medical Practitioner** at the Tropical Medical Bureau or other registered centre approved by **Us** believe is not essential.
2. Any costs incurred once the **Insured** has returned home, other than the cost of the agreed treatment with the Tropical Medical Bureau or other registered centre approved by **Us**.

# Section O1/O2: Delayed Departure/Holiday Abandonment

## What is Covered

If departure of the scheduled **Public Transport** on which **You** are booked to travel is delayed at the final departure point from or to **Ireland** or the **United Kingdom** for:

i) at least 12 hours from the scheduled time of departure in respect of subsection O1 – Delayed Departure (see below) due to: or
ii) at least 24 hours from the scheduled time of departure in respect of subsection O2 – Holiday Abandonment (see below) due to:
   a. **Strike or Industrial Action** or
   b. adverse weather conditions or
   c. mechanical breakdown of or a technical fault occurring in the scheduled **Public Transport** on which **You** are booked to travel.

**We** will pay **You:**

1) Delayed Departure – The amount shown in the **Cover Schedule** for the first completed 12 hours delay and an additional amount for each full 12 hours delay thereafter up to the maximum amount shown in the **Cover Schedule**
2) Holiday Abandonment – Up to the amount shown in the **Cover Schedule** for any **Irrecoverable** unused travel and accommodation costs and other pre-paid charges which **You** have paid or are contracted to pay if after a minimum 24 hours has elapsed, **You** choose to cancel **Your Trip** before departing from **Ireland** or the **United Kingdom**.

**You** may claim only under subsection O1. or O2. above for the same event, not both.
**You** may claim only under Section O1 – Delayed Departure or Section G – Missed Departure for the same event, not both.

## Special Conditions Relating to Claims

1. **You** must check in according to the itinerary supplied to **You**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. In the case of a claim under sub section O2 – Holiday Abandonment **You** must provide **Your** booking confirmation together with written details from **Your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **Trip**.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Claims arising directly or indirectly from:
    a) **Strike or Industrial Action**, adverse weather, cancellation of **Public Transport** or a directive prohibiting all travel or all but essential travel, to the country or specific area or event to which **You** were travelling, existing or being publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip**.
    b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Irish Aviation Authority or a Port Authority or any such regulatory body in a country to/from which **You** are travelling.
3. Claims arising directly or indirectly from **Public Transport** cancellations.
4. Travel tickets paid for using any mileage or supermarket reward scheme, for example Air Miles.
5. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
6. Anything mentioned in the general exclusions.

## Section Q: Credit Card Fraud

### What is Covered

**We** will pay **You** up to the amount shown in the **Cover Schedule** for losses suffered solely as a result of any credit or cash card for which **You** are responsible, being stolen or lost and/or fraudulently used outside **Ireland** or the **United Kingdom** by any person other than **You** or a **Close Relative** or **Your Travelling Companion**.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Claims where **You** can or could have recovered **Your** losses from any other source.
3. Claims where the card's reporting of loss procedures have not been followed.
4. Any costs incurred in the replacement or return of the lost or stolen card.
5. Claims occurring outside of 31 days from the date of return to **Your** normal country of residence.
6. Claims where the card's pin is written down or kept in proximity to the card.
7. Anything mentioned in the general exclusions.

## Section R: Overseas Legal Expenses and Assistance

### What is Covered

**We** will pay up to the amount shown in the **Cover Schedule** for legal costs to pursue a civil action for compensation if someone else causes **You Bodily Injury**, illness or death. Where there are two or more **Insured Person**(s) insured by this Cover, then the maximum amount payable by Us for all such claims shall not exceed double the amount shown in the **Cover Schedule**.

### Special Conditions Relating to Claims

1. **We** shall have complete control over the legal case through agents **We** nominate, by appointing agents of **Our** choice on **Your** behalf with the expertise to pursue **Your** claim.
2. **You** must follow **Our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **Us** of any offers of settlement made by the negligent third party and **You** must not accept any such offer without **Our** consent.
4. **We** will decide the point at which **Your** legal case cannot usefully be pursued further. After that no further claims can be made against the **Us**.
5. **We** may include a claim for **Our** legal cost and other related expenses.
6. **We** may, at **Our** own expense, take proceedings in **Your** name to recover compensation from any third party in respect of any indemnity paid under this Cover. **You** must give such assistance as **We** shall reasonably require and any amount recovered shall belong to the **Us**.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Any claim where in the **Our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
3. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **Us**, the Emergency Assistance Service or their agents, Cover-More Blue Insurance Services Limited, someone **You** were travelling with, a person related to **You**, or another **Insured Person**.
4. Legal costs and expenses incurred prior to the **Our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded on the condition that **Your** action is successful (for example a Contingency Fee Agreement).
7. Legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
8. Legal costs and expenses incurred if an action is brought in more than one country.
9. Any claim where in the **Our** opinion the estimated amount of compensation payment is less than €1,000 for each **Insured Person**.
10. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
11. Costs of any Appeal.
12. Claims occurring within **Ireland** or the **United Kingdom**.
13. Claims by **You** other than in **Your** private capacity.
14. Costs or expenses incurred without prior authorisation from **Us**.
15. Anything mentioned in the general exclusions.

# Sections T1 – T5: Winter Sports

(Only operative if indicated in the validation certificate and the appropriate additional premium has been paid).

## COVER IN RESPECT OF SECTIONS T1-T5 ONLY OPERATES:

FOR A PERIOD NOT EXCEEDING 93 DAYS IN TOTAL IN EACH **PERIOD OF INSURANCE**, IF THE APPROPRIATE **WINTER SPORTS** EXTENSION HAS BEEN CHOSEN AND THE APPROPRIATE ADDITIONAL PREMIUM HAS BEEN PAID.

# Section T1: Ski Equipment

(Only operative if indicated in the validation certificate and the appropriate additional premium has been paid).

## What is Covered

**We** will pay **You**, up to the amount shown in the **Cover Schedule**, for the accidental loss of, theft of or damage to **Your** own **Ski Equipment**, or for hired **Ski Equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (calculated from the table below) or **We** may at **Our** option replace, re-instate or repair the lost or damaged **Ski Equipment**.

| Age of Item | | Amount Payable |
|---|---|---|
| Up to 1 year old | – | 90% of purchase price |
| Up to 2 years old | – | 70% of purchase price |
| Up to 3 years old | – | 50% of purchase price |
| Up to 4 years old | – | 30% of purchase price |
| Up to 5 years old | – | 20% of purchase price |
| Over 5 years old | – | No payment |

The maximum **We** will pay for any **Single Item** calculated from the table above or shown in the **Cover Schedule**, whichever is the less.

## Special Conditions Relating to Claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
2. For items damaged whilst on **Your Trip**, **You** must obtain an official report from a retailer confirming the item is damaged and beyond repair.
3. If **Ski Equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
    a) obtain a Property Irregularity Report from the airline.
    b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
    c) retain all travel tickets and tags for submission if a claim is to be made under this Cover.
4. Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help **You** to substantiate **Your** claim.

**Our** liability for **Ski Equipment** hired by **You** shall be further limited to the **Insured Persons** liability for such loss or damage.

## What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Loss, theft of or damage to **Ski Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
    a) anytime between 9pm and 8am (local time) or
    b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
3. Loss or damage due to delay, confiscation or detention by customs or other authority.
4. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
5. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Ski Equipment**.
6. Claims arising from loss or theft from **Your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
7. Claims arising from loss or theft or damage of **Ski Equipment** carried on a vehicle roof rack unless secured by a lockable ski rack.
8. Anything mentioned in the general exclusions.

# Section T2: Ski Equipment Hire

(Only operative if indicated in the validation certificate and the appropriate additional premium has been paid).

## What is Covered

**We** will pay **You**, up to the amount shown in the **Cover Schedule**, for the reasonable cost of hiring replacement **Ski Equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than 12 hours of **Your** own **Ski Equipment**.

## Special Conditions Relating to Claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
2. For items damaged whilst on **Your Trip, You** must obtain an official report from a retailer confirming the item is damaged and beyond repair.
3. If **Ski Equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to

them, in writing, details of the theft or damage and obtain written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
   a) obtain a Property Irregularity Report from the airline.
   b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
   c) retain all travel tickets and tags for submission if a claim is to be made under this Cover.
4. Receipts for items lost, stolen or damaged or proof of ownership should be retained as these will help **You** to substantiate **Your** claim.

### What is Not Covered

1. Loss, theft of or damage to **Ski Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
   a) anytime between 9pm and 8am (local time) or
   b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
2. Loss or damage due to delay, confiscation or detention by customs or other authority.
3. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in the general exclusions.

## Section T3: Ski Pack

(Only operative if indicated in the validation certificate and the appropriate additional premium has been paid).

### What is Covered

**We** will pay **You**, up to the amount shown in the **Cover Schedule**:
   a) For the unused portion of **Your** ski pack (ski school fees, lift passes and hired **Ski Equipment**) following **Your Bodily Injury** or illness.
   b) For the unused portion of **Your** lift pass if **You** lose it.

### Special Conditions Relating to Claims

1. **You** must provide written confirmation from a **Medical Practitioner** that such **Bodily Injury** or illness prevented **You** from using **Your** ski pack.
2. **You** must report to an appropriate authority within 24 hours of discovery or as soon as possible after that and obtain a written report of the loss or theft of **Your** ski pass.

### What is Not Covered

1. Anything mentioned in the general exclusions.

## Section T4: Piste Closure

(Only operative if indicated in the validation certificate and the appropriate additional premium has been paid).

### What is Covered

**We** will pay **You**, up to the amount shown in the **Cover Schedule**, for the cost of transport organised by the tour operator to an alternative site if due to lack of snow conditions results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski. The cover only applies:
   a) To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
   b) To **Trips** taken outside **Ireland** or the **United Kingdom** during the published ski season for **Your** resort.

### Special Conditions Relating to Claims

1. **You** must obtain written confirmation from the resort management of the piste conditions, confirming the closure of facilities and the dates applicable.

### What is Not Covered

1. Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **You**.
2. Anything mentioned in the general exclusions.

## Section T5: Avalanche Closure

(Only operative if indicated in the validation certificate and the appropriate additional premium has been paid.

### What is Covered

**We** will pay **You** up to the amount shown in the **Cover Schedule** for the cost of transport organised by the tour operator to an alternative site if an avalanche results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski. The cover only applies:
   a) To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
   b) To **Trips** taken outside **Ireland** or the **United Kingdom** during the published ski season for **Your** resort.

### Special Conditions Relating to Claims

1. **You** must obtain written confirmation from the resort management of the piste conditions, confirming the closure of facilities and the dates applicable.

### What is Not Covered

1. The **Excess** as shown in the **Cover Schedule**.
2. Anything mentioned in the general exclusions.

# COMPLAINTS PROCEDURE

## Making Yourself Heard

If **You** have cause for complaint, it is important that **You** know that **We** are committed to providing **You** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service **You** expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

## Who to Contact?

The most important factors in getting **Your** complaint dealt with as quickly and efficiently as possible are:

- to be sure **You** are talking to the right person, and;
- that **You** are giving them the right information.

## When You Contact Us:

- Please give **Us Your** name and contact telephone number.
- Please quote **Your** Cover and/or claim number and the type of Cover **You** hold.
- Please explain clearly and concisely the reason for **Your** complaint.

So **We** begin by establishing **Your** first point of contact:

### Step One – Initiating Your Complaint

Please contact Us:

The Complaints Department
Cover-More Blue Insurance Services Ltd
Suite 11 Fifth Floor
No. 2 Stemple Exchange
Blanchardstown Corporate Park
Dublin
D15 E4FN
Email: customercomplaints@covermore.com

## Our Promise to You

**We** will provide **You** with the name of one or more individuals appointed by **Us** to be **Your** point of contact in relation to **Your** complaint until the complaint is resolved or cannot be processed any further;

**We** will provide **You** with a regular written update on the progress of the investigation of **Your** complaint at intervals of not greater of 20 business days;

**We** will attempt to investigate and resolve **Your** complaint within 40 business days of having received **Your** complaint; where the 40 business days have elapsed and the complaint is not resolved, **We** will inform **You** of the anticipated time frame within which **We** hope to resolve **Your** complaint.

Within 5 business days of the completion of the investigation of **Your** complaint, **We** will advise **You** in writing of the outcome of the investigation and, where applicable, explain the terms of any offer or settlement being made. Step two below outlines **Your** right to contact The Financial Services and Pensions Ombudsman, should **You** be dissatisfied with the outcome of **Our** investigation. **We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **You** are not satisfied, **You** can take the issue further:

### Step Two – Beyond Cover-More Blue Insurance Services Limited

After receiving our final response or if we are unable to conclude our investigation into your complaint, you may be able to refer your complaint to an alternative dispute resolution process / financial ombudsman service or other out-of-court proceeding service. Details of who may consider such a complaint and how to contact them can be found at the following website: www.covermoreeurope.com/ombudsmen-information.

# SHORT FORM DATA PROTECTION OF COVER-MORE BLUE INSURANCE SERVICES LIMITED

Cover-More Blue Insurance Services Limited and its associated companies ("we", "us" or "our") are committed to protecting your privacy and personal information at all times. We ensure that any personal data we process is done so in accordance with applicable data protection legislation. Unless otherwise stated, Cover-More Blue Insurance Services Limited is the data controller of your personal data. As this document is provided as a short form version of our main data protection statement, you can view our full data protection statement at https://www.blueinsurance.ie/PrivacyPolicy/IE/

Sometimes, companies that help us provide or manage your policy will need to collect your personal information. This will only happen:

- where the processing is necessary to provide a quote or contract of insurance.
- where the processing is necessary to follow regulations and the law.
- where you've given us your permission.
- if it's in our legitimate interests to run our business and provide our services effectively. We'll keep the collection and processing of information for this reason to a minimum.

As an insurance intermediary, we manage the insurance policy for the insurance provider Zurich Insurance Europe AG (German Branch). When you take out an insurance product through us, Zurich Insurance Europe AG (German Branch) also becomes the data controller of your personal data for the purposes described in its privacy policy.

Zurich Insurance Europe AG (German Branch)'s full data protection policy can be viewed at the following address: https://www.covermoreeurope.com/zurich-privacy-policy/

How to contact us
If you have any questions about how your data is used, please contact us at dataprotection.blue@covermore.com. If you prefer, you can write to our Data Protection Officer at the following address: Suite 11, Fifth Floor, No. 2 Stemple Exchange, Blanchardstown Corporate Park, D15 E4FN.

If you have any questions about how Zurich Insurance Europe AG (German Branch) uses your data, you can contact datenschutz@zurich.com. If you prefer, you can write to our German branch Data Protection Officer at the following address: Zurich Group Germany Group Privacy, 50427 Cologne, Germany

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