

Zurich Travel Insurance

Policy Document



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A warm welcome to Zurich

Thanks for choosing Zurich Travel Insurance.

At Zurich, we have over 80 years' experience of protecting our customers against the unexpected, so you can be confident your Zurich policy provides you with the cover you need.

If you need to make a claim, our team is here to help. In the event of an incident, please contact us immediately using the contact details shown below and we can tell you what to do next and help resolve any claims.

And if you have any questions about your policy or would like to discuss any other insurance needs, please feel free to contact us at travel@zurich.ie or call us on 1890 400 300. We look forward to taking care of you while you travel.

Contacting us

If you have any questions about your policy, please contact us at travel@zurich.ie or call us on 1890 400 300.

We recommend that you save these important telephone numbers into your mobile phone.

	Phoning from Ireland	Phoning from abroad
Ireland Assist 24 hour worldwide medical and emergency assistance service	01 2880073	+353 1 2880073
Claims helpline Monday to Friday 9am-5pm	01 2880073	+353 1 2880073
Legal expenses and advice Advice about the law in Republic of Ireland and England is available 24 hours, seven days a week	1850 670747	+353 1 6707470

Contacting Zurich to notify us of an emergency or make a claim under this policy could not be easier. When you contact us, you will need to tell us your name, your policy number and your contact details so we can keep in touch. Please try to have these and other useful information to hand. Our claims email address is travelclaims@zurich.ie.

Please make sure you notify us within thirty days of your trip ending of any occurrence likely to give rise to a claim.

You must tell us immediately if at any time any of the information on which this insurance is based is incorrect or changes. If we have wrong information this may result in an increased premium and/or claims not being paid in full, or your insurance may not be valid and claims will not be paid.

If you have problems reading this booklet, you can always call our Customer Services on 1890 400 300.

Information for the entire policy

Your policy provides cover under the sections and for the period of insurance shown in your Statement of Insurance.

This policy is an agreement between you (the insured person(s) shown in your Statement of insurance) and the parties providing the cover under the individual sections but is only valid if you pay the premiums. It is based on the information you gave us during the application process or subsequently as confirmed in your most recent Statement of insurance.

You must read this policy together with your Statement of insurance as one single contract. Please read all documents to make sure the cover provided meets your needs. If this is not the case, please contact us as soon as possible.

You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance.

Under the relevant European and Irish Legal provisions, the parties to this contract of insurance, we, Zurich Insurance plc and you, the Insured, are free to choose the law applicable to the contract. We propose that this contract is governed by Irish Law.

The conditions and exclusions that apply to all parts of your policy are shown on pages 22 to 28. Please make sure that you read these as well as the cover shown in each section.

For and on behalf of Zurich Insurance plc ('Zurich').



Conor Brennan
Chief Executive Officer Ireland

Your cancellation rights

Single trip

If **you** decide that **you** no longer require the policy tell us of **your** decision, in writing using the contact details provided on the welcome email within 14 days of buying the policy.

If **you** have not made and do not intend to make a claim, and **your trip** has not started, **we** will refund to **you** the full premium.

Annual multi-trip

If **you** decide that **you** do not want to accept the policy tell **us** of **your** decision, in writing using the contact details provided on the welcome email within 14 days of buying the policy.

If **you** have not made and do not intend to make a claim, and cover has not already started, **we** will refund to **you** the full premium.

Please see 'Conditions which apply to the whole policy' for full details of all cancellation conditions and charges applicable to both covers.

Annual multi trip – Renewal and premium payment

We will send **you** a renewal email before **your** renewal date. If there are no changes and **you** are happy to renew **your** policy, simply let **us** know as soon as **you** receive **your** renewal quote and **we** will arrange to take payment from **you**.

Premium Alterations

If an alteration to the policy results in an additional premium due to the Insurer or a refund premium due to the Insured, **we** will only charge or refund such premium provided the amount involved is greater than or equal to €5.

Explanatory Note: All references made to Zurich refer to Zurich Insurance plc. A consumer is a natural person acting for purpose outside his/her trade, business or profession.

Automatic extension of cover

If **you** are unable to return **home** before **your** cover ends due to reasons outside **your** control, **your** insurance will remain in force without additional premium for:

- up to 14 days, if any vehicle **you** are travelling in breaks down, or **your public transport carrier** in which **you** are travelling as a ticket holding passenger is cancelled or delayed;
- up to 14 days, if due to the reasons set out in section 11 'Catastrophe, natural disaster and airspace closure' (only applies if this section is shown as insured in **your Statement of Insurance**); or
- up to 30 days, if due to **your injury, illness** or compulsory quarantine. **We** may extend **your period of insurance** for longer if considered medically necessary by **Ireland Assist** under section 1 'Emergency medical assistance and expenses'.

Our Complaints Procedure

At Zurich, we care about our customers and believe in building long-term relationships by providing quality products combined with a high standard of service.

If it should happen that you have cause for complaint, either in relation to your policy or any aspect regarding the standard of our service, please see the steps outlined below.

- If you have arranged your policy with Zurich through a Broker, you should firstly direct your complaint to the Broker with whom you arranged your policy.
- If you deal with us directly, you should contact the Customer Services Coordinator, Zurich Insurance, PO Box 78, Wexford. Telephone (01) 667 0666.

If the complaint is not resolved to your satisfaction, you should write to the Chief Executive Officer at the aforementioned address, or alternatively you may wish to contact:

- (i) Insurance Ireland, Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1, DO1 E7E8. Telephone: (01) 676 1820.
- (ii) Financial Services Ombudsman's Bureau. 3rd Floor, Lincoln House, Lincoln Place, Dublin 2. Lo-Call: 1890 88 20 90
- (iii) Central Bank of Ireland, PO Box 559, Dame Street, Dublin 2. Lo-Call: 1890 77 77 77

Your right to take legal action is not affected by following any of the above procedures.

Data Protection

Zurich will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles.

Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Insurance Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Insurance Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and the Insurance Ireland anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

In order to prevent and detect fraud and the non-disclosure of relevant information Zurich may at any time:

- Share information about you with companies within the Zurich Insurance Group, other organisations outside the Zurich Insurance Group including where applicable private investigators and public bodies including An Garda Síochána.
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.
- Below is a sample of such databases used:
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie)
 - the Integrated Information Data System ('IIDS') to verify information including penalty points and NCD
 - MIAFTR (Motor Insurance Anti-Fraud and Theft Register) operated by the Association of British Insurers in the UK to log all insurance claims relating to written-off and stolen vehicles in the UK
 - The National Vehicle File, maintained and supported by the Department of Transport, Tourism and Sport, containing details of all registered vehicles in the Republic of Ireland
 - Companies Registration Office.

The databases used are not limited to those listed above and are subject to change at any time. Zurich may also use your personal data, the personal data of your named drivers or members of your household, information about your vehicle or property to search these agencies, databases and other publicly available information to:

- Help make decisions about the provision and administration of insurance, credit and related services for you.
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies with Zurich. Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.
- Undertake credit searches and additional fraud searches.

Information about claims (whether by our customers or third-parties) made under policies that we provide is collected by us when a claim is made and placed on an industry database of claims known as Insurance Link. This information may be shared with other insurance companies, self-insurers or statutory authorities. Insurance companies share claims data:

- (a) to ensure that more than one claim cannot be made for the same personal injury or property damage
- (b) to check that claims information matches what was provided when insurance cover was taken out
- (c) and, when required, to act as a basis for investigating claims to verify recorded information or when we suspect that insurance fraud is being attempted.

The purpose of Insurance Link is to help us identify incorrect information and fraudulent claims and, therefore, to protect customers.

Information about insurers' obligations in relation to your information is contained in the Data Protection Commissioner's Code of Practice on Data Protection for the Insurance Sector which is available at <http://www.dataprotection.ie>

Under the Data Protection Acts 1988 and 2003 you have a right to know what information about you and your previous claims is held on Insurance Link. If you wish to exercise this right then please contact us at the address below.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Insurance Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please email dataprotectionofficer@zurich.ie or write to us at below address if you do not wish your information to be utilised for these purposes.

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich Insurance, FREEPOST, PO Box 78, Wexford. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurichinsurance.ie or requested by writing to our **Data Protection Officer at Zurich Insurance, FREEPOST, PO Box 78, Wexford**. Alternatively you can email dataprotectionofficer@zurich.ie

Definitions

The following key words or phrases have the same meaning wherever they appear in this policy, unless stated below or as otherwise shown in section 9 'Legal expenses insurance – Bodily Injury' or section 15 'Business cover'. Definitions are shown in **bold** throughout the policy.

Accident/Accidental/Accidentally – an event that is sudden unexpected and unusual which is caused by external and visible means at a time and place that can be identified, but shall also include exposure resulting from a mishap to a conveyance in which **you** are travelling. (This definition does not apply to section 9 'Legal expenses insurance – Bodily injury'.)

Baggage – **your** personal clothing and effects worn or carried by **you** (excluding ski equipment and **valuables**), suitcases, luggage and or similar receptacles.

Children/Child – **your** children, **your** partner's children and the grandchildren of **you** or **your partner**, including step children, step grandchildren and fostered or adopted children or grandchildren, provided that they are:

- under 18 years old on the date cover commences
- dependent on **you** or **your partner** (or in the case of grandchildren dependent on **you** or **your partner** or their parent(s))
- not married or living with their **partner**.

Close business partner – a person working for the same company or a close business partner of the **insured person** whose absence from work along with **you** would prevent the proper functioning of the business. A senior manager or director of the business must confirm this in the event of a claim.

Close relative – **your partner**, fiancé(e), parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, brother-in-law, sister-in-law, grandchild, aunt, uncle, cousin, nephew, niece, step-parent, step brother, step sister, step child, foster child and legal guardian.

Complications of Pregnancy – the following unforeseen complications of pregnancy as certified by a **medical practitioner**:

toxaemia (toxins in the blood); gestational diabetes (diabetes arising as a result of pregnancy); gestational hypertension (high blood pressure arising as a result of pregnancy); pre-eclampsia (where **you** develop high blood pressure, carry abnormal fluid and have protein in **your** urine during the second half of pregnancy); ectopic pregnancy (a pregnancy that develops outside of the uterus);

molar pregnancy or hydatidiform mole (a pregnancy in which tumour develops from the placental tissue); post-partum haemorrhage (excessive bleeding following childbirth); retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery); placental abruption (part or all of the placenta separates from the wall of the uterus); hyperemesis gravidarum (excessive vomiting as a result of pregnancy); placenta praevia

(when the placenta is in the lower part of the uterus and covers part or all of the cervix); stillbirth; miscarriage; emergency Caesarean section; a termination needed for medical reasons; premature birth more than 8 weeks (or 16 weeks if **you** know **you** are having more than one baby) before the expected delivery date.

Excess – the first amount of any claim for which **you** are responsible to pay. The excess applies to each **insured person** per claim except for section 8 'Personal liability' where the excess is per policy. If a claim is made under more than one section which is caused by the same event at the same time, one excess per **insured person** will apply and this will be the highest excess payable.

Golf equipment – **your** personal golf clubs, golf bag, golf trolley, golf shoes and golf accessories.

Hospital – a licensed medical institution which meets the following criteria:

- it has facilities for medical diagnosis and/or for treating injured and sick people;
- it is run by **medical practitioner(s)**;
- it provides care supervised by state registered nurses or the local equivalent; and/or
- it is not a medical institution only specialised in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug and/or alcohol rehabilitation.

Home – **your** normal place of residence in the Republic of Ireland.

Home area – is Republic of Ireland.

Illness/ill – sudden and unforeseen change in health, resulting in sickness or disease (including **complications in pregnancy**) contracted as certified by a **medical practitioner**. (This definition does not apply to section 9 'Legal expenses insurance – Bodily injury').

Injury – bodily injury sustained in an **accident** directly and independently of all other causes. (This definition does not apply to section 9 'Legal expenses insurance – Bodily Injury'.)

Insured person/You/Your/Yours – each person travelling on a **trip** whose name appears in the Statement of insurance.

Limit – the amount shown on **your** Statement of insurance – which applies per person except for Section 8 Personal Liability where the limit applies per policy.

Loss of limb(s) – total loss by physical separation at or above the wrist or ankle joint or permanent total functional disablement of an entire hand, arm, foot or leg.

Loss of sight – complete and irrecoverable loss of sight:

- in both eyes if registered as blind on the authority of a fully qualified ophthalmic specialist; or
- in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Manual work – physical work or work involving the use or operation of mechanical or non-mechanical machinery or equipment.

Medical condition –

- any cardiac, cardiovascular, hypertensive, or cerebrovascular illness, disease, condition or symptom of which **you** are aware, that has occurred at any time prior to the commencement of cover under this Policy/Statement of Insurance and/or prior to booking any **trip** and/or
- any other medical or psychological sickness, disease, condition, injury or symptom of which **you** are aware, or that has affected **you**, which has required treatment, medical consultation (s) or investigation (s), or prescribed medication at any time during the last 5 years prior to the commencement of cover under this Policy/Statement of Insurance and/or prior to each and every **trip** and/or
- any undiagnosed condition that is connected with any health issues **you** have and which are under investigation or awaiting test results, or surgery or treatment at a **hospital**, clinic or nursing home; and/or
- any condition for which **you**, a **close relative**, business associate or **travel companion** or a person **you** are planning to stay with have received a terminal prognosis; and/or
- any condition for which **you** a **close relative**, business associate or **travel companion** or a person **you** are planning to stay with are receiving or on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a **hospital**, clinic or nursing home; and/or
- any undiagnosed condition that is connected with any health issues that **you**, a **close relative**, business associate or **travel companion** or a person **you** are planning to stay with have, and which are under investigation or awaiting test results, or surgery or treatment at a **hospital**, clinic or nursing home; and/or
- any condition detailed under bullet points one and two above that **you** are aware of and which affects a **close relative**, business associate or **travel companion** or a person **you** are planning to stay with.

This includes any anxiety state or depression, mental, nervous or emotional disorder.

Medical practitioner – a registered practising member of the medical profession who is not related to **you** or **your travel companion**.

Partner – **your** husband, wife or civil partner, or someone of either sex that **you** live with as though they were **your** husband, wife or civil partner.

Period of insurance (single trip*) – the policy cover start date until expiry date shown in **your** Statement of insurance: Cover for **your trip** applies as follows:

- For cancellation of a **trip** by **you** – cover applies from the policy issue date and ends when **you** leave **your home** on the trip commencement date.

- For cutting short a **trip** by **you** and for all other sections – cover applies when **you** leave **your home** on the **trip** commencement date and ends on the **trip** expiry date or when **you** return **home**, whichever is earlier.

Period of insurance (annual multi-trip*) – the policy cover start date and expiry date shown in **your** Statement of insurance. Cover for individual **trips** applies as follows:

- For cancellation of a **trip** by **you** – cover applies from the policy issue date or the date of booking a **trip**, whichever is later, and ends when **you** leave **your home** to begin a **trip**.
- For cutting short a **trip** by **you** and for all other sections – cover applies when **you** leave **your home** to begin a **trip** and ends when **you** return **home**.

Each **trip** must not exceed the number of days specified within our definition of **Trip** as shown.

We will cover **trips** booked during one **period of insurance** but not taking place until the next **period of insurance** if **your** annual multi-trip policy is still in force at the time of the incident resulting in a claim.

For **trips** outside the Republic of Ireland, the maximum number of days **you** are covered for in any one **period of insurance** is 183 days

*Please also refer to ‘Automatic extension of cover’ under ‘Information for the entire policy’.

Personal money – bank notes and coins in legal tender, cheques, travellers’ cheques, postal or money orders, pre-paid coupons or vouchers or travel tickets, pre-booked event and entertainment tickets, phone cards and pre-paid electronic money cards, all held for personal use and which are non-refundable.

Permanent total disablement – shall mean total inability to attend to any occupation or profession which, 52 weeks after the **injury**, is proved to our satisfaction to be permanent.

Public transport carrier – any mechanically propelled vehicle operated by a company or under an individual licence to carry passengers for hire, including but not limited to aircraft, bus, coach, ferry, hovercraft, hydrofoil, ship, train, tram or underground train.

Statement of insurance – the document giving details of the **period of insurance**, **your** cover and limits, the premium and the policy number. The Statement of insurance includes all the information **you** provided when **we** prepared **your** quotation.

Travel companion – a person with whom **you** are travelling or have arranged to travel with to the same destination.

Travel Region

Europe:

Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece including the Greek Islands, Guernsey, Holy See (Vatican City), Hungary, Iceland, Ireland, Isle of Man, Italy, Janayen, Jersey, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Morocco, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain including the Balearic

Islands and the Canary islands, Sweden, Switzerland, Tunisia, Turkey, Ukraine, United Kingdom and the Channel Isles.

No cover applies for the following countries: Algeria, Egypt.

Worldwide (Excluding United States of America, Canada and the Caribbean)

Cover applies worldwide excluding the following countries :

Algeria, Afghanistan, Burundi, Canada, Caribbean, Central African Republic ,Chad , Congo, Democratic Republic of the Congo, Cote d'Ivoire, Egypt, Eritrea, Ethiopia, Guinea, Haiti, Iraq, Korea, Libya, Mali, Mauritania, Niger, Nigeria , North Liberia, Pakistan, Palestine (Excluding the West Bank and Gaza Strip), Palestina (West Bank), Palestina (Gaza Strip), Republic of the Congo, Sierra Leone, Somalia, South Sudan, Syria, United States of America and Yemen.

Worldwide (Including United States of America, Canada and the Caribbean)

Cover applies worldwide excluding the following countries :

Algeria, Afghanistan, Burundi, Central African Republic ,Chad , Congo, Democratic Republic of the Congo, Cote d'Ivoire, Egypt, Eritrea, Ethiopia, Guinea, Haiti, Iraq, Korea, Libya, Mali, Mauritania, Niger, Nigeria, North Liberia, Pakistan, Palestine (Excluding the West Bank and Gaza Strip), Palestina (West Bank), Palestina (Gaza Strip), Republic of the Congo, Sierra Leone, Somalia, South Sudan, Syria and Yemen.

Trip – a holiday or journey which is a round trip, starting from when **you** leave **your home** or **home area**, and which ends on **your** return to **your home** or **home area**. A trip is either:

- for travel in the Republic of Ireland, where it must include two or more consecutive nights' stay in accommodation which has been booked and paid for prior to departure (includes a pre-booked tent or caravan pitch); or
- for travel outside the Republic of Ireland, to and from the geographical region or country stated in **your Statement of insurance**.

Trips for business purposes are only covered for travel outside the Republic of Ireland and where section 15 'Business cover' is shown in **your Statement of insurance**.

Each **trip** must not exceed:

Annual Trip:

Zurich Essentials	45 days
Zurich Extra	45 days
Zurich Platinum	60 days

Where Winter sports cover has been purchased, each **trip** must not exceed:

Zurich Essentials	Not applicable
Zurich Extra	22 days
Zurich Platinum	31 days

Trips must start and end during the **period of insurance**. (See also 'Period of insurance – annual multi-trip'.)

Irish resident – an **insured person** who, at the time of buying or renewing their policy:

- has their main home in the Republic of Ireland and has lived in the Republic of Ireland for at least 6 months or holds a valid Irish residency permit or visa; and
- is registered with an Irish **medical practitioner**; and
- is liable to pay taxes in the Republic of Ireland.

Unattended – means when **you** are not in full view of and not in a position to prevent unauthorized interference with **your** property or vehicle.

Valuables – jewellery, watches, furs, leather goods, items made of or containing gold, silver, precious metals or precious or semi-precious stones, sunglasses, spectacles, musical instruments, telescopes, binoculars, portable satellite navigation equipment and GPS devices, photographic and camera/video equipment, and portable and/or hand held audio/visual or computer equipment (such as but not limited to: laptops, tablets, personal digital assistants (PDAs) but excluding mobile and smart phones, MP3/4 players, e-readers) including their games, headphones, discs and accessories.

We/Us/Our/Ours – Zurich Insurance plc. (except in section 9 'Legal expenses insurance – Bodily injury' where we/us/our is separately defined).

Winter sports equipment – skis, poles, bindings, snowboard, helmets, boots, ice skates, snow shoes, (including their accessories) and essential clothing and protective items that **you** own or hire.

You/Your/Yours – see '**insured person**'.

Ireland Assist – the service provider nominated by Zurich Insurance plc.

Important exclusions and conditions relating to health

We will not pay for claims which are in any way related to any pre-existing **medical condition** which existed:

- at the time of buying cover; and/or
- for an **annual multi-trip** policy, at the time of booking each **trip** and/or at the time of renewing the policy.

Special conditions

It is important that **you** contact **us** if there are any changes in health after **you** purchase the policy as this can affect the cover **we** provide and/or the cover **you** require. If **you** do not tell **us** of any changes in health, **you** may not have the cover **you** need.

If **you**, **your travel companion**, **close relative**, **close business partner** or someone **you** are planning to stay with, even if not travelling with **you**, have a new **medical condition** and/or if a change in health occurs after **you** purchase the policy, please contact Customer Services on 1890 400 300 as soon as possible and before **you** start any **trip** to tell **us** the full details.

Activities you are covered for

The following tables detail the leisure activities **your** policy covers **you** for during **your trip**, provided **you** wear appropriate safety equipment and take necessary safety precautions as appropriate to the activity. Specific exclusions and conditions apply where shown.

We will not cover:

- Activities not listed.
- If the main purpose of **your trip** is to take part in an activity unless it is shown as an activity holiday in the table.
- Winter sports activities unless section 12 'Winter sports cover' is shown in **your Statement of insurance**.
- As a professional in an activity or where participation is on a competitive basis.
- Activities not on an amateur and/or casual basis.
- Activities undertaken against local warning or advice.
- Sports equipment (cover for **winter sports/golf equipment** applies when section 12 'Winter sports cover' and/or section 13 'Golf cover' is shown in **your Statement of insurance**).
- Winter sports activities involving ice climbing, ski acrobatics, ski flying, skiing against local authority or resort management warning or advice, ski-stunting, ski jumping, ski mountaineering, or the use of bobsleighs, luges, bungees or skeletons.

Activity	Limitations and Conditions	Activity Holiday
Abseiling	Under supervision of qualified instructor/guide	
Aerobics		
Angling/Fishing		Yes
Archery	Under supervision of qualified instructor/guide	
Badminton		Yes
Banana boating	Organised by licensed operator. No cover for personal liability	
Baseball		
Basketball		
Beach games		
Board sailing	See windsurfing	
Body/Boogie boarding		
Bowling/Bowls		

Activity	Limitations and Conditions	Activity Holiday
Bridge walking	Under supervision of qualified instructor/guide	
Bungee jumping	Under supervision of qualified instructor/guide	
Camel riding	Under supervision of qualified instructor guide. No jumping, racing or hunting	
Canoeing	Up to Grade 2 rivers. If in open water within sight of land	
Canopy/Treetop walking	No cover for personal accident or personal liability	
Cave tubing	Under supervision of qualified instructor/guide	
Charity or conservation work (voluntary)	For and organised by registered charity or conservation organisation. Maximum length of trip 21 days. Manual work with hand tools only. No working at height above 3 metres. No cover for personal liability.	Yes
Clay pigeon shooting	Under supervision of qualified instructor/guide and through licensed operator. No cover for personal liability	
Climbing	Climbing wall only	
Cricket		
Croquet		
Cross country running	No racing	
Curling		
Cycling (not mountain)	Wearing a helmet. No stunting or racing.	Yes
Deep sea fishing	Under supervision of qualified instructor/guide	
Dinghy sailing	No racing. No cover for personal liability	
Dodgeball	No cover for personal liability	
Driving any car or motorcycle, moped or scooter, for which you are licensed to drive in the Republic of Ireland	No motor rallies or racing. For scooters, mopeds, motorcycles or similar vehicles you must wear a crash helmet and appropriate protective clothing. No cover for personal liability	
Elephant riding	Under supervision of qualified instructor/guide	
Falconry	Under supervision of qualified instructor/guide	
Fell walking/running/rambling/trekking	Maximum 3,000 metres altitude	Yes

Activity	Limitations and Conditions	Activity Holiday
Fencing	No cover for personal liability	
Flotilla sailing	Under supervision of lead skipper. Within 20 miles of coastline or inland waters. No cover for personal liability.	Yes
Flying	Includes sightseeing flights. As a passenger in a fully licensed passenger carrying aircraft only	
Football		
Geocaching	Maximum 3,000 metres altitude	Yes
Gliding	As a passenger under supervision of licensed operator	
Go karting	Under supervision of licensed operator. No cover for personal accident or personal liability	
Golf	No cover for equipment under baggage section without golf option	Yes
Handball		
Helicopter rides	Includes sightseeing flights. As a passenger in a fully licensed passenger carrying craft only	
Hiking	Maximum 3,000 metres altitude	Yes
Horse riding/hacking	Wearing a helmet. No jumping, hunting or polo	
Hot air ballooning	As a passenger under supervision of licensed operator	
Hydro zorbing	Under supervision of licensed operator	
Ice skating (rink)	No hockey or speed skating	
Jet boating	As a passenger under supervision of licensed operator	
Jet skiing	Under supervision of licensed operator. No cover for personal accident or personal liability	
Jogging		
Kayaking	Up to Grade 3 rivers. If in open water within sight of land	
Marathon running	Including for charity purposes	
Motor boating	As a passenger under supervision of licensed operator	
Motorcycling	See driving	

Activity	Limitations and Conditions	Activity Holiday
Mountain biking	Wearing a helmet. Only casual or off road but not endurance. No downhill, freeriding, four-cross, dirt jumping, trials, stunting or racing	
Netball		
Narrowboat/ Canal cruising	Inland waters only. No personal liability cover	Yes
Orienteering		
Paint balling	Wearing eye protection. No cover for personal liability	
Parascending	Towed by boat over water only. Under supervision of licensed operator	
Pony trekking	Wearing a helmet	
Quad biking	Wearing a helmet. No racing. No cover for personal accident and personal liability	
Rackets/Racquetball		
Rafting	Up to Grade 3 rivers	
Rambling/Walking		Yes
Rifle range shooting	Under supervision of qualified instructor/guide and through licensed operator. No cover for personal liability	
Ringos	Under supervision of licensed operator. No cover for personal liability	
River tubing	Under supervision of qualified instructor/guide	
Roller blading/ Roller skating		
Rounders/Softball		
Rowing	No racing. If in open water within sight of land	
Running	Including for charity purposes	
Safari	Organised guided tour by vehicle or supervised walking only	Yes
Sailboarding		
Sailing/Yachting	Within 20 miles of coastline or inland waters. No cover for personal liability	

Activity	Limitations and Conditions	Activity Holiday
Sandboarding/ Sand dune surfing	No cover for personal accident or personal liability	
Sand yachting	No cover for personal accident or personal liability	
Scuba diving	To maximum depth of 18 metres below sea level. No solo diving. If unqualified must be accompanied by qualified instructor or dive master. No commercial or professional or technical diving (such as cave or cavern, ice, enriched air, free, tutor or wreck diving)	
Shark diving	In cage only. Under supervision of qualified instructor/guide and through licensed operator	
Skateboarding	Wearing a helmet	
Snooker, pool and billiards		
Snorkelling		
Squash		
Surfing		
Swimming	If in open water within sight of land	
Swimming with dolphins	Under supervision of qualified instructor/guide and through licensed operator	
Table tennis		
Ten pin bowling		
Tennis		Yes
Trampoline		
Trekking	Maximum to 3,000m altitude	Yes
Tubing	Under supervision of qualified instructor/guide	
Tug of war		
Volleyball		
Wake boarding		
Water polo		
Water skiing		

Activity	Limitations and Conditions	Activity Holiday
White water rafting	See rafting – up to Grade 3 rivers only	
Windsurfing		
Yoga		Yes
Zip lining	In conjunction with canopy/treetop walking only. Under supervision of qualified instructor/guide	
Zorbing	Under supervision of licensed operator	

Winter sports activity (applies only where section 12 is shown in your Statement of insurance)	Limitations and Conditions
Cross country skiing	If off-piste or not on recognised paths must be accompanied by qualified guide and in areas that local resort management consider to be safe
Dry slope skiing	
Glacier walking	Accompanied by qualified guide
Husky sledge driving/passenger	No racing or mushing. No personal liability cover
Indoor skiing/snowboarding	
Skiing and mono-skiing	If off-piste must be accompanied by qualified guide and in areas that local resort management consider to be safe
Sledging	Including sledging as a passenger pulled by horse, dog or reindeer
Sleigh rides as a passenger	
Snow boarding	If off-piste must be accompanied by qualified guide and in areas that local resort management consider to be safe
Snow mobiling	Guided tours only. No personal liability
Snow shoe walking	
Tobogganing	

Conditions which apply to the whole policy

Additional section conditions may apply. Please refer to the relevant sections of the policy for details.

1. **You** must do all **you** can to prevent and reduce any costs, damage, **injury, illness** or loss.
2. If **we** make a payment before cover is confirmed and **our** claim investigation reveals that no cover exists under the terms of **your** policy, **you** must pay **us** back any amount **we** have paid.
3. **You** must tell **us** about any incidents of loss, damage, **injury, illness**, redundancy or liability as soon as possible, whether or not they give rise to a claim. **You** must give **us** all the information and help **we** may need. **We** will decide how to settle or defend a claim and may carry out proceedings in the name of any person covered by **your** policy, including proceedings for recovering any claim payments.
4. **We** must be informed of any claim within 30 days of **your trip** ending or 30 days of occurrence.
5. **You** (or **your** legal representative) must give **us** all the information and documents that **we** may need at **your** (or their) own expense. If **you** make a medical claim **you** may be asked to supply **your medical practitioner's** name to enable **us** to access **your** medical records. This will help **us** and the **medical practitioner** treating **you**, to provide the most appropriate assistance and assess whether cover applies. If **you** do not agree to provide this when requested **we** will not deal with **your** claim.

When there is a claim for **injury** or **illness** **we** may ask for (and will pay the costs of) an **insured person** to be medically examined on **our** behalf, or in the event of death, request a post-mortem examination.

6. Fraudulent acts.

If **you** or anyone acting on **your** behalf have intentionally concealed or misrepresented any information or circumstance that **you** had a responsibility to tell **us** about, or engaged in any fraudulent conduct, or made any false statement relating to this insurance, **we** will:

- void the policy, which means **we** will treat the policy as if it had never existed;
- not return to **you** the premium paid;
- not pay claims;
- seek to recover any money from **you** for any claims **we** have already paid, including the amount of any costs or expenses **we** have incurred;
- inform the police, other financial services organisations and anti-fraud databases, as set out under the Data Protection section.

7. **Single trip** policy – cancellation by **you**.

If **you** decide **you** no longer require the policy, tell **us** of **your** decision in writing using the contact details provided within 14 days of buying the policy.

We will refund **your** premium. No refund will be payable after 14 days or if **you** have made or intend to make a claim or if **your trip** has already started.

8. **Annual multi-trip** policy – cancellation by **you**.

If **you** decide that **you** want to cancel the policy (or any future renewal of the policy offered by **us**) tell **us** of **your** decision, in writing using the contact details provided.

If cover has not already started **we** will refund **your** entire premium. If cover has started, **we** will refund a proportionate return of premium for the unexpired **period of insurance** to **you** subject to a cancellation fee of €25 plus government levy.

No refund will be payable if **you** have made or intend to make a claim or if any **trip** has already started.

9. **Single trip** and **annual multi-trip** – cancellation by **us**.

We may cancel **your** policy where there is a valid reason for doing so by giving **you** seven days' notice in writing to **your** last known address or by email to the address **you** have given **us**. **We** will give **you** a refund in proportion to the time left until **your** current **period of insurance** is due to run out. Valid reasons may include but are not limited to:

- If **you** advise **us** of a change of risk under **your** policy which **we** are unable to insure;
- Where **you** fail to respond to requests from **us** for further information or documentation;
- Where **you** have given incorrect information and fail to provide clarification when requested;
- Where **you** breach any of the terms and conditions which apply to **your** policy;

and/or

- The use of threatening or abusive behaviour or language, or intimidation or bullying of **our** staff or suppliers, by **you** or any person acting on **your** behalf.

No refund will be payable if **you** have made or intend to make a claim or if **your trip** has already started.

10. **Your** duty to check information and tell **us** of any changes.

The information on which this insurance is based is formed by the information **you** gave **us** when applying for cover or subsequently, as confirmed in **your** most recent **Statement of insurance**.

Although **we** may undertake checks to verify **your** information, **you** must take reasonable care to make sure all information provided by **you** or on **your** behalf is accurate and complete.

You must tell **us** if any of the information in **your Statement of insurance** is incorrect or changes. If **we** have wrong information this may result in an increased premium and/or claims not being paid in full, or **your** policy will not be valid and claims will not be paid. If in doubt about any information, please contact **us** as soon as possible. Changes to information **we** need to be informed of (and when) include but are not limited to the following:

- (a) At any time:
 - **insured persons** or their details;
 - where **you** are travelling to;
 - if **you** have a **trip** which exceeds the **trip** duration;
 - if **you** are no longer a Republic of Ireland resident.
- (b) At any time due to the reasons set out in 'Important exclusions and conditions relating to health'.
- (c) At time of renewing **your annual multi-trip** policy:
 - if **you** have been cautioned for, convicted of, or charged but not yet tried for, any criminal offence other than driving offences
 - if **you** have made any travel insurance claims under a policy held with another insurer during the **period of insurance**.
- (d) At time of renewing **your annual multi-trip** policy and/or booking a **trip** if **you** are aware of any reason why a **trip** may need to be cancelled or cut short, such as notice of pending redundancy or jury service.

Please contact Customer Services on 1890 400 300 immediately to discuss any changes and **we** will provide advice and let **you** know if this affects **your** cover.

Any changes accepted by **us** will apply from the date indicated on **your** updated **Statement of insurance** and **we** will be entitled to vary the premium and terms for the rest of the **period of insurance**.

If the changes are unacceptable to **us** and **we** are no longer able to provide **you** cover, **we** or **you** can cancel **your** policy, as set out under Condition 7, 8 or 9.

If **you** have given **us** inaccurate information this can affect **your** policy in the following ways:

- i) If **we** would not have provided **you** with any cover **we** have the option to:
 - void the policy, which means **we** will treat it as if it had never existed and repay to **you** the premium paid; and
 - seek to recover any money from **you** for any claims **we** have already paid, including the amount of any costs or expenses **we** have incurred.

- ii) If **we** would have applied different terms to **your** cover, **we** have the option to treat **your** policy as if those different terms apply, which may mean claims are not paid or not paid in full; and/or
- iii) If **we** would have charged **you** a higher premium for providing **your** cover, **we** will have the option to charge **you** the appropriate additional premium due in full.

11. **Annual multi-trip** – renewal and premium payment.

We will send **you** a renewal email before **your** renewal date. If there are no changes and **you** are happy to renew **your** policy, simply let **us** know as soon as **you** receive **your** renewal quote and **we** will arrange to take payment from **you**.

We will contact **you** prior to **your** renewal date if **we** are unable to either offer to renew **your** policy or provide cover for all **insured persons**.

Our right to renew this policy does not affect **your** cancellation rights detailed under Condition 8.

12. Sanctions clause.

We will not be held liable to provide cover or make any payments or provide any service or benefit to any **insured person** or other party to the extent that such cover, payment, service, benefit and/or business or activity of the **insured person** would violate any applicable trade or economic sanctions law or regulation.

Exclusions which apply to the whole policy

Additional section exclusions may apply. Please refer to the relevant sections of the policy for details.

Please note that any costs incurred within Republic of Ireland are specifically excluded under Section 1 Emergency Medical Assistance and Expenses other than the cost of returning **your** body or ashes to **your home** in the event of **your** death whilst abroad.

We will not pay for claims which are in any way related to:

1. **Your** wilful or self-inflicted **injury** or **illness**, suicide, attempted suicide, sexually transmitted disease, solvent abuse, use of drugs (other than drugs taken under supervision of **your medical practitioner** but not for drug addiction).
2. **You** drinking too much alcohol, alcohol abuse or alcohol dependency.
3. **You** travelling against the advice of **your medical practitioner** or **Ireland Assist**.
4. **You** travelling to a country or area against the advice of the Department of Foreign Affairs or equivalent government or national authority, or the World Health Organisation.
5. **Your** unlawful action or any criminal proceedings made against **you** under the authority of the customs and/or government of any country.
6. Any **trip** which is a one way journey or if the **trip** is longer than the duration shown on **your Statement of insurance**.
7. Sections of cover shown as not insured in **your Statement of insurance**.
8. **Your** participation in or practice of any:
 - (a) sport or activity not shown on the list of activities
 - (b) professional entertaining or professional sports or competitive activities
 - (c) **manual work** of any kind, even where section 16 'Business cover' is shown in **your Statement of insurance**, unless for voluntary charity or conservation work as listed under 'Activities **you** are covered for'.
9. **You** (unless in an attempt to save human life or **your** life is in danger):
 - (a) climbing, jumping, moving from one balcony to another; or
 - (b) climbing, jumping or moving from any external part of a building to another (unless during the normal course of using the stairs, lifts or usual access points).
10. **You** jumping or diving from piers, walls or rocks, including tombstoning and shore jumping, or climbing on top of or jumping from a vehicle.

11. **Your** deliberate action which puts **you** at risk of death, **injury, illness** or disability, unless **you** were trying to save human life or **your** life is in danger.
12. Driving any car or motorcycle, moped or scooter unless **you** have a full Irish licence which permits **you** to drive the equivalent category of vehicle.
13. **Your** duties as a member of any armed forces or territorial army, except as cover provided for under section 4 'Cancellation and cutting short a **trip**'.
14. Any tour operator, travel agent, accommodation provider, **public transport carrier** or other service provider becoming insolvent and being unable or unwilling to carry out their duty to **you**.
15. Any payments **you** would normally have made during **your trip** or which do not fall within the events insured by **your** policy.
16. Any loss caused by currency exchanges or fluctuations.
17. Any loss that is not directly associated with the incident that caused the claim. For example, loss of earnings due to being unable to return to work following an **injury** or **illness** happening while on a **trip**.
18. Pregnancy or childbirth, without any accompanying **injury, illness, disease** or **complications of pregnancy**.
19. Loss or damage more specifically insured by another policy.
20. Any costs incurred by **you**:
 - (a) which **you** can recover from **your** accommodation provider, **public transport carrier** or other service provider; and/or
 - (b) because **you** have refused a reasonable alternative from **your** accommodation provider, **public transport carrier** or other service provider.
21. Any costs paid for using reward scheme points or similar, timeshare, holiday property bond or similar points scheme (including any exchange fees, property maintenance expenses or fees).
22. War or hostilities, civil unrest or any similar event.
23. Terrorism, (meaning an act, including but not limited to the use or planned use of force or violence and/or the threat of any person or group of persons, whether they are acting alone or on behalf of, or in connection with, any organisation, or government, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or the public, or to put any section of the public in fear).

This exclusion does not apply to sections:

- 1 'Emergency medical assistance and expenses';
- 2 'Personal accident'; and
- 10 'Hijack'
- 11 Catastrophe, Natural Disaster and Airspace Closure

unless nuclear, chemical or biological weapons, devices or agents are used.

24. Ionising radiation or radioactive contamination caused by nuclear fuel or waste, or the radioactive, toxic explosive or other dangerous properties of any explosive nuclear equipment.
25. Pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
26. Where any loss, destruction, damage or liability covered by the policy is also covered by another policy, (or would be but for the existence of this policy), **we** will only pay a rateable share of the loss.

Sections of cover

Section 1: Emergency medical assistance and expenses

Ireland Assist

If **you** need help in a medical emergency, please call **our** 24-hour emergency assistance help line on 01 2880073.

Ireland Assist will ensure that medical emergency services are made available to **you** and will be based entirely upon medical necessity depending on **your** state of health.

Please remember this is not a private health insurance and be aware of excessive treatment charges. If **you** need simple outpatient treatment of the sort **you** can pay for locally, **you** can make **your** claim once **you** return **home** (**you** must provide valid receipts or invoices).

If **you** are in any doubt **you** can call **Ireland Assist** for help and advice.

Events

We will cover **your** emergency medical treatment and related expenses if **you** fall **ill** or are injured or are quarantined (on the orders of **your** treating **medical practitioner**) or require emergency dental treatment, during **your trip**, up to the **limits** in **your Statement of insurance**, for:

1. Emergency medical treatment, including the costs of rescue or assistance services to take **you** to a **hospital**, which is outside **your home area**.
2. Reasonable related expenses incurred outside **your home area** for:
 - (a) extra costs for transport and accommodation (up to a similar standard to **your** original booking) if it is medically necessary for **you** to stay after the date **you** were going to return to **your home**. This includes extra costs **you** have to pay to return to **your home** if **you** cannot use **your** booked transport;
 - (b) returning **you** to **your home** or **your home area**, if it is medically necessary because **you** have a serious **injury** or **illness** and **you** cannot use **your** booked transport;
 - (c) extra costs for transport and accommodation for one relative or friend who has to stay with **you** or travel to be with **you**, or to accompany **you**;
 - (d) extra costs for transport and accommodation for **your** unattended **children** on the same **trip** as **you** who have to stay with **you** or travel without **you** to return **home**.
3. Reasonable related expenses incurred if **you** die:
 - (a) outside the Republic of Ireland, for funeral costs outside the Republic of Ireland; or
 - (b) for returning **your** body or ashes to **your home**.

4. **Hospital benefit outside your home area.**

We will pay the **limit** shown for each 24 hours (up to a maximum of 50 days) if **you** have to stay in **hospital** as an in-patient or are confined to **your** accommodation due to **your** compulsory quarantine or on the orders of **your** treating **medical practitioner**.

5. Dental treatment for emergency pain relief outside **your home area**.

Where the level of cover for a **family** is Platinum, the most **we** will pay for any one claim or series of claims is €40,000,000.

Section conditions

1. **You** or someone on **your** behalf must phone **Ireland Assist** helpline as soon as possible if **your illness** or **injury** means **you**:
 - (a) need to be admitted to **hospital** as an in-patient or before any arrangements are made for **your** repatriation; and/or
 - (b) are told by the treating **medical practitioner** that **you** need to undergo tests or investigations as an out-patient.
2. All expenses and costs for accommodation and transport, including that provided by emergency repatriation services where medically necessary, must have the prior agreement of **Ireland Assist**.
3. All expenses and costs exceeding €250 (or the local equivalent) must have the prior agreement of **Ireland Assist**.
4. **Ireland Assist** may move **you** from one **hospital** to another and/or arrange for **you** to return to **your home area** if both the treating **medical practitioner** and **Ireland Assist** think it is safe to do so. If **you** choose not to move or return to **your home area** all cover will end and **we** will not pay for any claims for costs incurred after the date it was deemed safe for **your** move or return.
5. **You** must accept the decisions of **Ireland Assist** about the most suitable, practical and reasonable solution to any medical emergency.
6. **You** must provide **us** with valid receipts or invoices for all costs and expenses incurred.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. Any claim relating to any reason set out under 'Important exclusions and conditions relating to health'.
4. Treatment or expenses in **your home area** (unless provided for under Events 3).
5. Non-essential medical treatment, surgery, investigations or tests which are not related to the **illness** or **injury** **you** originally went to **hospital** for.

6. Treatment that **your medical practitioner** and **Ireland Assist** think can reasonably wait until **you** return **home**.
7. The cost of medical or surgical treatment of any kind received by a Person Insured later than 52 weeks from the date of the accident or commencement of the illness.
8. Expenses relating to any medication or treatment, which is known to be required or continued at the time of starting **your trip**.
9. Any claim relating to a tropical disease if **you** have not had the recommended inoculations and/or taken the recommended medication for **your** destination.
10. Cosmetic surgery.
11. Dental work involving the use of precious metals.
12. Expenses or treatment incurred in the Republic of Ireland.
13. The extra costs of single or private accommodation in **hospital**, or any treatment or services provided by a spa, nursing home or rehabilitation centre.
14. Costs of telephone calls, other than for calls to **Ireland Assist** or for receiving calls from **Ireland Assist**.
15. Cost of taxi-fares, other than for **your** travel to or from **hospital** relating to **your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **you** by **hospital**.

Section 2: Personal accident

Events

We will pay **you** or **your** legal representative the amount shown in **your Statement of insurance** if, during **your trip**, **you** suffer an **injury** from an **accident** resulting solely and directly in **your**:

1. death; or
2. **loss of limb(s)** and/or total **loss of sight** in one or both eyes; or
3. **permanent total disablement** after 52 weeks from the date **you** incurred the **injury** (except where a claim is paid under item 2 above).

Section conditions

1. **Your** death or disability must happen within one year of the **accident**.
2. **You** can only make a claim for one item under this section.
3. Any claim must be supported by a medical report by a **medical practitioner** or, in the event of death, a death certificate.

Under this section, **we** will also pay the death benefit if **your** body has not been found within one year after the date of **your** disappearance following sinking or wrecking of the aircraft or other **public transport carrier** in which **you** were travelling at the time of the **accident**.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. Claims resulting from:
 - (a) **you** job or **you** involvement in paid or unpaid **manual work** or physical labour of any kind;
 - (b) **you** taking part in any winter sports activity, unless section 12 'Winter sports cover' is shown in **your Statement of insurance**, where cover applies as listed under 'Winter sports activity'; and/or
 - (c) **you** taking part in any activity or winter sports activity where personal **accident** cover is specifically shown as excluded in the list of activities.

Section 3: Baggage

Events

We will pay up to the **limits** in **your Statement of insurance** if **your baggage** and **valuables** are **accidentally** damaged, lost, stolen, or destroyed during **your trip**.

Section conditions

1. **You** must take proper and due care of **Your** property including examination of **Your** luggage on arrival at **Your** destination. In the event of loss or damage, **You** must take all reasonable steps to safeguard and recover **Your** property. **You** must not leave **Your** property unsecured or outside **Your** reach or **Unattended** at any time in a place to which the public have access or in the custody of a person who is not a **Travel companion**.
2. **You** must report any loss or theft as soon as possible to the police or to **your public transport carrier** if the loss or damage occurred during the **trip**. **You** must get a police report form and/or the **public transport carrier's** property report form within 24 hours.
3. If **your baggage** is lost or damaged by **your public transport carrier** **you** must give written notice of the claim to them within the time **limit** in their conditions of carriage (**you** should also keep a copy). **You** must keep **your** tickets and luggage tags.
4. If **your baggage** is lost or damaged by an authority or **your** accommodation provider, **you** must report the details of the loss or damage to them in writing as soon as possible and get written confirmation and a repair report from an appropriate agent.
5. **You** must be able to prove that **you** have responsibility for the lost, stolen or damaged items and how much they are worth. If **you** do not do this, it may affect **your** claim.
6. At **our** option, **we** will settle any claim by payment or replacement. **We** will pay claims for **baggage** and **valuables** based on their value at the time of loss. **We** will not pay more than the original purchase price of any lost or damaged item. **We** will not pay the cost of replacing any other pieces that form part of a set.
7. If **you** have also made a claim under section 3a '**Baggage** delay' this amount will be deducted from the amount claimed under this section.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. **Valuables** carried in suitcases or other luggage unless they are with **you** at all times.
4. **Valuables** which are not with **you** unless stored in a locked safety deposit box or locked safe, or are locked in **your** accommodation.
5. **Valuables** left in an **unattended** motor vehicle or in **your** accommodation's courtesy storage facility.
6. **Baggage** which **you** have left **unattended** in **your** accommodation unless the accommodation is locked.
7. **Baggage** which **you** have left **unattended** in a motor vehicle unless:
 - (a) the loss occurs between 9am and 9pm; and
 - (b) it is contained in the secure area of a motor vehicle (in the boot or otherwise hidden from view in the luggage area).
8. Claims for theft unless there is evidence of force or forcible entry.
9. Food or drink.
10. Pedal cycles, angling or fishing equipment, scuba or diving equipment and sports equipment.
11. **Winter sports equipment** and/or **golf equipment** unless section 12 'Winter sports cover' and/or section 13 'Golf cover' is shown in **your Statement of insurance** where cover will apply for items as stated within those sections.
12. Contact and corneal lenses, medical and dental fittings, or hearing aids.
13. Cracked, scratched or broken glass (except lenses in cameras, binoculars, telescopes or spectacles), china or similar fragile items.
14. Wear and tear, loss of value and damage caused by moths or vermin, or any process of cleaning, repairing or restoring.
15. Any items shipped as freight or items delayed, detained or confiscated by customs or other officials.
16. Items used in connection with **your** job unless section 15 'Business cover' is shown in **your Statement of insurance** where cover will apply for items as stated within that section.
17. **Personal money**, bonds, securities or documents of any kind.

Section 3 (a) Baggage delay

This section will apply where shown in **your Statement of insurance**.

Events

We will pay up to the **limit** for replacement of essential items if **your baggage** is temporarily lost on the outward journey.

Section conditions

1. **You** must be without **your baggage** for more than 12 hours.
2. **You** must keep the receipts of anything **you** buy and get written confirmation from the **public transport carrier** of the number of hours **you** were without **your baggage**.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. Any claim for **baggage** delayed or detained by customs or other officials.

Section 4: Cancellation and cutting short a trip

Events

We will pay up to the **limits** specified in **your Statement of insurance** for **your** irrecoverable travel fare, accommodation expenses and/or other associated pre-paid charges including excursions, which have been paid or are contracted to be paid (including deposits **you** have already paid), if **you** have to necessarily and unavoidably either:

- cancel **your trip** before it starts due to any of the following events occurring; or;
- cut short **your trip** before it is due to end due to any of the following events occurring:
 1. **Accidental death, injury, illness** of **you**, a **close relative, close business partner, travel companion**, or someone with whom **you** have arranged to reside with during **your trip**.
 2. Witness summons, jury service or compulsory quarantine (on the orders of the treating **medical practitioner**) of **you** or **your travel companion**.
 3. Redundancy (qualifying for payment under Irish redundancy payment legislation) or having a contract ended early if self-employed, of **you** or **your travel companion**.
 4. **Your** or **your travel companion's home** suffering serious damage by fire, burglary, storm or flood in the seven days prior to the start date of **your trip** or during **your trip**.
 5. The police requiring **your** presence because **your** or **your travel companion's home** or place of work has been burgled.

6. If **you** are a member of the Defence Forces or An Garda Síochána, ambulance, fire or nursing service, in the Republic of Ireland, and **you** are called for unexpected emergency duty or posted outside the Republic of Ireland at the time of **your** intended pre-booked **trip**.

Section conditions

1. Any claim resulting from death, **injury, illness** or quarantine must be supported by written confirmation and/or a death certificate from a **medical practitioner**.
2. If **you** or **your travel companion** are self-employed and a contract was ended early, **you** must provide written evidence from the person ending the contract as well as a copy of the contract.
3. Any claims resulting from **you** being called for unexpected emergency duty or posting must be supported by written confirmation from **your** employer.
4. Expenses **we** pay after a **trip** is cut short will be calculated in proportion to the number of days remaining after the date **your trip** was cut short.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. Any claim due to circumstances known to **you** at the start date of **your** cover or at the time of booking a **trip** (whichever is later).
4. Any loss directly or indirectly arising from any government's regulations control or act, bankruptcy, liquidation, error, omission or default of any travel agency, tour operator, **public transport carrier** and/or other provider of any service forming part of the booked **trip**.
5. Failure to notify the travel agency, tour operator, **public transport carrier** and/or other provider of any service forming part of the booked **trip** of the need to cancel or cut short **your trip** immediately when it is found necessary to do so.
6. Any loss in relation to cancellation or the cutting short of **your trip** that is not verified by **your public transport carrier** or other relevant organisations or authorities.
7. Any loss which will be paid or refunded by any existing insurance scheme, government programme, **public transport carrier**, travel agent or any other provider of transportation and/or accommodation.
8. Any expenses for services provided by another party for which **you** are not liable to pay and/or any expenses already included in the cost of a **trip**.
9. Any claim if **you** refuse to follow the recommendation of a **medical practitioner** to return to **your home area**, or refuse to continue the **trip** if **you** are medically fit for travel (applicable to cutting short **your trip** only).

10. **Your** unwillingness to travel.
11. Compensation for frequent flyer points or similar loyalty schemes.
12. Failure to obtain the required passport, visa or necessary travel documentation.
13. Any claim not substantiated by a written medical report from a **medical practitioner** when requested.
14. Any claim not substantiated by written confirmation or cancellation invoice from the **public transport carrier** and/or accommodation provider and/or an unused travel ticket.

Section 5: Travel delay and missed departure

Events

Where shown in **your Statement of insurance** cover will apply for the following.

1. If **your** departure is delayed because the **public transport carrier you** have checked in for is delayed by at least 12 hours from the time shown in **your** travel itinerary, **we** will pay up to the **limits** specified:
 - (a) for the first 12 hours' delay and for every following full 12 hours' delay of **your trip**; or
 - (b) cancellation costs (as provided for under section 4 'Cancellation and cutting short a trip') if, after the first 12 hours' delay, **you** decide not to continue on **your trip** before leaving the Republic of Ireland.
2. If **you** miss **your** departure because **you** arrive at **your** departure point too late to board **your** booked transport, as a result of the following:
 - (a) the public transport taking **you** to **your** departure point for **your trip** is not running to timetable; or
 - (b) the private car taking **you** to **your** departure point is involved in an **accident** or breaks down or is delayed due to an **accident** ahead of **you**, or if **your** car is stolen in the 12 hours prior to **your** scheduled departure;

we will pay up to the **limits** specified for extra accommodation (room only) and transport charges (up to the same standard of those previously booked) that are necessary to reach **your trip** destination on **your** outward journey or **your home** on **your** return journey.
3. If **you** miss **your** connection because of the reasons set out in Events 1 and 2 above, **we** will pay up to the **limits** specified for extra cost of economy transport by the most direct route for **you** to continue with **your** original itinerary.

Section conditions

1. **You** must check-in according to the itinerary of **your trip** unless **your public transport carrier** has requested **you** not to travel to the departure point.
2. **We** will only pay costs under Event 3 if **you** allow three or more hours between **your** original scheduled arrival time and the scheduled departure time of **your** connecting transport.
3. **You** must have written confirmation from the **public transport carrier** or its agents confirming the reason for delay and the length of the delay including actual departure time (where applicable) if claiming under Event 1.
4. **You** must have written confirmation from the public transport provider or its agents confirming the reason for their not running to timetable and the length of the delay including actual departure time (where applicable) if claiming under Event 2a.
5. **You** must have written confirmation from the repairer or breakdown assistance provider where the private car taking **you** to **your** departure is involved in an **accident** or breaks down if claiming under Event 2b.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. Any claim which is the result of:
 - (a) the withdrawal of an aircraft, cross-channel train or sea vessel from service (temporarily or permanently) on the recommendation or order of any government, civil aviation authority, port authority, rail authority or similar authority in any country;
 - (b) closure of airspace;
 - (c) closure of **your** scheduled point of departure; and/or
 - (d) storm or severe snowfall,unless section 12 'Catastrophe, natural disaster and airspace closure' is shown in **your Statement of insurance**, where cover will apply as set out in that section of **your** policy.
4. Any claim if **your** delay in getting to the departure point was caused by industrial action which started or was announced before **you** bought the travel tickets or got confirmation of **your** booking.
5. Any claim which is the result of any form of industrial action, strike or failure of public transport announced on television, news bulletins or in the media in the Republic of Ireland before **you** booked a **trip** and bought this insurance.
6. Any claim which is the result of **your** private car not being fully roadworthy before breaking down on the way to **your** departure point.
7. Any claim which is the result of **you** missing **your** departure because of heavy traffic or road closures, and **you** did not leave enough time to reach **your** departure point.

Section 6: Passport, documents or driving licence

Events

We will pay up to the **limit** shown in **your Statement of insurance** if **your** passport, visa, travel documents or driving licence are **accidentally** damaged or lost, stolen or destroyed during **your trip**.

We will pay reasonable extra travel, communication and accommodation costs while **you** arrange a replacement or temporary replacement.

Section conditions

1. **You** must take reasonable care to keep **your** passport, visa, travel documents or driving licence safe. If they are lost or stolen, **you** must take all reasonable steps to get them back.
2. **You** must report any loss or theft to the police within 24 hours of discovery and get a police report form.
3. If they are lost, stolen or damaged while in the care of **your** accommodation provider **you** must report this to them immediately on discovery in writing and obtain a written confirmation of the loss or damage.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. Any items which are not with **you** unless they are:
 - (a) stored in a locked safety deposit box or locked safe or are locked in **your** accommodation; or
 - (b) in the care of **your** accommodation provider.
4. Any items which are detained or confiscated by customs or other officials.
5. Claims for theft unless there is evidence of force or forcible entry.

Section 7: Personal money

Events

We will pay up to the **limits** in **your Statement of insurance** if **your personal money** is lost or stolen during **your trip** or during the 72 hours immediately before starting **your trip**.

Section conditions

1. **You** must take reasonable care to keep **your personal money** safe. If **your personal money** is lost or stolen, **you** must take all reasonable steps to get it back.
2. **You** must report any loss to the police within 24 hours of discovering it and obtain a written police report.
3. **You** must be able to prove that **you** own the lost or stolen money, if **you** do not it may affect **your** claim.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. **Personal money** which is not with **you** unless it is stored in a locked safety deposit box or locked safe or is locked in **your** accommodation.
4. Claims for theft unless there is evidence of force or forcible entry.
5. Bonds, securities or documents of any kind.
6. Shortages due to a mistake or loss due to a change in exchange rates.
7. **Personal money** which is delayed, detained or confiscated by customs or other officials.

Section 8: Personal liability

Events

We will pay up to the **limit** shown in **your Statement of insurance** per policy for amounts that **you** legally have to pay which relate to an **accident** during **your trip** which causes:

1. **accidental** death or **injury** to any person; and/or
2. **accidental** loss or damage to property which is not owned by **you** or **your travel companion**.

We will also pay any reasonable and necessary legal costs and expenses incurred by **you** in relation to the **accident**. **You** must obtain **our** consent before incurring any cost or expense.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. Any fines or exemplary damages (punishing, or aimed at punishing, the person responsible rather than awarding compensation) **you** have to pay.
4. Claims made by **your** family or people who work for **you**.
5. Claims resulting from:
 - (a) **your** job or **your** involvement in paid or unpaid **manual work** or physical labour of any kind;
 - (b) **you** taking part in any winter sports activity, unless section 13 'Winter sports cover' is shown in **your Statement of insurance**, where cover applies as listed under 'Winter sports activity';
 - (c) **you** taking part in any activity or winter sports activity where personal liability cover is specifically shown as excluded in the list of activities;
 - (d) **you** owning or occupying any land or building, unless **you** are occupying any temporary holiday accommodation, which is not owned by **you**;
 - (e) any agreement unless the liability would have existed without that agreement;
 - (f) **you** owning, handling or looking after any animal; or
 - (g) **you** owning or using:
 - a firearm;
 - a horse drawn or motorised vehicle;
 - a waterborne, motorised, mechanical or towed vehicle (except manually propelled watercraft); or
 - an aircraft of any description, including unpowered flight.

Section 9: Legal Expenses Insurance – Bodily Injury

This section is underwritten by DAS Legal Expenses Insurance Company Limited (DAS).

Definitions for this section

Definitions (In addition to the general definitions, applicable to this section only)

1. DAS

DAS Legal Expenses Insurance Company Limited which administers the independent claims handling service on Zurich's behalf.

2. Representative

The lawyer, accountant or other suitably qualified person, who has been appointed by us to act for an **insured person** in accordance with the terms of this policy.

3. Date of occurrence

The date of the event which may lead to a claim. If there is more than one event arising at different times from the same originating cause, the date of occurrence is the date of the first of these events.

4. Costs and Expenses

(a) Legal Costs

All reasonable and necessary costs chargeable by the representative on a party/party basis.

(b) Opponents Costs

Costs incurred by opponents in civil cases if an **insured person** has been ordered to pay them, or pays them with the agreement of **us**.

5. We/our/us

DAS Legal Expenses Insurance Company Limited.

6. Injuriesboard.ie/IB

An independent statutory body which assesses the amount of compensation due to a person who has suffered a personal injury.

Cover

1. This section of the policy covers **you**. **We** agree to provide the insurance in this section, as long as:

(a) the premium has been paid, and

(b) the **date of occurrence** of the insured incident is during the **period of insurance**.

(c) any legal proceedings will be dealt with by a court, or other body which **we** agree to.

(d) for civil cases it is always more likely than not that **you** will recover damages (or obtain any other legal remedy which **we** have agreed to) or make a successful defence.

2. If a **representative** is appointed by **us**, **we** will pay **costs and expenses** for insured incidents under this policy.
3. For bodily injury claims **we** will pay the application fee required by the Injuries Board (IB).
4. For insured incidents, **we** will help in appealing or defending an appeal as long as you tell **us** within the time limits allowed that **you** want **us** to appeal. Before we pay the **costs and expenses** for appeals, **we** must agree that it is always more likely than not that the appeal will be successful.
5. The most **we** will pay for all claims resulting from one or more event arising at the same time or from the same originating cause is as stated in the policy schedule.

Insured Incidents

At **your** request, **We** will negotiate for **your** legal rights following an event which causes the death of, or bodily injury to **you** during the insured journey.

This includes assisting **you** throughout claims and legal advice service to register **your** claim with **Injuries Board (IB)**.

What is not covered

1. Any claim relating to the following:
 - (a) any illness or bodily injury which develops gradually or is not caused by specific or sudden accident; or
 - (b) defending **your** legal rights other than in defending a counter-claim; or
 - (c) a motor vehicle owned or used by, or hired or leased to **you**.
 - (d) deep vein thrombosis or its symptoms that result from an **insured person** travelling by air.
2. The cost of obtaining a medical report when registering a claim with the IB.

Helplines

We provide these services 24 hours a day, seven days a week during the **period of insurance**. To help **us** check and improve our service standards, **we** record all calls, except those to the Counselling Service.

Legal Advice Service

We will give **you** confidential legal advice over the phone on any legal problem, under the laws of the Republic of Ireland or the United Kingdom.

To contact this service please phone **us** on 1850 670 747.

Health & Medical Information Service

We will give **you** information over the phone on health and fitness, and non-diagnostic advice on medical matters. Advice can be given on allergies, the side effects of drugs and how to improve general fitness.

To contact this service please phone **us** on 1890 254 164

Counselling

We will provide **you** with a confidential counselling service over the phone including, where appropriate, onward referral to relevant voluntary and/or professional services.

To contact the counselling service please phone **us** on 1850 670 407. These calls are not recorded.

What is not covered by this section of the policy

1. A claim where **you** have failed to notify **us** of the insured incident within a reasonable time of it happening and where this failure adversely affects the prospect of successfully recovering damages (or getting any other legal remedy that **we** have agreed to) or of making a successful defence.
2. An incident or matter arising before the start of this policy.
3. **Costs and expenses** incurred before **our** written acceptance of a claim.
4. Fines, penalties, compensation or damages which **you** are ordered to pay by a court or other authority.
5. An insured incident intentionally brought about by **you**.
6. A legal action that **you** take which **we** or the **representative** have not agreed to, or where **you** do anything that hinders **us** or the **representative**.
7. A claim relating to **your** alleged dishonesty or alleged violent behaviour.
8. A claim relating to written or verbal remarks which damage **your** reputation.
9. A claim relating to renting or leasing accommodation.
10. A dispute with **us** or Zurich not otherwise dealt with under condition 7.
11. A claim directly or indirectly caused by or resulting from any device failing to recognise, interpret or process any date as its true calendar date.
12. Judicial review.
13. **We** will not pay for costs and expenses which have been incurred by the **representative** on a no win no fee basis.
14. Any claim caused by, contributed to by or arising from:
 - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel
 - (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear part of it
 - (c) war, invasion, foreign enemy hostilities (whether war is declared or not), civil war, rebellion, revolution, military force or coup
 - (d) pressure waves caused by aircraft or any other airborne devices travelling at sonic or supersonic speeds.
15. Any claim that falls outside the **Travel Region**.

Conditions which apply to this section of the policy

An **insured person** must:

1.
 - (a) keep to the terms and conditions of this section
 - (b) try to prevent anything happening that may cause a claim
 - (c) take reasonable steps to keep any amount **we** have to pay as low as possible
 - (d) send everything **we** ask for in writing
 - (e) give **us** full and truthful details of any claim in writing as soon as possible and give **us** any information they need.
2.
 - (a) **We** can take over and conduct, in the name of the **insured person**, any claim or legal proceedings at any time. **We** can negotiate any claim on **your** behalf.
 - (b) **You** are free to choose a **representative** (by sending **us** a suitably qualified person's name and address) if:
 - (i) **we** agree to start court proceedings and it becomes necessary for a lawyer to represent **your** interests in those proceedings; or
 - (ii) there is a conflict of interest.
 - (c) In circumstances except those in 2(b) above, **we** are free to choose a **representative**.
 - (d) Any **representative** will be appointed by **we** to represent **you** according to **our** standard terms of appointment. The **representative** must co-operate fully with **us** at all times.
 - (e) **We** will have direct contact with the **representative**.
 - (f) **You** must co-operate fully with **us** and the **representative** and must keep **us** up to date with the progress of the claim.
 - (g) **You** must give the **representative** any instructions that **we** require.
3.
 - (a) **You** must tell **us** if anyone offers to settle a claim.
 - (b) Should **you** not accept a reasonable offer to settle a claim, **we** may refuse to pay any further **costs and expenses**.
 - (c) **We** may decide to pay **you** the amount of damages that **you** are claiming, or which is being claimed against **you**, instead of starting or continuing legal proceedings.
4.
 - (a) **You** must tell the **representative** to have legal **costs and expenses** taxed, assessed or audited, if **we** ask for this.
 - (b) **You** must take every step to recover **costs and expenses** that **we** have to pay and must pay **us** any **costs and expenses** that are recovered.

5. If the **representative** refuses to continue acting for **you** with good reason or if **you** dismiss the **representative** without good reason, the cover **we** provide will end at once unless **we** agree to appoint another **representative**.
6. If **you** settle a claim or withdraw it without **our** agreement, or do not give suitable instructions to a **representative**, the cover **we** provide will end at once and **we** will be entitled to reclaim any **costs and expenses we** have paid.
7. If there is a disagreement about the way **we** handle a claim that is not resolved through **our** internal complaints procedure, the **insured person** can contact the Financial Service Ombudsman's Bureau for help.
8. **We** may, at **our** discretion, require **you** to obtain, at **your** expense, an opinion from a lawyer, accountant or other suitably qualified person chosen by **you** and **us**, as to the merits of a claim or proceedings. If the chosen person's opinion indicates that it is more likely than not that **you** will recover damages (or obtain any other legal remedy that **we** have agreed to) or make a successful defence, **we** will pay the cost of obtaining the opinion.
9. **We** can cancel this policy at any time as long as **we** tell **you** at least 14 days beforehand. **You** can cancel this policy at any time as long as **you** tell **us** at least 14 days beforehand.
10. **We** will not pay any claim covered under any other policy, or any claim that would have been covered by any other policy if this policy did not exist.
11. This policy is governed by the laws of the Republic of Ireland.

DAS Ireland is a branch office of **DAS** Legal Expenses Insurance Company Limited having its registered office at **DAS** House, Quay Side, Temple Back, Bristol, BS1 6NH, registered in England and Wales, number 103274. **DAS** Legal Expenses Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority of the United Kingdom and regulated by the Central Bank of Ireland for conduct of business rules.

How to make a claim

Once **you** have sent **us** the details of **your** claim and they have accepted it, **we** will start to resolve your legal problem.

Always report **your** claim to **us** in writing and as soon as possible. **We** can send **you** a claim form to help **you** do this.

We normally deal with claims through **our** Legal Claims Centre however sometimes **we** use an appointed **representative**.

Send **Your** claim to:

DAS Legal Expenses Insurance Company Ltd,
Europa House, Harcourt Centre, Harcourt Street, Dublin 2.

Section 10: Hijack

This section will apply where shown in **your Statement of insurance**.

Events

We will pay the **limit** shown for each 24 hours (up to a maximum of 20 days) **you** are prevented from reaching **your** outward destination or **your home area** on the return journey of **your trip**, as a result of the transport on which **you** are travelling being hijacked during unlawful, wrongful or illegal seizure or exercise of control.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. Any claim where **you** do not provide written confirmation of the delay from the **Public transport carrier**.

Section 11: Catastrophe, natural disaster and airspace closure

This section will apply where shown in **your Statement of insurance**.

Events

The cover provided under sections 4 'Cancellation and cutting short a **trip**' and 5 'Travel delay and missed departure' is extended. **We** will pay for the same Events up to the **limits** shown if **your trip** is to a destination outside the Republic of Ireland and is affected by the following:

1. Airspace closure or closure of **your** scheduled point of departure (the airport, port or cross-channel train station).
2. Avalanche, earthquake, volcano, explosion, fire, flood, landslide, storm, tsunami, severe snowfall.
3. Medical epidemic or pandemic.
4. The Department of Foreign Affairs and or an equivalent government or national authority, or the World Health Organisation issuing notice or advice against all travel or all but essential travel to the area in which **you** were due to travel to or were already staying during **your trip**.

We will also pay up to the **limit** shown in **your Statement of insurance** for:

- additional accommodation and/or transport costs to allow **you** to continue **your trip** if **you** are forced to move from **your** booked and prepaid accommodation, or have to extend **your** stay if **you** are unable to return **home** due to the listed events occurring during **your trip**; and/or
- costs of unused, or the extra costs of, kennel, cattery or professional pet sitter fees.

In addition, where shown in **your Statement of insurance**, **we** will pay a daily benefit for each 24 hours (up to a maximum of 10 days) if **you** have to extend **your** stay.

Section conditions

1. Anything stated under section conditions for section 5 'Travel delay and missed departure'.
2. **You** must have written confirmation from the local or national authority of the area where the event occurred.
3. Expenses **we** pay after a **trip** is cut short will be calculated in proportion to the number of days remaining after the date **your trip** was cut short.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance** (unless claiming a daily benefit only).
3. Any claim which is the result of any Events announced on television, news bulletins or in the media in the Republic of Ireland before the start date of cover or at the time of booking a **trip** (whichever is later).
4. Failure to notify the travel agency, tour operator, **public transport carrier** and/or other provider of any service forming part of the booked **trip** of the need to cancel or cut short **your trip** immediately when it is found necessary to do so.
5. Any loss in relation to cancellation or the cutting short of **your trip** that is not verified by **your public transport carrier** or other relevant organisations or authorities.
6. Any loss which will be paid or refunded by any existing insurance scheme, government programme, **public transport carrier**, travel agent or any other provider of transportation and/or accommodation.
7. Any expenses for services provided by another party for which **you** are not liable to pay and/or any expenses already included in the cost of a **trip**.
8. Compensation for frequent flyer points or similar loyalty schemes.
9. Any claim not substantiated by written confirmation or cancellation invoice from the **public transport carrier** and/or accommodation provider and/or an unused travel ticket.

Section 12: Winter sports cover

This section will apply where shown in **your Statement of insurance** for the **insured person(s)** and **trip** duration specified.

Events

A. Winter sports equipment

We will pay up to the **limits** in **your Statement of insurance**:

1. if **you** or **you** hired **winter sports equipment** is **accidentally** damaged, or lost, stolen, or destroyed during **your trip**;
2. for hire of replacement **winter sports equipment** during **your trip** as a result of 1 above; and/or
3. to replace **your** lift pass if it is lost, stolen or destroyed during **your trip**.

Event A conditions

1. **You** must take reasonable care to keep **your winter sports equipment** safe. If **your winter sports equipment** is lost or stolen, **you** must take all reasonable steps to get it back.
2. **You** must report any loss or theft as soon as possible to the police or to **your public transport carrier** if the loss or damage occurred during the **trip**. **You** must get a police report form and/or the **public transport carrier's** property report form within 24 hours.
3. If **your winter sports equipment** is lost or damaged by **your public transport carrier** **you** must give written notice of the claim to them within the time limit in their conditions of carriage (**you** should also keep a copy). **You** must keep **your** tickets and luggage tags.
4. If **your winter sports equipment** is lost or damaged by an authority or **your** accommodation provider, **you** must report the details of the loss or damage to them in writing as soon as possible and get written confirmation.
5. **You** must be able to prove that **you** have responsibility for the lost, stolen or damaged items and how much they are worth. If **you** do not do this, it may affect **your** claim.

- At **our** option, **we** will settle any claim by payment or replacement. **We** will pay claims for **your winter sports equipment** based on its value at the time of loss after making an allowance for wear and tear and loss of value using the scale below. **We** will not pay more than the original purchase price or the **limits** shown in **your** Statement of insurance.

Age of winter sports equipment	Amount payable (based on new replacement cost)
Up to one year old	90%
Up to two years old	70%
Up to three years old	50%
Up to four years old	30%
Over four years old	20%

What is not covered

We will not pay for:

- Anything mentioned in 'Exclusions which apply to the whole policy'.
- The **excess** in **your Statement of insurance**.
- Winter sports equipment** which **you** have left **unattended** in **your** accommodation unless the accommodation is locked.
- Winter sports equipment** which **you** have left **unattended** in a motor vehicle unless:
 - the loss occurs between 9am and 9pm; and
 - it is contained in the secure area of a motor vehicle (in the boot or otherwise hidden from view in the luggage area).
- Claims for theft unless there is evidence of forced or forcible entry.
- Winter sports equipment** while in use.
- Wear and tear, loss of value and damage caused by moths or vermin, or any process of cleaning, repairing or restoring.
- Any items shipped as freight or items delayed, detained or confiscated by customs or other officials.
- Items used in connection with **your** job.

Events

B. Delay due to avalanche

We will pay up to the **limits** in **your Statement of insurance** for extra accommodation (room only) and transport charges (up to the same standard of those previously booked) that are necessary to reach **your trip** destination on **your** outward journey or **your home** on **your** return journey, if an avalanche delays **your** arrival at or departure from **your** booked destination.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.

Events

C. Piste closure

We will pay up to the **limits** in **your Statement of insurance**, if all pistes at the resort **you** have booked are closed because of lack of snow, excessive snow or high winds.

Section conditions

1. Cover does not apply for **trips**:
 - (a) in the Republic of Ireland;
 - (b) outside the Republic of Ireland, which are not during the recognised skiing season for **your** destination.
2. Cover does not apply for cross country skiing.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy';
2. The **excess** in **your Statement of insurance**.

Events

D. Winter sports activity and ski pack

We will pay up to the **limits** in **your Statement of insurance**:

1. if due to **illness** or **injury you** are medically certified as being unable to take part in **your** pre-booked winter sport activity, for the unused part of **your** ski/lift pass, hire or tuition fees or cost of activities;
2. to replace **your** pre-booked ski/lift pass if it is lost, stolen or destroyed during **your trip**.

Event D condition

Any claim resulting from **illness** or **injury** must be supported by written confirmation from a **medical practitioner**.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy';
2. The **excess** in **your Statement of insurance**.

Section 13: Golf cover

This section will apply where shown in **your Statement of insurance** for the **insured person(s)** specified.

Events

A. Golf equipment

We will pay up to the **limits** in **your Statement of insurance**:

1. if **your** or **your** hired **golf equipment** is **accidentally** damaged, or lost, stolen, or destroyed during **your trip**.
2. for hire of replacement **golf equipment** during **your trip** as a result of 1 above.

Event A conditions

1. **You** must take reasonable care to keep **your golf equipment** safe. If **your golf equipment** is lost or stolen, **you** must take all reasonable steps to get it back.
2. **You** must report any loss or theft as soon as possible to the police or to **your public transport carrier** if the loss or damage occurred during the **trip**. **You** must get a police report form and/or the **public transport carrier's** property report form within 24 hours.
3. If **your golf equipment** is lost or damaged by **your public transport carrier** **you** must give written notice of the claim to them within the time limit in their conditions of carriage (**you** should also keep a copy). **You** must keep **your** tickets and luggage tags.
4. If **your golf equipment** is lost or damaged by an authority or **your** accommodation provider, **you** must report the details of the loss or damage to them in writing as soon as possible and get written confirmation.
5. **You** must be able to prove that **you** have responsibility for the lost, stolen or damaged items and how much they are worth. If **you** do not do this, it may affect **your** claim.
6. At **our** option, **we** will settle any claim by payment or replacement. **We** will pay claims for **your golf equipment** based on its value at the time of loss after making an allowance for wear and tear and loss of value using the scale below.

We will not pay more than the original purchase price or the **limits** shown in **your Statement of insurance**.

Age of golf equipment	Amount payable (based on new replacement cost)
Up to one year old	90%
Up to two years old	70%
Up to three years old	50%
Up to four years old	30%
Over four years old	20%

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. **Golf equipment** which **you** have left **unattended** in **your** accommodation unless the accommodation is locked.
4. **Golf equipment** which **you** have left **unattended** in a motor vehicle unless:
 - (a) the loss occurs between 9am and 9pm; and
 - (b) it is contained in the secure area of a motor vehicle (in the boot or otherwise hidden from view in the luggage area).
5. Claims for theft unless there is evidence of force or forcible entry.
6. **Golf equipment** while in use.
7. Wear and tear, loss of value and damage caused by moths or vermin, or any process of cleaning, repairing or restoring.
8. Any items shipped as freight or items delayed, detained or confiscated by customs or other officials.
9. Items used in connection with **your** job.

Events

B. Hole in One

We will pay up to the **limits** in **your Statement of insurance** for expenses incurred in the event of **you** achieving a 'hole-in-one' during an official competition.

Event B condition

The score cards and certificate from **your** club or competition secretary must be submitted to **us** in the event of a claim along with fully receipted expenses.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.

Events

C. Golfing fees

We will pay up to the **limits** in **your Statement of insurance** if due to **illness** or **injury** **you** are medically certified as being unable to take part in **your** pre-booked golfing activity, for the unused part of green fees, hire or tuition fees including the cost of hire of a buggy or golf trolley or similar.

Event C condition

Any claim resulting from **illness** or **injury** must be supported by written confirmation from a **medical practitioner**.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.

Section 14: Cruise cover

This section will apply:

- where shown in **your Statement of insurance** for the **insured person(s)** specified; and
- if **your trip** is a cruise on a passenger carrying liner, ship or river cruiser on a voyage of more than five days in duration.

Events

A. Increased **baggage**

The cover provided by section 3 '**Baggage**' is extended and **we** will pay up to the increased **limits** shown in **your Statement of insurance**.

Event A condition

Anything mentioned in section 3 '**Baggage – Section conditions**'.

What is not covered

We will not pay for anything mentioned in section 3 '**Baggage – What is not covered**'.

Events

B. Shore trips and cabin confinement

We will pay up to the **limits** in **your Statement of insurance**:

1. if the vessel **you** are travelling on is unable to dock at the intended destination and **you** are unable to take part in **your** pre-booked shore excursion;
2. if due to **illness** or **injury you** are medically certified as being unable to take part in **your** pre-booked activity or shore excursion; and/or
3. if due to **your illness** or **injury you** are confined to **your** cabin or compulsorily quarantined on the vessel **you** are travelling on.

Event B conditions

Any claim resulting from:

1. The vessel being unable to dock must be supported by written confirmation from an official member of the vessel's crew.
2. **Illness or injury** must be supported by written confirmation from a **medical practitioner**.
3. Confinement due to compulsory quarantine must be supported by written confirmation from a **medical practitioner** or an official member of the vessel's crew.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy';
2. The **excess** in **your Statement of insurance** for Event 1 and 2.
3. Any medical costs incurred within Republic of Ireland are specifically excluded.

Section 15: Business cover

This section will apply where shown in your **Statement of insurance** for the **insured person(s)** specified.

Definitions for this section

The following additional key words or phrases have the same meaning wherever they appear in this section. These definitions apply to this section only.

Business equipment – electrical equipment (including computers, laptops or similar) business books, stationery, office equipment and all owned by **you** or **your** legal responsibility.

Business money – bank notes and coins in legal tender, cheques, travellers' cheques, postal or money orders, pre-paid coupons or vouchers or travel tickets, pre-booked event and entertainment tickets, phone cards and pre-paid electronic money cards, all held for business use and which are non-refundable.

Business samples – samples of your business stock owned by **you** or **your** legal responsibility.

Business trip – a trip for business purposes involving administrative duties and excluding **manual work**. (Your travel can be both a trip and a business trip for cover to apply under this section.)

Events

A. Business equipment and business samples

We will pay up to the **limits** in your **Statement of insurance** if your **business equipment, business samples** and **valuables** are **accidentally** damaged, lost, stolen, or destroyed during **your business trip**.

Event A conditions

1. **You** must take reasonable care to keep **your business equipment**, business samples and **valuables** safe. If **your business equipment**, **business samples** and **valuables** are lost or stolen, **you** must take all reasonable steps to get them back.
2. **You** must report any loss or theft as soon as possible to the police or to **your public transport carrier** if the loss or damage occurred during the **trip**. **You** must get a police report form and/or the **public transport carrier's** property report form within 24 hours.
3. If **your business equipment** and **business samples** are lost or damaged by **your public transport carrier you** must give written notice of the claim to them within the time limit in their conditions of carriage (**you** should also keep a copy). **You** must keep your tickets and luggage tags.
4. If **your business equipment** and **business samples** are lost or damaged by an authority or **your** accommodation provider, **you** must report the details of the loss or damage to them in writing as soon as possible and get written confirmation.
5. **You** must be able to prove that **you** have responsibility for the lost, stolen or damaged items and how much they are worth. If **you** do not do this, it may affect your claim.
6. At **our** option, **we** will settle any claim by payment or replacement. **We** will pay claims for **business equipment**, **business samples** and **valuables** based on their value at the time of loss. **We** will not pay more than the original purchase price of any lost or damaged item. **We** will not pay the cost of replacing any other pieces that form part of a set.
7. If **you** have also made a claim for replacement under Event B 'Essential item replacement and hire' this amount will be deducted from the amount claimed under Event A.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in your **Statement of insurance**.
3. **Valuables** carried in suitcases or other luggage unless they are with **you** at all times.
4. **Valuables** which are not with **you** unless stored in a locked safety deposit box or locked safe.
5. **Valuables** left in an **unattended** motor vehicle or in **your** accommodation's courtesy storage facility.
6. **Business equipment** and **business samples** which **you** have left **unattended** in **your** accommodation unless the accommodation is locked.

7. **Business equipment** and **business samples** which **you** have left **unattended** in a motor vehicle unless:
 - (a) the loss occurs during the hours of 9am and 9pm; and
 - (b) they are contained in the secure area of a motor vehicle (in the boot or otherwise hidden from view in a secure luggage area).
8. Claims for theft unless there is evidence of force or forcible entry.
9. Food or drink.
10. Pedal cycles, angling or fishing equipment, scuba or diving equipment and sports equipment.
11. Contact and corneal lenses, medical and dental fittings, or hearing aids.
12. Cracked, scratched or broken glass (except lenses in cameras, binoculars, telescopes or spectacles), china or similar fragile items.
13. Wear and tear, loss of value and damage caused by moths or vermin, or any process of cleaning, repairing or restoring.
14. Any items shipped as freight or items delayed, detained or confiscated by customs or other officials.
15. **Business money**, bonds, securities or documents of any kind.

Events

B. Essential item replacement and hire

We will pay up to the **limits** in **your Statement of insurance** for the replacement or hire of essential items if **your business equipment** or **business samples** are temporarily lost on the outward journey.

Event B conditions

You must be without **your business equipment** and **business samples** for more than 12 hours.

You must keep the receipts of anything **you** buy or hire and get written confirmation from the **public transport carrier** of the number of hours **you** were without **your baggage**.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in **your Statement of insurance**.
3. Any claim for items delayed or detained by customs or other officials.

Events

C. Business money

We will pay up to the **limits** in **your Statement of insurance** if **your business money** is lost or stolen during **your trip** or during the 72 hours immediately before starting **your trip**.

Event C conditions

1. **You** must take reasonable care to keep **your business money** safe. If **your business money** is lost or stolen, **you** must take all reasonable steps to get it back.
2. **You** must report any loss to the police within 24 hours of discovering it and obtain a written police report.
3. **You** must be able to prove that **you** own or are responsible for the lost or stolen money, if **you** do not it may affect **your** claim.

What is not covered

We will not pay for:

1. Anything mentioned in 'Exclusions which apply to the whole policy'.
2. The **excess** in your **Statement of insurance**.
3. **Business money** which is not with **you** unless it is stored in a locked safety deposit box or locked safe or is locked in **your** accommodation.
4. Claims for theft unless there is evidence of force or forcible entry.
5. Bonds, securities or documents of any kind.
6. Shortages due to a mistake or loss due to a change in exchange rates.
7. **Business money** which is delayed, detained or confiscated by customs or other officials.

Events

D. Employee replacement

We will pay up to the **limits** in **your Statement of insurance**, for the additional cost of travel and accommodation (up to the same standard as **your** booking) for one colleague to replace **you**, if **you** are unable to meet **your** business commitments due to the Events insured under the following sections:

- Section 1 'Emergency medical assistance and expenses';
- Section 2 'Personal **accident**'; and/or
- Section 4 'Cancellation and cutting short a **trip**'.

Event D conditions

1. Anything mentioned in the 'section conditions' under the sections listed above.
2. **You** must have a valid claim under the sections listed above for cover to apply.

What is not covered

We will not pay for anything mentioned in 'What is not covered' under the sections listed above.

Section 16: Wedding Cover

This section will apply:

- where shown in **your Statement of insurance** for the **insured person(s)** specified.

Events

A. Wedding Rings

We will pay up to the **limits** in **your Statement of insurance** for the bride and groom's wedding rings listed as **insured person(s)** which are lost, stolen or damaged during **your trip**.

Event A condition

Anything mentioned in section 3 '**Baggage** – Section conditions'.

What is not covered

We will not pay for anything mentioned in section 3 '**Baggage** – What is not covered'.

B. Wedding Attire

We will pay up to the **limits** shown in **your Statement of Insurance** for clothing and accessories owned by the bride and groom listed as **insured person(s)** (not borrowed or hired) which are lost, stolen or damaged during **your trip**.

Event B condition

Anything mentioned in section 3 '**Baggage** – Section conditions'.

What is not covered

We will not pay for anything mentioned in section 3 '**Baggage** – What is not covered'.

C. Wedding Gifts

We will pay up to the **limits** in **your Statement of insurance** for the wedding gifts which are lost, stolen or damaged during **your trip**.

Event C condition

Anything mentioned in section 3 '**Baggage** – Section conditions'.

What is not covered

We will not pay for anything mentioned in section 3 '**Baggage** – What is not covered'.

D. Wedding Photographs or Video Recordings

We will pay up to the **limits** in **your Statement of insurance** for reasonable additional costs incurred if the photographs/video recordings of the wedding day are lost, stolen or damaged during **your trip**.

Event D condition

1. Anything mentioned in section 3 '**Baggage** – Section conditions'.
2. The photographer must be a professional photographer contracted by **you** to take the photographs/video recording of the wedding day.

What is not covered

We will not pay for anything mentioned in section 3 '**Baggage** – What is not covered'.

Useful information

Please note this information does not form part of the terms and conditions of **your** Travel cover, it is provided for guidance purposes only. Information is correct at date of production.

The World Health Organisation

The World Health Organisation (WHO) provides up to date information and advice for travellers by country on health risks. Please check with the WHO if **you** have any concerns over health risks for **your** intended destination. To view information on the country or region **you** intend to travel to, visit the international travel and health pages on the WHO website www.who.int

Reciprocal Healthcare Agreements

European Union

If **you** are planning to travel to countries in the European Union, or Iceland, Liechtenstein, Norway or Switzerland **we** strongly recommend **you** take a European Health Insurance Card (EHIC) with **you**. Application forms can be obtained online or in person from the post office and should be completed and validated before **you** travel. The EHIC will allow **you** to benefit from the Reciprocal Healthcare Agreements (RHA) which exist with these countries. Where possible, **you** should take reasonable steps to use these arrangements.

Australia

If essential medical treatment is required in Australia **you** must enrol with a local Medicare office. Details of how to enrol and the free treatment available can be found in the 'Health Advice for Travellers' leaflet or at the Australian government website www.humanservices.gov.au. (**You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public **hospital** is then available free of charge).

We are not responsible for the content of other websites.

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