

battleface
Insurance for Journalists

RSF REPORTERS
WITHOUT BORDERS

RSF TRAVEL PLAN

INDIVIDUAL TRAVEL AND MEDICAL EXPENSES POLICY



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USEFUL NUMBERS

For Emergency Medical Assistance

Call battleface Assist on
+44 (0)20 3769 4976

See page 8 for more information

To make a claim

Call battleface Assist on
+44 (0)20 3769 4976

See page 27 for more information

Insurer:

Underwritten by Crum & Forster, SPC, a member of the Crum & Forster Group of Companies with an A.M. Best rated A.

Participating Organization: Reporters Without Borders
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: CC008308
Master Policy Effective Date: December 1 2021
Master Policy Expiration Date: November 30 2022
 The Policy Period is stated in the Insurance Certificate.

The Policy is a legal contract between the Policyholder 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 Certificate issued to the Covered Person, for which premium has been paid.

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.

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

MEDICAL HEALTH

If anyone has an undiagnosed Medical Condition (for example, if waiting for tests, investigations or treatment), or has been given a terminal prognosis, this policy will not cover any related claim against Section A - Trip Interruption and Section B - Emergency Medical and Additional Expenses.

If You have a change in health after You have taken out this insurance but before Your trip starts, cover under Sections A - Trip Interruption, Section B - Emergency Medical and Additional Expenses, or Section C - Accidental Death and Disablement of the policy will only continue to be provided where the change in health has been declared to and accepted by Us. You should notify Us as soon as You are aware of a change in health, failure to do so could result in a claim being declined.

This insurance policy is designed to cover You for unforeseen illnesses and accidents occurring during the Period of Insurance.

Please refer to the 'Trip Interruption Cover for Non Insured Persons' section for terms that apply for non-travelling Close Relatives, a travelling companion not insured by this policy and people that You intend to stay with.

Pregnancy and childbirth: Cover under this policy is provided for unforeseen events. In particular, cover is provided under Section B-Emergency Medical and Additional Expenses, for unforeseen bodily injury or illness. Pregnancy and/or Childbirth is not considered to be either an illness or injury. For the avoidance of doubt, please note that cover is ONLY given under Sections A, B and C of this policy for claims arising from Complications of Pregnancy and Childbirth. Please make sure You read the definition of Complications of Pregnancy and Childbirth in the Meaning of Words.

Trip Interruption Cover for Non Insured Persons

A Close Relative who is not travelling with You, a travelling companion not insured by this policy, or the person You are intending to stay with, may have a serious accident, illness or have a Pre-existing Medical Condition which deteriorates during Your Trip. In some cases, if their state of health deteriorates greatly as a result of the accident, illness or Pre-existing Medical Condition, You may want to curtail Your Trip.

Subject to all the other terms and conditions, such claims are covered if the person's Medical Practitioner can confirm in writing that at the time You bought this policy, he/she would have seen no substantial likelihood of his/her patient's condition manifesting or deteriorating to such a degree that this would become necessary. If the Medical Practitioner will not confirm this Your claim is not covered.

EMERGENCY ASSISTANCE 24 HOURS A DAY

In the event of a medical incident contact our medical assistance team at battleface Assist on the number below.

Please ensure that you contact us as soon as reasonably possible, but in any event within 48 hours of any serious accident or illness abroad requiring in-patient hospitalisation, extended treatment or alteration to travel arrangements.

Please contact Us on: **+44 (0)20 3769 4976** or **assist@battleface.com**

Give Your name, insurance details, reference number and as much information as possible. Please provide a telephone, fax number or email address where battleface 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.

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, 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 (33) 00270999. 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 31 to 35.
- **COVID-19:** This policy covers You for medical expenses arising from Covid19 infection if You are 59 years or under and 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 B, Medical and additional travel expenses and to no other section of this policy.
- **Personal Possessions:** This policy provides cover for loss, damage or theft of Your Baggage. There are some important limitations to cover that will apply to single articles, Valuables and also items lost or stolen from a beach/pool-side or where satisfactory proof of ownership cannot be provided. If You are planning to take expensive items such as cameras, e-readers, games consoles, laptops, mobile/smart phones, tablets, jewellery, watches or other Valuables with You then You should check that You have adequate personal possessions cover under a home contents or other insurance policy. Baggage claims are paid based on the original value of the goods less a deduction for wear and tear and loss of value based on the age of the goods at the time that they are lost. Claims are not settled on a 'new for old basis' or replacement cost basis.

SCHEDULE OF BENEFITS

This table shows the Limits of Cover available under each section of the policy. It should be read in conjunction with Your Confirmation of Cover which will confirm what level of cover You have taken. All limits and excesses are per person.

Policy Section	Benefit Description	Benefit Limit
A	<u>Trip Interruption</u>	EUR 2,000
B	<u>Emergency Medical & Additional Expenses</u>	
B	Max Benefit Limit per Occurrence	As shown in Certificate
B	Deductible	EUR 0
B	Pre-Existing Conditions - 90 day lookback	INCLUDED
B	Coinsurance	100% to Policy Max
B	Maximum Benefit Period	52 weeks
B	Incurral Period	30 days
B	Medical Evacuation	EUR 300,000
B	Repatriation of Remains	EUR 25,000
B	Dental Injury Only	EUR 2,000
C	<u>AD&D</u>	As shown in Certificate
D	<u>Lost Baggage</u>	EUR 500 Max - EUR 100 Per Item

Please Note:

Please note that the sum insured is the most You can claim under the section but other limits may apply. All cover limits and excesses shown are per person unless otherwise indicated.

*Section D – Baggage

- Claims are paid based on the original value of the goods less a deduction for wear and tear and loss of value based on the age of the goods at the time that they are lost. Claims are not settled on a 'new for old basis' or replacement cost basis.
- The maximum We will pay per Participant for all Baggage or Valuables lost, damaged or stolen from a beach or pool-side is EUR 100.
- An original receipt, valuation report or other satisfactory proof of ownership and value is required to support the claim. Evidence of replacement value is not sufficient.

If You cannot provide this the maximum payment will be limited to:

- EUR 50 for any one article, or for any one Pair or Set of articles;
- EUR 250 for all articles lost, damaged or stolen in any one incident.

MEANING OF WORDS

Wherever the following words and phrases appear in this policy they will always have these meanings:

Accidental Bodily Injury: A sudden, violent, external, unexpected specific event, which occurs at an identifiable time and place, which solely and independently of any other cause results, within 12 months, in the death, Loss of Limb, Loss of Sight or the Permanent Total Disablement of a Participant.

Baggage: Items usually carried or worn by travellers for their individual use during a Trip.

- Items hired to You, and all items loaned or entrusted to You are excluded.
- This travel insurance is not intended to cover expensive items for which You should take out full 'Personal Possessions' insurance under Your home contents policy.
- Wheelchairs and mobility aids are classed as Baggage and are covered according to the limits of cover on page 10.

Carrier: A scheduled or chartered aircraft (excluding all non-pressurised single engine aircraft), land (excluding any hired motor vehicle) or water conveyance licensed to carry passengers for hire.

Change in Health: A change in Your state of health that occurs after the policy has been purchased. A change to Your state of health includes:

- Any new disease, illness or injury that requires medication, advice, treatment or
- A Pre-existing Medical Condition where there is a change to medication, advice or treatment, or
- You undergoing tests or treatment or being placed on a waiting list for out/day/in-patient treatment, investigations or surgery.

Close Relative: Spouse or Common Law Partner, parent, step-parent, legal guardian, children (including legally adopted and step-children), sibling (including step-siblings and sister/brother-in-law) or fiancé(e) of a Participant.

Common Law Partner: The person living with the Participant in a domestic relationship, for at least six consecutive months at the commencement of the Period of Insurance.

Complications of Pregnancy and Childbirth: For the purposes of this Policy 'Complications of Pregnancy and Childbirth' shall only be deemed to include the following: toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta prævia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/ medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

Confirmation of Cover: The validation page issued in respect of this policy which sets out the names of the Participants, the Geographical Limits, the Period of Insurance, additional cover options and any other special conditions and terms.

Eligible Class: To be an eligible 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 a Participant aged 18 or over; and
- c. enrolled as a member of Reporters Without Borders in possession of a valid membership number.

Incurral Period: The period within which the first expense must be incurred in respect of a covered accident occurring or covered illness first manifesting. All such claims are payable for a period of up to 12 months from the date of incurring the first expense.

Geographical Limits: The country(ies) for which You have paid the appropriate premium, as specified on Your Confirmation of Cover. Please note that there is no cover in Your Home Country. If You purchased the cover whilst on a trip, cover starts twenty four (24) hours after the time of purchase and finishes when You return to Your Home Country or where this cover was purchased, whichever is reached first.

You will be covered when travelling by Public Transport in or between countries, but not if You are being paid to crew a private motor or sailing vessel or are travelling by private aircraft.

Home: Your principal place of residence, used for domestic purposes, and including garage(s) and other outbuilding(s).

Home Country: The country for which You hold a passport or that country in which You habitually reside (if different) and which is declared as Your Home Country on Your application for cover.

Limits of Cover: The maximum amount that We will pay per person or per policy for each insured incident, as shown on the Schedule of Benefits.

Loss of Limb: Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

Loss of Sight: 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 Condition: A disease, illness, sickness or injury including Psychological Conditions.

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

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioural symptoms, or a disease of the mind or personality, evidenced by abnormal behaviour, or a disorder of conduct evidenced by socially deviant behaviour. This includes but is not limited to psychosis, psychiatric illnesses and other similar conditions as may be listed in recognised medical manuals or journals.

Money: Currency from Your Home Country, currency from the country(ies) in which You are travelling, any of the recognised major currencies which are commonly used in transactions in lieu of local currency and travellers cheques.

Pair or Set: Similar items of Baggage which are complimentary to one another or used together.

Period of Insurance: The period shown on the Confirmation of Cover.

Permanent Total Disablement: Permanent Total Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, entirely prevent You from engaging in, or giving any attention to, Your usual occupation for the remainder of Your life.

For Participants aged 65 or over the definition of Permanent Total Disablement is amended to:

A disablement which prevents You from performing at least three (3) of the following six (6) activities of daily living even with the aid of special equipment, and always to require physical assistance of another person throughout the physical activity for at least six (6) continuous months:

- a. Transferring: the ability to move from a bed to an upright chair or wheelchair and the vice versa
- b. Mobility: the ability to move indoors from room to room on level surfaces
- c. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- d. Dressing: the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances
- e. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means
- f. Feeding: the ability to feed oneself once food has been prepared and made available

The diagnosis must be confirmed and certified by a Medical Practitioner.

Policy Excess: The amount shown in the Schedule of Benefits for the cover You have purchased as shown on Your Confirmation of Cover, per Participant, each and every incident, each and every section of cover, where the Policy Excess applies.

Pre-Existing Medical Condition: Any medical condition (no matter how minor), which manifested itself within the 90 days prior to the day You bought this policy, became acute or exhibited symptoms which would have caused any prudent person to seek diagnosis, care or treatment; or which medical advice, diagnosis, care or treatment was recommended or received (this includes being referred to a medical professional for any reason); or required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or required medical treatment or treatment was recommended by a Legally Qualified Physician.

Psychological Condition: A mental or addictive condition, including but not limited to, alcoholism, drug addiction or eating disorders.

Public Transport: any scheduled publicly licensed aircraft, sea vessel, train, coach or bus on which You are booked or had planned to travel.

Schedule of Benefits: The details of cover as outlined on of this document.

Secure Luggage Area: Any of the following, as and where appropriate:

- The locked dashboard, boot/trunk or locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car / station wagon with a fitted and engaged tray or roller blind cover behind the rear seats.
- The fixed storage units of a motorised or towed caravan or recreational vehicle (RV).
- A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

Strike or Industrial Action: Any form of Industrial Action, whether organised by a trade union or not, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.

Travel Documents: Travel tickets, accommodation and other redeemable travel vouchers, Green Card, driving licences and passports.

Trip: A journey outside Your Home Country and within the country(ies) stated on Your Confirmation of Cover, during the Period of Insurance. Please Note: Trips do not have to commence and end in Your Home Country. See 'Your Confirmation of Cover' for the maximum duration of Your Trip.

Trip Interruption: Abandoning or cutting short Your Trip by direct early return to Your Home Country. Please note: claims will be calculated from the day You returned to Your Home Country and based on the number of complete days of Your Trip You have not used, or by attending a hospital outside Your Home Country as an in-patient (and as part of a valid claim under Section B - Emergency Medical and Additional Expenses) for a period in excess of 48 hours. Claims will be calculated from the day the ill/injured person was admitted to hospital and based on the number of complete days for which You were hospitalised. Cover only applies to ill/injured persons.

You/Your: Each person named on the Confirmation of Cover and for whom the appropriate premium has been paid, and at the expiry of the Period of Insurance being not more than 79 years of age. See the 'Your Policy' section for eligibility and age limits.

Unattended: When You cannot see and/or are not close enough to Your property or vehicle to prevent unauthorised interference or theft of Your property or vehicle.

Valuables: Cameras, photographic, and video equipment, and associated equipment of any kind; computer hardware and software including notebooks, eReaders, laptops, tablet PCs, mobile telephones; smartphones; portable audio equipment (DVD, CD, Mini-Disc, MP3 players, portable speakers, iPods, etc) and all associated discs and accessories; spectacles; prescription sunglasses, binoculars; jewellery; watches; precious stones and articles made of or containing gold, silver or other precious metals.

We, Our or Us: 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.

You/Your: The Plan Participant who meets the eligibility requirements of the Policy and for whom the appropriate premium has been paid and whose insurance under the Policy is in force.

YOUR POLICY

Your policy contains restrictions based on the type of policy You have purchased – these are explained below.

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

Cover for any Trip ends on the earliest of:

- the end date shown on Your Confirmation of Cover; or
- the date You return to Your Home Country at the end of Your journey; or
- the date when the maximum number of days cover shown in Your policy has been reached.

GEOGRAPHICAL AREAS

Cover is only valid outside Your Home Country and in the country(ies) requested on Your policy application and shown on Your Confirmation of Cover.

Due to sanctions restrictions imposed by the United Kingdom, European Union, Canada, United Nations and United States, it may not be possible for us to provide the full range of cover in one or more of the countries you plan to travel to. For more information please get in touch via email at contact@battleface.com.

SECTIONS OF COVER

Section A – Trip Interruption

What is covered:

We will reimburse up to the amount shown in the Schedule for financial loss You suffer, being non-refundable deposits and amounts You have paid for travel and accommodation You do not use because of Your inability to complete the Trip.

We will only pay for financial loss You suffer on behalf of any travelling companion if they are insured and named on this policy. If Your travelling companion is not insured under this policy, You will need to claim against their travel insurance policy for any amounts that You have paid on their behalf.

Trip Interruption cover applies if You are forced to cut short a Trip You have commenced, and return to Your Home Country, because of the unforeseen illness, injury or death of You, a Close Relative or any person with whom You have arranged to stay during the Trip in circumstances being beyond Your control and of which You were unaware at the time You booked the Trip.

Special conditions relating to claims:

1. In the event of Trip Interruption, You must contact Us first and allow Us to make all the necessary travel arrangements.
2. You must obtain a medical certificate from the Medical Practitioner in attendance and Our prior approval to confirm the necessity to return Home prior to the scheduled return date of the Trip in the event of unforeseen illness or injury.
3. If, at the time of requesting Our assistance in the event of a Trip Interruption claim, satisfactory medical evidence is not supplied in order to substantiate that the claim is due to an unforeseen illness, injury or death of You, a Close Relative, travelling companion or person with whom You have arranged to stay whilst on Your Trip, We will make all necessary arrangements at Your cost and arrange appropriate reimbursement as soon as the claim has been validated.

What is not covered:

- a. any disinclination to continue travelling, unless Your change of travel plans is caused by one of the circumstances listed under 'What is Covered';
- b. any claim arising directly or indirectly from a known Pre-existing Medical Condition affecting You;
- c. any claim arising directly or indirectly from Your Mental Health Disorder;
- d. any claim arising directly or indirectly from a Pre-existing Medical Condition affecting any Close Relative, travelling companion who is not insured under this policy, or person with whom You intend to stay whilst on Your Trip, unless the person's Medical Practitioner can confirm in writing that at the time You bought this policy, he/she would have seen no substantial likelihood of his/her patient's condition manifesting or deteriorating to such a degree that this would become necessary;
- e. any costs relating to unused travel and accommodation for any persons not insured under this policy;

- f. Trip Interruption caused by pregnancy or childbirth unless the curtailment is certified by a Medical Practitioner as necessary due to complications of Pregnancy and Childbirth;
- g. any Trip Interruption claims arising from actual or planned Strike or Industrial Action which was common knowledge at the time You either booked the Trip or purchased this policy, whichever is the latest;
- h. in the event of Trip Interruption, any costs in respect of any unused pre-paid travel costs when We have paid to repatriate You;
- i. withdrawal from service of the aircraft, sea vessel, coach or train, on which You are booked to travel during Your Trip, by order or recommendation of the regulatory authority in any country You should direct any claim in this case to the transport operator involved;
- j. failure by the provider of any part of the booked Trip to supply the service or transport (whether as the result of error, insolvency, omission, default or otherwise), unless the event is specifically covered by this policy You should direct any claim in this case to the provider involved;
- k. change of plans due to Your financial circumstances;
- l. any costs relating to airport taxes, air passenger duty and other surcharges levied by the airline (You may be able to obtain a refund from Your Carrier for such charges);
- m. any claim arising from volcanic eruption (including volcanic ash being carried by the wind), earthquake or tsunami;
- n. the Policy Excess;
- o. the cost of this policy;
- p. anything mentioned in the General Exclusions.

Section B – Emergency Medical and Additional Expenses

What is covered:

1. **Emergency Medical, Evacuation and Repatriation:** We will pay up to the amount shown in the Schedule of Benefits (for the cover level as shown on Your Confirmation of Cover) for each Plan Participant who suffers sudden and unforeseen Accidental Bodily Injury or illness (illness not available if You are 75 years or over), or who dies during a Trip outside Your Home Country for the following;
 - a. 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.
 - b. Additional travelling costs to repatriate You to Your Home Country when recommended by Our Medical Officer. We will pay for the cost of a medical escort if considered necessary.
 - c. Medical expenses arising from Covid19 infection if You are 59 years or under and 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.

2. **Dental Injury:** We will pay up to the amount shown in the Schedule of Benefits (for the cover level as shown on Your Confirmation of Cover) for each Plan Participant for the costs of providing necessary temporary treatment for the immediate relief of pain or discomfort, and/or emergency repairs to dentures and orthodontic appliances carried out solely to alleviate distress in eating provided such treatment or repair was as a result of an Accident.
3. **Additional Accommodation and Travelling Costs:** On condition that You contact Us first and We make all the travel arrangements, in the event of a valid claim for repatriation We will pay up to the amount shown in the Schedule of Benefits (for the cover level as shown on Your Confirmation of Cover) for the following:
 - a. If Our Medical Officer confirms that it is medically necessary for You to be accompanied on the Trip Home, and the return journey cannot take place on the original scheduled date, We will pay for the additional travelling costs and accommodation costs incurred by one person staying with You and accompanying You on the Trip Home.
 - b. Additional travelling and accommodation costs arranged by Us for one person required, on medical advice, to fly out to You and accompany You Home.
 - c. A return journey air ticket plus reasonable accommodation costs to enable a business colleague, where necessary, to replace You in Your location outside Your Home Country following Your medical repatriation or death during a Trip.
 - d. Reasonable accommodation costs incurred if You, on medical advice, are declared unfit to fly or travel. Our liability shall cease on the day you are scheduled to return Home or the day you are declared fit to fly or travel, whichever is earlier. Our expenses shall be limited to the normal cost of the accommodation you are in or EUR 100 per day, whichever the lesser, and shall be limited to a maximum of 14 days.

If Our Medical Officer advises a date when it is feasible and practical to repatriate You, but You choose instead to remain abroad, Our liability to pay any further costs under this section after that date will be limited to what We would have paid if Your repatriation had taken place.
4. **Funeral Expenses Abroad:** We will pay up to the amount shown in the Schedule of Benefits for Your burial or cremation abroad or alternatively transportation costs of returning Your body or ashes Home.

What is not covered:

- a. costs in excess of EUR 500 (or currency equivalent) which have not been authorised by Us in advance;
- b. costs arising from illness if You are 75 years or over;
- c. any claims arising directly or indirectly as a result of any Pre-existing Medical Conditions;
- d. any claim arising directly or indirectly from Your Mental Health Disorder;
- e. any pre-planned or pre-known or expected medical/dental treatment or diagnostic procedure;
- f. treatment which, in the opinion of Our Medical Officer, can be delayed until Your return to the country of departure or Home;
- g. any medical or dental treatment, which is not a surgical or medical procedure with the sole purpose of curing or relieving acute pain as a result of unforeseen injury or illness; or to alleviate distress in eating;

- h. normal wear and tear of dental or orthodontic appliances;
- i. any damage to dentures, other than whilst being worn by You and any self-inflicted damage, including damage caused by tooth-brushing or any other oral hygiene activity;
- j. dental treatment involving the provision of dentures or the use of precious metals;
- k. any claims for costs related to pregnancy or childbirth unless the claim is certified by a Medical Practitioner as necessary due to Complications of Pregnancy and Childbirth;
- l. any air travel costs in excess of a return economy/tourist class ticket, this exclusion applies to item 3, Additional Accommodation and Travelling Costs only;
- m. accommodation costs other than the cost of the room, this exclusion applies to item 3, Additional Accommodation and Travelling Costs only;
- n. medical/dental treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre unless confirmed as medically necessary by Our Medical Officer;
- o. the cost of private dental/medical expenses when You receive treatment in a state run practice or clinic and You have a right to state provided emergency treatment;
- p. treatment for cosmetic purposes unless the Medical Officer at the medical emergency service agrees that such treatment is necessary as the result of an accident covered under this policy;
- q. expenses incurred as a result of a tropical disease when You have not had the recommended inoculations and/ or taken the recommended medication;
- r. any costs incurred in Your Home Country other than in connection with transportation of You or Your remains to Your Home from abroad,
- s. the cost of any medical/dental expenses incurred in private facilities if a medically suitable state facility is available;
- t. any costs incurred in Australia which would have been covered by Medicare if You were eligible to be enrolled, and You failed to enrol, in Medicare;
- u. any costs where Your transportation Home has not been arranged by Us;
- v. any costs in respect of unused pre-paid travel costs when We have paid to repatriate You;
- w. any search and rescue costs charged to You where an emergency service such as the coastguard or army has been called out to find You. This does not include the cost of emergency medical evacuation by the most appropriate transport or mountain rescue services;
- x. where You have received inpatient treatment at a state hospital within the European Union, European Economic Area or Switzerland and You have not used a European Health Insurance Card, if eligible, to effectively reduce the cost of Your treatment or medicines;
- y. medication and/or treatment which at the time of departure is known to be required or to be continued outside Your Home Country;
- z. the Policy Excess.
- aa. anything mentioned in the General Exclusions

In an Emergency

Please contact Us on 44 (20) 3769 4976 giving Your name, Confirmation of Cover number and as much information as possible.

Please provide a telephone number and fax or email address where We can contact You or leave messages at any time of the day or night.

To comply with the terms and conditions of the insurance You MUST contact Us as soon as possible. You MUST obtain Our prior authorisation before incurring any expenses over EUR 500 (or currency equivalent), except in case of emergency. In case of emergency, if You are physically prevented from contacting Us immediately, You or someone designated by You must telephone within 48 hours.

For assistance call Us on **+ 44 (20) 3769 4976**

We recommend that You should carry Your insurance documents with You at all times.

Section C – 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 Accidental Bodily Injury outside Your Home Country and 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.

What is not covered:

- a. injury not caused solely by outward, violent and visible means;
- b. Your disablement caused by mental or psychological trauma not involving Your Accidental Bodily Injury;
- c. disease or any physical defect, infirmity or illness which existed prior to the commencement of the Trip;
- d. any more than one payment for one item under this section;
- e. a Plan Participant engaging in any occupation involving significantly greater risk or hazard than that declared to Us when this insurance was taken out;
- f. anything mentioned in the General Exclusions.

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.

Section D – Baggage

What is covered:

1. Lost/stolen or damaged Baggage: We will pay You up to the amount shown in the Schedule of Benefits (for the cover level as shown on Your Confirmation of Cover), If, during the course of a Trip, Your Baggage is damaged, stolen, destroyed or lost (and not recovered).

The maximum We will pay You for the following items is:

- EUR 100 any one article, or for any one Pair or Set of articles, as shown in the Schedule of Benefits. If You cannot provide an original receipt, valuation report or other satisfactory proof of ownership (for example, a photograph of You wearing the article) and value to support the claim, payment for any one article, or for any one Pair or Set of articles, will be limited to a maximum of EUR 50. Evidence of replacement value is not sufficient.
 - EUR 250 for all articles lost, damaged or stolen in any one incident if You cannot provide satisfactory proof of ownership and value.
 - limited to the amount shown in the Schedule of Benefits for the total of all Valuables owned by each Plan Participant.
 - EUR 100 per Plan Participant for all Baggage or Valuables lost, damaged or stolen from a beach or pool-side.
 - the maximum We will pay for all mobile telephones or smartphones is limited to EUR 100 per Plan Participant.
2. Emergency replacement of Baggage: If Your Baggage is certified by the Carrier to have been lost or misplaced on the outward journey of a Trip for a period in excess of 24 hours then You can claim up to the amount shown in the Schedule of Benefits for the purchase of essential items.

Note: Such sums will be refundable to Us if the luggage or any part of it proves to be permanently lost and/or a claim is made under part 1, Lost/stolen or damaged Baggage.

Special conditions relating to claims:

1. We have the option to either pay You for the loss, or replace, reinstate or repair the items concerned.
2. Claims are paid based on the value of the goods at the time of original purchase and a deduction is then made for wear, tear, and loss of value, bearing in mind the age of the items. Claims are not settled on a 'new for old basis' or replacement cost basis.
3. You must take suitable precautions to secure the safety of Your Baggage and must not leave it unsecured or Unattended or beyond Your reach at any time in a place to which the public have access.
4. If claiming for Your goods that were stolen or lost You should produce proof of purchase of the original goods by way of receipts, credit card or bank statements, as failure to do so may affect the assessment of the claim.
5. Within 24 hours of discovery of the incident You must report loss of Baggage to the local Police or to the Carrier, as appropriate (damage to Baggage in transit must be reported to the Carrier before You leave the baggage hall and a Property Irregularity Report (PIR) must be obtained), or to Your hotel or accommodation management, or to the tour operator representative.

6. You must produce to Us written documentation from one of the parties listed above confirming that the loss or theft occurred during the Trip – otherwise no claim will be paid.
7. For claims for essential items, in the event that Your Baggage is lost or misplaced on the outward journey of a Trip for a period in excess of 24 hours by the Carrier, You must provide receipts and a report from the Carrier confirming the length of the delay – otherwise no payment will be made.

What is not covered:

- a. any item loaned, hired or entrusted to You;
- b. any claim relating to Baggage delayed at any other time during Your Trip or on Your return journey to Your Home Country;
- c. any claim for a Trip within Your Home Country;
- d. any loss, theft of, or damage to Baggage left in an Unattended motor vehicle if:
 - i. the items concerned have not been locked out of sight in a Secure Luggage Area;
 - ii. no forcible and violent means have been used by an unauthorised person to effect entry into the vehicle; and
 - iii. no evidence of such entry is available
- e. theft of Valuables from an Unattended motor vehicle;
- f. loss, theft of, or damage to Valuables from checked-in luggage left in the custody of a Carrier and/or Valuables packed in luggage left in the baggage hold or storage area of a Carrier;
- g. electrical or mechanical breakdown or manufacturing fault of the article insured;
- h. wear and tear, damage caused by moth or vermin, denting or scratching, or any process of dyeing or cleaning;
- i. confiscation or detention by Customs or other lawful officials and authorities;
- j. loss, theft or damage to debentures; bonds; securities; stamps or documents of any kind, Travel Documents, including driving licences and passports; musical instruments; glass; china; antiques; pictures; pedal cycles and accessories; hearing aids; coupons; vehicles or accessories; boats and/or ancillary equipment; samples or merchandise or business goods or specialised equipment relating to a trade or profession; unused mobile telephone rental charges or pre-payments;
- k. loss, theft of or damage to vehicle keys;
- l. damage to fragile or brittle articles unless by fire or resulting from an accident to a sea going vessel, aircraft or vehicle;
- m. liability in respect of a Pair or Set of articles where We shall be liable only for the value of that part of the Pair or Set which is lost or damaged;
- n. sports equipment whilst in use or whilst left unattended and unsecured;
- o. loss or theft of or damage to Money (please see Section F – Personal Money and Passport);
- p. loss or theft of or damage to cigarettes, tobacco and/or alcohol
- q. the Policy Excess;
- r. anything mentioned in the General Exclusions.

GENERAL CONDITIONS APPLYING TO YOUR POLICY

1. To be covered under this insurance, You must be fit to travel and able to undertake Your planned Trip. 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. If You do not tell Us, Your policy may be cancelled and any claim You make may not be paid.
2. You must exercise reasonable care for the supervision and safety of both You and Your property. You must take all reasonable steps to avoid or minimise any claim. You must always act as if You are not insured.
3. You must avoid needless self-exposure to peril unless You are attempting to save human life.
4. We will make every effort to apply the full range of services in all circumstances dictated by the terms and conditions. Remote geographical locations or unforeseeable adverse local conditions may preclude the normal standard of service being provided.
5. In the event of an emergency or any occurrence that may give rise to a claim for more than EUR 500 (or currency equivalent) under this insurance, You must contact Us as soon as possible. You must make no admission of liability, offer, promise or payment without Our prior consent. Please telephone Us first.
6. We are entitled to take over Your rights in the defence or settlement of a claim, or to take proceedings in Your name for Our own benefit against another party and We shall have full discretion in such matters. This is to enable Us to recover any costs We have incurred from any third party who may have liability for the costs.
7. We may, at any time, pay to You Our full liability under this policy after which no further liability shall attach to Us in any respect or as a consequence of such action.
8. If, at the time of making a claim there is any other policy covering the same risk We are entitled to contact that insurer for a contribution. This insurance policy does not cover any claim which, but for the existence of this insurance, would be covered under any other insurance policy. This includes any amounts recovered, or which could be recovered, by You from private health insurance, EHIC payments (where applicable), any reciprocal health agreements, airlines, hotels, home contents insurers or any other recovery by You which is the basis of this claim.
9. You must assist Us to obtain or pursue a recovery or contribution from any third party or other insurers (including any Governmental or State departments) by providing all details required and completing the necessary forms.
10. You must take all practical steps to recover any article lost or stolen and to identify and ensure the prosecution of the guilty person(s). We may at any time, and at Our expense, take such action as We deem fit to recover the property lost or stated to be lost.
11. In the event of a valid claim You shall allow Us the use of any relevant Travel Documents You are not able to use because of the claim.
12. You must notify Us in writing of any event which may lead to a claim within 30 days of the injury, illness or loss. As often as We require You shall submit to medical examination at Our expense. In the event of the death of a Plan Participant We shall be entitled to have a post mortem examination, where permissible, carried out at Our expense. You must supply Us with a written statement substantiating Your claim, together with (at Your own expense) all certificates, information, evidence and receipts that We reasonably require.
13. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under the insurance, this policy shall become void and the premium paid shall be forfeited. Any benefits so claimed and received must be repaid to Us.

14. If You fail to satisfy the terms of Your Policy, We may choose to cancel Your Policy during the Period of Insurance. See Cancellation of Your Policy, page 42.
15. If any dispute arises as to the policy interpretation, or as to any rights or obligations under this policy, We offer You the option of resolving this by using the arbitration procedure We have arranged.
16. You will be required to repay to Us, within one month of Our request to You, any costs or expenses We have paid on Your behalf which are not covered under the terms and conditions of this policy.
17. You must pay the appropriate premium for the full number of days comprising Your planned Trip. If You travel for more than the number of days for which You have paid for cover, You will not be covered after the last day for which You have paid.
18. Although We cover You when undertaking certain Sports and Activities, the availability of the insurance cover does not, in itself, imply that We or the underwriters consider such Sports and Activities as safe. At all times You must satisfy Yourself that You are capable of safely undertaking the planned sport or activity and You must take care to avoid injury, accident or loss to Yourself and to others.

GENERAL EXCLUSIONS APPLYING TO YOUR POLICY

No section of this policy shall apply in respect of:

1. Any person who is travelling against the advice of a Medical Practitioner (or would be travelling against the advice of a Medical Practitioner had they sought his/her advice).
2. Any person who is travelling with the intention of obtaining medical treatment or consultation abroad.
3. Any person who has undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which they are awaiting investigations/ consultations or awaiting results of investigations where the underlying cause has not been established).
4. Loss, damage or expense which at the time of happening is insured by, or would, but for the existence of this policy, be insured by any other existing certificate, policy or any other valid and collectible insurance. If You have any other policy in force, which may cover the event for which You are claiming, You must tell Us. This exclusion shall not apply to Section C - Accidental Death and Disablement.
5. Costs which would have been payable if the event being the subject of a claim had not occurred (for example, the cost of meals which You would have paid for in any case).
6. Any losses which are not directly covered by the terms and conditions of this policy. Examples of losses We will not pay for include, but are not limited to, loss of earnings due to being unable to return to work following injury or illness happening while on a Trip and replacing locks if You lose Your keys.
7. Costs of telephone calls or faxes, data usage, meals, taxi fares (with the sole exception of the taxi costs incurred for the initial journey to a hospital abroad due to a Plan Participant's illness or injury), interpreters' fees, inconvenience, distress, loss of earnings and any additional travel or accommodation costs (unless pre-authorised by Us or part of a valid claim under Section B –
8. Emergency Medical and Additional Expenses or Section A Trip Interruption
9. Any deliberately careless or deliberately negligent act or omission by You.

10. Any claim caused by You climbing, jumping or moving from one balcony to another regardless of the height of the balcony other than in an attempt to avoid Your immediate harm.
11. Any claim arising or resulting from Your own illegal or criminal act.
12. The Covered Person's deliberate exposure to exceptional danger (except in an attempt to save human life or as part of their work as a journalist).
13. Any claim arising directly or indirectly from Your drug addiction or solvent abuse, excessive alcohol intake, or You being under the influence of alcohol or drug(s).
14. Any claim arising or resulting directly or indirectly from Your suicide, attempted suicide, or intentional self-injury.
15. Any claim arising directly or indirectly from a Mental Health Disorder or Psychological Condition
16. Participation in any organised competition involving any Sports and Activities or Winter Sports.
17. You fighting except in self-defence.
18. Any claim from a Plan Participant employed in the occupations listed below while on any Trip undertaken for business purposes:
 - Airline personnel and aircrew
 - Member of a ship's crew
 - Regular armed forces personnel
 - Professional sports person.
19. Loss or destruction or damage or any expense whatsoever resulting from: ionising radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof or contamination or poisoning due to the effects of chemical or biological and/or radioactive substances.
20. Delay, loss, damage or injury, directly or indirectly caused by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit or similar device, or any computer software or stored programme to correctly recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date – except under Section B – Emergency Medical and Additional Expenses, and Section C –Accidental Death and Disablement.
21. Delay, loss, damage or injury, directly or indirectly caused by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit or similar device, or any computer software or stored programme to correctly operate as a result of a computer virus – except under Section B – Emergency Medical and Additional Expenses, and Section C –Accidental Death and Disablement. Computer viruses include any program or software, which prevents any operating system, computer program or software working properly or at all.
22. Any claim when You have not paid the appropriate premium for the number of days comprising Your planned Trip. If You travel for more than the number of days for which You have paid for cover, You will not be covered after the last day for which You have paid.
23. Loss of any kind arising from the provision of, or any delay in providing, the services to which this policy relates, unless negligence on Our part can be demonstrated.
24. Any loss or damage directly or indirectly caused by the provision of, or any delay in providing, the medical (or medical related) services to which the cover under this policy relates, whether provided by Us or by anybody else (whether or not recommended by Us and/or acting on Our behalf) unless negligence on Our part can be demonstrated.

25. Any claim which arises directly or indirectly from You not being allowed to board a flight, train, sea vessel, coach or bus for any reason.
26. Any claim arising from air travel within 24 hours of scuba diving.
27. Any costs recoverable from another source.
28. Any costs incurred by, or on behalf of, any person who is not insured under this policy.
29. Any claim arising from Your failure to obtain the required passport or visa.

MAKING 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 the Claims Administrator at the following address:

battleface Insurance Services

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

t: +44 (33) 0027 0999

e: RSF@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.

HOW TO MAKE A COMPLAINT

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 (33) 0027 0999

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.

Underwriters, by giving the above authority do not renounce their right to any special delays or periods of time to which they may be entitled for the service of any such summonses, notices or processes by reason of their residence or domicile in England.

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.

CANCELLATION OF YOUR POLICY

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 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 INFORMATION NOTICE

Data Protection

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.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES:

The Policy, the application of the Policyholder, a copy of which is attached, endorsements, riders, and the application or participation agreement with the Participating Organization and attached papers constitute the entire contract between the parties. If an application of a Plan Participant is required, the application of any Plan Participant, at Our option, may also be made a part of this contract.

All statements made by the Policyholder, Participating Organization, or by a Plan Participant are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2-years from the Plan Participant's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.

No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

WORKERS' COMPENSATION INSURANCE:

The Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

RECORDS MAINTAINED:

The Policyholder or its authorized administrator will maintain records of the essential features of each Plan Participant's insurance under the Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under the Policy. Examination may occur at any reasonable time up to the later of:

1. The two year period after the expiration of the Policyholder's coverage; or
2. The final adjustment and settlement of all claims under the Policyholder's coverage.

REPORTING REQUIREMENTS:

The Policyholder or its authorized agent must report to us, by the premium due date:

1. The names of all Plan Participants on the Effective Date of the Policy;
2. The names of all persons who are Plan Participant after the Effective Date of the Policy;
3. The names of those persons whose insurance has terminated; and
4. Additional information required as agreed to by Us and the Policyholder.

EVIDENCE OF COVERAGE:

An Evidence of Coverage of insurance will be delivered to the Plan Participant. Each Evidence of Coverage will list the benefits, conditions and limits of the Evidence of Coverage. It will state to whom the benefits will be paid.

POLICY TERMINATION:

We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

OTHER COVERAGE WITH US:

At any one time each Plan Participant may have only one Evidence of Coverage issued by Us having coverage similar to that described in the Policy. If we find He has more than one such Evidence of Coverage, coverage will be provided under the plan that has been in force for the longer period of time. We will refund premiums paid for all other Evidence of Coverages for concurrent periods of coverage.

CLERICAL ERROR:

Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.

ASSIGNMENT:

No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

INSOLVENCY:

The insolvency, Bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in the Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Plan Participants under the Policy.

WAIVER:

Failure of the Company to strictly enforce its rights under the Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

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