

SCHEDULE OF BENEFITS

(Cover limits shown below are per person per period of insurance)

Section	Cover Limit (Per Person)	Excess (Per Person)
Cancellation & Curtailment Charges	£3,000	£75
Excursions	£250	£75
Course Fees	£8,000	£75
Emergency Medical & Other Expenses	£750,000	£75
Repatriation	£750,000	£75
Emergency Dental Treatment	£350	£75
Burial Costs/ Body Repatriation	£3,000	Nil
Baggage	£4,000	£75
Single item limit	£250	£75
Valuables limit in total	£300	£75
Computer equipment (Includes laptop)	£1,000	£75
Personal Money, Passport & Documents	£500	£75
Travel & Accommodation Expenses	£500	£75
Missed Departure	£250	£75
Personal Accident		
Death (Insured aged under 16)	£1,000	Nil
Death (Insured aged 16-64)	£30,000	Nil
Death (Insured aged 65+)	£1,000	Nil
Loss of one or more limbs and/or loss of sight in one or both eyes (Insured aged 64 and under)	£30,000	£75
Loss of one or more limbs and/or loss of sight in one or both eyes (Insured aged 65 and over)	No Cover	N/A
Permanent total disablement eyes (Insured aged 64 and under)	£30,000	£75
Permanent total disablement (Insured aged 65 and over)	No Cover	N/A
Personal Liability	£1,000,000	Nil
Overseas Legal Expenses & Assistance	£10,000	Nil

FOR YOUR PEACE OF MIND

Please take a little time to read and understand what **we** will cover and what **we** will not cover under **your** insurance contract along with what **you** should do in the event of a claim to avoid any frustration or disappointment.

We would also like to draw **your** attention to restrictions on this **policy** in terms of age and **pre-existing medical condition(s)** as outlined in the **policy** document. This brochure explains the detailed terms of **your** insurance once **your** details are accepted by **us**. **We** have tried to make this insurance contract easily understood by **you**, the customer, in an effort to eliminate unrealistic expectations if an unfortunate incident should occur.

At the same time let **us** assure **you** that if something occurs that is covered by this insurance contract, then **we** will try **our** best to provide **you** with a high level of timely and courteous service.

After reading this document, if **you** decide the terms of the insurance contract do not meet **your** requirements **you** can, within 14 days of the date of **you** received this document, return it to **Cover4travel.com**, for a full refund of premium, provided **you** have not already travelled or incurred a claim.

INTERNATIONAL STUDENT TRAVEL INSURANCE

This international student travel insurance has been arranged on behalf of **Cover4travel.com**.

Cover4travel.com is a trading style of UK & Ireland Insurance Services (Online) Limited. UK & Ireland Insurance Services (Online) Limited is authorised & regulated by the Financial Conduct Authority (FCA). Firm Number: 312248. Details about the extent of our regulation by the FCA are available on request.

The **Insurer** for this **policy** is: White Horse Insurance Ireland dac. Registered Office: First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland, V14 CA36.

White Horse Insurance Ireland dac is authorised and regulated by the Central Bank of Ireland. This can be checked with the Central Bank of Ireland by visiting their website www.centralbank.ie.

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under Master Certificate Number **WHIIL/COVER4INTERSTUDENT/06/2018**. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation **certificate** issued between **1st June 2018** and **31st May 2019**. All travel must be completed by **31st May 2021**.

POLICY AGE LIMITS

This **policy** is only available to persons aged 65 years or under at the time of purchase of the **policy**.

PREGNANCY

This **policy** does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This **policy** will, however, cover **you** should complications arise with **your** pregnancy which fall within the definition of **complications of pregnancy and childbirth** which occurs during your **period of insurance**.

READ ME FIRST

EVIDENCE OF COVER

You should read this document carefully. It gives **you** full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy and Insurer to Insurer.

ELIGIBILITY

This **policy** is only available if:

- You** are an international student (or **immediate family** travelling with an international student) studying for a degree or other recognised qualification at a College or University in the **United Kingdom** or studying a language course at an accredited language school in the **United Kingdom**.
- You** are registered with a **Medical Practitioner** in the **United Kingdom** either:
 - at the time of purchase of the **policy**, or
 - prior to any medical claim.
- You** are aged 65 or under at the time of purchase of the **policy**.

CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions, exclusions and warranties will apply to individual sections of **your policy** while general exclusions and conditions will apply to the whole of **your policy**. It is a condition of this **policy** that **you** take reasonable care to answer all questions honestly and to the best of **your** knowledge and not to make a misrepresentation of the facts. If **you** fail to do this, **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment. Please see the section below entitled Duty of Care.

DUTY OF CARE

You must take care to answer all questions honestly. **You** must not make any misrepresentation of a fact that could influence **us** in accepting **your** insurance, this includes **your** age, duration of the **trip** and planned sports & activities. If **you** are in any doubt, **you** should tell **Cover4travel.com**. If **you** fail to do this, **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

DANGEROUS SPORTS OR PASTIMES

You are only covered under the **policy** for claims arising from certain sports & activities. If **you** require cover for activities not listed within the "Sports & Activities Covered" section within this booklet, please contact **Cover4travel.com** on +44 (0)161 772 3395.

PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **you** lose them and not on a 'new for old' or replacement cost basis. An allowance for wear, tear and depreciation will be deducted. Certain items of personal property are not covered.

LAW APPLICABLE UNDER THIS CONTRACT

You and **we** are free to choose the laws applicable to the **policy**. **We** propose to apply the laws of the Republic of Ireland and by purchasing this **policy**, **you** have agreed to this.

PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft or any mechanically propelled conveyance.

POLICY LIMITS

All sections of **your policy** have limits on the amount **we** will pay under that section. There are also specific limits under the **baggage** section for: any **single item**; **valuables**, items for which an original receipt, proof of purchase or an insurance valuation is not supplied.

POLICY EXCESSES

Under most sections of the **policy**, claims will be subject to an **excess** per **insured**, per section of cover and per incident. This means that **you** will be responsible for the first part of the claim. If **you** claim under more than one section of the **policy**, **you** will have to pay an **excess** for each section.

REASONABLE CARE / UNATTENDED PROPERTY

You must exercise reasonable care to prevent illness, injury or loss or damage to **your** property, as if uninsured. There is no cover for property left **unattended** in a place to which the general public has access. There is no cover for loss of cash which was not carried on the **insured person** unless placed in a locked safety deposit box or similar locked, fixed receptacle.

COMPLAINTS PROCEDURE

If **you** have any cause for complaint regarding this insurance, please refer to the Complaints Procedure.

CANCELLATION PERIOD

If, after reading this **policy** **you** are not satisfied with it for any reason, **you** must return the **certificate** to **Cover4travel.com** within 14 days of issue in order to receive a full refund of premium, provided **you** have not already travelled or incurred a claim.

SPECIAL NOTICE

In the event of any medical treatment becoming necessary which results in a claim under this insurance, the **insured person** will be expected to allow **us**, or **our** representatives, unrestricted and reasonable access to all their medical records and information.

POLICY QUERIES

If **you** have a query regarding this **policy** or **you** wish to amend or renew **your policy**, please contact **Cover4travel.com**.

Cover4travel.com can be contacted as follows:

By telephone: +44 (0)161 772 3395

By Email: info@cover4insurance.com

By Post: **Cover4travel.com**, UK & Ireland Insurance Services (Online) Limited, The Stables, Old Co-op Yard, Warwick Street, Manchester, M25 3HB.

IMPORTANT CONDITIONS IN RELATION TO HEALTH

This insurance is designed to cover **you** for unforeseen events, **accidents** and serious illnesses occurring during the **period of insurance**.

You must comply with the following conditions to have the full protection of **your policy**.

If **you** do not comply **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

This **policy** will not cover **you** if **you**:

1. travel against the advice of a **Medical Practitioner** (or would be travelling against the advice of a **Medical Practitioner** had **you** sought his/her advice);
2. are travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice;
3. have any undiagnosed symptoms that require attention or investigation in the future – (symptoms for which **you** are awaiting investigation/consultation, or are awaiting results of investigations, where the underlying cause has not been established).

No claim arising directly or indirectly from any **pre-existing medical condition(s)** will be covered.

You should also refer to the General Exclusions.

POLICY CONTRACT PERIOD

The date **your certificate** is issued until the date of expiry.

Cover under the cancellation section of **your policy**, starts from the date the **certificate** is issued and ends at the start date of **your trip** or if **you** make a claim under the cancellation section.

The cover for all other sections of **your policy** starts when **you** begin **your trip** and ends upon completion of **your trip** or on the expiry of the **policy**.

The **period of insurance** is automatically extended for the period of the delay in the event that **you** return to **your home country** or place of study in the **United Kingdom** is unavoidably delayed due to an event insured by this **policy**.

You will not be covered for any **trip** that had already begun before this **policy** commenced.

IMPORTANT LIMITATIONS - CANCELLATION AND CURTAILMENT CHARGES SECTION

Claims under the Cancellation and Curtailment Charges section are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** affecting any **close relative**, **close business associate**, any person with whom **you** are travelling or have arranged to travel with, or any person with whom **you** have arranged to reside temporarily whilst on **your trip**.

DEFINITIONS

Any word defined below will have the same meaning wherever it is shown in **your policy** in bold print. These definitions have been listed in alphabetical order.

Accident, Accidental

A sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical **bodily injury**.

Baggage

Luggage, clothing, personal effects and other articles which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip** but excluding **personal money** and documents of any kind.

Bodily Injury

An identifiable physical injury sustained by **you** caused by a sudden, violent, external, unexpected, specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

Certificate

An insurance validation **certificate** issued by **Cover4travel.com** which describes the college, university or privately run organisation who purchased this policy and the **Insured person(s)** who are covered under this **policy**.

Close Business Associate

A person in the same employment as **you** in **your home country**, whose absence from work or place of employment for one or more complete days at the same time as **you**, prevents the effective continuation of that business.

Close Relative

Mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, partner or fiancé / fiancée.

Complications of pregnancy and childbirth

Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

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Curtailment Costs/Curtail Costs

- Abandoning or cutting short the **trip** by immediate direct early return to **your** normal **home country** or place of study in the **United Kingdom**, in which case claims will be calculated from the day **you** returned to **your** normal **home country** or place of study in the **United Kingdom** and based on the number of complete days of **your trip you** have not used, or
- By attending a hospital abroad as an in-patient or being confined to **your** accommodation abroad due to a compulsory quarantine 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, quarantined or confined to **your** accommodation.

The following are not included in the definition:

- All costs attributable to the outward and return travel tickets, whether used or unused.

Emergency Assistance Service

Telephone: **+44 (0)1733 224 892**. 24 hours a day, 365 days a year

Europe

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, Lebanon, Libya and Israel).

Excess

The first amount **you** and each person named under the insurance **certificate** have agreed to pay towards a claim under each section of this **policy**, as outlined within the Schedule of Benefits.

Home

Your normal place of residence in **your home country**.

Home Country

Your normal country of residence.

Immediate Family

Wife, husband, daughter, son, step child, foster child, partner, civil partner or fiancé / fiancée.

Medical Condition

Any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**, travelling companion or person with whom **you** intend to stay whilst on **your trip**.

Medical Emergency

A **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside **your home country** or place of study in the **United Kingdom** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

Medical Practitioner

A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

Period of Insurance

The date **your certificate** is issued until the date of expiry.

Cover under the Cancellation section of **your policy** starts from the date the **certificate** is issued and ends:

- at the start of **your trip**; or
- if a claim is made under the Cancellation cover.

The cover for all other sections of **your policy** starts when **you** begin **your trip** and ends upon completion of **your trip** or on the expiry of the **policy**.

The **period of insurance** is automatically extended for the period of the delay in the event that **you** return to **your home country** or place of study in the **United Kingdom** is unavoidably delayed due to an event insured by this **policy**.

You will not be covered for any **trip** that had already begun before this **policy** commenced.

Personal Money

Bank currency notes and coins in current use, travellers and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phone cards and credit/debit or charge cards all held for private use.

Policy

Your certificate, this **policy** and endorsements.

Pre-Existing Medical Condition

Any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required during the 12 months prior to the commencement of cover under this **policy** and/or prior to any **trip**.

Public Transport

Any publicly licensed aircraft, sea vessel, train or coach, on which **you** are booked to travel.

Single Item

Any one article, pair, set or collection.

Terrorism

Any act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) or persons, whether acting alone or on behalf of or in connection with any organisation(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.

Trip

Any journey made by **you** during the **period of insurance** (but excluding one way **trips** or journeys) which relates to either:

- Your** inward and outward direct **trips** to and from **your home** at the beginning and end of each academic term; and/or
- A **trip** outside the **United Kingdom** if it is a required part of **your** study course, which starts and ends in the **United Kingdom**; and/or
- A leisure **trip** within **Europe**, which starts and ends in the **United Kingdom**, for a period not exceeding 21 days in total in each **period of insurance**.

Unattended

Means when **you** cannot see or are not close enough to **your baggage, personal money, valuables**, property or vehicle to stop it being damaged or stolen.

United Kingdom/UK

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, items made of leather (including designer footwear, handbags or purses), sunglasses, reading / prescription glasses, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, MP3/4 players, tablets, iPods, Kindles, ebooks, CDs, DVDs, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

We/Us/Our

White Horse Insurance Ireland dac.

You/Yours/Insured Person/Insured

Each person travelling on a **trip**, whose name appears on **the certificate**.

SPORTS & ACTIVITIES COVERED

The following list details the sports and activities that this **policy** will cover. If **you** are participating in any other sports or activities not mentioned, please telephone **our** customer helpline on +44 (0)161 772 3395 as **we** may be able to offer cover for an additional premium. Details of those sports and activities for which **you** have purchased cover will be added to **your certificate** of insurance.

You are required at all times to wear the appropriate safety equipment for that activity (for example, protective clothing and/or suitable head protection). Please note that a General Exclusion of cover exists under **your policy** with **us** for claims arising directly or indirectly from **your** "self-exposure to needless peril". This means that **we** will not pay **your** claim if **you** do not meet this **policy** condition.

The following activities are included within the cover as standard, as long as they are amateur activities, conducted under adequate supervision and on an incidental basis.

Archery, badminton, baseball, basketball, beach games, bungee jumping, canoeing (excluding white water canoeing of any grade), clay pigeon shooting, cricket, cycling (excluding BMX or mountain biking), dinghy sailing, fell walking (under 2,500 metres altitude), fencing, fishing (excluding wade fishing), football, golf, hiking (under 2,500 metres altitude), horse riding (excluding jumping, hunting, polo and racing), hot air ballooning which has been booked in the **UK** prior to departure, jet boating, jet skiing, jogging, marathon running, motorcycling up to 50cc (Providing rider holds a full driving licence and is wearing a crash helmet), netball, orienteering, outward-bound pursuits, paintballing, parascending (over water), pony trekking, racquetball, rambling, river canoeing, roller skating, roller blading, rounders, rowing, safari (if pre-booked through **UK** operator, excluding the use of firearms), sail boarding, sailing (if qualified or as part of an organised activity in territorial waters only), scuba diving up to 15 metres (excluding solo dives and no dives less than 24 hours before departure), skate boarding, snorkelling, squash, surfing, tennis, track events, trekking (under 2,500 metres altitude), triathlon, volleyball, war games, water polo (amateur), water skiing, white water rafting (Grades 1 to 3), windsurfing, yachting (if qualified or as part of an organised activity in territorial waters only).

SECTIONS OF COVER**CANCELLATION AND CURTAILMENT CHARGES**

- **What You Are Covered For:**

If **your trip** is cancelled or curtailed due to any one of the reasons listed below during the **period of insurance**, **we** will pay **you** up to the amount shown in the Schedule of Benefits and on **your** insurance **certificate**:

- **Cancellation**

For irrecoverable and unused travel, accommodation and excursion expenses paid or contracted to be paid by **you** in respect of **your** own **trip** (prior to any occurrence giving rise to a claim under this section).

- **Curtailed**

For travel expenses necessary to return **you** home or to **your** place of study in the **United Kingdom** before the booked return date and a pro-rata amount representing the irrecoverable and unused costs of accommodation and excursions attributable to each complete day of **your trip** that is not spent overseas. (Excluding all costs attributable to the original booked outward and return travel tickets, whether used or unused).

Reasons for Cancellation and Curtailed:

1. death, **accidental bodily injury** or unexpected illness, occurring during the **period of insurance**, to:
 - i. **you**,
 - ii. any person with whom **you** are travelling or have arranged to travel with,
 - iii. any person with whom **you** have arranged to reside temporarily,
 - iv. **your close relative**,
 - v. **your close business associate**.
2. **you** or the person with whom **you** are travelling being called for jury service, witness call or compulsory quarantine;
3. The Police requesting **you** to remain at or return to **your home** or place of study in the **United Kingdom** due to serious damage to **your home** or place of study in the **United Kingdom** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. any claim arising directly or indirectly from any **pre-existing medical conditions** of **you**, a **close relative**, **close business associate**, any person with whom **you** are travelling or have arranged to travel with or any person with whom **you** have arranged to reside temporarily;
3. the cost of Airport Departure Duty, taxes and fees;
4. any claims arising directly or indirectly from circumstances known to **you** prior to the date this insurance commenced or the time of booking any **trip** (whichever is earlier) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**;
5. travel ticket paid for using any airline mileage reward scheme, for example Avios;
6. any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**;
7. any claim resulting from **your** inability to travel due to **your** failure to hold, obtain or produce a valid passport or any required visa;
8. any claim arising as a result of **your** disinclination to travel for any reason;
9. any **curtailment** claim if **you** do not have a pre-booked return ticket to **your home**;
10. any claims arising where **you** have not received the necessary inoculations or vaccinations;
11. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
12. anything mentioned in the General Exclusions.

You should also refer to the Important Conditions In Relation To Health.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must obtain at **your** own expense a medical certificate from a **medical practitioner** and prior approval of the **Emergency Assistance Service** to confirm the necessity to return **home** or to **your** place of study in the **United Kingdom** prior to **curtailment** of the **trip** due to death, **bodily injury** or illness.
2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/accommodation immediately at the time it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have been applied had failure not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.

COURSE FEES

- **What You Are Covered For:**

We will pay **you** up to the amount shown in the Schedule of Benefits for any irrecoverable pre-paid college/university/language school course fees **you** have paid or are contracted to pay if:

1. cancellation of the **trip** is necessary and unavoidable; or
2. the **trip** is curtailed before completion;

as a result of the death, **bodily injury** or illness of:

- a. **You**, or
- b. **Your close relative**.

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. any claim arising directly or indirectly from any **pre-existing medical conditions**;
3. any claims arising directly or indirectly from circumstances known to **you** prior to the date this insurance commenced or the time of booking any **trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**;
4. more than the cost of that proportion of the course missed;
5. anything mention in the General Exclusions.

You should also refer to the Important Conditions In Relation To Health.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must obtain (at **your** own expense) a medical certificate from a **medical practitioner** 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** or illness.
2. If **you** fail or delay to notify the travel agent, tour operator or provider of transport/accommodation immediately at the time it is found

- necessary to cancel the **trip** our liability shall be restricted to the cancellation changes that would have applied had failure not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling. **You** must provide **your** invoice and receipts for unused course fees, charges or expenses claimed for.
 4. **You** must provide written confirmation from **your** college/university/language school that the course or any part of it needs to be repeated as a direct result of:
 - a. death, **bodily injury** or illness to a **close relative** making it necessary for **you** to return to **your home** or,
 - b. **bodily injury** or illness to **you** which strictly necessitates absence from the course.

EMERGENCY MEDICAL EXPENSES AND REPATRIATION

• What You Are Covered For:

We will pay **you** up to the amount shown in the Schedule of Benefits in respect of the following expenses necessarily incurred as a result of **you** suffering unforeseen **bodily injury** or illness and/or compulsory quarantine during **your trip**:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred.
2. Emergency dental treatment for the immediate relief of pain as a result of **bodily injury** (to natural teeth only) up to a limit of £350.
3. In the event of **your** death the reasonable additional cost of funeral expenses up to the amount shown in the Schedule of Benefits plus the reasonable cost of conveying **your** ashes to **your home**, or additional costs 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 or **close relative** to remain with **you** or travel to **you** from **your home country** to escort **you** and additional travel expenses to return **you** to **your home** or place of study in the **United Kingdom** if **you** are unable to use the return ticket.

5. With 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** or place of study in the **United Kingdom** if it is medically necessary, up to the amount shown in the Schedule of Benefits. 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.

• What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. any claim arising directly or indirectly from any **pre-existing medical conditions**;
3. any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury;
4. any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness;
5. any form of treatment or surgery which in the opinion of the **Insurer's** medical advisors, is not essential or can be delayed reasonably until **your** return to **your home country**;
6. expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your home country**;
7. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
8. additional costs arising from single or private room accommodation;
9. treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the **Emergency Assistance Service**;
10. any expenses incurred after **you** have returned to **your home country** or place of study in the **United Kingdom** unless previously agreed to by the **Emergency Assistance Service**;
11. expenses incurred as a result of a tropical disease where **you** have not

- had the recommended inoculations or vaccinations and/or taken the recommended medication;
12. any costs **you** incur outside **your home country** after the date the **Insurer's** medical advisors tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.);
13. **you** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this **policy**. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost;
14. the cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling);
15. any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**;
16. any treatment or diagnostic testing that was pre-planned or pre-known by **you**;
17. the cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals;
18. costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare;
19. costs of telephone calls, other than calls to the **Emergency Assistance Service** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned;
20. air-sea rescue costs;
21. any medical expense where **you** are entitled to NHS benefits;
22. any cost incurred in returning to the **United Kingdom** following recovery;
23. anything mentioned in the General Exclusions.

You should also refer to the Important Conditions In Relation To Health.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. If **you** are travelling from a country within the European Union (EU), the European Economic Area (EEA) or Switzerland **you** are strongly advised to check if **you** are entitled to benefit from the reciprocal health care arrangements which exists between countries within the EU/EEA or Switzerland.

In the event of liability being accepted for a medical expense which has been reduced by the use of either a reciprocal health care arrangement or private health insurance, **we** will not apply the deduction of **excess** under the Emergency medical expenses and repatriation section.

2. Should **you** require medical treatment in Australia, **you** must enrol with MEDICARE. It is not necessary to enrol on arrival. **You** can simply do this at the first occasion on which **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Should **you** be admitted to hospital then immediate contact must be made with the **Emergency Assistance Service** and their authority obtained in respect of any treatment not available under MEDICARE before such treatment is provided. It is a condition of **your** insurance contract that **you** mitigate any cost to **us**.

Details of how to enrol and the free treatment available can be found in the health advice for travellers booklet available from **your** local post office or by visiting either www.dh.gov.uk/travellers or the MEDICARE website on www.hic.gov.au. Alternatively, please call **our Emergency Assistance Service** for guidance - +44 (0)1733 224 892.

3. **You** must give notice as soon as possible to the **Emergency Assistance Service** or **us** of any **bodily injury** or illness which necessitated **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
4. 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 **your home country** 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 **your home country** to continue treatment.
5. For medical expenses incurred in the United States of America (USA), White Horse Insurance Ireland dac will only pay for reasonable and necessary emergency treatment, surgery, hospital and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then White Horse Insurance Ireland dac will pay a maximum amount of 150% of the USA Medicare rate.

PRIVATE MEDICAL EMERGENCY COVER

- **What You Are Covered For:**

We will pay **you** up to the amount shown in the Schedule of Benefits for private emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred within the **United Kingdom** which are necessarily incurred as a result of **you** suffering unforeseen **bodily injury** or illness and/or compulsory quarantine.

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. any claim arising directly or indirectly from any **pre-existing medical conditions**;
3. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
4. costs of telephone calls, other than calls to the **Emergency Assistance Service** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned;
5. any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury;
6. any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness;
7. any form of treatment or surgery which in the opinion of the **Insurer's** medical advisors, is not essential or can be reasonably delayed until **your** return to **your home country**;
8. expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your home country**;
9. treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the **Emergency Assistance Service**;
10. any expenses incurred after **you** have returned to **your home country** unless previously agreed to by the **Emergency Assistance Service**;
11. expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication;
12. any costs **you** incur outside **your home country** after the date the **Insurer's** medical advisors tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.);
13. **you** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this **policy**. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost;
14. any dental treatment;
15. any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**;
16. any treatment or diagnostic testing that was pre-planned or pre-known by **you**;
17. anything mention in the General Exclusions.

You should also refer to the Important Conditions In Relation To Health.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must give notice as soon as possible to the **Emergency Assistance Service** or **us** of any **bodily injury** or illness which necessitated **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
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 **your home country** 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 **your home country** to continue treatment.

BAGGAGE

- **What You Are Covered For:**

We will pay **you** up to the amounts shown in the Schedule of Benefits for the **accidental** loss of, theft of or damage to **your baggage** whilst **you** are making a direct **trip** to and from **your home** at the beginning and end of each academic term or **you** are making a **trip** outside the **United Kingdom** if travel is a required part of **your** study course.

All claims are settled on the purchase price less a deduction for wear, tear and depreciation as follows:

- Up to one year old - 85% of purchase price
- Up to two years old - 70% of purchase price
- Up to three years old - 50% of purchase price
- Up to four years old - 25% of purchase price
- Up to five years old - 10% of purchase price
- Over five years old - nil

The maximum **we** will pay for the following items is:

- a. for any one article, pair or set of articles - £250.
- b. the total for all **valuables** - £300.
- c. the total for all desktop / laptop computer equipment - £1,000.

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle or in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a locked hotel safe, locked safety deposit box or left in **your** locked (doors and all windows) accommodation;
3. loss, theft of or damage to **baggage** contained in an **unattended** vehicle:
 - a. overnight between 9pm and 9am (local time) or
 - b. at any time between 9am 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 locked in the vehicle and covered from view;
4. loss or damage due to delay, confiscation or detention by customs or any other authority;
5. loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, documents of any kind, bonds, securities, perishable goods, bicycles, 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. loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use;
8. loss, theft of or damage to business goods, samples, tools or trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation;
9. 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;
10. anything mention in the General Exclusions.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must report to the local Police within 24 hours of discovery and obtain (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
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 written confirmation. If **baggage** is lost, stolen or damaged whilst in the care if 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 **policy**.
3. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.

Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.

PERSONAL MONEY, PASSPORT & DOCUMENTS

• What You Are Covered For:

1. We will pay **you** up to the amounts shown in the Schedule of Benefits for **accidental** loss of, theft of or damage to **personal money** and documents (including passports, visas and driving licence) during **your trip**.

In respect of foreign currency, cover is also operative during the 72 hours immediately preceding **your** departure on the outward journey.

2. We will pay **you** up to the amount shown in the Schedule of Benefits for reasonable additional travel and accommodation expenses (room only) **You** incur whilst obtaining an emergency/temporary passport and/or visa and the cost of a temporary passport and/or visa to return **you** home or to **your** place of study in the **United Kingdom**.

• What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. loss, theft of or damage to **personal money** and passport left **unattended** at any time (including in a vehicle or in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a locked hotel safe, locked safety deposit box or left in **your** locked (doors and all windows) accommodation;
3. loss, theft of or damage to traveller's cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service;
4. loss or damage due to delay, confiscation or detention by customs or any other authority;
5. loss or damage due depreciation in value, variations in exchange rates or shortages due to error or omission;
6. any costs incurred within **your home country**;
7. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
8. anything mention in the General Exclusions.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must report to the local Police within 24 hours of discovery and obtain (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports and documents.
2. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.

MISSED DEPARTURE

• What You Are Covered For:

We will pay **you** up to the amount shown in the Schedule of Benefits, per **trip**, for reasonable meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** destination if **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 initial international journey of the **trip** as a result of:

1. the failure of other scheduled **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising directly or indirectly from:
 - a) strike or industrial action existing or declared publicly by the date this insurance commenced or **you** booked **your trip**, whichever is the earlier.
 - 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 manufacturers instructions.
 - d) withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
3. additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. any expenses if reasonable alternative travel arrangements have been made available within four hours of the schedule departure time.
5. anything mentioned in the general exclusions section.

SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must allow sufficient time for the **public transport** or other

transport to arrive on schedule and to deliver **you** to the departure point.

2. **You** must obtain a written report from the carrier confirming the delay and cause.
3. All itemised receipts must be obtained.
4. **You** must obtain a written report from the police or attending emergency service if the vehicle **you** are travelling in breaks down or is involved in an accident.

PERSONAL ACCIDENT

Special Definitions (which are shown in italics)

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 Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and
 - b) In one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Permanent Total Disablement

- Means physical or mental impairment that has a substantial and long-term adverse effect on **your** ability to carry out any form of employment and at least three of the following normal day to day activities:
 - a) Dressing and undressing
 - b) Personal hygiene
 - c) Getting up and down a flight of stairs
 - d) Getting in and out of a bed or chair
 - e) General household duties including cleaning, ironing or shopping.

We will consider that **you** are unable to perform an activity when the following applies

- **You** are unable to perform the activity even with the use of equipment and;
- **You** always need the help of another person to perform the activity.

• What You Are Covered For:

The **Insurer** will pay **you** or **your** estate the sum insured as shown in the Schedule of Benefits for one of the following losses resulting from an external **accident** resulting in **your** death, *loss of limb(s)*, *loss of sight* or *permanent total disablement*. Loss must occur within 180 days of the date of **accident**. No benefits shall be paid for more than one loss suffered.

• What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. Any benefit where **your** death, injury or loss does not occur within 180 days of the **accident**.
2. Any benefit if **you** cannot prove to the **Insurer** that the *permanent total disablement* has continued for 12 months from the date of the injury and in all probability will continue for the remainder of **your** **life**.
3. More than one lump sum under this section.

PERSONAL LIABILITY

• What You Are Covered For:

We will pay **you** up to the amount shown in the Schedule of Benefits (inclusive of legal costs and expenses) against any amount of **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event occurring during a **trip** outside of **your home country**, 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 relative, a **close relative** or member of **your** household.
2. loss or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, a **close relative**, anyone in **your** employment, or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

• What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits.
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 rowboats or punts).
 - 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 first £100 of each and every claim arising from the same incident).
3. anything mention in the General Exclusions.

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 send **us** every writ, summons, letter of claim or other document 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 **policy**.

OVERSEAS LEGAL EXPENSES & ASSISTANCE

• What You Are Covered For:

We will pay **you**, up to the amount shown in the Schedule of Benefits, for legal costs to pursue a civil action for compensation if someone else causes **you** **bodily injury**, serious illness or death.

• What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, **we** shall not be responsible for:

1. any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
2. legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, airline, medical establishment, **us**, the **Emergency Assistance Service** or their agents, someone **you** were travelling with, a person related to **you**, a travelling companion or another **insured person**.
3. legal costs and expenses incurred prior to **our** written acceptance of the case.
4. any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
5. any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement).
6. legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
7. legal costs and expenses incurred if an action is brought in more than one country.
8. any claim where in **our** opinion the estimated amount of compensation payment is less than £2,000 for each **insured person**.
9. travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. costs of any Appeal.
11. claims occurring within **your home country**.
12. claims by **you** other than in **your** private capacity

CLAIMS CONDITIONS

You must comply with the following conditions to have the full protection of **your policy**.

If **you** do not comply **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. Claims

Please telephone White Horse Administration Services Limited on +44 (0) 1733 224 845 or email claims@white-horse.ie
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 **policy**.

You must also inform **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **us** without delay. **You** or anyone acting on **your** behalf must not negotiate admit or repudiate any claim without **our** written consent. **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 post-mortem examination.

You must retain any property which is damaged, and, if requested, send it to **us** at **your** own expense. Upon final settlement of the claim all such items shall become **our** property. In addition, if the property is subsequently recovered or there is any salvage, then it will also become **our** property.

2. Subrogation

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

3. Fraud

You must not act in a fraudulent manner.

If **you** or anyone acting for **you**:

- a) make a claim under the **policy** 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 the **policy**
- c) **we** may at **our** option declare the **policy** void
- d) **we** shall be entitled to recover from **you** the amount of any claim already paid under the **policy**
- e) **we** shall not make any return of premium
- f) **we** may inform the police of the circumstances.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

In addition to the Exclusions listed under each section of cover within this **policy**, **we** shall not be responsible for claims arising directly or indirectly from:

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 the Emergency medical expenses & repatriation section unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of an **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;
6. **Your** participation in or practice of any professional entertaining or professional sports;
7. **Your** participation in or practice of any other sport or activity, manual work or racing unless:
 - a. shown as covered without charge in list within this document
 - b. shown as covered in **your certificate**
8. **Your** Self-exposure to needless peril except in an attempt to save human life;
9. **You** attempting or committing suicide, deliberately injuring **yourself**, using any drug not prescribed by a registered **medical practitioner**, being addicted to any drugs, or abusing solvents or drugs, or being under the influence of drugs or solvents;

10. **You**
 - a) jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning or shore diving,
 - b) climbing on top of or jumping from a vehicle,
 - c) climbing or jumping from a building or balcony,
 - d) climbing or moving from any external part of any building to another part (excluding where stairs are being used) and falling, regardless of the height

unless **your** life is in danger or **you** are attempting to save human life.
11. **You** drinking too much alcohol, **your** alcohol abuse or **your** alcohol dependency. (In respect of **you** drinking too much alcohol, **we** do not expect you to avoid alcohol but **we** will not cover any claims that occur because **you** have drunk so much alcohol that **your** judgement is affected and **you** need to make a claim as a result).
12. **Your** stress, anxiety, depression or any other mental or nervous disorder;
13. **Your** involvement in a fight except in self-defence;
14. **Your** own unlawful action or any criminal proceedings against **you**;
15. Unless **we** provide cover under this insurance, any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claims or loss or earnings following **bodily injury**, illness or disease;
16. Operational duties of a member of the Armed Forces;
17. **Your** use of a motorised vehicle unless a full international driving licence is held permitting the use of such vehicles in the **United Kingdom**;
18. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office or the World Health Organisation has advised the public against all, or against all but essential travel.
19. **Your** loss of enjoyment.
20. Any claim for travel costs incurred to reach **your home**, if **you** had not purchased a return ticket.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

You must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply **we** may at **our** option cancel the **policy** or refuse to deal with **your** claims 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 **policy**, there is another insurance covering the same loss, damage, expenses or liability **we** will not pay more than our proportional share.

2. Reasonable Care

You must exercise reasonable care to prevent injury, illness, disease, loss, theft or damage to **your** property, as if uninsured. There is no cover for property left **unattended** in a place to which the general public has access. **You** must also take all reasonable steps to recover property lost or stolen.

3. Cancellation

14 Day Cooling Off Period

You must cancel this **policy** and all associated cover sections within 14 days starting from the day **you** receive **your policy** documents by returning the **certificate** to **cover4travel.com**.

We will refund **your** premium, less a £10 cancellation fee, provided that a claim or an incident likely to give rise to a claim has not occurred and travel has not taken place.

In the event that **you** have travelled or a claim or an incident likely to give rise to a claim has occurred, no refund of premium would be given. No refund of premium will be given if the request to cancel the **policy** is received outside of the 14 day cooling off period outlined above.

This **policy** may be cancelled by writing to: **cover4travel.com**, The Stables, Old Co-op Yard, Warwick Street, Manchester, England, M25 3HB or Email: info@cover4insurance.com

Cancellation Imposed By Us

This **policy** may be cancelled:

- a) By **us** sending **you** 21 days notice in writing to **your** last known address. **We** will return a proportionate refund of the premium **you** have paid in respect of the unexpired term of this **policy**

unless **you** have travelled or a claim or an incident likely to give rise to a claim has occurred during the current **period of insurance**. In the event **you** have travelled or a claim or an incident likely to give rise to a claim has occurred, no refund of premium will be given.

- b) By **us** immediately if **you** do not pay the premium.

COMPENSATION SCHEME

White Horse Insurance Ireland dac is covered by the Financial Services Compensation Scheme. If White Horse Insurance Ireland dac cannot meet their obligations **you** may be entitled to compensation from The Financial Services Compensation Scheme. The Financial Services Compensation Scheme provides funds for liquidators so that they may pay the valid claims of insolvent insurers. The fund will provide an amount up to £2,000 or 90% of the net loss, whichever is less. **You** can get more information about compensation fund arrangements from the following website www.fscs.org.uk.

DATA PROTECTION NOTICE

White Horse Insurance Ireland dac holds **your** personal information in accordance with the EU Data Protection laws, the EU Directive on Privacy and Electronic Communications 2002/58/EC and the General Data Protection Regulation ((EU) 2016/679)) (to the extent applicable and in force from time to time).

The information **you** have supplied may be held on computer and passed to other insurers and reinsurers for underwriting and claims purposes. **Your** details may also be used for customer service, analysis and occasionally prevention of crime.

This notice applies to anyone who is insured under this Travel Insurance **policy** and whose personal information may be processed to allow **us** to handle any claims.

To administer your policy White Horse Insurance Ireland dac, a member of the Thomas Cook Group, will hold and use information about **you** provided by **you**. **You** must have the consent of any person to be covered by this **policy** to pass information to **us**. **We** may send it in confidence for processing to other companies in the Thomas Cook Group (or third parties acting on their instructions) and this may necessitate sending data to countries outside of the European Economic Area that do not have equal levels of privacy legislation to that of the **United Kingdom** / Republic of Ireland. Through **your** purchase of this insurance policy, **you** consent to such use of **your** personal data.

FOR 24 HOUR EMERGENCY ASSISTANCE SERVICE:

Telephone: +44 (0) 1733 224 892 24 hours a day, 365 days a year.

FOR CLAIMS:

MEDICAL, REPATRIATION & CURTAILMENT CLAIMS:

Emergency and medical service

In the event of a serious illness or **accident** which may lead to inpatient hospital treatment or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home** or to **your** place of study in the **United Kingdom** **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** or if indicated in **your certificate** of insurance.

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 **home** when this is considered to be medically necessary or when **you** have notice of serious illness or death of a **close relative** at **home**.

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 the **policy** to be paid direct to the hospital/clinic. To take advantage of the benefit someone must contact the **Emergency Assistance Service** for **you** as soon as possible.

For simple out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us**. Beware of requests for **you** to pay for excessive treatment or charges. If in doubt regarding any such requests, please call the **Emergency Assistance Service** for guidance.

Contact the Emergency Assistance Service
Tel: +44 (0) 1733 224 892.

CLAIMS FOR ALL OTHER SECTIONS:

If **you** need to make a claim, please obtain a claim form no later than 31 days after the event by:

- please telephone White Horse Administration Services Limited on +44 (0) 1733 224 845 or email claims@white-horse.ie

When **you** contact **us**, please ensure that **you** have the following information available to **you**, as **we** will require it to register **your** claim:

- Master policy reference of **WHIIL/COVER4INTERSTUDENT/06/2018**
- **Your policy** number
- Date of purchase of **your policy**
- **Your** address in the **United Kingdom**
- **Your home** address
- Actual or intended travel dates
- Incident date
- Brief circumstances of **your** claim
- Value of **your** claim

Please note that **your** claim may be delayed if **you** are unable to provide **us** with the above information.

COMPLAINTS PROCEDURE

Should **you** have any query or complaint regarding service, **you** can contact **Cover4travel.com** by telephone, Letter, or e-mail.

Tel: +44 (0)161 772 3395

Postal Address:

Cover4travel.com

UK & Ireland Insurance Services (Online) Limited,
The Stables,
Old-Co-op Yard,
Warwick Street,
Manchester,
M25 3HB.

E-mail: info@cover4insurance.com

Should **you** have any query regarding the way **your** claim has been dealt with, in the first instance please write to:

The Customer Experience Manager
White Horse Insurance Ireland dac,
First Floor,
Rineanna House,
Shannon Free Zone,
Shannon,
County Clare,
Republic of Ireland,
V14 CA36.

Alternatively, please email: complaints@white-horse.ie

The Customer Experience Manager will issue a final response to **your** complaint. If **you** are still not satisfied with **our** decision after following the above procedure, **you** may then write to:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
Republic of Ireland,
D02 VH29
Email: info@fspo.ie
Website: www.fspo.ie
Telephone: 00 353 1 567 7000

Please note the Financial Services and Pensions Ombudsman will not consider **your** complaint until a final response letter has been issued by White Horse Insurance Ireland dac, as outlined above.

Please quote **your** insurance reference number and **your** claim number in all **your** correspondence to all parties involved with this procedure. This procedure is intended to provide **you** with a prompt and practical service with any complaints that **you** may have.

OTHER INSURANCE PRODUCTS

Student contents and possessions insurance

Web: www.cover4insurance.com

Tel: 0161 772 3382

Tenants contents and possessions insurance

Web: www.cover4insurance.com

Tel: 0161 772 3382

Property & Business Insurance

Web: www.ukandireland.com

Tel: 0161 772 3394

For our joint protection, calls may be recorded and monitored. Calls will be charged at a maximum 5p a minute from a BT line. Calls from non-BT phone lines may vary. Telephone lines are open Monday to Friday 9.00am - 5.00pm excluding public holidays.