

Corporate Accident and Business Travel

Policy document



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Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Important notes

Fraud prevention and detection

In order to prevent and detect fraud we may at any time:

- check your personal data against counter fraud systems
- use your information to search against various publicly available and third party resources
- use industry fraud tools including undertaking credit searches and to review your claims history
- share information about you with other organisations including but not limited to the police, the Insurance Fraud Bureau (IFB), other insurers and other interested parties.

If you provide false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. This may result in your case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. You may face fines or criminal prosecution. In addition, Zurich may register your name on the Insurance Fraud Register, an industry-wide fraud database.

Claims history

We may pass information relating to claims or potential claims to any relevant database.

We and other insurers may search these databases when you apply for insurance, when claims or potential claims are notified to us or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

This helps to check information provided and prevent fraudulent claims.

Our complaints procedure

Our commitment to customer service

We are committed to providing a high level of customer service. If you feel we have not delivered this, we would welcome the opportunity to put things right for you.

Who to contact in the first instance

Many concerns can be resolved straight away. Therefore in the first instance, please get in touch with your usual contact at Zurich or your broker or insurance intermediary, as they will generally be able to provide you with a prompt response to your satisfaction.

Contact details will be provided on correspondence that we or our representatives have sent you.

Many complaints can be resolved within a few days of receipt

If we can resolve your complaint to your satisfaction within the first few days of receipt, we will do so. Otherwise, we will keep you updated with progress and will provide you with our decision as quickly as possible.

Next steps if you are still unhappy

If you are not happy with the outcome of your complaint, you may be able to ask the Financial Ombudsman Service to review your case.

We will let you know if we believe the ombudsman service can consider your complaint when we provide you with our decision. The service they provide is free and impartial, but you would need to contact them within 6 months of the date of our decision.

More information about the ombudsman and the type of complaints they can review is available via their website www.financial-ombudsman.org.uk.

You can also contact them as follows:

Post: Financial Ombudsman Service, Exchange Tower, London, E14 9SR

Telephone: 08000 234567 (free on mobile phones and landlines)

Email: complaint.info@financial-ombudsman.org.uk

If the Financial Ombudsman Service is unable to consider your complaint, you may wish to obtain advice from the Citizens Advice Bureau or seek legal advice.

The Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS) which means that you may be entitled to compensation if we are unable to meet our obligations to you. Further information is available on www.fscs.org.uk or by contacting the FSCS directly on 0800 678 1100.

Claims contact details and additional benefits

Making a Claim

Please contact **us** as follows:



A&HClaims@uk.zurich.com



+44 (0)800 0260 184 Option 3



Zurich Insurance Accident and Health, PO Box 3305, Royal Wootton Bassett, Swindon, SN4 8WH



<http://travelandpa.zurich.co.uk>

Please refer to the applicable claims conditions for further information.

Zurich Travel Assistance

Call +44 (0)1489 868 888 or visit www.zurich.co.uk/travelassistance

The helpline is manned 24 hours a day, 365 days a year by multi-lingual assistance co-ordinators, experienced in managing medical assistance cases with hospitals and clinics worldwide. Also available are security experts to provide a comprehensive range of complementary security services. See Section 5 Travel, Security and General assistance services for more details of the services available.

Zurich's Risk Management Advice Line Call 0800 302 9052

To help **you** proactively identify and manage issues before they occur, **our** risk management helpline operates during normal business hours, providing free practical guidance on risk issues such as property, security, food hygiene, business continuity, environmental and health and safety management.

Please note that this helpline includes services provided by Zurich Management Services Limited and may include services provided by third parties.

Zurich Insurance Company Ltd and Zurich Management Services Limited will not accept responsibility if any of the helplines are unavailable for reasons Zurich Insurance Company Ltd and Zurich Management Services Limited cannot control.

Your Corporate Accident and Business Travel policy

This policy is a contract between **you** and **us**.

This policy and any schedule and endorsements should be read as if they are one document.

We will insure **you** under those sections stated in the schedule as insured during any period of insurance for which **we** have accepted **your** premium. **Our** liability will in no case exceed the amount of any sum insured or limit of indemnity stated in this policy, the schedule or any endorsement to this policy.

Any reference to the singular will include the plural and vice versa.

Any reference to any statute or statutory instrument will include any amendments thereto or re-enactment thereof. Any heading in this policy is for ease of reference only and does not affect its interpretation.

Law applicable to this contract

In the UK the law allows both **you** and **us** to choose the law applicable to this contract. This contract will be subject to the relevant law of England and Wales, Scotland, Northern Ireland, the Isle of Man or the **Channel Islands** depending upon **your** address as stated in **your** schedule. If there is any dispute as to which law applies it will be English law.

The parties agree to submit to the exclusive jurisdiction of the English courts. This is a legal document and should be kept in a safe place.

Please read this policy, schedule and endorsements carefully and if they do not meet **your** needs contact **us** or **your** broker or insurance intermediary.

Endorsements and conditions to apply

Endorsement 1 - Disturbed Area Travel

The Insured did not declare or anticipate travel to any of the listed countries, therefore, this policy does not include any journeys to these countries without prior acceptance by us:

Russia, Belarus, Ukraine, Iran North Korea, Syria and Yemen.

Kidnap Disturbed Area Travel

Afghanistan, Colombia, Iraq, Mexico, Nigeria, Pakistan, Somalia, Syria, Venezuela, Yemen.

Endorsement 2 – Policy held with Zurich Insurance PLC and Zurich Insurance Company LTD

1. Policy Scope and Interaction Between Insurers

1.1 Any risks insured under the Policy which are situated in:

- a) any member state or territory in the European Economic Area (**EEA**) are insured by Zurich Insurance plc (**ZIP**); and
- b) any other territory (as applicable) including the United Kingdom, are insured by Zurich Insurance Company Ltd UK Branch (**ZIC UK**)

and all references to the “Insurer” (or other term denoting the insurer) under the Policy shall, for all purposes, be construed accordingly.

1.2 The rights, obligations and liability of ZIP and ZIC UK under the Policy shall be several and not joint. In particular, each of ZIP and ZIC UK is liable only for the risk it has insured in accordance with clause 1.1 above and its obligations under the Policy in connection with that risk.

1.3 Notwithstanding clause 1.2, the Parties agree that:

- a) the amount, operation and erosion of any Limit of Indemnity, sub-limit, deductible aggregate limit or deductible, or other similar term (as applicable) shall be as stated in the Policy and will apply jointly and simultaneously to the liability of both ZIP and ZIC UK as if there was only one insurer. This Endorsement does not increase or affect in any way the Limit of Indemnity or other similar term, or sub-limit which shall each be reduced by any payments made by either of ZIP and ZIC UK in accordance with the terms of the Policy;
- b) any purported termination by one of the Insurers or the Insured shall automatically (and without further notice) terminate the entire Policy such that the insurance provided by each Insurer shall be terminated
- c) Wherever the Insured is required by the terms of the Policy to (i) provide to the Insurer any notification (including the notification of any claim, circumstance or loss) or (ii) provide to the Insurer any information, then the Insured shall be entitled to provide such notification or information to ZIC UK.

This clause 1.3 shall survive any termination of the Policy (including this Endorsement).

2. Status and Other Disclosures

2.1 Zurich Insurance plc. A public limited company incorporated in Ireland. Registration No.13460. Registered Office: Zurich House, Frascati Road, Blackrock, County Dublin, A94 X9Y3, Ireland. UK branch registered in England and Wales Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance plc is authorised and regulated by the Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Our firm reference number is 203093.

2.2 Zurich Insurance Company Ltd. A public limited company incorporated in Switzerland. Registered in the Canton of Zurich, No. CHE-105.833.114, registered offices at Mythenquai 2, 8002 Zurich. UK Branch registered in England and Wales no BR000105. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance Company Ltd is authorised and regulated in Switzerland by the Swiss Financial Market Supervisory Authority FINMA. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by

the Prudential Regulation Authority are available from us on request. Our firm reference number is 959113.

3. UK Financial Services Compensation Scheme

Notwithstanding any other provision of the Policy, contracts of insurance which relate to risks which are situated in the EEA (as determined in accordance with the Policyholder Protection part of the Prudential Regulation Authority Rulebook) are not protected contracts of insurance for the purposes of the Financial Services Compensation Scheme (FSCS) and therefore do not give rise to an entitlement to compensation from the FSCS.

All other terms, conditions and limits that apply to this policy remain unchanged.

Section 1 - General Definitions

Certain words in this policy have special meanings. These words and their meanings are detailed in this section and apply wherever **we** have printed them in bold throughout.

Annual Salary

The total annual gross salary including overtime, bonuses and Directors' dividends, but excluding commission payments (unless specifically agreed otherwise) payable by **you** to the **insured person** at the date **bodily injury** is sustained.

Overtime, bonus and Directors' dividend payments will be calculated on the average payments made during the twelve months immediately prior to the date **bodily injury** is sustained. Cover is only provided where overtime, bonus and Directors' dividend estimates were included in declarations to **us**.

Benefit Period

The total period (not necessarily consecutive) for which benefits for **temporary total disablement** and/or **temporary partial disablement** are payable in respect of any one loss to an **insured person**.

Where an **insured person** is employed by **you** on a fixed period contract the benefit period will cease at expiry of the contract or as defined in the schedule whichever is earlier.

Bodily Injury

An identifiable physical injury caused by an **event**.

Bone Fracture

A fracture that goes through part or all of a bone.

Cancellation or Curtailment Limit

The maximum amount for which **we** can be held liable in respect of all claims under Section 9 for loss and expense arising out of any one **event**.

Catastrophic Injury

A **bodily injury** that results in **hemiplegia, paraplegia, quadriplegia, triplegia**, an acquired brain injury or severe burns that permanently prevents an **insured person** from engaging in their usual occupation.

Channel Islands

Jersey, Guernsey, Alderney, Sark, Herm, Jethou and Brecqhou.

Child

Any child of an **insured person** who is unmarried and dependent and under 18 years of age or under 25 years of age if in full-time education.

Consultants' Costs

Reasonable fees and expenses of **our** chosen consultants necessarily incurred in response to a **kidnap**.

Conveyance

An aircraft, ship, train, coach or similar means of transport which operates under a scheduled published timetable.

Country of Permanent Residence

The country where an **insured person** resides indefinitely or where an **insured person** has the intent to reside indefinitely.

For the purpose of this definition the **Channel Islands** as a single group of territories, the Isle of Man and the **United Kingdom** will each be treated as separate and distinct countries.

Country of Secondment

The country where an **insured person**:

- a) temporarily resides under a contract of employment with **you**
- b) undertakes an activity on **your** behalf and at **your** request

for more than 12 months and agreed by **us** in a **country of secondment** endorsement attached to and forming part of this policy.

For the purpose of this definition the **Channel Islands** as a single group of territories, the Isle of Man and the **United Kingdom** will each be treated as separate and distinct countries.

Deferment Period

The beginning of a period of temporary disablement during which compensation for **temporary total disablement** or **temporary partial disablement** will not be payable.

Dependent Adult

Any person who is dependent on the **insured person** and for whom the **insured person** is an official carer and in receipt of a carer or attendance allowance from the state.

Director

Any person holding the position of director with **you** excluding any non-executive director unless specifically agreed by **us** in writing.

Domestic Staff

Any salaried individual employed by a **director** in any of the following roles: nanny, au pair, maternity nurse, wet nurse, housekeeper, tutor, personal trainer, or chauffeur.

Electronic Business Equipment

Property owned by **you** and provided to the **insured person** to enable the **insured person** to perform their occupational tasks. These items must be of an electronic nature and cannot be items supplied or manufactured by **you**.

Emergency Repatriation Expenses

Reasonable costs including the cost of medical attendants necessarily incurred in transporting the **insured person** to an appropriate hospital or nursing home or to the **country of permanent residence** or the **country of secondment** if recommended by **Zurich Travel Assistance** in conjunction with the local attending **medical practitioner**.

Employee

Any person under a contract of service or apprenticeship with **you** or any person **you** have the right to instruct in his or her performance.

Event

A sudden, unforeseen and identifiable occurrence.

All occurrences or series of occurrences arising from or attributable to one source or original cause will be regarded as a single occurrence where they occur within a 10 mile radius and within 72 consecutive hours of the one source or original cause.

Event Aggregate Limit

Our maximum liability in respect of all claims for **bodily injury** arising out of any one **event**.

Excluded Territories - Kidnap

Afghanistan, Colombia, Iraq, Mexico, Nigeria, Pakistan, Somalia, Syria, Venezuela, Yemen.

Full Thickness Burns

Third or fourth degree burns where all layers of the skin - epidermis and dermis - are destroyed.

Gross Weekly Wage

The gross average weekly equivalent of **annual salary**.

Heart Attack

Sudden loss of heart function with interruption of blood circulation around the body.

Hemiplegia

The permanent paralysis of one lower limb and one upper limb on the same side of the body.

Hijack

The unlawful seizure or taking control of a **conveyance** in which the **insured person** is travelling.

Holiday Travel

A trip purely arranged for non-business purposes.

Incidental Holiday

Leisure time undertaken as part of a **journey** not exceeding the duration of the business component of the **journey** but including connected weekend travel.

Independent Financial Adviser

An adviser who is authorised and regulated by the Financial Conduct Authority or equivalent regulatory authority in the **insured person's country of permanent residence** and who is not the **insured person**, the **partner** of the **insured person**, a member of the immediate family of the **insured person** or an **employee**.

Insured Person

Any person or category of persons as stated in the schedule.

Except in respect of Section 2 where the definition is extended to any nominated person whom **we** have agreed to pay **travel expenses**.

Journey

A business journey not exceeding 12 months in duration authorised by **you** and undertaken by an **insured person** and commencing during the period of insurance.

Kidnap

The unlawful abduction and detention of an **insured person** against their will.

Kidnap Aggregate Limit

Our maximum liability during any one period of insurance in respect of ransom and **consultants' costs**.

Legal Expenses

- a) Any reasonable fees, expenses and other disbursements necessarily incurred with our written consent by a solicitor, firm of solicitors or any other appropriately qualified person, firm or company appointed by **you** or by the **insured person** including costs and expenses of expert witnesses and any such fees, expenses and other disbursements incurred by **us** in connection with such claims or procedures
- b) any costs for which an **insured person** is legally liable following an award of costs by any court or tribunal and any costs following an out of court settlement made in connection with any claim or legal proceedings.

Life-Threatening Situation

Any situation occurring outside the **insured person's country of permanent residence** or **country of secondment** where **Zurich Travel Assistance** agree that the **insured person's** life is in danger.

Loss of Limb

- a) In the case of a lower limb loss by permanent physical severance at or above the ankle or permanent total loss of use of an entire leg or foot
- b) in the case of an upper limb loss by permanent physical severance of the entire 4 fingers through or above the metacarpal phalangeal joints or permanent total loss of use of an entire arm or hand.

Loss of Sight

The total loss of sight which will be deemed to have occurred:

- a) in both eyes when the condition is shown to **our** satisfaction to be permanent and without expectation of recovery and the **insured person's** name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist
- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and **we** are satisfied that the condition is permanent and without expectation of recovery.

Medical Expenses

All reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatment given or prescribed by a qualified **medical practitioner** and all hospital, nursing home or ambulance charges. Dental, optical expenses and routine pregnancy expenses are excluded unless incurred as the result of an emergency.

Medical Practitioner

Any legally qualified medical practitioner other than an **insured person**, a member of the immediate family of an **insured person** or a non-executive director of **you**, a **director** or **employee**.

Mental Health Specialist

Any legally registered and properly qualified psychiatrist or psychologist acting within the scope of their license and training pursuant to the laws of the country in which such practice is maintained.

Mental health specialist shall not include **you** or any of **your** close relatives unless otherwise approved by **us**.

Missed Departure

The failure of a **conveyance** in which an **insured person** is travelling to reach its destination point at the published expected time of arrival resulting in the **insured person** missing the first **conveyance** at the beginning of a **journey** which involves travel outside the **insured person's country of permanent residence** or **country of secondment**.

Missed International Connection

The failure of a **conveyance** in which an **insured person** is travelling to reach its destination point outside the **insured person's country of permanent residence** or **country of secondment** at the published expected time of arrival resulting in the **insured person** missing an onward connecting **conveyance** on which the **insured person** is booked to travel in the course of a **journey**.

Money

Current coinage, current bank and currency notes, bankers drafts, bills of exchange, letters of credit, postal and money orders, postal stamps, signed travellers and other cheques, postal and money orders, phone cards, travel tickets, debit/credit cards, charge cards, gift tokens and coupons which belong to or are in the custody and control of the **insured person** on a **journey** and are intended for travel, meals, accommodation and personal expenditure only.

Multi-Engined Aircraft Limit

Our maximum liability in respect of all claims for **bodily injury** arising out of any one **event** involving the same multi-engined aircraft.

Natural Catastrophe

An **event** caused by a natural phenomenon including earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption or wildfire.

Operative Time

The period of time and/or activities for which **you** or an **insured person** are covered under this policy as stated in the schedule.

Other Forms of Aerial Transport Including Rotor Wing Limit

The maximum amount for which **we** can be held liable in respect of all claims for **bodily injury** arising out of any one **event** involving the same aircraft (not being a multi-engined aircraft).

Overseas Medical Expenses

All reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatment given or prescribed by a qualified **medical practitioner** and all hospital, nursing home or ambulance charges outside the **insured person's country of permanent residence** or **country of secondment**. Dental, optical and routine pregnancy expenses are excluded unless incurred as the result of an emergency.

Paraplegia

The permanent and total paralysis of the two (2) lower limbs.

Partner

The spouse, co-habiting partner or any other person recognised as the lawful partner of an **insured person**.

Permanent Total Disablement

- a) In respect of an **insured person** who is an **employee** and above 16 years of age and below state retirement age: disablement caused other than by **loss of limb, loss of sight, total loss of hearing or total loss of speech** which will in all probability totally prevent the **insured person** from engaging in their **usual occupation** for the remainder of their life.
- b) In respect of an **insured person** who is either:
 - i) not an **employee**
 - ii) an **employee** who is below 16 years of age or above the state retirement age

disablement caused other than by **loss of limb, loss of sight, total loss of hearing or total loss of speech** which will in all probability entirely prevent the **insured person** from engaging in any occupation for the remainder of their life.

Personal Property

Personal goods belonging to the **insured person** or for which they are responsible which are taken by them on a **journey**, sent in advance of a **journey** or acquired during a **journey** excluding **money** and **electronic business equipment**, which are covered under Sections 7 and 8 respectively.

Quadriplegia

The permanent and total paralysis of all four (4) limbs of the body.

Ransom

Money and/or goods or services given or to be given by or on behalf of the Insured to meet a **kidnap** demand.

Security Costs

Reasonable costs necessarily incurred by **Zurich Travel Assistance** under Section 5.

Stroke

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull.

Temporary Partial Disablement

Temporary disablement which prevents the **insured person** from engaging in more than 60% of their **usual occupation**.

Temporary Total Disablement

Temporary disablement which totally prevents the **insured person** from engaging in all elements of their **usual occupation**.

Terrorism

Any act undertaken for economic, political, religious, ideological or similar purpose with the intention to influence any government and/or put the public, or any section of the public, in fear.

Total Loss of Hearing

Total and permanent loss of hearing.

Total Loss of Speech

Total and permanent loss of speech.

Travel Expenses

All reasonable costs necessarily incurred:

- a) for travel, sustenance and accommodation expenses of up to 2 nominated persons who on medical advice are required to travel to or remain with the **insured person** up to a maximum amount stated in the schedule for any one claim
- b) in transporting the **insured person's** body or ashes and **personal property** back to their **country of permanent residence or country of secondment**.

Triplegia

The permanent and total paralysis of three (3) limbs.

United Kingdom

England, Scotland, Wales and Northern Ireland.

Usual Occupation

The main occupation of the **insured person**.

Visitor

Any person who, for business purposes, is an invited and lawful visitor to **your** premises and is not:

- a) an **insured person**
- b) an **employee** of **yours** or a contractor working for **you**
- c) a member of the general public.

War

Armed conflict between nations including forces acting for any international authority whether war be declared or not, invasion, civil war, any attempt to usurp power or any activity arising out of an attempt to participate in military force between nations.

We, Us, Our or Ourselves

Zurich Insurance Company Ltd.

You, Your or Yourselves

The organisation stated in the schedule as the Insured.

Zurich Assistance/Zurich Travel Assistance

The coordinator on **our** behalf of a range of services in connection with medical, security, travel and other general assistance supported by a 24 hour helpline.

Please note that these services are supplied by specialist third parties who are contracted to **us** and not by Zurich personnel.

Section 2 - Personal Accident

The Cover

If an **insured person** sustains **bodily injury** during the **operative time** that within 24 months solely and independently of any other cause results in death or disablement **we** will pay **you** the appropriate benefit stated in the schedule.

In respect of any one **insured person** a benefit will not be payable under more than one of benefits 1 to 5. Any benefit payable under benefit 6 or benefit 7 will immediately cease should a benefit under one of benefits 1 to 5 subsequently be payable by **us** to **you**.

In respect of an **insured person** under the age of 16 the maximum compensation payable under benefit 1 will be GBP 25,000.

Catastrophic Injury Rehabilitation

In respect of any one **insured person** a benefit will not be payable under Section 2 benefit 2 if a claim is made under this section, and vice versa.

Fund Option:

In the **event** that the **insured person** or their **partner** or **child** sustains **catastrophic injury** during the **operative time** **we** will provide the **insured person** with access to one of **our** appointed rehabilitation specialists who will provide a range of services covering but not necessarily limited to:

- a) reviewing any available medical notes, liaising with the **insured person, partner** or **child's** medical consultants and attending physicians
- b) arranging a meeting with the **insured person** and their family
- c) nominating an appropriately qualified medical professional to undertake an immediate needs assessment report
- d) identifying the need for equipment and resources to assist and improve the **insured person, partner** or **child's** quality of life and building this into a care plan that is specific to the needs of each **insured person, partner** or **child**
- e) identifying the cost of goods and services of the life care plan and the vendors and service providers for each of the recommendations provided.

These recommendations will consider the **insured person, partner** or **child's** degree of residual disability, preferences and lifestyle needs and could include one or a number of the following services up to the maximum amount of the available fund for the **insured person** and a maximum of 50% of the available fund for the **partner** or **child**:

Counselling, wheelchair provision, accommodation, transport, training, improved prosthetics, financial advice, nursing support, holidays, independent living, technology, mobility equipment, adapted computer equipment, communication skills, clothing, minimising medical complications, continence, sport, leisure activities and domestic help.

Our rehabilitation specialist will also assist in identifying what statutory provisions are available and how these can be accessed, assisting the **insured person, partner** or **child** in making application(s).

Provided always that:

- i) the services provided and the value of the available fund will be in addition to any other benefit for which the **insured person, partner** or **child** might be eligible under Section 2 - Corporate Personal Accident
- ii) there is no cash alternative to the rehabilitation services provided by this section
- iii) any medical procedures recommended will be limited to evidence based treatment.

Lump Sum Option:

In the **event** that the **insured person** or their **partner** or **child** sustains **catastrophic injury** during the **operative time** **we** will pay the **insured person** up to the sum insured stated in the schedule.

The maximum available to the **insured person's partner** or **child** is limited to 50% of the sum insured stated in the schedule.

Broken Bones and Full Thickness Burns

In the **event** an **insured person** suffers an accidental **bodily injury** that leads to one or more **bone fractures**, or **full thickness burns**, **we** will pay **you** the appropriate benefit as stated in the schedule, up to the limit shown in the schedule.

Provided always that the extent of the injuries are supported by a suitable report from a **medical practitioner**.

Additional Benefits: Personal Accident

Insured Person

Immediate Benefits

Coma Benefit

In the **event** of the continuous unconsciousness of the **insured person** caused solely and independently by **bodily injury** sustained during the **operative time** **we** will pay **you** the amount stated in the schedule per week for each full week of continuous unconsciousness up to a maximum period stated in the schedule.

Cosmetic Surgery

If an **insured person** sustains **bodily injury** which results in a valid claim under Section 2 Personal Accident for a benefit of GBP 50,000 or more, **we** will pay **you** up to the amount shown in the schedule for costs incurred for connected cosmetic reconstructive treatment that have been recommended by a **medical practitioner** within 24 months of the **bodily injury**. Injuries incurred as a result of a surgical procedure are excluded. **We** would not pay this benefit in addition to a benefit for **facial scarring**.

Dental Injury Expenses

If an **insured person** sustains bodily injury resulting in loss of or damage to teeth or fixed dentures during the **operative time** **we** will pay **you** for the cost of necessary dental treatment required within 12 months of the **event** giving rise to the loss or damage up to a maximum of the stated amount in the schedule.

Disappearance

If an **insured person** disappears and after a suitable period of time as judged reasonable by the appropriate legal authority it is reasonable to believe that the **insured person's** death resulted from **bodily injury** during the **operative time** **we** will pay **you** the amount stated under benefit 1. If it later transpires that the **insured person** has not died any amount paid will be refunded by **you** to **us**.

Exposure

If an **insured person** suffers unavoidable exposure to the elements during the **operative time** that within 24 months solely and independently of any other cause results in death or disablement **we** will pay **you** in accordance with the benefits stated in the schedule.

Facial Scarring

If an **insured person** sustains **bodily injury** during the **operative time** which results in permanent scarring to no less than 15% of the facial area **we** will pay **you** 15% of the amount shown in the schedule and this benefit will be increased proportionally to a maximum amount stated in the schedule on the basis of actual scarring of the facial area up to 100%.

Hijack or Kidnap

If an **insured person** is the victim of **hijack** or **kidnap** during the **operative time** the cover provided under this section will remain in force until the **insured person** has returned to their **country of permanent residence** or **country of secondment** or until a period of 12 months from the date of the **hijack** or **kidnap** has expired whichever will occur first.

Hospitalisation Benefit

If an **insured person** is admitted to hospital as an in-patient as a result of **bodily injury** sustained during the **operative time** **we** will pay **you** up to the amount stated in the schedule for each full week of hospitalisation up to a maximum of 52 weeks.

Medical Expenses - Personal Accident

If an **insured person** incurs **medical expenses** as a result of **bodily injury** sustained during the **operative time** **we** will

pay **you** up to 20% of the amounts paid under benefits 1 to 5 inclusive or 30% of the amounts paid under either benefit 6 or benefit 7 whichever is the greater but not exceeding the amount stated in the schedule.

Permanent Partial Disablement

If an **insured person** sustains permanent partial disablement during the **operative time** we will pay **you** the following percentages of the amount payable under benefit 5 for permanent severance or permanent total loss of use of:

- | | |
|---|-----|
| a) one thumb | 30% |
| b) forefinger | 20% |
| c) any finger other than forefinger | 10% |
| d) big toe | 15% |
| e) any toe other than big toe | 5% |
| f) shoulder or elbow | 25% |
| g) wrist, hip, knee or ankle | 20% |
| h) lower jaw by surgical operation | 30% |
| i) back, neck, spine or cervical spine
(with no damage to the spinal cord) | 40% |

If an **insured person** does not sustain a total loss of use relative to the types of disablement mentioned above, **we** will pay **you** the proportionate amount relative to the degree of permanent disability, following a medical assessment by a **medical practitioner**.

Provided always that:

- i) when an **insured person** suffers more than one form of permanent partial disablement as a result of an **event** the percentages from each will be added together but **we** will not pay more than 100% of benefit 5
- ii) any permanent partial disablement not more specifically defined above will be calculated by assessing the disablement relative to the types of disablement mentioned above without reference to the **insured person's** occupation

no claim is payable for a component part of a body part which has been lost or the **insured person** has lost the use of and claimed for under the benefits above.

Long Term Benefits

Damage to Personal Property During Accident

If an **insured person** sustains loss of or damage to their **personal property** as a result of an accident resulting in **bodily injury** during the **operative time** we will pay **you** the amount of such loss or damage up to a maximum of the stated amount in the schedule.

Disability Assistance

If an **insured person** sustains **bodily injury** during the **operative time** that within 24 months solely and independently of any other cause results in either **hemiplegia, paraplegia, quadriplegia** or **triplegia** we will pay **you** up to the amount stated in the schedule for expenses incurred with **our** prior written consent for alterations that are required to the **insured person's** home or car.

Provided always that expenses must have been incurred within 12 months of **you** receiving a benefit payment for either **hemiplegia, paraplegia, quadriplegia** or **triplegia** from **us**.

Funeral Expenses

If a payment is made under benefit 1 **we** will pay **you** up to a maximum stated in the schedule for reasonable funeral expenses. **We** will not be liable for more than the **event aggregate limit** stated in the schedule.

Medical Certificate Expenses

In the event that an **insured person** sustains **bodily injury** that results in them having to obtain a Medical Certificate, **we** will pay **you** for the cost of obtaining the certificate up to a maximum of the sum insured in the schedule.

Moving Costs

Where an **insured person** sustains **bodily injury** resulting in **permanent total disablement** and **we** agree to a claim for

such disablement, **we** will pay **you** on behalf of the **insured person** up to a maximum of the amount stated in the schedule for estate agent's fees, stamp duty and removal costs incurred by the **insured person** within 24 months of the **event** giving rise to the disablement as a result of which it becomes necessary to move the **insured person's** permanent residence to an alternative permanent residence.

Out-patient expenses

If an **insured person** is required to travel to hospital as an out-patient as a result of **bodily injury** sustained during the **operative time** **we** will pay **you** the amount stated in the schedule for reasonable travel costs necessarily incurred by the **insured person** up to a maximum amount stated in the schedule.

Physiotherapy

In the event of a claim being agreed by **us** for **temporary total disablement** **we** will pay **you** on behalf of the **insured person** for the cost of physiotherapy up to a maximum of the amount stated in the schedule.

Post-Traumatic Stress Disorder - Terrorism

If an **insured person** directly witnesses an **event** amounting to an act of terrorism during the **operative time** and without sustaining **bodily injury** suffers post-traumatic stress disorder (as diagnosed by a suitably qualified **medical practitioner**) resulting within 6 months of the **event** in **temporary total disablement** **we** will pay **you** 50% of the amount payable under benefit 6 but not exceeding the amount stated in the schedule.

Provided always that this clause will apply only where cover in respect of **temporary total disablement** is stated in the schedule as operative.

Professional Counselling Benefit

If during the **operative time** the **insured person** sustains **bodily injury**, **we** will pay the **insured person** up to the sum insured in the schedule for the reasonable expenses necessarily incurred for professional psychological counselling treatment provided that **we** are made aware of the treatment in writing.

Prosthetic Limbs

If **we** make a payment for **loss of limb(s)** (one or more) and/or **loss of sight** (in one or both eyes) **we** will also pay **you** up to a maximum amount stated in the schedule to acquire and have fitted a prosthetic limb, or to replace an existing prosthetic limb, provided it is deemed medically necessary for them to do so.

Where a claim results in more than one prosthetic limb being required an aggregate limit of the amount stated in the schedule multiplied by two (2) will apply.

Retraining Expenses - Insured Person or Partner

If **we** make a payment for **permanent total disablement** **we** will also pay **you** up to a maximum amount stated in the schedule for reasonable expenses necessarily incurred in retraining the **insured person** for an alternative occupation. In the event of the **insured person** being unable to undertake retraining for any alternative occupation **we** will pay **you** up to a maximum amount as stated in the schedule for reasonable expenses incurred in retraining the **insured person's partner** for a new or alternative occupation.

Travel to Work Expenses

In the event that an **insured person** sustains **bodily injury** that results in **loss of limb(s)** (one or more) or **loss of sight** in both eyes or **permanent partial disablement** or **temporary total disablement** or **temporary partial disablement**, **we** will pay **you** or the **insured person** up to the sum insured in the schedule for reasonable expenses necessarily incurred for the services of a chauffeur or taxi to convey the **insured person** between their usual place of employment and their home.

Insured

Corporate Events Cover – Employees and Guests Personal Accident

The **operative time** includes participation by **employees** and **your** guests in corporate events including expensed business meals.

Provided always that:

- a) the benefit will be restricted to benefits 1, 2, 3 and 4 of the schedule; and
- b) the amount payable will be the amount shown in the schedule for Corporate Event Cover except where the

employee is an **insured person** when the amount payable will be the appropriate personal accident benefit or the amount shown in the schedule for Corporate Events Cover, whichever is the greater.

Corporate Reputation Protection

Via **Zurich Assistance we** will provide internal and external stakeholder communications support, brand rehabilitation and recovery services or any other appropriate public relations support to help **you** to manage a public relations crisis which has resulted directly in connection from the death, **total loss of hearing, loss of limb, loss of sight or total loss of speech** of one or more **insured persons**.

You must contact **Zurich Assistance** on: +44 (0)1489 868 988 as soon as is reasonable where it is **your** intention to use the assistance services provided under this benefit.

The maximum amount **we** will pay in respect of any one incident is as per the amount stated in the schedule.

Hero Accidental Death

We will pay the amount shown in the schedule in the **event** that an individual (who is not an **insured person**, or a member of the emergency services) sustains a **bodily injury** resulting in Accidental Death or **Permanent Total Disablement** whilst attempting to save the life of an **insured person**. **We** will pay a maximum of GBP 125,000 for all persons in any one **event**.

Personnel Replacement Expenses

If an **insured person** sustains **bodily injury** resulting in death or **permanent total disablement** during the **operative time we** will pay **you** up to a maximum amount as stated in the schedule for reasonable costs necessarily incurred within 26 weeks of the date of loss in employing a temporary **employee** recruited through a registered recruitment company in order to directly replace the **insured person**.

Recruitment Expenses

In the event that an **insured person** sustains **bodily injury** that results in death or **permanent total disablement** during the **operative time we** will pay **you** up to the sum insured stated in the schedule for reasonable expenses necessarily incurred in employing a registered recruitment company to recruit a permanent **employee** as a direct replacement for the **insured person**.

Suicide - Recruitment Costs

In the event of the death of a **director** or **employee** as a result of their suicide or the **permanent total disablement** of a **director** or **employee** as a result of their attempted suicide **we** will pay **you** up to a maximum amount stated in the schedule for authorised and documented costs incurred in engaging a replacement **director** or **employee**.

Visitors Personal Accident

If a **visitor** suffers **bodily injury** while on any premises or at any site of **yours** that within 24 months results solely and independently of any other cause in their death or **loss of limb we** will pay **you** the amount stated in the schedule.

Family of Insured Person

Childcare Costs and Domestic Staff Expenses

In the event of a claim being agreed by **us** for **temporary total disablement we** will indemnify **you** on behalf of the **insured person** for childcare costs and **domestic staff** expenses up to a maximum of the amount stated in the schedule per week for a maximum period of 26 weeks or until the date of return full time to **usual occupation** whichever is the lesser period.

Compassionate Travel Personal Accident

Where up to two relatives or friends on medical advice from a qualified medical practitioner are advised to travel to or remain with an **insured person** who is admitted to hospital as an in-patient as a result of **bodily injury** sustained during the **operative time we** will consider those relatives or friends as **insured persons** during the period of such travel or stay with the following benefits applying:

- a) **loss of limb** (one or more)
- b) **loss of sight** (one or both eyes)

- c) **total loss of hearing** (in both ears)
- d) **total loss of speech**
- e) **permanent total disablement**

up to a maximum amount stated in the schedule resulting from any one **event**.

Provided always that such relatives or friends are not included in any other category of **insured person**.

Dependents Benefit

If a payment is made under benefit 1 **we** will pay **you** an amount per **child** of 5% of the amount stated under benefit 1 subject to a maximum amount stated in the schedule per **child** and up to a total of 10% of the amount stated under benefit 1 or the amount stated in the schedule whichever is the lesser.

Dependent Adult Benefit

If a payment is made under benefit 1 and there is a **dependent adult**, **we** will pay **you** the amount in the schedule for the **dependent adult** benefit in addition to the payment for benefit 1. This benefit is limited to two **dependent adults** per **insured person**.

Director's Family Personal Accident

When **directors** or business partners are covered on a 24 hour basis, at any time during the period of insurance **we** will provide cover to their **partner(s)**, **child(ren)**, and **domestic staff** for the following benefits:

- a) **loss of limb** (one or more)
- b) **loss of sight** (one or both eyes)
- c) **total loss of hearing** (in both ears)
- d) **total loss of speech**
- e) **permanent total disablement**.

Cover is provided up to the amount stated in the schedule.

Domestic Travel Expenses

If an **insured person** sustains **bodily injury** while on a **journey** during the **operative time** and requires an in-patient hospital admission within the **insured person's country of permanent residence** or **country of secondment** **we** will pay **you** up to a maximum amount stated in the schedule for all reasonable costs necessarily incurred for:

- a) travel, sustenance and accommodation expenses for up to two (2) nominated persons who on medical advice are required to travel to or remain with the **insured person** until the **insured person's** return to the place where the **insured person** permanently resides within the country where they are an in-patient
- b) the return transportation of the **insured person** to the place where the **insured person** permanently resides within the country where they are an in-patient
- c) the transportation of the **insured person** to their final resting place within their **country of permanent residence** or **country of secondment** in the event of the death of the **insured person** as a result of such **bodily injury**.

Employee's Family Travel

We will consider as **insured persons** the **partners** or **children** of **employees** accompanying, travelling independently to join, or returning from being with such **employees** that are on a **journey** or an **incidental holiday** with the following benefits applying:

- a) **loss of limb** (one or more)
- b) **loss of sight** (one or both eyes)
- c) **total loss of hearing** (in both ears)
- d) **total loss of speech**
- e) **permanent total disablement**

up to a maximum stated in the schedule resulting from any one **event**.

Executor Expenses

In the event that an **insured person** sustains **bodily injury** during the **operative time** that results in death **we** will on the production of an interim death certificate indemnify **you** up to the sum insured in the schedule for any reasonable expenses necessarily incurred as a direct consequence of the death of the **insured person** which require immediate payment by the executor to the estate of the **insured person** whilst the administration of the estate is being arranged.

Family Counselling Benefit Following Accidental Death

If during the **operative time** the **insured person** suffers death as the result of **bodily injury**, **we** will pay up to the sum insured in the schedule for the cost of professional psychological counselling treatment for their **partner** and/or **child(ren)** provided that **we** are made aware of the treatment in writing.

Independent Financial and Tax Advice

If an **insured person** sustains a **bodily injury** which results in a claim for the benefits listed below, **we** will pay the **insured person** or their estate upon their request up to the amount stated in the schedule to cover the fees charged by an **independent financial adviser** who is authorised and regulated by the Financial Conduct Authority, to provide the **insured person** or their estate with professional financial and tax advice:

- a) **loss of limb** (one or more)
- b) **loss of sight** (one or both eyes)
- c) **total loss of hearing** (in both ears)
- d) **total loss of speech**
- e) **permanent total disablement**.

Partner Disability Benefit

In the event that the **partner** of an **insured person** sustains **bodily injury** and where this results in **hemiplegia**, **paraplegia**, **quadriplegia** or **triplegia** **we** will pay **you** up to the amount stated in the schedule.

Simultaneous Death of Insured Person and Partner

Where **bodily injury** results in the death of an **insured person** and their **partner** in a single **event** and there is a **child** **we** will pay **you** 2.5 times the amount stated under benefit 1 but not more than the amount stated in the schedule.

Travel to Hospital Expenses

In the event that an **insured person** sustains **bodily injury** that results in **loss of limb** (one or more) or **loss of sight** in both eyes or **loss of hearing** or **loss of speech** or **permanent total disablement** or permanent partial disablement as insured under **Medical Expenses – Personal Accident** or **temporary total disablement** or **temporary partial disablement** **we** will pay **you** up to the sum insured in the schedule for reasonable expenses necessarily incurred for taxi, the services of a chauffeur or other additional travel costs to convey a **partner**, **child** or parent of the **insured person** from the home of the **insured person** to a hospital where the **insured person** is an in-patient up to a maximum period of 52 weeks.

Exclusions to Section 2

This section does not cover:

1. **Excluded Causes**

any sickness or disease, any naturally occurring or degenerative condition, any gradually operating cause (except for homeworking benefits) or post-traumatic stress disorder other than as a direct result of **bodily injury** or as provided for under Post-Traumatic Stress Disorder - Terrorism

2. **Non-Passenger Air Travel**

any loss or expenses arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft

3. **Suicide or Self-Injury**

any loss or expenses arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury other than as provided under Suicide - Recruitment Costs.

Section 3 - Heart Attack and Stroke

The Cover

If an **insured person** sustains a **heart attack** or **stroke** that solely and independently of any other cause results in death while undertaking a **journey** with destinations outside the **insured person's country of permanent residence**, we will pay **you** the amount shown in the schedule for Section 2, benefit 1 for accidental death up to a maximum of GBP 300,000 per **insured person**.

Cover shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continue until arrival back at the place of residence or the place of employment (whichever occurs first) and includes **incidental holiday**.

In respect of any one **insured person** a benefit will not be payable under Section 2 benefit 1 if a claim is made under this section, and vice versa.

The benefit for **partners** and **children** under this section will match the benefit shown in the schedule for the **insured person** they are accompanying. The benefit for **children** under this section will not exceed GBP 25,000.

Exclusions to Section 3

This section does not cover:

- 1. Over 65s**
any **insured person** that has attained the age of 66 or over
- 2. Pre-existing Medical Conditions**
Any cardiovascular disease, that caused the **heart attack** or **stroke** leading to the **insured person's** death, for which an **insured person** has been treated, sought advice or subsequently been diagnosed in the 12 months prior to a **journey** being booked or commencing.
- 3. Travelling Against Medical Advice**
any **insured person** travelling or intending to travel against the advice of a **medical practitioner**
- 4. Travelling for Medical Treatment or Advice**
any **insured person** travelling or intending to travel for the purpose of obtaining medical treatment or medical advice.

Section 4 - Overseas Medical and Travel Expenses

The Cover

We will pay **you** or the **insured person** for **overseas medical expenses** and **travel expenses** and **emergency repatriation expenses** incurred as a direct result of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** during the **operative time** for a period not exceeding 24 months from the date of the **bodily injury** or first diagnosis of the illness up to the sum insured in the schedule.

Provided always that **you** or an **insured person** must contact **Zurich Travel Assistance** as soon as reasonable if illness or **bodily injury** results in the need for in-patient hospital treatment.

Compassionate Travel Expenses

In the event of an **insured person** being hospitalised as a result of serious illness or injury (as determined by **Zurich Travel Assistance**) we will pay for reasonable additional travel and accommodation expenses incurred by up to two relatives or friends to visit the **insured person**, up to the sum insured in the schedule. Cover under Sections 4, 6 and 7 will be provided for those travelling at the same level of benefit as in place for the **insured person**.

Foreign Coma Benefit

In the event of an **insured person** while on a **journey** becoming ill or sustaining **bodily injury** resulting in a state of continuous unconsciousness outside their **country of permanent residence** or **country of secondment** we will pay **you** the amount stated in the schedule for each day of continuous unconsciousness up to a maximum period of 104 weeks.

Foreign Funeral Expenses

In the event of the death of an **insured person** while on a **journey** we will pay up to a maximum amount stated in the schedule for the reasonable cost of funeral expenses necessarily incurred outside the **insured person's country of permanent residence** or **country of secondment**.

Foreign Hospital Confinement Benefit

In the event of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** outside their **country of permanent residence** or **country of secondment** resulting in their admission to hospital as an in-patient on the advice of a **medical practitioner** we will pay **you** the amount stated in the schedule for each day up to a maximum period of 52 weeks.

Home Country Repatriation Expenses

In the event of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** within the **United Kingdom** or the **insured person's country of permanent residence** or **country of secondment** and as a direct result requiring hospital treatment as an in-patient we will pay **you** for the reasonable costs necessarily incurred of transporting the **insured person** and accompanying medical staff by private ambulance or air ambulance to a hospital local to the **insured person's** home address up to the amount stated in the schedule.

Pet Care Following Overseas Hospitalisation

In the event of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** outside their **country of permanent residence** or **country of secondment** resulting in their admission to hospital as an in-patient on the advice of a **medical practitioner**, and as a result their return **journey** is delayed for more than 24 hours, we will pay **you** for any necessary cattery or kennel fees or similar reasonable pet care fees for pets owned by the **insured person**, up to the amount shown in the schedule.

Premature Childbirth

In the event of the premature birth of a **child** to an **insured person** while on a **journey** outside of the **insured person's country of permanent residence** or **country of secondment** during the **operative time** we will pay **you** up to the sum insured in the schedule for the **overseas medical expenses** and repatriation expenses actually incurred in respect of the prematurely born **child**.

Search and Rescue Expenses

Where an **insured person** is reported missing to the appropriate authorities during a **journey** we will pay **you** on behalf of the **insured person** for costs incurred by recognised rescue authorities in searching for and rescuing the **insured person** up to a maximum amount stated in the schedule per **insured person** provided always that **we** will not pay more than GBP 100,000 irrespective of the number of **insured persons** involved in one **event** and GBP 250,000 irrespective of the number of **events** throughout the period of insurance.

Supplementary Hospital Expenses

In the event of a valid claim under this section **we** will pay the reasonable costs of hospital in-patient medical charges necessarily incurred within the three (3) months immediately following the date of return to the **insured person's country of permanent residence** or **country of secondment** up to the amount stated in the schedule.

Exclusions to Section 4

This section does not cover:

1. Non-Passenger Air Travel

any expense arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft

2. Other Insurances

any expense which has been recovered from:

- a) any other insurance policy in **your** name or the **insured person's** name
- b) any national insurance programme which is applicable to the **insured person**

3. Suicide or Self-Injury

any expense arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury except the reasonable costs necessarily incurred in transporting the **insured person's** body or ashes back to their **country of permanent residence** or **country of secondment**

4. Travelling Against Medical Advice

any expense incurred if an **insured person** is travelling or intending to travel against the advice of a **medical practitioner**

5. Travelling for Medical Treatment or Advice

any expense incurred if an **insured person** is travelling or intending to travel for the purpose of obtaining medical treatment or medical advice

6. Unapproved Emergency Repatriation Expenses

any **emergency repatriation expenses** incurred without the prior consent of **Zurich Travel Assistance**

7. Unapproved Hospital Treatment

any hospital treatment provided on an in-patient basis where the **insured person** has not made all reasonable attempts to obtain the prior consent of **Zurich Travel Assistance** or obtained the consent of **Zurich Travel Assistance** at the first opportunity after such treatment.

Section 5 - Travel, Security and General Assistance

Travel Assistance

The Cover

The cover provided under this section applies where Sections 4, 6, 7, 9, 10, 11 and the security assistance provided in this section are operative and includes a range of assistance services supported by the **Zurich Travel Assistance** 24 hour helpline.

Please note that these services are supplied by third parties who are contracted to Zurich.

A) Medical and Other Assistance

In the event that an **insured person** is travelling on a **journey** during the **operative time** and requires assistance they should contact the emergency helpline:

+44 (0)1489 868 888

The helpline is manned 24 hours a day 365 days a year by multi-lingual assistance co-ordinators experienced in managing medical assistance cases with hospitals and clinics worldwide.

You or an **insured person** must contact **Zurich Travel Assistance** as soon as reasonable if illness or **bodily injury** results in the need for in-patient hospital treatment.

We will not pay for any **emergency repatriation expenses** incurred without the prior consent of **Zurich Travel Assistance** or for any hospital treatment provided on an in-patient basis where the **insured person** has not made all reasonable attempts to obtain the prior consent of **Zurich Travel Assistance** or obtained the consent of **Zurich Travel Assistance** as soon as reasonable.

When seeking medical or travel assistance please make sure the following information is available:

- a) the **insured person's** name
- b) the telephone or facsimile number where an **insured person** can be contacted
- c) the **insured person's** address abroad
- d) the nature of the emergency or the assistance required
- e) the name of the **insured person's** company, employer or organisation.

The medical assistance services provided are:

Air Ambulance

The medical assistance service has the resources to provide repatriation by air ambulance or scheduled airline services depending on the circumstances. If necessary this can include a fully qualified medical escort.

Direct Billing

The medical assistance service has the ability to arrange direct billing with a network of hospitals and clinics worldwide which guarantees the payment for treatment provided.

Emergency Medical Supplies

Assistance in locating and forwarding medicine or medical equipment that might be unavailable locally.

Emergency Travel Assistance

Where an **insured person** falls ill or sustains **bodily injury** during a **journey** and the attending **medical practitioner** recommends that two relatives or friends travel to and remain with the **insured person** assistance will be provided in making the travel and accommodation arrangements.

Medical Referral

Where out-patient treatment is required referral can be made to a suitable hospital, doctor or dentist. With access to a team of highly qualified medical consultants advice can be provided on a range of medical conditions.

Medical Staff

The medical assistance service has a team of medical consultants and nursing staff on hand at any time to coordinate any medical assistance cases, arranging hospital admissions and ensuring that the most appropriate treatment is provided.

The medical assistance services also include a range of additional services which are summarised below:

Emergency Cash Advance

Assistance in replacing cash lost or stolen during a **journey**. The value of any cash advance will be deducted from any subsequent claim under Section 7. Where no claim is made the value of the cash advanced will be reimbursed by **you** to **us** upon completion of the **journey**.

Emergency Message Communication

Forwarding on messages to family and business colleagues in an emergency.

Legal Referral

The service enables the **insured person** to have access to an Embassy or Consulate if legal assistance is required including referral to an English speaking lawyer. Assistance can also be provided in facilitating the payment of bail subject to a satisfactory financial guarantee of reimbursement.

Lost Ticket and Baggage Location

Assistance in replacing lost or stolen tickets, passport or other travel documents and assistance in locating lost or delayed luggage.

On-line Information

A web information service is also available and accessed at: <http://www.zurich.co.uk/business/zurichtravelassistance> and provides valuable medical and travel information including online country guides that provide security information reflecting the situation in numerous territories. Access is gained by entering **your** policy number when prompted.

Travel Advice

The **insured person** has access to a wealth of helpful and relevant information including currency and banking information, visa details, health requirements and reciprocal health agreements.

Vehicle Return

The assistance service can organise the return of a rental or privately owned vehicle where an **insured person** falls ill or sustains **bodily injury** during a **journey**.

B) Airport Breakdown Assistance (Motor)

Insured persons have access to roadside assistance in the event of their own private vehicle in which they are travelling to or from an airport in the **United Kingdom** suffering a breakdown or accident where their intention is to catch a flight in connection with a **journey**.

We will arrange for a mechanic and/or a taxi to attend the **insured person** in order to repair or recover the vehicle or to transport the **insured person** to the airport.

This is an arrangement service only. All third party costs must be borne by **you** or the **insured person** who will be made aware of this during the call.

This service is available by contacting **Zurich Travel Assistance** on: **+44 (0)1489 868 888**.

C) Home Emergency

If while the **insured person** is undertaking a **journey** outside the **United Kingdom** and is made aware of a domestic emergency at their private residence they can contact **Zurich Travel Assistance** to organise an emergency repair. This is an arrangement service only. All third party costs must be borne by **you** or the **insured person** who will be made aware of this during the call.

The **insured person** will need to be able to provide access to the premises and have the means available to pay for all costs upon completion of the work.

Within reason there are no limitations to the nature of services the **insured person** can request provided always that they should be on an emergency repair basis only and typically for plumbing, electrical or property fabric repairs in order to make the premises sound and secure.

This service is available by contacting **Zurich Travel Assistance** on: **+44 (0)1489 868 888**.

D) Check-In Service

A scheduled safety check service is available for **insured persons** undertaking a **journey** to countries with a heightened security risk. Specific protocols can be put in place so that if a response is not received emergency contacts will immediately be notified.

The cost of the service is to be met by **you** who will benefit from a 10% discount as **our** policyholder. **You** must allow at least five (5) working days' notice for **Zurich Travel Assistance** to arrange the necessary provisions and protocols.

This service is available by contacting **Zurich Travel Assistance** on: **+44 (0)1489 868 888**.

E) Meet and Greet Service

You may take advantage of this airport transfer service where an **insured person** can be provided with safe and comfortable transportation in high risk locations. All drivers are vetted and have an in depth local knowledge of the region to ensure the safety of their passengers remains paramount at all times. A quotation for a specific trip can be obtained by calling **Zurich Travel Assistance** on: **+44 (0)1489 868 888**. **You** will be responsible for all charges for the transport and greet services arranged but as **our** policyholder **you** will have access to a 10% discount on standard fees.

You must allow at least five (5) working days' notice for **Zurich Travel Assistance** to arrange the necessary provisions and protocols.

F) Airport Lounge Access

As **our** policyholder **you** have access to concessions for **your** personnel to enjoy the use of over 600 airport VIP lounges. **Insured persons** may take advantage of this special offer by joining online at:

<http://www.zurich.co.uk/business/zurichtravelassistance>

where various options on levels of membership are publicised along with available discounts. Options include access by accompanying guests.

Security Assistance

The Cover

We have partnered with security experts to provide **you** with a comprehensive range of complementary security services. The security assistance provided in this section are supported by the **Zurich Travel Assistance** 24 hour helpline.

Please note that these services are supplied by third parties who are contracted to Zurich.

Emergency Response

Where serious difficulties or a **life-threatening situation** arise during a **journey** abroad (personnel missing, attacked or kidnapped or a rapid deterioration in the safety of the location - as insured under Sections 10 and 11) a team of security specialists appointed by **Zurich Travel Assistance** will be available to assist **you** and **your** personnel with advice, kidnap negotiation and coordination of their return to safety.

Assistance Provided

In the event of an **insured person** becoming involved in a **life-threatening situation** while on a **journey** during the **operative time** we will pay **you** up to the maximum amount stated in the policy schedule for **security costs** in extracting the **insured person** from such a situation. Any incident that could give rise to a claim under this section must be notified immediately to **Zurich Travel Assistance**. Their contact number is +44 (0)1489 868 888.

Exclusions to Section 5 - Security Assistance

This section does not cover:

1. Dangerous Areas

any costs incurred in a country or part of a country where after commencement of a **journey** warnings to leave or evacuate had been given by the British Government through its Foreign, Commonwealth & Development Office, equivalent body in the **insured person's** country of residence or **Zurich Travel Assistance** but such warnings had not been heeded by the **insured person** in a reasonably timely manner

2. Debt or Fraud

any costs incurred where the **life-threatening situation** was due to the **insured person's** unpaid debt, or to a fraudulent, dishonest or criminal act committed by **you** or the **insured person**

3. Hijack or Kidnap

any claim associated with **hijack** or **kidnap**

4. Legal Liability

any sums which **you** become legally liable to pay as a result of any legal action for damages including legal costs incurred by **you** in defence of such action arising out of alleged negligence or incompetence in extracting an **insured person** from a **life-threatening situation** or in not preventing the involvement of an **insured person** in such a situation

5. Unnecessary Exposure to Danger

deliberate exposure of an **insured person** to danger.

Provisions to Section 5 - Security Assistance

1. Compulsory Use of Zurich Travel Assistance

Any extraction must be organised by **Zurich Travel Assistance** who will use the most suitable method including if necessary the attendance of a security specialist to accompany the **insured person**.

2. Immediate Contact

You or an **insured person** must contact **Zurich Travel Assistance** as soon as reasonable if a **life-threatening situation** arises.

3. Information Provision

You and the **insured person** must provide **Zurich Travel Assistance** with all information in a timely manner and must not make or attempt to make arrangements without the reasonable agreement of **Zurich Travel Assistance**.

4. Reimbursement of costs

You will reimburse **us** for all costs incurred in the event of security services being provided by **Zurich Travel Assistance** in good faith to a person that is not an **insured person**.

Travel Security Assistance

In the event that an **insured person** is travelling on a **journey** during the **operative time** and requires security assistance they should contact the emergency helpline:

+44 (0)1489 868 888

or visit <http://www.zurich.co.uk/business/zurichtravelassistance>

The security assistance services provided are:

Daily News

Subscription is available to email reports sent each weekday, covering political instability, civil unrest, disease outbreaks, crime patterns and terrorism news from around the world. Please subscribe/unsubscribe for these reports at:

<http://www.zurich.co.uk/business/zurichtravelassistance>

Travel Security Website

Security information on over 180 countries worldwide via the **Zurich Travel Assistance** website at:

<http://www.zurich.co.uk/business/zurichtravelassistance>.

Travel Security and Safety Briefings for High Risk Destinations

With 48 hours' notice the security partner of **Zurich Travel Assistance** will provide **your** personnel with a security briefing tailored for their travel itinerary for high risk destinations subject to a maximum of two (2) briefings per trip or group booking. This will cover the risks, preventative measures and important contact details **your** personnel require to help them remain safe while abroad on a **journey**. For all standard destinations the **Zurich Travel Assistance** website at:

<http://www.zurich.co.uk/business/zurichtravelassistance> is available.

Please contact **Zurich Travel Assistance** on: **+44 (0)1489 868 888**.

General Assistance

The cover provided here applies where Section 2 - Corporate Personal Accident is operative and includes a range of assistance services supported by the **Zurich Assistance** 24 hour helpline on **+44 (0)1489 868 988**.

Please note that these services are supplied by third parties who are contracted to Zurich.

Counselling and Support Services

Insured persons may access a wide range of personal support services providing practical information, resources and counselling to help them balance their work, family and personal life.

Topics include but are not limited to the following:

- Work-life balance
- Relationships
- Childcare
- Health and well-being
- Debt
- Disability and illness
- Careers
- Bereavement and loss
- Stress
- Elder care
- Life events
- Immigration
- Anxiety and depression
- Family issues
- Bullying and harassment
- Education
- Consumer rights
- Workplace pressure

Support is for up to six (6) telephone sessions within three (3) weeks of the first session available by contacting **Zurich Assistance** on **+44 (0)1489 868 988**.

Medical Second Opinion

Insured persons may gain access to a medical second opinion on any critical illness they are suffering. This illness must be serious in nature and the **insured person** must already be under the care of a medical consultant who has recommended treatment, medication, surgery or other relevant measures. The second opinion service is arranged via **our** partner who has a network of medical professionals who will review the **insured person's** results and reports (to be supplied by the **insured person**) and offer a written assessment to the **insured person**.

This assessment is for information purposes only and the **insured person** is under no obligation to act on it.

An initial telephone interview may be arranged by contacting **Zurich Assistance** on: **+44 (0)1489 868 988**.

Section 6 - Personal Property

The Cover

We will pay **you** or the **insured person** up to the sum insured in the schedule in the event of loss of or damage to **personal property** on a **journey** during the **operative time** subject to a single article limit for each lost or damaged article as stated in the schedule.

Delayed Personal Baggage

We will pay **you** or the **insured person** up to a maximum amount stated in the schedule for any reasonable expenses necessarily incurred in purchasing essential replacement items if while on a **journey** during the **operative time** an **insured person's personal property** is temporarily lost for more than 4 consecutive hours during the outward or onward trip of the **journey**. Any payment **we** make will be deducted from the total amount payable under this section if the **personal property** is permanently lost.

Loss of Keys

We will pay **you** or the **insured person** for the replacement of the lock mechanisms up to the amount stated in the schedule if the keys to the external doors, safes or alarms of the **insured person's** normal place of residence are lost, damaged or stolen while on a **journey** during the **operative time**.

Loss of Vehicle Key

We will pay **you** or the **insured person** for the replacement of a key to the **insured person's** vehicle up to the amount stated in the schedule if the key is lost, damaged or stolen while on a **journey** during the **operative time**.

Passport or Visa Loss During a Journey

We will pay **you** or the **insured person** up to the amount stated in the schedule for reasonable additional travel and accommodation expenses necessarily incurred including any charges levied by the issuing office for a replacement passport or visa if an **insured person** loses or damages their passport while on a **journey** during the **operative time**.

Pre-journey Loss of Passport or Visa

We will pay **you** or the **insured person** up to the amount stated in the schedule for reasonable additional travel and accommodation expenses necessarily incurred including any charges levied by the issuing office for a replacement passport or visa if the **insured person's** passport or visa is stolen within the 7 day period immediately prior to the planned commencement of a **journey**.

Provided always that the **insured person** reports the theft of the passport or visa to the Police or other appropriate authorities and obtains a written loss report from them.

Additional Cover

Single Article Benefit Extension Option

We will pay for loss of a single article above the amount stated in the schedule, provided that **you** or the **insured person** bears the first 25% of the proportion of single article above the benefit stated in the schedule.

This extension is not available to **insured persons** in their **country of secondment**.

Exclusions to Section 6

This section does not cover:

1. **Changes in Environment, Moth or Vermin, Mechanical or Electrical Failure and Process Risks**
loss of or damage due to moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration, mechanical or electrical failure or any process of cleaning, restoring, repairing or alteration
2. **Confiscation or Detention**
loss due to confiscation or detention by customs or any other competent authority
3. **Excluded Property**
loss of or damage to vehicles, their accessories, spare parts or trailers
4. **Loss from Unattended Vehicles**
loss of **personal property** from any unattended vehicle unless the **personal property** was out of sight in a glove box or luggage compartment and the vehicle was locked when unattended.

Provision to Section 6

New for Old

Where **we** agree to replace **personal property** that is lost or beyond repair **we** will pay on the basis of a new item that is substantially the same as the item lost or beyond repair and **we** will not deduct an amount for wear and tear.

Assistance Services

We will also provide assistance in replacing lost or stolen tickets, passport or other travel documents and assistance in locating lost or delayed luggage.

Section 7 - Money

The Cover

We will pay **you** or the **insured person** up to the sum insured in the schedule in the event of loss of or damage to **money** or financial loss suffered as the result of the fraudulent use of credit, debit or charge cards on a **journey** during the **operative time**. In respect of **money** cover is extended to 120 hours immediately preceding the commencement of a **journey** and for 120 hours immediately following its completion.

Additional Cover

Lost Money Benefit Extension Option

We will pay for loss of **money** above the amount stated in the schedule, provided that **you** or the **insured person** bears the first 20% of the proportion of **money** above the benefit stated in the schedule.

Conditions Applicable to Extension

- 1. Locked Storage**
Money applicable under this extension must be stored in hotel safes when not required.
- 2. Whilst in Transit**
The **money** must be stored in the **insured persons** carry-on baggage whilst in transit.

Exclusion Applicable to Extension

This extension does not cover:

- 1. Secondees**
insured persons in their **country of secondment**.

Exclusions to Section 7

This section does not cover:

- 1. Cash Limitation**
more than the cash limitation per **insured person** stated in the schedule in respect of loss of cash
- 2. Confiscation or Detention**
loss due to confiscation or detention by customs or any other authority
- 3. Failure to Comply with Credit, Debit or Charge Card Terms and Conditions**
loss arising from fraudulent use of a credit, debit or charge cards unless the **insured person** has complied where it was reasonably possible with all the terms and conditions under which the card was issued
- 4. Loss from Unattended Vehicles**
loss of **money** from any unattended vehicle unless the **money** was out of sight in a glove box or luggage compartment and the vehicle was locked when unattended
- 5. Money Shortages and Depreciation**
devaluation of currency or shortages due to errors or omissions during monetary transactions.

Assistance Services

We will also provide assistance in replacing cash lost or stolen during a **journey**.

Provided always that:

- a) the value of any cash advanced will not exceed GBP 3,000 and will be deducted from any subsequent claim under this section
- b) where the value of the cash advanced exceeds the amount of any subsequent claim under this section **you** will reimburse **us** the difference between the value of the cash advance and the amount of such claim
- c) where no claim is made the value of the cash advanced will be reimbursed in full by **you** to **us** upon completion of the **journey**.

Section 8 - Electronic Business Equipment

The Cover

We will pay **you** up to the sum insured in the schedule in the event of loss of or damage to **electronic business equipment** on a **journey** during the **operative time**.

Exclusions to Section 8

This section does not cover:

- 1. Changes in Environment, Moth or Vermin, Mechanical or Electrical Failure and Process Risks**
loss or damage due to moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration, mechanical or electrical failure or any process of cleaning, restoring, repairing or alteration
- 2. Confiscation or Detention**
loss due to confiscation or detention by customs or any other authority
- 3. Excess**
the amount stated in the schedule of any loss or damage occurring to **electronic business equipment**
- 4. Loss from Unattended Vehicles**
loss of **electronic business equipment** from any unattended vehicle unless the **electronic business equipment** was out of sight in a glove box or luggage compartment and the vehicle was locked when unattended
- 5. Other Insurances**
loss of or damage to **electronic business equipment** which is insured under any other insurance policy.

Section 9 - Cancellation, Curtailment, Rearrangement and Replacement Expenses

The Cover

If during the **operative time** or between the confirmed booking of the **journey** and the **operative time** any part of the pre-booked travel arrangements for a **journey** are cancelled, curtailed or rearranged as a direct result of any cause outside the control of **you** or the **insured person** we will pay **you** or the **insured person** up to the sum insured in the schedule and subject to the **cancellation or curtailment limit** for:

- a) deposits, advance payments and other charges which have not been and will not be used but which become forfeit or payable under contract or cannot be recovered elsewhere
- b) reasonable additional travel and accommodation expenses necessarily incurred, including as a result of enforced and unexpected quarantine following regulation or official instructions from public authorities or governments in either the **insured person's** home country or destination country of travel
- c) the reasonable costs of an **insured person** to returning to attend the funeral of a close relative or business associate in their **country of permanent residence** or **country of secondment**
- d) an **employee** to return to their **country of secondment** after having had to leave their **country of secondment** due to a medical emergency or the death of a family member in another country
- e) reasonable additional travel expenses incurred for an **insured person** to curtail their **journey** in the event of the British Government through its Foreign, Commonwealth & Development Office, or equivalent body in the **insured person's** country of residence, issuing advice recommending that travellers should leave the country or region in which the **insured person** is travelling due to a medical epidemic or pandemic.

Missed International Connection and Missed Departure

We will pay **you** or the **insured person** up to the sum insured in the schedule for the reasonable additional costs of travel, accommodation and subsistence necessarily incurred less any amount recoverable elsewhere if an **insured person** suffers a **missed international connection** or **missed departure** during the **operative time**.

Provided always that in respect of **missed international connection** or **missed departure**:

- a) an **insured person** must obtain written confirmation from the relevant travel provider detailing the actual time of arrival of the **conveyance** at its destination and written confirmation from the connecting operator that the connection has been missed as a result of the late arrival of the **conveyance**
- b) an **insured person** must accept an alternative equivalent means of travel if this is offered by the travel provider within the period of delay.

Promotional Vouchers and Awards

We will pay **you** or the **insured person** up to the sum insured in the schedule and subject to the **cancellation or curtailment limit** in respect of a **journey** funded wholly or partially by promotional vouchers or awards which have been redeemed and which are non-refundable if during the **operative time** any part of the pre-booked travel arrangements for such **journey** are cancelled, curtailed or rearranged as a direct result of any cause outside the control of **you** or the **insured person**.

Replacement Expenses

We will pay **you** or the **insured person** up to the sum insured in the schedule for reasonable expenses limited to the cost of an air flight and other essential expenses necessarily incurred in sending a substitute person to complete the original **insured person's journey** if during the **operative time** any part of the pre-booked travel arrangements for a **journey** are cancelled, curtailed or rearranged as a direct result of any cause outside the control of **you** or the **insured person**.

Travel Delay

If the departure of a **conveyance** on which an **insured person** is booked to travel in order to get to their planned destination at the commencement, onward connection or completion of a **journey** is delayed due to strike, industrial action, adverse weather conditions, technical issues or mechanical breakdown we will pay the **insured person** the amount stated in the schedule.

Travel Delay Caused by Natural Catastrophe

If the departure of a **conveyance** on which an **insured person** is booked to travel in order to get to their planned destination at the commencement, onward connection or completion of a **journey** is delayed due to a **natural catastrophe** we will pay the **insured person** the amount stated in the schedule in excess of the first 4 hours delay.

Exclusions to Section 9

This section does not cover:

- 1. Cancellation Before Policy Inception**
any loss arising from cancellation of pre-booked travel arrangements for a **journey** where the cause of the cancellation occurs prior to the period of insurance
- 2. Cancellation or Curtailment of an Event held by You**
any loss arising from the cancellation or curtailment of an event held by **you** or a subsidiary or parent company of **you**, where the circumstances which gave rise to this cancellation or curtailment were within **your** control
- 3. Default or Financial Failure of Transport or Accommodation Provider or Agent**
any expense arising from the default or financial failure of any provider or their agent of transport or accommodation or any agent acting for **you** or the **insured person**
- 4. Disinclination to Travel**
any expense incurred solely as a result of disinclination to travel or to continue the **journey**
- 5. Failure to Check-in**
the failure of the **insured person** to check in for any **journey** according to the itinerary supplied unless due to fortuitous circumstances beyond the control of the **insured person**
- 6. Financial Circumstances**
any expense incurred due to **your** or the **insured person's** financial circumstances
- 7. Non-Passenger Air Travel**
any loss or expenses arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft
- 8. Other Insurances**
any loss which is insured under any other insurance policy
- 9. Pre-existing Circumstances**
any expense due to:
 - a) failure of the means of transport other than disruption of road or rail services by avalanche, landslide, snow or flood
 - b) **natural catastrophe**, strike, labour dispute or mechanical breakdownwhich existed or for which advanced warning had been given prior to the date on which the **journey** was booked
- 10. Prior Redundancy or Termination of Employment**
any expense incurred as a result of the **insured person's** redundancy or the termination of their employment more than 31 days prior to a **journey** taking place
- 11. Public Authority or Government Regulations**
any loss or expense incurred for trips in contravention of Public Authority or Government regulation, or official advice not to travel, which existed in either an **insured person's** home country or country of destination at the time the trip was booked (unless the claim is as a result of a change in regulation or advice).
- 12. Suicide or Self-Injury**
any loss or expense arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury
- 13. Travelling Against Medical Advice or for Medical Treatment or Advice**
any expense incurred if an **insured person** is travelling or intending to travel against the advice of a **medical practitioner** or for the purpose of obtaining medical treatment or medical advice
- 14. Withdrawal from Service of Aircraft or Ship**
any claim for cancellation following delay to an aircraft or ship if the delay is due to withdrawal from service temporarily or permanently on the orders of any port authority or the Civil Aviation Authority or any similar body in any country.

Provision to Section 9

Event Limit

The total amount payable under this section in respect of any one **insured person** arising from any one **event** will not exceed the sum insured stated in the schedule.

If the total amount of all claims under this section for loss and expense arising out of any one **event** exceeds the **cancellation or curtailment limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **cancellation or curtailment limit**.

Section 10 - Kidnap, Hijack and Ransom

The Cover

We will pay **you** up to the sum insured in the schedule for ransom and **consultants' costs** incurred solely and independently as a result of **kidnap** occurring on a **journey** during the **operative time** and while outside the **insured person's country of permanent residence** or **country of secondment**. Any incident that could give rise to a claim under this section must be notified immediately to **Zurich Travel Assistance**. Their contact number is **+44 (0)1489 868 888**.

Provided always that:

- a) **we** will not pay for more than the **kidnap aggregate limit**
- b) in the event of any circumstances that could give rise to a claim under this section **you** will give notice to **Zurich Travel Assistance** by the most expeditious means and provide **Zurich Travel Assistance** with all assistance and information in a timely manner.

Hijack

We will pay **you** up to the amount stated in the schedule for each day that an **insured person** is unjustly, forcibly or unlawfully held captive.

Exclusions to Section 10

This section does not cover:

1. **Claims by Parent or Guardian**
any claim for a **child** by its parent or guardian
2. **Damages and Legal Costs**
any sums **you** become legally liable to pay as the result of any legal action for damages including legal costs incurred by **you** in defence of such action as the result of:
 - a) alleged negligence or incompetence in hostage retrieval operations or negotiations following **kidnap**
 - b) alleged negligence in not preventing **kidnap**
3. **Excluded Territories**
any **kidnap** which occurs in the **excluded territories - kidnap**
4. **Fraudulent, Dishonest or Criminal Acts**
loss due to any fraudulent, dishonest or criminal act committed or attempted by **you** or any **director, employee** or authorised representative of **you** including any person who has custody of any ransom monies
5. **Prior Cancellation or Declinature of Kidnap Insurance**
any claim if **you** or the **insured person** have had kidnap insurance declined or cancelled.

Section 11 - Political and Natural Disaster Evacuation

The Cover

We will pay **you** up to the sum insured in the schedule for the reasonable costs necessarily incurred while an **insured person** is travelling on a **journey** during the **operative time** outside their **country of permanent residence** or **country of secondment** to evacuate the **insured person** to their **country of permanent residence** or **country of secondment** or the nearest place of safety when:

- a) officials of the country to or in which the **insured person** is travelling on a **journey** recommend that certain categories of person including the **insured person** should leave that country for safety reasons
- b) the British Government through its Foreign, Commonwealth & Development Office, or equivalent body in the **insured person's** country of residence, issues a travel advice for a particular country or region in which the **insured person** is travelling on a **journey** recommending that certain categories of person including the **insured person** should leave that country or region
- c) the **insured person** is expelled or declared persona non grata in the country where the **insured person** is travelling on a **journey**
- d) following a natural disaster a state of emergency is declared in the country where the **insured person** is travelling on a **journey** necessitating immediate evacuation
- e) a state of emergency has been declared in the country where the **insured person** is travelling on a **journey** necessitating immediate evacuation
- f) the **insured person's** property is seized, confiscated or expropriated during a **journey**.

Provided always that **you** or an **insured person** must contact **Zurich Travel Assistance** as soon as reasonable if evacuation becomes necessary.

Accommodation Expenses

In the event that the **insured person** is unable to return to their **country of permanent residence** or **country of secondment** **we** will pay **you** for reasonable accommodation costs necessarily incurred up to a maximum of the amount and length of benefit period shown in the schedule.

Provided always that:

- a) where the **insured person** holds a valid return ticket to their **country of permanent residence** or **country of secondment** or to another place of safety **we** will only indemnify **you** or the **insured person** for any additional costs necessarily incurred to evacuate the **insured person**
- b) where the **insured person** is entitled to a refund on an unused ticket **we** will be entitled to deduct the value of the unused portion from the indemnity provided to **you** or the **insured person**
- c) in respect of any necessary air flight **we** will indemnify **you** or the **insured person** for the cost of an economy flight fare.

Exclusions to Section 11

We will not pay any benefit or provide any assistance in conjunction with **Zurich Travel Assistance** under this section if:

1. Breach of Contract, Bond or Licence

you or the **insured person** fail to honour any contractual obligation, bond or specific performance condition in a licence

2. Foreseeable Costs

the conditions leading to the **insured person's** departure were in existence prior to the **insured person** entering the country or where such conditions were reasonably foreseeable prior to the **insured person** entering the country on a **journey**

3. Missing or Invalid Documentation

the **insured person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the country in which a **journey** takes place

4. Nationality

the **insured person** is a national of the country in which they are on a **journey**

5. Property Repossession

property belonging to you or the **insured person** is repossessed by a titleholder or other interested party to satisfy any debt, insolvency, financial failure or other financial obligation of **yours** or of the **insured person**

6. Violation of Laws or Regulations

a) the **insured person** has committed any:

- i) act or alleged act which if committed by them in the **United Kingdom** or **country of permanent residence** would be a criminal offence
- ii) fraudulent or criminal act or alleged fraudulent or criminal act alone or in collusion with others in the territory in which a **journey** takes place and contravenes the laws of that territory

b) **you** or the **insured person** have failed properly to procure or maintain immigration, work or residence or similar visas, permits or other relevant documentation

c) the **insured person** takes part in any anti-government activity or the operations of any security or armed forces.

7. Curtailment

circumstances allow for the normal rearrangement of travel plans to curtail a **journey**, without the necessary involvement of **Zurich Travel Assistance** to arrange evacuation, where cover would be provided under Section 9.

Section 12 - Legal Expenses

The Cover

We will pay **you** or the **insured person** up to the sum insured in the schedule for **legal expenses** incurred in the pursuit of a claim by an **insured person** against a third party for damages or compensation in respect of **bodily injury**, death or illness sustained while on a **journey** during the **operative time**.

You or the **insured person** will have the right to appoint a suitably qualified legal representative in connection with any claim or legal proceedings including the appointment of expert witnesses.

Our consent to pay **legal expenses** must be obtained in writing. This consent will be given if **you** or the **insured person** can satisfy **us** that:

- a) there are reasonable grounds for pursuing or defending the legal proceedings and it is always more likely than not that the **insured person** will recover damages or obtain any other legal remedy which **we** have agreed or make a successful defence. The decision to grant consent will take into account **your** opinion or that of the **insured person's** appointed representative as well as that of **our** own advisors; and
- b) it is reasonable for **legal expenses** to be provided in a particular case.

Provided always that if the **insured person** is successful in the claim any **legal expenses we** provide will be reimbursed to **us**.

Exclusions to Section 12

This section does not cover:

1. **Claims Eligible for Consideration under Arbitration Schemes or Complaints Procedures**
any **legal expenses** incurred in the pursuit of any claim against a travel agent, tour operator, insurer or their agents, which are eligible for consideration under an arbitration scheme or complaints procedure
2. **Claims or Legal Proceedings by Third Parties**
any **legal expenses** incurred for the defence of any civil claim or legal proceedings made or brought by a third party against the **insured person**
3. **Criminal or Wilful Acts**
any **legal expenses** incurred in connection with any criminal or wilful act
4. **Fines or Penalties**
any fines or penalties
5. **Late Notification**
any claim or circumstance notified more than 24 months after the incident from which the cause of action arose.

Section 13 - Personal Liability

The Cover

We will pay **you** or the **insured person** up to the sum insured in the schedule for any legal liability incurred by the **insured person** while on a **journey** during the **operative time** in respect of:

- a) accidental bodily injury or illness of any person
- b) accidental loss of or damage to the property of any person
- c) any claimant's costs and expenses arising out of a) or b) above which the **insured person** or the **insured person's** representatives are legally liable to pay
- d) any other costs and expenses incurred with **our** prior written consent.

Provided always that:

- i) no admission of liability, offer, promise, or payment will be made by **you** or the **insured person** without **our** prior written consent
- ii) **you** will provide **us** with all assistance and information required in defence of a claim under this policy
- iii) **we** or **our** appointed representatives may at **our** discretion decide to take over and conduct the defence or settlement of any claim against **you** or an **insured person**.

Exclusions to Section 13

This section does not cover:

1. **Advice**
liability arising out of the rendering or failure to render advice
2. **Asbestos Related Risks**
liability arising out of the actual, alleged or threatened contaminative, pathogenic, toxic or other hazardous properties of asbestos
3. **Fines or Penalties**
any fines or penalties
4. **Insured Person's Immediate Family**
injury or illness to any member of the **insured person's** immediate family
5. **More Specific Insurance**
any damages which should more specifically be claimed under any other contract of insurance in **your** name or that of the **insured person**
6. **Non-Passenger Air Travel**
any loss or expenses arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft
7. **Ownership or Occupation of Land or Buildings**
liability arising out of the ownership or occupation of land or buildings
8. **Property Held in Trust**
loss of or damage to property belonging to held in trust by or in the custody or control of **you** or the **insured person**, any **employee** or any member of the **insured person's** immediate family
9. **Sexually Transmitted Infections, AIDS or AIDS Related Conditions**
any damages resulting from venereal disease, sexually transmitted infections, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition

10. Suicide or Self-Injury

any loss or expenses arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury

11. Trade, Business or Profession

the carrying on of any trade, business or profession

12. Vessels and Craft

any injury, illness, loss or damage arising directly or indirectly as a result of the ownership, possession or use of any mechanically propelled vehicle (other than golf buggies when used on golf courses and not on public roads), aircraft or watercraft

13. Wilful, Malicious or Unlawful Acts

any criminal, malicious or wilful act.

Section 14 - Rental Vehicle

The Cover

We will pay **you** or the **insured person** up to the maximum amount stated in the schedule for loss of or damage to a rental vehicle during a **journey** in respect of the monetary amount that the **insured person** is legally liable to pay as an excess or deductible to that part of a rental vehicle insurance policy or any other insurance policy applicable to the **insured person** for which cover in respect of loss of or damage to a rental vehicle is in force.

Provided always that **we** will not pay more than the amount stated in the schedule in respect of all claims for such loss or damage occurring per event and during any one period of insurance.

Exclusions to Section 14

This section does not cover:

1. Deliberate Damage

any loss of or damage to a rental vehicle caused deliberately by an **insured person** whether acting alone or in collusion with others

2. Excluded Causes

- a) any loss of or damage to a rental vehicle arising out of wear and tear, gradual deterioration, mechanical or electrical failure not attributable to accidental damage
- b) damage that existed at the commencement of the period of rental.

Section 15 - General Exclusions

We will not be liable for any **bodily injury**, loss or expense suffered:

- 1. Active Service**
as a result of an **insured person** engaging in active service in any of the armed forces of any nation
- 2. Excluded Territories**
as a result of any exposure in the following listed territories unless declared in advance and accepted by **us**:
Afghanistan, Iraq, Syria, Yemen
- 3. War Risks**
as a result of war within the **insured person's** country of permanent residence or country of secondment.

Section 16 - General Provisions

1. Automatic Holiday Extension

Where **directors** are noted as being covered for Business Travel, cover automatically extends to include holiday travel for the same Business Travel benefits and sums insured for the **director** plus accompanying **partner, children** and one salaried **domestic staff**. Cover for **partners** and **children** of the **director** also applies where they are travelling on their own for trips up to 60 days in duration.

2. Corporate Event Cover - Business Travel

Business Travel benefits insured under Section 4 automatically extend to guests of the **insured** whilst attending corporate events (for trips less than 60 days).

3. Event Aggregate Limitation

If the total amount of all claims for **bodily injury** arising out of any one **event** exceeds the **event aggregate limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **event aggregate limit**.

4. Multi-Engined Aircraft Limitation

If the total amount of all claims for **bodily injury** arising out of any one **event** involving the same multi-engined aircraft exceeds the **multi-engined aircraft limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **multi-engined aircraft limit**.

5. Other Forms of Aerial Transport Including Rotor Wing Limitation

If the total amount of all claims for **bodily injury** arising out of any one **event** involving the same aircraft (not being a multi-engined aircraft) exceeds the **other forms of aerial transport including rotor wing limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **other forms of aerial transport including rotor wing limit**.

6. Restriction in Cover for Over 85s

So far as concerns **insured persons** who have attained the age of 86 years:

- a) in respect of Section 2 benefits will only be payable under benefits 1 to 4 of the schedule and will in no event exceed GBP 50,000 or the amount stated in the schedule whichever is the lesser
- b) Sections 4 and 9 do not cover any expense arising from a pre-existing medical condition which the **insured person** knew about at the date on which the **journey** was booked.

7. Sanctions

Notwithstanding any other terms of this policy **we** will be deemed not to provide cover nor will **we** make any payment or provide any service or benefit to **you** or any other party to the extent that such cover, payment, service, benefit and/or any business or activity of **yours** would violate any applicable trade or economic sanctions law or regulation.

8. Temporary Partial Disablement Limitation

The benefit payable for **temporary partial disablement** shall not exceed 50% of the **insured person's** weekly wage.

9. Temporary Total Disablement Limitation

The benefit payable for **temporary total disablement** shall not exceed the **insured person's** weekly wage.

Section 17 - General Conditions

1. Acquisitions

If **you** acquire or create a subsidiary during the period of insurance, **we** will automatically cover the new company provided that any increase in exposure directly related to the acquisition is less than 10%. The exposure increases which are applicable are as per below:

- a) total salaries
- b) employee numbers
- c) travel days.

Any exposure which results in an increase greater than 10% must be declared to **us** so that **we** can review this change and provide terms and additional premium as necessary.

If the acquired or newly created subsidiary is within 10% but has a business description outside that of the parent company or what was declared to **us**, then **you** must notify **us** so that **we** can review the exposure and provide terms and additional premium if applicable and necessary.

2. Alteration

You must notify **us** as soon as possible during the period of insurance if there is any change in circumstances which materially increases the risk of accident, injury, loss, damage or liability.

Upon notification of any such change **we** will be entitled to vary the premium and terms for the rest of the period of insurance. If the changes make the risk unacceptable to **us** then **we** may no longer be able to provide **you** with cover.

If **you** do not notify **us** of any such change this policy may be affected in one or more of the following ways depending on what **we** would have done had **we** known about the change in circumstances:

- a) if **we** would not have continued to provide **you** with any cover **we** may treat this policy as if it did not exist from the date of the change in circumstances; or
- b) if **we** would have applied different terms to the cover **we** may treat this policy as if those different terms applied from the date of the change in circumstances; and/or
- c) if **we** would have charged **you** a higher premium for providing the cover **we** will charge **you** the additional premium which **you** must pay in full.

3. Amendments

We are entitled to amend the terms and conditions of this policy in order to comply with the requirements of any applicable legislation as amended from time to time. If such amendments materially increase the insured risk, both **you** and **we** agree to review the terms of this policy (including without limitation Premiums and/or Maximum Policy Limits).

4. Assignment

This policy may not be assigned without **our** prior written consent.

5. Cancellation

You may cancel this policy by giving **us** 30 days prior written notice. **We** may cancel this policy by giving **you** 30 days prior written notice at **your** last known address except that 7 days prior written notice will be given when cancellation is for non-payment of premium. Notice will be made via special delivery mail.

If **you** cancel this policy **we** will return a pro-rata of the annual premium subject to a minimum retention of GBP 1,000 or one third of the annual premium whichever is greater provided always that no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this policy. If **we** cancel the policy **we** will retain the pro-rata earned premium under it for the period during which this policy has been in force or the pro-rata minimum premium whichever is greater.

We may cancel any coverage provided under this policy in respect of **war** by sending **you** 7 days prior written notice to **your** last known address. Notice will be made via special delivery mail.

6. Contractual Right of Renewal (tacit)

If **you** pay the premium to **us** using **our** Direct Debit instalment scheme **we** will have the right which **we** may choose not to exercise to renew this policy each year and continue to collect premiums using this method. **We** may vary the terms of this policy including the premium at renewal. If **you** decide that **you** do not want **us** to renew this policy provided **you** tell **us** or **your** broker or insurance intermediary prior to the next renewal date **we** will not renew it. **Our** right to renew this policy does not affect **your** rights to cancel the policy shown in General condition 5 - Cancellation.

7. Duplicate Cover

If a loss is covered under more than one section of this policy **we** will provide cover under the section that provides the most cover but never under more than one section. In no event will **we** make duplicate payments for the same loss.

8. Fair Presentation of the Risk

- a) At inception and renewal of this policy and also whenever changes are made to it at **your** request **you** must:
- i) disclose to **us** all material facts in a clear and accessible manner; and
 - ii) not misrepresent any material facts.
- b) If **you** do not comply with clause a) of this condition and the non-disclosure or misrepresentation by **you** is proven by **us** to be deliberate or reckless **we** may from the relevant date specified in clause d):
- i) treat this policy as if it had not existed; and
 - ii) not return the premium paid by **you**.
- c) If **you** do not comply with clause a) of this condition and the non-disclosure or misrepresentation is not deliberate or reckless the cover, meaning this policy or the changes made to it, may be affected from the relevant date in clause d) in one or more of the following ways depending on what **we** would have done if **we** had known about the facts which **you** failed to disclose or misrepresented:
- i) if **we** would not have provided **you** with the cover **we** will have the option to treat the cover as if it had not existed and repay the premium paid for such cover; or
 - ii) if **we** would have applied different terms to the cover **we** will have the option to treat this policy as if those different terms apply; and/or
 - iii) if **we** would have charged **you** a higher premium for providing the cover **we** will charge **you** the additional premium which **you** must pay in full.
- d) Clauses b) and c) apply with effect from inception, renewal or the date of the changes, depending on when the non-compliance occurred. **We** may also recover any claims payments which have already been made to the extent that the cover under which such payments were made is being treated as if it did not exist or as if it had been subject to different terms under which the claim would not have been payable.
- e) Where this policy provides cover for any person other than **you** and that person would if they had taken out such cover in their own name have done so for purposes wholly or mainly unconnected with their trade, business or profession **we** will not invoke the remedies which might otherwise have been available to **us** under this condition if the failure to make a fair presentation of the risk concerns only facts or information which relate to a particular insured person other than **you**.

Provided always that if the person concerned or **you** acting on their behalf makes a careless misrepresentation of fact **we** may invoke the remedies available to **us** under this condition as against that particular person as if a separate insurance contract had been issued to them leaving the remainder of the policy unaffected.

9. Fraudulent Claims

If **you** or anyone acting on **your** behalf:

- a) makes a fraudulent or exaggerated claim under this policy; or
- b) uses fraudulent means or devices including the submission of false or forged documents in support of a claim whether or not the claim is itself genuine; or
- c) makes a false statement in support of a claim whether or not the claim is itself genuine; or
- d) submits a claim under this policy for loss or damage which **you** or anyone acting on **your** behalf or in connivance with **you** deliberately caused; or
- e) realises after submitting what **you** reasonably believed was a genuine claim under this policy and then fails to tell **us** that **you** have not suffered any loss or damage; or
- f) suppresses information which **you** know would otherwise enable **us** to refuse to pay a claim under this policy

we will be entitled to refuse to pay the whole of the claim and recover any sums that **we** have already paid in respect of the claim.

We may also notify **you** that **we** will be treating this policy as having terminated with effect from the date of any of the acts or omissions set out in clauses a) to f) of this condition.

If **we** terminate this policy under this condition **you** will have no cover under this policy from the date of termination and not be entitled to any refund of premium.

If any fraud is perpetrated by or on behalf of an **insured person** and not on behalf of **you** this condition should be read as if it applies only to that **insured person's** claim and references to this policy should be read as if they were references to the cover effected for that person alone and not to the policy as a whole.

10. Interest

No sum payable under this policy will carry interest.

11. Other Insurances

If at the time of an **event** insured under this policy there is any other insurance covering the same loss, damage or liability or any part of them **we** will only pay **our** rateable proportion of the claim except where this is excluded under the specific section.

Provided always that this clause will not apply to Sections 2, 6, 7 or 8 of this policy.

12. Payment by Instalments

Reference to the payment of premium includes payment by monthly instalments. If **you** pay by this method this policy remains an annual contract and the date of the payment and the amount of instalments are governed by the terms of the credit agreement. If an instalment is not received by the due date then subject to the Consumer Credit Act 1974 if applicable the credit agreement and this policy will be cancelled immediately.

13. Reasonable Care

You and any **insured person** will exercise reasonable care to avoid or diminish any loss or any circumstances likely to give rise to a claim under this policy.

14. Subrogation

In the event of any payment made or to be made under this policy **we** shall be subrogated to all **your** rights of recovery thereof against any person or organisation and **you** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. **You** shall do nothing after a loss to prejudice such rights and in the event **you** waive **your** claim against a third party, following an occurrence **we** shall be free from **our** obligation to indemnify **you** to the extent that **we** would otherwise have had the right to effect recovery. For the purposes of this clause '**you**' shall include all persons and organisations indemnified under this policy.

15. Third Party Rights

A person who is not a party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract.

Section 18 - Claims Conditions

It is a condition precedent to **our** liability under this policy that in the event of any circumstances which could give rise to a claim **you** will:

- a)
 - i) give notice to **us** as soon as reasonably possible
 - ii) make no admission of liability without **our** prior written consent
 - iii) provide **us** or **our** appointed representatives with:
 - 1) all necessary assistance in a timely manner
 - 2) all information reasonably required
 - 3) all documentation and records necessary to establish and assess indemnity under this policy
 - iv) prove the loss to **our** reasonable satisfaction
 - v) forward immediately to **us** or **our** representatives any letter, writ or other document received in connection with any claim made under this policy
 - vi) assist and concur with all reasonable arrangements for **our** medical advisors to examine an **insured person** in respect of which a claim has arisen; and
- b) as often as may be reasonably required provide a statutory declaration sworn before a solicitor, justice of the peace or notary public named by **us** on all matters connected with a claim at such reasonable time and place as **we** may designate.

No act by **us** or **our** representatives in connection with any investigation will be deemed a waiver of any defence which **we** might otherwise have. All acts will be deemed to have been made without prejudice to **our** liability.

We reserve the right to:

- i) take such steps as **we** deem necessary to prevent, mitigate or minimise a loss
- ii) take over and conduct the defence or settlement of claims made against an **insured person** that is covered by this policy
- iii) pursue all rights or remedies available to **you** whether or not payment has been made.