INTERNSHIP TRAVEL INSURANCE POLICY WORDING

The Intern Group
Policy # G210089

Benefit Table

Section	Benefit Type	Limit - USD
	Emergency Medical Assistance	**Unlimited**
	Emergency Medical, and Hospital Expenses	**5,000,000**
	Dental Expenses	**Up to USD 3,000 for accidental injury and USD 500 for pain relief**
	Mental Health Treatment (out-patient only)	**Up to $250 per session, maximum 5 sessions per person, per lifetime.**
	Medical Evacuation Expenses	**50,000**
	Repatriation of Remains or Burial	**25,000**
	Emergency Reunion	**5,000**
	Accidental Death	**30,000**
	Permanent Disability	**40,000**
	Luggage and Personal Effects (Includes Luggage Delay, Loss of Checked Luggage & Lost Documents/Money)	**1,000**
	Personal Liability	**1,000,000**
	Emergency Bail Bond	**1,500**
	Travel Delay	**Up to USD 350**
	Trip Interruption	**Up to one economy fare ticket**
	Search and Rescue	**25,000**
	Catastrophe Cover	**1,000**
	Legal Advice	**25,000**
	Security Evacuation Expense	**25,000**
	Optional Upgrades (if additional premium paid)	
A	PND and KCF	**100,000**
B	Trip Cancellation	**3,000**

POLICY EXCESS AMOUNTS

$100 excess applies to the following benefits:
• **Section 7:** Personal Liability

The Contract of Insurance

In return for You having paid the premium for the Coverage Period, We will provide You the Benefits set out in Your Policy whilst You are on a trip away from your Home Country during the Coverage Period subject to the Definitions, Condition, Benefits limits and Exclusion contained in Your Policy.

This is Your Travel Insurance Policy, which with your Certificate of Insurance should be read together and forms the contract of Insurance between You and Us but is only valid if you have paid the premium.

Your premium has been based on the information shown in Your Certificate of Insurance and recorded in the written declaration you have made. Please read them carefully to make sure they meet Your requirements and that the details on Your certificate of Insurance are correct. If after reading your Policy and Certificate You have any questions, please your insurance advisor.

IMPORTANT

It is essential that you provide us with a fair representation of the risks we are accepting when applying for cover. It is also important that you advise your broker, intermediary or Us of any changes which occur during the period of insurance which may alter information previously provided. If you are in doubt as to whether you need to disclose information to us then this should be declared.

It is Your responsibility to prove any loss therefore we recommend that you keep receipts, photographs and relevant documents to help with any claim you make. This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.

If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully. You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this Policy.

JURISDICTION AND CHOICE OF LAW

This insurance shall be governed by and construed in accordance with the laws of England and Wales and shall be subject to the jurisdiction of the courts of England and Wales.

All communications between You and Us shall be conducted in English except as otherwise provided in this Policy

YOUR CANCELLATION RIGHTS

If You decide that You want to cancel this Policy, you must notify the Plan Administrator within14 days of receipt of your Certificate of Insurance and Policy. We will provide you with a full refund of the Premium You have paid, provided You have not started Your journey and no claim under Your Policy has occurred.

If You notify the Plan Administrator that you want to cancel this Policy after this period or after You have started Your journey, We will refund a percentage of the premium You have paid calculated on a daily pro-rata basis equivalent to the period of cover left unused provided that no claims have been made. If a claim has been made, or there has been an incident which may lead to a claim, We will not refund Your premium

In the event of cancellation, whether within or following the expiry of the 14 day period referred to above, a cancellation fee of $25 as shown in Certificate of Insurance will apply.

REASONABLE CARE

You must exercise reasonable care to prevent illness, injury or loss or theft or damage to your documents and Money as if uninsured, and avoid wilful exposure to danger, except in an attempt to save a human life.

OUR COMMITMENT TO YOU

Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

COMPLAINTS PROCEDURES

What to do if You have a complaint:

Our aim is to provide an excellent service to customers at all times. However, We understand that from time to time, We may not live up to our own high standards, and recognise that occasionally things do go wrong. Whenever this happens, We welcome Your feedback to ensure that We provide the kind of service You expect.

Complaints can be notified to Us by phone, e-mail or in writing. You will find contact details below. We take all complaints seriously and aim to resolve all problems promptly and fairly.

1. Upon receipt of Your complaint, We will, within no more than five working days, send You a letter to acknowledge your complaint, and explain to You how we will investigate Your complaint. We will also enclose a copy of Our complaints procedure.

2. We will endeavour to send a final response to You within eight weeks of receipt of Your complaint. If We are unable to provide You with a final response within this time frame, We will write to You explaining the delay and advise You when You can expect a final response.

3. If more than eight weeks from the date of Your complaint have elapsed and You have not received a final response, or You are dissatisfied with the final response You have received from Us, You may choose to refer Your complaint to:

Financial Ombudsman Service (FOS)
Exchange Tower

London
E14 9SR

Tel: 0800 023 4 567 – free for people phoning from a “fixed line” (for example a landline at home)
0300 012 3 123 – free for mobile phone users who pay a month charge for calls to numbers starting 01 or 02
http://www.financial-ombudsman.org.uk/

Please note: You must refer your complaint to FOS within six months of the date on Our final response letter.
If You do not refer your complaint within this time period, FOS will not have our permission to consider Your complaint and so will only be able to do so in very limited circumstances, for example, if FOS believes that the delay was as a result of exceptional circumstances.

If You do not refer your complaint within this time period, FOS will not have our permission to consider Your complaint and so will only be able to do so in very limited circumstances, for example, if FOS believes that the delay was as a result of exceptional circumstances.

FINANCIAL OMBUDSMEN SERVICES

Please note that the FOS will only consider Your complaint if You have given Us the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than €2 million and/or fewer than ten employees, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million.

Whilst We are bound by the decision of the FOS, You are not. Following the complaints procedure above does not affect Your right to take legal action.

FINANCIAL SERVICES COMPENSATION SCHEME

Lloyd’s insurers are covered by the Financial Services Compensation Scheme (FSCS), which means that you may be entitled to compensation if a Lloyd’s insurer is unable to meet their obligations to You.

For further information on the FSCS, please visit www.fscs.org.uk or by contacting:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Telephone	0800 678 1100 or 020 7741 4000
Email	enquiries@fscs.org.uk

Data Protection

The basics

We collect and use relevant information about **you** to provide **you** with **your** insurance cover or the insurance cover that benefits **you** and to meet **our** legal obligations.

This information includes details such as **your** name, address and contact details and any other information that **we** collect about **you** in connection with the insurance cover from which **you** benefit. This information may include more sensitive details such as information about **your** health and any criminal convictions **you** may have.

The way insurance works means that **your** information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or insurance **broker** s, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **we** will only disclose **your** personal information in connection with the insurance cover that **we** provide and to the extent required or permitted by law.

Other people's details you provide to us

Where **you** provide **us** or **your** insurance **broker** with details about other people, **you** must provide this notice to them.

Want more details?

For more information about how **we** use **your** personal information please see **our** full privacy notice(s), which is/are available online on **our** website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information **we** hold about **you**, including the right to access **your** information. If **you** wish to exercise **your** rights, discuss how **we** use **your** information or request a copy of **our** full privacy notice(s), please contact **us**, or **your** insurance **broker** who will provide **you** with **our** contact details.

In this insurance **our** syndicate numbers and proportions are shown in the attached table. **We** bind **our**selves severally and not jointly, that is, in the event of a claim, each of **us** (and **our** Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.

You or **your** representative can obtain the name of each of **us** and **our** respective shares by applying to Market Services, Lloyd's, One Lime Street, London EC3M 7HA.

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

Our Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk

Personal information:

Your personal information means any information We hold about You and the Insured Person(s). This information may be contained in any correspondence received from You including letters and emails. We have implemented technical, physical, legal and organisational measures where necessary to secure the personal information We hold and process on Your behalf. Where appropriate We use anti-virus protection systems, firewalls, pseudonymisation and data encryption technology for the processing and storage of electronic personal information. Where We hold hard copy documentation containing Your personal information (whether on or off site) we will ensure that the relevant documentation is physically secured and accessible only on a "need to know" basis. Our staff are trained regularly on data protection and information security.

You should show this section to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about You and the other people insured under Your Policy.

Special category data:

Some of the personal information that We ask You to provide is known as "special category data". This will include information relating to Your health or medical condition(s) and may also include, race, religion and any criminal convictions. We need to use special category data to provide You with quotes, arrange

and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims). Where You have provided Us with special category data relating to someone else, You undertake that You have obtained their express consent to provide Us with this data.

How We use Your personal information:
We will use Your personal information to arrange, administer and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You. The personal information We hold about You is limited to what is necessary to provide these services. We erase the personal information We hold about You as soon as it is no longer needed in accordance with our legal and statutory obligations.

Sharing Your personal information:
We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners, Our group companies or agents providing services on Our behalf and other authorised bodies. Where We do share Your personal data with others We will ensure that the appropriate safeguards are in place.
Transferring Your personal information outside the EEA:
To manage Your policy including settling claims or providing Security or Medical Assistance if the claim or assistance relates to an incident which occurs outside Your Country of Domicile We may transfer Your personal information outside the European Economic Area or if different Your Country of Domicile. We will only do this;

- If You have given Us Your permission;
- For underwriting purposes, such as assessing Your application and arranging Your policy;
- For management information purposes;
- If the transfer is necessary for reasons of public interest;
- To prevent or detect crime, including fraud (see below);
- If We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority including legal authorities outside the European Economic Area or, if different, Your Country of Domicile); and/or if required

Where it is necessary to transfer your data outside of the EEA we will ensure that appropriate safeguards are in place.
Preventing and detecting crime:
We may use Your personal information to prevent crime.
In order to prevent crime We may:

- Check Your personal information against Our databases;
- Share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Contact at the address set out below; and/or if required:
- Share it with operators of registers available to the insurance industry to check information and prevent fraud. These include the Claims and Underwriting Exchange Register administered by Insurance Database Services Ltd. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.

Dealing with others on Your behalf:
To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your spouse or partner or any other person whom We reasonably believe to be acting for You if they contact Us on Your behalf in connection with Your policy or a claim relating to Your policy. Where We have reasonable doubts concerning the identity of Your spouse or partner or such other person claiming to be acting on Your behalf, we may request additional information necessary to confirm their identity before we release any information in relation to Your policy to them. For Your protection only You can cancel Your policy or change the contact address.

Marketing:
We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.
Data Protection Rights:
You have certain rights under the GDPR.
You have the right to require Us to:

- Provide You with further details about the use We make of Your personal data;
- Provide You with a copy of the personal data We hold in a commonly used and machine readable format;
- Correct any inaccuracies in the personal data We hold;
- Delete any personal data We no longer have any lawful ground to use;
- Where the processing requires Your consent, withdraw that consent so We stop the processing in question;
- Transfer Your personal data to another organization;
- Object to any processing based on the legitimate interests grounds unless our reasons for that processing outweigh any prejudice to Your data protection rights;
- Object to automated processing, including profiling; and/or
- Restrict how We process or use Your personal data in certain circumstances e.g. whilst a complaint is being investigated.

In certain circumstances we may need to restrict the above rights to safeguard the public interest (e.g. prevention or detection of crime) or Our interests (e.g. legal or litigation privilege).
If you are not satisfied with Our use of Your personal data or Our response to any request by You to exercise any of Your rights, or if You think We have breached the GDPR, You have the right to complain to the ICO, details as follows:

England	Scotland	Wales	Northern Ireland
Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF	Information Commissioner's Office 45 Melville Street Edinburgh EH3 7HL	Information Commissioner's Office 2nd Floor Churchill House Churchill Way Cardiff CF10 2HH	Information Commissioner's Office 3rd Floor 14 Cromac Place Belfast BT7 2JB
Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)	Tel: 0131 244 9001	Tel: 029 2067 8400	Tel: 0303 123 1114 (local rate) 028 9027 8757 (national rate)
casework@ico.org.uk	scotland@ico.org.uk	wales@ico.org.uk	ni@ico.org.uk

Further information:
If You would like to receive a copy of the personal information We hold on You, or if You would like further information or wish to complain about the way that We use personal information, please write to Our Data Protection Contact (set out below).
If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible. You have the right to complain to Us at any time if You object to the way We use Your personal information. If you do, We will no longer be able to process the personal information We hold about You unless We are able to demonstrate compelling legitimate grounds for the continued processing of Your personal information which override Your interests, rights and freedoms of You, or for the establishment, exercise or defence of legal claims.

Contacting Our Data Protection Contact
To contact Our Data Protection Contact please write to Us at Dale Underwriting Partners, 6th Floor Bevis Marks, 6 Bevis Marks, London EC3A 7BA, UK giving Your name, address and insurance policy number.

EMERGENCY MEDICAL ASSISTANCE

For Emergency medical assistance anywhere in the world at any time, Our Emergency Assistance Company is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, Your Emergency Medical Evacuation or Repatriation to Your Home Country, locating nearest embassies and consulates, as well as keeping you in touch with your family in an emergency.

Provided treatment, or costs, charges or expenses have been pre-authorised by our Emergency Assistance Company We will pay all associated costs incurred on You for the following and provide the following benefits:

We will

- Take charge of enquiries 24 hours a day 365 days a year.
- Where necessary contact hospitals on Your behalf and guarantee and pay for any pre-authorised and necessary treatments, costs, charges or expenses.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging Emergency Medical Evacuations or Repatriation and the best method of transportation to be adopted.
- Make arrangements for You to travel home to Your Home Country and where necessary ensure You are escorted by a medical attendant and provided with reasonable assistance.
- Make arrangements for the outward and return journeys for the next of kin or other nominated person to visit You if You are ill or Injured.
- Assist in locating and sending Medically Necessary drugs if not available locally.
- Provide advice on minor ailments.

EMERGENCY SECURITY ASSISTANCE

For Emergency Security Assistance anywhere in the world at any time, Our Emergency Security Company is only a telephone call away. The team will help evacuate You to Your Home Country or Nearest Place of Safety.

You must contact the call centre of Our Emergency Security Company in strict accordance with the terms and conditions set forth within this Policy.

CLAIMS PROCEDURES

1. Who to contact in the event of Emergency Medical Claims OUTSIDE THE USA / CANADA:

All Medical claims should be notified to Our Emergency Assistance Company:

Emergency Assistance and Claims Management in South America provided by World Travel Assist

The Insured may contact the Call Centre of World Travel Assist in strict accordance with the terms and conditions set forth within the Dale Underwriting Partners wording
To obtain assistance, please call the following numbers:
USA 1.877.822.7386
Germany: 0.800.1859976 -
Argentina: 0.800.666.2984 -
Brazil: 0.800.891.4530 -
Canada: 1.877.889.0149 -
Costa Rica: 0.800.013.1097 -
China (South): 10.800.1301130 -
China (North):10.800.7131166 -
Colombia 57 1 257 1922,
Spain (Madrid): 911.815905 -
Spain (other cities): 900.804116 -
France: 0800.905030 -
Italy: 800.839070 -
México: 001.866.2611935 -
Dominican Republic: 1.888.7518475 -
England: 0808.2341766 -
Venezuela: 0.800.1009032.
for the rest of the world: 1 954 472 1895, collect call.
Assistance can also be requested to our Call Centre by sending an email to assistance@wt-assist.com with details of the emergency and telephone numbers where the insured can be reached.

2. Who to contact in the event of Emergency Medical Claims in the USA / CANADA:

Emergency Assistance and Claims Management provided by Global Excel Management

Inside the US
Toll Free Number (for use in the USA): +1-877-839-5585

Outside the US
Local Number (for calls Outside the USA): +1-305-428-2838

For all non-emergency reimbursement claims address for claims:
73 Queen Street, Sherbrooke (Quebec), J1M 0C9 Canada
Tel: +1-877-839-5585

Who to contact in the event of Emergency Security Assistance:

To obtain assistance, please call the following number:-

Crises Management Centre,
Northcott Global Solutions Ltd
22 Bevis Marks, London
EC3A 7JB
United Kingdom
Telephone: +44 (0) 207 183 8910

Claims provisions

1. As soon as reasonably possible after the happening of any incident likely to give rise to a claim under this Policy (but in any event no later than 60 days after the date discovery of loss) You must notify Our Claims Handlers of such incident.
2. You must at Your own reasonable expense furnish them such certificates, information and evidence as they may from time to time reasonably require in the form prescribed by Us. They shall be allowed at their own expense, upon reasonable notice to request a medical examination of You as appropriate.
3. You shall as soon as reasonably possible after the occurrence of any Accidental Bodily Injury or after you become aware of any Illness obtain and follow the advice of a Medical Practitioner and We shall not be liable for any consequences of Your failure to so obtain and follow such advice.
5. We are entitled to take over any rights in defence or settlement of any claims and to take proceedings in Your name for Our benefit against any other party.
6. We will process your claim within 10 business days of receiving a claim form completed in accordance with these claims provisions.
7. You shall provide such reasonable cooperation to Our Emergency Assistance Company and Claims Handler as they may reasonably request including by permitting them access to medical documentation, reports and evidence in relation to Your claim. We may deny coverage for any claim where there has been an unreasonable refusal or material failure to so cooperate.

Proof of Claim
When Our Claims Handler receives notice of claim, they will provide You with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization Form (provided to you by the Claims Handler), together with all attachments reasonably request (as set out in paragraph 2 above, under "Claims provisions") and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of You.

You shall submit Proof of Claim to the Claims Handler as soon as reasonably possible after receiving the forms for filing Proof of Claim from them but in any event no later than 60 days beginning on the date of receipt of such forms.
If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us.

GENERAL CONDITIONS APPLICABLE TO THE POLICY AS WHOLE

Benefit payments

All benefits will be paid directly to You unless Our Emergency Assistance Company has guaranteed Your expenses or charges and has made payment on Our behalf. In the event of Your death any benefits payable will be made to Your executors or administrators. In the event of You not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of Your Home Country.

Data Protection

Please read this notice carefully as it contains important information about Our use of your personal information. Your personal information means any information We hold about you and any information you give Us about anyone else. You should show this notice to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about you and the other people insured under Your policy.
Please note that if you give Us false or inaccurate information this could give Us the right to void Your insurance policy or it could impact Your ability to claim.

Sensitive information:
Some of the personal information that We ask you to provide is known as “sensitive personal data”. This will include information relating to health issues, race, religion and any criminal convictions. We need to use sensitive personal data to provide You with quotes, arrange and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims).

How We use Your personal information:
We will use Your personal information to arrange and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You or Your insurance adviser.
We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners or agents providing services on Our behalf and other authorised bodies.
We will share Your personal information with others:
• if We need to do this to manage Your policy with Us including settling claims (if the claim relates to an incident which occurs abroad We may transfer Your personal information outside the European Economic Area);
• for underwriting purposes, such as assessing Your application and arranging Your policy;
• for management information purposes;
to prevent or detect crime, including fraud (see below);
• if We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority); and/or
• if You have given Us permission.
You can ask for further information about Our use of Your personal information. If You require such information, please write to the Data Protection Officer at the address set out below.

Preventing and detecting crime:
We may use Your personal information to prevent crime. In order to prevent crime We may:
• check Your personal information against Our own databases;
• share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Officer at the address set out below; and/or
• share it with operators of registers available to the insurance industry to check information and prevent fraud. These include the Claims and Underwriting Exchange Register administered by

Insurance Database Services Ltd. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.
Dealing with others on Your behalf:
To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your husband, wife or partner or any other person whom We reasonably believe to be acting for You if they call Us on Your behalf in connection with Your policy or a claim relating to Your policy. For Your protection only You can cancel Your policy or change the contact address.

Marketing:
We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.

Further information:
You are entitled to receive a copy of any of Your personal information We hold. If You would like to receive a copy, or if You would like further information on, or wish to complain about, the way that We use personal information, please write to the Data Protection Officer at Bannerman Rendell Limited,5-10 Bury Street, London, EC3A 5AT, UK giving Your name, address and insurance policy number. We may charge You a small fee for this.
If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible.
You have the right to complain to the Us at any time if You object to the way We use Your personal information. Please write to Us at Dale Underwriting Partners, 6th Floor, 6 Bevis Marks, London EC3A 7BA

Currency
The monetary limits and premiums stated in the Policy and any Certificate issued hereunder are in USD

Contribution
If at the time of an event giving rise to a claim there is any other insurance policy, reciprocal health arrangement or governmental health or workmen's compensation scheme in force in Your name which covers You for the same expense, loss or liability We will only pay our share of the claim determined by reference to the cover provided by each of the relevant policies.

Eligibility Criteria
To be eligible for cover under this Policy You must satisfy the following criteria (the **Eligibility Criteria**):

- At the time of purchasing or extending this Policy and during the Coverage Period You must be under the age of 40
- You must be travelling outside of Your Home Country (including Incidental Leisure Travel days) for the purpose of an internship
- You must be resident in your Home Country when applying for this Policy and, at the time of purchasing or extending this Policy and during the Coverage Period, You must not be a Legal Permanent Resident of the Host Country.

Extensions
You may extend Your Coverage Period, provided You continue to satisfy the Eligibility Criteria and remain in good health, by contacting the Plan Administrator. The maximum aggregate period of cover under Your Policy, as extended, may not exceed 12 months. We may refuse to extend Your Coverage Period., including if You have made or intend making any claims on Your previous Coverage Period. For all such extensions all conditions, restrictions and exclusions set out in this Policy will continue to apply.

Medical Advice
You cannot undertake a trip from Your Home Country either against the advice of Your Physician or after You have received a terminal prognosis or if you are travelling purely for the purpose of medical treatment. If You choose to do so all Our liability under this Policy shall cease.

Measures outside Our control
We and Our Emergency Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Emergency Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

Fraudulent claims.
If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us

Pre-authorization requirements for treatments, costs charges or expenses.
All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorised by Our Emergency Assistance Company,

If You do not comply with this pre-authorisation requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre- authorisation requirements, You or a third party must:
1. Contact the Emergency Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the reasonable instructions of the Emergency Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorisation requirements and ask them to fully cooperate with Our Emergency Assistance Company**.**

If in an emergency it is not reasonably possible for You to obtain pre-authorisation from Our Emergency Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations. You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

PUBLIC HEALTH EMERGENCY: Subject to all other Terms of this insurance, in the event of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, the Company will cover an Illness or Injury incurred during the Period of Coverage and caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster when, prior to the issuance of a Travel Warning for the Host Country/Destination Country or a Global Travel Warning:

1) the Effective Date of Coverage has occurred; and
2) the Insured Person has arrived in the Host Country/Destination Country or Affected Area.

In the event that the applicable Travel Warning is removed for the Host Country/Destination Country or Affected Area, coverage for an Illness or Injury incurred during the Period of Coverage after the Travel Warning is removed, which was caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster will be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

COVID-19/SARS-CoV-2 is not applicable to this provision.

Reciprocal Health Arrangements

If travelling within Europe, and you are eligible, you must obtain a European Health Card (EHIC). You can apply by postal application from Your local Post Office or online through **www.dh.gov.uk/travellers** or by telephoning 0845 606 2030

If travelling within Australia, and you are eligible, you must enrol for the free treatment available whilst in Australia. Details of how to enrol can be found in Health advice for Travellers booklet available from Your local Post Office or by visiting www.dh.gov.uk/travallers or the MEDICARE website on www.hic.gov.au

Right of Recovery
If any benefit paid to You or on Your behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to You due to clerical or administrative error, then We reserve the right to recover such payment from You or any institution, insurer or other organisation or party to whom such payment has been made.

Right of Repatriation
In the event of You requiring any medical treatment or Hospital or medical services, We may at our sole discretion arrange Your Repatriation to Your Home Country either before or after You receive medical treatment or Hospital or medical services if in the opinion of Our Emergency Assistance Company and Your treating Physician You are medically fit to travel and it is safe for You to do so. If You refuse to return when declared medically fit to do so We will not pay for any continuing medical treatment or Hospital or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

Residency
You must be resident in your Home Country or within 14 days of arrival in Your Host Country when applying for this Policy

You cannot be a Legal Permanent Resident of the Host Country. Cover under this Policy will cease immediately once you become a Legal Permanent Resident or citizen of the Host Country.

Subrogation
Under the law applicable to this Policy, We have the legal right to stand in your shoes in the event that you make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Your name and in doing so You will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. You agree not to make any payment, admit liability, offer or promise to make any payment without written consent from us.

Sanction Limitation and Exclusion Clause
We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Termination of Cover:
Cover under this Policy terminates on the earlier of:
1. 12:01am Greenwich Mean Time on the last day of the Coverage Period for which premium has been paid; or
2. the moment You return to Your Home Country
3. the expiration of 12 months from the Effective Date unless declared to and accepted by Us in writing; or
4. the maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid; or
5. the date You cease to be an Eligible Person.

Grace Period

Following a Termination of Cover as a result of you ceasing to be an Eligible Person, you shall have the benefit of a temporary extension of cover under this Policy for a maximum period of 14 days grace (**Grace Period**). If, within the Grace Period, you acquire the benefit of alternative insurance cover, such temporary extension of cover will cease immediately.

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY AS A WHOLE

The following exclusions apply to all sections

We will not pay any expenses resulting indirectly or directly from:

a. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
b. Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
c. Your claim occurring because you act illegally or break any government prohibition or regulation including visa requirements.
d. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
e. Your claim occurring from You being in control of or a motor cycle or vehicle without a current motorcycle or vehicle license valid for the country you are travelling in or You being a passenger travelling on a motorcycle or in a motor vehicle that is in the control of a person that does not hold a current motorcycle or motor vehicle license valid for the country you are travelling in.
f. (i) Political, Security and Natural Disaster Evacuation:
   Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning (United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" , UK Government Foreign, Commonwealth & Development Office (FCDO) Warning '-do not travel' and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level) against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
   This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.

f. (ii) Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial, Emergency Reunion or any Extensions provision.
   Your claim arising from any Illness or Injury incurred in the Host Country/Destination Country, Affected Area or Home Country/Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, or other disease outbreak, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance
   This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
g. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for personal accident, medical expenses, Emergency Medical Evacuation, Repatriations , Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of trip where You have no direct or indirect involvement in the Act of Terrorism).
h. Your claim arising from any participation in any sport, activity or Athletics on a professional or semi-professional basis.
i. Your claim arising from any participation in Adventure Activities and Sports, Hazardous Activities and Sports or Winter Sports as defined herein unless this has been accepted by Us and the appropriate additional premium has been paid by You. .

j. Your claim arising because you dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the USA or you were diving under licensed instruction.
k. Your claims arising from Your participation in any team sport (other than for non-competitive leisure or recreational purposes) Amateur Athletics (but this exclusion does not apply to You solely participating for recreational, entertainment or fitness purposes and not for wage, reward or profit), American football, contact sports, martial arts, rugby, hunting and racing other than racing on foot.
l. Your claim arising from Your being under the influence of or due wholly or partly to the effects of intoxicating liquor drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse.
m. Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
n. Your claim occurring out of you flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
o. Your claim if You had attained the age of 40
p. Your claim arising from Your participation any other sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extraordinary risk of Injury
q. Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
r. Your claim arising from Your engaging in any form of Physical Manual Work as defined herein.

GENERAL DEFINITIONS APPLICABLE TO THE POLICY AS A WHOLE

Certain words within your policy have special meanings which are defined as follows:

Accident: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

Accidental Bodily Injury: Injury which is sustained by You as the result of an Accident which solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or injury that incurs Medical Expenses.

Act of 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 organization(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.

Acute Onset of a Pre-existing Medical Condition: A sudden and unexpected occurrence of a pre-existing medical condition which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

Acute Onset of Pain (Emergency Dental): A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

Adventure Activities and Sports: Abseiling, Archery, Ballooning (organised excursion), Baseball (excluding competitions), Boccer, Boogie Boarding, Bungee Jumping(maximum 2 jumps in all during Your Trip), Canoeing, Cricket, Cycling, Deep Sea Fishing, Fencing, European Football/Soccer (excluding competitions), Frisbee, Gliding, Go-Karting, Gymnastics, Light Aircraft (as a passenger), High Diving (platform only), Hiking under 6000m, Hockey (field only), Horse Riding (casual with no jumping), Hot Air Ballooning, Ice Skating, Jet skiing, Kayaking, Kite Surfing, Kite Buggying, Lacrosse, Marathon Running/Triathlon, Martial Arts Training (no contact) , Motorcycling up to 125cc where claims and conviction free for previous 3 years and where wearing a helmet, Mountain Biking (not off road), Overland Expedition, Paintballing, Quad Biking, Roller Blading, River Boarding, Safari, Sail Boarding, Sand Boarding, Scrambling, Scuba Diving (down to 30 meters only), Sea Canoeing, Skate Boarding), Surfing, Trekking (not requiring the use of ropes, guides or supplementary oxygen or under 6000 metres), Wake

Boarding, Water Polo, Water Skiing, Weightlifting, White Water Rafting (grades 1-3), Windsurfing, Yachting (in territorial waters) Zip Wiring/Climbing

Affected Area(s): Any and all countries, states, provinces, territories, cities or other areas experiencing ongoing transmission of an Epidemic, Pandemic or other disease outbreak, or Natural Disaster.

AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

Application: The completed and signed document submitted by You when applying for this Policy.

Appropriate Authorities: The Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of Your Home Country.

ARC: AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

Athletics/Amateur Athletics: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include either athletic activities that are engaged in by You solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

Benefits Table: means the table of benefits set out in your Certificate

Certificate of Insurance / Schedule of Insured Persons: The document issued to You by the Participating Organization which provides evidence of benefits payable under this Policy. If You are purchasing the coverage as an individual you will receive a Certificate of Insurance and if You receive the benefits as part of a group You will be listed in the Schedule of Insured Persons.

Certificate Period: means the dates of coverage period set out in your Certificate. The maximum Certificate Period is 12 months unless declared by You to Us and accepted by Us.

Children: Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

Claims Handlers: means World Travel Assist or Global Excel Management whose contact details are set out in this Policy above.

Close Relative: Your Partner, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, Dependents, grandchild(ren).

Coinsurance: The payment made by You of any of the Benefits at the percentage stated in the Benefit table and/or as shown on the Certificate of insurance.

Common Carrier: An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

Complications of Pregnancy: Illnesses prior to the 26th week of Your pregnancy whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

Contact Sports: A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play.

Coverage Period: The period of time starting on the Effective Date and ending on the End Date during which You are outside Your Home Country or travelling to or from or in the Host Country.

Custodial Care: The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Deductible / Excess: A defined currency amount, as stated in the Benefit Table that You must pay per claim prior to any payment by Us.

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Dependents: Your natural or legally adopted Children or legal wards, foster or step-child(ren) of You or those of Your Partner (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance Policy.

Documents: Means travel tickets, passports and driving licenses held by You for social, domestic and/or pleasure purposes.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date: means the Effective Date specified on Your Certificate.

Eligibility Criteria: means the qualifications and requirements needed for You to purchase this Policy as set out in the General Conditions.

Eligible Person: means a person satisfying the Eligibility Criteria.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing Your life or limb in danger if medical attention is not provided within 24 hours.

Emergency Assistance Company means World Travel Assist or Global Excel Management whose contact details are set out in this Policy above.

Emergency Medical Evacuation: means Your transportation by air and/or surface transportation following Your Accidental Bodily Injury or Illness.

Emergency Room Deductible: The defined currency amount stated in the Benefits Table.

Emergency Security Company: means Northcott Global Solutions

Emergency Security Evacuation: means Your extraction from the Host Country due to an Insured Event that puts You in imminent physical danger by the most efficient and available method of conveyance. In all cases and where practical, an economy ticket fare will be used and whenever possible Your common carrier tickets will be utilised**.**

End Date: Means the End Date specified on Your Certificate.

Epidemic: The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, extended care facility or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

Geographic Location: The country or region You have stated you are travelling to on your application.

Global Travel Warning: A published statement, warning or advisory, including any website document, issued by the World Health Organization (WHO), United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Insured Person's Home Country/Country of Residence or Host Country/Destination Country, warning that any global travel (travel anywhere) poses serious risks to health, safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including all United States Department of State global advisories or global warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC global advisories or global warnings Level "3 – avoid nonessential travel" or any higher level. For the avoidance of doubt, a Global Travel Warning covers all Affected Areas, including the United States of America and all of its territories.

Hazardous Activities and Sports: Bamboo Boat Rafting, Black Water Rafting, Bouldering, Bungee Jumping*(more than 2 jumps in all during Your Trip) Canyoning, Cave Tubing, Caving, Cycle Touring, Dog Sleighing, Hang Gliding, Horse Trekking, Ice Climbing, Flying in a Helicopter (as a passenger only) Jet Boating/Shotover Jet, Micro Lighting, Mountaineering (with ropes), Off-Road Mountain Biking, Potholing/Caving (as part of a group), Parachuting, Paragliding, Parapenting, Parasailing (behind a boat),

Parapenting (behind a motorised vehicle), Polo, River Kayaking, Rock Climbing (with ropes), Sea Kayaking, Shark Cage Diving, Skydiving, Show-jumping, Spelunking or White Water Rafting (grade 4-5).

HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

Home Country: For US Citizens, Home Country is the United States of America, regardless of the location of their principal residence. For non-US Citizens, Home Country is the country where they principally reside and receive regular mail.

Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Host Country: Means the destination country within in the Geographical Location You have selected in your application form.

Illness: A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Imminent Physical Danger: means You are subject to possible physical Injury or Illness that could result in Your grave physical harm or death.

Incurred: A charge is incurred on the date the service is provided or supply is purchased.

Injury: Bodily injury resulting from an Accident.

Inpatient: When You are an overnight resident patient of a Hospital, using and being charged for room and board.

Incidental Leisure Travel Days A related trip up to a maximum of 72 hours for flight connections and 7 days if not working as an intern taken during and/or immediately after the coverage period for overnight stays outside Your Home Country or Your Host Country.

Intensive Care Unit: A cardiac care unit or other unit or area of a Hospital that, where applicable, meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Legal Permanent Resident: means a person who has been granted full lawful permanent residence as defined by the immigration law in the country of their legal permanent residence.

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

Loss of Sight: Permanent and total Loss of Sight shall be considered as having occurred:

a) in both eyes, if You are added to the Register of Blind Persons in your Home County on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;

b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

Luggage: means the personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling**.**

Medically Necessary: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Accidental Bodily Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if is provided only as a convenience to You and/or is not appropriate for Your diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Medical Practitioner: means someone who practices medicine.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Money: Coins, bank notes, postal or money orders, signed travellers cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of You and are intended for travel, meals, accommodation and personal expenditure only.

Natural Disaster: Any avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

Nearest Place of Safety: means a location determined by our Emergency Security Company where You can either be presumed safe from the Insured Event that precipitated Your Evacuation or a location that has available access to transportation to Your Home Country

Outpatient: When You receive Medically Necessary treatment by a Physician for Accidental Bodily Injury or Illness that does not require overnight stay in a Hospital.

Pandemic: A global outbreak of a disease.

Participating Organization: The Intern Group who is the organization that applies for coverage on Your behalf from the Plan Administrator.

Partner: Your spouse or civil partner living at the same address as You for the last 12 months and sharing financial living expenses and where applicable is also responsible for Your Dependents.

Permanent Total Disablement: Disablement that has lasted for at least twelve months and which in the opinion of a Physician is beyond hope of recovery and shall in all probability continue for the remainder of Your **l**ife and result in Your inability to perform or give attention to gainful occupation of any and every kind.

Personal Belongings: means personal articles, which are Your property; or property for which You are responsible and which is taken on or acquired during Your trip**.**

Physical Manual Work: Any work involving physical labor such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance or involving the use of power tools or hazardous equipment such as explosives.

Physician: Means a qualified doctor of medicine lawfully licensed to practice in the place where medical services are performed but this does not include You or a relative of Yours.

Plan Administrator: Global Secutive / Compass Benefits Group who is the insurance advisor You or the Participating Organization arranges coverage from.

Pre-existing Medical Condition: Any ongoing medical or dental condition or related complication You have or which you are aware of or have symptoms of or for which You are currently being or have been investigated or treated by a health professional (including dentist or chiropractor) or for which you take prescribed medicine or for which You have had or have planned surgery, or Pregnancy.

Pregnancy; Routine pre-natal care, child birth, and post-natal care false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with the management of a difficult Pregnancy, and not constituting a medically distinct condition, and all charges related to Pregnancy other than for conditions constituting a medically distinct Complication of Pregnancy and only prior to the 26th week of Pregnancy or Abortions, except in

connection with covered Complications of Pregnancy.

Proof of Claim: A completed and signed Claimant's Statement and Authorization Form provided by Our Claims Handler, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the Insured, and any other documentation that is deemed necessary by Us.

Public Health Emergency of International Concern: A formal declaration by the World Health Organization (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, Epidemic, Pandemic and potentially requires a coordinated international response.

Registered Nurse: A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

Repatriation: means Your transportation by air and/or surface transportation with a qualified medical attendant to Your Home County to obtain further medical treatment or to recover or both.

Repatriation of Remains: The ground or air transportation of Your bodily remains or ashes to Your Home Country including the costs of preparation of the remains necessary for transportation.

Routine Physical Exam: Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

Student: means a person who is studying at college or university or other place of higher education.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Surgery or Surgical Procedure: An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Travel Warning; Emergency Travel Advisory: A published statement, warning or advisory, including any website document, issued by the World Health Organization (WHO), United States Centres for Disease Control & Prevention (CDC), United Stated Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Insured Person's Home Country/Country of Residence or Host Country/Destination Country, warning that travel to Affected Areas poses serious risks to health, safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including all United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level. For the avoidance of doubt, a Travel Warning covers all specified Affected Areas, including the United States of America as applicable.

Us, We or Our: Dale Underwriting Partners.

Unattended: Outside of Your **c**ustody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

Usual, Reasonable and Customary: In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as Usual, Reasonable and Customary charges will be determined by the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in.

Valuables: Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

You or Your or Insured: means the person or persons named in the Certificate of Insurance as the insured or the insured's under this Policy.

Winter Sports: Big Foot Skiing, Bobsleigh/Skeleton/Luge, Curling, Glacier Crossing/Hiking, Heli-skiing/Boarding, Ice skating (other than on an indoor rink), Kite Skiing, Mono Skiing, Skiing (including off piste with a guide), Ski Bobbing, Skiing Cross Country, Snow Blading (on piste only), Snowboarding

(including off piste with a guide), Snow Kiting, Snow Mobiles/Skidoos, Snow Shoeing, Tobogganing.
Work Abroad: Clerical office work of any kind or work in hospitality, entertainment, retail consumer or tourism.

MAIN POLICY BENEFITS

Medical Expenses and Hospitalisation

We will pay up to the amount stated in the Benefits Table if You sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of an covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
7. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
8. Emergency local ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.
9. Emergency Dental Treatment and dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
10. Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
11. Physical therapy if prescribed by a Physician who is not affiliated with the physical therapy practice providing the physical therapy, provided that it is necessary, to continue recovery from a covered Injury or Illness.
12. Charges for the treatment of an Acute Onset of a Pre-existing Medical Condition up to a maximum benefit per policy period of USD 500
13. Charges for Treatment resulting from COVID-19/SARS-CoV-2 covered as any other medical condition

Maximum Benefit
The aggregate amount payable by Us for incurred Medical Expenses and Hospitalisation for any one Accidental Bodily Injury or Illness will never exceed the amount stated in the Benefits Table.

Emergency Room Deductible (Co-Pay Amounts)
In you are travelling in the USA, there is an Emergency Room Deductible of US$ 250 co-pay for an emergency room for Illness if you are not admitted for treatment. This does not apply to any Accident or Injury treatment

Emergency Medical Evacuations
If You require Emergency Medical Evacuation We will pay up to the amount stated in the Benefits Table for Your emergency transportation to the nearest suitable Hospital.

Repatriation of Remains or Burial
Following Your death and with the agreement of Your executors or administrators We will pay up to the

amount stated in the Benefits Table for the Repatriation of Your remains following Your death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing Your remains for cremation or burial and a burial plot in the Host Country where Your death occurred.

Emergency Reunion
We will pay up to the amount stated in the Benefits Table for the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation

The cost of an economy round-trip air or ground transportation ticket for one of Your Close Relatives to visit You if You are or are to be hospitalized for more than 7 days following Emergency Medical Evacuation; and

1. Reasonable expenses for lodging and meals for that Close Relative to remain whilst You are hospitalised, for a period not to exceed 15 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the Close Relative prior to Your return to Your Home Country, for a period not exceeding 15 days.

Exclusions for Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial or Emergency Reunion.

We will not be liable for any expense arising directly or indirectly from:

a. Charges resulting directly or indirectly from any Pre-existing Medical Condition,
b. Pregnancy other than Complications of Pregnancy.
c. Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein, unless stated otherwise in Benefit Table.
d. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
e. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
f. Treatment for HIV+,AIDS or ARC, venereal disease, including all sexually transmitted diseases and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
g. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
h. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
i. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
j. The supply of medications commonly available without prescription.

Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement
We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your accidental death
- Your Loss of Sight (in one or both of Your eyes)
- You Loss of Limb

- Your Permanent Total Disablement

Payment of Benefit
We will not pay a claim for more than one of the accidental death, loss of sight, loss of limb or Permanent Total Disablement arising in conjunction with the same Accident.

Disappearance
If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

The following exclusions apply to Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will not be liable for any claim arising directly or indirectly from;

a. Accidental Bodily arising as a result of Your Illness, sickness or disease where such illness, sickness or diseased does not itself arise from prior Accidental Bodily Injury.
b. Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

Personal Liability

We will indemnify You up to the amount stated in the Benefits Table in relation to Personal Liability for any one occurrence or a series of occurrences arising directly or indirectly from one source or original cause if You become legally liable to pay damages for accidentally injuring someone or causing accidental loss or damage to someone else's property. Included within these limits are:

1. All costs and expenses recoverable by a claimant from You.
2. All costs and expenses incurred with Our written consent.
3. Solicitors' fees for representation at any coroner's inquest or fatal accident enquiry or in any court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada.

For benefits to be payable under this section:

1. You must not make any admission, offer, promise, or indemnity without Our consent. We shall be entitled to take over and conduct in Your name the defence or settlement of any claim or to prosecute in Your name for Your own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and You shall give all reasonable information and assistance as We may reasonably require. Every letter, claim, writ, summons and process shall be forwarded to us on receipt. Written notice shall be given to Us as soon as reasonably practicable should You have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. We may at any time pay You in connection with any claim or series of claims the limit of Indemnity for personal liability stated in this section (after deduction of any sum(s) already paid by Us as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made. We shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

The following exclusions apply to Personal Liability:

We shall not be liable for any expense arising directly or indirectly from:

a. Your liability in respect of Accidental Bodily Injury to any person who is;
   i. Under a contract of service or apprenticeship with You if such injury arises out of and in the course of their employment..
   ii. A member of Your family.
   iii. Also insured under this Policy.
b. Your liability in respect of loss or damage to property belonging to or held in trust by You or in Your custody or control other than temporary accommodation occupied by You.
c. Your liability in respect of Accidental Bodily Injury, loss or damage caused directly or indirectly in connection with the ownership, possession or use by You of:
   i. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads).
   ii. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters).
   iii. Firearms (other than sporting guns).
d. Your liability in respect of Accidental Bodily Injury loss or damage arising directly or indirectly in connection with:
   i. Your ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by You.
   ii. Any willful or malicious act committed by You..
   iii. The carrying on by You of any trade, business or profession except as a Teacher.
   iv. The supply of goods or services by You.
   v. Your Insanity, You being under the influence of alcohol, or drugs (except as medically prescribed) or Your drug addiction.
e. Any liability assumed by You under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
f. The cost of punitive or exemplary damages being damages intended to reform or deter You from engaging in conduct similar to that which formed the basis of your liability.

Emergency Bail Bond

We will make the arrangement of a Bail Bond up to the amount stated in the Benefit Table if You have has been arrested following a car Accident.

We will only arrange for payment of this benefit following confirmation from you that:
You can confirm that the financial guarantee of any payment required by Us has been secured through Your credit card or personal assets and that no benefit will be made for payment due to any shortage of funds, error or omission, currency fluctuation or loss of value or any exclusion included under general exclusions.

Catastrophe Coverage

We will pay up to the amount stated in the Benefits Table if You are forced to move from Your pre-booked accommodation as a result of fire, lightning, explosion, earthquake, avalanche, storm, tempest, tsunami, hurricane, flood, medical epidemic or local government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred for You to continue with the trip or, if the trip cannot be continued, for Your return to Your Home Country.

The following exclusions are applicable to Catastrophe Coverage:

We will not pay any expense arising directly or indirectly from:

1. Any costs incurred following Your decision not to remain in Your booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
2. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.

Emergency Security Evacuation Expenses

We will pay up to the amount stated in the Benefits Table if You require emergency evacuation to Your Home Country or the nearest place of safety as a result of an Insured Event as shown hereunder.

Insured Event

1. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.

- or -

2. The recognised Government in Your Host Country :
   a) Declares a state of emergency necessitating immediate evacuation or
   b) Formally recommends or instructs that You should leave that country or region for safety or
   c) Expels You or declares You “persona non grata”.
3. Natural Disaster within Your Host Country which puts Your life in Imminent Physical Danger.
4. The political or military events in the Host Country put Your life in Imminent Physical Danger.
5. You are kidnaped or having a missing persons report filed with the local/international authorities.
6. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

1. You must contact Our Crises Management Company as soon as reasonably practicable after You became aware of any situation that may give rise to an Insured Event or as soon as reasonably possible after the occurrence of the Insured Event. If the Crises Management Company is not so contacted, Our liability to pay any subsequent claim under this section will cease.
2. You must provide the Crises Management Company with all reasonable assistance and information requested in a timely manner.
3. You must follow the reasonable advice of the Crises Management Company at all times.
4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim
5. You must be able to reasonably prove that there is Imminent Physical Danger to Your Life with either physical or documented evidence..
6. You must be able to prove that, In the event of physical attack or threat of physical attack, such attack or threat occurred by either physical or documented evidence

The following exclusions are applicable to Emergency Security Evacuation Expenses;

We will not pay any expense arising directly or indirectly from:

a. Your failure to reasonably prove that there is any Imminent Physical Danger to Your Life
b. Your taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
c. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.
d. Any evacuation expenses or costs incurred more than 30 days after the event giving rise to your evacuation.
e. Any expense attributable in whole or in part to debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
f. Any Losses incurred by You or claim costs that have been unnecessarily increased by Your

unreasonable failure to follow the reasonable advice of Our Emergency Security Company

Search and Rescue

We will pay up to the amount stated in the Benefits Table for all reasonable and necessary costs incurred by the authorities in searching for You and bringing You to a place of safety You are either (1) reported missing and it is known or reported that You may have sustained Accidental Bodily Injury or suffered illness, or (2) the weather conditions are such that to in order to prevent Accidental Bodily Injury or the suffering of illness the police or rescue authorities instigate a search and rescue for You.

For benefits to be payable under this section:

1. You must comply at all times with local safety advice that is offered to all members of the public and You must comply with all recommendations and restrictions prevalent at the time.
2. You must agree that the chargeable proportion of any search and rescue made by Us will be limited to the amount stated in the Benefit Table.
3. You must agree that expenses will only be made by Us to the time where You are recovered by Our search and rescue team and no additional payment will be made by Us if we decided that continuing the search is no longer viable.
4. You must obtain an additional written report from the authorities and provided it to Us before an expense can be paid.

The following exclusions are applicable to Search and Rescue:

We will not pay any expense arising directly or indirectly from:

1. Any circumstances where You were knowingly endangering Your life.
2. Any activities where Your experience or skill level falls below those reasonably required to participate in such activities.

Legal Advice

We will pay up to the amount stated in the Benefits Table to cover Legal Expenses arising out of all claims or legal proceedings including any appeal against judgement consequent upon the same original cause, event or circumstance if during a Trip You sustain Accidental Bodily Injury or illness which is caused by a third party.

For benefits to be payable under this section:

1. You follow Our advice or that of Our representatives and agents, in handling any claim.
2. We have complete control over any Legal Representatives appointed and any proceedings.
3. Your claim is reported to Us within 180 days after the beginning of the incident which led to the claim.

The following exclusions are applicable to Legal Advice:

1. Any claim where it is Our opinion that the prospects for success in achieving a reasonable settlement are insufficient and/or where the laws, practices and/or financial regulations of the country in which the incident occurred would preclude the obtaining of a satisfactory settlement or the costs of doing so would be disproportionate to the value of the claim.
2. Legal Expenses incurred before receiving Our prior authorisation in writing unless such costs would have been incurred subsequent to Our authorisation.
3. Legal Expenses incurred in connection with any criminal or wilful act.
4. Legal Expenses incurred in the defence against any civil claim or legal proceedings made or brought against You unless as a counter claim.
5. Fines, Penalties compensation or damages imposed by a court or other authority.

6. Legal Expenses incurred for any claim or legal proceedings brought against:
   6.1 A tour operator, travel agent, carrier, insurer or their agents where the subject matter of the claim or legal proceedings is eligible for consideration under an Arbitration Scheme or Complaint Procedure.
   6.2 Us or Our agents
7. Actions or pursued in order to obtain satisfaction of a judgement or legally binding decision.
8. Legal Expenses incurred in pursuing any claim for compensation (either individually or as a member of a group or class action) against the manufacturer, distributor or supplier of any drug, medication or medicine.
9. Legal Expenses chargeable by the Legal Representatives under contingency fee arrangements.
10. Legal Expenses incurred where You have:
    10.1 Failed to co-operate fully with and ensured that We are fully informed at all times in connection with any claim or legal proceedings for damages and or compensation from a third party.
    10.2 Settled or withdrawn a claim in connection with any claim or legal proceedings for damages and or compensation from a third party without Our agreement. In such circumstances we shall be entitled to withdraw cover immediately and to recover any fees or expenses paid.
11. Legal Expenses incurred after You have:
    11.1 Not accepted an offer from a third party to settle a claim or legal proceedings where the offer is considered reasonable by Us.
    11.2 Not accepted an offer from Us to settle a claim.
12. Legal Expenses which We consider unreasonable or excessive or unreasonably incurred.

Loss of Personal Belongings

We will pay You up to the amount stated in the Benefit Table in relation to Loss of Personal Belongings if Your Personal Belongings are lost or stolen less a consideration, if applicable, for wear, tear and depreciation.

For benefits to be payable under this section:

1. You must ensure that any Valuables are locked in a suitable sized safe or safety deposit box provided by Your accommodation provider, or if safe or safety deposit box are not available, in Your locked accommodation and there is evidence that entry into the accommodation was effected by violent and forcible means
2. You must report the theft of Your Personal Belongings or Luggage to the Police (and the hotel management if it is stolen in a hotel) as soon as is reasonably practicable and an written report is obtained from the appropriate authorities and provided by You to Us**.**
3. You must provide proof of ownership of any Valuables.
4. You must provide proof of purchase of replacement items of clothing or toiletries.
5. Any loss or damage occurring in the custody of an airline or other transport carrier must be reported immediately upon discovery and in the case of an airline a Property Irregularity Report must be obtained by You and provided to Us.
6. You must take all reasonable precautions for the safety of any insured article.
7. We are entitled to take and keep possession of any valuable and to manage all aspects of any salvage in a reasonable manner. .
8. We will decide, based on our own opinion, whether we repair or replace any valuable for which a benefit it paid to You under this section. .

The following exclusions apply to Loss of Personal Belongings:

We shall not be liable for any expense arising directly or indirectly from:

a. Any amount within the Deductible, as shown in the Benefits Table.
b. Any Personal Belongings stolen from an Unattended vehicle unless
   i. They were in the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motorhomes locked away and out of public view.
   ii. There is evidence that entry was affected by violent and forcible means.

iii. Other than between the hours of 8.00pm and 8.00am.

c. Any Valuables stolen from an Unattended vehicle.
d. Any Valuables left unattended by You in Your accommodation if the accommodation is left unlocked or the valuables were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply If a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
e. Loss of or damage to Valuables contained in baggage whilst such baggage is in the custody of an airline or other carrier and outside Your control.
f. Loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising there from
g. Loss or damage due to:
   i. Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
   ii. Inherent mechanical or electrical failure, breakdown or derangement.
   iii. Any process of cleaning, restoring, repairing or alteration.
h. More than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
i. Loss of or damage to pedal or motor cycles, watercraft, prams, buggies, pushchairs and wheelchairs.
j. Loss of or damage to stamps, documents (other than Passports), contact or corneal lenses, dentures, hearing-aids, fragile articles or business goods and samples.
k. Loss due to confiscation or detention by customs or any other authority.
l. Loss of or damage to sports equipment whilst in use.
m. Any article more specifically insured or recoverable under any other insurance.
n. Loss or damage to mobile phones or lap tops or tablets or other similar devices arising from any coverage under the manufacturer's warranty or, unexplained disappearance or, any loss of airtime or, loss or damage due to moisture or, superficial damage due to chipping or cracking screen or damage due to any theft not reported to the police within 24 hours.

Loss of checked in Luggage

We will pay You the amount stated in the Benefit Table in relation to Loss of Checked in Luggage if You are temporarily deprived of Your Luggage for at least 12 hours by the loss or miss-direction of Your Luggage by an International Airline Carrier subject to:

For benefits to be payable under this section:

1. The Lost Checked Luggage must have been checked by You in accordance with routine luggage checking procedures, for transportation on board a regularly scheduled commercial airline or cruise line, upon which You are a fare-paying passenger; and
2. You must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
3. You must provide Us with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
4. Any expense will only be paid by Us 10 days after the items have been lost

Luggage Delay

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return trip has delayed your Luggage due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown .

The following exclusions are applicable to Luggage Delay:

We will not pay any expense arising directly or indirectly from:

a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operator's ticket itinerary.
b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the Luggage delay and the reason for such delay
d. Compensation is recoverable from the common carrier

Lost Documents or Money

We will pay up to the amount stated in the Benefits Table if Your personal Documents or Money are lost or stolen:

For benefits to be payable under this section:

1. You must ensure your documents or monies are in a locked safe or safety deposit box provided by Your accommodation provider and there must be evidence of forcible and violent entry for any benefit to be paid.
2. You must report the loss to the police or equivalent local law enforcement authority as soon as reasonably practicable after discovery and a written police report obtained and sent to Us.

The following exclusions are applicable to Lost Documents or Money:

We will not be liable for any expense arising directly or indirectly from;

a) Any amount within the Deductible, as shown in the Benefits Table.
b) Loss due to confiscation or detention by customs or any other authority.
c) Loss due to devaluation of currency or shortage due to error or omission during monetary transaction
d) Loss of promotional vouchers or awards or any goods or services obtained through the conversion of such voucher or awards
e) Loss of travellers' cheques where the issuing company provides a replacement service
f) Loss of travellers' cheques or cheques not reported to the local bank or agent of the supplier as soon as reasonably practicable.
g) Any loss resulting from loss or theft of credit cards
h) Money and/or documents left unattended by You in Your accommodation if the accommodation is left unlocked or the Money and/or documents were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
i) Money and/or documents in the custody of a person who does not have official responsibility for the safekeeping of the property

Pre-Trip Cancellation (only covered if additional premium has been paid to Us)

We will pay the up to the amount stated in the Benefit Table for loss to You of deposits, or charges, or advance payments for travel or accommodation or other charges which have not or will not be used, but which become forfeit or payable under contract if You are forced to cancel Your arrangements as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Injury or Illness of Your Partner, Dependents or Close Relative
The additional Benefit can only be purchased 120 days prior to the Effective Date shown on Your Certificate of Insurance

The following exclusions apply to Pre-Trip Cancellation:

We will not be liable for any expense arising directly or indirectly from:

a. Any charges payable by the tour operator, hotel, airline or other carrier.
b. Any surcharges levied by the tour operator that increase the brochure prices.
c. Any losses arising from Your failure or delay in notifying the travel agent, tour operator or provider of service immediately it may be necessary to cancel Your travel arrangements.
d. Any loss arising from Your financial failure, insolvency, bankruptcy or default or the Participating Organization, the travel agent, tour operator or organizer, accommodation provider or carrier.
e. Your disinclination to travel.
f. Any Cancellation due to Accident or Illness that has not been confirmed as being Medically Necessary by a Physician.
g. The Pre-existing Medical Condition of Your Dependent or Close Relative before they purchased this Policy or the condition could have reasonably been expected to result in sudden deterioration in their health or their death or they had been given terminal prognoses.
h. If You are called as an expert witness or Your occupation normally requires their attendance at court.
i. You being aware at the time of purchasing this Policy of any reason why You might cancel.
j. **Your** Insurance Policy does not cover any claim in any way caused by or resulting from:
   a) Coronavirus disease (COVID-19);
   b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
   c) any mutation or variation of SARS-CoV-2;
   d) any fear or threat of a), b) or c) above.

   The exclusion will apply to any treatment, losses or claims for conditions a) b) or c) as listed above if:
   You or (if applicable), Your travelling Companion, Spouse or family members fail to contact Global Excel Management (the Medical Assistance Provider as detailed on your Policy Document) via the contact information (preferably via Telemedicine Applications) as contained within Your Policy Schedule, Your Voucher or Your ID card.
   PLEASE NOTE:
   if you are under 18 years old and are intending to call this number Toll Free Number (for use in the USA): 1-833-386-9240 Local Number (for calls Outside the USA): +1-786-646-2917, please ensure you have your legal guardian with you as GEM will not be able to assist you with your claim without your legal guardian being present

Trip Interruption

We will pay up to the amount shown in the Benefit Table following receipt by Us of proof of the cost to You of an economy one-way air or ground transportation ticket for Your to return to Your Home Country as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Bodily Injury or Illness of Your Partner, Dependents or Close Relative or the destruction of your Principal Residence by fire or storm following departure from Your Home Country.

Your Insurance Policy does not cover any claim in any way caused by or resulting from:
a) Coronavirus disease (COVID-19);
b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
c) any mutation or variation of SARS-CoV-2;
d) any fear or threat of a), b) or c) above.

The exclusion will apply to any treatment, losses or claims for conditions a) b) or c) as listed above if:
You or (if applicable), Your travelling Companion, Spouse or family members fail to contact Global Excel Management (the Medical Assistance Provider as detailed on your Policy Document) via the contact information (preferably via Telemedicine Applications) as contained within Your Policy Schedule, Your Voucher or Your ID card.
PLEASE NOTE:
if you are under 18 years old and are intending to call this number Toll Free Number (for use in the USA): 1-833-386-9240 Local Number (for calls Outside the USA): +1-786-646-2917, please ensure you have your legal guardian with you as GEM will not be able to assist you with your claim without your legal guardian being present

Travel Delay

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return trip is delayed due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown .

The following exclusions are applicable to Travel Delay:

We will not pay any expense arising directly or indirectly from:

a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operators ticket itinerary.
b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the delay and the reason for such delay
d. Your failure to accept alternative means of transport within the time delay period where and when offered to You on reasonable terms.
e. Compensation is recoverable from the common carrier

OPTIONAL COVERAGE RIDER 1

Political and Natural Disaster Evacuation and Kidnap Consultants Fees Insurance

The Contract of Insurance

This is Your Political and Natural Disaster Evacuation Insurance Policy, which with the application form and/or declaration made by You and The Policy Schedule should be read together and forms the contract of Insurance between You and Us, Dale Underwriting Partners but it is only valid if You have paid the premium.

Your premium has been based upon the information shown in The Policy Schedule and recorded in the written application You have signed and/or declaration You have made. Please read them carefully to make sure that they meet Your requirements and that the details on The Policy Schedule are correct. If after reading Your Policy and The Policy Schedule You have any questions, please contact Your insurance adviser.

In return for You having paid the premium for the Period of Insurance, We will indemnify You by payment in respect of the Evacuation Costs of the Insured Persons to the extent of and subject to the terms contained in or endorsed on the Policy.

IMPORTANT

It is essential that you provide us with a fair representation of the risks we are accepting when applying for cover. It is also important that you advise your broker, intermediary or Us of any changes which occur during the period of insurance which may alter information previously provided. If you are in doubt as to whether you need to disclose information to us then this should be declared.

It is Your responsibility to prove any loss therefore we recommend that you keep receipts, photographs and relevant documents to help with any claim you make. This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.

If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully. You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this Policy.

JURISDICTION AND CHOICE OF LAW

This insurance shall be governed by and construed in accordance with the laws of England and Wales and shall be subject to the jurisdiction of the courts of England and Wales.

All communications between You and Us shall be conducted in English except as otherwise provided in this Policy

OUR COMMITMENT TO YOU

Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

COMPLAINTS PROCEDURES

What to do if You have a complaint:

Our aim is to provide an excellent service to customers at all times. However, We understand that from time to time, We may not live up to our own high standards, and recognise that occasionally things do go wrong. Whenever this happens, We welcome Your feedback to ensure that We provide the kind of service You expect.

Complaints can be notified to Us by phone, e-mail or in writing. You will find contact details below. We take all complaints seriously and aim to resolve all problems promptly and fairly.

4. Upon receipt of Your complaint, We will, within no more than five working days, send You a letter to acknowledge your complaint, and explain to You how we will investigate Your complaint. We will also enclose a copy of Our complaints procedure.

5. We will endeavour to send a final response to You within eight weeks of receipt of Your complaint. If We are unable to provide You with a final response within this time frame, We will write to You explaining the delay and advise You when You can expect a final response.

6. If more than eight weeks from the date of Your complaint have elapsed and You have not received a final response, or You are dissatisfied with the final response You have received from Us, You may choose to refer Your complaint to:

Financial Ombudsman Service (FOS)
Exchange Tower
London
E14 9SR

Tel: 0800 023 4 567 – free for people phoning from a “fixed line” (for example a landline at home)
0300 012 3 123 – free for mobile phone users who pay a month charge for calls to numbers starting 01 or 02
http://www.financial-ombudsman.org.uk/

Please note: You must refer your complaint to FOS within six months of the date on Our final response letter.
If You do not refer your complaint within this time period, FOS will not have our permission to consider Your complaint and so will only be able to do so in very limited circumstances, for example, if FOS believes that the delay was as a result of exceptional circumstances.

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FINANCIAL OMBUDSMEN SERVICES

Please note that the FOS will only consider Your complaint if You have given Us the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than €2 million and/or fewer than ten employees, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million.

Whilst We are bound by the decision of the FOS, You are not. Following the complaints procedure above does not affect Your right to take legal action.

FINANCIAL SERVICES COMPENSATION SCHEME

Lloyd’s insurers are covered by the Financial Services Compensation Scheme (FSCS), which means that

you may be entitled to compensation if a Lloyd's insurer is unable to meet their obligations to You.

For further information on the FSCS, please visit www.fscs.org.uk or by contacting:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Telephone 0800 678 1100 or 020 7741 4000
Email enquiries@fscs.org.uk

Data Protection

The basics
We collect and use relevant information about **you** to provide **you** with **your** insurance cover or the insurance cover that benefits **you** and to meet **our** legal obligations.
This information includes details such as **your** name, address and contact details and any other information that **we** collect about **you** in connection with the insurance cover from which **you** benefit. This information may include more sensitive details such as information about **your** health and any criminal convictions **you** may have.
The way insurance works means that **your** information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or insurance **broker** s, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **we** will only disclose **your** personal information in connection with the insurance cover that **we** provide and to the extent required or permitted by law.
Other people's details you provide to us
Where **you** provide **us** or **your** insurance **broker** with details about other people, **you** must provide this notice to them.
Want more details?
For more information about how **we** use **your** personal information please see **our** full privacy notice(s), which is/are available online on **our** website(s) or in other formats on request.
Contacting us and your rights
You have rights in relation to the information **we** hold about **you**, including the right to access **your** information. If **you** wish to exercise **your** rights, discuss how **we** use **your** information or request a copy of **our** full privacy notice(s), please contact **us**, or **your** insurance **broker** who will provide **you** with **our** contact details.
In this insurance **our** syndicate numbers and proportions are shown in the attached table. **We** bind **our**selves severally and not jointly, that is, in the event of a claim, each of **us** (and **our** Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.
You or **your** representative can obtain the name of each of **us** and **our** respective shares by applying to Market Services, Lloyd's, One Lime Street, London EC3M 7HA.
We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.
Our Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk

Personal information:
Your personal information means any information We hold about You and the Insured Person(s). This information may be contained in any correspondence received from You including letters and emails. We have implemented technical, physical, legal and organisational measures where necessary to secure the personal information We hold and process on Your behalf. Where appropriate We use anti-virus protection systems, firewalls, pseudonymisation and data encryption technology for the processing and storage of electronic personal information. Where We hold hard copy documentation containing Your personal information (whether on or off site) we will ensure that the relevant documentation is physically

secured and accessible only on a “need to know” basis. Our staff are trained regularly on data protection and information security.
You should show this section to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about You and the other people insured under Your Policy.

Special category data:
Some of the personal information that We ask You to provide is known as “special category data”. This will include information relating to Your health or medical condition(s) and may also include, race, religion and any criminal convictions. We need to use special category data to provide You with quotes, arrange and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims). Where You have provided Us with special category data relating to someone else, You undertake that You have obtained their express consent to provide Us with this data.

How We use Your personal information:
We will use Your personal information to arrange, administer and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You. The personal information We hold about You is limited to what is necessary to provide these services. We erase the personal information We hold about You as soon as it is no longer needed in accordance with our legal and statutory obligations.
Sharing Your personal information:
We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners, Our group companies or agents providing services on Our behalf and other authorised bodies. Where We do share Your personal data with others We will ensure that the appropriate safeguards are in place.
Transferring Your personal information outside the EEA:
To manage Your policy including settling claims or providing Security or Medical Assistance if the claim or assistance relates to an incident which occurs outside Your Country of Domicile We may transfer Your personal information outside the European Economic Area or if different Your Country of Domicile. We will only do this;

- If You have given Us Your permission;
- For underwriting purposes, such as assessing Your application and arranging Your policy;
- For management information purposes;
- If the transfer is necessary for reasons of public interest;
- To prevent or detect crime, including fraud (see below);
- If We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority including legal authorities outside the European Economic Area or, if different, Your Country of Domicile); and/or if required

Where it is necessary to transfer your data outside of the EEA we will ensure that appropriate safeguards are in place.
Preventing and detecting crime:
We may use Your personal information to prevent crime.
In order to prevent crime We may:

- Check Your personal information against Our databases;
- Share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The

information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Contact at the address set out below; and/or if required:

- Share it with operators of registers available to the insurance industry to check information and prevent fraud. These include the Claims and Underwriting Exchange Register administered by Insurance Database Services Ltd. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.

Dealing with others on Your behalf:
To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your spouse or partner or any other person whom We reasonably believe to be acting for You if they contact Us on Your behalf in connection with Your policy or a claim relating to Your policy. Where We have reasonable doubts concerning the identity of Your spouse or partner or such other person claiming to be acting on Your behalf, we may request additional information necessary to confirm their identity before we release any information in relation to Your policy to them. For Your protection only You can cancel Your policy or change the contact address.

Marketing:
We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.
Data Protection Rights:
You have certain rights under the GDPR.
You have the right to require Us to:

- Provide You with further details about the use We make of Your personal data;
- Provide You with a copy of the personal data We hold in a commonly used and machine readable format;
- Correct any inaccuracies in the personal data We hold;
- Delete any personal data We no longer have any lawful ground to use;
- Where the processing requires Your consent, withdraw that consent so We stop the processing in question;
- Transfer Your personal data to another organization;
- Object to any processing based on the legitimate interests grounds unless our reasons for that processing outweigh any prejudice to Your data protection rights;
- Object to automated processing, including profiling; and/or
- Restrict how We process or use Your personal data in certain circumstances e.g. whilst a complaint is being investigated.

In certain circumstances we may need to restrict the above rights to safeguard the public interest (e.g. prevention or detection of crime) or Our interests (e.g. legal or litigation privilege).
If you are not satisfied with Our use of Your personal data or Our response to any request by You to exercise any of Your rights, or if You think We have breached the GDPR, You have the right to complain to the ICO, details as follows:

England	Scotland	Wales	Northern Ireland
Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF	Information Commissioner's Office 45 Melville Street Edinburgh EH3 7HL	Information Commissioner's Office 2nd Floor Churchill House Churchill Way Cardiff CF10 2HH	Information Commissioner's Office 3rd Floor 14 Cromac Place Belfast BT7 2JB
Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)	Tel: 0131 244 9001	Tel: 029 2067 8400	Tel: 0303 123 1114 (local rate) 028 9027 8757 (national rate)
casework@ico.org.uk	scotland@ico.org.uk	wales@ico.org.uk	ni@ico.org.uk

Further information:
If You would like to receive a copy of the personal information We hold on You, or if You would like further information or wish to complain about the way that We use personal information, please write to Our Data Protection Contact (set out below).
If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible. You have the right to complain to Us at any time if You object to the way We use Your personal information. If you do, We will no longer be able to process the personal information We hold about You unless We are able to demonstrate compelling legitimate grounds for the continued processing of Your personal information which override Your interests, rights and freedoms of You, or for the establishment, exercise or defence of legal claims.

Contacting Our Data Protection Contact
To contact Our Data Protection Contact please write to Us at Dale Underwriting Partners, 6th Floor Bevis Marks, 6 Bevis Marks, London EC3A 7BA, UK giving Your name, address and insurance policy number.

Assistance Services

Security Assistance

In the event that you require a Political or natural Disaster Evacuation please contact **Our Crisis Management Company**

NORTHCOTT GLOBAL SOLUTIONS Ltd
22 Bevis Marks, London
EC3A 7JB
United Kingdom

Telephone:+44 (0) 207 183 8910

Our Crisis Management Company provides responses in respect of Political or Natural Disaster Evacuation.

Assistance and support is given to You through

- In house expert crisis management and response consultants
- In house security analysts.
- A network of response teams and security professional throughout the world.
- In country assistance and deployable resources in support and response to an emergency situation.

Definitions

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles.

Additional Care Expenses
The reasonable and necessary costs of:

1. the rest and rehabilitation expenses of You, Your Partner and Your Dependants following the Kidnapping of You, incurred within 6 months of the release of You up to a maximum of USD 12,500 per Insured Person per Insured Event.
2. the reasonable and necessary costs of cosmetic or plastic surgery which is required to correct any permanent disfigurement sustained by You solely and directly as a result of a Kidnapping Insured Event up to a maximum of USD12,500 per Insured Person.
3. the costs of returning You to their Country of Residence following their release after a Kidnapping Insured Event up to a maximum of USD 12,500 per Insured Person.
4. the cost of independent psychiatric care following the release of You following a Kidnapping Insured Event up to a maximum of USD 12,500 per Insured Person.

Annual Aggregate Limit
The maximum We will pay in respect of all claims payable during the Period of Insurance.

Appropriate Authorities
The Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the Policyholder's Host Country.

Assignment
When an Insured Person is working in or travelling to a country on Your behalf.

Consultants Costs
The reasonable and necessary fees and expenses of Our chosen Consultants incurred during the duration of a Kidnapping Insured Event as follows:

1. the fees and expenses of Our chosen Consultants during the Kidnapping Insured Event
2. the fees and expenses of an independent negotiator employed by Our chosen Consultant during the Kidnapping Insured Event.
3. the costs of independent legal advice taken by Our chosen Consultant during the negotiations and prior to the release of You(s)
4. the fees and expenses of security guards temporarily retained by Our chosen Consultants solely and directly for the purpose of protecting You once located once a Kidnapping Insured Event has occurs.

Country of Domicile
The country in which the Insured Person resided in before taking up Assignment and/or the country to which the Insured Person shall return to when repatriated or country in which they hold a valid passport

Detained/detention
Your holding under duress of whilst on an Insured Journey or Assignment for whatever reason by authorities legally constituted in the place of custody or by others

Evacuation Costs
The costs incurred within 30 days of an Insured Event to evacuate the Insured Person to the nearest place of safety or their Country of Domicile.

If the Insured person is in imminent peril, cover will apply to the evacuation of the Insured Person by any appropriate means consistent under the circumstances with their health and safety, otherwise cover hereunder will apply to the transportation only at economy fares unless unavailable or manifestly impractical.

Expenses
The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

Hibernation Costs
The costs of security and relocation if an Insured Event has occurred and at the sole discretion of the Crisis Management Company the Insured Person may remain in their Host Country, in either their current location or relocate to a site chosen by the Crisis Management Company up to a period of 14 days from the time the Insured Event first occurs.

Host Country
The country in which the Insured Person resides in whilst on Assignment.

Hostage
Your unlawful detention by a third party who threatens to kill, injure or to continue to detain You in order to compel a state, international organisation or person to do or abstain from doing any act.

Insured Event

1. The Insured's Appropriate Authority issues a travel advice for a particular country or region where the Insured Person is on Assignment in, recommending that certain categories of person which includes the Insured Person should leave that country or region.

- or -

2. The recognised Government in their Host Country:

a) Declares a state of emergency necessitating immediate evacuation or

b) Formally recommends or instructs that the Insured Person should leave that country or region for safety or

c) Seizes, confiscates or expropriates the Insured or Insured Person's property, plant or equipment or

d) Expels the Insured Person or declares the Insured Person "persona non grata".

e) Withdraws all scheduled international commercial flights for a period of excess of 24 hours as a result of political or military action intervention which has a direct impact on the Insured persons safety and prevents them leaving the country.

3. Natural Disaster within their Host Country which has a direct impact on the Insured Person and their safety.
4. The Political or military events in the country the Insured Person is staying in represents an imminent threat to their safety.
5. The Kidnap of an Insured Person(s) who is held Hostage for the payment of a Ransom

Insured Journey
Whilst the Insured Person is on a journey not exceeding 12 months in duration (unless otherwise agreed by Us) which You have authorised in connection with The Business (including any period of holiday which is purely ancillary to the Insured Journey) which begins during the Period of Insurance, and commences from the time the Insured Person leaves their home or place of business in their Country of Domicile whichever is the later and continues during the entire period of the journey and terminating at the time of return to their home or place of business in their Country of Domicile whichever is reached first.

Insured Person
As shown in The Policy Schedule.

Kidnap
Unlawful seizure, detention or taking by force or fraud of an Insured Person (except a child by its parent or legal guardian) by a third party without the consent of that Insured Person.
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Operative Time of Cover
The period of time for which We will cover the Insured Person for benefits described within The Policy Schedule.

Period of Insurance
From the effective date until the expiry date shown in The Policy Schedule and any subsequent period for which We accept payment for renewal of this Policy.

Ransom Monies paid
Means cash, monetary instruments, bullion or the fair market value of any securities property or services surrendered

on Behalf of the Insured Person to meet a Kidnap demand.

The Business
Activities directly connected with The Business described in The Policy Schedule.

The Policy Schedule / Certificate of Insurance
The document which specifies details of The Policyholder, The Insured Persons, The Operative Time of Cover, The Business, and specifies details of the benefits covered, sums insured and any Excesses, Endorsements and Conditions applying to the Policy.

We/Us/Our/The Company
Dale Underwriting Partenrs.

You/Your/The Policyholder
The Insured Person or persons, companies, partnerships or unincorporated associations named in The Policy Schedule as The Policyholder.

Conditions

The following Conditions apply to this Policy.

Adjustable Premium
If it has been agreed with Us that any part of the premium, being based on estimates, is adjustable You shall within 30 days of the end of each Period of Insurance provide Us with the actual figures and the premium will be adjusted accordingly.

Aggregate Limit
If the aggregate amount of all benefits payable exceeds the stated Aggregate Limit the benefits payable to an Insured Person shall be proportionately reduced until the total of all Benefits does not exceed the Aggregate Limit.

Alteration of Risk
We will at Our option void the Policy from the inception of this insurance where there has been any alteration to The Business and/or the occupation or pursuits of any Insured Person after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, accident, injury or illness or where Your interest ceases except by will or operation of law unless We have accepted the alteration.

Assignment
You may not assign the benefits under this Policy. We shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this Policy.

Cancellation
We may cancel this Policy by sending You 30 days written notice to Your last known address and We will return any unearned proportion of the premium paid.

You may cancel this Policy at any time by sending us 30 days written notice and any unearned premium shall be returned to you provided that We have not made any claims payment under this policy or have any claims for consideration or You are not aware of any claims that have not been reported to Us. Any claim payments made or under consideration shall be deducted from the amount of unearned premium due to be returned.

Confidentiality
You shall take all reasonable and necessary steps to ensure that the existence of this Policy is not made common knowledge

Contribution
If at the time of an event giving rise to a claim there is any other insurance Policy in force in Your name which covers You or the Insured Person for the same expense, loss or liability We will only pay a proportion of the claim being determined by reference to the cover provided by each of the relevant policies.

Force Majeure
We shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes or other conditions beyond our reasonable control, including but not limited to flight conditions or situations where the performance of this Policy is prohibited or delayed by local laws, regulations or regulatory agencies. We shall notify You immediately of any Force Majeure event.

In the event of such Force Majeure lasting longer than 7 days You will have the right to cancel this Policy immediately and We shall return any premium paid by You less any amount for claims paid or due to be paid.

Fraud
If a claim made by You or anyone acting on Your behalf, or any person claiming to be indemnified is fraudulent or exaggerated, whether ultimately material or not or if a false declaration or statement is made or if a fraudulent device is used in support of a claim We may at Our option void the Policy from the inception of this insurance or cancel the Policy from the date of the claim or alleged claim and repudiate the claim.

Identification
The Policy and The Policy Schedule will read as one contract. A particular word or phrase which is not defined will have its ordinary meaning.

Reasonable Precautions
You must take all reasonable precautions to avoid accident, injury or illness to any person, or loss, destruction or damage to their property, and You must comply with all legal requirements and safety regulations and conduct The Business in a lawful manner. If in relation to any claim You have failed to fulfil any of these conditions, You will lose your right to indemnity or payment for that claim.

The Contracts (Rights of Third Parties) Act 1999
The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only We and the Policyholder can enforce the terms of this Policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

Misdescription
We will void this Policy if there has been any misrepresentation, misdescription or failure to disclose any material fact by You or anyone acting for You.

Rate Variations
We may give you 14 days notice of any change to rates charged to cover War under this policy

Sanction Limitation and Exclusion Clause
We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Claims Conditions

The following Claims Conditions apply to this Policy.

1. Our Crisis Management Call Centre must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the Crisis Management Call Centre is not contacted immediately Our liability to pay any subsequent claim under this section will cease.
2. You must provide Us and Our Crisis Management Company with all assistance and information requested in a timely manner.
3. The Insured Person must follow the advice of Our Crisis Management Company at all times.
4. Where you or an Insured Person is entitled to any refund on unused tickets or returnable deposits or advanced payments We will be entitled to deduct these from the value of any claim.
5. You and the Insured Person shall take all reasonable and necessary steps to ensure that the existence of this Cover is not made common knowledge.

6. You must not make or attempt to make arrangements without the agreement of Our Crisis Management Company.

Exceptions

The following Exceptions apply to this Policy.

This Policy does not cover

a) Any expense related to the Insured Person engaging in the commission of, or the attempt to commit, an unlawful act.
b) Any expense incurred as a result of the Insured Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection unless declared to Us and accepted by Us in writing.
c) Any losses incurred by You which are or would be, except for this insurance recoverable under any other insurance or other indemnity available to You.
d) Any losses incurred for which You are responsible under a Workmen's Compensation Act
e) The Insured Person being in their own Country of Domicile or country in which they hold a valid passport
f) Your failure to reasonably prove that there is any threat to the Insured Person's safety.
g) You taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
h) Or attributable to an alleged violation of the laws of the Host Country by You or the Insured Person.
i) Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in the Insured Person's Host Country.
j) Accommodation, Evacuation Expenses or Hibernation Costs incurred more than 30 days after the Insured Event.
k) Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
l) Your failure to honour any contractual obligation bond or specific performance condition in a license.
m) You at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an Insured Event that has not been declared to and accepted by Us.
n) Any Losses incurred by You that have been increased by Your failure to follow the advice of Our Crisis Management Company.
o) Any losses that have been increased by Your failure to follow the advice of Our Crisis Management Company promptly.

In addition, We will not be liable for any Kidnapping claims resulting from:

1. The Fraudulent dishonest or criminal acts of You, You or any person authorised by You to have custody of the Ransom Monies.
2. Your Kidnapping whilst in Your normal Country of Domicile or country in which they hold a valid passport.
3. For any Ransom Monies.
4. Any claim if you have had any Kidnap Insurance cancelled or declined in the past.
5. The Kidnapping of a child by its parents or legal guardian.
6. Any claim following Kidnapping where an attempt to Kidnap You or a threat to Kidnap You was been made in the 12 months before taking out this Policy and such attempt or threat was not made known to and accepted by Us at such time.
7. Any claim following Kidnapping which is for a period fewer than 24 Hours.
8. The failure of You to properly procure or maintain immigration, work or residence or similar visas, permits or other documents.
9. The Kidnapping of You by another Insured Person or an agent acting on Your behalf.

Cover

We will indemnify You up to the sums insured shown in The Policy Schedule if during the Operative Time of Cover You incur Evacuation Costs, Hibernation Costs and Expenses or you are Detained, Kidnapped and held for Ransom or Hostage.as a result of an Insured Event in Your Host Country.

In the event that you require assistance with any of the above please contact **Our Crisis Management Company**
Telephone:+44 (0) 207 183 8910

OPTIONAL COVERAGE RIDER 2

Pre-Trip Cancellation

We will pay the up to the amount stated in the Benefit Table for loss to You of deposits, or charges, or advance payments for travel or accommodation or other charges which have not or will not be used, but which become forfeit or payable under contract if You are forced to cancel Your arrangements as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Injury or Illness of Your Partner, Dependents or Close Relative

The additional Benefit can only be purchased 120 days prior to the Effective Date shown on Your Certificate of Insurance

The following exclusions apply to Pre-Trip Cancellation:

We will not be liable for any expense arising directly or indirectly from:

a. Any charges payable by the tour operator, hotel, airline or other carrier.
b. Any surcharges levied by the tour operator that increase the brochure prices.
c. Any losses arising from Your failure or delay in notifying the travel agent, tour operator or provider of service immediately it may be necessary to cancel Your travel arrangements.
d. Any loss arising from Your financial failure, insolvency, bankruptcy or default or the Participating Organization, the travel agent, tour operator or organizer, accommodation provider or carrier.
e. Your disinclination to travel.
f. Any Cancellation due to Accident or Illness that has not been confirmed as being Medically Necessary by a Physician.
g. The Pre-existing Medical Condition of Your Dependent or Close Relative before they purchased this Policy or the condition could have reasonably been expected to result in sudden deterioration in their health or their death or they had been given terminal prognoses.
h. If You are called as an expert witness or Your occupation normally requires their attendance at court.
i. You being aware at the time of purchasing this Policy of any reason why You might cancel.
j. **Your** Insurance Policy does not cover any claim in any way caused by or resulting from:
   a) Coronavirus disease (COVID-19);
   b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
   c) any mutation or variation of SARS-CoV-2;
   d) any fear or threat of a), b) or c) above.

   The exclusion will apply to any treatment, losses or claims for conditions a) b) or c) as listed above if: You or (if applicable), Your travelling Companion, Spouse or family members fail to contact Global Excel Management (the Medical Assistance Provider as detailed on your Policy Document) via the contact information (preferably via Telemedicine Applications) as contained within Your Policy Schedule, Your Voucher or Your ID card.

   PLEASE NOTE:

   if you are under 18 years old and are intending to call this number XXX, please ensure you have your legal guardian with you as GEM will not be able to assist you with your claim without your legal guardian being present

With this insurance policy you have access to the NGS One Tap App.

The app, at a touch of a button, sends all information from the insured's phone to the NGS 24/7/365 Operations Room, along with the GPS location of the device at that time.

The app is designed to speed up transfer of information to NGS Ops, whilst providing generic advice for the following; security, medical, localized incidents and large-scale incidents.

To download the app, please type **Northcott Global Solutions** into the search bar of the App Store or Google Play. Follow the instructions to download the app onto your device. On an Android press accept to allow NGS to access to the information displayed on your screen. When filling out the details please make sure your email address and policy number is correct. Once you have completed the details stage press 'Activate App' you will have to wait for NGS to manually approve you. Once approved by NGS, you will be emailed an activation code to enter into the device. You will be granted once you hit '*Activate APP'*.

Please ask for a step-by-step guide for more information.

Any queries contact InsExec@northcottglobalsolutions.com.

If the app is pressed without an accompanying phone call to NGS Ops, NGS is not required to contact the holder of the app. It is for the insured to officially inform NGS of a request for assistance by a phone call or email.

A request for NGS assistance using the app is to be communicated verbally in line with their policy instruction through the initial phone call that automatically opens up when the app is triggered.

For the avoidance of doubt, the purpose of the app is for information transfer only and not for triggering any kind of emergency response. This information consists of the information that the app holder entered into the device on setup.

For the call to go through successfully, the device will need signal. The email specifying the GPS coordinate requires data coverage in your area. Data on your device will also need to be switched on. There is an option to manually switch to SMS should you not have data coverage or your device is not data enabled; you will need GSM coverage for this.