

PERSONAL

TRAVEL MEDICAL EXPENSES POLICY FOR JOURNALISTS

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OUR FULL TERMS AND CONDITIONS

Here are the full Terms and Conditions that govern our policies.

We have tried to make them as straight forward as possible. If you want more details or an explanation of any of the terms then please do get in touch.

This Policy is a contract between the **MASTER POLICYHOLDER** and the **Insurer** and is comprised of these Policy Terms and Conditions, the Application Form and the Confirmation of Cover.

The Insurer agrees to provide the insurance cover detailed in this Policy for the perils / cover shown as being included on the Covered Individual's Confirmation of Cover.

The Insurer will only provide cover to those person(s) shown as being a Covered Individual on their Confirmation of Cover for the Period of Insurance stated, provided that (i) the Covered Individual is a member of the International Federation of Journalists, (ii) the required premium has been paid in full and (iii) and the Insurer has accepted the On-Line Application Form for Insurance.

If in the event of a claim the Insurer may be required to undertake work to identify or assist in the identification of the Covered Individual's beneficiary(ies); the Insurer may charge an additional fee commensurate with the level of work involved in locating such person(s). In such an event the fees will not exceed EUR 1,000.

IMPORTANT INFORMATION

We would like to draw Your attention to important information about Your policy including:

Eligibility: Persons eligible to be a Plan Participant under the Policy are those persons described as an Eligible Class in the 'Meaning of Words' section below: We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, your policy will no longer be valid. Our only obligation is to refund any premium paid for that person.

Changes to Your Policy: You must answer all questions about this policy honestly and fully at all times. You must also tell Us straight away if anything that You have already told Us changes by calling Us on +44 (0) 330027 0999. If You do not tell Us Your policy may be cancelled and any claim You make may not be paid.

Conditions and Exclusions: There are conditions and exclusions which apply to each individual section of Your policy and there are general conditions and exclusions which apply to the whole of Your policy. See pages 29 to 33.

COVID-19: This policy covers You for medical expenses arising from Covid19 infection while You are outside Your Home Country. The Covid19 benefit is available for COVID-19 (the disease); SARS-Cov-2 (the virus); and any mutation or variation of SARS-CoV-2. For the avoidance of doubt, cover for COVID-19 is only applicable to Section 2, Medical and additional travel expenses and to no other section of this policy.

INSURER

Travel medical insurance plan administered by battleface Insurance Services Ltd.

Insurance benefits are underwritten by Crum & Forster, SPC. C&F and Crum & Forster are registered trademarks of Crum & Forster, SPC. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2023.

Participating Organization:	International Federation of Journalists
Master Policy Holder:	Fairmont Specialty Trust
Policy Holder Address:	ITA GlobalTrust, LTD Suite 4210, 2nd Floor Canella Court, 48 Market St, Camana Bay PO Box 32203, Grand Cayman KY1-1208, Cayman Islands
Master Policy Number:	CC010076
Master Policy Effective Date:	December 1 2023
Master Policy Expiration Date:	November 30 2024

The Period of Cover is stated on the Insurance Certificate

The Policy is a legal contract between the Master Policy holder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as "the Company"). This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands. This Policy is not subject to U.S. jurisdiction.

Master Policy means that certain group insurance policy issued to Fairmont Specialty Trust.

Underwriter and Company shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE. READ IT CAREFULLY. THE POLICY IS NOT RENEWABLE

The Company agrees to provide insurance, in exchange for payment of the required premium. Coverage is subject to the terms and conditions described in the Policy. The Company and the Policyholder have agreed to all the terms and conditions of the Policy.

The Company hereby insures all persons whose application has been accepted by Our administrator on behalf of the Company, subject to all the exclusions, limitations and provisions set forth in this Policy. Coverage is afforded only with respect to the Covered Person, the coverage, the amounts, and the limits specified in the Confirmation of Cover issued to the Covered Person, for which premium has been paid.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

Subscription Agreement:

I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended to Plan Participants under the Trust by Crum & Forster SPC ("the Company") to Plan Participants under the Trust (the "Coverage").

I understand that the Coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country.

I understand that the Coverage extended to me will terminate upon my return to my Home Country.

I understand that I may obtain full details of the insurance by requesting a copy of the Master Policy from the Plan Manager.

I understand that the liability of the Company as insurer of the Coverage is as provided in the Master Policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the Coverage extended to them.

The Plan Administrator shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any premium payment due in respect of the Coverage extended to them, subject to the discretion of the Insurance Company, such Coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Plan Administrator in connection with its participation in the Plan and/or the subscription for the Coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties").

The Plan Participant acknowledges that certain of such information will be relied upon by the Company as insurers of the Coverage and that any inaccuracy therein may result in the invalidity of such Coverage as it relates to the Plan Participant, the loss of Coverage and all monies paid in relation thereto.

The Plan Participant hereby undertakes to inform the Plan Administrator of any change to any of matter that forms the subject of any of the Representation & Warranties.

The Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Plan Administrator of any change in any matter that forms the subject of any of the Representation & Warranties.

The Plan Participant agrees that the Plan Administrator shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by the Plan Administrator acting in accordance with any such instruction.

Payments under the terms of the Coverage shall be paid by the Insurers to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The Plan Administrator shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the insurance is appropriate for me and that I meet the eligibility criteria.

INTRODUCTION TO YOUR POLICY

Please read this document and Your Confirmation of Cover very carefully to ensure You understand the extent of the cover, exactly what is and is not covered, the conditions of cover, and that this meets Your requirements.

This policy document provides You with the terms, conditions and exclusions of the insurance cover, together with information that will help You in the event of an emergency. The policy contains different levels of cover, some of which do not apply unless You have paid the appropriate additional premium. Conditions and exclusions will apply to individual sections of Your policy while general exclusions, conditions and notes will apply to the whole of Your policy.

We will provide the services and benefits described in this policy:

- during the Period of Insurance
- within the Geographical Limits
- subject to the Limits of Cover, and all other terms, conditions and exclusions contained in this policy
- following payment of the appropriate premium for the level of cover selected.

All coverage will cease when a person becomes a resident of the country they are visiting.

Please keep this document in a safe place and take it with You when You travel in case You need assistance or need to make a claim.

Benefits under this policy are underwritten by Crum & Forster SPC and administered on their behalf by battleface Insurance Services Limited, Suite 24, 80 Churchill Square, Kings Hill, West Malling, Kent, ME19 4YU, UK. battleface Insurance Services Limited is regulated and authorised by the Financial Conduct Authority (registration 774757) in the UK.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

GENERAL POLICY DEFINITIONS / MEANING OF WORDS

For the purpose of these Policy Terms and Conditions the following definitions shall apply. Where these defined words are used in this Policy they are capitalised:

‘ACCIDENT’ means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance and shall also include disappearance. If the Covered Individual disappears, is not found within 12 (twelve) months of disappearing, and sufficient evidence is produced satisfactory to the Insurer that leads them inevitably to the conclusion that the Covered Individual has sustained Bodily Injury and that such injury has caused the Covered Individual’s death, the Insurer shall forthwith pay any death benefit, where applicable, under this Insurance provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Insurer if the Covered Individual is subsequently found to be living as a prerequisite to the payment of such benefit.

‘APPLICATION FORM’ means the on-line Application for Insurance for Journalists Personal Accident and Travel Cover completed by the Covered Individual.

‘BENEFITS’ means the benefits provided by this Policy as shown on the Confirmation of Cover.

‘BODILY INJURY’ means identifiable physical injury which

- a) is sustained by the Covered Individual, and
- b) is caused by an Accident, and
- c) solely and independently of any other cause, except Illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or Permanent Total Disablement of the Covered Individual within 12 (twelve) months from the date of the Accident.

‘CONFIRMATION OF COVER’ means the validation page issued in respect of this policy which sets out the names of the Insured Persons, the Geographical Limits, the Period of Insurance, additional cover options and any other special conditions and terms.

‘COUNTRY OF DOMICILE’ means the country shown as the Contact Address for the Covered Individual as stated on the Confirmation of Cover.

‘COVERED INDIVIDUAL’, PLAN PARTICIPANT ‘YOU’ or ‘YOUR’ means the individual shown in the Confirmation of Cover.

‘ELIGIBLE CLASS’ To be an eligible Plan Participant, You must be:

- a) traveling outside of Your Home Country;
- b) 1 month or over on the date of travel and 79 years or under when the trip, for which this insurance is purchased, finishes. If You are under age 18 You must be travelling with an Insured Person aged 18 or over; and
- c) enrolled as a member of a member organisation of the International Federation of Journalists and be in possession of valid membership documents which have been uploaded as evidence of membership.

‘ILLNESS’ means sickness or disease of the Covered Individual which first manifests itself during the Period of Insurance.

‘INSURANCE’ means this policy of insurance, comprised of these Terms and Conditions, the Application Form and the Confirmation of Cover.

‘INSURER’, ‘US’, ‘OUR’ or ‘WE’ battleface Insurance Services Limited, administering policies on behalf of the Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust.

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

‘LOSS OF SIGHT’ means total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what You should see at 60 feet.)

‘MEDICAL PRACTITIONER’ means a registered, qualified, practicing member of the medical profession, who is not related to the Covered Individual(s).

‘POLICY INCEPTION DATE’ as stated on Your Confirmation of Cover means the date on which the cover under Your insurance starts. If You purchased the cover whilst on a trip, cover starts twenty four (24) hours after the time of purchase.

‘PERIOD OF INSURANCE’ means the period shown on Your Confirmation of Cover.

‘PERMANENT TOTAL DISABLEMENT’ means disablement which entirely prevents the Covered Individual from attending to any business or occupation for which they are reasonably suited by training, education or experience and which lasts twelve months and at the end of that period is beyond hope of improvement.

‘PRE-EXISTING CONDITION’ means any

- a) condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during twelve (12) months immediately preceding the Policy Inception Date;
- b) condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within twelve (12) months immediately preceding the Policy Inception Date;
- c) injury, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of completion of the Application Form or within twelve (12) months immediately preceding the Policy Inception Date.

‘SUM INSURED’ means the sum insured by this Insurance detailed in the Confirmation of Cover for the Covered Individual.

‘TRIP’ means a journey within the country(ies) stated on Your Confirmation of Cover, during the Period of Insurance

SECTION 1 - ACCIDENTAL DEATH AND DISABLEMENT

What is covered:

We will pay one of the benefits shown in the Schedule of Benefits for the cover level as shown on Your Confirmation of Cover If You suffer Bodily Injury as a result of an Accident during the Trip which, within 12 months of the date of the Accident, is the sole and direct cause of Your death or Loss of Limb, Loss of Sight or Permanent Total Disablement

EXCLUSIONS - SECTION 1

This Insurance does not cover claims caused or contributed to by:

- a) injury not caused solely by an Accident;
- b) Your disablement caused by mental or psychological trauma not involving Your Accidental Bodily Injury;
- c) any more than one payment for one item under this section;
- d) a Covered Individual engaging in any occupation involving significantly greater risk or hazard than that declared to Us when this insurance was taken out;
- e) the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials;
- f) nuclear reaction, nuclear radiation or radioactive contamination;
- g) the Covered Individual engaging in or taking part in armed forces service or operations as an active participant;
- h) the Covered Individual engaging in flying of any kind other than as a passenger;
- i) the Covered Individual's suicide or attempted suicide or intentional self-injury or the Covered Individual being in a state of insanity;
- j) venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
- k) the Covered Individual's deliberate exposure to exceptional danger (except in an attempt to save human life or as part of their work as a journalist);
- l) the Covered Individual's own criminal act;
- m) the Covered Individual being under the influence of alcohol or drugs;
- n) pregnancy or childbirth;
- o) neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.
- p) any Pre-existing Condition
- q) anything mentioned in the General Exclusions

CONDITIONS - SECTION 1

1. If the Covered Individual shall regularly engage in any occupation, sport, pastime or other activity in which materially greater risk may be incurred than previously disclosed in connection with this Insurance without first notifying the Insurer and obtaining their written agreement to the inclusion under this Insurance, (subject to the payment of any additional premium as the Insurer may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any Accident or Illness arising from such activity.
2. Unless otherwise declared to and agreed by the Insurer no benefit will be payable for any condition for which the Covered Individual has sought advice, diagnosis, treatment or counselling or of which the Covered Individual was or should reasonably have been aware at inception of this Insurance or for which the Covered Individual has been treated at any time prior to inception of this Insurance.
3. Notice must be given to the Assistance Company as detailed in this Policy as soon as reasonably practicable of any Accident or Illness which causes or may cause a claim within the meaning of this Insurance, and the Covered Individual must as early as possible seek the attention of a duly qualified Medical Practitioner. Notice must be given to the Insurer as soon as reasonably practicable in the event of the death of the Covered Individual resulting or alleged to result from a covered Accident.
4. All medical records, notes and correspondence referring to the subject of a claim or a related Pre existing Condition shall be made available on request to any medical adviser appointed by or on behalf of the Insurer and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make an examination of the Covered Individual.
5. Any fraud, concealment, or deliberate mis statement either in the Application Form on which this Insurance is based or in relation to any other matter affecting this Insurance or in connection with the making of any claim hereunder shall render this Insurance null and void and all claims hereunder shall be forfeited. In such circumstances, the Insurer shall return all Policy premium paid by the Policyholder less an administrative fee of EUR50 and the Covered Individual shall repay to the Insurer in full all and any monies already received pursuant to the Policy to the Insurer without delay. Please refer to the Section below entitled "POLICY TERMINATION BY COVERED INDIVIDUAL OR INSURER" for further information.

War and Terrorism Extension

This insurance is extended to include Bodily Injury directly or indirectly caused by, resulting from, or in connection with any of the following perils:

1. War, hostilities or warlike operations (whether war be declared or not);
2. Invasion;
3. Act of an enemy foreign to the nationality of the Covered Individual or the country in, or over, which the act occurs;
4. Civil war;
5. Riot;
6. Rebellion;
7. Insurrection;
8. Revolution;
9. Overthrow of the legally constituted government;
10. Civil commotion assuming the proportions of, or amounting to, an uprising;
11. Military or usurped power;
12. Explosions of war weapons;
13. Murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Covered Individual whether war be declared with that state or not;
14. Terrorist activity.

PROVIDED ALWAYS;

- a) that the Covered Individual is not actively participating in any, or all, of Perils 1 to 14 above, and
- b) that none of 1 to 14 above are the result of the utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined, and,
- c) that this extension is subject to the Terms and Conditions of the Limited War Exclusion Clause detailed below.

For the purpose of this extension;

“Terrorist activity” means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/ or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of Terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).

Utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

LIMITED WAR EXCLUSION CLAUSE

This insurance does not cover loss consequent on:

- a) war, whether declared or not, between any of the following countries, namely, China, France, the United Kingdom (being England, Scotland, Wales and Northern Ireland), the Russian Federation and the United States of America, or
- b) war in Europe, whether declared or not, other than:
 - i) civil war
 - ii) any enforcement action by on behalf of the United Nations, in which any of the countries stated in (a) above or any armed forces thereof are engaged.
- c) war in the Middle East, whether declared or not, including between any of the following countries: Israel, Palestine, Lebanon, Syria, Egypt, Iran or Jordan.

SECTION 2 - MEDICAL EXPENSES INSURANCE

We will pay up to the amount shown in the Schedule of Benefits during the Period of Insurance (for the cover level as shown on the Confirmation of Cover) for each Covered Individual who suffers sudden and unforeseen Accidental Bodily Injury or Illness during a Trip outside their Home Country for Medical Expenses for the immediate needs of an unforeseen medical emergency. Included are Medical Practitioner's fees, hospital expenses, in-patient and out-patient medical treatment and charges for medical transportation to the nearest suitable hospital abroad, when deemed necessary by a recognised Medical Practitioner

EXCLUSIONS - SECTION 2

The Insurer shall not reimburse expenses:

1. for rest cures, sanatorial or custodial care or periods of quarantine or isolation;
2. for cosmetic or plastic surgery unless necessitated by accidental Bodily Injury covered by this policy and sustained during the Period of Insurance;
3. for dental examination, X-rays, extractions, fillings and general dental care; supplying or fitting of eye glasses or hearing aids; except as a result of accidental Bodily Injury covered by this policy and sustained during the Period of Insurance;
4. for general health examinations, and examinations for check up purposes not incidental to, or necessary to diagnose Illness or accidental Bodily Injury;
5. for any disability, condition or Illness which originated prior to the Effective Date of this Insurance or of the Covered Individual's inclusion hereunder until a period of 365 (three hundred and sixty-five) consecutive days has elapsed during which the Covered Individual has neither received nor required any treatment for the said disability, condition or Illness;
6. for pregnancy, childbirth, miscarriage or any disease or disorder of the reproductive system;
7. incurred in the Covered Individual's Country of Domicile;
8. incurred more than 12 (twelve) months after the date the first expense was incurred, or any continuing expenses incurred after the Covered Individual is fit to travel to their Country of Domicile;

CONDITIONS - SECTION 2

It is a Condition of this policy that notice is given to the Insurer via Robin Assist as soon as reasonably practical, and not exceeding 30 (thirty) days, from the date of any accidental Bodily Injury or Illness which may give rise to a claim under this policy.

IN THE EVENT OF A CLAIM:

The following must be contacted in the event the Covered Individual(s) need(s) any in-patient medical treatment.

Robin Assist

629 N. High Street
6th Floor
Columbus, OH 43215

Assistance:

t: + 44 (20) 3769 4976 or + 1 (571) 500 1540

e: ifj@battleface.com

Failure to consult with battleface Insurance Services Limited and to act in accordance with their instructions could prejudice the Covered Individual's claim.

SECTION 3 - MEDICAL EVACUATION AND REPATRIATION EXPENSES INSURANCE

In consideration of the premium paid and subject to the exclusions and conditions of the Policy to which this Extension is attached, and also to the following Conditions Precedent, the Insurer shall cover Medical Evacuation and Repatriation Expenses incurred solely and directly as a result of the Covered Individual(s):

- a) sustaining accidental Bodily Injury, or
- b) falling ill during the Period of Insurance which independently of any other cause shall necessitate the medical evacuation or repatriation of the Covered Individual(s) to their Country of Domicile. The maximum the Insurer shall pay will not exceed the Sum Insured stated in the Confirmation of Cover.

In this Section 'MEDICAL EVACUATION AND REPATRIATION EXPENSES' means:

- 1. reasonable travelling expenses necessarily incurred for the medical evacuation or repatriation of the Covered Individual(s), or
- 2. in the case of death reasonable funeral expenses of the Covered Individual necessarily incurred outside their Country of Domicile, or
- 3. expenses incurred in transporting the body or ashes of the Covered Individual to their Country of Domicile, including making the necessary arrangements.

CONDITIONS PRECEDENT - SECTION 3

The Insurer will not be liable for such expenses unless:

- 1. all persons to be insured are, prior to the Effective Date of this Insurance or of the Covered Individual's inclusion hereunder, in good health and free from material physical or mental impairment or infirmity and have not suffered from any recurring illness. This condition precedent does not apply to any such medical condition disclosed in writing to the Insurer and accepted by them in writing.
- 2. the Medical Practitioner:
 - (a) shall estimate whether the Covered Individual is likely to be totally disabled in excess of 4 (four) consecutive weeks and/or
 - (b) shall certify whether the Covered Individual(s) should be evacuated or repatriated because local facilities are inadequate for the treatment of such person's condition or their recovery will be substantially expedited thereby.

24 HOUR EMERGENCY ASSISTANCE

Non-insurance assistance services are provided by Robin Assist LLC (in CA: battleface Insurance Services dba Robin Assist).

In the event of a medical emergency You must contact Robin Assist as soon as possible. You MUST contact battleface Insurance Services Limited before incurring expenses in excess of EUR 500 (or currency equivalent) except in case of emergency. If You are physically prevented from contacting battleface Insurance Services Limited immediately, You, or someone designated by You, must contact battleface Insurance Services Limited within 48 hours

Please contact Us on + 44 (20) 3769 4976 or + 1 (571) 500 1540 or help@robinassist.com

Give Your name, insurance details, reference number and as much information as possible. Please provide a telephone, fax number or email address where Robin Assist can contact You or leave messages at any time of the day or night

This policy is NOT a Private Medical Insurance policy and does not provide cover for procedures that can be carried out in Your Home Country after repatriation or for any medical expenses incurred in private facilities if a medically suitable State facility is available.

HOW TO MAKE A CLAIM

First, check Your Confirmation of Cover and the appropriate section of Your policy to make sure that what You are claiming for is covered.

The policy claim form, claimant's statement, and Proof of Claim must be mailed or e-mailed to Robin Assist at the following address:

Robin Assist

629 N. High Street
6th Floor
Columbus, OH 43215

Assistance:

t: + 44 (20) 3769 4976

e: ifj@battleface.com

All claims must be notified within 30 days of the injury, illness or loss on a policy claim form, accompanied by original invoices, receipts, reports, etc (proof of claim). Please refer to the relevant section of Your policy for specific conditions and details of the supporting evidence that We require. Please remember that it is always advisable to retain copies of all documents when submitting Your claim form. We recommend You use registered post.

In order to handle claims quickly, We may use appointed claims handling agents.

When claims settlements are made by the BACS (Bank Automatic Clearing System), IBAN or other electronic banking system or payment method, You will be responsible for supplying Us with the correct bank account or other payment details and Your full authority for Us to remit monies directly to that account. Provided that payment is remitted to the account designated by You, We shall have no further liability or responsibility in respect of such payment, and it shall be Your sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to Us.

GENERAL INFORMATION

1. **Currency:** All payments the Insurer makes to the Policyholder or Covered Individual and all payments made to the Insurer in respect of any one Covered Individual must be in the currency as stated in that Covered Individual's Confirmation of Cover.
2. **Assignment:** Subject to any statutory restrictions, a Covered Individual may designate a beneficiary to receive death benefits payable under this Policy or change any beneficiary already appointed by filing a written Letter of Wishes with the Policyholder. The Letter of Wishes shall contain full details of the beneficiary(ies) sufficient for the Insurer to properly identify the beneficiary(ies). No designation or change of beneficiary under the Policy shall be binding upon the Insurer until the Insurer has been provided with such Letter of Wishes, accompanied by an original or a duplicate of the Letter of Wishes. The Policy may not be charged or used as security for a loan by the Policyholder without the prior written consent of the Insurer, which it may in its absolute discretion withhold. The Policy may not be charged or assigned or novated in whole or in part. The Insurer will not change who is entitled to Benefits under this Policy until it receives the Letter of Wishes or agrees to an assignment or novation (as appropriate).
3. **Third Party Rights:** Save as expressly stated, a person who is not a party to this contract of Insurance has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
4. **Legal Discharge:** The receipt of the full claim payment by the Policyholder or the Covered Individual will be a full discharge of all liability by the Insurer for the claim by.
5. **Invalidity:** If any provision of these Terms and Conditions is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of these Terms and Conditions which will remain in full force and effect.
6. **Adverse Consequences:** You should note that the Insurer reserves the right to satisfy itself as to the residency status of any Covered Individual at the time a claim is made. When making a claim the claimant may be asked to:
 - confirm the residency status of the Covered Individual at the time of the event leading to the claim
 - confirm that the Insurer did not contact you directly to offer the Policy.
7. **This is a limited benefit Policy:** The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

POLICY TERMINATION BY THE COVERED INDIVIDUAL OR INSURER

Cancelling this Policy and Cooling-off period

Cancellation by You

For all policies that have a Period of Insurance of less than one month there is no cancellation or cooling-off period and no refund of premium will be payable at any time

For all policies that have a Period of Insurance of one month or more, if the policy cover is not suitable and You want to cancel within fourteen (14) days of receiving the policy documentation and before the start date of the policy, You must e-mail or write to:

battleface Insurance Services

Suite 24, 80 Churchill Square, Kings Hill,
West Malling, Kent, ME19 4YU,
UK

e: info@battleface.com

If You cancel after fourteen (14) days of receiving the policy documentation the premium will be refunded on a pro rata basis from the date Your instructions are received or any later date specified by You and provided that a claim has not been and will not be made

Cancellation by Us

We may cancel this policy by giving You thirty (30) days' notice in writing, which will be sent by post to the last address we hold for You. We will only do this for a valid reason such as non-payment of premium

We may also cancel the policy if You commit a fraud which includes doing any of the following:

- Making any untrue statements to Us;
- Failing to disclose any material facts relevant to the policy or a claim;
- Acting fraudulently in any other way

If We cancel the policy because of fraud, the Policy will become void. If this happens, We will return all the policy premiums paid.

DATA PROTECTION NOTICE

Please note that sensitive health and other information that you provide may be used by us, our

representatives, the 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.

Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above.

Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

COMPLAINTS PROCEDURE

Our aim is to ensure that all aspects of Your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing You with the highest standard of service.

If You wish to make a complaint, You can do so at any time by referring the matter to battleface Insurance Services. Please send your complaint, quoting your policy number, to:

battleface Insurance Services

Suite 24,

80 Churchill Square, Kings Hill, West Malling, Kent, ME19 4YU, UK

t: +44 (0)208 865 3054

e: complaints@battleface.com

Sanction Limitation and Exclusion Clause

No Underwriter shall be deemed to provide cover and no Underwriter shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Underwriter to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Language of Contract

The insured has declared their understanding of, and has requested for the contract of insurance to be provided in, the English language. The insured confirms they understand such contract and agree to be bound by its terms and conditions.

GOVERNING LAW AND JURISDICTION

This contract shall be governed exclusively by the law of the Cayman Islands.
Any litigation arising under, out of or in connection with this contract shall be subject to the exclusive jurisdiction of the Cayman Islands Courts.

Underwriters hereon agree that all summonses, notices or processes requiring to be served upon them for the purpose of instituting any legal proceedings against them in connection with this insurance shall be properly served if addressed to them and delivered to them care of the party(ies) indicated.

Any service which is carried out in accordance with the above manner shall be without prejudice to any other alternative method of service provided by the law of the Cayman Islands.

battleface
Insurance for Journalists



battleface Insurance Services

Suite 24, 80 Churchill Square, Kings Hill,
West Malling, Kent, ME19 4YU, UK

24h emergency:

t: +44 (0) 330 027 0999

e: ifj@battleface.com