



Multirisk EU Medical Expenses Travel Insurance Policy Wording



EMERGENCY ASSISTANCE

PLEASE DO NOT INCUR INPATIENT MEDICAL EXPENSES WITHOUT FIRST CONTACTING THE EMERGENCY ASSISTANCE SERVICE



+353 1 233 7743

Important Policy Information: GuardMe Group Insurance Policy

GuardMe Group Insurance Policy Information

The **GuardMe** insurance product is a group insurance policy arranged by **GuardMe** on behalf of the **group policyholder** and is underwritten by White Horse Insurance Ireland dac. The group policy certificate number of this insurance agreement is WHGMIEU-EU25-1.

The provision of benefits is enabled by this group insurance policy issued to the **group policyholder**. This document is **your** benefit guide. However, this group policy agreement does not give **you** direct rights under the group insurance policy. Instead, it enables **you** to receive benefits as an **insured person**. To be eligible for these benefits, **you** must adhere strictly to the terms and conditions of this agreement. Please read the policy carefully to ensure it meets **your** needs.

Group Policy Certificate Number	WHGMIEU-EU25-1
Arranged By	GuardMe . Guard Me International Insurance Solutions Limited, trading as GuardMe and guard.me, is authorised and regulated by the Central Bank of Ireland (649718). GuardMe International Insurance Solutions Limited are a regulated insurance intermediary specialising in international student insurance.
Underwritten by	White Horse Insurance Ireland dac. White Horse Insurance Ireland dac is registered in Ireland No. 306045. White Horse Insurance Ireland dac's Registered Office is Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland. White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website - www.centralbank.ie .
Policyholder(s) / Group Policyholder(s)	Means the person(s), firm, company or organisation who arranges this group insurance policy for the insured person(s) , who is a permanent resident or domiciled firm, company or organisation in the European Union, and who is not an insured person(s) .
You, Your, Yourself, Insured person(s)	Means the person* named as the insured in the certificate of insurance , who is travelling on a trip and who is eligible for cover under this group insurance policy issued through the group policyholder and underwritten by White Horse Insurance Ireland dac. *Category A: Any student (principle insured person) who is enrolled in an international programme and whose home country is inside or outside the European Economic Area and who has chosen to participate in this group travel insurance policy as a beneficiary, arranged with the group policyholder . Category B: The immediate family of a person specified in Category A and named as insured in the certificate of insurance . Category C: The group leader of a person specified in Category A and listed on their certificate of insurance .
Premium	As agreed between the group policyholder , the Intermediary and White Horse Insurance Ireland dac for specific periods. Premiums are inclusive of 3% government levy, 2% insurance compensation levy up to 31st December 2025 and 1% insurance compensation levy effective from 1st January 2026, €1 stamp duty (where applicable) or any amendment thereof in the Republic of Ireland. Premiums are inclusive of agent remuneration.
Declarations	The group policyholder must, within 15 days of the end of each month, forward a declaration containing details of, and the premiums paid by, insured person(s) (who have booked an international programme with the group policyholder during that month and who have elected to take out this insurance) to the intermediary for onward transmission to White Horse Insurance Ireland dac.
Compliance with Policy Requirements	Where the group policyholder or the insured person or their personal representatives do not comply with any obligation to act in a certain way specified in this policy, White Horse Insurance Ireland dac reserves the right not to pay a claim.
Payment of Benefits	Notwithstanding the General Condition headed 'Assignment', where in relation to any claim the group policyholder , at its discretion, directs White Horse Insurance Ireland dac to do so, White Horse Insurance Ireland dac shall pay benefits to, or indemnify, a named insured person and the receipt of such insured person shall be a sufficient discharge of White Horse Insurance Ireland dac's liability to indemnify or pay the benefits concerned.
Assignment	No assignment of interest under this policy shall be binding upon White Horse Insurance Ireland dac. Subject to the General Condition headed 'Payment of Benefits', the benefits under this policy may not be assigned by the insured person . White Horse Insurance Ireland dac shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to this group insurance policy.

Welcome Statement – About Your Policy Wording

To get the most from **your** policy, **we** recommend that **you** thoroughly review **your** policy wording, Insurance Product Information Document (IPID) and **certificate of insurance**. Carefully read these documents to understand the exclusions and conditions that apply to **your** policy. If **you** do not meet these conditions, it may affect any claims **you** make.

Remember, no policy covers everything. We do not cover certain things including, but not limited to:

- Losses that are not explicitly mentioned under 'What is covered'.
- Any circumstances **you** were aware of before enrolling in **your international programme**, purchasing this insurance or booking any **trip** which could reasonably be expected to result in a claim under this policy.

The exclusions to **your** policy are detailed in the "General exclusions applying to all sections" and the "What is not covered" sections. If a type of loss is not explicitly stated as covered, **you** should assume it is not covered.

Contacting Us

When **you** contact us, please provide **your** name, policy number and contact details so **we** can assist **you**. For emergency medical assistance claims, **we** recommend saving our contact details into **your** mobile phone.

Telephone calls are recorded and may be monitored.

Claims Team - For any claim other than for emergency medical treatment.

Claims Link : guardme.claimsorted.com

Email : guardme@claimsorted.com

Telephone: +353 1 233 7743

Emergency Medical Assistance - 24 hour worldwide medical & Emergency Assistance Service. If you need emergency medical treatment, need to go to hospital or need to return home earlier than planned. Please do not incur inpatient medical expenses without first contacting the Emergency Assistance Service.

Telephone: +353 1 233 7743

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Policy Schedule

This table shows the maximum durations and benefits that each **insured person** can claim. All limits are per **insured person**. Under most sections of the policy, **you** are responsible for paying the first amount of each and every claim, per incident, per section, for each **insured person** claiming. This amount is known as the excess.

Policy Schedule - Your Cover Benefits Table			
Section	Section of Cover	Section Details	Total Cover Limit
A	Rearrangement	Rearrangement Limit Additional costs for rearrangement before your trip	Up to €1,000
		Excess	€80
B	Emergency Medical, Repatriation and Other Expenses	Limit (Maximum)	Up to €10,000,000
		Infants Born Following Complications of Pregnancy and Childbirth	Up to €75,000
		Repatriation Expenses	Included
		Funeral Expenses or Burial Costs	Up to €5,000
		Emergency Dental Limit	Up to €300
		Excess	€80
		Excess where costs reduced by a Reciprocal Health Agreement	Nil
C	Hospital Benefit	Limit (Maximum) (€20 for each complete 24 hours, up to €100)	Up to €100
D	Personal Accident and Public Transport Accident	Limit (Maximum)	Up to €25,000
		Permanent Total Disability - aged under 18	€5,000
		Permanent Total Disability - aged 18 to 75	€25,000
		Loss of Limbs or Sight - aged under 18	€5,000
		Loss of Limbs or Sight - aged 18 to 75	€12,500
		Death Benefit - aged under 18	€5,000
		Death Benefit - aged 18 to 75	€25,000
E	Personal Liability	Limit (Maximum)	Up to €2,000,000
		Bodily Injury, Death, Serious Illness or Disease	Up to €2,000,000
		Accidental Loss of or Damage to Property	Up to €500
		Excess	€80
F	Death During a Trip	Limit (Maximum)	Up to €20,000
Maximum Duration Table			
Type	Duration	Note	
Trip	The period of insurance stated on your certificate of insurance	There is no cover whatsoever for trips in your home country. The trip duration must not exceed the period of insurance stated on your certificate of insurance.	
Holiday	21 Days	There is no cover whatsoever for holidays in your home country. The duration of any holiday must not exceed 21 consecutive days and must occur within the period of insurance as stated on your certificate of insurance.	

Your Policy

Understanding this policy

The **GuardMe** insurance product is a group policy arranged by **GuardMe** on behalf of the **policyholder** and is underwritten by White Horse Insurance Ireland dac. The group policy certificate number of this insurance agreement is WHGMIEU-EU25-1. The provision of benefits is enabled by this insurance policy **issued** to the **policyholder**.

This document is **your** benefit guide. However, this group policy agreement does not give **you** direct rights under the insurance policy. Instead, it enables **you** to receive benefits as an **insured person**. To be eligible for these benefits, **you** must adhere strictly to the terms and conditions of this agreement. Please read the policy carefully to ensure it meets **your** needs. This policy document outlines the covered benefits, exclusions, conditions and is the basis on which claims will be settled. This document only constitutes a valid evidence of insurance when issued together with a **certificate of insurance**. **Your certificate of insurance** and any endorsements are all part of the policy.

In exchange for **your** premium payment, **we** will provide insurance coverage in accordance with the operative sections of **your** policy, in the event of **bodily injury**, death, **serious illness** or other specified events happening within the **period of insurance**. This policy provides cover for specific reasons only as per each “What is covered” section and should be read together with “What is not covered” and “Special conditions”. **You** should take time to read and understand the general exclusions and general conditions which apply to all sections of this policy.

Your GuardMe policy

Your GuardMe insurance product is a group insurance policy issued through **GuardMe** and underwritten by White Horse Insurance Ireland dac. **You** are an **insured person** under this policy and cover is only available to **you** if **you** satisfy the eligibility criteria.

Arranged by

This insurance product has been arranged by **GuardMe**. Guard Me International Insurance Solutions Limited, trading as **GuardMe** and guard.me, is authorised and regulated by the Central Bank of Ireland (649718). **GuardMe** International Insurance Solutions Limited are a regulated insurance intermediary specialising in international student insurance.

About White Horse Insurance Ireland dac

This policy is underwritten by White Horse Insurance Ireland dac. White Horse Insurance Ireland dac is registered in Ireland No. 306045. White Horse Insurance Ireland dac’s Registered Office is Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland. White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website - www.centralbank.ie.

The law applicable to this contract

The **policyholder** and White Horse Insurance Ireland dac can choose the law which applies to this policy. Unless **we** agree otherwise, the laws of the Republic of Ireland govern this policy.

Policy and contract language

This insurance policy comprises the Insurance Product Information Document, insurance policy wording and **certificate of insurance**. English is the primary language of this policy. If any translation discrepancies or disputes arise with other languages, the original English document will take precedence.

Your responsibilities

You must provide complete and accurate answers to the questions the **policyholder** asks when **you** take out or make changes to **your** policy. If any of the answers **you** have given change, **you** must inform the **policyholder** as soon as possible. If **you** need to make changes to the details in **your certificate of insurance**, contact the **policyholder** as soon as possible. They will then advise whether the changes can be made and if any additional premium is required. Please note that if the information **you** provide is not complete and accurate, **your** policy may become invalid. This means that **your** insurance policy may not provide cover in the event of a claim, or **we** may not pay out the full claim amount.

Eligibility criteria

The benefits provided under this insurance policy for each **insured person** named on the **certificate of insurance** during the **period of insurance** depend upon:

- a) the **insured person** must be an international student (or their **immediate family** and/or their **group leader** travelling with the international student) attending an **international programme** on a **trip** at the time of any incident giving rise to a claim; and
- b) the **insured person**, their **immediate family** and their **group leader** are each named on their **certificate of insurance** travelling on a **trip** at the time of any incident giving rise to a claim; and
- c) the **insured person** must hold a valid visa for the full duration of the **period of insurance**; and

- d) the **insured person** must be under 75 years old on the Cover Start Date of the **period of insurance**. If the **insured person** reaches the age of 75 during the **period of insurance**, cover will continue until the policy end date as stated on their **certificate of insurance**, but not thereafter.

Territorial / Geographical limits

Cover under this insurance policy extends to include any **trip** to any country in the world, provided **you** follow the travel advice issued by the government of **your country of temporary residence** and/or other regulatory authority travel advice in a country in which **you** are travelling to/from. If the government of **your country of temporary residence** or other regulatory authority in a country in which **you** are travelling to/from has issued travel restrictions specifically related to **COVID** and **you** commence **your trip** or **holiday** whilst **COVID** travel restrictions are in effect, **you** are insured to travel, however there is no cover whatsoever under any section of this policy for any claim directly or indirectly related to **COVID** during **your trip** or **holiday**. There is no cover whatsoever for **trips** or **holidays** under this policy whilst in **your home country**.

Claim settlement

All claim payments by **us** to **insured persons** will be made in EUR.

Operative period of cover – When does this cover start and end?

Your certificate of insurance states **your** insurance policy **issue date**, Cover Start Date and Cover End Date of this policy. There is no cover under this insurance policy prior to the **issue date**. Certain sections of this policy have different operative periods of coverage, these periods are detailed in the following table:

When does this cover start and end?	
Policy Purchase	Note
When does this cover start?	<p>Policies purchased <u>before</u> the trip starts</p> <p>Section A - Part 1: Rearrangement cover commences on the issue date on the insured person(s) most recent certificate of insurance.</p> <p>All other cover under this policy commences on the Cover Start Date as stated on the certificate of insurance or when you depart your home country to commence your trip, whichever is later.</p>
	<p>Policies purchased <u>after</u> the trip starts</p> <p><u>If you have travelled without insurance</u> If you purchase this insurance policy after leaving your home country while already on your trip and/or your trip has already started, you are covered by this policy, but restrictions will apply as follows:</p> <ol style="list-style-type: none"> 1. The policy will not cover any events, incidents or circumstances that occurred prior to the purchase date. 2. There is a mandatory 14-day waiting period following the purchase date, during which no coverage applies. This means the policy only provides coverage for events that occur at least 14 days after the purchase date of the policy. 3. After the 14-day waiting period expires, you are covered by this policy. <p>If you purchased this policy after you left your home country and you are already travelling, cover under Section A - Part 1: Rearrangement does not apply.</p>
	<p><u>If you have travelled with insurance, but it is about to expire</u> If you purchase this insurance policy after leaving your home country while already on a trip, without any lapse in your trip's insurance coverage, the 14-day waiting period does not apply and your cover under this policy commences on the Cover Start Date as stated on the certificate of insurance.</p>
When does this cover end?	<p>Section A – Part 1: Rearrangement cover terminates on the Cover Start Date as stated on your certificate of insurance i.e. when you leave your home country.</p> <p>If you purchased this policy after you left your home country and you are already travelling, Section A – Part 1: Rearrangement cover does not apply.</p>
	<p>All cover automatically ends on the earliest occurrence of a below listed event (whichever event is sooner):</p> <ol style="list-style-type: none"> a) the cover end date as shown on the insured person(s) most recent certificate of insurance; or b) the insured person(s) no longer meets the eligibility criteria; or c) the insured person(s) visa is revoked or has expired; or d) the insured person(s) period of insurance has expired; or e) following emergency repatriation to the insured persons home country; or f) we no longer underwrite this policy.

Special Notice – This is not a private medical insurance policy

This is not a private medical insurance policy and only gives cover in the event of an **accident** or sudden **serious illness** that requires emergency treatment whilst outside **your home country**. If **you** plan to receive elective treatment (treatment that is not necessary, but which **you** have chosen to have) when **you** travel on a **trip** or **holiday** or choose to have any treatment which is not an emergency, this will not be covered under the policy. If **you** need any medical treatment which results in a claim under this insurance, **we** will expect **you** to allow **us** or **our** representatives unrestricted and reasonable access to all of **your** medical records and information. It is essential that **you** read and understand the Important Conditions Relating to Health section of **your** policy wording to have the full protection of **your** policy.

Existing Medical Condition(s)

This insurance is designed to cover **you** for unforeseen events, **accidents** and **serious illnesses** occurring during the **period of insurance**. **You** must comply with the Important Conditions Relating to Health section to have the full protection of **your** policy. Claims related to any of **your existing medical conditions** will not be covered, unless those conditions are specifically included in the List of Acceptable Medical Conditions.

Existing medical condition(s) means any past, current or reoccurring **medical condition(s)** or set of symptoms, whether these have been diagnosed or not, that have required **medical treatment** during the 24 months prior to the **issue date** of this insurance.

The following does not apply to this definition:

When a **medical practitioner** records no adverse changes to the stability, symptoms or to the prescribed medication(s) of any **medical condition(s)** in the 24 months prior to the **issue date** of this insurance.

Pregnancy

This policy does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This policy will, however, cover **you** should complications arise with **your** pregnancy which fall within the definition of **complications of pregnancy and childbirth** which occur during **your period of insurance**.

Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy wording. For ease of reading the definitions are highlighted by the use of bold print.

Accident(s)/Accidental

Means an event that is sudden and unexpected, which is caused by external and visible means at a time that can be identified.

Academic course

Means an accredited, full-time educational program of learning provided by a recognised educational institution, which leads to a qualification through examination, assessment or certification, with a duration of up to, but not limited to, one academic term or year. The course may be full-time study or a combination of study and work experience, for which tuition fees have been paid by **you** or on **your** behalf.

Additional costs

Means the **irrecoverable** financial difference between the original cost of the **trip** that was planned and the cost of the rearranged **trip** to the same standard as originally booked and budgeted for.

Adverse weather conditions

Means rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm, which is not caused by or has not originated from a geological or catastrophic event such as, but not limited to, an earthquake, volcano or tsunami.

Bodily injury

Means an identifiable physical injury sustained by **you** due to a sudden, unexpected, external and specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to have been caused by **bodily injury**.

Certificate of insurance

Means a document issued to **you** that confirms **your** unique insurance policy number, the **period of insurance** including the **issue date** when **you** purchased this insurance policy and the names of all **insured person(s)** under this insurance policy.

Close relative

Means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, partner or fiancé/fiancée.

Complications of pregnancy and childbirth

Means a diagnosis of 'per vaginal' bleeding, toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum or placenta praevia, stillbirths, miscarriage or threatened miscarriage, medically necessary emergency Caesarean section, medically necessary termination and premature births. This definition only applies if the complication happens more than eight weeks (or 16 weeks in the case of a known multiple pregnancy) before the expected delivery date.

Country of temporary residence

Means the country where **you** are temporarily living while participating in an **international program**, which is not **your home country**. **You** must have a residential address there, such as a house, flat or room in a communal residence.

COVID

Means COVID-19, coronavirus disease, severe acute respiratory syndrome coronavirus (SARSCOV-2) or any mutation or variation of these.

Cultural program

Means a recognised cultural language course or programme organised by a licenced operator for the provision of cultural education and cultural facilities for which monies have been paid by **you** or on **your** behalf.

Cyber-terrorism

Means the use of disruptive activities, or the threat thereof, against computers and/or networks, with the intention to cause real-world harm or severe disruption of infrastructure.

Enrol, Enrolled, Enrolment

Means when **you** register **your** participation onto the official list of members of an **academic course**, college or university, **group** or **internship** placement or **cultural program** and pay **your** course **enrolment** fees.

Epidemic, Pandemic

Means any event(s) declared as an **epidemic** or **pandemic** by the World Health Organization or by a relevant national government body.

Exam(s), Examination(s)

Means the educational assessment undertaken after the **purchase date** of this insurance, which **you** must pass to allow **you** to attend **your** booked **academic course** outside **your home country**. This insurance policy must be purchased prior to **you** taking this educational assessment and the assessment must be directly related to and required for **your** booked **academic course**.

Existing medical condition(s)

Means any past, current or reoccurring **medical condition(s)**, or set of symptoms whether these have been diagnosed or not, that have required **medical treatment** during the 24 months prior to the **issue date** of this insurance.

The following does not apply to this definition: When a **medical practitioner** records no adverse changes to the stability, symptoms or to the prescribed medication(s) of any **medical condition(s)** in the 24 months prior to the **issue date** of this insurance.

Emergency Assistance Service

Means the worldwide medical & Emergency Assistance Service appointed by **us** to provide emergency medical treatment, **hospital** treatment or assistance if **you** need to return **home** earlier than planned. **You** can contact the **Emergency Assistance Service** on Telephone: +353 1 233 7743.

Group

Means a group of **insured persons** undertaking the same **international programme**, with an identical **period of insurance**, who departed their **home country** on the same day and are listed as a **group** on their **certificate of insurance**.

Group leader

Means a person who is travelling with a **group** as their companion or chaperone, who is named as a **group leader** on the **certificate of insurance** and for whom the appropriate premiums have been paid to **us**.

GuardMe

Means the policy intermediary authorised and regulated by the Central Bank of Ireland - No. 649718.

Holiday(s)

Means any vacation or journey made by **you** for leisure purposes up to 21 days per **holiday** during **your period of insurance**.

Important Note:

- There is no coverage for **holidays in your home country**.
- For return journeys to **your home country**, all coverage is suspended from the time **you** arrive at **your international departure point** until **you** exit the airport in **your home country** to return to **your country of temporary residence**.

Home

Means the place where **you** normally reside in **your home country**.

Home country

Means either:

- a) the country where **you** were ordinarily domiciled before the start of **your trip** and as specified on **your certificate of insurance**; or
- b) any country for which **you** hold a valid passport.

Hospital(s)

Means any establishment which is registered or licensed as a medical or surgical **hospital** in the country in which it is located and where the **insured person** is under the constant supervision of a **medical practitioner**.

Immediate family

Means wife, husband, daughter, son, stepchild, foster child, partner, civil partner or fiancé/fiancée of the **insured person enrolled** on the **international programme**.

Incidental/Incidental basis

Means that the sport or activity **you** are taking part in on **your trip** and/or **holiday** is on a strictly amateur basis and is not the specific reason for **you** going on **your trip** and/or **holiday**.

Internship

Means an **insured persons** professional learning experience in a trainee working position in an organisation (with or without pay) to gain work experience and/or satisfy requirements for an **academic course**, and which excludes **manual work**.

International programme

Means **academic course**, **internship** or **cultural program**.

Irrecoverable

Means **we** will only cover costs which **you** have not already recovered and which **you** are not entitled to recover from another third party.

Loss of limb

Means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

Loss of sight

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

Manual work

Means any work that involves:

- the installation, assembly, maintenance, or repair of electrical, mechanical, or hydraulic plant equipment; or
- the use of power tools or lifting; or
- any form of machinery; or
- any electrical or construction work; or
- any work that is 3 metres above ground level.

Medical condition(s)

Means any disease, **serious illness** or **bodily injury**.

Medical practitioner

Means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with.

Medical treatment

Means any medical procedure, medical advice, medical investigation or medical diagnosis from a **medical practitioner** during the 24 months prior to the **issue date** of this insurance.

Outward journey, International outbound trip

Means **your** pre-booked **public transport** that departed (or was scheduled to depart) from **your home country** to travel to **your trip** destination.

Period of Insurance

Means the period of insurance stated in **your certificate of insurance**. Certain sections of this policy have different operative periods of coverage, these periods are detailed in the following table:

Cover Section	Period of Insurance
Section A – Part 1: Rearrangement	The period of insurance is between and inclusive of the issue date on your most recent certificate of insurance or the time of booking any trip (whichever is the later) and terminates on the commencement of any trip or the Cover End Date specified on your certificate of insurance .
Section B – Emergency Medical, Repatriation and Other Expenses	The period of insurance is between and inclusive of the dates shown as Cover Start Date and Cover End Date on your certificate of insurance starting at 00.01 hours on the Cover Start Date and ending at midnight on the Cover End Date. The insurance commences when you leave your home to commence the trip and terminates at the time of your return to your home on completion of the trip or the Cover End Date on your certificate of insurance (whichever is the earlier). If a claim is made as a result of your emergency medical repatriation, all cover under this policy ends.
Section C – Hospital Benefit	
Section D – Personal Accident and Public Transport Accident	
Section E – Personal Liability	
Section F – Death During a Trip	
Important Note: <ol style="list-style-type: none">1. There is no cover whatsoever for a trip which is longer than or exceeds your period of insurance. This means not covering you, regardless of your incident date, for any claim that relates to a booked trip that is longer than or exceeds your period of insurance.2. The period of insurance is automatically extended for the period of the delay up to a maximum of 30 days after the expiry of the period of insurance in the event that you return to your home country is unavoidably delayed due to an event insured by this policy, provided that the Emergency Assistance Service has been notified and authorised the extension.3. If you purchased this policy after you left your home country and you are already travelling, there is a waiting period of 14 days before this insurance takes effect. If you purchase a new policy from us after you left your home country and you are already travelling, with no interruption to your insurance cover for your trip, the waiting period of 14 days does not apply.4. All dates refer to local standard time at the address of the Insured person as shown in the Policy Schedule.	

Permanent total disability

Means a physical or mental impairment that has a substantial and long-term adverse effect on **your** ability to carry out any form of employment and all of the following normal day-to-day activities:

- dressing and undressing
- getting up and down a flight of stairs
- getting in and out of a bed or chair
- general household duties, including cleaning, ironing or shopping.

We will consider that **you** are unable to do any of the above activities when both of the following apply:

- **you** are unable to carry out the activity even with the use of equipment
- **you** always need the help of another person to do the activity.

Personal quarantine

Means a period of time where **you** are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a **medical practitioner** or public health board in an effort to prevent disease from spreading.

Policyholder(s), Group Policyholder

Means the person(s), firm, company or organisation who arranges this group insurance policy for the **insured person(s)**, who is a permanent resident or domiciled firm, company or organisation in the European Union, and who is not an **insured person(s)**.

Public transport

Means any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

Purchase Date, Issue Date

Means the date shown on the **certificate of insurance** when this policy was purchased, whether by **you** directly or on **your** behalf. There is no cover under this insurance policy prior to this date.

Important Note: This date is important, as it is the date coverage under this policy begins. It may differ from the date **your trip** was booked, arranged or the start date of **your trip**, however it is the date **we** will use to process any claims.

Redundancy, redundant

Means **you** becoming unemployed under applicable legislation in **your country of temporary residence**. **You** must have received a notice of **redundancy** and be receiving payment under the relevant and current **redundancy** payments legislation. The following are not included in this definition:

- any employment which has not been continuous with the same employer for at least two years.
- any employment which is not permanent.
- any employment which is on a short-term fixed contract.
- any instance where **you** had reason to believe that **you** would be made **redundant** at the time **you** booked **your trip** and/or **holiday** or the **purchase date** of this insurance policy.

Regional quarantine

Means any period of restricted movement or isolation, including national lockdowns, within **your home** area, or **trip** destination country, imposed on a community or geographic location, such as a county or region, by a government or public authority.

Serious illness

Means any disease, infection or **bodily injury you** suffer which unexpectedly manifests itself for the first time during **your trip** and/or **holiday**.

Strike or industrial action

Means any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

Terrorism

Means an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Travelling companion

Means any person named on **your certificate of insurance** or booking invoice (or both).

Trip(s)

Means, excluding one-way **trip(s)**:

1. **Insured person:**
 - a) A journey made by **you** during the **period of insurance** for the purpose of attending an **international programme** with/arranged by the **policyholder**.
 - b) A **holiday** which begins and ends during the **period of insurance**, up to a maximum duration of 21 days per **holiday**.
2. **Immediate family:** A journey made by the **immediate family** during the **insured persons period of insurance**.
3. **Group:**
 - a) A journey made by a **group** during the **period of insurance** for the purpose of attending an **international programme** with/arranged by the **policyholder**.
4. **Group Leader:**
 - a) A journey made by a **group leader(s)** travelling with a **group** during the **period of insurance** for the purpose of attending an **international programme** with/arranged by the **policyholder**.

Unsubstantiated

Means when **you** have not supplied an original receipt, proof of purchase or an insurance valuation (which **you** got before the date of the incident **you** are claiming for).

Waiting period

Means the 14-day period after the **purchase date** of this insurance policy during which no claims can be made, unless otherwise specified by this policy. Any incident occurring during this **waiting period** is not covered.

War

Means war, risk of war, armed conflict between nations, invasion, act of foreign enemies, hostilities, or warlike operations (whether **war** be declared or not), civil **war**, rebellion, **terrorism**, revolution, insurrection, civil commotion or unrest assuming the proportions of or amounting to an uprising, military or usurped power.

We, Us, Our

Means White Horse Insurance Ireland dac, registered in Ireland No. 306045. Registered Office: Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland. White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website www.centralbank.ie.

You, Your, Yourself, Insured person(s)

Means the person* named as the insured in the **certificate of insurance**, who is travelling on a **trip** and who is eligible for cover under this group insurance policy issued through the **group policyholder** and underwritten by White Horse Insurance Ireland dac.

- *Category A: Any student (principle **insured person**) who is **enrolled** in an **international programme** and whose **home country** is inside or outside the European Economic Area and who has chosen to participate in this group travel insurance policy as a beneficiary, arranged with the **group policyholder**.
- Category B: The **immediate family** of a person specified in Category A and named as insured in the **certificate of insurance**.
- Category C: The **group leader** of a person specified in Category A and listed on their **certificate of insurance**.

Important Conditions Relating to Health

This insurance is designed to cover **you** for unforeseen events, **accidents** and **serious illnesses** occurring during the **period of insurance**. **You** must comply with this section to have the full protection of **your** policy. **We** will not pay for claims which are in any way related to any **existing medical condition(s)**, unless **your existing medical condition(s)** is confirmed in the List of Acceptable Medical Conditions shown below.

It is essential that **you** read and understand this Important Conditions Relating to Health section of **your** policy. If, after reading this Important Conditions Relating to Health section, **you** decide that this policy does not meet **your** requirements or if **you** have any **existing medical condition(s)** not listed below, **you** should consider purchasing an alternative insurance policy that meets **your** specific needs.

Existing medical condition(s) means any past, current or reoccurring **medical condition(s)**, or set of symptoms whether these have been diagnosed or not, that have required **medical treatment** during the 24 months prior to the **issue date** of this insurance.

The following does not apply to this definition:

When a **medical practitioner** records no adverse changes to the stability, symptoms or to the prescribed medication(s) of any **medical condition(s)** in the 24 months prior to the **issue date** of this insurance.

There is no cover under this policy for any **existing medical condition(s)** not listed in the List of Acceptable Medical Conditions.

This policy does not cover any claims arising directly or indirectly from **medical conditions** for which **you** or any person on whom **your trip** depends on required surgery, inpatient treatment or **hospital** consultations within the 90 days prior to purchasing this policy or booking **your trip** (whichever is later).

Please refer to the General Exclusions section, General Conditions section and **your** entitlements to cancel this policy.

List of Acceptable Medical Conditions

Note - Any **medical condition** marked with * is covered provided that there is no ongoing **medical treatment**.

Medical Condition and Cover Limitations / Conditions

Acid reflux*
Acne*
Allergic rhinitis*
Arthritis - The affected person must be able to walk independently
Asthma - The affected person must have been diagnosed under 50 years of age and the asthma controlled by no more than 2 inhalers
Attention Deficit Hyperactivity Disorder*
Blindness or partial sightedness*
Carpal tunnel syndrome*
Cataracts*
Chicken pox - If completely resolved with no ongoing medical treatment
Colds or influenza*
Cuts and abrasions - Not self-inflicted and requiring no medical attention
Cystitis*
Deafness *
Diarrhoea and vomiting - If completely resolved with no ongoing medical treatment
Dyspepsia*
Eczema*
Enlarged prostate - Benign only
Essential tremor*
Food allergy* (for example milk, fish, egg, wheat, soy, or sesame allergies), that, if left untreated, does not require hospital treatment
Glaucoma*
Gout*
Haemorrhoids*
Hay fever*
Irritable bowel syndrome*
Ligament or tendon injury*
Macular degeneration*
Menopause*
Migraine - Providing there are no ongoing investigations
Nasal polyps*
Premenstrual Syndrome* or Premenstrual Tension*
Psoriasis*

Repetitive Strain Injury*
Sinusitis*
Skin or wound infections - If completely resolved with no ongoing medical treatment
Tinnitus*
Tonsillitis*
Underactive thyroid*
Urticaria*
Varicose veins*

Note - Any **medical condition** marked with * is covered provided that there is no ongoing **medical treatment**.

Contacting the Emergency Medical Assistance Service

If **you** suffer a **serious illness** or **bodily injury** which leads to **you** being an inpatient in **hospital** or before any arrangements are made for repatriation, **you** must contact the **Emergency Assistance Service**. If this is not possible because the condition requires immediate emergency treatment, **you** must contact the **Emergency Assistance Service** as soon as possible or have someone else contact **us** on **your** behalf. The **Emergency Assistance Service** has the medical expertise, contacts and facilities to help should **you** suffer a **serious illness** or **bodily injury**. The service is available to **you** and operates 24 hours a day, 365 days a year to provide medical advice, arrange assistance and repatriation and authorise any necessary medical expenses. Private medical treatment may not be covered unless authorised specifically by the **Emergency Assistance Service**.

The **Emergency Assistance Service** will arrange to transport **you** to **your home country** if this is considered to be medically necessary. They can also arrange transport **home** if **you** have news of **serious illness**, deterioration or death of a **close relative at home**.

To obtain assistance please call **our Emergency Assistance Service**.

Payment For Medical Treatment

Please beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call the **Emergency Assistance Service** for guidance.

A. Inpatient expenses

If **you** are admitted to a **hospital/clinic** while on a **trip**, the **Emergency Assistance Service** will arrange for medical expenses covered by the policy to be paid directly to the **hospital** or clinic. To take advantage of this benefit someone must contact the **Emergency Assistance Service** for **you** as soon as possible.

B. Outpatient expenses

For outpatient treatment, **you** should pay the doctor, **hospital** or clinic **yourself** and claim back medical expenses from **us** after **your** outpatient treatment.

Reciprocal Health Agreements

If **you** are travelling from a country that has a reciprocal health agreement with either **your home country** or **your country of temporary residence**, **you** may be entitled to avail of the benefits under this reciprocal health agreement.

Examples of a reciprocal health agreement include the Global Health Insurance Card (GHIC), the European Health Insurance Card (EHIC) or the Reciprocal Health Care Agreement (RHCA) with Australia. Under such reciprocal health care agreements, **you** may have the right to access a range of public health services either free of charge or at reduced cost.

Availing of reciprocal health agreement benefits will not impact or reduce **your** policy coverage. For assistance regarding reciprocal health agreements, please call **our Emergency Assistance Service**.

Under Section B – Emergency Medical and Other Expenses **we** will not deduct an excess in the event of a claim where the cost of treatment has been reduced by the use of a reciprocal health agreement.

General Exclusions Applying to All Sections

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. War risks, civil commotion and terrorism

War and/or **terrorism**, but this exclusion shall not apply to losses under Section B – Emergency Medical, Repatriation and Other Expenses, Section C – Hospital Benefit and Section D – Personal Accident and Public Transport Accident, unless such losses are caused by nuclear, chemical or biological attack or the disturbances were already taking place at the beginning of any **trip**.

2. Radioactive contamination

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

3. Sonic bangs

Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

4. Date recognition

The failure or inability of any equipment or any computer programme, whether or not **you** own it, to recognise or to interpret correctly or process any date as its true calendar date or to continue to function correctly beyond that date.

5. Sanctions

We will not be deemed to provide and **we** will not be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

6. Cyber-terrorism

Any consequences of **cyber-terrorism** including, but not limited to, the delay or cancellation of flights due to the failure of critical systems.

7. Sports or activities

Your participation in or practice of:

- a) any other sport or activity, unless it is stated as being covered under the Sports and Activities section.
- b) any professional sports or professional entertaining.
- c) **your** engagement in or practice of **manual work**, flying except as a fare paying passenger in a fully licensed passenger-carrying aircraft or racing, unless it is stated as being covered under the policy section entitled sports and activities.
- d) anything mentioned in the 'What is not covered' Sports and Activities section of the policy.

8. Motorised vehicle

You using a motorised vehicle:

- a) unless **you** have a full and valid current driving licence that permits the use of such vehicles in **your country of temporary residence** (see Sports and Activities).
- b) unless **you** have a full and valid current driving licence that permits the use of such vehicles in **your holiday** destination (see Sports and Activities).

9. Self-inflicted injury, drug use or solvent abuse

Your wilfully, self-inflicted injury or **serious illness**, sexually transmitted diseases, solvent abuse, alcohol abuse or **your** alcohol dependency, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction or alcohol dependency).

10. Self-exposure to needless peril

Your self-exposure to needless peril (except in an attempt to save human life).

11. Alcohol abuse

You drinking too much alcohol which is evidenced by one of the following:

- a) a **medical practitioner** stating that **your** alcohol consumption has caused or actively contributed to **your** injury or illness.
- b) a witness report from a third party or a police incident report.
- c) **your** own admission.
- d) **you** having drunk so much alcohol that **your** judgement is affected, and **you** need to make a claim as a result.

12. Jumping from vehicles, buildings, or balconies

Unless **your** life is in danger or **you** are attempting to save human life, **you**:

- a) jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning or shore diving,
- b) climbing on top of or jumping from a vehicle,
- c) climbing or jumping from a building or balcony,
- d) climbing or moving from any external part of any building to another part (excluding where stairs, ramps or walkways are being used) and falling, regardless of the height.

13. Unlawful action

Your own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.

14. Additional loss or expense

Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the costs incurred in preparing a claim or loss of earnings, inconvenience, distress or loss of enjoyment following **bodily injury, serious illness** or disease.

15. Unsubstantiated claims

Any claims where **you** have not supplied the necessary documentation as reasonably requested by **us** to substantiate **your** claim. Examples of necessary documentation include, but is not limited to, original receipt(s), proof of payment(s), bank or credit card statements or evidence of loss (which **you** received before the date of the incident **you** are claiming for).

16. Armed forces

Operational duties of a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance services or employees of a Government department.

17. Recoverable costs

Any unused and additional costs incurred by **you** which are recoverable from:

- a) the providers of the accommodation, their booking agents, travel agent or other compensation scheme;
- b) the providers of the transportation, their booking agents, travel agent or any compensation scheme; or
- c) **your** credit or debit card provider or PayPal.

18. Travelling against government or other regulatory advice

Your travel to a country, specific area or event to which the government of **your country of temporary residence** or other regulatory authority in a country in which **you** are travelling to/from has issued travel restrictions. If the government of **your country of temporary residence** or a regulatory authority in a country in which **you** are travelling to/from has issued travel restrictions specifically related to **COVID** and **you** commence **your trip** or **holiday** whilst **COVID** travel restrictions are in effect, **you** are insured to travel however, there is no cover whatsoever under any section of this policy for any claim directly or indirectly related to **COVID** during **your trip** or **holiday**. There is no cover whatsoever for **trips** or **holidays** under this policy whilst in **your home country**.

19. Travelling against public transport requirements

Your travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

20. Virtual currency

Any virtual currency including, but not limited to, crypto currency, including fluctuations in value.

21. Known circumstances

Any circumstances known to **you** before the **purchase date** of **your** policy or at the time of booking any **trip** and/or **holiday** which could reasonably have been expected to lead to a claim under this policy.

22. Period of insurance

You not complying with, or any claim that occurs outside of, **your period of insurance**.

23. No return ticket(s)

Any claim for travel costs incurred to reach **your home country** if **you** had not purchased a return ticket(s).

24. Recommended treatment

Medical condition(s) for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.

25. Existing medical conditions

Existing medical conditions or **you** failing to keep to the terms of the 'Important Conditions Relating to Health' section.

26. Medical Advice

Any claim when **you** are travelling against professional medical advice or would be travelling against the advice of a **medical practitioner** had **you** asked their advice.

27. Pandemic or epidemic

Claims or losses arising directly or indirectly from any **pandemic** or **epidemic** unless specifically listed as covered by this policy.

28. Exposure to an infectious disease

Unless specifically stated as covered under this policy, **you** choosing to or being unable to travel because **you** were required to or were recommended to quarantine or isolate as a result of exposure to an infectious disease (including **COVID** if **you** have not had a positive **COVID** diagnosis).

29. COVID

- a) any **COVID** claims arising within 7 days of the date **you** took out this insurance or the time of booking any **trip**, whichever is the later, except where the insurance is taken out within 48 hours of booking the **trip**;
- b) any **COVID** claims where **you** have not received a positive **COVID** diagnosis certified by a **medical practitioner**; or
- c) any home or self-administered **COVID** rapid antigen test(s).

30. Other costs

Any costs **you** would have been required or been expected to pay if the event resulting in the claim had not happened.

31. Loss of enjoyment

Your loss of enjoyment.

32. Visa and travel documents

Any claim arising as a result of **you** failing to obtain, hold, produce or maintain the required immigration, work, residence or similar visas, permits or documents for the country to which **you** are travelling.

33. What Is Not Covered

Any claims arising from reasons not specifically listed under Sections A through F as 'What is covered'.

34. Special conditions relating to claims

You not complying with the 'Special conditions relating to claims' listed under Sections A through F.

Sports and Activities Section

✓ What is covered

We will cover **your** non-competitive, amateur participation in the listed sports and activities on an **incidental basis**.

You are covered under Section B – Emergency Medical, Repatriation and Other Expenses and Section C – Hospital Benefit for the listed sports and activities, provided that the activity is on an **incidental basis to your trip or holiday**.

! Special conditions relating to claims

- Under no circumstances will any claims arising from any activities not listed be covered, regardless of whether undertaken as part of an organised excursion or event.
- If **you** participate in any listed activity below, **you** are required at all times to wear the appropriate safety equipment for that activity (for example protective clothing and/or suitable head protection). Please note that a general exclusion of cover exists under **your** policy with **us** for claims arising directly or indirectly from **your** “self-exposure to needless peril.”
- If **you** use a motorised vehicle during **your trip**, **you** must hold a full and valid current driving licence that permits the use of such vehicles in **your country of temporary residence** or **your holiday** destination.

✗ What is not covered

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

- Unnecessary danger**
You placing **yourself** in unnecessary danger (for example, not wearing suitable head protection or protective clothing when taking part in a specific sport or activity, or not wearing a seatbelt while in a moving vehicle).
- Cycle helmet**
Any claim arising from injuries sustained whilst **you** are cycling, where **you** are not wearing an appropriate cycle helmet at the time of the incident.
- Decompression**
Any claim arising as result of flying less than 24 hours after a scuba dive.
- Professional sports or entertaining**
Your participation in or practice of any competitive, professional sports or professional entertaining.
- Search and rescue costs**
Any claim arising from air and/or sea search and rescue.
- Sports or activity training courses or qualification course(s)**
Your participation in any sports or activity training courses or qualification course(s).

Sport and Activity Description / Title	Personal Accident and Public Transport Accident cover is	Personal Liability Cover is
Abseiling (within organisers guidelines)	Excluded	Excluded
Aerobics	Standard	Standard
Angling	Standard	Standard
Aqua Skipping	Standard	Standard
Archery	Excluded	Excluded
Badminton	Standard	Standard
Baseball	Standard	Standard
Basketball	Standard	Standard
Blade Skating	Standard	Standard
Board Sailing	Standard	Standard
Body Boarding	Standard	Standard
Bouldering (indoors on climbing wall only)	Standard	Standard
Bowls / Bowling	Standard	Standard
Camel Riding	Standard	Excluded
Canoeing (including white water canoeing, grades 1 - 3 only, rivers only)	Excluded	Excluded
Catamaran Sailing	Standard	Excluded
Clay Pigeon Shooting	Excluded	Excluded
Climbing (indoors on climbing wall only)	Standard	Standard

Sport and Activity Description / Title	Personal Accident and Public Transport Accident cover is	Personal Liability Cover is
Cricket	Standard	Standard
Croquet	Standard	Excluded
Cross Country Skiing	Excluded	Excluded
Curling	Standard	Standard
Cycling (leisure, not racing or downhill racing)	Standard	Standard
Darts	Standard	Standard
Deep Sea Fishing	Standard	Standard
Dingy Sailing	Standard	Excluded
Dry Skiing	Standard	Standard
Elephant Riding / Trekking	Excluded	Excluded
Falconry	Standard	Standard
Fell Walking / Running (under 1,000 metres altitude)	Excluded	Excluded
Fencing	Excluded	Excluded
Field Hockey	Excluded	Excluded
Fishing	Standard	Standard
Fives	Standard	Standard
Floorball	Standard	Standard
Flow Riding	Standard	Standard
Football (soccer only, excludes American football)	Standard	Standard
GAA Football*	Excluded	Excluded
Glass Bottom Boats / Bubbles	Standard	Standard
Glacier Skiing	Excluded	Excluded
Go Karting (within organisers guidelines)	Excluded	Excluded
Golf	Standard	Standard
Handball	Standard	Standard
Hiking (under 1,000 metres altitude)	Standard	Standard
Hill Walking (under 1,000 metres altitude)	Standard	Standard
Horse Riding (no polo, hunting, jumping, or racing)	Excluded	Excluded
Hot Air Ballooning (organised pleasure rides only)	Excluded	Excluded
GAA Hurling	Excluded	Excluded
Ice Skating (on recognised ice rinks)	Standard	Standard
Indoor Climbing (on climbing wall)	Standard	Standard
Inner Tubing / Tubing	Standard	Standard
Jet Boating (passenger only and no racing or competition)	Excluded	Excluded
Jet Skiing (no racing)	Excluded	Excluded
Jogging	Standard	Standard
Karting (no racing)	Standard	Excluded
Kayaking (grades 1 - 3 only, rivers only)	Standard	Standard
Kite Surfing	Standard	Standard
Korfball	Standard	Standard
Netball	Standard	Standard
Octopush	Standard	Standard
Orienteering	Standard	Standard
Paintballing	Excluded	Excluded
Pedalos	Standard	Standard
Pilates	Standard	Standard
Pony Trekking	Standard	Standard
Racquetball	Standard	Standard
Rambling (under 1,000 metres altitude)	Standard	Standard
Roller Blading (Line Skating / Skate boarding)	Standard	Standard
Rounders	Standard	Standard
Rowing	Standard	Standard

Sport and Activity Description / Title	Personal Accident and Public Transport Accident cover is	Personal Liability Cover is
Running, Sprint / Long Distance (amateur)	Standard	Standard
Sail Boarding / Wind Surfing	Standard	Standard
Sailing (if qualified or part of an organised activity in territorial waters only)	Excluded	Excluded
Scuba Diving ++ (See note below)	Standard	Standard
Ski touring	Excluded	Excluded
Snowmobiling	Excluded	Excluded
Skiing (on piste or off piste with a guide)	Standard	Standard
Snowblading	Excluded	Excluded
Snowboarding (on piste or off piste with a guide)	Excluded	Excluded
Snorkelling	Standard	Standard
Soft Ball	Standard	Standard
Squash	Standard	Standard
Stand up paddle boarding	Standard	Standard
Surfing	Standard	Standard
Swimming	Standard	Standard
Table Tennis	Standard	Standard
Tai Chi	Standard	Standard
Tennis	Standard	Standard
Tenpin Bowling	Standard	Standard
Trampolining	Standard	Standard
Track Events	Standard	Standard
Tree Canopy Walking	Standard	Standard
Trekking (under 1,000 metres altitude)	Standard	Standard
Tubing	Standard	Standard
Tug of War	Standard	Standard
Volleyball	Standard	Standard
Wake Boarding	Standard	Standard
Walking (under 1,000 metres altitude)	Standard	Standard
Water Polo	Standard	Standard
Water Skiing	Standard	Standard
Whale Watching	Standard	Standard
Wind Surfing / Sail Boarding	Standard	Standard
Wind tunnel flying	Standard	Standard
Work (excluding manual work) - Bar and restaurant work, wait staff, chalet, maid, au pair and childcare services, managerial/supervisory roles, retail work, sales, clerical duties, administrative work, occasional manual labour (ground level only, no machinery).	Excluded	Excluded
Zorbing	Standard	Standard
Zip Lining	Standard	Standard

++Scuba diving:

Scuba diving to the below listed depths, provided **you** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guidelines of the relevant diving or training agency or organisation and **you** are not diving alone:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres*
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 30 metres*
- BSAC Dive Leader – 30 metres*

If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres. **You** will not be covered under this policy if **you** travel by air within 24 hours after participating in scuba diving.

Section A – Rearrangement

This section of the policy covers rearrangement of **your trip** for specific reasons only. If something unavoidable has happened, which means **your trip** can no longer proceed as planned, **you** will need to decide whether to rearrange **your trip**. If **you** decide to rearrange **your trip**, **we** will pay the financial difference of the **additional costs** incurred to rearrange **your** original **trip** plans to meet **your** new arrangements, to the same standard as originally booked and budgeted for. If **you** claim for a reason that is unforeseen or out of **your** control, there is no cover under this insurance policy unless the reason is listed under the “What is covered” sections below.

✓ What is covered

If **your trip** is disrupted before the scheduled start date due to any of the reasons listed in points 1 to 9 below, **we** will reimburse the **additional costs you** incur for unused travel, tuition and accommodation, provided that the rearrangement of **your trip** is necessary and unavoidable.

If **you** rearrange **your trip**, **we** will cover the **irrecoverable additional costs you** incur for alternative arrangements for **your trip** which must be for the same **trip** or of the same standard. This payment is meant to help **you** pay for **additional costs** incurred to rearrange **your** booked **trip**. These costs must be necessary, reasonable and proportional. Specifically:

- necessary costs are those essential to secure a similar **trip** service or supplier as originally booked.
- reasonable costs should not significantly exceed the typical market rates for similar **trip** services or suppliers in **your** location.
- proportional costs may be slightly higher for imminent **trips**, but they should still be in line with the typical charges for similar services.

Reasons for rearrangement of **your trip**:

1. The death, **bodily injury, serious illness or complications of pregnancy and childbirth** of:
 - a) **you**; or
 - b) a **close relative**; or
 - c) **your travelling companion**; or
 - d) any person **you** have arranged to stay with during **your trip**.
2. The police have asked **you** to stay at **your home** due to serious damage to **your home** or business (where **you** are the owner, manager or principal of the business) caused by **theft** or a malicious third party who is not related to **you**.
3. The government of **your country of temporary residence** or other regulatory authority in a country in which **you** are travelling to/from has issued travel restrictions. This excludes where advice is issued due to a **pandemic, epidemic or regional quarantine** if this advice came into force after **you** purchased this insurance or booked the **trip** (whichever is the later).
4. Compulsory **personal quarantine** of **you** or **your travelling companion(s)**.
5. Jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your travelling companion(s)**.
6. **Your redundancy**.
7. **Your exam** failure.
8. The non-issuance of a student or travel visa required for **your trip**, provided **you** were eligible to make such an application, for reasons beyond **your** control.
9. If **your outward journey** on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to:
 - a) **strike or industrial action**; or
 - b) **adverse weather conditions**; or
 - c) mechanical breakdown of, or a technical fault occurring, in the scheduled **public transport** on which **you** are booked to travel.

! Special conditions relating to claims

1. **You** must tell **your** booking agent, **trip** organiser, transport provider or accommodation provider as soon as **you** know it is necessary to rearrange **your trip**. If **you** do not, **we** are only responsible for the rearrangement charges that would have applied at that date.
2. **We** will reimburse **you** for **irrecoverable additional costs** and **you** must provide evidence of **your** rearranged **trip**.
3. If **you** rearrange the **trip** due to:
 - a) stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from, **you** must provide (at **your** own expense) a medical certificate from a **medical practitioner** specialising in the relevant field.
 - b) any other **bodily injury, serious illness or complications of pregnancy and childbirth**, **you** must provide (at **your** own expense) a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from travelling.
4. If **you** rearrange the **trip** due to **exam** failure:
 - a) **You** must supply written evidence from **your academic course** provider (e.g., College/University):
 - i. confirming the date(s) of **your** resit(s), along with the cancellation invoice, booking form/receipt and the original travel tickets.
 - ii. confirming **your** course attendance and which satisfied the minimum attendance requirements of **your academic course**.
 - b) **You** must provide written confirmation from the college, university or language school that rearrangement of the **international programme** and/or any part of it (for which tuition fees have been paid), has been considered and is not suitable for any future date.
5. If **you** rearrange **your trip** due to non-issuance of a student or travel visa, **you** must have been eligible to make such an application. **You** must supply written evidence of **your** application eligibility including the following:
 - a) Passport validity – **you** hold a valid passport with the minimum validity period for the destination country.
 - b) Blank Passport Pages – **you** hold the minimum number of required blank pages on **your** passport for the destination country.
 - c) Vaccination requirements – **you** hold and provided a valid international vaccination certificate (if required as part of the visa application process for the destination country).
 - d) Application Process – **you** satisfied the visa application process and provided the required documents for **your** destination country, including but not limited to (where applicable) making an appointment with the respective visa authority, provision of documents, proof of finances, travel tickets, processing fees, satisfying permitted **trip** durations of issuing country, and satisfying the health insurance coverage for the destination country.

We will not cover claims for the denial of a student or travel visa due to reasons that are reasonably expected to be part of the eligibility criteria for the visa application.
6. For scheduled **public transport** delays on **your outward journey** claims (point 9 above):
 - a) **You** must check in according to the itinerary **you** have been given.
 - b) **You** must get written confirmation from the carriers (or their handling agents) of the number of hours **you** were delayed and the reason for the delay.
 - c) **You** must keep to the terms of contract of the booking agent, travel agent, tour operator or transport provider.

✗ What is not covered

1. The excess.
2. Rearrangement claims after **your trip** commences.
3. Any claims arising directly or indirectly from:
 - a) **existing medical conditions** or **you** failing to keep to the terms of the 'Important conditions relating to health' section;
 - b) any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**;
 - c) **redundancy** caused by or resulting from misconduct leading to dismissal, resignation or voluntary **redundancy**, or if **you** were warned or told about **redundancy** before the **purchase date** of this insurance or the time **you** booked **your trip** (whichever is later); or
 - d) circumstances known to **you** before the **purchase date** of **your** policy or at the time of booking any **trip** and which could reasonably have been expected to result in **you** rearranging **your trip**.
4. The cost of airport departure duty, taxes and fees.
5. Any costs paid for using any airline mileage reward scheme, for example Avios, or any card bonus point schemes, any timeshare, holiday property bond or other holiday point's scheme and/or any associated maintenance fees.
6. Any unused or additional costs incurred by **you** which are recoverable from:
 - a) the providers of the accommodation, their booking agents, travel agent or compensation scheme;
 - b) the providers of the transportation, their booking agents, travel agent or compensation scheme;
 - c) **your** credit or debit card provider or PayPal; or
 - d) any other insurance under which **you** are entitled to indemnity, including any amounts recoverable from any other source.

7. Any claim resulting from:
 - a) the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** including error, insolvency, omission or default;
 - b) any rearrangement caused by work commitment or amendment of **your** annual leave/vacation entitlement by **your** employer unless **you** or any **travelling companion** or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your/their** authorised leave cancelled for operational reasons;
 - c) claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided; or
 - d) any claim resulting from a change of plans due to **your** financial circumstances, except if **you** are made **redundant** whilst in permanent employment with the same employer for 2 years or more.
8. Any claim resulting from **your** inability to travel due to loss of or **your** failure to hold, obtain or produce a valid passport, visa, inoculation certificates, travel tickets and so on, that **you** need to travel.
9. Any claim resulting from:
 - a) visas other than a student or travel visa, such as immigration, transit, work, business and/or employment visas;
 - b) visa applications that were denied without a detailed explanation for the non-issuance and decline provided to **us**;
 - c) late application of **your** visa;
 - d) subsequent visa attempts that have previously been refused or declined in the past; or
 - e) visa applications that were denied due to **your** criminal record.
10. Any claim resulting from **exam** failure:
 - a) due to non-attendance, whether deliberate or otherwise;
 - b) if the **examination** date was set, or in the case of a re-sit **exam**, **your exam** results were available before the **purchase date** of this insurance;
 - c) course resits and fees due to **your academic course** failure;
 - d) due to an **examination** undertaken before the **purchase date** of this insurance; or
 - e) due to an **examination** which is not directly related to and required for **your** booked **academic course**.
11. Any claims arising from:
 - a) rearrangement after initial leg of a **trip** has commenced;
 - b) **strike or industrial action** or air traffic control delay existing or publicly declared by the **purchase date** of this insurance or at the time of booking **your trip** (whichever is the earlier);
 - c) withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country; or
 - d) claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
12. Any claims arising from:
 - a) any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations;
 - b) any claim where **you** cannot travel or choose not to travel because the government of **your country of temporary residence** or other regulatory authority in a country in which **you** are travelling to/from has issued travel restrictions advising against travel due to a **pandemic or epidemic**; or
 - c) any claim due to a **regional quarantine**, other than as provided for in Section A – Part 1: Rearrangement
13. Claims for **travelling companions** if they are not **insured persons**.
14. **Additional Costs** for rearrangement if **you** have not rearranged **your trip**.
15. The premium and/or any cost of purchasing this insurance.
16. Any rebooking costs that exceed the cost of **your** originally booked **trip**.
17. **You** not wanting to travel, for any reason.
18. **Holidays**.
19. **Your** failure to comply with the special conditions relating to claims.
20. Anything mentioned in the general exclusions section.

Section B – Emergency Medical, Repatriation and Other Expenses

This section provides cover for the reasons shown under the ‘What is covered’ section below, whilst **you** are on a **trip** during **your period of insurance**. Under this section of **your** policy, an emergency shall mean; for the immediate relief of pain or discomfort because **you** suffer a **serious illness** or a **bodily injury**.

✓ What is covered

We will pay **you** up to the amount shown in the Policy Schedule for the following expenses which are necessarily incurred as a result of **you** suffering unforeseen **bodily injury**, **serious illness**, disease or **complications of pregnancy and childbirth** whilst **you** are on a **trip** outside **your home country**:

1. Emergency medical, surgical, **hospital**, ambulance and nursing fees and charges incurred.
2. Emergency dental treatment for the immediate relief of pain to **your** natural teeth up to €300 incurred.
3. If **you** are unable to use **your** original, booked return ticket, **we** will pay reasonable additional transport expenses (economy class) and/or accommodation expenses (room only) incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date.
4. With the prior authorisation of the **Emergency Assistance Service**, reasonable additional transport expenses (economy class) and accommodation expenses (room only) incurred for one person who is either a **close relative** or friend, to remain with **you** or to travel to **you** from **your home country** or **your country of temporary residence** to escort **you** and additional transport expenses (economy class) and/or accommodation expenses (room only) incurred to return **you** to **your home country**.
5. In the event of **your** death, the cost of funeral expenses plus the reasonable cost of conveying **your** ashes to **your home country**, or the additional costs of returning **your** body to **your home country**. This includes, with the prior authorisation of the **Emergency Assistance Service**, reasonable additional transport expenses (economy class) and accommodation expenses (room only) incurred, up to a maximum of €2,000 in total for two **close relative(s)**, to travel from **your home country** to escort **your** ashes or body back to **your home country**.
6. Only with the prior authorisation of the **Emergency Assistance Service**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home country**, if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel used on the **international outward journey**, unless the **Emergency Assistance Service** agree otherwise.
If a **close relative** or a friend travels to **you** to escort **you home**, they will need to make sure that they have taken out adequate travel insurance for their own needs.

! Special conditions relating to claims

1. **You** must give notice immediately to the **Emergency Assistance Service** of any **bodily injury** or **serious illness** which necessitates **your** admittance to **hospital** as an inpatient or before any arrangements are made for **your** repatriation. There is no cover under this policy for expenses incurred without **our** prior approval.
2. In the event of **your bodily injury** or **serious illness**, **we** reserve the right to relocate **you** from one **hospital** to another and arrange for **your** repatriation to **your home country** at any time during the **trip**. **We** will do this if, in the opinion of the **medical practitioner** in attendance or the **Emergency Assistance Service**, **you** can be moved safely and / or travel safely to **your home country** to continue treatment.
3. **You** must claim against **your** private health insurance policy first for any inpatient medical expenses abroad up to **your** policy limit.
4. For medical expenses incurred in the United States of America (USA), **we** will only pay for reasonable and necessary emergency treatment, surgical, **hospital** and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then **we** will pay a maximum amount of 150% of the USA Medicare rate.

✗ What is not covered

1. The excess unless **you** have successfully reduced **your** medical expenses bill by more than **your** excess amount by using a reciprocal health agreement or private health insurance policy.
2. Any claims arising directly or indirectly from:
 - a) **existing medical conditions** or **you** failing to keep to the terms of the ‘Important conditions relating to health’ section.
 - b) any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**. This section is designed to provide cover for unforeseen events, **accidents**, **serious illness** and diseases and normal childbirth would not constitute an unforeseen event.

3. Any claims arising directly or indirectly from:
 - a) expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your home country**.
 - b) the cost of treatment or surgery, including exploratory tests e.g. **COVID** tests, which are not directly related to the **bodily injury** or illness which necessitated **your** admittance into **hospital**.
 - c) any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.
4. Any claims arising directly or indirectly from:
 - a) the cost of private treatment unless authorised specifically by the **Emergency Assistance Service**.
 - b) treatment or services provided by a private clinic or **hospital**, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the **Emergency Assistance Service**. This includes any physiotherapy costs.
 - c) additional costs arising from single or private room accommodation.
5. Any claims arising directly or indirectly from:
 - a) any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and/or the **Emergency Assistance Service** can be reasonably delayed until **your** return to **your home country**.
 - b) any expenses incurred as a result of **your** decision not to be repatriated after the date when in the opinion of the **Emergency Assistance Service**, it is safe to do so. **Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.
 - c) any claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services, **our** liability to pay further costs for repatriation will be limited to what **we** would have paid if **your** repatriation had taken place at the time and costs agreed and arranged by **our Emergency Assistance Service**.
 - d) any expenses **you** incur after or upon **your** return to **your home country**.
6. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
7. Any claim for travel costs incurred to reach **your home country** if **you** had not purchased a return ticket.
8. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation, unless **we** agree otherwise.
9. Any claims arising directly or indirectly in respect of:
 - a) costs of telephone calls other than:
 - i. calls to the **Emergency Assistance Service** notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned; and
 - ii. any costs incurred by **you** when **you** receive calls on **your** mobile telephone from the **Emergency Assistance Service** for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.
 - b) the cost of taxi fares, other than those for travel to or from **hospital** relating to **your** admission, discharge, attendance for outpatient treatment or appointments or for the collection of medication prescribed by the **hospital**.
10. Anything mentioned in the general exclusions section.

Section C – Hospital Benefit

✓ What is covered

We will pay **you**, up to the amount shown in the Policy Schedule, for every complete 24 hours **you** have to stay in **hospital** as an inpatient or are confined to **your** accommodation on the order of a **medical practitioner** outside of **your home country** as a result of **bodily injury** or **serious illness** **you** sustain.

We will pay the amount above in addition to any amount payable Under Section B – Emergency Medical, Repatriation and Other Expenses.

This payment is meant to help **you** pay for additional expenses such as taxi fares and phone calls incurred during **your** stay in **hospital**.

! Special condition relating to claims

You must tell **our Emergency Assistance Service** as soon as possible about any **bodily injury** or **serious illness** which means **you** need to be admitted to **hospital** as an inpatient or confinement to **your** accommodation on the orders of a **medical practitioner**.

✗ What is not covered

1. Any claim resulting from:
 - a) any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **serious illness** which necessitated **your** admittance into **hospital**.
 - b) any additional period of hospitalisation or confinement to **your** accommodation on the orders of a **medical practitioner** following **your** decision not to be repatriated after the date when in the opinion of the **Emergency Assistance Service** it is safe to do so.
 - c) time spent in **hospital** relating to any form of treatment or surgery which in the opinion of the attending **medical practitioner** and **our Emergency Assistance Service**, can reasonably be postponed until **your** return to **your home country**.
 - d) any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
2. Time spent in **hospital** or confinement to **your** accommodation on the orders of a **medical practitioner** as a result of a disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
3. Any time spent in a **hospital** in **your home country**.
4. **Existing medical conditions** or **you** failing to keep to the terms of the 'Important conditions relating to health' section.
5. Anything mentioned in the general exclusions section.

Section D – Personal Accident and Public Transport Accident

✓ What is covered

We will pay up to the amount shown in the Policy Schedule:

1. if **you** sustain a **bodily injury** caused by an **accident** during a **trip**, which shall solely and independently of any other cause, result within 12 months in **your** death, **loss of limb**, **loss of sight** or **permanent total disability**; or
2. if **you** sustain **bodily injury** caused by an **accident** whilst travelling on **public transport** during a **trip**, which shall solely and independently of any other cause, result within 12 months in **your** death, **loss of limb**, **loss of sight** or **permanent total disability**.

! Special conditions relating to claims

1. **Our medical practitioner** may examine **you** as often as **we** deem necessary in the event of a claim.
2. Under **permanent total disability**, **you** need to be certified by **our medical practitioner** that there is no likelihood of an improvement in **your** condition.

Provisions

Benefit is not payable to **you**:

- a) under more than one of the items shown in the Policy Schedule per **trip**;
- b) under **permanent total disability**, until one year after the date **you** sustain the **bodily injury**; or
- c) under **permanent total disability**, if **you** are able or may be able to carry out any relevant employment or relevant occupation.

In the event of **your** death, the death benefit payment will be paid into the deceased's estate.

✗ What is not covered

Any claims arising directly or indirectly from the following:

1. Any payment under **permanent total disability** within 12 months from the date **you** sustain **bodily injury**.
2. Any **permanent total disability** or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Under 'What is covered' point two, any claim when **you** are not travelling on **public transport**.
4. **Your** failure to comply with the Important Conditions Relating to Health section.
5. Normal and habitual travel (commuting) between **your** place of study or place of employment or second residence will not be considered as a covered **trip**.
6. Anything mentioned in the general exclusions section.

Section E – Personal Liability

✓ What is covered

We will pay up to the amounts shown in the Policy Schedule inclusive of legal costs and expenses, for **your** legal liability for damages **you** have to pay if someone makes a claim against **you** during **your period of insurance** for:

- i) **accidental bodily injury**, death or illness to any person;
- ii) **accidental** loss of or damage to property that does not belong to **you**, and is not in the care, custody or control of **you**, a **close relative**, **travelling companion**, anyone in **your** employment or any member of **your** household;
- iii) **accidental** loss of or damage to property **you** are renting as **your** temporary **trip** accommodation, provided **you** do not own it.

The maximum that **we** will pay under this section for **accidental bodily injury**, death or illness to any person resulting from a single occurrence or a series of occurrences arising directly or indirectly from one source or original cause is €2,000,000.

The maximum that **we** will pay under this section for **accidental** loss of or damage to property resulting from a single occurrence or a series of occurrences arising directly or indirectly from one source or original cause is €500.

! Special conditions relating to claims

1. The excess.
2. If **you** receive any correspondence from any person claiming injury or damage against **you**, **you** should not respond. Please forward all correspondence to **us** without delay. **We** reserve the right to deal with the defence or settlement of **your** claim in **your** name.
3. **You** must:
 - a) give **us** written notice as soon as possible of any incident, which may give rise to a claim;
 - b) forward every letter, writ, summons and process to **us** as soon as **you** receive it; and
 - c) not admit any liability or pay, offer to pay, promise to pay, or negotiate any claim without **our** written consent.
4. **We** are entitled to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this policy.
6. If, at the time of a claim, another policy covers any item or event insured under this policy, **we** will only pay **our** proportionate share of the claim regardless of any exclusions which apply under the other policy.

✗ What is not covered

1. The excess applicable to 'What is Covered' point ii) and iii) above.
2. Any claims arising directly or indirectly from the following:
3. Any liability relating to or arising from **bodily injury**, death, **serious illness** to any person who is:
 - a) under a contract of service with **you** when such injury arises out of and in the course of their employment by **you**;
 - b) **your close relative** or **immediate family**.
4. Any liability relating to or arising from loss of or damage to property that belongs to **you**, or is in the care, custody or control of **you**, a **close relative**, **travelling companion**, anyone in **your** employment or any member of **your** household. However, this exclusion shall not apply in respect of loss of or damage to buildings and their contents not belonging to but temporarily occupied by a **you** in the course of the **trip**.
5. Compensation or legal costs arising directly or indirectly from:
 - a) ownership or occupation of land or buildings (other than occupation only of any temporary **trip** accommodation);
 - b) pursuit of or **you** carrying out any employment, business, trade, profession or occupation or the supply of goods or services;
 - c) ownership, possession or use of mechanically propelled vehicles, automobile, aircraft, watercraft (other than surfboards or manually propelled rowboats, punts, or canoes) or any mechanically propelled conveyance;
 - d) activities or volunteer work organised by, or under the auspices of, a charitable, voluntary, not for profit, social or similar organisation when liability for such activities or work should reasonably be included within the organisation's own public liability policy;
 - e) the transmission of any communicable disease or virus;
 - f) destruction or damage by vandalism, wilful or malicious acts by **you**, a **close relative**, or **immediate family** anyone in **your** employment or any member of **your** household or by any person legally entitled to be in or on the rented property.
6. Any claims arising directly or indirectly from **COVID**.
7. Any liability:
 - a) assumed by **you** under agreement, unless the liability would have attached in the absence of such agreement;
 - b) arising out of actions between **insured persons**.

8. **We** will not pay for any **accidental** loss of or damage to property claims under ‘What is Covered’ point ii) and iii) above for:
- i. Any claims arising directly or indirectly from the following:
 - a) the cost of repairing or restoring any undamaged part of the property;
 - b) loss or damage caused by pets or domestic animals, for example, damage by chewing, scratching, tearing or fouling by domestic animals;
 - c) loss or damage caused by carrying out structural improvements or alterations;
 - d) loss or damage which happens during any period when the property is unfurnished or unoccupied for more than 30 days in a row; or
 - e) loss of or damage to **your** personal possessions by a **close relative, immediate family** or anyone in **your** employment.
 - ii. Matching sets and suites:
 - a) the cost of replacing any undamaged items that form part of a collection, set or suite, or are part of a common design, for example, if there is damage to floor coverings, **we** will only pay for the cost of replacing the damaged part or, if **we** cannot find a matching part, the floor covering in the room where the damage happened and not undamaged floor coverings in other rooms or areas.
 - iii. Mechanical/Electrical Breakdown:
 - a) caused by mechanical or electrical breakdown; or
 - b) caused by the use of faulty or unsuitable materials/design, or faulty workmanship.
 - iv. Wear and tear:
 - a) by wear and tear, rust, atmospheric or climatic conditions, movement, settlement or shrinkage, wet or dry rot, vermin, insects, fungus, electrical or mechanical breakdown or anything which happens gradually; or
 - b) the cost of general maintenance.
 - v. Escape of water:
 - a) to tiles, walls, floors and ceilings caused by the gradual leakage or seepage of water from all fixed sanitary ware units including baths and shower units; or
 - b) caused by water leaking from shower units and baths through seals and grouting.
 - vi. Deliberate or existing damage:
 - a) caused by any deliberate act by **you**, anyone in **your** employment (for example, a cleaner) or any member of **your** household or any other person living in the property; or
 - b) which happened before or as a result of an event which happened before this cover started.
9. Anything mentioned in the general exclusions section.

Section F – Death During a Trip

To avail of assistance under this section, the **insured’s** next of kin must call the **Emergency Assistance Service** on telephone: +353 1 233 7743. This section provides cover for the reasons shown under the ‘What is covered’ section below and apply during the **period of insurance**. The maximum amount of money this section can pay is €20,000 during the **period of insurance**. If the **insured’s** next of kin travels to escort the deceased’s body **home**, they will need to make sure that they have taken out adequate travel insurance for their own needs.

✓ What is covered

We will pay up to the amount shown in the Policy Schedule for the following reasonable and necessary expenses which are necessarily incurred if an **insured person** unexpectedly dies during a **trip** outside their **home country**.

1. Organise and pay for visa requirements for the deceased’s body.
2. Organise and pay for visa requirements for up to two next of kin to travel to be with the deceased’s body.
3. Organise, book and pay for economy class flights for up to two next of kin to be with the deceased’s body.
4. Arrange and pay for transportation from the airport to the **hospital** or accommodation for up to two next of kin.
5. Arrange, book and pay for accommodation (room only, near the **hospital** or in a central location) for up to two next of kin.
6. Organise and pay for translators, if required, to assist next of kin with **hospitals**, authorities and paperwork.
7. Arrange and purchase economy class flights for up to two next of kin to travel back to their original destination.
8. If required, arrange and pay to pack and send the deceased’s belongings to their **home country**.
9. Arrange and pay for the reasonable expenses to repatriate the deceased’s body back to their place of residence, morgue or crematorium.

! Special conditions relating to this section

1. To avail of this service, the **insured**'s next of kin must contact the **Emergency Assistance Service** following the death of the **insured person** which necessitates **our** assistance or before any arrangements are made for repatriation of the deceased's body. There is no cover under this policy for expenses incurred without **our** prior approval.

✗ What is not covered

1. Costs incurred without prior agreement by **our Emergency Assistance Service**.

General Conditions Applying to the Whole Policy

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply, **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. Dual insurance

If, at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability, then **you** must disclose this to **us** at the time of submitting a claim. In these circumstances, **we** will not be liable to pay or contribute more than **our** proportional share (not applicable to Section D – Personal Accident and Public Transport Accident).

Under Section B – Emergency Medical, Repatriation and Other Expenses: In the event that **you** hold a private health insurance policy, **your** private health insurer must pay the first amount as stated in their policy and **we** will commence cover once that limit has been reached.

2. Reasonable precautions

You must take, at all times, all reasonable precautions to avoid injury, **serious illness**, disease, loss, **theft** or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover any lost or stolen property.

3. Cancellation

Cancellation by the policyholder

Statutory Cancellation Rights

If this insurance does not meet the **policyholder** requirements, please contact **GuardMe** within 14 working days of the **purchase date** and providing no claim has been made or is pending, the premium will then be refunded in full, and the policy will be cancelled.

Cancellation Outside the Statutory Period

The **policyholder** may cancel this policy at any time after the cancellation period by contacting **GuardMe**. If the policy is cancelled outside of the terms of the Statutory Cancellation Rights, referenced above, the **policyholder** will not receive a premium refund.

Non-payment of premiums

We can cancel the policy immediately by sending the **policyholder** written notice if the **policyholder** does not pay the premium.

Cancellation by the insured person

Cancellation within 14 working days of the purchase date: **You** may not cancel this policy, however, **you** may choose to end **your** cover and **your** entitlements to all benefits under this policy by writing to the **policyholder** within 14 working days of the **purchase date**. Please contact the **policyholder** for a premium refund providing **you** have not travelled, and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

Cancellation after 14 working days of the purchase date: **You** may choose to end **your** cover and **your** entitlements to all benefits under this policy by writing to the **policyholder** 14 working days after the **purchase date**. If **you** cancel outside of the terms of the Statutory Cancellation Rights, referenced above, the **policyholder** will not receive a premium refund.

Cancellation by White Horse Insurance Ireland dac

We may, at any time, cancel any insurance policy by giving 14 working days' notice in writing where there is a valid reason for doing so. A cancellation notice will be sent to the **policyholder** by email or by post to the **policyholder's** last known address. Valid reasons may include, but are not limited to:

- where **we** reasonably suspect fraud;
- non-payment of premium;
- threatening and abusive behaviour;
- non-compliance with policy terms and conditions; and
- the **policyholder** has not taken reasonable care to provide complete and accurate answers to the questions **we** ask.

If **we** cancel the policy and/or any additional covers, the **policyholder** will receive a refund of any premiums they have paid for the cancelled cover, less a proportionate deduction for the time **we** have provided cover. Where **our** investigations provide evidence of fraud or misrepresentation, **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when the **policyholder** provided **us** with incomplete or inaccurate information. This may result in this policy being cancelled from the date the **policyholder** originally took it out and **we** will be entitled to keep the premium. If the policy is cancelled because of fraud or misrepresentation, this may affect the **policyholder's** eligibility for insurance with **us**, as well as other insurers, in the future.

4. Duty of care

You and the **policyholder** must take care to answer all questions honestly and to the best of **your** knowledge. **You** must not make any misrepresentation of a fact that could influence **us** in accepting this insurance, this includes the **trip** or **holiday** destination, duration and age of all insureds on this policy.

5. Assignment

No assignment of interest under this group insurance policy shall be binding upon **us**. Subject to the General Condition headed 'Payment of Benefits', the benefits under this group insurance policy may not be assigned by the **insured person**. White Horse Insurance Ireland dac shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to this group insurance policy.

6. Payment of Benefits

Notwithstanding the General Condition headed 'Assignment', where in relation to any claim the **group policyholder**, at its discretion, directs White Horse Insurance Ireland dac to do so, White Horse Insurance Ireland dac shall pay benefits to, or indemnify, a named **insured person** and the receipt of such **insured person** shall be a sufficient discharge of White Horse Insurance Ireland dac's liability to indemnify or pay the benefits concerned.

Claims Conditions

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply, **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. Claims

For any claim other than for emergency medical treatment, please contact **us** by either:

Claims Link: guardme.claimsorted.com, Email: guardme@claimsorted.com or Telephone: +353 1 233 7743.

The claim notification should be made as soon as possible after any **bodily injury**, **serious illness**, disease, incident, event, **redundancy** or the discovery of any loss or damage which may lead to a claim under this policy.

You must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them.

You must also tell **us** if **you** are aware of any court claim form, summons or impending prosecution. Every communication relating to a claim must be sent to **us** as soon as possible. **You** or anyone acting on **your** behalf must not negotiate, admit, settle, refuse or make any arrangement for any claim without **our** permission in writing.

You or **your** legal representatives must supply at **your** own expense all information, evidence, original invoices, receipts, reports, details of private medical insurance (if applicable), details of household insurance (if applicable), medical certificates as required by **us** and any assistance that may be needed including details of other insurance policies (if applicable) that may cover the claim.

We reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post-mortem examination.

We may refuse to reimburse **you** for any claims which **you** cannot provide proof of payments such as an original receipt, bank, or credit card statements.

We may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this policy.

Please keep copies of all documents sent to **us**.

2. Transferring of rights - Subrogation

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

3. Fraud

You must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way;
- b) Make a statement in support of a claim knowing the statement to be false in any way;
- c) Submit a document in support of a claim knowing the document to be forged or false in any way;
- d) Make a claim for any loss or damage caused by **your** wilful act or with **your** connivance/involvement;

then:

1. **We** will not pay the claim.
2. **We** will not pay any other claim which has been or will be made under the policy.
3. **We** may make the policy void from the date of the fraudulent act.
4. **We** will be entitled to recover from **you** the amount of any claim already paid under the policy.
5. **We** will not refund any premium.
6. **We** may inform the Gardai/police of the circumstances.

We, our agents, and fraud prevention agencies obtain and share information with each other to prevent and detect fraudulent claims to help protect **our** customers and ourselves from such activity.

How to Claim – Claims procedure

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not comply, **we** may at **our** option cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment. When contacting the claims department, please have the following information to hand:

POLICY REFERENCE: **GUARDME MULTIRISK IRELAND EU**

- Name of **your** policy and who it was purchased from (school / agency)
- Policy number
- **Issue date (purchase date)** of this insurance, travel dates and incident date
- Brief circumstances and where the incident occurred
- Value of claim

Failure to have the required information readily available could lead to delays in processing **your** claim. **We** may refuse to reimburse **you** for any claims which **you** cannot provide proof of payments such as an original receipt, bank or credit card statements.

For emergency medical assistance claims

In the event of a **serious illness** or **bodily injury** which may lead to inpatient **hospital** treatment or before any arrangements are made for repatriation **you** must contact the **Emergency Assistance Service** on Telephone: +353 1 233 7743.

For all other claims:

To make a claim other than any claim for medical emergencies please contact **us** by either:

Claims Link: guardme.claimsorted.com, Email: guardme@claimsorted.com or Telephone: +353 1 233 7743.

Please notify **us** as soon as possible after any **bodily injury**, **serious illness**, incident or discovery of loss or damage that may lead to a claim under this policy. Keep copies of all documents sent to **us**.

To help **us** settle claims quickly and fairly, **we** may sometimes need to appoint a claims handling agent. While **you** are on a **trip**, **you** may need to obtain additional information about **your** claim. **We** may request more documentation than listed below to substantiate **your** claim. Failure to provide the necessary documentation could result in **your** claim being refused.

Below is a list of the documents required to assist **us** in processing **your** claim as quickly as possible.

For All Claims

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative** or any person with whom **you** are travelling or staying with. For any claims due to a death, **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative** or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts.
- Anything listed under the 'Special conditions relating to claims' section **you** are claiming against.

Rearrangement

- Original receipt or invoice(s) detailing all **additional costs**, cancellation charges incurred, and any refunds given.
- To submit a claim for abandonment after 24 hours delay, **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances, **we** will detail what documents **you** would need to provide in the claim forms.

Medical Expenses

- In case of any medical emergency, **you** must contact the **Emergency Assistance Service** as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.

- A medical report from the **medical practitioner** is required confirming the treatment and medical expenses.
- If there are any outstanding expenses, please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after the prior authorisation of the **Emergency Assistance Service**, please provide these receipts.

Hospital Benefit

- Original receipts for any incidental expenses incurred.
- Medical report confirming the dates of admission and discharge.

Personal Accident and Public Transport Accident

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Full details of any witnesses, providing written statements where possible.

Personal Liability

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

Complaints Procedure

We know that sometimes, no matter how hard **we** try, **we** don't always get it right. If **you** have a complaint, it's important that **you** know that **we** are committed to providing **you** with an exceptional level of service and customer care. **We** want to hear about **your** complaint so that **we** can try to put things right.

If **you** have a complaint regarding the SALE of this insurance including the way in which **your** policy was sold to **you** or information about **your** policy, please contact the issuing agent who sold **you your** insurance policy.

If **you** have a complaint regarding a CLAIM **you** have made, please contact White Horse Insurance Ireland dac as follows:

By writing to	The Customer Experience Manager White Horse Insurance Ireland dac Rineanna House Shannon Free Zone Shannon County Clare Republic of Ireland V14 CA36.
Email	complaints@white-horse.ie

Our Customer Experience Manager will issue a final response to **your** complaint. If **you** are still not satisfied with **our** decision after following the procedure above, **you** can contact:

By writing to	The Financial Services and Pensions Ombudsman Lincoln House Lincoln Place Dublin 2 Republic of Ireland D02 VH29.
Email	info@fspo.ie
Website	www.fspo.ie
Phone	+353 1 567 7000

The Financial Services and Pensions Ombudsman will not consider **your** complaint until **we** have issued a final response letter.

Data Protection – White Horse Insurance Ireland dac

White Horse Insurance Ireland dac holds **your** personal information in accordance with all applicable data protection laws.

To administer **your policy** White Horse Insurance Ireland dac will collect and use information about **you** provided by **you**. This notice applies to anyone who is insured under this insurance **policy** and whose personal information may be processed for the provision of insurance and related services.

Personal information may be used by **us** for the purposes of administering **your policy** including decision making on provision of insurance cover, underwriting, processing and claims handling. **We** may also use **your** personal information for other related matters such as customer service, analysis, complaints handling and the detection and prevention of crime. The information **you** have supplied may be passed to other insurers and reinsurers for underwriting and claims purposes or to other third-party service providers used by **us** in fulfilling **your** insurance contract.

We may send **your** personal information in confidence to other companies who provide services to **us** for processing and storage. This may mean sending information to countries outside of the United Kingdom, European Union or European Economic Area that may not have the same levels of privacy legislation as in the United Kingdom, European Union or European Economic Area. When **we** do this, **we** will ensure that **we** transfer the data securely and accordingly to regulatory requirement.

You have various rights in relation to personal information that is held by **us**, including the right to request access to **your** personal information, the right to correct inaccurate personal information, or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

This notice explains certain aspects of how **we** use **your** information and what rights **you** have in relation to **your** personal information, however, **you** can obtain more information about how **we** use **your** data by reviewing **our** full Privacy Policy. **Our** privacy policy is available to read on **our** website www.whitehorseinsurance.eu. **Your** data will be treated in accordance with **our** Privacy Policy.

Data Protection – GuardMe

We, at **GuardMe** International Insurance Solutions Limited (“guardme.ie”), have made our Privacy Notice as clear and transparent as possible to help **you** understand how we collect and use **your** information.

Collecting personal information from our policyholders and their beneficiaries under the policies is essential to our ability to offer our customers high-quality insurance products and services. We take great care to keep all personal information collected accurate, confidential, and secure. Our Privacy Notice sets out our compliance with the General Data Protection Regulations of the EU (GDPR) and explains **your** rights as a customer of ours. We set high standards for collecting, using, disclosing, and storing personal information and are fully committed to protecting the confidentiality and security of the information that **you** provide to us.

We may collect information from our customers which is personal information of other people, for example, beneficiaries on the policies or their family members who may be included on the customer policy. If **you**, as a customer, give us information about another person, it is **your** responsibility to ensure and confirm that:

- **you** have told the individual who we are and how we use personal information, as set out in this privacy notice; and
- **you** have permission from the individual to provide that personal information to us and for us to use it, as set out in this Privacy Notice.

The Company is committed to protecting **your** privacy. When **your** policy and/or service is purchased, **you** give consent for **your** personal data to be collected and processed by us in accordance with this Privacy/Data Protection Notice. This information may also be shared with third parties, such as insurance companies, providers of benefits under the policy of insurance or with service providers to **GuardMe**.

We collect and process **your** personal data in line with applicable privacy and data protection legislation. We take great care to keep **your** personal information accurate, confidential, and secure. We collect, use, or disclose **your** personal information only with **your** permission, which **you** may withdraw at any time, subject to legal and contractual restrictions and reasonable notice.

We collect only the information we need for the purposes we have identified to **you**. Our files are kept for the purpose of providing and servicing insurance products and services that we believe are right for **you**. We will not sell **your** personal information. Our Data Protection Officer can be contacted at privacyofficer@guardme.eu.

This notice explains certain aspects of how we use **your** information and what rights **you** have in relation to **your** personal information; however, **you** can obtain more information about how we use **your** data by reviewing our full privacy policy. Our privacy policy is available to read on our website www.guardme.eu. **Your** data will be treated in accordance with our privacy policy.