



# BLUE

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## INSURANCES

### **Garda Representative Association Travel Insurance 2010/2011**

Policy Number: BI

#### Health Notice

If **You** or any person who is travelling has a pre-existing **Medical Condition** then **You** must declare that condition to Health Check 0818 286275.

**Please do not Curtail any Trip or incur inpatient medical expenses without first contacting Mondial Assistance UK Ltd +44 208 603 9929.**

Voted Best Travel Insurance Product 2005, 2006, 2007, 2008 & 2009  
by the Irish and Northern Irish Travel Trade

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# Introduction

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

It is very important that You read the whole of this policy before You travel and make sure You understand exactly what is and is not covered and what to do if You need to claim.

In return for **You** paying **Us** the insurance premium, **We** will pay up to the amounts shown in the policy schedules for any claim covered under this policy during the **Period of Insurance**, in accordance with the operative sections of **Your** policy as shown in **Your** validation certificate.

The validation certificate and any endorsements are all part of the policy.

The information **You** have supplied forms part of the contract of insurance with **Us**. **Your** policy is evidence of that contract.

## Relevant Facts

Before **You** travel **You** must tell **Us** about anything that may affect Your cover. If **You** are not sure whether something is relevant, **You** must tell **Us** anyway. **You** should keep a record of any extra information **You** give **Us**. If **You** do not tell **Us** about something that may be relevant, **Your** cover may be refused and **We** may not cover any related claims.

## Data Protection

Information about **Your** policy may be shared between Blue Insurances Ltd, Mondial Assistance (UK) Ltd and Mondial Assistance Europe NV for underwriting purposes.

**You** should understand that the sensitive health and other information **You** provide will be used by **Us**, **Our** representatives (if appropriate), the **Insurer**, other insurers and industry governing bodies and regulators to process **Your** insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **Your** information is held securely.

**Your** information will not be shared with third parties for marketing purposes. **You** have the right to access **Your** personal records.

## Arranged by **BLUE** INSURANCES

This travel insurance policy has been arranged by Blue Insurances Limited.  
Plaza 212, Blanchardstown Corporate Park, Blanchardstown, Dublin 15  
*Blue Insurances Limited is regulated by the Irish Financial Regulator.*

## Financial Services Compensation Scheme (FSCS)

For **your** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim.

Insurance cover provides protection for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS telephone number **+44 20 7892 7300**, or by visiting their website at **www.fscs.org.uk**.

## Master Certificate Number

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under the Master Certificate number **BLUE/MONDIAL/GRA/2010** issued to Blue Insurances.

## Period of Cover

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation certificate/invoice issued between 01.03.2010 and 28.02.2011 and for holidays or journeys commencing up to 29.02.2012.

## Renewal of Your Insurance Cover

A renewal notice will be sent to **You** prior to the expiry of the **Period of Insurance** as shown on **Your** validation certificate/booking invoice.

The terms of **Your** cover and the premium rates may be varied by **Us** at the renewal date. **We** will give **You** at least 21 days written notice before the renewal date should this happen.

At renewal **You** must tell **Us** about relevant facts and check to see that **You** still comply with the 'Important Conditions Relating to Health' (see pages 8-9) as this may affect the cover provided. If **You** do not comply with the 'Important Conditions Relating to Health', this may invalidate **Your** insurance.

## Residency

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

## Governing Law

Unless agreed otherwise, Irish law will apply and all communications and documentation in relation to this policy will be in English. In the event of a dispute concerning this policy, the Irish courts shall have exclusive jurisdiction.

## Insurer

Your Blue Insurance Travel Policy is underwritten by Mondial Assistance Europe N.V. other than cover for End Supplier Failure Insurance whereby these sections of cover are underwritten by a consortium of Association of British Insurers member companies and Lloyds Syndicates and provided by International Passenger Protection Limited.

## Third Party Rights

This contract of insurance is intended solely for the benefit of **You** and **Us**. Unless otherwise specifically provided, nothing in this contract of insurance shall be construed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to the contract of insurance.

## Territorial Limits

Worldwide including The United States of America, Canada and the Caribbean

# General 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. 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, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Section D – Personal Accident). Under Section B – Medical Expenses – In the event of private health insurance **Your** private health insurer must pay the first amount as stated in their policy and **We** will commence cover once that limit has been reached.

### 2. Reasonable Precautions

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

### 3. Maximum Age Limit

- Cover available up to 75yrs.

### 4. Statutory Cancellation Rights

**You** may cancel this policy within 14 days of receipt of the policy documents (new business) or for annual multi **Trip** policies the renewal date (the **Cancellation Period**) by writing to the issuing agent at the address shown on **Your** validation certificate during the **Cancellation Period**. Any premium already paid will be refunded to **You** providing **You** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. The policy will be cancelled with effect from its date of issue.

#### CANCELLATION OUTSIDE THE STATUTORY PERIOD

**You** may cancel this policy at any time after the **Cancellation Period** by writing to the issuing agent at the address shown on **Your** validation certificate. If **You** cancel after the **Cancellation Period** no premium refund will be made.

**We** reserve the right to cancel the policy by providing 21 days notice by registered post to **Your** last known address. No refund of premium will be made.

#### NON PAYMENT OF PREMIUMS

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

# Policy Schedule

Section/Description	Cover Limit	Excess
	(per Insured Person)	(per Insured Person)
<b>A. Cancellation or Curtailment</b>	Up to €4,500	€90 (Loss of deposit €40)
<b>B. Emergency Medical Expenses and other Expenses</b>		
Including Emergency Assistance Services	Up to €5,000,000	€90/ €125 over 65yrs
Emergency Dental Pain Relief	€500	
<b>C. Hospital Benefit</b>	€150 (€30 per day)	N/A
<b>D. Personal Accident</b>	Maximum Benefit €20,000	N/A
Loss of Limbs or Sight (Aged under 66yrs)	€20,000	
Permanent Total Disablement (Aged under 66yrs)	€20,000	
Death Benefit (Aged 18 to 65yrs)	€10,000	
Death Benefit (Under 18 or 66yrs & over)	€5,000	
All Benefits (66yrs & over)	€5,000	
<b>E. Personal Effects and Baggage</b>	Up to €2,000	€90
Single Item Limit	€250	
<b>Valuables</b> Limit in Total	€450	
Travel Documents	Up to €250	
Passport and Emergency Passport	Up to €250	N/A
Delayed <b>Baggage</b>	Up to €200 (€50 per 24hrs)	N/A
Tobacco, Alcohol, Fragrances	Up to €100	N/A
<b>F. Personal Money</b>	Up to €500	€90
Cash Limit	€350	
Cash (Aged under 18yrs)	€100	N/A
<b>G. Personal Liability</b>	Up to €2,000,000	€300
<b>H. Hijack</b>	€1,000 (€100 per day)	N/A
<b>I. Missed Departure</b>	Up to €1,500	€90
<b>J. Catastrophe</b>	Up to €750	€90
<b>K1. Delayed Departure</b>	€30 for each 12hrs (Up to Max €200)	N/A
<b>K2. Holiday Abandonment</b>	€4,500 (after 24hrs)	€90
<b>L. End Supplier Failure Insurance</b>	Up to €4,000	N/A
<b>M. Credit Card Fraud</b>	Up to €500	€90
<b>N. Overseas Legal Expenses and Assistance</b>	Up to €20,000	€250
<b>O. Strike</b>	Up to €200	N/A
<b>Optional Extra</b> (Only operative if indicated in the validation certificate and additional premium paid)		
<b>P. Cruise Connection Cover</b>	Up to €750	N/A
<b>Wintersports Included</b>	(per Insured Person)	(per Insured Person)
<b>Q1. Ski Equipment</b> Owned	Up to €400	€90
Hired	Up to €400	
Single Article Limit	Up to €400	
<b>Q2. Ski Hire</b>	€500 (€50 per day)	N/A
<b>Q3. Ski Pack</b>	€300 (€50 per day)	N/A
<b>Q4. Piste Closure</b>	€500 (€50 per day)	€90
<b>Q5. Avalanche Closure</b>	Up to €500	€90
<b>Golf Cover Included</b>	(per Insured Person)	(per Insured Person)
<b>R1. Golf Equipment</b>	Up to €1,500	€90
<b>R2. Golf Equipment Hire</b>	Up to €200	N/A
<b>R3. Green Fees</b>	Up to €200	N/A

# Definitions

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

**Baggage:** means luggage, clothing, personal effects, **Valuables, Golf Equipment** and other articles which belong to **You** (or for which **You** are legally responsible) which are worn, used or carried by **You** during any **Trip**.

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

**Business Equipment:** means items used by **You** in support of **Your** business activity including office equipment which is portable by design including, but not restricted to, personal computers, telephones and calculators forming part of **Your Baggage**.

**Business Trip:** means a **Trip** taken wholly or in part for business purposes but excluding manual work.

**Cancellation Period:** means the 14 days following the date the policy is received at new business or the 14 days from the renewal date.

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

**Close Relative:** means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, step parent, step child, step sister, step brother, foster child, legal guardian, next of kin, fiancé/fiancée, or civil partner (any couple, including same-sex, in a common law relationship or who have co-habited for at least 6 months).

**Curtailment/Curtail:** means either:

- a) abandoning or cutting short the **Trip** by immediate direct early return to **Ireland** in which case claims will be calculated from the day **You** returned to **Ireland** and based on the number of complete days of **Your Trip You** have not used, or
- b) by attending a hospital abroad as an in-patient or being confined to **Your** accommodation abroad due to 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.

**Excess:** Under most sections of the policy, claims will be subject to an **Excess**. This means that **You** will be responsible for paying the first part of each claim, per section, for each separate incident, payable for each **Insured Person**, unless the additional premium has been paid to waive the **Excess** and is shown in the validation certificate.

Where **Family Cover** or single parent **Family Cover** has been selected an overall **Excess** of two and a half times the standard **Excess** per **Insured Person** will apply. **Excess** waiver does not apply to Hazardous Activities: Grade 2-5.

**Family Cover:** means up to two adults and any number of their children, step children or foster children aged under 18 (or under 23yrs if living at **Home** and in full time education), accompanying the parents or legal guardian insured on the same policy travelling on any **Trip** to the same destination. Under annual multi **Trip** cover each adult is also insured to travel on their own. Each **Insured Person** under 16 is also insured to travel independently from their parents provided each child is accompanied by a responsible adult 18 years or over. Each **Insured Person** aged between 16 and 17 are only insured to travel independently from their parents provided each child is travelling on an organised school or college **Trip** only with a responsible adult 18 years or over.

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

**Hijack:** means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance that **You** are travelling in as a passenger.

**Home:** means normal place of residence in **Ireland**.

**Ireland:** means the Republic of **Ireland**.

**Incidental:** means happening on a casual or occasional basis.

**Medical Condition:** means any disease, illness or injury.

**Medical Practitioner:** means a registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

**Period of Insurance:** – means the period for which **We** have accepted the premium as stated. During this period any **Trip** not exceeding 60 days is covered. If **You** are aged 70-75 years cover is limited to 21 days. In any event **Winter Sports** cover is limited to 21 days (**Winter Sports** cover is only available to persons aged under 66 years at the time this policy was issued). Under these policies Section A – Cancellation Cover shall be operative from the start date this insurance is effected by **You** or at the time of booking any **Trip** (whichever is the later) and terminates on commencement of any **Trip**.

For all policy types; All other sections of the policy, whichever cover is selected, the insurance commences when **You** leave **Your Home** or in respect of a **Business Trip** **Your** place of business in **Ireland** (whichever is the later) to commence the **Trip** and terminates at the time of **Your** return to **Your Home** or place of business in **Ireland** (whichever is the earlier) on completion of the **Trip**.

Any **Trip** that had already begun when **You** purchased this insurance will not be covered, except where **You** renew an existing annual multi **Trip** policy which fell due for renewal during the **Trip**.

The **Period of Insurance** is automatically extended for the period of the delay in the event that **Your** return to **Ireland** is unavoidably delayed due to an event insured by this policy.

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

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

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

**Single Item:** Any one article pair or set of articles (including golf clubs) or collection which are used or worn together.

**Ski Equipment:** means skis (including bindings), ski boots, ski poles, snowboards, snowboard bindings and snowboard boots.

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

**Travelling Companion:** means a person(s) with whom **You** have booked to travel or are travelling with on the same booking invoice.

**Trip:** means any holiday, business or pleasure **Trip** or journey made by **You** within the area of travel shown in the validation certificate which begins and ends in **Ireland** during the **Period of Insurance** unless the **Trip** is a one way **Trip** or journey as defined under **Period of Insurance**.

In any event **Winter Sports** cover is limited to 21 days in total in each **Period of Insurance** (if **You** have paid the appropriate **Winter Sports** premium to include this cover). In addition any **Trip** solely within **Ireland** is only covered where **You** have pre-booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each **Trip** under annual multi **Trip** cover is deemed to be a separate insurance, each being subject to the terms, definitions, exclusions and conditions contained in this policy.

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

**United Kingdom (UK):** means England, Scotland, Wales and Northern Ireland.

**Valuables:** means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic, audio, video, computer, game console, television (including CDs, DVDs, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars, portable DVD players, ipods, MP3/4 players.

**We/Us/Our:** means for all sections other than End Supplier Failure Insurance, Mondial Assistance UK Ltd which administers the insurance on behalf of the Insurer. For End Supplier Failure Insurance, International Passenger Protection provide the insurance on behalf of the Insurer for this section.

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

**You/Your/Insured Person(s):** means each person travelling on a **Trip** whose name appears in the validation certificate.

# Important Conditions Relating to Health

 0818 286275

Quoting Reference: Blue GRA Annual Policy 2010/2011

**You** must comply with the following conditions to have 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.

At the time of taking out this policy:

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

## If No (including if **You** have had no **Medical Conditions**)

Please read the conditions below to see if they apply to **You**.  
(if none of them apply then **Your Medical Condition(s)** will be covered)

## If Yes

It is a condition of this policy that **You** will not be covered under Section A – Cancellation or **Curtailement** Charges, Section B – Emergency Medical and Other Expenses, Section C – Hospital Benefit, Section D – Personal Accident and Section R3 – Green Fees for any claims arising directly or indirectly from this **Medical Condition(s)** unless **You** contact **Us** on **0818 286275** and **We** have agreed in writing to cover **Your Medical Condition(s)**.

If **You** have only one **Medical Condition** and it is one of those shown in the table of NO screen conditions on the following page then this will be covered under the policy without the need to contact **Us**.

## In Either Circumstances:

It is a condition of this policy that **You** will not be covered under Section A – Cancellation or **Curtailement** Charges, Section B – Emergency Medical and Other Expenses, Section C – Hospital Benefit, Section D – Personal Accident and Section R3 – Green Fees for any claims arising directly or indirectly from:

A. At the time of taking out this policy:

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

B. At any time

- i) Any **Medical Condition** **You** have in respect of which a **Medical Practitioner** has advised **You** not to travel or would have done so had **You** sought his/her advice.
- ii) **You** will not be covered if **You** are travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment.
- iii) Any **Medical Condition** for which **You** are not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
- iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider.

**You** should also refer to the General Exclusions Applicable to All Sections on page 14.

**Please turn overleaf to see Medical Conditions which do not require screening.**

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

(for which **You** do not have to contact **Us** if **You** only have one of these)

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

# Emergency and Medical Service

Contact Mondial Assistance UK Ltd on

 +44 208 603 9929

Quoting Reference: Mondial Blue GRA Annual Policy 2010/2011

In the event of a serious illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation or in the event of **Curtalement** necessitating **You** early return **Home** or in the event of **You** incurring inpatient medical expenses. **You** must contact Mondial Assistance UK Ltd. 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 Mondial Assistance UK Ltd as soon as possible. Private medical treatment is not covered unless authorised specifically by Mondial Assistance UK Ltd.

## Medical Assistance Abroad

Mondial Assistance UK Ltd has the medical expertise, contacts and facilities to help should **You** be injured in an accident or fall ill. Mondial Assistance UK Ltd 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, Mondial Assistance UK Ltd must be contacted who will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic.

**You** must tell Mondial Assistance UK Ltd if **Your** medical expenses are over €250. If **You** are claiming for a minor illness or accident **You** should, where possible, pay the costs and reclaim the money from **Us** when **You** return. **You** can call 24 hours a day 365 days a year. For out-patient treatment, **You** should pay the hospital/clinic yourself and claim back medical expenses from **Us** on **Your** return **Home**. Beware of requests for **You** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call Mondial Assistance UK Ltd for guidance.

## Reciprocal Health Agreements

### EU, EEA or Switzerland

If **You** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **You** are strongly advised to obtain a European Health Insurance Card (EHIC) application from [www.ehic.ie](http://www.ehic.ie) or your local health board.

In the event of liability being accepted for a medical expense which has been reduced by the use of either a European Health Insurance Card or private health insurance, **We** will not apply the deduction of **Excess** under Section B - Emergency Medical and other Expenses.

### Australia

If **You** require medical treatment in Australia **You** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **You** must do this after the first occasion **You** receive treatment. Inpatient and out-patient treatment at a public hospital is then available free of charge.

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

Contact Mondial Assistance UK Ltd on telephone number: +44 208 603 9929.

# Hazardous Activities

## Hazardous Activities: Grade 1 – No Additional Charge

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

- Archery (amateur)
- Badminton (amateur)
- Baseball (amateur)
- Basketball (amateur)
- Beach Games
- Bungee Jump (1)
- Camel/Elephant Riding
- Canoeing (up to Grade 3)
- Clay Pigeon Shooting
- Cricket (amateur)
- Cycling (other than specified)
- Dinghy Sailing
- Fell Walking
- Fencing
- Fishing
- Football (amateur)
- GAA Football (amateur)
- Golf (amateur)
- Hiking (under 2,000 metres altitude)
- Hockey (amateur)
- Horse Riding (up to 7 days)
- Ice Skating (Rink only)
- Jet Boating
- Jet Ski-ing
- Jogging
- Manual Work (bar and restaurant, waitress, waiter, chalet maids, au pair and nanny's and occasional light manual work including retail
- work and fruit picking but excluding the use of power tools and machinery)
- Marathon Running (amateur)
- Motorcycling up to 50cc (wearing a crash helmet, no racing)
- Netball (amateur)
- Non manual work (including professional administrative or clerical duties only)
- Orienteering
- Outwardbound Pursuits
- Paintballing
- Parascending (over water)
- Pony Trekking
- Quad biking up to 50cc (wearing a crash helmet, no racing)
- Racquetball
- Rambling
- River Canoeing (up to Grade 3)
- Roller Skating
- Roller Blading
- Rounders
- Rowing
- Running – sprint/long distance (amateur)
- Safari (UK/Irl organised)
- Sail Boarding
- Sailing within territorial waters
- Scuba Diving\* down to 30 metres if qualified and not diving alone or accompanied by a qualified instructor (see notes below)
- Skate Boarding
- Snorkelling
- Squash (amateur)
- Surfing (amateur, under 14 days)
- Tennis (amateur)
- Tour Operator Safari
- Track Events
- Trekking (under 2,000 metres altitude)
- Volleyball (amateur)
- War Games
- Water Polo (amateur)
- Water ski-ing (amateur)
- Windsurfing (amateur)
- Yachting (racing/crewing inside territorial waters)

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

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

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

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

\* For the purposes of diving under Hazardous Activities: Grade 1.

\*\* Please see paragraph 7. in the General Exclusions Applicable to All Sections of the Travel Insurance Policy on page 14 for details of manual work which cannot be covered under this policy.

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

*Continued on the next page*

# Hazardous Activities

## Hazardous Activities: Grade 2 – 50% Loading to cover all activities or €30 per activity

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

Medical **Excess** increased to €320

Personal Accident Sum insured reduced by 50%

Personal Liability Cover is Excluded

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

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

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

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

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

\* For the purposes of diving under Hazardous Activities: Grade 2.

## Hazardous Activities: Grade 3 – 100% Loading to cover all activities or €75 per activity

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

Medical **Excess** increased to €650

Personal Accident Sum insured reduced by 50%

Personal Liability Cover is Excluded

- Abseiling
- American Football (amateur)
- Gliding
- Kayaking
- Motorcycling (with a motorcycle licence, over 50cc)
- wearing a crash helmet – no racing)
- Paragliding
- Rugby (amateur competition)
- Sand Yachting
- Tandem Skydive (up to 2 jumps maximum)
- Yachting (racing/crewing) – outside territorial waters

Continued on the next page

# Hazardous Activities

Hazardous Activities: Grade 4 – 200% Loading to cover all activities or €112.50 per activity

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

Medical **Excess** increased to €650

Personal Accident Sum insured reduced by 50%

Personal Liability Cover is Excluded

- Hang Gliding
- High Diving under 5m (amateur, excluding cliff diving)
- Horse Jumping (no Polo, Hunting)
- Micro Lighting
- Parasailing
- Rock Climbing (under 2,000m)
- Rock Scrambling (under 4,000m)
- Canyoning
- Kite Surfing

# General Exclusions Applicable to All Sections

We will not pay for claims arising directly or indirectly from:

1. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism\*, weapons of mass destruction.  
\* **Please Note:** This does not apply to the Emergency Medical and Other Expenses, Personal Effects and Baggage and Personal Accident sections of cover where the terrorist activity takes place during **Your 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. The following **Winter Sports** activities: Off piste skiing or snowboarding in areas designated as unsafe by local resort management unless accompanied by a locally qualified guide, skiing against local authoritative warning or advice, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
6. **Your** engagement in or practice of manual work including:
  - hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant (other than in a purely managerial/supervisory, sales or administrative capacity).
  - work in connection with a profession, business or trade for example: plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder.
  - working with wild animals of any kind.
  - work of any other kind except where shown as covered under Hazardous Activities: Grade 1.
7. **Your** engagement in or practice of: flying except as a fare paying passenger in a fully licensed passenger-carrying aircraft, the use of a motorised vehicle unless a full Irish driving licence is held permitting the use of such vehicles in **Ireland**, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions.
8. **Your** participation in or practice of any sport or activity unless:
  - a) Shown as covered without charge in the Grade 1 list on page 11 or
  - b) Shown as operative in **Your** validation certificate.
9. **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction), self-exposure to needless peril (except in an attempt to save human life).
10. Any circumstances **You** are aware of at the time of taking out this policy that could reasonably be expected to give rise to a claim on this policy.
11. **Your** own unlawful action or any criminal proceedings against **You**.
12. Any other loss, damage or additional expense following on from the event for which **You** are claiming unless **We** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **Bodily Injury** or illness.
13. Operational duties as a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section A - Cancellation or **Curtailed** Charges).
14. Loss of enjoyment or not wanting to travel.
15. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Department of Foreign Affairs\* or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel.  
\* **Contact details are:**  
80 St. Stephen's Green, Dublin 2.  
Telephone: (01) 4780822  
or refer to:  
[www.dfa.ie/services/traveladvice](http://www.dfa.ie/services/traveladvice)
16. Any epidemic or pandemic.

# Travel Insurance Policy

## Section A: CANCELLATION OR CURTAILMENT CHARGES

### WHAT IS COVERED

We will pay **You**, up to the amount shown in the policy schedule, for any irrecoverable unused travel and accommodation costs and other pre-paid charges (including sports, concert and entertainment tickets) which **You** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if

- a) cancellation of the **Trip** is necessary and unavoidable or
  - b) the **Trip** is **Curtailed** before completion
- as a result of any of the following events occurring:
1. The death, **Bodily Injury** or illness of:
    - a) **You**
    - b) **Your Travelling Companion**
    - c) any person with whom **You** have arranged to reside temporarily
    - d) **Your Close Relative**
    - e) **Your Close Business Associate**
  2. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law of **You** or **Your Travelling Companion**.
  3. Redundancy (which qualifies for payment under the current Irish redundancy payment legislation and at the time of booking the **Trip** there was no reason to believe anyone would be made redundant) of **You** or **Your Travelling Companion**.
  4. **You** or any person who **You** are travelling or have arranged to travel with are a member of the Armed Forces, Garda, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **Your**/their authorised leave cancelled or are called up for operational reasons, provided that such cancellation or **Curtailment** could not reasonably have been expected at the time when **You** purchased this insurance or at the time of booking any **Trip**.
  5. In the event of Burglary at **Your Home** within 48 hours of **Your** departure or the police requesting **You** to return to **Your Home** due to serious damage to **Your Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must obtain a medical certificate from a **Medical Practitioner** and prior approval of Mondial Assistance UK Ltd to confirm the necessity to return **Home** prior to **Curtailment** of the **Trip** due to death, **Bodily Injury** or illness.
2. If **You** fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel the **Trip**, **Our** liability shall be restricted to the cancellation charges 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 a **Medical Practitioner** stating that this necessarily and reasonably prevented **You** from travelling.

### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. The cost of recoverable airport charges and levies.
3. Any claims arising directly or indirectly from:
  - a) Redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date this insurance is affected by **You** or the time of booking any **Trip** (whichever is the earlier).
  - b) Circumstances known to **You** prior to the date this insurance is effected by **You** 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**.
  - c) **Your** carriers refusal to allow **You** to travel for whatever reason.
4. Travel tickets paid for using any mileage reward scheme, for example Air Miles.
5. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
6. Claims arising directly or indirectly as a result of **Your** failure to comply with the important conditions relating to health shown on pages 8 and 9.
7. **Your** failure to obtain the required passport or visa.
8. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.
9. Cutting short **Your Trip** unless we have agreed.

## Section B: EMERGENCY MEDICAL AND OTHER EXPENSES

### WHAT IS COVERED

We will pay **You**, up to the amount shown in the policy schedule, for the following expenses which are necessarily incurred as a result of **You** suffering unforeseen **Bodily Injury**, illness, disease and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside **Ireland**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of €250 incurred outside **Ireland**.
3. In the event of **Your** death outside **Ireland** the reasonable additional cost of funeral expenses abroad up to a maximum of €4,000 plus the reasonable cost of conveying **Your** ashes to **Your Home**, or the additional costs of returning **Your** remains 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 Mondial Assistance UK Ltd, reasonable additional transport or accommodation expenses for a friend, **Travelling Companion** or **Close Relative** to remain with **You** or travel to **You** from **Ireland** or escort **You** and additional travel expenses to return **You** to **Your Home** if **You** are unable to use the return ticket.
5. With the prior authorisation of Mondial Assistance UK Ltd, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **You** to **Your Home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless Mondial Assistance UK Ltd agree otherwise.

### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must give notice immediately to Mondial Assistance UK Ltd or **Us** of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an in-patient or before any arrangements are made for **Your** repatriation.
2. **You** must contact Mondial Assistance UK Ltd as soon as possible in the event of **You** incurring inpatient medical expenses relating to any one incident.
3. In the event of **Your Bodily Injury** or illness **We** reserve the right to relocate **You** from one hospital to another and arrange for **Your** repatriation to **Ireland** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance or Mondial Assistance UK Ltd **You** can be moved safely and/or travel safely to **Ireland** to continue treatment.
4. **You** must claim against **Your** private health insurer first for any inpatient medical expenses abroad up to **Your** policy limit.

### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Any claims arising directly or indirectly in respect of:
  - a) Costs of telephone calls, other than calls to Mondial Assistance UK Ltd 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.
  - b) The cost of taxi fares, other than those for travel to or from hospital relating to **Your** admission, discharge, attendance for outpatient treatment or appointments or for collection of medication prescribed by the hospital.
  - c) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.
  - d) Any expenses which are not usual, reasonable or customary to treat **Your Bodily Injury** or illness.
  - e) Any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and Mondial Assistance UK Ltd can be delayed reasonably until **Your** return to **Ireland**.
  - f) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **Ireland**.
  - g) Additional costs arising from single or private room accommodation.
  - h) Treatment or services provided by a health spa, convalescent or nursing **Home** or any rehabilitation centre unless agreed by Mondial Assistance UK Ltd.
  - i) Any expenses incurred after **You** have returned to **Ireland**.
  - j) Expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
  - k) Expenses incurred as a result of **Your** decision not to be repatriated after the date when in the opinion of Mondial Assistance UK Ltd it is safe to do so.
3. Claims arising directly or indirectly as a result of **Your** failure to comply with the important conditions relating to health shown on pages 8 and 9.
4. The cost of private treatment unless authorised specifically by Mondial Assistance UK Ltd.
5. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section C: HOSPITAL BENEFIT

### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the policy schedule, for every complete 24 hours **You** have to stay in hospital as an in-patient or are confined to **Your** accommodation due to **Your** compulsory quarantine on the order of a **Medical Practitioner** outside **Ireland** as a result of **Bodily Injury** or illness **You** sustain. **We** will pay the amount above in addition to any amount payable under section B – Emergency Medical and Other Expenses. This payment is meant to help **You** pay for additional expenses such as taxi fares and phone calls incurred during **Your** stay in hospital.

### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must give notice as soon as possible to Mondial Assistance UK Ltd or **Us** of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **Your** accommodation on the orders of a **Medical Practitioner**.

### WHAT IS NOT COVERED

1. Any claims arising directly or indirectly from:
  - a) Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.
  - b) Hospitalisation relating to any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and Mondial Assistance UK Ltd can be delayed reasonably until **Your** return to **Ireland**.
  - c) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing **Home** or any rehabilitation centre.
  - d) Hospitalisation, compulsory quarantine or confinement to **Your** accommodation on the orders of a **Medical Practitioner** as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
  - e) Any additional period of hospitalisation, compulsory quarantine or confinement to **Your** accommodation on the orders of a **Medical Practitioner** following **Your** decision not to be repatriated after the date when in the opinion of Mondial Assistance UK Ltd it is safe to do so.
2. Claims arising directly or indirectly as a result of **Your** failure to comply with the important conditions relating to health shown in pages 8 and 9.
3. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section D: 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 NCBI 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.

### WHAT IS COVERED

We will pay **You** the amount shown in the policy schedule, if **You** sustain **Bodily Injury** which shall solely and independently of any other cause, result within two years in **Your** death, loss of limb, loss of sight or permanent total disablement.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

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

#### PROVISIONS

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

#### WHAT IS NOT COVERED

1. Claims arising directly or indirectly as a result of **Your** failure to comply with the important conditions relating to health shown in pages 8 and 9.
2. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section E: PERSONAL EFFECTS AND BAGGAGE

#### WHAT IS COVERED

1. We will pay **You** up to the amount shown in the policy schedule for the accidental loss of, theft of or damage to **Baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage**). The maximum **We** will pay for any **Single Item**, and in total for **Valuables** is as shown in the policy schedule.
2. We will also pay **You** up to the amounts shown in the policy schedule for:
  - a) Delayed **Baggage** – The emergency replacement of clothing, medication and toiletries if the **Baggage** is temporarily lost in transit during the outward journey and not returned to **You** within 12 hours, provided written confirmation is obtained and sent to **Us** from the carrier, confirming the number of hours the **Baggage** was delayed. If the loss is permanent the amount paid will be deducted from the final amount to be paid under this section.
  - b1) Replacement of Passport – reasonable additional travel and accommodation expenses necessarily incurred outside **Ireland** to obtain a replacement of **Your** lost or stolen passport or visa which has been lost or stolen outside **Ireland**.
  - b2) Emergency Passport Travel – reasonable additional transport costs if **You** are unable to make **Your** pre booked return flight **Home** following the loss or theft of **Your** passport within 48 hours of **Your** pre booked return flight **Home**.

**You** may claim only under one of either Section E – Personal Effects and Baggage or Section S – Wedding/Civil Partnership for the same event, not both.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Baggage**. A Holiday Representative Report is not sufficient.
2. If **Baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **Baggage** is lost, stolen or damaged whilst in the care of an airline **You** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags for submission if a claim is to be made under this policy.
3. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule (except claims under subsection 2. a) above).
2. Loss, theft of or damage to **Valuables** or **Your** passport left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to **Baggage** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, mobile telephones or telecommunications equipment of any kind, deeds, manuscripts, securities, perishable goods, surfboards/sailboards bicycles, marine equipment or craft or any related equipment or fittings of any kind, **Ski Equipment** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
8. Claims arising for **Personal Money**.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other items used in connection with **Your** business, trade, profession or occupation.
11. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
12. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section F: PERSONAL MONEY

### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the policy schedule, for the accidental loss of, theft of or damage to **Personal Money** (including driving licence).

### SPECIAL CONDITIONS RELATING TO CLAIMS

- You** must report to the local Police in the country where the incident occurred within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Personal Money**. A Holiday Representatives report is not sufficient.
- Receipts for items lost, stolen or damaged must be retained as these will help **You** to substantiate **Your** claim.
- Please retain all travel tickets and tags for submission if a claim is to be made under this policy.

### WHAT IS NOT COVERED

- The **Excess** as shown in the policy schedule.
- Loss, theft of or damage to **Personal Money** left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
- Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuers conditions or where the issuer provides a replacement service.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
- Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section G: PERSONAL LIABILITY

### WHAT IS COVERED

**We** will pay up to the amount shown in the policy schedule, (inclusive of legal costs and expenses) against any amount **You** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

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

### SPECIAL CONDITIONS RELATING TO CLAIMS

- You** must give **Us** written notice as soon as possible of any incident, which may give rise to a claim.
- You** must forward every letter, writ, summons and process to **Us** as soon as **You** receive it.
- You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **Our** written consent.
- 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.
- 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.

### WHAT IS NOT COVERED

- The **Excess** as shown in the policy schedule.
- Compensation or legal costs arising directly or indirectly from:
  - Liability which has been assumed by **You** under agreement unless the liability would have attached in the absence of such agreement.
  - Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - Ownership possession or use of vehicles aircraft or watercraft (other than surfboards or manually propelled rowboats, punts and canoes).
  - The transmission of any communicable disease or virus.
  - Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **We** will not pay for the first €300 of each and every claim arising from the same incident).
- Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section H: HIJACK

### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the policy schedule, for the every completed period of 24 hours in the event of **Hijack** of the transport on which **You** are travelling.

### WHAT IS NOT COVERED

- Claims not substantiated by a written police report confirming the length and exact nature of the incident.
- Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section I: MISSED DEPARTURE

### WHAT IS COVERED

**We** will pay **You** up to the amount shown in the policy schedule for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **Your** overseas destination or returning to **Ireland** (including missing onward connecting flights between **Ireland** or mainland Europe only) 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 **Your** outward journey from **Ireland** or on the final part of **Your** return journey to **Ireland**, as a direct result of:

- the failure of other scheduled **Public Transport** or
- an accident to or breakdown of the vehicle in which **You** are travelling or
- an accident or breakdown occurring ahead of **You** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **You** are travelling or

4. strike, industrial action or adverse weather conditions.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. In the event of a claim arising from any delay occurring on a motorway or dual carriage way **You** must obtain written confirmation from the Police or emergency breakdown services of the location, reason for and duration of the delay.
2. **You** must allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.
3. **You** may claim only under Section K1 – Delayed Departure or Section I – Missed Departure for the same event, not both.

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action or air traffic control delay existing or publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip** whichever is the later.
  - 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 Irish 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. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section J: CATASTROPHE

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the policy schedule, in the event that the tour company is unable to assist and **You** are forced to move from the pre-booked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, tsunami, medical epidemic or local Government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred to continue with the **Trip** or, if the **Trip** cannot be continued for **Your** return **Home**.

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Claims where a report from local or national authority is not obtained stating that it was not acceptable for **You** to remain in **Your** booked accommodation.
3. Claims where the tour operator has made alternative arrangements.
4. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section K1/K2: DELAYED DEPARTURE/HOLIDAY ABANDONMENT

#### WHAT IS COVERED

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

- i) at least 12 hours from the scheduled time of departure in respect of subsection K1 – Delayed Departure (see below) due to: or
- ii) at least 24 hours from the scheduled time of departure in respect of subsection K2 – Holiday Abandonment (see below) due to:
  - a) strike or
  - b) industrial action or
  - c) adverse weather conditions or
  - d) mechanical breakdown of or a technical fault occurring in the scheduled **Public Transport** on which **You** are booked to travel **We** will pay **You**:

#### K1. Delayed Departure

The amount shown in the policy schedule for the first completed 12 hours delay and an additional amount for each full 12 hours delay thereafter up to the maximum amount shown in the policy schedule.

#### K2. Holiday Abandonment

Up to the amount shown in the policy schedule for any irrecoverable unused travel and accommodation costs and other prepaid charges which **You** have paid or are contracted to pay if after a minimum 24 hours has elapsed, **You** choose to cancel **Your Trip**.

**You** may claim only under subsection K1. or K2. above for the same event, not both.

**You** may claim only under Section K1 – Delayed Departure or Section I – Missed Departure for the same event, not both.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must check in according to the itinerary supplied to **You**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action or air traffic control delay existing or publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip** whichever is the later.
  - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Irish Aviation Authority or a Port Authority or any similar body in any country.
3. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section L: END SUPPLIER FAILURE INSURANCE

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by a consortium of Association of British Insurers member Companies & Lloyds Syndicates.

- The Insurer will pay** up to €4,000 in total for each Person-Insured named on the Invoice for:
- 1 Irrecoverable sums paid in advance in the event of insolvency of the Travel or Accommodation provider not forming part of an inclusive holiday prior to departure  
or
  - 2 In the event of insolvency after departure:
    - a) additional pro rata costs incurred by the Person-Insured in replacing that part of the travel arrangements to a similar standard to that originally booked  
or
    - b) if curtailment of the holiday is unavoidable - the cost of return transportation to the United Kingdom, Channel Islands, Isle of Man or Ireland to a similar standard to that originally booked.

**The Insurer will not pay for:**

- \* Travel or Accommodation not booked within the United Kingdom, Channel Islands, Isle of Man or Ireland prior to departure
- \* The Financial Failure of:
  - a) any Travel or Accommodation provider in Chapter 11 or any threat of insolvency being known at the date of issue of the Certificate
  - b) any Travel or Accommodation provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim)
  - c) any travel agent, tour organiser, booking agent or consolidator with whom the insured has booked travel or accommodation
- \* Any loss for which a third party is liable or which can be recovered by other legal means
- \* PROVIDED THAT in the case of 2(a) and (b) above where practicable the Person-Insured shall have obtained the approval of the insurer prior to incurring the relevant costs by contacting the insurer as set out below

Claims Procedure: International Passenger Protection claims only - any occurrence which may give rise to a claim should be advised as soon as reasonably practicable and in any event within 14 days to:

**International Passenger Protection Claims Office**

IPP House  
22-26 Station Road  
West Wickham  
Kent BR4 0PR  
United Kingdom

Facsimile: +44 (0)20 8776 3751  
Telephone: +44 (0)20 8776 3752  
Email: info@ipplondon.co.uk

IPP will only accept claims submitted up to six months after the failure.  
Any claims submitted after the six month period will NOT be processed.

ALL OTHER CLAIMS - REFER TO YOUR INSURANCE DOCUMENT AND SEE ALTERNATIVE CLAIMS PROCEDURE.

This Certificate is only a summary of the protection provided. A copy of Master Policy wording providing full details of the terms and conditions of this Insurance is available from the Policyholder upon request.

**NOTES ON END SUPPLIER FAILURE INSURANCE - ESF**

**We Cover:**

For the insolvency of any travel arrangements booked in the United Kingdom, Channel Islands, Isle of Man or Ireland (not forming part of an inclusive holiday) and not bonded or insured already.

These would include:

- Scheduled airlines (See PPIP);
- Hotels;
- Car ferries;
- Villa's abroad & cottages in the UK;
- Railway journeys including the Eurostar;
- Coach journeys;
- Cruises not bonded;
- Car hire;
- Caravan sites / campsites / mobile homes;
- Camper rental;
- Safaris;
- Excursions;
- Eurotunnel;
- Theme parks such as Disneyland Paris

**We Do Not Cover:**

The booking agent or consolidator.

**Section M: CREDIT CARD FRAUD**

**WHAT IS COVERED**

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

**WHAT IS NOT COVERED**

1. The **Excess** as shown in the policy schedule.
2. Claims where **You** can or could have recovered **Your** losses from any other source.
3. Claims where the card's reporting of loss procedures have not been followed.
4. Any costs incurred in the replacement or return of the lost or stolen card.
5. Claims occurring outside of 31 days from the date of return to **Your** normal country of residence.
6. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

**Section N: OVERSEAS LEGAL EXPENSES AND ASSISTANCE**

**WHAT IS COVERED**

We will pay up to the amount shown in the policy schedule for legal costs to pursue a civil action for

compensation if someone else causes **You Bodily Injury**, illness or death. Where there are two or more **Insured Person(s)** insured by this policy, then the maximum amount payable by **Us** for all such claims shall not exceed double the amount shown in the policy schedule.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

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

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Any claim where in the **Our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
3. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **Us**, Mondial Assistance UK Ltd or their agents, Blue Insurances, someone **You** were travelling with, a person related to **You**, or another **Insured Person**.
4. Legal costs and expenses incurred prior to **Our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded on the condition that **Your** action is successful (for example a Contingency Fee Agreement).
7. Legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
8. Legal costs and expenses incurred if an action is brought in more than one country.
9. Any claim where in **Our** opinion the estimated amount of compensation payment is less than €1,000 for each **Insured Person**.
10. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
11. Costs of any appeal.
12. Claims occurring within **Ireland**.
13. Claims by **You** other than in **Your** private capacity.
14. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section O: STRIKE

#### WHAT IS COVERED

**We** will pay **You** up to the amount shown in the policy schedule for any irrecoverable overseas accommodation costs at **Your Trip** destination which **You** have paid or are contracted to pay as a result of the cancellation of **Your** flight due to strike or industrial action taken by the airline on which **You** are due to travel.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. In the event of strike or industrial action **You** must:
  - a) obtain written confirmation from the airline of the date and duration on which this occurred.
  - b) provide **Your** unused travel tickets.
  - c) provide receipts or bills for any accommodation cost claimed for.
2. **You** may claim only under Section K1 - Delayed Departure or Section O - Strike for the same event, not both.

#### WHAT IS NOT COVERED

1. In the event of strike or industrial action any additional accommodation costs incurred by **You**:
  - a) where the airline has offered reasonable alternative travel arrangements.
  - b) which are recoverable from the airline or for which **You** receive or are expecting to receive compensation.
2. Claims arising directly or indirectly from strike or industrial action existing or being publicly announced prior to the date this insurance is effected by **You** or the time of booking any **Trip** whichever is the later.
3. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section P: CRUISE CONNECTION COVER

#### WHAT IS COVERED

**We** will pay **You** up to the amount shown in the policy schedule for reasonable additional onward travel expenses and accommodation (room only) necessarily incurred in reaching the next available embarkation point of **your** cruise itinerary if **You** fail to arrive at the original embarkation point in time to board **your** Cruise Ship on which **You** are booked to travel, or **your** failure to disembark at the original disembarkation place and time to reach **your** international flight departure point, as a direct result of:

1. the failure of any scheduled Public Transport
2. the failure of your booked Cruise Ship
3. strike, industrial action or adverse weather conditions.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must allow sufficient time for the scheduled Public Transport, Cruise Ship or other transport to arrive on schedule and to deliver **You** to **your** embarkation point or International Departure point.

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.

2. Claims arising directly or indirectly from:
  - a) Strike or industrial action or air traffic control delay existing or publicly announced by the date **You** purchased this insurance or at the time of booking any **Trip** whichever is the later.
  - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Irish Aviation Authority or a Port Authority or any similar body in any country.
3. Additional expenses where the scheduled Public Transport operator has offered reasonable alternative travel arrangements.
4. Any delay caused by quarantine on the Cruise Ship due to contagious disease.
5. Anything mentioned in the general exclusions

## Sections Q1-Q5: WINTER SPORTS

(Only operative if **You** are aged under 66yrs at the time this policy is issued).

### COVER IN RESPECT OF SECTIONS Q1-Q5 ONLY OPERATES:

1. Under annual multi **Trip** policies for a period not exceeding 21 days in total in each **Period of Insurance**.

## Section Q1: SKI EQUIPMENT

### WHAT IS COVERED

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

#### Age of Item      Amount Payable

Up to 1 year old	– 90% of purchase price
Up to 2 years old	– 70% of purchase price
Up to 3 years old	– 50% of purchase price
Up to 4 years old	– 30% of purchase price
Up to 5 years old	– 20% of purchase price
Over 5 years old	– No payment

The maximum **We** will pay for any **Single Item** is shown in the policy schedule.

### SPECIAL CONDITIONS RELATING TO CLAIMS

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

### SPECIAL NOTE

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

### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Loss, theft of or damage to **Ski Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
3. Loss or damage due to delay, confiscation or detention by customs or other authority.
4. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
5. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section Q2: HIRE OF SKI EQUIPMENT

### WHAT IS COVERED

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

### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
2. For items damaged whilst on **Your Trip**, **You** must obtain an official report from a retailer confirming the item is damaged and beyond repair.
3. If **Ski Equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
  - a) obtain a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).

- c) retain all travel tickets and tags for submission if a claim is to be made under this policy.
4. Receipts for items lost, stolen or damaged must be retained as these will help **You** to substantiate **Your** claim.

#### WHAT IS NOT COVERED

1. Loss, theft of or damage to **Ski Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - a) overnight between 9pm and 8am (local time) or
  - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
2. Loss or damage due to delay, confiscation or detention by customs or other authority.
3. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section Q3: SKI PACK

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the policy schedule:

- a) For the unused portion of **Your** ski pack (ski school fees, lift passes and hired **Ski Equipment**) following **Your Bodily Injury** or illness.
- b) For the unused portion of **Your** lift pass if **You** lose it.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must provide written confirmation from a **Medical Practitioner** that such **Bodily Injury** or illness prevented **You** from using **Your** ski pack.

#### WHAT IS NOT COVERED

1. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section Q4: PISTE CLOSURE

#### WHAT IS COVERED

**We** will pay **You**, up to the amount shown in the policy schedule, for the cost of transport organised by the tour operator to an alternative site if due to lack of snow conditions results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski. The cover only applies:

- a) To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
- b) To **Trips** taken outside **Ireland** during the published ski season for **Your** resort.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

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

#### WHAT IS NOT COVERED

1. Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **You**.
2. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section Q5: AVALANCHE CLOSURE

#### WHAT IS COVERED

**We** will pay **You** up to the amount shown in the policy schedule for the cost of transport organised by the tour operator to an alternative site if an avalanche results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski. The cover only applies:

- a) To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
- b) To **Trips** taken outside **Ireland** during the published ski season for **Your** resort.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

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

#### WHAT IS NOT COVERED

1. The **Excess** as shown in the policy schedule.
2. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

### Section R1: GOLF EQUIPMENT

#### WHAT IS COVERED

**We** will pay **You** up to the amount as shown in the policy schedule for loss, theft, or damage to **Your Golf Equipment**. The amount payable will be at today's prices less a deduction for wear and tear and depreciation (calculated from the table below), or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Golf Equipment**. The maximum **We** will pay for any **Single Item** is shown in the policy schedule.

#### Age of Item      Amount Payable

Up to 1 year old	– 90% of purchase price
Up to 2 years old	– 70% of purchase price
Up to 3 years old	– 50% of purchase price
Up to 4 years old	– 30% of purchase price
Up to 5 years old	– 20% of purchase price
Over 5 years old	– No payment

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must report to the police in the country where the incident occurred within 24 hours of discovery and obtain a written report of the loss or theft of all **Golf Equipment**. A Holiday

- Representatives Report is not sufficient.
- If **Golf Equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If **Golf Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
    - obtain a Property Irregularity Report from the airline.
    - give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
    - retain all travel tickets and tags for submission if a claim is to be made under this policy.
  - The maximum payment for any **Single Item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is €75, subject to a maximum of €300 for all such items.

#### WHAT IS NOT COVERED

- The **Excess** as shown in the policy schedule.
- Loss, theft or damage to **Golf Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - overnight between 9pm and 8am (local time) or
  - at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- 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.
- Claims arising for loss, theft or damage of **Golf Equipment** carried on a vehicle roof rack.
- Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
- Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section R2: GOLF EQUIPMENT HIRE

#### WHAT IS COVERED

**We** will pay **You** up to the amount as shown in the policy schedule for each 24 hour period, for the cost of necessary hire of **Golf Equipment** following:

- accidental loss of, theft of or damage to **Your Golf Equipment**; or
- the temporary loss in transit during the outward journey for at least 24 hours of **Your Golf Equipment**.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

- You** must report to the police in the country where the incident occurred within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Golf Equipment**.
- For items damaged whilst on **Your Trip** **You** must obtain an official report from an appropriate retailer confirming the item is damaged and beyond repair.
- If **Your Golf Equipment** is temporarily lost in transit **You** must obtain written confirmation from the carrier as to the exact nature and length of time temporarily lost.
- If **Your Golf Equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **You** must report to them, in writing, details of the loss, theft or damage and obtain written confirmation. If **Your Golf Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
  - obtain a Property Irregularity Report from the airline.
  - give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - retain all travel tickets and tags for submission if a claim is to be made under this policy.
- You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

#### WHAT IS NOT COVERED

- Loss, theft or damage to **Golf Equipment** left **Unattended** at any time or contained in or stolen from an **Unattended** vehicle:
  - overnight between 9pm and 8am (local time) or
  - at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- 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.
- Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
- Claims arising for loss, theft or damage of **Golf Equipment** carried on a vehicle roof rack.
- Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Section R3: GREEN FEES

#### WHAT IS COVERED

**We** will pay **You** up to the amount shown in the policy schedule, for the proportionate value of any nonrefundable, pre-paid green fees, **Golf Equipment** hire or tuition fee necessarily unused

due to the following:

- a) **Your Bodily Injury** or illness, or
- b) The loss or theft of **Your** pre-booked and pre-paid documentation which prevents **Your** participation in the pre-paid golfing activity.
- c) The closure due to adverse weather conditions of the golf course.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of **Your** documentation.
2. For claims as a result of **Your Bodily Injury** or Illness **You** must obtain a report substantiating **Your Medical Condition**, its occurrence and **Your** inability to play golf from the treating doctor.
3. **You** must obtain written confirmation from the golf club of the time(s) and date(s) of the golf course closure due to adverse weather conditions.

#### WHAT IS NOT COVERED

1. Claims arising directly or indirectly as a result of **Your** failure to comply with the important conditions relating to health shown on pages 8 and 9.
2. Anything mentioned in the General Exclusions Applicable to All Sections on page 14.

## Claims Procedure

**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.

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

Ref: Blue GRA Annual Policy 2010/2011

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

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

### 1. Claims

#### All Claims other than End Supplier Failure Insurance

**Blue GRA Travel Claims** (Ref: Blue GRA Annual Policy 2010/2011)

Mondial Assistance Europe N.V., c/o Mondial Assistance Ireland Limited, 511 Q House, Furze Road, Sandford Industrial Estate, Dublin 18  
Phone: 01 6373645

#### Making a Claim for End Supplier Failure Insurance

To claim, either visit the IPP website at [www.ipplondon.co.uk](http://www.ipplondon.co.uk) and download a claim form and post this to:

IPP Claims Office, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom

or write to:

IPP Claims Office, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom

Phone **+44 (0)20 8776 3752** Fax **+44 (0)20 8776 3751**

Email [info@ipplondon.co.uk](mailto:info@ipplondon.co.uk) Website [www.ipplondon.co.uk](http://www.ipplondon.co.uk)

Contact the IPP Claims Office within 14 days, using the details shown above.

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 postmortem examination.

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

**You** will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

#### For all claims

- **Your** original **trip** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out of pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support **your** claim.

#### Cancellation or curtailment charges

- If **you** need to curtail **your** **trip** call **+44 20 8603 9929** or Textphone **+44 20 8666 9562**.
- Original cancellation invoice(s) detailing all cancellation charges incurred.

• For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.

• If **you** claim results from any other circumstances, please provide evidence of these circumstances.

#### **Emergency Medical and other expenses/Hospital benefit**

• Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£250**.

• Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.

• If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### **Personal accident**

• Detailed account of the circumstances surrounding the event (including, photographs and video evidence if this applies).

• Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given including, hospital admission / discharge.

• Full details of any witnesses, providing written statements where available.

• A certified copy of the death certificate if this applies.

#### **Personal Effects and baggage/Personal money**

• Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.

• If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.

• Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **baggage**.

• Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Euros.

• Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.

• Obtain an estimate for repair for all damaged items.

• Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

#### **Personal liability**

• A detailed account of the circumstances surrounding the claim (including, photographs and video evidence if this applies).

• Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.

• Full details of any witnesses, providing written statements where available.

#### **Hijack**

• Supporting evidence from the appropriate authority confirming the hijack.

#### **Missed departure**

• Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle **you** were travelling in.

#### **Catastrophe**

• Written confirmation from the local or national authority stating that it was not acceptable for **you** to remain in **your** booked accommodation.

#### **Delayed departure/Holiday abandonment**

• Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

#### **End Supplier Failure Insurance**

• Contact the IPP claims office within 14 days.

#### **Credit Card Fraud**

• Written confirmation from **your** card issuer that your credit or cash card has been stolen or lost or fraudulently used.

#### **Overseas Legal expenses and assistance**

• Detailed account of the circumstances surrounding the event (including, photographs and video evidence if this applies) within 90 days of the event causing **your** claim.

• Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.

• Full details of any witnesses, providing written statements where available.

#### **Strike**

• Written confirmation from the airline of the date and duration on which the strike or industrial action occurred.

• Provide **your** unused travel tickets.

• Provide receipts or bills for any accommodation costs lost.

#### **Ski equipment/hire of ski equipment**

• All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.

• All hire receipts and luggage labels / tags.

• A written report from **your** airline or other carrier if **your** **ski equipment** is delayed or misdirected.

#### **Ski pack**

• Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.

• If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### **Piste closure**

• Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

#### **Avalanche closure**

• Written confirmation from **your** tour operator or the local authority confirming the event.

## 2. Subrogation

**We** are entitled to take over and conduct in **Your** name the defence and settlement of any legal action.

**We** may also take proceedings at **Our** own expense and for **Our** own benefit, but in **Your** name, to recover any payment **We** have made under this policy to anyone else.

### 3. Fraud

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

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

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

Then

- We** shall not pay the claim
- We** shall not pay any other claim which has been or will be made under the policy
- We** may at **Our** option declare the policy void
- We** shall be entitled to recover from **You** the amount of any claim already paid under the policy
- We** shall not make any return of premium
- We** may inform the police of the circumstances.

## Complaints Procedure

### Making Yourself Heard

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

### Who to Contact?

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

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

### When **You** Contact Us:

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

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

### Step One – Initiating **Your** Complaint

Does **Your** complaint relate to:

- Your** policy?
- A claim on **Your** policy?

If A, **You** need to contact the agent who sold **You** **Your** policy. If B, for all sections other than End Supplier Failure Insurance, **You** need to contact Mondial Assistance UK Ltd Travel Insurance Claims on Tel 00353 1 6373645. For End Supplier Failure Insurance, **You** need to contact International Passenger Protection claims on +44 208 776 3752.

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **You** are not satisfied, **You** can take the issue further:

### Step Two – Contacting Mondial Assistance UK Ltd and International Passenger Protection

If **Your** complaint is one of the few that cannot be resolved by this stage please contact:

#### Mondial Assistance UK Ltd

The Quality Standards Manager Mondial Assistance (UK) Limited, Mondial House, 102 George Street, Croydon, CR9 1AJ, United Kingdom

#### International Passenger Protection

The Claims Manager, IPP Claims Office, IPP House, 22-26 Station Road, West Wickham, Kent, BR4 0PR, United Kingdom

### Step Three – Beyond Mondial Assistance UK Ltd and International Passenger Protection

If **We** have given **You** **Our** final response and **You** are still dissatisfied **You** may refer **Your** case to the Financial Services Ombudsman (FSO) in **Ireland**.

The FSO is an independent body that arbitrate on complaints about general insurance products. It will only consider complaints after **We** have provided **You** with written confirmation that **Our** internal complaints procedure has been exhausted. The Ombudsman can be contacted at:

Financial Services Ombudsman, Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2. Tel: 01 662 0899, Fax: 01 662 0890, E-mail: enquiries@financialombudsman.ie  
Referral to the FSO will not affect **Your** right to take legal action against **Us**.

### Our Promise to **You**

- Acknowledge written complaints promptly.
- Investigate quickly and thoroughly.
- Keep **You** informed of progress.
- Do everything possible to resolve **Your** complaint.
- Learn from **Our** mistakes.
- Use information from complaints to continuously improve **Our** service.

To help **Us** improve **Our** service **We** may record or monitor telephone calls.

# Compliance Statement

**Your** Garda Representative Association Insurance is arranged by Blue Insurances Limited regulated by the Irish Financial Regulator and EEA Authorised to provide Insurance Services in the United Kingdom by the Financial Services Authority.

Registered in Ireland No 345681 Registered Office: Address Plaza 212, Blanchardstown, Corporate Park, Blanchardstown, Dublin 15

Sections A – K2 and M – R3 of **Your** Garda Representative Association Insurance is underwritten by Mondial Assistance Europe N.V. and is administered as a branch in the UK by:

Mondial Assistance (UK) Limited, Registered in England No 1710361 Registered Office: Mondial Assistance (UK) Limited, Mondial House, 102 George Street, Croydon CR 9 1AJ. [www.mondial-assistance.co.uk](http://www.mondial-assistance.co.uk)

Mondial Assistance (UK) Limited is authorised and regulated by the Financial Services Authority (FSA ). Mondial Assistance Europe N.V. is authorised by De Nederlandsche Bank (DNB ) in the Netherlands and regulated by the Irish Financial Services Regulatory Authority (Financial Regulator) for the conduct of Irish business by way of the Freedom of Services into Ireland in accordance with the European Union Third Non-Life Directive.

Mondial Assistance (UK) Limited will act as agent for Mondial Assistance Europe N.V. with respect to the receipt of customer money and for the purpose of settling claims and handling premium refunds.

Blue Insurances Limited will act as agent for Mondial Assistance Europe N.V. with respect to the receipt of customer money and handling premium refunds.

Section L of **Your** Garda Annual Representative Association Insurance is underwritten by a consortium of Association of British Insurers member companies and Lloyds Syndicates and is administered by


International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR 4 OPR United Kingdom.

International Passenger Protection Limited and the consortium of Association of British Insurers member companies and Lloyds Syndicates are authorised and regulated by the Financial Services Authority (FSA ).


International Passenger Protection Limited will act as agent for the consortium of Association of British Insurers member companies and Lloyds Syndicates with respect to the receipt of customer money and for the purpose of settling claims.

On behalf of International Passenger Protection Limited; Blue Insurances Limited, Mondial Assistance (UK) Limited and Mondial Assistance Europe N.V. will act as agent for the receipt of customer money and handling of premium refunds.

## Customer Services


 0818 286 451

## Health Declaration


 0818 286 275

(to declare a medical condition or change in your circumstances)

## 24-hr Emergency Medical Assistance

 +44 208 603 9929

## Travel Claims

 01 637 3645

This policy is available in large print, audio and Braille.

Please contact us on

 0818 286 451

and we will be pleased to organise an alternative version for you.

**BLUE**  
INSURANCES