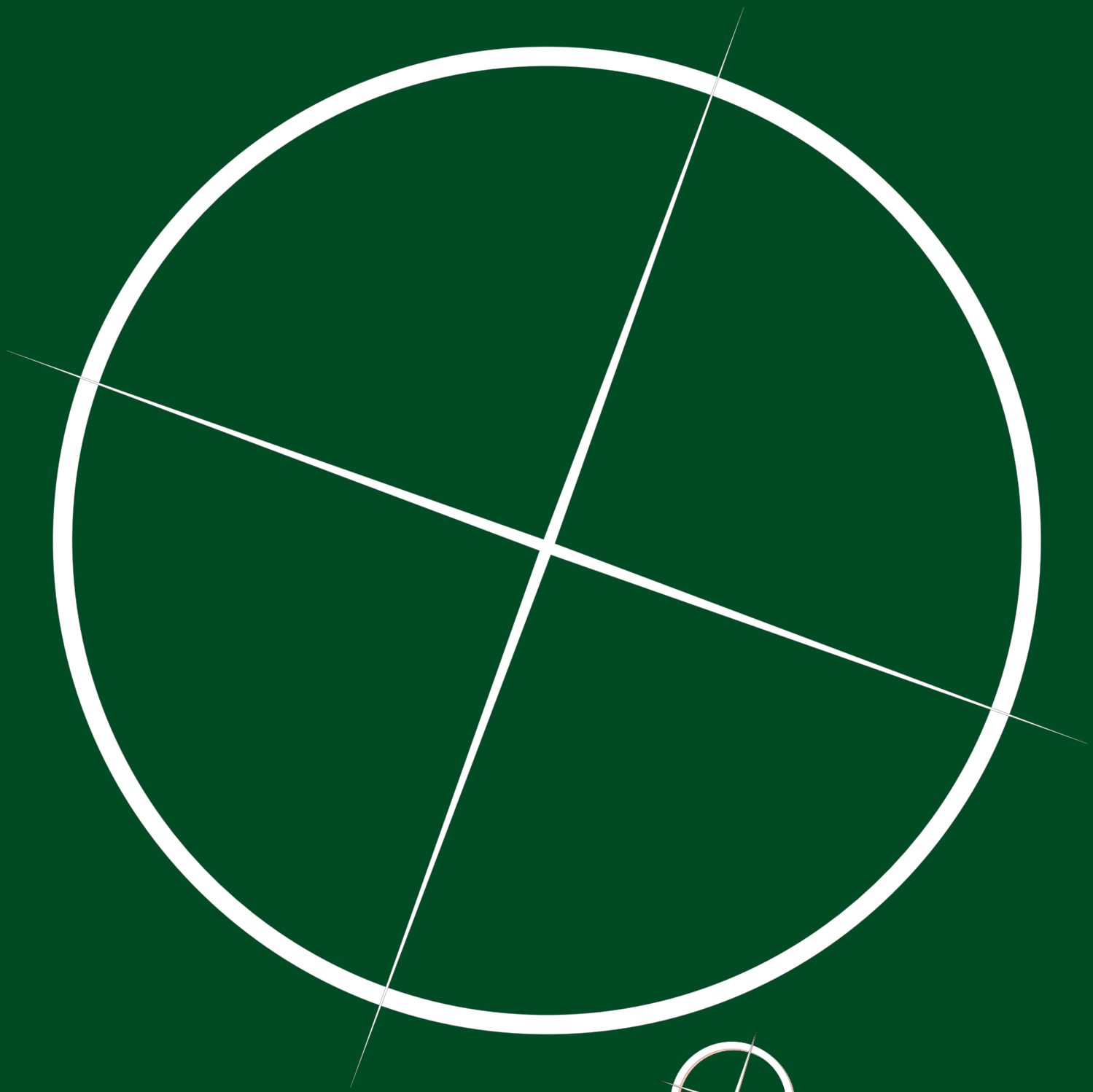
Group Personal Accident, Illness and Business Travel Insurance Policy Wording



ORTUS

UNDERWRITING

Contents

Welcome

Thank you for choosing Ortus Underwriting to be **Your** insurance provider. Ortus Underwriting is a trading name of Xact Risk Solutions Limited.

This is **Your Policy** which has been prepared in accordance with the information **You** have provided.

The **Policy,** schedule, and endorsements, together with the **Statement of Fact** should be read together as if they were one document.

Please take the time to read all these documents to make sure that the cover meets **Your** needs and that **You** understand the terms, exclusions and conditions.

If there is anything **You** do not understand or **You** need to change please contact **Your Broker** immediately. This is a legal document and should be kept in a safe place.

About This Master Policy

This **Policy** is underwritten by Certain Underwriters at Lloyd's. For more information, see the **Policy** schedule and the About The Insurers section below. This **Policy** is issued by Ortus Underwriting, in accordance with the authority granted under binding authority agreements.

As the company or organisation named in the **Policy** schedule, **You** are the Master **Policyholder** and are the contracting party under this insurance. As the Master **Policyholder**, **You** have taken out this Master **Policy** to cover **You**, **Your Employees** and other relevant **Insured Persons**.

Insured Persons may be beneficiaries under this insurance, but they are not deemed contracting parties.

Any cover the **Insured Persons** are entitled to under this Master **Policy** is because of their employment or association with **Your** company or organization, or their association with **Your Employee**.

Please review the **Policy** schedule to confirm what sections of cover are in force.

Please contact the **Broker** as soon as possible if:

a) anything needs correcting, or

b) there are any questions in relation to this **Policy**.

You have a duty to provide each **Employee** with a copy of the **Insured Persons**' Schedule and Evidence of Cover.

Who is Ortus Underwriting

Ortus Underwriting is authorised and regulated by the Financial Conduct Authority. **You** can check Ortus Underwriting's FCA registration by visiting the FCA website at www.fca.org.uk/register or by calling the FCA on 0800 111 6768. Ortus Underwriting has authority to issue insurance on **Our** behalf under binding authority agreements.

About The Insurers

We are the insurers who provide this **Policy**. **Our** details are shown in the **Policy** schedule. This includes **Our** reference numbers and the proportions of the cover **We** are providing.

As cover is being provided by more than one insurer, each insurer is liable only for their share of the risk.

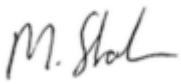
We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

If not provided in the **Policy** schedule, **Our** Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk.

Insuring Agreement

In return for **You** paying the premium shown in the **Policy** schedule, and the payment of any applicable **Excess**, **We** will provide the cover given in this **Policy**. The cover provided is subject to all limits, terms, conditions, notices and exclusions of this **Policy**.

Signed on **Our** behalf



Matthew Stark
Chief Executive Officer
Ortus Underwriting
Registered Office: 15 Westferry Circus, London, E14 4HD
Registered in England No: 08142321
Authorised and regulated by the Financial Conduct Authority

How To Make A Claim

If You think **You** may have a claim, then please contact **Us** as soon as feasible with as much information as possible and **We** will tell **You** what to do next.

Claims Procedure

The **Insured Person** must place themselves under the care of a duly qualified **Medical Practitioner** as soon as is reasonably possible. Notice of any incident that may give rise to a claim must be made as soon as is feasibly possible at the date of **Accident**, **Illness** or upon return of the trip.

Claim Notifications should be sent to:

Personal Accident & Illness Claims
Telephone: +44(0)345 0308 128
Email: newclaims.pa@davies-group.com

Travel Claims
Telephone: +44(0)345 0308 129
Email: travelclaims@davies-group.com

Medical Emergency Abroad Procedure

If **You** are covered under Section C Business Travel, in the event of **Illness** or **Accident** abroad which may lead to hospital treatment or Curtailment of the trip, **You** or the **Insured Person** must contact:

Ortus Assistance, 24 Hour Emergency Service.
Please quote the reference **Ortus.**
Telephone: +44(0)203 989 8835
Email: ah-assist@ortusunderwriting.com

When contacting **Ortus Assistance**, please advise the following:
1 The telephone number from which **You** or the Insured Person are calling.
2 The **Policy** Number
3 The name and telephone number of the doctor and hospital attending to the **Insured Person.**

Failure to contact **Ortus Assistance** in the event of an emergency may prejudice the claim.

Calls may be recorded for quality and training purposes.

The Claims Line is available 24 hours a day 365 days a year.

Political and Natural Disaster Evacuation Procedure

In the event of a claim under Section C Item 16 of this **Policy, You** or the **Insured Person** must contact:

Ortus Assistance, 24 Hour Emergency Service.
Please quote the reference **Ortus.**
Telephone: +44(0)203 989 8835
Email: ah-assist@ortusunderwriting.com

Failure to contact **Ortus Assistance** in the event of an emergency may prejudice the claim.

Calls may be recorded for quality and training purposes.

The Claims Line is available 24 hours a day 365 days a year.

Pre-Travel Advice

Prior to any travel outside of the **Insured Person's** usual **Country of Domicile, We** recommend the **Insured Person** contact the below Pre Travel Advice number. They will advise the **Insured Person** of any medication/inoculations required as well as provide advice on unsafe areas.
Pre Travel Advice number: +44(0)203 989 8835

Reciprocal Health Arrangements

Global Health Insurance Card (GHIC) or European Health Insurance Card (EHIC):

If possible, **We** recommend the **Insured Persons** obtain a GHIC prior to any travel, if **You** don't currently have an EHIC or GHIC, and keep it on **You** whilst travelling outside of **Your** usual **Country of Domicile.**

- If **You** have an existing EHIC or GHIC, it will remain valid until the expiry date on the card. Once **Your** current card expires **You** will need to apply for a new card. **You** can apply for a new GHIC up to 9 months before **Your** current card expires.
- The GHIC and EHIC entitle **You** to reduced-cost, sometimes free, medical treatment that becomes necessary while **You** are in a European Economic Area (EEA) country or in Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway.
- The card gives access to state-provided medical treatment only. Remember, this might not cover all the things **You** would expect to get free of charge from the NHS in the **United Kingdom. You** may have to make a contribution to the cost of **Your** care.
- **You** can obtain more information about the GHIC, including how to apply, online at http://www.gov.uk/global-health-insurance-card.

Australia:

- If **You** are travelling to Australia **You** can enrol in Medicare which will entitle **You** to subsidised hospital treatments and medicines. **You** can do this by contacting a local Medicare office in Australia.
- All claims for refunds under the Medicare scheme must be made before **You** leave Australia. For more information on Medicare visit: www.medicareaustralia.gov.au or email: medicare@medicareaustralia.gov.au.

On-line Information

We have partnered with medical assistance and security experts to provide you with a range of complementary travel services;

Travel Oracle Portal
Designed to provide **You** with the best up-to-date information and alerts about **Your** travel destination. It offers complete country guides to give **You** in depth knowledge about **Your** location, as well as tips and training on how to stay safe while overseas.

Travel Oracle Website: https://tow.healix.com/login
1 Complete Registration Form to create an account
2 Enter Healix policy number **LO254351** (please note this is different to the **Policy** number provided on **Your Policy** schedule)
3 Click "Register"

Travel Oracle App
The ultimate travel safety companion. It provides **You** with the most up to date travel information and advice, as well as real time alerts on breaking news globally.
The Travel Oracle App can be downloaded onto **Your** smart phone from the Apple App store or Google Play store.
Register as a new user and enter Healix policy number **LO254351** (please note this is different to the **Policy** number provided on **Your Policy** schedule)

General Policy Definitions

Wherever one of the words or phrases listed below is used in this **Policy** it will have the same meaning wherever it appears unless stated otherwise. A defined word or phrase will start with a capital letter each time it appears in the **Policy** and is printed in bold type e.g. **Accident**, except for headings and titles.

Throughout this **Policy** words in the singular include the plural and vice versa.. References to legislation include such legislation as amended and to any statutory re-enactment of the same or substantially similar legislation.

If a word or phrase has a different meaning in a particular section then that section will have a revised definition of that word or phrase.

Applicable to ALL Sections of this Policy

The following **Policy** Definitions apply to all Sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated:

Accident/Accidental

A sudden, unexpected, fortuitous, specific event which occurs at an identifiable time and place.

Act of Terrorism

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

Annual Salary

The **Insured Person's** Gross annual salary including dividends as declared within **Your** audited accounts during the twelve months prior to any claim but excluding remuneration received in respect of bonuses, commission, overtime and the like.

Benefit Period

The maximum period for which the **Temporary Total Disablement** benefit is payable. This period will commence at the end of the **Excess Period**.

Bodily Injury

Identifiable physical injury which:-

1 Is sustained by an **Insured Person**, and
2 Is caused by an **Accident** during the **Operative Time** during the **Period of Insurance**, and
3 Solely and independently of any other cause, except **Illness** directly resulting from or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Insured Person** within twelve months from the date of the **Accident**.

Broker

The company through which **You** purchased the **Policy** with **Us**.

Close Relative

Mother, father, sister, brother, husband, wife, **Partner**, daughter, son, step-daughter, step-son, adopted daughter, adopted son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, or fiancé(e).

Coma

A continuous, unconscious and unresponsive state.

Contractors

Contractors who are employed by **You** on a temporary contract and are travelling on an official trip organised by **You**, at **Your** expense and with **Your** knowledge and consent.

Corporate Guest(s)

Any visitor or guest who is officially invited to visit **Your Premises** in a business capacity with **Your** knowledge and consent or who are travelling on an official trip organised by **You**, at **Your** expense and with **Your** knowledge and consent. This excludes personnel from the Emergency Services and any Third Party **Contractors** who are undertaking work on **Your** behalf. Cover is only operative whilst the **Corporate Guest(s)** is on **Your Premises** or a **Period of Travel**.

Country of Domicile

The country in which the **Insured Person** permanently resides.

Dependent Child

A child of an **Insured Person**, including step children and adopted children, under the age of 18 years or under the age of 23 years if in **Full Time Education**.

Director / Business Partner
A person who is an appointed or elected member of the board of Directors of the **Insured** (but not including a non-executive director or company secretary unless agreed in writing by **Us**) or any person who is a member of the management or executive committee (or equivalent body) of a partnership and who are listed as a current officer of the **Insured** at Companies House.

Employee
Any person(s) under a contract of employment, contract of service or apprenticeship with the **Insured** who is not **a Director / Business Partner**.

Excess Period
The period prior to the commencement of the **Benefit Period** for which no benefit is payable.

Full Time Education
A programme of learning provided by a recognised education body that leads to a qualification by examination or assessment, which is either:
1 full-time study; or
2 a mixture of study and works experience where at least two thirds of the total time for the course is spent on study.

Gross Weekly Wage
1/52nd of the **Annual Salary**.

Hemiplegia
The permanent and total paralysis of the one half of the body.

Home
Any flat, house or mobile/park home which is the main permanent residence of the **Insured Person** within the **United Kingdom**.

Illness
A disease or sickness of the **Insured Person**.

Insured
The company or organisation named in the **Policy** schedule. The Insured is also the Master Policyholder, i.e. the **Policyholder** for this master **Policy**. The Insured is the contracting party for this insurance.

Insured Person
Any person specified in the **Policy** schedule and the Insured Persons' Schedule and Evidence of Cover document as being an Insured Person. For Insured Persons, cover applies until the end of the **Period of Insurance** or the date upon which the Insured Person ceases their employment or association with the **Insured**, whichever the sooner.

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

Medical Expenses
Expenses necessarily and reasonably incurred by the **Insured Person** for medical, hospital, surgical, manipulative, massage, physiotherapy, therapeutic, X-ray or nursing treatment, including the cost of medical supplies and ambulance hire.

Medical Practitioner
A suitably qualified medical practitioner registered by the General Medical Council in the **United Kingdom** other than:
1 An **Insured Person**
2 A member of the immediate family of the **Insured Person**
3 An **Employee** or **Director / Business Partner**

Operative Time
The period of time that cover is in force during the **Period of Insurance**, as shown in the **Policy** schedule and relevant to each section of cover.

Our, Us, We,
The insurers who provide this **Policy**

Paraplegia
The permanent and total paralysis of the lower half of the body which shall include the two lower limbs bladder and rectum.

Partner
The **Insured Person's** spouse, civil partner, or any person they are co-habiting with as a couple.

Period of Insurance
The period beginning with the effective date and ending with the expiry date as shown in the **Policy** schedule and any other period for which **We** have accepted **Your** premium.

Permanent Partial Disablement
Permanent Total Disablement, is extended to include the following scale of benefits, herein referred to as **Permanent Partial Disablement**. The sum insured for each item below shall be payable as a percentage of the sum insured equivalent to the degree of **Permanent Partial Disablement**. The following table is the amount of benefit payable in respect of specific disabilities:-

Item	Permanent Total Disablement	100%

Loss by amputation or permanent total loss of use of: -

Item	Permanent Partial Disablement	Right	Left
i	One thumb	20%	17.5%
ii	One index finger	15%	12.5%
iii	Any other finger	10%	7.5%
iv	Permanent total loss of use of shoulder or elbow	25%	20%
v	Permanent total loss of use of wrist	20%	15%

Loss by amputation or permanent total loss of use of: -

vi	One big toe	10%
vii	Any other toe	3%
vii	Permanent total loss of use of hip or knee or ankle	20%
viii	Removal of lower jaw by surgical operation	30%
ix	Shortening of at least 5 centimetres of lower limb	15%

Facial scarring equivalent to the following degree of scarring: -

x	5cm in length or an area of 5 sq. cm or more	5%
xi	10cm in length or an area of 10 sq. cm or more	10%

Burns equivalent to the following degree of burns: -

xii	9% to 18% of Body Surface	15%
xiii	19% to 27% of Body Surface	20%
xiv	28% of Body Surface or more	25%

Conditions
1 Benefits i to v above shall be reversed in the event of the **Insured Person** being left-handed.
2 If benefit is payable in respect of one **Insured Person** under more than one item as a result of one **Accident**, the total payable shall not exceed 100% of the sum insured for **Permanent Total Disablement**.
3 In the event of an **Insured Person** sustaining any permanent disability not noted above, the benefit payable shall be calculated by assessing the degree of disability relative to the above scale but without reference to the **Insured Person's** occupation.

If benefit is payable for loss of or loss of use of a whole member of the body then benefits for parts of that member cannot also be claimed.

Permanent Total Disablement
For **Insured Person**s who are an **Employee** or **Director / Business Partner**:
Disablement which entirely prevents the **Insured Person** from attending to the duties of their usual business or occupation and which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

For **Insured Persons** who are not an **Employee** or **Director / Business Partner**, or who are **Corporate Guests** or have attained state retirement age:
Disablement which entirely prevents the **Insured Person** from attending to any business or occupation of any and every kind and which lasts twelve months and at the end of that period is beyond hope of improvement.

For **Insured Persons** who are a **Dependent Child**:
Disablement which entirely prevents the **Insured Person** from attending to full time education for a period of twelve consecutive months and at the end of that period is beyond hope of improvement and without prospect of being able to undertake any gainful occupation or of being able to support themself financially

Permanent Total Loss of Hearing
This definition applies to the schedule of benefits tables in respect of each coverage section in the **Policy** schedule. Permanent total and irrecoverable loss of hearing that results in the **Insured Person** being classified as **Deaf** which lasts twelve consecutive months and at the expiry of that period is medically determined to **Our** satisfaction as being beyond hope of improvement.

For the purpose of this definition, 'Deaf' means the inability to hear sounds quieter than 90 decibels across frequencies between 500Hz and 3,000Hz when tested by a qualified audiologist.

Permanent Total Loss of Sight
This definition applies to the schedule of benefits tables in respect of each coverage section in the **Policy** schedule. Permanent total and irrecoverable loss of sight which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement. For loss of sight:
1 in both eyes where an **Insured Person's** name has been added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or
2 in one eye, if the degree of sight remaining after correction is 3/60 or less of the Snellen Scale (seeing at three (3) feet what an **Insured Person** should see at sixty (60) feet).

Permanent Total Loss of Speech
This definition applies to the schedule of benefits tables in respect of each coverage section in the **Policy** schedule. Permanent total and irrecoverable loss of speech which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

Policy
This document, **Policy** schedule, **Insured Persons'** Schedule and Evidence of Cover and any endorsements attached or issued with it.

Premises
The interior part of **Your** building in the **United Kingdom** which is leased or owned by **You** and from where **You** conduct **Your** business.

Principle Sum Insured
The Sum **Insured** noted in the **Policy** schedule for the item against which the **Insured Person** has claimed.

Quadriplegia
The permanent and total paralysis of the two upper limbs and two lower limbs.

Radiation
The emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death.

Statement of Fact
The proposal form and the quotation **You** have been provided with either in writing or provided electronically and any additional information supplied to **Us** by **You** or on **Your** behalf.

Sub-Contractors
Sub-Contractors who are employed by **You** on a temporary contract and are travelling on an official trip organized by **You**, at **Your** expense and with **Your** knowledge and consent.

Temporary Partial Disablement
Disablement which temporarily prevents the **Insured Person** from attending to a substantial part of the duties of their usual business or occupation.

Temporary Total Disablement
Disablement which temporarily and totally prevents the **Insured Person** from attending to the duties of their usual business or occupation.

Travel Benefits
Any benefit provided under Section C Business Travel of this **Policy**

Triplegia
The permanent and total paralysis of three limbs.

United Kingdom
England, Scotland, Wales, Northern Ireland, the Isle of Man, and Jersey, Guernsey, Alderney and Sark.

War
Any activity or conflict where military force is used and includes one of the following:
1 Hostilities or warlike operations (whether **War** be declared or not)
2 Invasion, civil War, rebellion, insurrection, revolution
3 Act of an enemy foreign to the nationality of the **Insured Person** or the country in or over which the act occurs
4 Civil commotion assuming the proportions of, or amounting to, an uprising
5 Overthrow of the legally constituted government
6 Military or usurped power
7 Explosions of War weapons
8 An **Act of Terrorism**
9 Murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the **Insured Person** whether **War** be declared with that state or not.

You, Your, Yours
The **Insured**.

Your Responsibilities

This section has details of conditions **You** have under the Master **Policy** because **You** are the Master **Policyholder**.

We recognise that **You** may appoint an Administrator to administer certain functions of the Master **Policy**. However, it remains **Your** responsibility to ensure compliance with these terms and conditions.

You must ensure **You** have carried out the following.

Fair Presentation of Risk

You have a legal duty to make a fair presentation of the risk to **Us** at the inception, renewal and with each variation of the **Policy**. This means that **You** should ensure that **We** have access to all material information **We** need when deciding whether to insure the risk, calculate the premium or set the terms and conditions of the **Policy**. For example, this includes any information that affects the nature of the risks against which **You** wish to insure or any information which increases the likelihood of a claim. If **You** are in doubt as to whether information is material, **You** should disclose it to **Us**.

You also have a duty to make a fair presentation to **Us** in respect of any material changes that alter the risk during the **Period of Insurance**.

Where **You** fail to make a fair presentation of the risk, and **We** either: (i) would not have entered into the contract of insurance at all; or (ii) would have done so but only on different terms, **We** may exercise **Our** rights and remedies afforded under the Insurance Act 2015 and set out in this clause.

Where **Your** failure to make a fair presentation of the risk was deliberate or reckless, **We** may avoid the **Policy**, refuse all claims and need not return any of the premiums paid.

Where **Your** failure to make a fair presentation of the risk was neither deliberate nor reckless:

1. if **We** would not have entered into the **Policy** on any terms, **We** may avoid the **Policy** and refuse all claims, but must in that event return the premiums paid.

2. if **We** would have entered into the **Policy**, but on different terms (other than terms relating to the premium), the **Policy** is to be treated as if it had been entered into on those different terms.

3. if **We** would have entered into the **Policy** (whether the terms relating to matters other than the premium would have been the same or different), but would have charged a higher premium, **We** may reduce proportionately the amount to be paid on a claim.

Retention And Provision of Records

You must establish and maintain complete records relating to all **Insured Persons** in connection with the Master **Policy**, this includes copies of all **Insured Person's** Wordings provided. **You** must retain those records, including electronic records, for a minimum period of seven (7) years or for such longer period as may be required by local law.

You must provide **Us** upon request copies of those records or documentation, or any other information as **We** may reasonably require from time to time, relating to the **Insured Persons**.

Security of Documents

All documents evidencing cover and any electronic method of storing and/or producing documentation must be kept secure at all times. If requested by **Us**, **You** must promptly return, delete or destroy all unused documents, including electronic documents, relating to the Master **Policy** and ensure that any issuance or production of those documents by **You** stops.

Claims, Complaints or Proceedings

If **You** are made aware by an **Insured Person** of a claim or complaint that the **Insured Person** wishes to make under the Master **Policy**, **You** must promptly:

a) inform the **Insured Person** of the arrangements established under the Master **Policy** for making claims or complaints (as applicable); and
b) provide **Us** with full details of the claim or complaint (as applicable).

Where **You** are aware of any legal or regulatory proceedings or actions started against **Us** or **You**, arising out of the operation of or in connection with the Master **Policy**, **You** must promptly provide **Us** with full details of those proceedings.

Compliance With the Law and Financial Crime

Without prejudice to any of the rights or obligations otherwise specified in the Master **Policy**, **You** must comply with all applicable laws for the legal and proper enrolment and handling of all insurances for the **Insured Person**. **You** must also use its best endeavours to ensure that any other parties with whom it deals in carrying out its duties under the Master **Policy** comply with such laws, where applicable.

You must not accept, offer or facilitate payment, consideration, or any other benefit, which constitutes an illegal or corrupt practice contrary to any applicable anti-bribery legislation.

Data Protection

You must comply with **Your** obligations under the relevant local data protection legislation, whether as data controller or data processor (as appropriate). The term "local data protection legislation" includes all applicable statutes and regulations in any jurisdiction in respect of the processing of personal data, including the privacy and security of personal data,

For the purposes of this Condition:

"data controller" means the person who, alone or jointly with others, determines the purposes and means of the processing of personal data;

"data processor" means the person who processes personal data on behalf of the data controller;

"data subject" means the identified or identifiable natural person to whom the personal data relates;

"personal data" means any information relating to the data subject;

"processing" means any operation or set of operations which is performed upon personal data, whether or not by automatic means, for example collection, recording, organisation, storage, adaptation or alteration, retrieval, consultation, dissemination or otherwise making available, alignment or combination, blocking erasure or destruction.

Communication With Insured Persons

You must inform the **Insured Persons** of any changes to the Master **Policy**, which are relevant to the coverage provided to the **Insured Persons**, including cancellation or non-renewal of the Master **Policy**.

You must provide each **Insured Person** with a copy of the **Insured Person's** Schedule and Evidence of Cover document, which forms part of this Master **Policy**.

Automatic or Tacit Renewal of Insurances Bound

You must not take any steps which have the effect of committing **Us** to automatic or tacit renewal of any benefit provided to **Insured Persons** under the Master **Policy** unless otherwise agreed in writing in advance by **Us**.

Promotional and Marketing Material

You must agree with **Us** any specific marketing or promotional material to be used in relation to the Master **Policy**, including on any internet website, portal or similar online system.

Change in risk

You must give **Us** written notice as soon as possible of any alteration or change in risk including:

a) any change in the identity the **Insured** entity named in the **Policy** schedule,
b) any change in the nature or scope of **Your** activities,
c) the appointment of a liquidator, receiver, or administrator (or equivalent) over **You**.

Where there has been a material change in risk, **We** will provide no cover under this **Policy** unless and until:

i. **We** have agreed in writing to accept the altered/change in risk; and
ii. **You** have paid or agreed to pay any additional premium charged and accept any revised terms and conditions.

General Policy Conditions

Each section of the **Policy** has conditions and they must be read in conjunction with the following General Conditions which apply to all Sections unless otherwise stated.

Applicable to ALL Sections of this Policy

The following **Policy** Conditions apply to all Sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated.

Cancellation

You may cancel this **Policy** during the **Period of Insurance** by giving thirty (30) days' notice in writing to **Your Broker** at the address shown in their correspondence or to **Us** at the address shown in the **Policy** quoting **Your Policy** details.

We may cancel this **Policy** by giving thirty (30) days' notice in writing to **You** at **Your** last known address stating the reasons for cancellation.

If this **Policy** is cancelled then, provided **You** have not made a claim, **You** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **You** have been covered. This will be calculated on a proportional basis. For example, if **You** have been covered for six (6) months, the deduction for the time **You** have been covered will be half the annual premium.

If **We** pay any claim, in whole or in part, then no refund of premium will be allowed.
If the **Period of Insurance** is less than thirty (30) days, **You** will not be entitled to a refund of premium.

Changes to Business Activities and Occupations

1 Any change in **Your** business activities must be notified to **Your Broker** and agreed in writing by **Us**.
2 Any change to the **Insured Person's** occupation as originally disclosed to **Us** must be notified to **Your Broker** and agreed in writing by **Us**.

Notification of any changes must be made to **Your Broker** within 30 days.

Our rights where **You** have failed to notify **Us** are set out under the 'Fair Presentation of Risk' section above.

Contracts (Rights to Third Parties) Act 1999

A person or company who was not a party to this **Policy** has no right under the Contracts (Rights to Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Cyber Risks

Any benefits under Section A Person Accident Cover or Section B Illness Cover due to:
1 the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
2 any computer virus;
3 any computer related hoax relating to 1. and/or 2. above
are payable, subject to the terms, conditions, limitations and exclusions of this **Policy**.

Any benefits under Section C: Business Travel Cover caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations and exclusions of this **Policy**.

For the purposes of this Cyber Risks condition the following definitions apply.

Cyber Act: An unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

1 Cyber Incident: Any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or
2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

Computer System:
Any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by **You** or any other party.

Failure to Comply with Policy Conditions

If **You** or an **Insured Person** fails to comply with any obligation to act in a certain way specified in the terms, provisions, conditions and endorsements of this **Policy**, it may prejudice **Your** or an **Insured Person's** position to recover any claim under this **Policy**.

Sanctions Notice

We will not provide any cover or be liable to pay any claim or provide any benefit under this **Policy** to the extent that this would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

Fraudulent Claims

If **You** or an **Insured Person** makes a fraudulent claim under this **Policy**, then:

1. **We** are not liable to pay the claim;
2. **We** may recover from **You** or the **Insured Person** any sums paid by **Us** in respect of the claim, and
3. **We** may by notice to **You** treat this **Policy** as having been terminated with effect from the time of the fraudulent act.

If **We** treat the contract as having been terminated, then **We** may refuse all liability to **You** under the contract in respect of a relevant event occurring after the time of the fraudulent act and **We** will not return any of the premiums paid under the contract. The termination does not affect the rights and obligations of the parties to this **Policy** with respect to an insured event occurring before the time of the fraudulent act.

In respect of an **Insured Person**, this clause only applies in relation to a fraudulent claim made under this **Policy** by or on behalf of an **Insured Person**. This clause applies in relation to the fraudulent claim as if the cover provided for the **Insured Person** were provided under an individual insurance contract between **Us** and the **Insured Person** only. Accordingly, **Our** rights under this clause are only exercisable in relation to the cover provided for the **Insured Person** and the exercise of those rights does not affect the cover provided under this **Policy** for any other **Insured Persons**.

Law Applicable and Jurisdiction

In the absence of any agreement in writing to the contrary this **Policy** will be governed by and construed in accordance with the laws of England and Wales.

Any dispute relating to this **Policy** will be subject to the jurisdiction of the courts of England and Wales.

Maximum Any One Occurrence Limit

In the event of an **Accident** involving more than one **Insured Person**, where the claim exceeds the Maximum Any One Occurrence Limit, as shown in the **Policy** schedule, the total sum insured payable shall be proportionally reduced until that total does not exceed that limit.

Maximum Benefit Limit

The maximum amount **We** will pay for Section A Items 14-38 and Section B Item 4 in total in respect of any one **Accident** or **Illness** shall not exceed an amount greater than 100% of the **Principle Sum Insured**, subject to the Maximum Cumulative Limit.

Maximum Cumulative Limit

In respect of Section A, Section B or Section C Item 14, the maximum sum **We** will pay in respect of any claim arising from any one **Accident** for any one **Insured Person** shall not exceed £2,000,000 in total. In the event that the maximum sum payable does exceed £2,000,000, the amount payable in respect of each section will be reduced proportionately until the total does not exceed that limit.

Maximum Period of Travel

The maximum duration for any one continuous **Period of Travel** shall not exceed 6 months in duration or 31 days in respect of any holiday. **We** will not cover **You** for any part of the trip where the **Period of Travel** exceeds 6 months in duration or 31 days in respect of any holiday unless agreed by **Us** in writing prior to the **Period of Travel**.

Other Insurances

This **Policy** is issued on the condition that **You** have no knowledge of any other Personal Accident, Illness or Business Travel Insurance in force except as specifically declared to **Us** at inception or agreed by **Us** during the **Period of Insurance**.

If at the time of a claim there is another insurance policy in **Your** name which covers **You** or an **Insured Person** for the same expense or loss, **We** shall not be liable under this insurance for a greater proportion of such loss and claims expenses than the applicable limit of liability stated in the schedule bears to the total applicable limit of liability of all valid and collectible insurance against such loss, except for Section A Items 1-7, Section B Items 1-2 and Section C Item 14 — Personal Accident, Items 14a-14g as shown on the **Policy** schedule which will be paid in full. If **You** are covered under Section A Items 1 to 13 and Section C Items 14a-14m, **We** shall only pay the claim under the highest benefit limit and not cumulatively.

If **You** have insurance provided by other insurers whose insurance is stated to be excess over any other insurance available to **You**, this **Policy** shall also apply solely in excess of such other insurance, unless such other insurance is written only as specific excess insurance over the limit of liability of this **Policy**. Where any other insurance is more specific in relation to the claim being made this **Policy** will only act as excess insurance over the limit of liability of the more specific insurance. However, **We** will not seek a contribution from another insurance if that insurance has been issued in the name of an **Insured Person** in a personal capacity and for which they have paid the premium themselves

Trust Assignment

We will not automatically accept or be affected by notice of any trust assignment or the like which relate to this **Policy**.

Claims Conditions

The following claims conditions apply to this **Policy**.

Claims Co-operation

You and the **Insured Person** shall provide assistance and co-operate with **Us** or **Our** representatives in obtaining any other records which are reasonably necessary for **Us** to evaluate the claim. **Our** liability to pay any claim may be impacted if **You** or the **Insured Person** fail to provide reasonable cooperation.

Claim Notification

In respect of Section A Personal Accident and Section B Illness, notice must be sent to **Us** as soon as possible after any **Accident** to an **Insured Person** and the **Insured Person** must as early as possible place themself under the care of a duly qualified **Medical Practitioner**. Notice must be sent to **Us** as soon as possible in the event of the death of the **Insured Person** resulting or alleged to result from an **Accident**. In no case will **We** be liable to pay benefit unless the medical adviser or advisers appointed by **Us** for the purpose shall be allowed as is deemed reasonably necessary to make an examination of the **Insured Person**. Failure to comply with this condition may prejudice any claim made under this section.

In respect of Section C Business Travel, notice of any **Accident**, **Illness**, loss or mishap to an **Insured Person** must be sent to **Us** as soon as possible upon **Your** return of the trip.

In the event of **Illness** or **Accident** abroad which may lead to hospital treatment or Curtailment of the trip, **You** or the **Insured Person** must contact **Ortus Assistance**, 24 Hour Emergency Service.

In the event of claim under Section C Item 16 of this **Policy**, **You** or the **Insured Person** must contact **Ortus Assistance** 24 Hour Emergency Service.

Claim Payment

There may be jurisdictions in which local law precludes **Us** from paying, defending or otherwise responding to a claim locally. If **We** are so precluded, **We** will reimburse the **Insured** for amounts due under the **Policy** in lieu of responding locally. Moreover, **We** are not providing legal, regulatory or tax advice in connection with this transaction.

Right to Medical Records and Medical Examination

Following notice of a claim, the **Insured Person** shall provide when requested by **Us** all authorisations necessary to obtain an **Insured Person**s medical records. **We** have the right to have an **Insured Person** examined by a physician or vocational expert of **Our** choice and at **Our** expense when **We** may reasonably request.

General Policy Exclusions

Applicable to ALL Sections of this Policy

The following **Policy** Exclusions apply to all Sections of the **Policy** and all clauses, extensions and endorsements unless otherwise stated.

We shall not be liable for death, **Disablement**, loss or expense:-

1 Whilst the **Insured Person** is:-
   (a) Engaged or taking part in military, air force or naval service or operations (other than reserve or volunteer training) except for the cover specifically provided by Section C Item 1 (3)
   (b) Engaged or taking part in aeronautics or aviation, other than as a passenger.
   (c) Engaged or taking part in mountaineering or rock climbing normally involving the use of ropes and/or guides and/or specialist climbing equipment
   (d) Riding or driving in any kind of race.
   (e) Engaged or taking part in sports tours

2 Directly or indirectly caused or contributed to by the **Insured Person's**
   (a) Provoked assault or fighting except in bona fide self-defence
   (b) Own criminal act
   (c) Engagement or participation in civil commotions or riots of any kind
   (d) Deliberate exposure to exceptional danger (except in an attempt to save human life).

3 For claims where medical or other suitable evidence is not provided.

4 Whilst the **Insured Person** is under the influence of alcohol (which exceeds the prescribed limit under the Road Traffic Acts 1988 and would render the **Insured Person** unfit to drive regardless of whether the **Insured Person** is driving or not), drugs or solvents (other than drugs taken under medical supervision but not for the treatment of drug addiction).

5 Consequent upon venereal disease or any expenses incurred either directly or indirectly in the treatment of, diagnosis or counselling of either Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or Human Immunodeficiency Virus (HIV).

6 Any loss, damage or any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, by or arising from pressure waves caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.

7 Arising from or attributable to **War** (whether declared or not), whilst the **Insured Person** is in the **United Kingdom** and/or the **Insured Persons Country of Domicile** or is travelling to any country or area that, at the commencement of travel, was publicly known to be in a state of, or faced with the threat of **War**.
   This exclusion shall automatically be deemed inoperative if the **Insured Person**'s presence in such country or area is attributable to:
   (a) The scheduled transit or stopover not exceeding 24 hours of an aircraft or sea vessel in which he is travelling, or
   (b) Involuntary diversion or transit due to force majeure or to **Hi-jack**, **Kidnap** or the like, an **Act of Terrorism** or criminal act, provided always that at the time of the original occurrence or act the **Insured Person** was not within the confines of any country or area to which this exclusion was applicable, nor travelling to or from such country or area other than as provided for under (a).

8 Regardless of any contributory cause(s), any claim(s) in any way caused or contributed to by an **Act of Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. If **We** allege that, by reason of this exclusion, any claim is not covered by this **Policy**, the burden of proving the contrary shall be upon **You**.

9 Arising out of or consequent upon or contributed to **Radiation**.

Section A: Personal Accident Cover

This section is only in force, if it is shown as covered in the **Policy** schedule.

Definitions Applicable to Section A (see also General Definitions)

Dental Injury
Damage to teeth gingival tissues alveoli or dental prostheses (whilst in situ within the mouth of the **Insured Person**) or the loss of dental prostheses (whilst in situ within the mouth of the **Insured Person**) which is caused solely by a force external to the mouth of the **Insured Person**.

Training Course
Any course that leads to a nationally recognised qualification.

What is Covered

If an **Insured Person** suffers **Bodily Injury** which is the sole cause of their death or disablement, then **We** will pay the appropriate sum insured as stated in Items 1-13 on the **Policy** schedule for such death or disablement.

Extensions to Section A

The insurance provided by this Section is extended to include the following subject to all other terms, conditions, limitations and exceptions of this **Policy**.

Item 14 - Disappearance Extension

Cover

If the **Insured Person** disappears during the **Operative Time** during the **Period of Insurance** and their body is not found within 90 days after their disappearance, **We** will pay the appropriate sum insured indicated under Item 1 on the **Policy** schedule provided that the person(s) to whom such sum is paid shall sign an undertaking to refund such sum to **Us** if the **Insured Person** is subsequently found to be living. Before any payment is made sufficient evidence must be produced that leads **Us** inevitably to the conclusion that the **Insured Person** sustained **Bodily Injury** and that such injury caused their death.

Item 15 - Medical Expenses

Cover

We will pay the cost for **Medical Expenses** incurred following **Bodily Injury** which results in a valid claim under Items 1-9 of the **Policy** schedule. **We** will pay this in addition as a percentage of the claim up to but not exceeding the sum insured stated in the **Policy** schedule per **Insured Person**.

Exclusions applicable to Medical Expenses

We will not pay for any claim where the benefit payable is recoverable under any other Insurance that **You** or an **Insured Person** may have in force.

Item 16 - Hospital In-Patient Expenses

Cover

In the event of an **Insured Person** sustaining **Bodily Injury** which results in a valid claim under Items 1-9 of the **Policy** schedule, **We** will pay to the **Insured Person** the sum insured stated in the **Policy** schedule, in the event of the **Insured Person** being admitted to hospital as an in-patient for a continuous period of 24 hours or more.

Exclusions applicable to Hospital In-Patient Expenses

We will not pay for any claim where the stay in hospital was less than 24 hours.

Item 17 - Coma Benefit

Cover

In the event of the **Insured Person** being in a **Coma** for more than 48 hours which is a direct result of Bodily Injury which results in a valid claim under this **Policy**, **We** will pay the **Insured Person** up to the amount noted in the **Policy** schedule or part thereof.

Exclusions applicable to Coma Benefit

We will not pay for the first 48 hours of any claim.

Item 18 - Funeral Expenses

Cover

In the event of the **Accidental** death of an **Insured Person** which results in a valid claim under Item 1 of the **Policy** schedule, **We** will pay the **Insured Person**'s estate up to the amount noted on the **Policy** schedule for Funeral Expenses reasonably and necessarily incurred.

Item 19 - Dependent Child Benefit

Cover

In the event of **Accidental** death of an **Insured Person** which results in a valid claim under Item 1 of the **Policy** schedule, **We** will increase the sum insured by 5% for each **Dependent Child** of the **Insured Person**, but subject to a maximum of 10% of the sum insured in all and up to the maximum amount noted in the **Policy** schedule.

Item 20 - Personal Effects

Cover

In the event of the **Insured Person** sustaining **Bodily Injury** which results in a valid claim under Items 1-9 of the **Policy** schedule, and from the same occurrence suffers loss or damage to their clothing and/or personal effect, **We** will reimburse the **Insured Person** in respect of such loss or damage up to the limit noted in the **Policy** schedule.

Item 21 - Retraining Expenses

Cover

In the event of the **Insured Person** sustaining **Bodily Injury** which results in a valid claim under Item 7 of the **Policy** schedule, **We** will pay **You** reasonable and necessary costs incurred in retraining the **Insured Person** for alternative occupation within **Your** business up to the maximum noted in the **Policy** schedule.

Exclusions applicable to Retraining Expenses

We will not cover any claim made for room, board, or other ordinary living, travelling or clothing expenses associated with any retraining of the **Insured Person**.

Item 22 - Home Modification Expenses

Cover

In the event of the **Insured Person** sustaining **Bodily Injury** which results in a valid claim under Items 10-13, **We** will pay the **Insured Person** up to the sum insured noted in the **Policy** schedule for any reasonable and necessary expenses incurred for the **Insured Person** to modifying their **Home** to enable them to remain in and move about their **Home**.

Conditions applicable to Home Modification Expenses

1 This benefit shall only be payable over and above any local government grant that may be due to the **Insured Person**.
2 Any modification to the **Insured Persons Home** must have **Our** prior written agreement and the prior written agreement of the **Insured Person**'s attending **Medical Practitioner**.

Item 23 - Hospital Transport Costs

Cover

In the event of a valid claim under Items 2-9 on the **Policy** schedule which results in the **Insured Person** having to travel to hospital for out-patient treatment, **We** will pay the **Insured Person** up to the daily limit noted in the **Policy** schedule, for any reasonable and necessary travel costs incurred up to the maximum noted in the **Policy** schedule.

Item 24 - Domestic Expenses

Cover

In the event of **Bodily Injury** to the **Insured Person** which results in a valid claim under Items 2-7 on the **Policy** schedule, **We** will pay up to the sum insured noted in the **Policy** schedule for any reasonable and necessary expenses incurred for **Home** Domestic Staff whilst the **Insured Person**s recovery is in progress subject to the maximum noted in the **Policy** schedule.

Conditions applicable to Domestic Expenses

We will only pay the sum insured for Domestic Expenses in respect of additional costs that would not otherwise have been incurred.

Item 25 - Childcare Expenses

Cover

In the event of **Bodily Injury** to the **Insured Person** which results in a valid claim under Items 2-7 on the **Policy** schedule, **We** will pay up to the amount noted in the **Policy** schedule for any reasonable and necessary expenses incurred for the services of a registered childcare provider subject to the maximum noted in the **Policy** schedule.

Conditions applicable to Childcare Expenses

We will only pay the sum insured for Childcare Expenses in respect of additional costs that would not otherwise have been incurred.

Item 26 - Chauffeur Expenses

Cover

In the event of **Bodily Injury** to the **Insured Person** which results in a valid claim under Items 2-6 on the **Policy** schedule, **We** will pay up to the amount noted in the **Policy** schedule, subject to the maximum noted in the **Policy**

schedule for any reasonable and necessary expenses incurred for a chauffeur service to and from the **Insured Person**s usual place of work if an **Insured Person** recovers sufficiently to return to work but is medically certified as being unable to drive a vehicle or travel on public transport.

Conditions applicable to Chauffeur Expenses

We will only pay the sum insured for Chauffeur Expenses in respect of additional costs that would not otherwise have been incurred.

Item 27 — Employees Partner Training Expenses

Cover

In the event of **Bodily Injury** which gives rise to a claim to an **Insured Person** under Items 1-7, **We** will pay up to the amount noted in the **Policy** schedule for reasonable and necessary expenses actually incurred by the **Partner** of the **Insured Person** to engage in a formal occupational **Training Course** in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications.

Exclusions applicable to Partner Training Expenses

We will not cover any claim made for room, board or other ordinary living, travelling or clothing expenses associated with any **Training Course**.

Item 28 - Recruitment Expenses following Suicide

Cover

In the event of an **Insured Person** committing suicide or attempted suicide, **We** will pay **You** up to the maximum noted in the **Policy** schedule for any authorised and documented recruitment costs incurred in engaging a replacement for the **Insured Person**.

Item 29 - Dental Expenses

Cover

In the event of **Bodily Injury** to the **Insured Person** resulting in **Dental Injury**, **We** will pay the **Insured Person** on the advice of a qualified **Medical Practitioner** and with **Our** prior consent, the reasonable and necessary expenses incurred up to the sum insured stated in the **Policy** schedule.

Item 30 - Post - Traumatic Stress Disorder- Witness of Terrorism

Cover

In the event of an **Insured Person** directly witnessing an **Act of Terrorism** and without sustaining **Bodily Injury** is diagnosed by a qualified **Medical Practitioner** with post-traumatic stress disorder within six months of the **Act of Terrorism** resulting in **Temporary Total Disablement** of the **Insured Person**, **We** will pay the sum insured for the period stated in the **Policy** schedule.

Item 31 — Independent Financial Advice

Cover

In the event of **Bodily Injury** being sustained by an **Insured Person** that results in a claim under Item 1 or Item 7 of the **Policy**, **We** will reimburse the reasonable and necessary costs incurred up to the sum insured stated in the **Policy** schedule for fees charged by an independent financial consultant who is authorised and regulated by the Financial Conduct Authority, to provide the **Insured Person**'s legal representatives with professional financial advice.

Item 32 — Return to Residence Expenses

Cover

In the event of **Bodily Injury** being sustained by an **Insured Person** during the **Period of Insurance** and **Operative Time** resulting in the **Insured Person** being physically incapacitated and unable to return to their **Home** for a period in excess of 48 consecutive hours, **We** shall indemnify the **Insured** for any reasonable additional costs necessarily incurred in returning the **Insured Person** and their personal property to their **Home** up to the sum insured stated in the **Policy** schedule.

Item 33 — Temporary Personnel Replacement Expenses

Cover

In the event of **Bodily Injury** being sustained by an **Insured Person** resulting in a valid claim under Item 1 or Item 7 for death or **Permanent Total Disablement**, **We** will reimburse the **Insured** for reasonable costs necessarily incurred in employing a temporary employee recruited through a registered recruitment company to directly replace the **Insured Person** up to the sum insured stated in the **Policy** schedule.

Item 34 - Prosthetic Limbs

Cover

In the event of **Bodily Injury** which gives rise to a claim under Item 4, **We** will pay up to the sum insured noted in the **Policy** schedule for reasonable and necessary expenses actually incurred to obtain and have fitted a prosthetic limb, or to replace an existing prosthetic limb, provided it is deemed medically necessary for them to do so.

Item 35 - Prosthetic Eye

Cover

In the event of **Bodily Injury** which gives rise to a claim under Items 2 or 3, **We** will pay up to the sum insured noted in the **Policy** schedule for reasonable and necessary expenses actually incurred to obtain and have fitted a prosthetic eye, or to replace an existing prosthetic eye, provided it is deemed medically necessary for them to do so.

Item 36 - Cosmetic Surgery

Cover

In the event of **Bodily Injury** which gives rise to a claim under Items 2 to 7, **We** will pay you up to the sum insured noted in the **Policy** schedule for costs incurred for connected cosmetic reconstructive treatment that has been recommended by a **Medical Practitioner** within twelve months of the **Bodily Injury**.

Exclusions applicable to Cosmetic Surgery

1 **We** will not cover any claim for **Bodily Injury** that has been incurred as a result of surgical procedures or self-inflicted injuries
2 **We** will not pay for a claim under this section if **We** have already paid a claim for facial scarring under the **Permanent Partial Disablement** benefit.

Item 37 - Trauma Counselling

Cover

In the event of an **Insured Person** directly witnessing an assault, sexual assault, rape, murder, carjacking or violent robbery or attempted robbery and without sustaining **Bodily Injury** is diagnosed by a qualified **Medical Practitioner** with post-traumatic stress disorder within six months of the incident resulting in **Temporary Total Disablement** of the **Insured Person**, **We** will pay the sum insured stated in the **Policy** schedule for counselling services.

Item 38 - Domestic Abuse Emergency Accommodation

Cover

Following an incident of domestic abuse, **We** will pay up to the sum insured noted in the **Policy** schedule for the **Insured Person** to relocate to temporary emergency accommodation.

Conditions applicable to Domestic Abuse Emergency Accommodation

We will only pay a claim under this section provided the **Insured Person** has filed a police report and a police statement is obtained.

Conditions Applicable to Section A (See also General Conditions)

The following conditions apply and should be read in conjunction with the General Conditions applying to the whole **Policy**:

1 Where an **Insured Person** is a **Dependent Child** the sum insured for Item 1 of the **Policy** schedule shall be limited to £10,000

2 Where an **Insured Person** is a **Corporate Guest** the sum insured for Items 1-7 shall be limited to £25,000.

3 Where an **Insured Person** is over the age of 70 years at the **Policy** effective date the sum insured for Items 1-7 on the **Policy** schedule shall be limited to a maximum of £25,000 per **Insured Person**.

4 If Item 1 of the **Policy** schedule is covered and an **Accident** causes the **Insured Person**'s death within twelve months of the date of that **Accident**, and prior to the definite settlement of the benefit for disablement provided for under Items 2-7 of the **Policy** schedule, **We** will only pay the sum insured as stated under Item 1 of the **Policy** schedule.

5 In respect of Items 1-7, the total sum payable for any one or more **Accident**s to any one **Insured Person** shall not exceed in all during the **Period of Insurance** the largest amount of benefit payable under any one of such Items.

6 **We** will not pay for more than one of the benefits covered under Items 1-7 in respect of the same **Accident**.

7 **We** will only pay for any claim under Items 10-13 in the event that there is a valid claim under Item 7. The benefits payable in respect of Items 10-13 are payable in addition to Item 7. **We** will not pay for more than one of the benefits covered under Items 10-13 in respect of the same **Accident**.

8 Any weekly benefits payable under Items 8 or 9 shall cease upon:
(a) The expiry of the **Benefit Period** as stated in the **Policy** schedule
(b) The death of the **Insured Person**
(c) The date the **Insured Person** ceases to fulfil the definition of **Temporary Total Disablement** (and/or **Temporary Partial Disablement** if applicable)
(d) The date on which the **Insured Person** ceases to be **Your Employee** or **Director / Business Partner**, whichever occurs first.

9 The sum insured provided under Item 8, **Temporary Total Disablement**, shall be the sum insured or up to a maximum of 100% of the **Insured Person**'s **Gross Weekly Wage** during the twelve months immediately prior to the **Accident** giving rise to the claim, whichever the less.

10 The sum insured provided under Item 9, **Temporary Partial Disablement** shall in no circumstances exceed 50% of the amount of weekly benefit payable under Item 8 **Temporary Total Disablement** irrespective of whether such benefit is actually payable under such Item 8.

11 The sum insured under Items 8 and 9 shall only become payable once the total amount has been ascertained and agreed by **Us**.

12 If payment of a claim is made under Items 8 or 9 and subsequently a benefit is claimable under Items 1-7 from the same **Accident**, then any amount already paid shall be deducted from any lump sum payment due.

Exclusions Applicable to Section A (See also General Exclusions)

The following **Policy** Exclusions apply to Section A of the **Policy** and all clauses, extensions and endorsements in respect of Section A, unless otherwise stated.

We will not pay for any claim:

1 Where an **Insured Person** is aged 80 years or over at the **Policy** effective date

2 Arising from or attributable to **Illness** or natural cause.

3 Directly or indirectly caused or contributed to by the **Insured Person**'s
(a) Intentional self-injury
(b) Suicide or attempted suicide

4 In respect of Items 15-38, for any expenses incurred for longer than the **Benefit Period** as noted under Item 8 in the **Policy** schedule or 104 weeks whichever is the less. If Item 8 is not covered then **We** will not cover expenses incurred for longer than 104 weeks.

5 In respect of Items 8-9 of the **Policy** schedule where an **Insured Person** is not one of **Your Employees** or **Director / Business Partner**.

6 In respect of Items 8-9 of the **Policy** schedule where an **Insured Person** is a **Dependent Child**.

7 In respect of Items 8-38 of the **Policy** schedule where an **Insured Person** is a **Corporate Guest**.

8 In respect of Items 8-9 and 15-38 of the **Policy** schedule where an **Insured Person** is over the age of 70 years at the **Policy** effective date.

Section B: Illness Cover

This section is only in force, if it is shown as covered in the **Policy** schedule.

Definitions Applicable to Section B (see also General Definitions)

Illness
A disease or sickness of the **Insured Person** which first declares itself during the **Operative Time** during the **Period of Insurance** and occasions the total disablement of the **Insured Person** within twelve months after first declaring itself.

Permanent Total Disablement by Paralysis
Disablement following the total and irrecoverable loss of use of a hand, arm, foot or leg, which entirely prevents **You** from attending to the duties of **Your** usual business or occupation and which lasts twelve consecutive months and at the expiry of that period is beyond hope of improvement.

What is Covered

If an **Insured Person** suffers an **Illness** which is the sole cause of their disablement, then **We** will pay the appropriate sum insured as stated on the **Policy** schedule for such disablement.

Extensions to Section B

The insurance provided by this Section is extended to include the following subject to all other terms, conditions, limitations and exceptions of this **Policy**.

Item 4 - Medical Expenses

Cover

We will pay the cost for **Medical Expenses** incurred following **Illness** which results in a valid claim under Items 1-3 of the **Policy** schedule. **We** will pay this in addition up to but not exceeding 20% of any claim amount paid under such items up to the maximum noted in the **Policy** schedule, per **Insured Person**.

Exclusions applicable to Medical Expenses

1 **We** will not pay for any claim where the benefit payable is recoverable under any other Insurance that **You** or an **Insured Person** may have in force.

2 **We** will not pay for any expenses incurred for longer than the **Benefit Period** as noted under Item 3 in the **Policy** schedule or 104 weeks, whichever is the lesser.

Conditions Applicable to Section B (See also General Conditions)

The following conditions apply and should be read in conjunction with the General Conditions applying to the whole **Policy**:

1 **We** will not pay for more than one of the benefits covered under Items 1-2 in the **Policy** schedule in respect of the same **Illness**.

2 In respect of Items 1-2, the total sum payable for any one or more **Illness** to any one **Insured Person** shall not exceed in all during the **Period of Insurance** the largest amount of benefit payable under any one of such Items.

3 Any weekly benefits payable under Item 3 shall cease upon:
(a) The expiry of the **Benefit Period** as stated in the **Policy** schedule.
(b) The death of the **Insured Person**.
(c) The date the **Insured Person** ceases to fulfil the definition of **Temporary Total Disablement**.
(d) The date on which the **Insured Person** ceases to be **Your Employee** or **Director / Business Partner**, whichever occurs first.

4 The sum insured provided under Item 3, **Temporary Total Disablement**, shall be the sum insured or up to a maximum of 100% of the **Insured Person**'s **Gross Weekly Wage** during the twelve months immediately prior to the **Illness** giving rise to the claim, whichever the less.

5 The sum insured under Item 3 shall only become payable once the total amount has been ascertained and agreed by **Us**.

6 If payment of a claim is made under Item 3 and subsequently a benefit is claimable under Items 1 or 2 from the same **Illness**, then any amount already paid shall be deducted from any lump sum payment due.

Exclusions Applicable to Section B (See also General Exclusions)

The following **Policy** Exclusions apply to Section B of the **Policy** and all clauses, extensions and endorsements in respect of Section B, unless otherwise stated.

We will not pay for any claim:

1 Where an **Insured Person** is aged 66 years or over at the **Policy** effective date

2 Arising from or aggravated by any disease, sickness, disability or condition of a recurring or chronic nature of the **Insured Person** for which medical advice or treatment has been given during the twelve months immediately prior to the effective date of this **Policy** or the **Insured Person**'s date of addition to this **Policy**, whichever is the later

3 Directly or indirectly arising from pregnancy or childbirth.

4 Where an **Insured Person** is not in full time gainful employment or one of **Your Employees** or **Director / Business Partner**, Items 1-4 of the **Policy** schedule shall not be covered.

5 Where an **Insured Person** is a **Dependent Child**, Items 1-4 of the **Policy** schedule shall not be covered.

6 Where an **Insured Person** is a **Corporate Guest**, Items 1-4 of the **Policy** schedule shall not be covered.

7 In respect of Item 4, **We** shall not pay any claim for any expenses incurred for longer than the **Benefit Period** as noted under Item 3 in the **Policy** schedule or 104 weeks whichever is the lesser. If Item 3 is not covered then **We** will not cover expenses incurred for longer than 104 weeks.

8 Due to any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder including anxiety and/or depression, occasioned by or occurring whilst the **Insured Person** is in a state of insanity temporary or otherwise.

9 Directly or indirectly caused or contributed to by the **Insured Person**'s
(a) Intentional self-injury
(b) Suicide or attempted suicide

Section C: Business Travel Cover

This section is only in force, if it is shown as covered in the **Policy** schedule.

Definitions Applicable to Section C (see also General Definitions)

Business Associate
Any individual managed by **Your** line manager.

Business Items
Items, including **Valuables**, carried on **Your** behalf by the **Insured Person** and which are **Your** property.

Consultant
A person or company appointed by **Us** that specialises in the negotiations of **Kidnap** and **Kidnap for Ransom** release.

Express Kidnapping
The unlawful seizure, abduction and detention by force or **Fraud** of an **Insured Person** against their will by an individual or group for the purpose of obtaining cash directly from the **Insured Person** by way of **Fraudulent** or coercive use of a financial card.

Fraud/Fraudulent
Wrongful or criminal deception intended to result in financial or personal gain.

Hi-jack
The unlawful seizure or wrongful exercise of control of an aircraft or conveyance, or the crew thereof, in which the **Insured Person** is travelling as a passenger.

Incidental Holiday
A non-business related trip taken immediately before, during and/or immediately after an **Insured** trip on behalf of the **Insured**.

Kidnap
The unlawful seizure, abduction and detention by force or **Fraud** of an **Insured Person** against their will by an individual or group.

Kidnap for Ransom
The unlawful seizure, abduction and detention by force or **Fraud** of an **Insured Person** against their will by an individual or group for the purpose of obtaining a form of payment for their release.

Major Natural Disaster
Earthquake, Volcanic eruption, Maelstrom, Tsunami, Hurricane, Tropical cyclone, Typhoon, Ice storm, Tornado.

Money
Cash, traveller's cheques, passports, green card, travel tickets. credit cards, charge cards, or banker's cards.

Period of Travel
The time the **Insured Person** leaves their home or place of employment (whichever occurs last) during the whole time away and until return to home or place of employment (whichever occurs first).

Personal Baggage
Property owned by or in the custody or control of an **Insured Person** taken on or purchased during the **Period of Travel** including **Valuables**, that are not **Your** property, but excluding **Money** or **Business Items**.

Pre-Booked
Either booked by **You** or by the **Insured Person** prior to commencement of the **Period of Travel** and for which payment has or will be made.

Ransom Monies
Cash, bullion, securities property or services.

Travel Benefits
Any benefit provided under the Sections of this **Policy**.

Travel Documents
Passports, green card, visa, travel tickets, driving licence or any other essential **Travel Documents** belonging to **You** or the **Insured Person**.

Unattended
When the **Insured Person** is not in full view of and not in a position to prevent interference with the **Insured Persons** property.

Valuables
Antiques, watches, furs, animal skins, jewellery, precious stones, photographic, video, audio and computer equipment, games consoles and their software.

What is Covered

We will insure the **Insured Person** against **Accident**, **Illness**, loss, damage or mishap , for trips taken on **Your** behalf including **Incidental Holiday** travel (known as a **Period of Travel**) commencing during the **Period of Insurance**, and having a destination outside of their usual **Country of Domicile** or within their usual **Country of Domicile** if such trips involve an overnight stay or air travel.

Extension to the Policy

If the **Insured Person** has not returned to their usual **Country of Domicile** before the expiration of a **Period of Travel** for reasons which are beyond their control, this **Policy** will remain in force for a further 21 days or until return, whichever is the earlier, without additional premium but in the event of the **Insured Person** being **Hi-jack**ed, cover shall continue whilst such **Insured Person** is subject to the control of the person(s) or their associates making the **Hi-Jack** and during travel direct to their **Country of Domicile** and/or original destination up to twelve months from the date of **Hi-jack**.

Exclusions Applicable to Section C (See also General Exclusions)

The following **Policy** Exclusions apply to Section C of the **Policy** and all clauses, extensions and endorsements in respect of Section C, unless otherwise stated.

We shall not be liable for death, disablement, loss or expense:-

1 Arising out of any trip which is booked or commenced by an **Insured Person**:
   (a) Contrary to medical advice
   (b) Contrary to health and safety restriction(s) from an airline or carrier with whom the **Insured Person** has booked to travel
   (c) To obtain medical treatment or convalescent care
   (d) After a terminal prognosis has been made.

2 From an **Insured Person** who is aged 80 years or over at the **Policy** effective date for Business Trips and **Incidental Holiday** or aged 75 years or over at the **Policy** effective date if the trip is in relation to Holiday Travel and Winter Sports Extension.

3 For any part of any trip, which is booked or commenced by an **Insured Person** in the knowledge that the **Period of Travel** will be longer than 6 months or 31 days if the **Insured Person** is aged 75 years or over at the **Policy** effective date or 31 days if the trip is in relation to Holiday Travel and Winter Sports Extension, unless agreed by **Us** in writing.

4 Resulting from any of the cover under Item 1-5, if the relevant trip had already started or the circumstances leading to the claim had been forecast before the trip was booked or the Master Policy was purchased, whichever is the later.

5 Arising from Holiday Travel and Winter Sports unless the **Insured Person** is noted as having this extension on the **Policy** schedule or by endorsement.

6 Arising from Winter Sports within the **United Kingdom**.

7 Arising from Winter Sports within Europe in respect of a **Period of Travel** commencing or ending during the period 1st May to 30th November inclusive.

8 Arising from Piste Closure where transport to the nearest resort is arranged by a tour operator with whom **You** are travelling.

9 Arising from Piste Closure, if the **Insured Person** effects this Insurance or books the trip within 14 days of the date of departure and at that time there was a lack of snow in the planned resort such that it was unlikely that the **Insured Person** would be able to ski.

10 Arising from Piste Closure, where the Ski resort where **You** are staying is less than 1,000m above sea level.

11 Arising from Ski and ski bob racing in international or national events, services or interservices championships or heats or officially organised practice or training for these events, ski jumping, ice hockey or the use of skeletons, bob-sleighs, snow mobiles, zorbing, ski diving or luging.

12 Arising from Off-piste skiing or off-piste snowboarding undertaken within resort boundaries, if such areas have been deemed unsafe by resort management or by local ski-patrol guidelines.

13 Arising from Off-piste skiing or off-piste snowboarding undertaken outside of resort boundaries unless accompanied by an official and experienced guide who is employed at the ski resort and provided such areas have been deemed safe by resort management or by local ski-patrol guidelines.

Item 1 - Cancellation or Curtailment

Cover

The cancellation section is operative from the date of booking a trip or the commencement date of the **Period of Insurance** whichever is the later.

We will pay up to the limit shown in the **Policy** for any irrecoverable payments paid or contracted to be paid for travel, accommodation and unused Pre-Booked excursions (including reasonable additional travel and accommodation expenses incurred for return to **Your** usual **Country of Domicile**) should the projected trip be cancelled before commencement or curtailed before completion, directly and necessarily as a result of: -

1 Death, **Bodily Injury**, **Illness** or compulsory quarantine of:
   (a) An **Insured Person**
   (b) Any member of the travel party
   (c) Any person with whom an **Insured Person** intends to reside or conduct business with during the **Period of Travel**
   (d) Any **Close Relative** or **Business Associate**.
2 Marital breakdown (provided that formal legal proceedings are commenced between the commencement date of the **Period of Insurance** and the date of commencement of the **Period of Travel**) of:
   (a) An **Insured Person**
   (b) Any member of the travel party.
3 Summoning to jury service or witness attendance in a court of their usual **Country of Domicile** or unavoidable requirement to be present in their usual **Country of Domicile** for service in any military or civil emergency of:
   (a) An **Insured Person**
   (b) Any member of the travel party.
4 Major damage or burglary at the home or place of business of:
   (a) An **Insured Person**
   (b) Any member of the travel party
   (c) Any person with whom an **Insured Person** intends to reside or conduct business with during the **Period of Travel**.
5 Adverse weather conditions making it impossible for an **Insured Person** to travel to the point of departure at commencement of the outward trip.
6 Strike, labour dispute, mechanical breakdown or failure of the means of transport (other than disruption of road or rail services by avalanche snow or flood) where the departure of such means of transport on which the **Insured Person** is booked to travel is delayed by at least 24 hours.
7 Fire, avalanche, landslide, earthquake, flood or volcanic eruption.
8 Any cause preventing travel which is outside of **Your** control or the control of the **Insured Person**, excluding those specified under perils 1 to 7 above.

Item 2 - Travel Disruption Expenses

Cover

We will pay up to the limit shown in the **Policy** schedule for reasonable associated additional travel accommodation expenses and sustenance costs necessarily incurred for the **Insured Person** to continue a trip commencing during the **Period of Insurance** if an **Insured Person** is forced to alter their trip as a direct result of one of the following:

1 Strike, locked out workers or industrial action.
2 Riot or civil commotion.
3 Bomb scare, criminal action, an **Act of Terrorism** or **Hi-jack**.
4 Fire, avalanche, landslide, earthquake, flood or volcanic eruption.
5 **Accident** to or mechanical breakdown of such passenger transport.
6 The **Bodily Injury** or **Illness** of a fellow passenger or crew member.
7 Adverse weather conditions.
8 Any cause which is outside of **Your** control or the control of the **Insured Person**, excluding those specified under perils 1 to 7 above.

Item 3 - Replacement Expenses

Cover

If during the **Period of Travel** an **Insured Person** is **Hi-jack**ed, dies or is temporarily and totally disabled preventing the **Insured Person** from attending to the duties of their usual business or occupation due to:-

1 Their **Bodily Injury**, **Illness** or compulsory quarantine.
2 The Death, **Bodily Injury** or **Illness** of a **Close Relative** which necessitates the **Insured Person**s return to their usual **Country of Domicile**.
3 Any cause which is outside of **Your** control or the control of the **Insured Person**, excluding those specified under perils 1 to 2 above.

We will pay up to the sum insured as shown in the **Policy** schedule for any additional expenses necessarily and reasonably incurred in:

1 Returning the **Insured Person** to their usual **Country of Domicile** and
2 Sending another **Insured Person** overseas to complete the original business of the **Insured Person**.

Item 4 - Journey Continuation

Cover

We will pay up to the limit shown in the **Policy** schedule for reasonable travel and accommodation expenses incurred for the **Insured Person**'s journey, if an **Insured Person** misses a Pre-Booked air, sea, coach or rail journey through any of the following contingencies directly affecting the means of transport in which they are travelling or intending to travel:
Interruption caused by:

1 Strike, locked out workers or industrial action.
2 Riot or civil commotion.
3 Bomb scare, criminal action, an **Act of Terrorism** or **Hi-jack**.
4 Fire, avalanche, landslide, earthquake, flood or volcanic eruption.
5 **Accident** to or mechanical breakdown of such passenger transport.
6 The **Bodily Injury** or **Illness** of a fellow passenger or crew member.
7 Adverse weather conditions.
8 Any cause which is outside of **Your** control or the control of the **Insured Person**, excluding those specified under perils 1 to 7 above.

Conditions applicable to Journey Continuation

1 In selecting the route, means of travel and time of departure for the trip, the **Insured Person** must do all things reasonable and practical to minimise the possibility of late arrival at the departure point.
2 Any claims attributable to mechanical breakdown of non-scheduled transport must have a garage or motoring organisation report confirming the date, time and cause of the breakdown.

Item 5 - Travel Delay and Petcare

a) Travel Delay Cover

We will pay:

1 for the first completed four hour period of delay, and then
2 each subsequent completed four hour period of delay
up to the limit shown in the **Policy** schedule should the aircraft, sea vessel, coach or train on which an **Insured** Person is booked to travel be delayed as a result of one of the following:
(a) Strike, locked out workers or industrial action.
(b) Riot or civil commotion.
(c) Bomb scare, criminal action, an **Act of Terrorism** or **Hi-jack**.
(d) Fire, avalanche, landslide, earthquake, flood or volcanic eruption.
(e) **Accident** to or mechanical breakdown of such passenger transport.
(f) The **Bodily Injury** or **Illness** of a fellow passenger or crew member.
(g) Adverse weather conditions.
(h) Any cause which is outside of **Your** control or the control of the **Insured Person**, excluding those specified under perils (a) to (g) above.

b) Petcare Cover

In the event that an **Insured Person** is hospitalised as an inpatient and this directly results in a delayed return for more than 24 consecutive hours at the end of the original pre-booked **Period of Travel** during the **Period of Insurance**, **We** will pay at the specific request of the **Insured** up to the sum insured shown in the **Policy** schedule for the additional costs necessarily incurred by the **Insured Person** for additional domestic cattery or kennel fees for pets owned by the **Insured Person**.

Conditions applicable to Travel Delay and Petcare

1 The **Insured Person** must obtain written confirmation from the carrier(s), or their agent(s) stating:
(a) The actual date and time of departure and
(b) The reasons for delay.
2 The period of delay shall start from the departure time of the conveyance as specified in the booking confirmation supplied to **You** or the **Insured Person**.

Exclusions applicable to Item 1 Cancellation or Curtailment, Item 2 Travel Disruption Expenses, Item 3 Replacement Expenses, Item 4 Journey Continuation and Item 5 Travel Delay and Petcare

We will not pay for any claim:

1 That exceeds the **Insured Person**s or **Your** contractual liability.
2 As a result of the **Insured Person** deciding not to travel or deciding to curtail a trip.
3 If an **Insured Person** is made redundant, resigns or their contract of employment is terminated within 31 days of a **Period of Travel** or once the **Period of Travel** has commenced.
4 If the travel provider or their agent with whom **You** have booked transport or accommodation through defaults.
5 Due to **Your** or the **Insured Person**s financial circumstances.
6 Resulting from any regulations made by any Public Authority or Government.
7 Recoverable from the airline, accommodation provider, tour operator or a credit card provider.
8 Failure to arrange the necessary travel documents in order to travel.
9 For delay of, or for cancellation following the delay of, a ship, aircraft or train, if:
(a) An **Insured Person** fails to check in according to the itinerary supplied unless the failure was itself due to strike or industrial action

(b) The delay is due to the withdrawal from service temporarily or permanently of any ship, aircraft or train on the orders or recommendation of any Port Authority or Civil Aviation or any similar body in any Country.

Item 6 - Medical, Repatriation and Additional Expenses

Cover

If an **Insured Person** suffers **Bodily Injury** or **Illness** (including compulsory quarantine) during the **Period of Travel**, **We** will pay up to the limit shown in the **Policy** schedule for the following:

1 Normal and necessary expenses incurred for medical or surgical treatment including specialists' fees, hospital, nursing home and nursing attendance charges, massage and manipulative treatment, surgical and medical requisites and ambulance charges.
2 Emergency dental treatment which is necessary for the immediate relief of pain or discomfort, up to a sum insured noted in the **Policy** schedule, and emergency ophthalmic fees.
3 Reasonable additional accommodation and repatriation expenses incurred by the **Insured Person** and
   (a) Any one member of the travel party who has to remain or travel with the injured or ill **Insured Person**.
   (b) Any two members of the travel party who has to remain or travel with the injured or ill **Insured Person** where the injured or ill **Insured Person** is a **Dependent Child**
4 Reasonable travel and hotel expenses of two people to travel from the **Insured Person**'s **Country of Domicile** if their presence with the injured or ill **Insured Person** is necessary on medical grounds. In the event that only the **Insured Person**'s **Partner** travels, **We** will pay for the necessary additional cost incurred to engage the services of a registered childcare provider to look after a **Dependent Child** during the period of the visit up to the limit as stated in the **Policy** schedule.
5 The cost of transporting the remains or ashes and personal effects of the **Insured Person** to their former place of residence in their **County of Domicile** or reasonable funeral expenses incurred abroad.
6 The charter of an air ambulance or the use of air transport including qualified attendants certified by a registered doctor and authorised by **Ortus Assistance** to be necessary for the repatriation or treatment of a seriously ill or injured **Insured Person**.

Item 7 - Continuation of Medical Expenses

Cover

We will continue to pay **Medical Expenses** (excluding any dental expenses), up to the limit as stated in the **Policy** Schedule, that are reasonably and necessarily incurred in the **Insured Person**'s **Country of Domicile** for a maximum period of three months immediately following the **Insured Person**s date of return to their **Country of Domicile** provided that expenses had already been incurred at the overseas location during the **Period of Travel** and are the subject of a valid claim under this Insurance.

Item 8 - Search and Rescue Expenses

Cover

We will pay up to the limit as stated in the **Policy** Schedule for reasonable additional costs that are necessarily incurred to conduct a search and rescue operation to locate an **Insured Person** reported as missing to the police, coastguard or other authority responsible for rescue service where:

1 It is known or suspected that the **Insured Person** may have sustained **Bodily Injury** or become ill
2 Weather or safety conditions are such that it becomes necessary to do so to prevent the **Insured Person** from sustaining **Bodily Injury** or becoming ill.

Conditions applicable to Item 6 Medical, Repatriation and Additional Expenses, Item 7 Continuing Medical Expenses and Item 8 Search and Rescue Expenses

In the event of a claim under the Search and Rescue Expenses, a written statement must be obtained from the Police, Coastguard, or other rescue authority that were responsible for the search and rescue operation.

Exclusions applicable to Item 6 Medical, Repatriation and Additional Expenses, Item 7 Continuing Medical Expenses and Item 8 Search and Rescue Expenses

We shall not be liable to pay for:

1 The cost of continuing regular medication for any condition for which medical advice or treatment is being followed at the time of booking a trip or commencement of a **Period of Travel**, whichever is the later.
2 Any expenses incurred more than twelve months after the date of the incident which gave rise to the claim.
3 Any expenses incurred in the **Insured Person**'s **Country of Domicile**, unless they are in respect of the Continuation of Medical Expenses extension above.
4 Any expenses incurred for Search and Rescue without the prior approval of **Ortus Assistance**, except in any situation or circumstance where it is not reasonably practical to do so.
5 Any costs incurred for Search and Rescue expenses immediately after the point of rescue of the **Insured Person** or where the Police, Coastguard or other authority responsible for rescue service advise that continuing the search and rescue operation is no longer viable.

Note

Claims for repatriation on the grounds of the fear of contracting AIDS from medical treatment will not be admitted. An **Insured Person** seeking advice about this risk should contact the Foreign, Commonwealth & Development Office (FCDO) prior to departure.

Item 9 - Hospital and Coma Benefit

Cover

In the event of the **Insured Person** suffering **Bodily Injury** or **Illness**, or in the event of the **Insured Person** being in a **Coma** as a result of **Bodily Injury** or **Illness** during the **Period of Travel**, and being admitted as a hospital in patient for a continuous period of 24 hours or more, **We** will pay to the **Insured Person** the amount noted in the **Policy** schedule per day or part thereof up to the limit as stated in the **Policy** Schedule.

Item 10 - Personal Liability

Cover

We will pay up to the limit as stated in the **Policy** schedule, any one event or series of events and in all (including Legal Expenses), should an **Insured Person** become legally liable to pay compensation for **Bodily Injury** to the public or **Accidental** loss of or damage to property, which occurs during the **Period of Travel**.

Court Attendance

If a court requires an **Insured Person** to attend a court in connection with an event that has resulted in a valid claim under this section of the **Policy** during the **Period of Travel** and the **Period of Insurance**, **We** will reimburse for the costs incurred up to the amount stated in the **Policy** schedule for additional travel and accommodation expenses reasonably and necessarily incurred to attend the court.

Exclusions applicable to Personal Liability

We shall not be liable for any claim:

1 Arising out of **Bodily Injury** to any member of an **Insured Person**'s family or household, or to any of **Your Employees** or **Director / Business Partner**.
2 Arising out of **Accidental** loss or damage to property belonging to or in the care, custody or control of an **Insured Person** or any member of their family or household or any of **Your Employees** or **Director / Business Partner**.
3 Arising out of the ownership, possession or use of any horse drawn or mechanically propelled vehicle (other than golf buggies), aircraft, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, foot or hand propelled paddle boats, and inflatable dinghies), firearms or animals.
4 Arising out of the ownership, possession, occupation or use of land or buildings.
5 Arising out of the profession, occupation or business of the **Insured Person** or arising out of liability assumed under a contract if such a liability would not otherwise have attached.

Conditions applicable to Personal Liability - (see also General Conditions)

1 The **Insured Person** must not make any admission of liability whatsoever, or make any arrangements, offer or promise of payment without **Our** written consent.
2 **We** shall be entitled, if **We** so desire, to take over and conduct, in the name of the **Insured Person**, a defence of any claim or to prosecute in their name for their own benefit any claims for indemnity or damages or otherwise against any third party, and have discretion in the conduct of any negotiations or proceedings or the settlement of any claim. The **Insured Person** shall, whenever possible, give **Us** all such information and assistance as **We** may require.
3 In the conduct of any claim **You** and the **Insured Person** shall comply with all rules of Court and Orders made by the Court, shall attend any hearings, meetings or conferences and sign any documents, as may be reasonably required.

Note

No endorsement or amendment to any part of this **Policy** shall override the exclusions applicable to this section.

Item 11 - Legal Expenses

Cover

We will pay up to the limit as stated in the **Policy** schedule, for Legal Expenses incurred by or on behalf of the **Insured Person** in the pursuit of a claim for damages against a third party who has caused death, **Bodily Injury** or **Illness** of an **Insured Person** during the **Period of Travel**.

Court Attendance

If a court requires an **Insured Person** to attend a court in connection with an event that has resulted in a valid claim under this section of the **Policy**, **We** will reimburse for the costs incurred up to the sum insured as stated in the **Policy** schedule for additional travel and accommodation expenses reasonably and necessarily incurred to attend the court.

Legal Detention

In the event that an **Insured Person** is placed or is threatened to be placed in detention by a government or local civil authority, **We** will at the request of the **Insured** pay the costs for a local legal representative to defend the **Insured Person** up to the sum insured as stated in the **Policy** schedule.

Exclusions applicable to Legal Expenses

We shall not be liable to pay for Legal Expenses:

1 Incurred without **Our** written consent (which shall not be unreasonably withheld).
2 For actions against Travel Agents, Tour Operators, **Us** or **Our** Agents, or an **Insured Person**'s spouse, immediate family or Yourself.

Conditions applicable to Legal Expenses

1 Ortus Claims shall be entitled to nominate and appoint a legal representative to act on behalf of an **Insured Person** and to have direct access at all time to the legal representative.
2 **We** reserve the right to withdraw at any stage and thereafter shall not be liable for any further expenses.
3 In the conduct of any claim **You** and the **Insured Person** shall comply with all rules of Court and Orders made by the Court, shall attend any hearings, meetings or conferences and sign any documents, as may be reasonably required.

Item 12 - Personal Baggage, Business Items and Money

Cover

We will pay up to the overall limits as stated in the **Policy** schedule for loss, theft or damage occurring during the **Period of Travel** to accompanied personal baggage and **Money**, subject to the following:

Single Article or Pair or Set of Article Limit
Up to the limit as shown in the **Policy** schedule.

Valuable Items
Up to the limit as shown in the **Policy** schedule and subject to the Single Article or Pair or set of Article Limit as stated in the **Policy** schedule.

Business Items
Up to the limit as shown in the **Policy** schedule and subject to the Single Article or Pair or set of Article Limit as stated in the **Policy** schedule.

Cash Limit
Up to the limit shown in the **Policy** schedule.

Extensions applicable to Personal Baggage, **Business Items** and **Money**

Loss of Keys
If during a **Period of Travel**, an **Insured Person** loses their house keys to their main permanent residence in the usual **Country of Domicile**, **We** will pay for the parts and labour costs of replacing the locks up to the sum insured as stated in the **Policy** schedule for any one occurrence during the **Policy** period.

Loss of Travel Documents
In addition, in the event of loss, theft or damage to Travel Documents, **We** will pay for any reasonable additional expenses incurred for travel, accommodation and other associated costs, to enable the **Insured Person** to obtain essential replacement Travel Documents, for a period of up to 120 hours prior to commencement of the **Period of Travel** or up to 120 hours after completion of the **Period of Travel**.

Conditions applicable to Personal Baggage, **Business Items** and **Money**

1 The **Insured Person** shall at all times take reasonable care in the supervision of the insured property.
2 The **Insured Person** shall in the event of any loss, take all reasonable steps to recover such Item(s).
3 In the event of a total loss or damage to an article, **We** will pay for the replacement cost of that article without deduction for wear and tear or depreciation providing that evidence of the original purchase is provided.
4 The **Insured Person** must report any loss of and/or theft of **Money** or personal baggage to the police within 48 hours of discovery, and a police statement must be obtained.
5 **Money** shall be covered from the time of collection from a bank or travel agent or from 72 hours prior to commencement of the **Period of Travel**, whichever is the later, and up to 48 hours after completion of the **Period of Travel**, or time of conversion or encashment, whichever is the earlier.
6 For the loss of **Valuables** we will not pay more than £3,000 in all unless the **Insured** or **Insured Person** bears 50% of any total amount in excess of £3,000 up to the total replacement value of such item(s) or the amount shown in the **Policy** schedule for Personal Baggage, **Business Items** and **Money**, whichever is the lesser and subject to the Single Article or Set or pair of Articles Limit.

Exclusions applicable to Personal Baggage, **Business Items** and **Money**

We shall not be liable to pay for any claims under this section due to:
1 Damage due to wear and tear or gradual deterioration.
2 **Money** shortages due to error, omission or depreciation in value.
3 Loss of and/or theft of **Money** or personal baggage not reported to the police within 48 hours of discovery, and a police statement obtained.
4 Losses arising from confiscation or detention by customs or any other authority.
5 Property or **Money** otherwise insured elsewhere.
6 Loss or damage whilst in the custody of a carrier, unless reported to the carrier within 24 hours of discovery and a report obtained.
7 Loss of **Valuables** or **Money** whilst in the custody of a carrier.
8 Loss or damage whilst left **Unattended**, unless in a locked room, safe, apartment, holiday residence or motor vehicle. If left in a motor vehicle overnight, the motor vehicle must be contained in a securely locked garage, or secure compound.
9 Electrical and/or mechanical breakdown.
10 The **Fraudulent** use of credit cards, charge cards, banker's cards or cheques, if the **Insured Person** has not reported the loss of the card to the issuing bank or company, and has not complied with the terms and conditions

under which the card was issued. **Our** liability shall be limited to any loss not covered by any guarantee given by the issuing bank or company to the **Insured Person**.

11 Loss or damage of fragile articles unless caused by fire or by an **Accident** to the aeroplane, ship or vehicle in which they are being carried.

12 Loss, theft or damage to contact or corneal lenses, dentures, hearing aids, bonds, coupons, securities, stamps or documents of any kind, antiques, pictures, sports equipment whilst in use, boats and/or ancillary equipment including windsurfing equipment and sailboards.

13 Any claim arising from credit cards, charge cards, or bankers cards other than in respect of losses resulting from the **Fraudulent** use.

14 Any loss for cash which exceeds the Cash Limit as stated in the **Policy** schedule.

Item 13 - Delayed Baggage

Cover

In the event that the **Insured Person**'s personal baggage is temporarily lost by the carrier for more than 10 hours on the outbound journey, **We** will pay up to the limit as stated in the **Policy** schedule for the purchase of immediate necessities. If the loss becomes permanent then any payment made under this section will be deducted from any claim submitted under Item 12, Personal Baggage, **Business Items** and **Money**.

Conditions applicable to Delayed Baggage

Receipts for such purchases must be provided.

Item 14 - Personal Accident

Cover

If an **Insured Person** suffers **Bodily Injury** which is the sole cause of their death or disablement then **We** will pay **You** the appropriate sum insured as stated on the **Policy** schedule for such death or disablement.

Maximum Any One Occurrence Limit

In the event of an **Accident** involving more than one **Insured Person**, where the claim exceeds the Maximum Any One Occurrence Limit, as shown below, the total sum insured payable shall be proportionally reduced until that total does not exceed that limit.

Maximum Cumulative Limit

The maximum sum **We** will pay in respect of any claim arising from any one **Accident** for any one **Insured Person** shall not exceed £2,000,000 in total. In the event that the maximum sum payable does exceed £2,000,000, the amount payable in respect of each section will be reduced proportionately until the total does not exceed that limit.

Conditions applicable to Personal Accident

1 **We** will not pay for more than one of the benefits covered under Items 14a — 14i in respect of the same **Accident**.

2 Where an **Insured Person** is a **Dependent Child**
   (a) The sum insured for **Accidental** death shall be limited to £10,000
   (b) Items 14h and 14i shall not be covered.

3 Where an **Insured Person** is **Your Corporate Guest(s),** a **Sub-Contractor** or is not an **Employee** or **Director / Business Partner**:
   (a) The sum insured for Items 14a — 14g shall be limited to £25,000
   (b) Items 14h and 14n shall not be covered.

4 Where an **Insured Person** is over the age of 70 years at the date of this **Policy**, Items 14h and 14i shall not be covered.

5 **We** will only pay for any claim under Items 14j-14m in the event that there is a valid claim under Item 14g. The benefits payable in respect of Items 14j-14m are payable in addition to Item 14g. **We** will not pay for more than one of the benefits covered under Items 14j-14m in respect of the same **Accident**.

6 Any weekly benefits payable under Items 14h or 14i shall cease upon:
   (a) The expiry of the **Benefit Period** as stated in the **Policy** schedule
   (b) The death of the **Insured Person**
   (c) The date the **Insured Person** ceases to fulfil the definition of **Temporary Total Disablement** (and/or **Temporary Partial Disablement** if applicable)
   (d) The date on which the **Insured Person** ceases to be **Your Employee** or **Director / Business Partner**, whichever occurs first.

7 The sum insured provided under Item 14h, **Temporary Total Disablement**, shall be the sum insured or up to a maximum of 100% of the **Insured Person's Gross Weekly Wage** during the twelve months immediately prior to the **Accident** giving rise to the claim, whichever the less.

8 The sum insured provided under Item 14i, **Temporary Partial Disablement** shall in no circumstances exceed 50% of the amount of weekly benefit payable under Item 14h **Temporary Total Disablement** irrespective of whether such benefit is actually payable under such Item 14h.

9 The sum insured under Items 14h and 14i shall only become payable once the total amount has been ascertained and agreed by **Us**.

10 If payment of a claim is made under Items 14h or 14i and subsequently a benefit is claimable under Items 14a — 14g from the same **Accident**, then any amount already paid shall be deducted from any lump sum payment due.

Exclusions applicable to Personal Accident

We will not pay for any claims:

1 Due to any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder of an **Insured Person**, including anxiety and/or depression.
2 Arising from or attributable to disease, natural causes or surgical treatment (unless rendered necessary by **Bodily Injury** covered hereunder).
3 Under this Section for any **Insured Person** who is already **Insured** with **Us** under a Group Personal **Accident** or Group Personal **Accident** and **Illness Policy** held by **You**.

Item 15 - Hi-jack, Kidnap and Kidnap for Ransom

Cover

In the event of the detention, internment, **Hi-jack** or **Kidnapping** of an **Insured Person** during the **Period of Travel**, **We** will pay the amount specified in the **Policy** schedule per day or part thereof until release, for a maximum of 50 days.

In the event of the **Express Kidnapping** of an **Insured Person** during the **Period of Travel**, **We** will pay the amount specified in the **Policy** schedule per day or part thereof until release, for a maximum of 7 days.

In addition **We** will indemnify the **Insured Person** for additional expenses necessarily and reasonably incurred by way of **Consultant** costs, legal, hotel, travel, related incidental expenses, **Ransom Monies** and the like, to secure release of the **Insured Person**.

The maximum sum payable under this section is the sum insured stated in the **Policy** schedule for all losses under this section. Please note, the Hi-jack and Kidnap Daily Benefit and Express Kidnap Daily Benefit do not increase the sum insured stated in the **Policy** schedule for this Item 15 Hi-jack, Kidnap and Kidnap for Ransom.

Conditions applicable to Hi-jack, Kidnap and Kidnap for Ransom

1 The **Insured Person** has not engaged in any political or other activity that would prejudice this Insurance.
2 The **Insured Person** has no family or business connections that could be expected to prejudice this Insurance or increase **Our** risk.
3 All visas and documents are in order.
4 In the event of an incident, **Our Consultant** must be contacted immediately on the following number with as much information as possible of any situation that could give rise to a claim: +44 (0)800 193 0092
5 No offer, promise or payment shall be made by the **Insured** or **Insured Person** without the consent of **Our Consultant**.
6 No claims shall be payable in respect of any **Insured** or **Insured Person** who has previously had **Hi-jack**, **Kidnap** or **Kidnap for Ransom** Insurance declined or cancelled.

Exclusions applicable to Hi-jack, Kidnap and Kidnap for Ransom

We shall not be liable to pay for:

1 Any claim arising from any trip within the **Insured Person**'s **Country of Domicile**.
2 Any **Kidnap** and **Kidnap for Ransom** occurring in Afghanistan, Algeria, Brazil, Chad, Colombia, Iraq, Libya, Mali, Mexico, Nigeria, Pakistan, Syria, Venezuela and Yemen.
3 Any claim in respect of the **Kidnap** or **Kidnap for Ransom** of a child by their parent or guardian.
4 Any claim resulting from any **Fraudulent** dishonest or criminal act committed or attempted by the **Insured**, **Insured Person**, authorised representative of the **Insured** and including any person who has custody of any **Ransom Monies**.
5 Any amount the **Insured** becomes legally liable to pay as the result of any legal action for damages including legal costs incurred by the **Insured** in defence of such action as the result of alleged negligence or incompetence in hostage retrieval operations or negotiations following the wrongful abduction or detention of an **Insured Person** or alleged negligence in not preventing the wrongful abduction of the **Insured Person**.
6 Any sums, property or other consideration surrendered to any person other than those responsible for making a previously communicated ransom demand to the **Insured** or any person(s) authorised to act on behalf of the **Insured**.
7 Any claim arising out of any act(s) by an **Insured Person** that would be considered an offence by a court of the **United Kingdom** if committed in the **United Kingdom**.
8 Any claim where the detainment, internment, **Hi-jack**, **Kidnap**, or **Kidnap for Ransom**, of an **Insured Person** is for a period of less than 72 hours unless the detainment or internment is as a result of **Express Kidnapping**.

Item 16 - Political and Natural Disaster Evacuation Expenses

Cover

Should an **Insured Person** have to be evacuated from the country they are working in overseas due to:

1 A formal recommendation by the Foreign, Commonwealth & Development Office (FCDO) that an **Insured Person** or a class of persons which includes the **Insured Person** specifically leave the country they are in.
2 The **Insured Person** being expelled or declared persona non grata in the country they are in.
3 A **Major Natural Disaster** has occurred in the country the **Insured Person** is in, which necessitates their immediate evacuation in order to avoid personal risk of **Bodily Injury** or **Illness**.

We will pay up to the sum insured noted in the **Policy** schedule for reasonable and necessary costs incurred in:

1 Returning the Insured Person to their usual **Country of Domicile**.

2 Evacuating the **Insured Person** to the nearest place of safety.

If the **Insured Person** is unable to return directly to their usual **Country of Domicile**, **We** will pay In-country Additional Costs for reasonable and necessary expenses incurred for accommodation, transportation, food and the like. These will be paid at the rate noted in the **Policy** schedule for a maximum of 30 days or until such time as the **Insured Person** can be evacuated to their usual **Country of Domicile**, whichever occurs first. The In-country Additional Costs do not increase the sum insured noted in the **Policy** schedule for this Item 16 Political and Natural Disaster Evacuation Expenses.

Conditions applicable to Political and Natural Disaster Evacuation Expenses

1 In the event of a claim under this section, **Ortus Assistance** must be contacted immediately and they will make all necessary travel arrangements to evacuate the **Insured Person**.
2 In the event that **You** or the **Insured Person** fails to contact **Ortus Assistance**, then no claim will become payable under this section.

Exclusions applicable to Political and Natural Disaster Evacuation Expenses

We shall not be liable to pay for any claims:
1 If **You** or the **Insured Person** have breached or are accused of breaching the laws of the country from which the **Insured Person** has to be evacuated.
2 Which results from **Your** or the **Insured Person**s failure to maintain and possess duly authorised and required documents, visas, permits and the like that are necessary for the **Insured Person** to remain in the country.
3 Arising from or attributable to debt, commercial failure, insolvency, the repossession of property or any other financial cause.
4 Following **Your** or an **Insured Person**s failure to:
  (a) Honour any obligations in any contract or licence
  (b) Provide bond or other security because of any liability assumed by **You** or the **Insured Person**
  (c) Obey any conditions in a licence.
5 From the **Insured Person's** usual **Country of Domicile**.
6 Where political unrest or a **Major Natural Disaster** existed prior to the **Insured Person** entering the country or its occurrence being foreseeable before the **Insured Person** entered the country.
7 For expenses necessarily incurred as part of the original travel budget.
8 Where deemed by **Us** to be too dangerous to evacuate the **Insured Person** or it is illegal to do so.
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Item 17 - Car Hire Excess Waiver

Cover

We will pay up to the sum insured stated in the **Policy** schedule each **Insured Person** for any monetary excess or deductible that the **Insured Person** is legally liable to pay in respect of loss or damage to a rental vehicle hired by the **Insured Person** during the **Period of Travel**.

Exclusions Applicable to Car Hire Excess

We shall not be liable to pay for:
1 Any claims arising out of loss or damage due to the operation of the rental vehicle in violation of the terms of the rental agreement.
2 Any claims due to wear and tear, gradual deterioration, damage from insects or vermin, inherent vice, latent defect or damage.

Conditions Applicable to Car Hire Excess Waiver

1 The rental car must be rented from a licensed rental agency.
2 The **Insured Person** must comply with all the requirements of the rental organisation under the hiring agreement and of the vehicle insurer.

Item 18 - Holiday Travel and Winter Sports Extension

Cover

This section shall only be applicable providing that the Holiday Travel and Winter Sports Extension is included and only for those **Insured Person**s to whom this extension applies, as noted on the **Policy** schedule.

If an **Insured Person** is travelling on a non-business related trip, then the following sections of this **Policy** will be covered:

Item 1 - Cancellation or Curtailment
Item 2 - Travel Disruption Expenses
Item 4 - Journey Continuation
Item 5 - Travel Delay
Item 6 - Medical, Repatriation and Additional Expenses
Item 7 - Continuation of Medical Expenses
Item 8 - Search and Rescue Expenses
Item 9 - Hospital Benefit
Item 10 - Personal Liability

Item 11 - Legal Expenses
Item 12 - Personal Baggage, Business Items and Money
Item 13 - Delayed Baggage
Item 14 - Personal Accident
Item 15 - Hi-jack, Kidnap and Kidnap for Ransom
Item 16 - Political and Natural Disaster Evacuation Expenses
Item 17 - Car Hire Excess Waiver

In addition should the trip include winter sports, the following extension will be operative:

Winter Sports Extension

Ski Equipment
We will pay up to the sum insured stated in the **Policy** schedule in respect of loss, theft of or specific **Accidental** damage to skis, sticks and bindings, being the property of the **Insured Person** based on the current market value or the cost of repairs whichever is the lesser (not replacement cost).

Ski Pack
We will pay up to the sum insured stated in the **Policy** schedule, for the proportional return of the Pre-booked cost of ski pass, ski-equipment hire or tuition fees, should an **Insured Person** suffer **Bodily Injury** or **Illness**. This is subject to written confirmation from the doctor in the resort that the **Bodily Injury** or **Illness** prevented the **Insured Person** from using their ski pass, ski hire equipment or attending tuition for the remainder of the **Period of Travel**.

Piste Closure
Valid for the period 1st December to 30th April only.
We will pay up to the sum insured stated in the **Policy** schedule, if as a result of not enough/too much snow in the **Insured Person's Pre-booked** holiday resort, all lift systems and tows are closed for more than 24 hours:
1 The costs of transport incurred to the nearest resort up to the sum insured stated in the **Policy** schedule for each full 24 hour period.
2 Up to the sum insured stated in the **Policy** schedule for each full 24 hour period if the **Insured Person** is unable to ski and subject to no other ski resort being available where any lift systems and tows are open.

Avalanche
We will pay up to the sum insured stated in the **Policy** schedule in all for reasonable additional accommodation expenses incurred, if as a result of avalanche, landslip or landslide, the **Insured Person** is unavoidably delayed from leaving the **Pre-booked** resort.

Conditions applicable to Holiday Travel and Winter Sports Extension
1 The **Insured Person** must obtain a written statement from the resort authorities confirming the reason for the closures and how long it lasted; and
2 The pre-booked holiday resort where the **Insured Person** is staying is at least 1000 metres above sea level.

Complaints Procedure

We're Here to Help

If **You** are dissatisfied with our services, please reach out to **Us**. At Liberty Specialty Markets, **We** take complaints very seriously and are committed to addressing them fairly and efficiently. **We** aim to thoroughly investigate all issues raised and resolve them satisfactorily whenever possible.

Questions or Concerns?

For any questions or concerns regarding **Your Policy** or the handling of a claim, please contact **Your Broker**, intermediary, or retail agent first.

How to Make a Complaint

If **You** wish to file a complaint, **You** can do so either in writing or by phone using the contact details below:

Customer Outcomes Manager
Liberty Specialty Markets
20 Fenchurch Street
London, EC3M 3AW
United Kingdom

Phone: +44 (0)20 3758 0840
Email: complaints@libertyglobalgroup.com

To expedite the process, please include the following information when submitting **Your** complaint:

- **Policy** number
- The name of the person or company from whom **You** purchased **Your** insurance
- A copy of **Your Policy** schedule
- A summary of **Your** complaint, including who **You** feel is responsible

Once **We** receive your complaint, **We** will acknowledge it in writing and provide a timeline for resolution.

We are committed to helping **Our** customers as much as possible. If there are any specific circumstances or requirements that **You** think **We** should know about, such as a disability, financial hardship, bereavement – or anything else, then please let **Us** know.

If You're Still Dissatisfied

If **You** remain dissatisfied with **Our** response to **Your** complaint or if **Our** investigation takes longer than eight weeks, **You** may have the right to refer **Your** complaint to the Financial Ombudsman Service using the details below:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

Phone: 0800 023 4567 or 0300 123 9123
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If **You** are not based in the UK and wish to escalate your complaint to **Your** local dispute resolution service, please contact **Your Broker** for guidance on which organization can assist **You**.

Lloyd's Policies Only

As **Your** policy is underwritten at Lloyd's, **You** may also contact the Lloyd's Complaints Team at any time:

Complaints
Lloyd's Market Services
One Lime Street
London EC3M 7HA
United Kingdom

Phone: +44 (0)20 7327 5693
Email: complaints@lloyds.com
Website: www.lloyds.com/complaints

The Lloyd's Complaints Team can act as a first point of contact and can also re-evaluate **Your** complaint if **You** are not satisfied with **Our** decision. If **Your Policy** is underwritten at Lloyd's, **You** may need to ask them to evaluate **Your** complaint before referring it to the Financial Ombudsman Service.

For detailed procedures regarding complaints at Lloyd's, please refer to the leaflet titled "Your Complaint – How We Can Help," which is available at www.lloyds.com/complaints. If **You** remain dissatisfied after Lloyd's has considered **Your** complaint, **You** may have the right to refer it to the Financial Ombudsman Service.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** or an **Insured Person** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit.

Further information is available from the FSCS or by visiting their website at www.fscs.org.uk

Contact Details:
Telephone: 0800 678 1100 or +44 (0)20 7741 4100 (Lines are open Monday to Friday 08.30 to 17.00 excluding public holidays).
Address: PO Box 300, Mitcheldean, GL17 1DY

Privacy Notice

How Liberty Uses **Your** Personal Data

Liberty takes the protection of **Your** personal data seriously and is committed to protecting **Your** privacy. In this notice, **Your** data refers to **You** and any **Member**.

There are a number of different companies within our group. The specific company which acts as the "data controller" of **Your** personal data will be the organisation providing **Your Policy** as set out in the documentation that is provided to **You**.

If **You** are unsure you can also contact Liberty at any time:

a) by emailing us at dataprotectionofficer@libertyglobalgroup.com, or
b) by post at Data Protection Officer, Liberty Specialty Markets, 20 Fenchurch Street, London EC3M 3AW, UK.

Where **You** provide Liberty or **Your** agent or **Broker** with details about another person or persons, **You** must provide this notice to that person or persons.

For Liberty to deliver insurance services, deal with any claims or complaints that might arise and prevent and detect fraud, Liberty need to collect and process personal data. The type of personal data that is collected will depend on Liberty's relationship with **You**: for example as a policyholder, third party claimant or witness to an incident. **Your** information will also be used for business and management activities such as financial management and analysis. This may involve sharing **Your** information with, and obtaining information about **You** from, **Our** group companies and third parties such as brokers, credit reference agencies, reinsurers, claims handlers and loss adjusters, professional advisors, **Our** regulators, or fraud prevention agencies. Liberty also collect personal data about **Our** suppliers and business partners (such as brokers) for the purposes of business management and relationship development.

Please see the full privacy notice available at www.libertyspecialtymarkets.com/privacy-and-cookies for further information on how **Your** personal data is used and the rights that **You** have in relation to the personal data Liberty hold about **You**.

Please contact Liberty using the details above if **You** wish to see the privacy notice in hard copy.

Ortus Underwriting
Registered Office: 15 Westferry Circus, London, E14 4HD

Company Number: 08142321

Version control number ORTUS GPAIBT 2026V1

INSURED PERSONS' SCHEDULE AND EVIDENCE OF COVER:

Business Travel Insurance Master Policy

Introduction

This cover is part of a Master Policy. As an Insured Person, you receive cover under this Business Travel Insurance through your company.

This document (Schedule and Evidence of Cover) is issued for information only and gives you details about the cover you have. It is not a legal contract of insurance. This Insured Persons' Schedule and Evidence of Cover is given in accordance with, and in all respects is subject to, the terms of the master policy.

Master Policyholder:	Northern Star Travel Ltd
Master Policyholder Address:	46-48 Long Street,, Middleton, Manchester, M24 6UQ
Master Policy Unique Market Reference:	B1307C251491
Master Policy Number:	ORL/GPAIBT/16394517
Insured Person(s):	Category 1: All participants whilst travelling on Trips organised by the Insured and noted by endorsement
Insured Person(s) in respect of Holiday Travel and Winter Sports Extension	Not Covered
Holiday Travel and Winter Sports Extension for Non-Directors	None Applicable
Policy Period:	21 August 2026 to 20 August 2027 (GMT) (both days inclusive) Cover applies until the end of the Policy Period or the date upon which the Insured Person ceases their employment or association with the Master Policyholder, whichever the sooner.
Geographical Limit:	Worldwide including USA & Canada

If you have any queries relating to this cover or would like to see the full Master Policy please contact the Master Policyholder, as specified above.

Policy Information

This cover has been prepared in accordance with the instructions of the Master Policyholder. Please read this evidence of cover carefully to ensure that you understand its limits, terms, conditions and exclusions. If you have any queries relating to this cover please contact the Master Policyholder.

The master policy is issued by Ortus Underwriting in accordance with the authority granted under binding authority agreements. The master policy is underwritten by Certain Underwriters at Lloyd's. For more information, see the About The Insurers section below.

Who is Ortus Underwriting

Ortus Underwriting is authorised and regulated by the Financial Conduct Authority. You can check Ortus Underwriting's FCA registration by visiting the FCA website at www.fca.org.uk/register or by calling the FCA on 0800 111 6768.

About the Insurers

This policy is underwritten by the following insurers:

· Liberty Managing Agency Limited for and on behalf of the members of Lloyd's Syndicate 4472 trading as Liberty Specialty Markets. Liberty Managing Agency Limited (company number 3003606, PRA/FCA no: 204945) is a limited liability company authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England and Wales at 20 Fenchurch Street, London, EC3M 3AW. www.libertyspeciality.com

· Canopius Managing Agents Limited, registered Office: Floor 29, 22 Bishopsgate, London, United Kingdom, EC2N 4BQ, Registered in England and Wales; Company Number 01514453, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority

You can check this on the Financial Services Register by visiting https://register.fca.org.uk.

As cover is provided by more than one insurer, each insurer is liable only for their share of the risk. Details of the proportions of the cover each insurer is providing are available on request.

How To Make A Claim

If you think you may have a claim, then please contact us as soon as feasible with as much information as possible and we will tell you what to do next.

Claims Procedure

Notice of any incident that may give rise to a claim must be made as soon as possible on or after the date of accident, illness, loss or damage. Please note, notification of a claim must be made within 30 days of the date of accident, illness, loss or damage.

Claim Notifications should be sent to:

Travel Claims
Telephone:+44(0)345 0308 129
Email:travelclaims@davies-group.com

Medical Emergency Abroad Procedure

In the event of illness or accident abroad which may lead to hospital treatment or curtailment (cutting short the trip), You must contact:

Ortus Assistance, 24 Hour Emergency Service.
Please quote the reference **Ortus**.
Telephone:+44(0)203 989 8835
Email:ah-assist@ortusunderwriting.com

When contacting **Ortus Assistance**, please advise the following:
1 The telephone number from which you are calling.
2 The policy number
3 The name and telephone number of the doctor and hospital attending.

Failure to contact **Ortus Assistance** in the event of an emergency may prejudice the claim.

Calls may be recorded for quality and training purposes.

The Claims Line is available 24 hours a day 365 days a year.

Political and Natural Disaster Evacuation Procedure

In the event of a claim under Item 16- Political and Natural Disaster Evacuation Expenses, you must contact:

Ortus Assistance, 24 Hour Emergency Service.
Please quote the reference **Ortus**.
Telephone:+44(0)203 989 8835
Email:ah-assist@ortusunderwriting.com

Failure to contact **Ortus Assistance** in the event of an emergency may prejudice the claim.

Calls may be recorded for quality and training purposes.

The Claims Line is available 24 hours a day 365 days a year.

Pre-Travel Advice

Before any travel outside of your usual country of domicile, we recommend you contact the below Pre Travel Advice number. They will advise of any medication/inoculations required as well as provide advice on unsafe areas.

Pre Travel Advice number: +44(0)203 989 8835

Reciprocal Health Arrangements

Global Health Insurance Card (GHIC) or European Health Insurance Card (EHIC):

If possible, we recommend you obtain a GHIC prior to any travel, if you don't currently have an EHIC or GHIC, and keep it on you whilst travelling outside of your usual country of domicile.
·If you have an existing EHIC or GHIC, it will remain valid until the expiry date on the card. Once your current card expires you will need to apply for a new card. You can apply for a new GHIC up to 9 months before your current card expires.
·The GHIC and EHIC entitle you to reduced-cost, sometimes free, medical treatment that becomes necessary while You are in a European Economic Area (EEA) country or in Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway.
·The card gives access to state-provided medical treatment only. Remember, this might not cover all the things you would expect to get free of charge from the NHS in the United Kingdom. You may have to make a contribution to the cost of your care.
·You can obtain more information about the GHIC, including how to apply, online at http://www.gov.uk/global-health-insurance-card.

Australia:

·If you are travelling to Australia you can enrol in Medicare which will entitle you to subsidised hospital treatments and medicines. You can do this by contacting a local Medicare office in Australia.
·All claims for refunds under the Medicare scheme must be made before you leave Australia. For more information on Medicare visit: www.medicareaustralia.gov.au or email: medicare@medicareaustralia.gov.au.

On-line Information

We have partnered with medical assistance and security experts to provide you with a range of complementary travel services;

Travel Oracle Portal

Designed to provide you with the best up-to-date information and alerts about your travel destination. It offers complete country guides to give you in depth knowledge about your location, as well as tips and training on how to stay safe while overseas.

Travel Oracle Website: https://tow.healix.com/login
1Complete Registration Form to create an account
2Enter Healix policy number **LO254351** (please note this is different to the **Policy** number provided on **Your Policy** schedule)
3Click "Register"

Travel Oracle App

The ultimate travel safety companion. It provides you with the most up to date travel information and advice, as well as real time alerts on breaking news globally.
The Travel Oracle App can be downloaded onto your smart phone from the Apple App store or Google Play store.
Register as a new user with the policy number:
LO254351 (please note this is different to the **Policy** number provided on **Your Policy** schedule)

Business Travel Cover

What is Covered

Each trip is known as a Period of Travel.

To benefit from cover, the Period of Travel must:
1-start during the Period of Insurance as stated on the schedule; and
2-have a destination outside of your usual country of domicile; or
3-have a destination within your usual country of domicile if such trips involve an overnight stay or air travel.

Under the Master Policy, Incidental Holiday Travel means a non-business related trip taken immediately before, during and/or immediately after a trip on behalf of the Master Policyholder.

Schedule of Benefits

The cover under this Master Policy is broken down under the following items. Each has a specific limit as shown below. Each item has specific details regarding what is and isn't covered and some have certain conditions. All the information can be found in the Master Policy.

Item	Schedule of Benefits	Sum Insured	Excess
1	Cancellation or Curtailment Expenses	£3,200	None
2	Travel Disruption Expenses	Included With Item 1	None
3	Replacement Expenses	£500	None
4	Journey Continuation	£500	None
5a	Travel Delay	Up to £200	None
	• For the first completed 4 hours of delay	£25	None
	• Each subsequent completed 4 hours of delay	£10	None
5b	Petcare	Up to £0	None
6	Medical, Repatriation and Additional Expenses	Up to £10,000,000	None
	• Emergency Ophthalmic Treatment	Included within Item 6	None
	• Funeral Expenses	Included within Item 6	None
	• Emergency Dental Treatment	Included within Item 6 up to £500	None
	• Childcare Expenses	Included within Item 6 up to £0	None
7	Continuation of Medical Expenses	Up to £5,000	None
8	Search and Rescue Expenses	Up to £25,000	None

9	Hospital and Coma Benefit	Up to £2,500	None
	• Each continuous period of 24 hours	£50	None
10	Personal Liability	Up to £3,000,000	None
	Court Appearance Costs	Up to £1,000	None

Item	Schedule of Benefits	Sum Insured	Excess
11	Legal Expenses	Up to £50,000	None
	Legal Detention	Up to £5,000	None
	Court Appearance Costs	Up to £1,000	None
12	Personal Baggage, Business Items and Money	Up to £2,000	None
	• Single Article or Set or Pair of Articles Limit	£500	None
	• Valuable Limit	£500	None
	• Business Items Limit	£500	None
	• Loss of Keys	Up to £200	None
	Loss of Travel Documents	Up to £250	None
	Money	Up to £250	None
	Cash Limit	Up to £100	None
	• Financial Card or Cheque Misuse	Included within Item 12, Money	None
13	Delayed Baggage	Up to £250	None
14	Personal Accident	Up to £25,000	None
14a	Accidental Death	100% of item 14	None
14b	Permanent Total Loss of Sight in One or Both Eyes	100% of Item 14	None
14c	Loss of One or More Limbs	100% of item 14	None
14d	Permanent Total Loss of Speech	100% of Item 14	None
14e	Permanent Total Loss of Hearing in One Ear	25% of Item 14	None
14f	Permanent Total Loss of Hearing in Both Ears	100% of Item 14	None
14g	Permanent Total Disablement	100% of Item 14	None
	Permanent Partial Disablement	Covered	None
14h	Temporary Total Disablement	Up to £0 per week	None
	Excess Period	28 Days	
	Benefit Period	52 Weeks	
14i	Temporary Partial Disablement	Up to £0 per week	None
	Excess Period	28 Days	
	Benefit Period	52 Weeks	
14j	Quadriplegia	50% of Item 14g	
14k	Triplegia	37.5% of Item 14g	
14l	Paraplegia	25% of Item 14g	
14m	Hemiplegia	25% of Item 14g	

Item	Schedule of Benefits	Sum Insured	Excess
15	Hi-jack, Kidnap and Kidnap for Ransom	Up to £250,000	None
	Kidnap Consultants Costs	Included within Item 15 up to £50,000	None
	Hijack and Kidnap Daily Benefit	£500 per day / 50 days maximum	None
	Express Kidnapping Daily Benefit	£500 per day / 7 days maximum	None
16	Political and Natural Disaster Evacuation Expenses	Up to £50,000	None
	Aggregate Limit	£100,000	None
	In-country Additional Costs	£150 per day for up to 30 days	None
17	Car Hire Excess Waiver	Up to £2,500 per hire subject to an Aggregate Limit of £25,000.	None

18	Holiday Travel and Winter Sports Extension		
	• Ski Equipment	£200	None
	• Ski Pack	£75 per week up to a maximum of £150	None
	• Piste Closure	£25 for each 24 hour period up to £200	None
	• Avalanche	£150	None

Significant Exclusions

1 Arising out of any trip which is booked or commenced by an Insured Person:
(a) Contrary to medical advice
(b) Contrary to health and safety restriction(s) from an airline or carrier with whom the Insured Person has booked to travel
(c) To obtain medical treatment or convalescent care
(d) After a terminal prognosis has been made.

2 From an Insured Person who is aged 80 years or over at the Policy effective date for Business Trips and Incidental Holiday or aged 75 years or over at the Policy effective date if the trip is in relation to Holiday Travel and Winter Sports Extension.

3 For any part of any trip, which is booked or commenced by an Insured Person in the knowledge that the Period of Travel will be longer than 6 months or 31 days if the Insured Person is aged 75 years or over at the Policy effective date or 31 days if the trip is in relation to Holiday Travel and Winter Sports Extension, unless agreed by Us in writing.

4 Resulting from any of the cover under Items Items 1-5, if the relevant trip had already started or the circumstances leading to the claim had been forecast before the trip was booked or the Master Policy was purchased, whichever is the later.

5 Arising from Holiday Travel and Winter Sports unless the Insured Person is noted as having this extension on the Policy schedule or by endorsement.

6 Arising from Winter Sports within the United Kingdom.

7 Arising from Winter Sports within Europe in respect of a Period of Travel commencing or ending during the period 1st May to 30th November inclusive.

8 Arising from Piste Closure where transport to the nearest resort is arranged by a tour operator with whom You are travelling.

9 Arising from Piste Closure, if the Insured Person effects this Insurance or books the trip within 14 days of the date of departure and at that time there was a lack of snow in the planned resort such that it was unlikely that the Insured Person would be able to ski.

10 Arising from Piste Closure, where the Ski resort where You are staying is less than 1,000m above sea level.

11 Arising from Ski and ski bob racing in international or national events, services or interservices championships or heats or officially organised practice or training for these events, ski jumping, ice hockey or the use of skeletons, bob-sleighs, snow mobiles, zorbing, ski diving or luging.

12 Arising from Off-piste skiing or off-piste snowboarding undertaken within resort boundaries, if such areas have been deemed unsafe by resort management or by local ski-patrol guidelines.

13 Arising from Off-piste skiing or off-piste snowboarding undertaken outside of resort boundaries unless accompanied by an official and experienced guide who is employed at the ski resort and provided such areas have been deemed safe by resort management or by local ski-patrol guidelines.

Complaints

We're Here to Help

If you are dissatisfied with our services, please reach out to us. At Liberty Specialty Markets, we take complaints very seriously and are committed to addressing them fairly and efficiently. We aim to thoroughly investigate all issues raised and resolve them satisfactorily whenever possible.

Questions or Concerns?

For any questions or concerns regarding your policy or the handling of a claim, please contact your broker, intermediary, or retail agent first.

How to Make a Complaint

If you wish to file a complaint, you can do so either in writing or by phone using the contact details below:

Customer Outcomes Manager
Liberty Specialty Markets
20 Fenchurch Street
London, EC3M 3AW
United Kingdom

Phone: +44 (0)20 3758 0840
Email: complaints@libertyglobalgroup.com

To expedite the process, please include the following information when submitting your complaint:

•Policy number.
•The name of the person or company from whom you purchased your insurance.
•A copy of your policy schedule.
•A summary of your complaint, including who you feel is responsible.

Once we receive your complaint, we will acknowledge it in writing and provide a timeline for resolution.

We are committed to helping our customers as much as possible. If there are any specific circumstances or requirements that you think we should know about, such as a disability, financial hardship, bereavement – or anything else, then please let us know.

Additional Information for Lloyd's Policies

As this Master Policy is underwritten at Lloyd's, you may also contact the Lloyd's Complaints Team at any time:

Complaints
Lloyd's Market Services
One Lime Street
London EC3M 7HA
United Kingdom

Phone: +44 (0)20 7327 5693
Email: complaints@lloyds.com
Website: www.lloyds.com/complaints

The Lloyd's Complaints Team can act as a first point of contact and can also re-evaluate your complaint if you are not satisfied with our decision. If your policy is underwritten at Lloyd's, you may need to ask them to evaluate your complaint before referring it to the Financial Ombudsman Service.

For detailed procedures regarding complaints at Lloyd's, please refer to the leaflet titled "Your Complaint – How We Can Help," which is available at www.lloyds.com/complaints. If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer it to the Financial Ombudsman Service.

If You're Still Dissatisfied

If you remain dissatisfied with our response to your complaint or if our investigation takes longer than eight weeks, you may have the right to refer your complaint to the Financial Ombudsman Service using the details below:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

Phone: 0800 023 4567 or 0300 123 9123
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If you are not based in the UK and wish to escalate your complaint to your local dispute resolution service, please contact your broker for guidance on which organization can assist you.

Notices

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit.

Further information is available from the FSCS or you can visit their website at www.fscs.org.uk

Contact Details:
Telephone: 0800 678 1100 or +44 (0)20 7741 4100 (Lines are open Monday to Friday 08.30 to 17.00 excluding public holidays).
Post: Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY.

Data Protection Notice

How Liberty Managing Agency Limited and Liberty Specialty Markets uses your personal data

Liberty Specialty Markets takes the protection of your personal data seriously and is committed to protecting your privacy. There are a number of different companies within our group. The specific company within Liberty Specialty Markets which acts as the "data controller" of your personal data will be the organisation providing your policy as set out in the documentation that is provided to you. If you are unsure you can also contact us at any time by e- mailing us at dataprotectionofficer@libertyglobalgroup.com or by post at Data Protection Officer,

Liberty Specialty Markets, 20 Fenchurch Street, London EC3M 3AW, UK.

In order for us to deliver our insurance services, deal with any claims or complaints that might arise and prevent and detect fraud, we need to collect and process personal data. The type of personal data that we collect will depend on our relationship with you: for example as a policyholder, third party claimant or witness to an incident. Your information will also be used for business and management activities such as financial management and analysis.

This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, credit reference agencies, claims handlers and loss adjusters, professional advisors, our regulators or fraud prevention agencies. We also collect personal data about our suppliers and business partners (such as brokers) for the purposes of business management and relationship development.

For further information on how your information is used and the rights that you have please see privacy notice available at www.libertyspecialtymarkets.com/privacy-cookies. Please contact us using the details above if you wish to see the privacy notice in hard copy.

Sanctions Notice

We will not provide any cover or be liable to pay any claim or provide any benefit under this **Policy** to the extent that this would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

Ortus Underwriting
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Company Number: 08142321

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