



VisitOz Insurance Plan Summary

WORLDWIDE COVERAGE OUTSIDE YOUR HOME COUNTY – COVERAGE LIMIT AUD 3,000,000 ANY ONE CLAIM – CURRENCY AUD			
EMERGENCY ASSISTANCE	24 hour multi-lingual emergency medical assistance	PERSONAL LIABILITY Physical injury and property damage	\$100,000
MEDICAL EXPENSES and HOSPITALISATION	100% of customary charges in a Semi-private room	EMERGENCY BAIL BOND	\$1,500
Pain relieving DENTAL TREATMENT	100% of customary charges up to \$3,000 for accidental injury and \$500 for pain relief	CATASTROPHE COVERAGE	100% of customary costs up to \$1,000
Prescribed MEDICINES by a doctor or specialist	60 days of prescriptions	EMERGENCY SECURITY EVACUATION (war, terrorism or natural disaster)	100% of cost of transport to nearest point of safety up to \$100,000
MATERNITY	Serious complications up to 26 weeks of pregnancy	SEARCH AND RESCUE	100% of customary costs up to \$10,000
OUTPATIENT treatment by a doctor or specialist	100% of customary charges	*LOSS of PERSONAL BELONGINGS – including theft and loss or damage by fire or natural disaster	Up to \$3,000. Sub limited to \$250 single article limit (including laptop computers, mobile and handheld electronic devices)
Treatment by physiotherapists and chiropractors as prescribed by an authorized physician	100% of customary charges up to \$1,000	LOSS of checked in LUGGAGE	Up to \$1,000
Acute Onset of Pre-existing condition	Up to a maximum of \$500 per lifetime	LUGGAGE DELAY	Up to \$300 (\$100 per 24 hours up to 3 days)
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	100% of the cost of transport to nearest adequate hospital	LOST DOCUMENTS or MONEY	Up to \$300
AMBULANCE transportation	100% of customary charges	*Pre-trip CANCELLATION	Up to \$3,000
Emergency REUNION	Up to \$5,000 when in hospital for more than 7 days.	TRIP INTERRUPTION	Up to one economy air fare ticket
REPATRIATION of REMAINS or BURIAL	Up to \$10,000	TRAVEL DELAY	Up to \$350 (\$70 per day)
PERSONAL ACCIDENT Accidental death, loss of sight, loss of limb(s), permanent total disablement	\$20,000	All benefits are in AUD and coverage is available for a maximum of 365 days	
Adventure Activities and Sport, and Winter Sport coverage can be arranged for an additional charge			
*Pre-Trip Cancellation and Loss of Personal Belongings only covered if appropriate upgrade premium paid			



INSURING AGREEMENT

In return for You having paid the premium for the Coverage Period, We will provide You the Benefits set out in Your Policy whilst You are on a trip away from your Home Country during the Coverage Period subject to the Definitions, Condition, Benefits limits and Exclusion contained in Your Policy.

This is Your Travel Insurance Policy, which with your Certificate of Insurance should be read together and forms the contract of Insurance between You and Us but is only valid if you have paid the premium.

Your premium has been based on the information shown in Your Certificate of Insurance and recorded in the written declaration you have made. Please read them carefully to make sure they meet Your requirements and that the details on Your certificate of Insurance are correct. If after reading your Policy and Certificate You have any questions, please contact us.

WHO ARE WE

International Insurance Company of Hannover SE

Registered Address: 10 Fenchurch Street, London EC3M 3BE, UK

Registered No: SE00081

Authorized by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 202640

JURISDICTION AND CHOICE OF LAW

This insurance shall be governed by and construed in accordance with the laws of New Zealand and shall be subject to the jurisdiction of the courts of New Zealand

All communications between You and US shall be conducted in English except as otherwise provided in this Policy

YOUR CANCELLATION RIGHTS

If You decide that You want to cancel this Policy, you must notify the Plan Administrator within 14 days of receipt of your Certificate of Insurance and Policy. We will provide you with a full refund of the Premium You have paid, provided You have not started Your journey and no claim under Your Policy has occurred.

If You notify the Plan Administrator that you want to cancel this Policy after this period or after You have started Your journey, We will refund a percentage of the premium You have paid calculated on a daily pro-rata basis equivalent to the period of cover left unused provided that no claims have been made. If a claim has been made, or there has been an incident which may lead to a claim, We will not refund Your premium

In the event of cancellation, whether within or following the expiry of the 14 day period referred to above, a cancellation fee of €25 as shown in Certificate of Insurance will apply.

REASONABLE CARE

You must exercise reasonable care to prevent illness, injury or loss or theft or damage to your documents and Money as if uninsured, and avoid willful exposure to danger, except in an attempt to save a human life.



COMPLAINTS PROCEDURE

Our Service to You

Our goal is to give excellent service to all Our customers but We recognize that things do go wrong occasionally. We take all complaints We receive seriously and aim to resolve all of Our customers' problems promptly. To ensure that We provide the kind of service You expect We welcome Your feedback. We will record and analyze Your comments to make sure We continually improve the service We offer.

What is a complaint?

A Complaint is an expression of dissatisfaction not resolved to Your satisfaction within 48 hours.

This does not include normal claims negotiation where offers are rejected/discussed unless You specifically state the matter is to be treated as a complaint or if negotiations have reached deadlock.

A complaint does include the rejection of a claim or the settlement amount for a claim where the parties have reached deadlock in negotiations and where You believe you have been offered a poor service.

Who to tell

In the event of you having a complaint please contact Us by addressing Your complaint to Our "Complaints Department" at Our registered address, set out above. We will acknowledge your complaint promptly.

What happens next

We will write directly to you to acknowledge receipt of the complaint and explain the complaints process. We will investigate by requesting information / evidence where needed from the parties involved and will write directly to You with any updates. We will then issue You with Our final response to Your complaint.

If you remain dissatisfied with the Our final response, you may be entitled to refer the matter to the Financial Ombudsman Service (FOS). Following this complaints procedure, does not affect your right to take legal action.

Please note, the FOS will only consider a complaint if We have issued its final response to your complaint or eight weeks have elapsed since We received the complaint.

The FOS's contact details are:

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

website: www.financial-ombudsman.org.uk

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

phone: 0800 023 4567 or 0300 123 9123

Financial Services Compensation Scheme (FSCS)

The Insurer is a member of the FSCS. You may be entitled to compensation from FSCS in the event We are unable to meet Our obligations.

The FSCS's contact details are:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU

website: www.fscs.org.uk

phone: 0800 678 1100 or 020 7741 4100



EMERGENCY MEDICAL ASSISTANCE

For Emergency medical assistance anywhere in the world at any time, Our Emergency Assistance Company is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, Your Emergency Medical Evacuation or Repatriation to Your Home Country, locating nearest embassies and consulates, as well as keeping you in touch with your family in an emergency.

Provided treatment, or costs, charges or expenses have been pre-authorized by our Emergency Assistance Company We will pay all associated costs incurred on You for the following and provide the following benefits::

We will

- Take charge of enquiries 24 hours a day 365 days a year.
- Where necessary contact hospitals on Your behalf and guarantee and pay for any pre-authorized and necessary treatments, costs, charges or expenses.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging Emergency Medical Evacuations or Repatriation and the best method of transportation to be adopted.
- Make arrangements for You to travel home to Your Home Country and where necessary ensure You are escorted by a medical attendant and provided with reasonable assistance.
- Make arrangements for the outward and return journeys for the next of kin or other nominated person to visit You if You are ill or Injured.
- Assist in locating and sending Medically Necessary drugs if not available locally.
- Provide advice on minor ailments.

EMERGENCY SECURITY ASSISTANCE

For Emergency Security Assistance anywhere in the world at any time, Our Emergency Security Company is only a telephone call away. The team will help evacuate You to Your Home Country or Nearest Place of Safety.

You must contact the call centre of Our Emergency Security Company in strict accordance with the terms and conditions set forth within this Policy.

CLAIMS PROCEDURES

Who to contact in the event of Emergency Medical Claim:

All Emergency medical claims should be notified to Our Emergency Assistance Company:

You can contact the call centre of our Emergency Assistance Company, in strict accordance with the terms and conditions set forth within this Policy. To obtain assistance please call one of the following numbers:

In case of any emergency, call:

Specialty Assistance

Tel: +44 (0)20 7902 7405

Fax: +44 (0)20 7928 4748

Email: operations@specialty-assist.com

All non-emergency claims should be notified to Our Claims Handlers.



Who to contact for Emergency Security Assistance:

To obtain assistance, please call the following number:-

Our Crisis Management Company: ijet
Telephone: +1 603-328-1349

Who to contact in the event of a Non-Emergency Medical Claim

For all non-emergency Medical claims, Accidental death, Loss of Sight, Loss of Limb or Permanent Total Disablement, Personal Liability, Loss of Personal Belongings, Search and Rescue or Catastrophe Cover claims please contact Our Third Party Administration and Claims Management Company Gallagher Bassett Services Pty Ltd at

GPO Box 14, Brisbane, Queensland 4001

Claims provisions

1. As soon as reasonably possible after the happening of any incident likely to give rise to a claim under this Policy (but in any event no later than 60 days after the date discovery of loss) You must notify Our Claims Handlers of such incident.
2. You must at Your own reasonable expense furnish them such certificates, information and evidence as they may from time to time reasonably require in the form prescribed by Us. They shall be allowed at their own expense, upon reasonable notice to request a medical examination of You as appropriate.
3. You shall as soon as reasonably possible after the occurrence of any Accidental Bodily Injury or after you become aware of any Illness obtain and follow the advice of a Medical Practitioner and We shall not be liable for any consequences of Your failure to so obtain and follow such advice.
5. We are entitled to take over any rights in defense or settlement of any claims and to take proceedings in Your name for Our benefit against any other party.
6. We will process your claim within 10 business days of receiving a claim form completed in accordance with these claims provisions.
7. You shall provide such reasonable cooperation to Our Emergency Assistance Company and Claims Handler as they may reasonably request including by permitting them access to medical documentation, reports and evidence in relation to Your claim. We may deny coverage for any claim where there has been an unreasonable refusal or material failure to so cooperate.

Proof of Claim

When Our Claims Handler receives notice of claim, they will provide You with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization Form (provided to you by the Claims Handler), together with all attachments reasonably request (as set out in paragraph 2 above, under "Claims provisions") and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of You.

You shall submit Proof of Claim to the Claims Handler as soon as reasonably possible after receiving the forms for filing Proof of Claim from them but in any event no later than 60 days beginning on the date of receipt of such forms.

If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us.



GENERAL CONDITIONS APPLICABLE TO THE POLICY AS WHOLE

Benefit payments

All benefits will be paid directly to You unless Our Emergency Assistance Company has guaranteed Your expenses or charges and has made payment on Our behalf. In the event of Your death any benefits payable will be made to Your executors or administrators. In the event of You not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of Your Home Country.

Data Protection

Please read this notice carefully as it contains important information about Our use of your personal information. Your personal information means any information We hold about you and any information you give Us about anyone else. You should show this notice to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about you and the other people insured under Your policy. Please note that if you give Us false or inaccurate information this could give Us the right to void Your insurance policy or it could impact Your ability to claim.

Sensitive information:

Some of the personal information that We ask you to provide is known as “sensitive personal data”. This will include information relating to health issues, race, religion and any criminal convictions. We need to use sensitive personal data to provide You with quotes, arrange and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims).

How We use Your personal information:

We will use Your personal information to arrange and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You or Your insurance adviser.

We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners or agents providing services on Our behalf and other authorized bodies.

We will share Your personal information with others:

- if We need to do this to manage Your policy with Us including settling claims (if the claim relates to an incident which occurs abroad We may transfer Your personal information outside the European Economic Area);
- for underwriting purposes, such as assessing Your application and arranging Your policy;
- for management information purposes;
- to prevent or detect crime, including fraud (see below);
- if We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority); and/or
- if You have given Us permission.

You can ask for further information about Our use of Your personal information. If You require such information, please write to the Data Protection Officer at the address set out below.

Preventing and detecting crime:

We may use Your personal information to prevent crime. In order to prevent crime We may:

- check Your personal information against Our own databases;
- share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Officer at the address set out below; and/or
- share it with operators of registers available to the insurance industry to check information and prevent fraud. These include the Claims and Underwriting Exchange Register administered by Insurance Database Services Ltd. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.



Dealing with others on Your behalf:

To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your husband, wife or partner or any other person whom We reasonably believe to be acting for You if they call Us on Your behalf in connection with Your policy or a claim relating to Your policy. For Your protection only You can cancel Your policy or change the contact address.

Marketing:

We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.

Further information:

You are entitled to receive a copy of any of Your personal information We hold. If You would like to receive a copy, or if You would like further information on, or wish to complain about, the way that We use personal information, please write to the Data Protection Officer at Bannerman Rendell Limited, 3 Minster Court, Minster Lane London EC3R 7DD UK giving Your name, address and insurance policy number. We may charge You a small fee for this.

If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible.

You have the right to complain to the Us at any time if You object to the way We use Your personal information. Please write to Us at International Insurance Company of Hannover SE 10 Fenchurch Street, London EC3M 3BE, UK

Currency

The monetary limits and premiums stated in the Policy and any Certificate issued hereunder are in EURO (EUR).

Contribution

If at the time of an event giving rise to a claim there is any other insurance policy, reciprocal health arrangement or governmental health or workmen's compensation scheme in force in Your name which covers You for the same expense, loss or liability We will only pay our share of the claim determined by reference to the cover provided by each of the relevant policies.

Eligibility Criteria

To be eligible for cover under this Policy You must satisfy the following criteria (the **Eligibility Criteria**):

- At the time of purchasing or extending this Policy and during the Coverage Period You must be under the age of 39
- You must be travelling outside of Your Home Country for the purpose of Internship Programs.
- If you have paid the appropriate premium, limitations apply in respect of leisure travel. For internships located in New Zealand, leisure travel restricted to SOUTH PACIFIC: Australia, Bali, Fiji, Thailand, New Caledonia, Norfolk Island, Papua New Guinea, Samoa, Solomon Islands, Tonga, Singapore, Hong Kong and Vanuatu. For internships located in EUROPE, leisure travel restricted to: The European Union, Channel Islands, Albania, Andorra, Bosnia Herzegovina, Croatia, Gibraltar, Iceland, Isle of Man, Liechtenstein, Macedonia, Monaco, Montenegro, Norway, San Marino, Serbia and Switzerland
- You must be resident in your Home Country when applying for this Policy and, at the time of purchasing or extending this Policy and during the Coverage Period, You must not be a Legal Permanent Resident of the Host Country.

Extensions

You may extend Your Coverage Period, provided You continue to satisfy the Eligibility Criteria and remain in good health, by contacting the Plan Administrator. The maximum aggregate period of cover under Your Policy, as extended, may not exceed 12 months. We may refuse to extend Your Coverage Period., including if You have made or intend making any claims on Your previous Coverage Period. For all such extensions all conditions, restrictions and exclusions set out in this Policy will continue to apply.



Medical Advice

You cannot undertake a trip from Your Home Country either against the advice of Your Physician or after You have received a terminal prognosis or if you are travelling purely for the purpose of medical treatment. If You choose to do so all Our liability under this Policy shall cease.

Measures outside Our control

We and Our Emergency Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Emergency Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

Fraudulent claims.

If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us

Pre-authorization requirements for treatments, costs charges or expenses.

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Emergency Assistance Company,

If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre- authorization requirements, You or a third party must:

1. Contact the Emergency Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the reasonable instructions of the Emergency Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Emergency Assistance Company.

If in an emergency it is not reasonably possible for You to obtain pre-authorization from Our Emergency Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations. You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

Reciprocal Health Arrangements

If travelling within Europe, and you are eligible, you must obtain a European Health Card (EHIC). You can apply by postal application from Your local Post Office or online through www.dh.gov.uk/travellers or by telephoning 0845 606 2030

If travelling within Australia, and you are eligible, you must enroll for the free treatment available whilst in Australia. Details of how to enroll can be found in Health advice for Travelers booklet available from Your local Post Office or by visiting www.dh.gov.uk/travellers or the MEDICARE website on www.hic.gov.au

Right of Recovery

If any benefit paid to You or on Your behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to You due to clerical or administrative error, then We reserve the right to recover such payment from You or any institution, insurer or other organization or party to whom such payment has been made.



Right of Repatriation

In the event of You requiring any medical treatment or Hospital or medical services, We may at our sole discretion arrange Your Repatriation to Your Home Country either before or after You receive medical treatment or Hospital or medical services if in the opinion of Our Emergency Assistance Company and Your treating Physician You are medically fit to travel and it is safe for You to do so. If You refuse to return when declared medically fit to do so We will not pay for any continuing medical treatment or Hospital or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

Residency

You must be resident in your Home Country or within 14 days of arrival in Your Host Country when applying for this Policy

You cannot be a Legal Permanent Resident of the Host Country. Cover under this Policy will cease immediately once you become a Legal Permanent Resident or citizen of the Host Country.

Subrogation

Under the law applicable to this Policy, We have the legal right to stand in your shoes in the event that you make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Your name and in doing so You will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. You agree not to make any payment, admit liability, offer or promise to make any payment without written consent from us.

Sanction Limitation and Exclusion Clause

We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Termination of Cover:

Cover under this Policy terminates on the earlier of:

1. 12:01am GMT on the last day of the Coverage Period for which premium has been paid; or
2. the moment You return to Your Home Country
3. the expiration of 12 months from the Effective Date unless declared to and accepted by Us in writing; or
4. the maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid; or
5. the date You cease to be an Eligible Person.

Grace Period

Following a Termination of Cover as a result of you ceasing to be an Eligible Person, you shall have the benefit of a temporary extension of cover under this Policy for a maximum period of 14 days grace (**Grace Period**). If, within the Grace Period, you acquire the benefit of alternative insurance cover, such temporary extension of cover will cease immediately.



GENERAL EXCLUSIONS APPLICABLE TO THE POLICY AS A WHOLE

The following exclusions apply to all sections

We will not pay any expenses resulting indirectly or directly from:

- a. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b. Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- c. Your claim occurring because you act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- d. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- e. Your claim occurring from You being in control of or a motor cycle or vehicle without a current motorcycle or vehicle license valid for the country you are travelling in or You being a passenger travelling on a motorcycle or in a motor vehicle that is in the control of a person that does not hold a current motorcycle or motor vehicle license valid for the country you are travelling in.
- f. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country
- g. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for personal accident, medical expenses, Emergency Medical Evacuation, Repatriations , Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of trip where You have no direct or indirect involvement in the Act of Terrorism).
- h. Your claim arising from any participation in any sport, activity or Athletics on a professional or semi- professional basis.
- i. Your claim arising from any participation in Adventure Activities and Sports, Hazardous Activities and Sports or Winter Sports as defined herein unless this has been accepted by Us and the appropriate additional premium has been paid by You. .
- j. Your claim arising because you dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the USA or you were diving under licensed instruction.
- k. Your claims arising from Your participation in any team sport (other than for non-competitive leisure or recreational purposes) Amateur Athletics (but this exclusion does not apply to You solely participating for recreational, entertainment or fitness purposes and not for wage, reward or profit), american football, contact sports, martial arts, rugby, hunting and racing other than racing on foot.
- l. Your claim arising from Your being under the influence of or due wholly or partly to the effects of intoxicating liquor drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse.
- m. Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
- n. Your claim occurring out of you flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- o. Your claim if You had attained the age of 39.
- p. Your claim arising from Your participation any other sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extraordinary risk of Injury
- q. Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
- r. Your claim arising from Your engaging in any form of Physical Manual Work as defined herein.



GENERAL DEFINITIONS APPLICABLE TO THE POLICY AS A WHOLE

Certain words within your policy have special meanings which are defined as follows:

Accident: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

Accidental Bodily Injury: Injury which is sustained by You as the result of an Accident which solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or injury that incurs Medical Expenses.

Act of 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 organization(s) or government(s) 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.

Acute Onset of a Pre-existing Medical Condition: A sudden and unexpected occurrence of a pre-existing medical condition which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

Acute Onset of Pain (Emergency Dental): A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

Adventure Activities and Sports: Abseiling, Archery, Ballooning (organized excursion), Baseball (excluding competitions), Boccer, Boogie Boarding, Bungee Jumping(maximum 2 jumps in all during Your Trip), Canoeing, Cricket, Cycling, Deep Sea Fishing, Fencing, European Football/Soccer (excluding competitions), Frisbee, Gliding, Go-Karting, Gymnastics, Light Aircraft (as a passenger), High Diving (platform only), Hiking under 6000m, Hockey (field only), Horse Riding (casual with no jumping), Hot Air Ballooning, Ice Skating, Jet skiing, Kayaking, Kite Surfing, Kite Buggy, Lacrosse, Marathon Running/Triathlon, Martial Arts Training (no contact) , Motorcycling up to 125cc where claims and conviction free for previous 3 years and where wearing a helmet, Mountain Biking (not off road), Overland Expedition, Paintballing, Quad Biking, Roller Blading, River Boarding, Safari, Sail Boarding, Sand Boarding, Scrambling, Scuba Diving (down to 30 meters only), Sea Canoeing, Skate Boarding), Surfing, Trekking (not requiring the use of ropes, guides or supplementary oxygen or under 6000 meters), Wake Boarding, Water Polo, Water Skiing, Weightlifting, White Water Rafting (grades 1-3), Windsurfing, Yachting (in territorial waters) Zip Wiring/Climbing

AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

Application: The completed and signed document submitted by You when applying for this Policy.

Appropriate Authorities: The Foreign and Commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of Your Home Country.

ARC: AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

Athletics/Amateur Athletics: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include either athletic activities that are engaged in by You solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

Benefits Table: means the table of benefits set out in your Certificate

Certificate of Insurance / Schedule of Insured Persons: The document issued to You by the Participating Organization which provides evidence of benefits payable under this Policy. If You are purchasing the coverage as an individual you will receive a Certificate of Insurance and if You receive the benefits as part of a group You will be listed in the Schedule of Insured Persons.

Certificate Period: means the dates of coverage period set out in your Certificate. The maximum Certificate Period is 12 months unless declared by You to Us and accepted by Us.

Children: Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

Claims Handlers: means American Assist International whose contact details are set out in this Policy above.



Close Relative: Your Partner, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, Dependents, grandchild(ren).

Coinsurance: The payment made by You of any of the Benefits at the percentage stated in the Benefit table and/or as shown on the Certificate of insurance.

Common Carrier: An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

Complications of Pregnancy: Illnesses prior to the 26th week of Your pregnancy whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

Contact Sports: A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play.

Coverage Period: The period of time starting on the Effective Date and ending on the End Date during which You are outside Your Home Country or travelling to or from or in the Host Country.

Custodial Care: The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Deductible / Excess: A defined currency amount, as stated in the Benefit Table that You must pay per claim prior to any payment by Us.

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Dependents: Your natural or legally adopted Children or legal wards, foster or step-child(ren) of You or those of Your Partner (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance Policy.

Documents: Means travel tickets, passports and driving licenses held by You for social, domestic and/or pleasure purposes.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date: means the Effective Date specified on Your Certificate.

Eligibility Criteria: means the qualifications and requirements needed for You to purchase this Policy as set out in the General Conditions.

Eligible Person: means a person satisfying the Eligibility Criteria.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing Your life or limb in danger if medical attention is not provided within 24 hours.

Emergency Assistance Company means Specialty Assist whose contact details are set out in this Policy above.

Emergency Medical Evacuation: means Your transportation by air and/or surface transportation following Your Accidental Bodily Injury or Illness.

Emergency Room Deductible: The defined currency amount stated in the Benefits Table.

Emergency Security Company. means ijet.

Emergency Security Evacuation: means Your extraction from the Host Country due to an Insured Event that puts You in imminent physical danger by the most efficient and available method of conveyance. In all cases and where practical, an economy ticket fare will be used and whenever possible Your common carrier tickets will be utilized.

End Date: Means the End Date specified on Your Certificate.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, extended care facility or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing 24-hour



skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

Geographic Location: The country or region You have stated you are travelling to on your application.

Hazardous Activities and Sports: Bamboo Boat Rafting, Black Water Rafting, Bouldering, Bungee Jumping*(more than 2 jumps in all during Your Trip) Canyoning, Cave Tubing, Caving, Cycle Touring, Diving, Dog Sleighing, Hang Gliding, Hiking 20k under 6000m, Horse Trekking, Ice Climbing, Flying in a Helicopter (as a passenger only) Jet Boating/Shotover Jet, Micro Lighting, Lugging, Mountaineering (with ropes), Off-Road Mountain Biking, Potholing/Caving (as part of a group), Parachuting, Paragliding, Parapenting, Parasailing (behind a boat), Parapenting (behind a motorized vehicle), Polo, River Kayaking, Rock Climbing (with ropes), Sand Boarding, Sea Kayaking, Shark Cage Diving, Skydiving, Show-jumping, Sledging, Spelunking, Surfing, Swimming under a waterfall, Whale Watching, White Water Rafting (grade 4-5) Zip lining or Zorbing .

HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

Home Country: For US Citizens, Home Country is the United States of America, regardless of the location of their principal residence. For non-US Citizens, Home Country is the country where they principally reside and receive regular mail.

Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Host Country: Means the destination country within in the Geographical Location You have selected in your application form.

Illness: A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Imminent Physical Danger: means You are subject to possible physical Injury or Illness that could result in Your grave physical harm or death.

Incurred: A charge is incurred on the date the service is provided or supply is purchased.

Injury: Bodily injury resulting from an Accident.

Inpatient: When You are an overnight resident patient of a Hospital, using and being charged for room and board.

Intensive Care Unit: A cardiac care unit or other unit or area of a Hospital that, where applicable, meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Legal Permanent Resident: means a person who has been granted full lawful permanent residence as defined by the immigration law in the country of their legal permanent residence.



Loss of Limb: Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

Loss of Sight: Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if You are added to the Register of Blind Persons in your Home County on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;
- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

Luggage: means the personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling.

Medically Necessary: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Accidental Bodily Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if is provided only as a convenience to You and/or is not appropriate for Your diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Medical Practitioner: means someone who practices medicine.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Money: Coins, bank notes, postal or money orders, signed travelers checks and other checks, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of You and are intended for travel, meals, accommodation and personal expenditure only.

Natural Disaster: Any avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

Nearest Place of Safety: means a location determined by our Emergency Security Company where You can either be presumed safe from the Insured Event that precipitated Your Evacuation or a location that has available access to transportation to Your Home Country

Outpatient: When You receive Medically Necessary treatment by a Physician for Accidental Bodily Injury or Illness that does not require overnight stay in a Hospital.

Participating Organization: VisitOz who are the organization that applies for coverage on Your behalf from the Plan Administrator.

Partner: Your spouse or civil partner living at the same address as You for the last 12 months and sharing financial living expenses and where applicable is also responsible for Your Dependents.

Permanent Total Disablement: Disablement that has lasted for at least twelve months and which in the opinion of a Physician is beyond hope of recovery and shall in all probability continue for the remainder of Your life and result in Your inability to perform or give attention to gainful occupation of any and every kind.

Personal Belongings: means personal articles, which are Your property; or property for which You are responsible and which is taken on or acquired during Your trip.

Physical Manual Work: Any work involving physical labor such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance or involving the use of power tools or hazardous equipment such as explosives.

Physician: Means a qualified doctor of medicine lawfully licensed to practice in the place where medical services are performed but this does not include You or a relative of Yours.

Plan Administrator: Compass Benefits Group who are the insurance advisor You or the Participating Organization arranges coverage from.

Pre-existing Medical Condition: Any ongoing medical or dental condition or related complication You have or which you are aware of or have symptoms of or for which You are currently being or have been investigated or treated by a health



professional (including dentist or chiropractor) or for which you take prescribed medicine or for which You have had or have planned surgery, or Pregnancy.

Pregnancy; Routine pre-natal care, child birth, and post natal care false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with the management of a difficult Pregnancy, and not constituting a medically distinct condition, and all charges related to Pregnancy other than for conditions constituting a medically distinct Complication of Pregnancy and only prior to the 26th week of Pregnancy or Abortions, except in connection with covered Complications of Pregnancy.

Proof of Claim: A completed and signed Claimant's Statement and Authorization Form provided by Our Claims Handler, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the Insured, and any other documentation that is deemed necessary by Us.

Registered Nurse: A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

Repatriation: means Your transportation by air and/or surface transportation with a qualified medical attendant to Your Home County to obtain further medical treatment or to recover or both.

Repatriation of Remains: The ground or air transportation of Your bodily remains or ashes to Your Home Country including the costs of preparation of the remains necessary for transportation.

Routine Physical Exam: Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

Student: means a person who is studying at college or university or other place of higher education.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Surgery or Surgical Procedure: An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Us, We or Our: The International Insurance Company of Hannover Plc.

Unattended: Outside of Your custody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

Usual, Reasonable and Customary: In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as Usual, Reasonable and Customary charges will be determined by the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in.

Valuables: Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

You or Your or Insured: means the person or persons named in the Certificate of Insurance as the insured or the insured's under this Policy.

Winter Sports: Big Foot Skiing, Bobsleigh/Skeleton/Luge, Curling, Glacier Crossing/Hiking, Heli-skiing/Boarding, Ice skating (other than on an indoor rink), Kite Skiing, Mono Skiing, Skiing (including off piste with a guide), Ski Bobbing, Skiing Cross Country, Snow Blading (on piste only), Snowboarding (including off piste with a guide), Snow Kiting, Snow Mobiles/Skidoos, Snow Shoeing, Tobogganing.

Work Abroad: Clerical office work of any kind or work in hospitality, entertainment, retail consumer or tourism.



MAIN POLICY BENEFITS

Medical Expenses and Hospitalization

We will pay up to the amount stated in the Benefits Table if You sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of an covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
7. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
8. Emergency local ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.
9. Emergency Dental Treatment and dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
10. Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
11. Physical therapy if prescribed by a Physician who is not affiliated with the physical therapy practice providing the physical therapy, provided that it is necessary, to continue recovery from a covered Injury or Illness.
12. Charges for the treatment of an Acute Onset of a Pre-existing Medical Condition up to a maximum benefit per policy period of EUR500

Maximum Benefit

The aggregate amount payable by Us for incurred Medical Expenses and Hospitalization for any one Accidental Bodily Injury or Illness will never exceed the amount stated in the Benefits Table.

Emergency Room Deductible (Co-Pay Amounts)

In you are travelling in the USA, there is an Emergency Room Deductible of € 250 co-pay for an emergency room for Illness if you are not admitted for treatment. This does not apply to any Accident or Injury treatment

Emergency Medical Evacuations

If You require Emergency Medical Evacuation We will pay up to the amount stated in the Benefits Table for Your emergency transportation to the nearest suitable Hospital.

Repatriation of Remains or Burial

Following Your death and with the agreement of Your executors or administrators We will pay up to the amount stated in the Benefits Table for the Repatriation of Your remains following Your death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing Your remains for cremation or burial and a burial plot in the Host Country where Your death occurred.

Emergency Reunion

We will pay up to the amount stated in the Benefits Table for the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation

The cost of an economy round-trip air or ground transportation ticket for one of Your Close Relatives to visit You if You are or are to be hospitalized for more than 7 days following Emergency Medical Evacuation; and



1. Reasonable expenses for lodging and meals for that Close Relative to remain whilst You are hospitalized, for a period not to exceed 15 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the Close Relative prior to Your return to Your Home Country, for a period not exceeding 15 days.

Exclusions for Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial or Emergency Reunion.

We will not be liable for any expense arising directly or indirectly from:

- a. Charges resulting directly or indirectly from any Pre-existing Medical Condition,
- b. Pregnancy other than Complications of Pregnancy.
- c. Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein.
- d. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
- f. Treatment for HIV+, AIDS or ARC, venereal disease, including all sexually transmitted diseases and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
- i. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
- j. The supply of medications commonly available without prescription.

The following activities have been built into the VisitOz plan: Incidental leisure travel to Australia and South Pacific, trip interruption for immediate family member's passing, and all hazardous sports activities as outlined below:

Hazardous Sports Policy Wording Definition (Also included in the above): Bamboo Boat Rafting, Black Water Rafting, Bouldering, Bungee Jumping*(more than 2 jumps in all during Your Trip), Bungee – Swing, Canyoning, Cave Tubing, Caving, Cycle Touring, Diving, Dog Sleighing, Hang Gliding, Helicopter Flight as Passenger, Hiking 20K under 6000m, Horse Trekking, Ice Climbing, Flying in a Helicopter (as a passenger only) Jet Boating/Shotover Jet, Micro Lighting, Lugging, Mountaineering (with ropes), Off-Road Mountain Biking, Potholing/Caving (as part of a group), Parachuting, Paragliding, Parapenting, Parasailing (behind a boat), Parapenting (behind a motorized vehicle), Polo, River Kayaking, Rock Climbing (with ropes), Sea Kayaking, Sand Boarding, Shark Cage Diving, Skydiving, Show-jumping, Spelunking, Sledging, Swimming under waterfalls, Surfing, or White Water Rafting (grade 4-5), Zip Lining, Zorbing.

Accidental death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your accidental death
- Your Loss of Sight (in one or both of Your eyes)
- You Loss of Limb
- Your Permanent Total Disablement



Payment of Benefit

We will not pay a claim for more than one of the accidental death, loss of sight, loss of limb or Permanent Total Disablement arising in conjunction with the same Accident.

Disappearance

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

The following exclusions apply to Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will not be liable for any claim arising directly or indirectly from;

- a. Accidental Bodily arising as a result of Your Illness, sickness or disease where such illness, sickness or disease does not itself arise from prior Accidental Bodily Injury.
- b. Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

Personal Liability

We will indemnify You up to the amount stated in the Benefits Table in relation to Personal Liability for any one occurrence or a series of occurrences arising directly or indirectly from one source or original cause if You become legally liable to pay damages for accidentally injuring someone or causing accidental loss or damage to someone else's property. Included within these limits are:

1. All costs and expenses recoverable by a claimant from You.
2. All costs and expenses incurred with Our written consent.
3. Solicitors' fees for representation at any coroner's inquest or fatal accident enquiry or in any court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada.

For benefits to be payable under this section:

1. You must not make any admission, offer, promise, or indemnity without Our consent. We shall be entitled to take over and conduct in Your name the defense or settlement of any claim or to prosecute in Your name for Your own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and You shall give all reasonable information and assistance as We may reasonably require. Every letter, claim, writ, summons and process shall be forwarded to us on receipt. Written notice shall be given to Us as soon as reasonably practicable should You have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. We may at any time pay You in connection with any claim or series of claims the limit of Indemnity for personal liability stated in this section (after deduction of any sum(s) already paid by Us as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made. We shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

The following exclusions apply to Personal Liability:

We shall not be liable for any expense arising directly or indirectly from:

- a. Your liability in respect of Accidental Bodily Injury to any person who is;
 - i. Under a contract of service or apprenticeship with You if such injury arises out of and in the course of their employment..



- ii. A member of Your family.
- iii. Also insured under this Policy.
- b. Your liability in respect of loss or damage to property belonging to or held in trust by You or in Your custody or control other than temporary accommodation occupied by You.
- c. Your liability in respect of Accidental Bodily Injury, loss or damage caused directly or indirectly in connection with the ownership, possession or use by You of:
 - i. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads).
 - ii. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters).
 - iii. Firearms (other than sporting guns).
- d. Your liability in respect of Accidental Bodily Injury loss or damage arising directly or indirectly in connection with:
 - i. Your ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by You.
 - ii. Any willful or malicious act committed by You..
 - iii. The carrying on by You of any trade, business or profession except as a Teacher.
 - iv. The supply of goods or services by You.
 - v. Your Insanity, You being under the influence of alcohol, or drugs (except as medically prescribed) or Your drug addiction.
- e. Any liability assumed by You under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
- f. The cost of punitive or exemplary damages being damages intended to reform or deter You from engaging in conduct similar to that which formed the basis of your liability.

Emergency Bail Bond

We will make the arrangement of a Bail Bond up to the amount stated in the Benefit Table if You have has been arrested following a car Accident.

We will only arrange for payment of this benefit following confirmation from you that:

You can confirm that the financial guarantee of any payment required by Us has been secured through Your credit card or personal assets and that no benefit will be made for payment due to any shortage of funds, error or omission, currency fluctuation or loss of value or any exclusion included under general exclusions.

Catastrophe Coverage

We will pay up to the amount stated in the Benefits Table if You are forced to move from Your pre-booked accommodation as a result of fire, lightning, explosion, earthquake, avalanche, storm, tempest, tsunami, hurricane, flood, medical epidemic or local government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred for You to continue with the trip or, if the trip cannot be continued, for Your return to Your Home Country.

The following exclusions are applicable to Catastrophe Coverage:

We will not pay any expense arising directly or indirectly from:

- a. Any costs incurred following Your decision not to remain in Your booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
- b. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.

Emergency Security Evacuation Expenses

We will pay up to the amount stated in the Benefits Table if You require emergency evacuation to Your Home Country or the nearest place of safety as a result of an Insured Event as shown hereunder.



Insured Event

1. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.
- or -
2. The recognized Government in Your Host Country :
 - a) Declares a state of emergency necessitating immediate evacuation or
 - b) Formally recommends or instructs that You should leave that country or region for safety or
 - c) Expels You or declares You “persona non grata”.
3. Natural Disaster within Your Host Country which puts Your life in Imminent Physical Danger.
4. The political or military events in the Host Country put Your life in Imminent Physical Danger.
5. You are kidnaped or having a missing persons report filed with the local/international authorities.
6. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

1. You must contact Our Crises Management Company as soon as reasonably practicable after You became aware of any situation that may give rise to an Insured Event or as soon as reasonably possible after the occurrence of the Insured Event. If the Crises Management Company is not so contacted, Our liability to pay any subsequent claim under this section will cease.
2. You must provide the Crises Management Company with all reasonable assistance and information requested in a timely manner.
3. You must follow the reasonable advice of the Crises Management Company at all times.
4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim
5. You must be able to reasonably prove that there is Imminent Physical Danger to Your Life with either physical or documented evidence..
6. You must be able to prove that, In the event of physical attack or threat of physical attack, such attack or threat occurred by either physical or documented evidence

The following exclusions are applicable to Emergency Security Evacuation Expenses;

We will not pay any expense arising directly or indirectly from:

- a. Your failure to reasonably prove that there is any Imminent Physical Danger to Your Life
- b. Your taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
- c. Your failure to maintain and possess duly authorized and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.
- d. Any evacuation expenses or costs incurred more than 30 days after the event giving rise to your evacuation.
- e. Any expense attributable in whole or in part to debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
- f. Any Losses incurred by You or claim costs that have been unnecessarily increased by Your unreasonable failure to follow the reasonable advice of Our Emergency Security Company



Search and Rescue

We will pay up to the amount stated in the Benefits Table for all reasonable and necessary costs incurred by the authorities in searching for You and bringing You to a place of safety You are either (1) reported missing and it is known or reported that You may have sustained Accidental Bodily Injury or suffered illness, or (2) the weather conditions are such that to in order to prevent Accidental Bodily Injury or the suffering of illness the police or rescue authorities instigate a search and rescue for You.

For benefits to be payable under this section:

1. You must comply at all times with local safety advice that is offered to all members of the public and You must comply with all recommendations and restrictions prevalent at the time.
2. You must agree that the chargeable proportion of any search and rescue made by Us will be limited to the amount stated in the Benefit Table.
3. You must agree that expenses will only be made by Us to the time where You are recovered by Our search and rescue team and no additional payment will be made by Us if we decided that continuing the search is no longer viable.
4. You must obtain an additional written report from the authorities and provided it to Us before an expense can be paid.

The following exclusions are applicable to Search and Rescue:

We will not pay any expense arising directly or indirectly from:

- a. Any circumstances where You were knowingly endangering Your life.
- b. Any activities where Your experience or skill level falls below those reasonably required to participate in such activities.

Loss of Personal Belongings (only covered if You have paid the appropriate additional premium)

We will pay You up to the amount stated in the Benefit Table in relation to Loss of Personal Belongings if Your Personal Belongings are lost or stolen less a consideration, if applicable, for wear, tear and depreciation.

For benefits to be payable under this section:

1. You must ensure that any Valuables are locked in a suitable sized safe or safety deposit box provided by Your accommodation provider, or if safe or safety deposit box are not available, in Your locked accommodation and there is evidence that entry into the accommodation was effected by violent and forcible means
2. You must report the theft of Your Personal Belongings or Luggage to the Police (and the hotel management if it is stolen in a hotel) as soon as is reasonably practicable and a written report is obtained from the appropriate authorities and provided by You to Us.
3. You must provide proof of ownership of any Valuables.
4. You must provide proof of purchase of replacement items of clothing or toiletries.
5. Any loss or damage occurring in the custody of an airline or other transport carrier must be reported immediately upon discovery and in the case of an airline a Property Irregularity Report must be obtained by You and provided to Us.
6. You must take all reasonable precautions for the safety of any insured article.
7. We are entitled to take and keep possession of any valuable and to manage all aspects of any salvage in a reasonable manner. .
8. We will decide, based on our own opinion, whether we repair or replace any valuable for which a benefit it paid to You under this section. .



The following exclusions apply to Loss of Personal Belongings:

We shall not be liable for any expense arising directly or indirectly from:

1. Any amount within the Deductible, as shown in the Benefits Table.
2. Any Personal Belongings stolen from an Unattended vehicle unless
 - 1.1. They were In the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motorhomes locked away and out of public view.
 - 1.2. There is evidence that entry was affected by violent and forcible means.
 - 1.3. Other than between the hours of 8.00pm and 8.00am.
3. Any Valuables stolen from an Unattended vehicle.
4. Any Valuables left unattended by You in Your accommodation if the accommodation is left unlocked or the valuables were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply If a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
5. Loss of or damage to Valuables contained in baggage whilst such baggage is in the custody of an airline or other carrier and outside Your control.
6. Loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising there from
7. Loss or damage due to:
 - 7.1 Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
 - 7.2 Inherent mechanical or electrical failure, breakdown or derangement.
 - 7.3 Any process of cleaning, restoring, repairing or alteration.
8. More than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
9. Loss of or damage to pedal or motor cycles, watercraft, prams, buggies, pushchairs and wheelchairs.
10. Loss of or damage to stamps, documents (other than Passports), contact or corneal lenses, dentures, hearing-aids, fragile articles or business goods and samples.
11. Loss due to confiscation or detention by customs or any other authority.
12. Loss of or damage to sports equipment whilst in use.
13. Any article more specifically insured or recoverable under any other insurance.
14. Loss or damage to mobile phones or lap tops or tablets or other similar devices arising from any coverage under the manufacturer's warranty or, unexplained disappearance or, any loss of airtime or, loss or damage due to moisture or, superficial damage due to chipping or cracking screen or damage due to any theft not reported to the police within 24 hours.

Loss of checked in Luggage

We will pay You the amount stated in the Benefit Table in relation to Loss of Checked in Luggage if You are temporarily deprived of Your Luggage for at least 12 hours by the loss or miss-direction of Your Luggage by an International Airline Carrier subject to:

For benefits to be payable under this section:

1. The Lost Checked Luggage must have been checked by You in accordance with routine luggage checking procedures, for transportation on board a regularly scheduled commercial airline or cruise line, upon which You are a fare-paying passenger; and
2. You must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
3. You must provide Us with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
4. Any expense will only be paid by Us 10 days after the items have been lost



Luggage Delay

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return trip has delayed your Luggage due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown .

The following exclusions are applicable to Luggage Delay:

We will not pay any expense arising directly or indirectly from:

- a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operator's ticket itinerary.
- b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
- c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the Luggage delay and the reason for such delay
- d. Compensation is recoverable from the common carrier

Lost Documents or Money

We will pay up to the amount stated in the Benefits Table if Your personal Documents or Money are lost or stolen:

For benefits to be payable under this section:

1. You must ensure your documents or monies are in a locked safe or safety deposit box provided by Your accommodation provider and there must be evidence of forcible and violent entry for any benefit to be paid.
2. You must report the loss to the police or equivalent local law enforcement authority as soon as reasonably practicable after discovery and a written police report obtained and sent to Us.

The following exclusions are applicable to Lost Documents or Money:

We will not be liable for any expense arising directly or indirectly from;

- a) Any amount within the Deductible, as shown in the Benefits Table.
- b) Loss due to confiscation or detention by customs or any other authority.
- c) Loss due to devaluation of currency or shortage due to error or omission during monetary transaction
- d) Loss of promotional vouchers or awards or any goods or services obtained through the conversion of such voucher or awards
- e) Loss of travelers' checks where the issuing company provides a replacement service
- f) Loss of travelers' checks or checks not reported to the local bank or agent of the supplier as soon as reasonably practicable.
- g) Any loss resulting from loss or theft of credit cards

Pre-Trip Cancellation (only covered if You have paid the appropriate additional premium)

We will pay the up to the amount stated in the Benefit Table for loss to You of deposits, or charges, or advance payments for travel or accommodation or other charges which have not or will not be used, but which become forfeit or payable under contract if You are forced to cancel Your arrangements as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Injury or Illness of Your Partner, Dependents or Close Relative

The additional Benefit can only be purchased 120 days prior to the Effective Date shown on Your Certificate of Insurance



The following exclusions apply to Pre-Trip Cancellation:

We will not be liable for any expense arising directly or indirectly from:

- a. Any charges payable by the tour operator, hotel, airline or other carrier.
 - b. Any surcharges levied by the tour operator that increase the brochure prices.
 - c. Any losses arising from Your failure or delay in notifying the travel agent, tour operator or provider of service immediately it may be necessary to cancel Your travel arrangements.
 - d. Any loss arising from Your financial failure, insolvency, bankruptcy or default or the Participating Organization, the travel agent, tour operator or organizer, accommodation provider or carrier.
 - e. Your disinclination to travel.
 - f. Any Cancellation due to Accident or Illness that has not been confirmed as being Medically Necessary by a Physician.
 - g. The Pre-existing Medical Condition of Your Dependent or Close Relative before they purchased this Policy or the condition could have reasonably been expected to result in sudden deterioration in their health or their death or they had been given terminal prognoses.
 - h. If You are called as an expert witness or Your occupation normally requires their attendance at court.
 - i. You being aware at the time of purchasing this Policy of any reason why You might cancel.
-
- h) Money and/or documents left unattended by You in Your accommodation if the accommodation is left unlocked or the Money and/or documents were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
 - i) Money and/or documents in the custody of a person who does not have official responsibility for the safekeeping of the property

Trip Interruption

We will pay up to the amount shown in the Benefit Table following receipt by Us of proof of the cost to You of an economy one-way air or ground transportation ticket for Your to return to Your Home Country as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Bodily Injury or Illness of Your Partner, Dependents or Close Relative or the destruction of your Principal Residence by fire or storm following departure from Your Home Country.

Travel Delay

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return trip is delayed due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown .

The following exclusions are applicable to Travel Delay:

We will not pay any expense arising directly or indirectly from:

- a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operators ticket itinerary.
- b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
- c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the delay and the reason for such delay
- d. Your failure to accept alternative means of transport within the time delay period where and when offered to You on reasonable terms.
- e. Compensation is recoverable from the common carrier