

The terms and conditions of cover detailed in this booklet are valid for policies with a start date from 1st August 2021. For policies with a start date up to and including 31st July 2021 please refer to the terms and conditions of cover detailed in version 4 of the booklet which can be accessed here:

<https://www.caravanclub.co.uk/globalassets/pdfs/insurance/overseas-holiday-insurance-personal-only-policy-booklet-v4.pdf>

Overseas Holiday Insurance

Red Pennant European Personal Cover

Single-Trip and Annual Multi-Trip
Insurance Policies

Red Pennant Personal Cover

This is **your** European travel insurance policy. It contains details of cover, conditions and exclusions relating to each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the **policy schedule** which attaches to the policy.

In return for having accepted your premium **we** will in the event of motor **breakdown**, motor accident, injury, death, illness, disease, loss, theft, damage or other events happening within the period of insurance provide insurance in accordance with the operative sections of **your** policy as referred to in **your policy schedule**.

The **policy schedule** and any endorsements are all part of the policy.

The information **you** have supplied forms part of the contract of insurance with us. **Your policy** is evidence of that contract.

You must take reasonable care not to make any misrepresentations and to provide complete and accurate answers to the questions **we** ask when you take out, make changes to, or renew **your** policy. If you fail to do so, **your** policy may be void, or it may be cancelled, or, **your** claim may be rejected or not fully paid.

This policy is underwritten by Tedaisy Underwriting Limited as Underwriting Agents for Astrenska Insurance Limited. Astrenska Insurance Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority; Registered in England & Wales; Registered Number 01708613; Registered Office: Cutlers Exchange, 123 Houndsditch, London, EC3A 7BU. FCA registration number 202846.

Tedaisy Underwriting Limited is authorised and regulated by the Financial Conduct Authority; Registered in England; Registered Number 6904209; Registered Office: East Wing Goffs Oak House, Goffs Lane, Goffs Oak, Herts EN7 5BW. FCA registration number 504604.

The Financial Conduct Authority website, which includes a financial services register of all regulated companies, can be visited at www.fca.org.uk or the Financial Conduct Authority can be contacted on Tel: 0800 111 6768 or 0300 123 9123.

Governing Law: **Your** policy is governed by the law applicable to where **you** reside in the **UK**.

USEFUL TELEPHONE NUMBERS:

Emergency Assistance
+44 (0) 1342 336606 / 00800 1907 1907

Policy Administration
+44 (0) 1342 336633

Contents

Introduction	2
Service Standards	3
Definitions	4
Schedule of Benefits	9
Period of Insurance	11
‘Cooling Off’ Period	12
Cancellation by Us	12
Family Cover & Extra Person	12
Medical Health Requirements	13
Sports and Activities	15
Section 1 – Cancellation	18
Section 2 – Curtailment	20
Section 3 – Travel Delay	22
Section 4 – Missed Departure	23
Section 5 – Personal Accident	24
Section 6 – Medical Emergency and Repatriation Expenses	25
Section 7 – Hospital Benefit	27
Section 8 – Loss, Theft or Damage to Personal Property	28
Section 9 – Luggage Delay on the Outward Journey	30
Section 10 – Personal Money	31
Section 11 – Loss of Passport	32
Section 12 – Personal Liability	33
Section 13 - Hijack	34
Section 14 - Mugging	34
Section 15 – Legal Costs and Expenses	35
Section 16 - Unauthorised Occupancy by Squatters	37
Section 17 – Emergency Telephone Calls to the Club	37
Section 18 – Winter Sports Cover	38
General Conditions	41
General Exclusions	42
How to Make a Claim	46
Privacy Policy	48

Introduction

Dear Member

Thank you for taking out Red Pennant Insurance. The cover has been designed using the Club's experience of over 50 years of helping Members whilst abroad and I am sure that you will be satisfied with the protection provided.

This booklet, together with the schedule, forms the whole Insurance Contract and should be kept for future reference. You must read the booklet and policy schedule to make sure that you understand and comply with all the terms, conditions and exclusions. Please check that the details shown on the policy schedule are correct and in the event that alteration is required please telephone the Club on 01342 336633.

The Club handles the general administration of the Red Pennant Service from its Headquarters in East Grinstead, it issues all documentation, handles alterations, renewals and Members' general enquiries. The premium charged includes an administration fee which is used to cover Club expenses and any resultant surplus will be used for the benefit of Members.

Accidents and losses will inevitably occur and the claims handlers aim to provide fast, fair and friendly claims settlement.

Finally, this booklet is written so that it is easy to understand, but if you have any questions about the cover, we will be pleased to assist.

Yours sincerely

A handwritten signature in black ink that reads "Nick Lomas". The signature is written in a cursive style with a large, stylized initial 'N'.

Nick Lomas
Director General

Service Standards

How to Make a Complaint

We are committed to treating **our** members fairly. However, **we** realise that there may be times when things go wrong. If this happens, please use the most suitable contact from the following list. Please tell **us your** name and **your** claim number, assistance reference or policy number and the reason for **your** complaint.

We may record phone calls.

- a) **For complaints about the servicing of your policy or the Club's Emergency Services you should contact:** The Director General, Caravan and Motorhome Club, East Grinstead House, East Grinstead, West Sussex, RH19 1UA **Tel: 01342 336 633 Email: insurance@camc.com**
- b) **For complaints about claims you should contact:** Quality Department, Collinson Insurance Services Limited, Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN Telephone: +44 (0)333 333 6400 Email: complaints@collinsoninsurance.com

If after following the procedure detailed in a) or b) above the matter is unresolved **you** have the right to refer **your** complaint to: **The Financial Ombudsman Service**, Exchange Tower, Harbour Exchange Square, London, E14 9SR **Tel: 0300 123 9123 www.fos.org.uk**

If **you** take any of the action mentioned above, it will not affect **your** right to take legal action.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS).

If **we** fail to carry out **our** responsibilities under this policy, **you** may be entitled to compensation from the Financial Services Compensation Scheme. Information about the scheme is available at **www.fscs.org.uk** or by phone on **0800 678 1100** or **0207 741 4100**.

Definitions

Wherever the following words and phrases appear in **bold** in this policy wording they will always have these meanings:

Close business associate	Any person whose absence from business for one or more complete days at the same time as your absence prevents the effective continuation of that business.
Common law partner/ companion	A person living with another person at the same address for at least six consecutive months prior to the date of application.
Complications of pregnancy	Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean section, medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.
Country of residence	United Kingdom.
Curtail/ Curtailment	Return early to your home in England, Scotland, Wales, Northern Ireland, the Isle of Man, the Channel Islands or the period that you are hospitalised abroad.
Europe	Albania, the British sovereign base area of Akrotiri and Dhekelia, Andorra, Austria, Azores, Belarus, Belgium, Bosnia & Herzegovina, Bulgaria, the Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Faroe Islands, Finland, France (including Corsica), Germany, Gibraltar, Greece (and Greek Islands), Hungary, Iceland, Israel, Italy (including Sardinia and Sicily), Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Morocco, The Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Russia (west of the Ural Mountains), San Marino, Serbia, Slovakia, Slovenia, Spain (including the Canary and Balearic Islands), Sweden, Switzerland, Tunisia, Turkey, Ukraine and the Vatican City.
Excess	An amount deducted per person (unless otherwise stated), per policy section for each incident which results in a claim as confirmed in the Schedule of Benefits.

Hijack	The unlawful seizure or wrongful exercise of control of an aircraft or conveyance in which you are travelling as a passenger.
Home	Your residential address in your country of residence .
Immediate relative	Mother, father, sister, brother, wife, husband, common law partner/companion , civil partner, fiancé/e, your children (including fostered), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, cousin, nephew, niece, step-parent, step-child, step-brother, step-sister, or legal guardian.
Loss of limb	Physical, permanent and total loss of use at or above the wrist or ankle.
Loss of sight	The complete and permanent loss of sight in at least one eye.
Manual work	Work that is physical, including, but not limited to construction, installation, assembly and building work. This does not include bar and restaurant staff, musicians, singers and fruit pickers (who do not use machinery).
Medical practitioner	A registered practicing member of the medical profession who is not related to you or to a travelling companion , or to anyone you are intending to stay with.
Money	Cash, money/ postal orders, travel tickets, lift passes (in respect of winter sports trips), passports, driving licence, petrol coupons, Overseas Site Night Vouchers and green cards held by you for social, domestic and pleasure purposes.
Mugged/Mugging	A violent attack on you by person(s) not previously known to you .
Party	All persons named on the policy schedule .
Permanent total disablement	Disablement which has lasted for 52 consecutive weeks and will in expert medical opinion, prevent you from ever engaging in any gainful employment for the remainder of your life.
Personal accident	Accidental bodily injury caused solely and directly by outward violent and visible means.
Personal property	Your suitcases (or similar luggage carriers) and their contents usually taken on a trip(s) , together with articles worn or carried by you , including pushchairs, for your individual use during your trip(s) .
Policy schedule	The documents issued by the Club confirming the name(s) of the insured person(s)/party and the start and end date of your insurance cover.

Pre-existing medical condition	<p>A disease, illness, psychiatric condition or injury which at the time of booking or date of travel (whichever is later) for which you:</p> <ul style="list-style-type: none"> • are awaiting any new treatment (including surgery), specialist referral (excluding routine reviews), investigations or results of any tests; • have been discharged from any medical procedure (admission or day case) within the last 3 months; • have received any treatment (including medication) for any cancerous condition within the last 6 months except tamoxifen or similar (hormone treatment) in breast and prostate cancer (excluding routine annual checks); • have had any changes to your medication in the last 2 weeks (including ceasing, commencing or changing of dose); • have been taking Warfarin and your INR levels (blood tests) are being reviewed more often than every 4 weeks; • have been prescribed any morphine, MST or fentanyl patches to be used at home; • have been under referral or been admitted to hospital in the last 12 months for any psychiatric condition.
Psychiatric condition	A mental or addictive condition, including, but not limited to, anxiety, depression, alcoholism, drug addiction or eating disorders.
Public transport	Any publicly licensed train, coach, taxi, bus, aircraft or sea vessel on which you are booked to travel as a fare paying passenger.
Redundancy	Any person declared redundant, who is under the normal retiring age for someone holding that person's position, and who has been employed for 2 continuous years with the same employer at the time of being made redundant and is entitled to redundancy pay under current legislation.
Sports and activities	The activities listed under the Sports and Activities section of this policy.
Ski equipment	Skis (including bindings), ski boots, ski poles and snowboards.
Ski pack	Pre-booked lift passes, hired skis and boots and ski school fees.
Squatter/Squatters	Any person who has unlawfully obtained unauthorised entry to your home in your absence during your trip .

Strike/ Industrial Action	Any form of action taken by workers, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.
State of health	<p>Your current health or a change in your state of health that occurs after the policy has been purchased. A change to your state of health includes: -</p> <ul style="list-style-type: none"> • any new disease, illness or injury that requires medication, advice or treatment; or • a pre-existing medical condition where there is a change to medication, advice or treatment; or • you undergoing tests or treatment or being placed on a waiting list for out/ day/ in-patient treatment, investigations or surgery.
The Club	Caravan and Motorhome Club.
The Club's Emergency Service	The 24-hour Emergency Assistance Service named in this wording and on the insurance schedule.
Travelling companion	The person with whom you have booked to travel on the planned trip . In the case of a tour, travelling companion shall mean the person(s) shown on your booking form.
Trip/ Trip(s)	<p>A journey within the countries specified in the definition of Europe which begins and ends at your home subject to the following:</p> <p>Annual Multi-Trip policies: <i>the maximum number of days that you can spend abroad must not exceed 31 days (or 45, 66 days where the appropriate premium has been paid and is shown on your policy schedule).</i></p> <p>Single Trip policies: <i>the maximum duration of any one trip is 185 days where the appropriate premium has been paid.</i></p>
Unattended	Where you are not in full view of and are not in a position to prevent unauthorised interference with your property or vehicle.
United Kingdom	England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.
Valuables	Watches, furs, jewellery, photographic, video, audio or electrical equipment of any kind, camcorders and accessories, all photographic/ digital/ optical/ audio and video media including iPods/ iPod touch/ MP3/4 players or similar and/ or accessories, eBook readers, satellite navigation systems (GPS), telescopes and binoculars.

We/ Us/ Our	Tedaisy Underwriting Limited as Underwriting Agents for Astrenska Insurance Limited.
Winter sports equipment	Skis (including bindings), ski boots, ski poles and snowboards.
Winter sports	Big foot skiing, cross country skiing (recognised paths), glacier skiing, langlauf, mono-skiing, off-piste skiing (with a professional guide on designated pistes within the resort), skiing, ski touring, sledging, snowboarding, snow shoeing, snowcat skiing and tobogganing. <i>Note: Winter sports are only covered if you are under the age of 65.</i>
You/ Your/ Insured person(s)	Each insured person(s) /member named on the policy schedule and is a resident of the United Kingdom and have not spent more than 6 months within the last 12 months abroad.

Schedule of Benefits

(limits per **insured person**, per incident unless otherwise stated)

Section Number	Section of Cover	Personal Cover	
		Limit	Excess (per insured person)
1	Cancellation	Up to £3,000	£40 (£10 for loss of deposit)
2	Curtailment	Up to £3,000	£40
3	Travel Delay	£20 for the first full 12 hours and £10 for subsequent full 12 hours up to a maximum of £100	Nil
4	Missed Departure	Up to £400	Nil
5	Personal Accident Death Limit for those under 16 and over 70 years of age Loss of Limb Loss of Sight Permanent Total Disablement	£10,000 £1,000 £20,000 £20,000 £20,000	Nil
6	Medical Emergency and Repatriation Expenses Emergency Dental Local Funeral Expenses	Up to £10,000,000 Up to £350 Up to £3,000	£40
7	Hospital Benefit (in-patient treatment)	£20 per 24 hours up to £500	Nil
8	Loss, Theft or Damage to Personal Property One article, pair and/ or set of articles Valuables Golf Equipment	Up to £1,500 Up to £250 Up to £250 Up to £200	£40

Section Number	Section of Cover	Personal Cover	
		Limit	Excess (per insured person)
9	Luggage Delay on Outward Journey	Up to £100	Nil
10	Personal Money Cash Cash from an unattended vehicle or unoccupied caravan or accommodation Cash (under 16 years old)	Up to £250 Up to £250 Up to £75 Up to £50	£40
11	Loss of Passport Additional travel and accommodation expenses	Up to £200	Nil
12	Personal Liability	Up to £2,000,000	Nil
13	Hijack	£50 per 24 hours up to £1,000	Nil
14	Mugging	£50 per 24 hours up to £1,000	Nil
15	Legal Costs and Expenses	Up to £25,000	Nil
16	Unauthorised Occupancy by Squatters Alternative accommodation (per person, per day) Additional meal expenses (per person, per day)	Up to £5,000 Up to £75 Up to £25	Nil Nil Nil
17	Emergency Telephone Calls to the Club	Up to £50	Nil
18	Winter Sports Cover		
A	Winter Sports Equipment One article, pair and/ or set of articles	Up to £300 Up to £250	£40 £40
B	Winter Sports Equipment Hire	Up to £100	Nil
C	Winter Sports Pack	Up to £200	£40
D	Piste Closure	£20 per day up to a maximum of £300	Nil

Period of Insurance

The period of insurance is specified on **your policy schedule**. All **trip(s)** must start from **your home** in **your country of residence**. If **you** return to **your country of residence** is unavoidably delayed for an insured reason, cover will be extended for the period of the delay. No cover can be provided for **trip(s)** that have already commenced at the start date of **your** policy except where **you** renew an existing annual multi-trip policy which is due for renewal during the **trip(s)**.

Single Trip Policies:

Cover under Section 1 - Cancellation starts from the date of issue of the **policy schedule** and ends on commencement of the planned **trip**. For all other sections, cover starts when **you** leave **your home** to commence the **trip** or the start date shown on **your policy schedule** and ends on whichever occurs first of the following:

1. the expiry of the period of cover; or
2. **you** return **home** as planned, at the end of the **trip**; or
3. **you** first return **home** prior to the planned return at the end of the **trip**.

Cover is included whilst travelling directly from **your home** to **your** departure point and back again when **you** return (as shown on **your policy schedule** as the start and end date of **your** policy).

Winter sports trips are covered but limited to 17 days per policy year.

Annual Multi-Trip Policies:

Cover under Section 1 - Cancellation starts from either the commencement date on the **policy schedule** or the time and date at which each **trip** is booked (whichever is the later), and ends on whichever occurs first of the following:

1. the commencement of each **trip**; or
2. the expiry of the period of cover.

For all other sections, cover starts when **you** leave **your home** to commence each **trip** or the start date shown on **your policy schedule** and ends on whichever occurs first of the following:

1. the expiry of the period of cover; or
2. **you** return **home** as planned, at the end of each **trip**; or
3. **you** first return to **your home** prior to the planned return at the end of each **trip**; or
4. **you** period of travel exceeding the **trip** limit.

Cover is included whilst travelling directly from **your home** to **your** departure point and back again when **you** return.

The total length of any one **trip** on an annual policy is limited to the maximum number of days shown on **your policy schedule**. If **your** policy renews during a **trip**, then the maximum limit applies to the whole **trip**.

Winter sports trips are covered but limited to 17 days per policy year.

This policy is not valid for **trip(s)** solely within **your country of residence**.

‘Cooling Off’ Period

If, having examined **your** policy documentation, **you** decide the insurance does not meet **your** needs, **you** can cancel the insurance within 14 days from the date **you** receive the policy documentation, and **we** will refund the premium provided **you** have not taken a **trip** to which the insurance applies, and **you** have not made a claim.

Cancellation by Us

We may cancel your policy during the **period of insurance** by sending **you** 7 days’ cancellation notice in writing to **your** last known address.

Family Cover & Extra Person

(Up to a maximum of 10 people in total)

Family cover applies to **you** and **your** husband/ wife, **common law partner/companion** or civil partner both permanently living together plus up to three of **your** unmarried dependent children or grandchildren, under the age of 18 years in full time education. **You** and **your** husband/ wife, **common law partner/companion** or civil partner both permanently living together under this policy may travel independently. **Your** unmarried dependent children or grandchildren are only covered when travelling with an adult insured under this policy.

All others named in the **party** are **NOT** covered for independent travel, unless otherwise agreed by **the Club**.

Medical Health Requirements

Relating to Section 1 – Cancellation, Section 2 – Curtailment and Section 6 – Medical Emergency and Repatriation Expenses.

To be covered under this policy **you** must be healthy and fit to undertake **your** planned **trip** (for non-travelling relatives please see the non-travelling relative section).

This policy will not cover **you** if **you** are travelling against medical advice or with the intention of obtaining medical treatment or consultation abroad.

You must contact **the Club's** administration team immediately if any of the questions below apply to **you**, anyone else who is to be insured or a **travelling companion**. The following applies at the date of taking out this policy or booking **your trip** (whichever is the later) or any time between taking out this insurance and the start date of **your trip**:

It is essential that **you** answer these questions accurately and honestly:

Other than routine reviews is anyone awaiting any new treatment (including surgery), specialist referral, investigations or results of any tests?	YES ➔	If the answer is 'Yes' to any of the questions shown to the left, then you must notify the Club's administration department.
Has anyone been discharged from any medical procedure (admission or day case) within the last 3 months?	➔	
Other than routine checks, has anyone received any treatment (including medication) for any cancerous condition within the last 6 months except tamoxifen or similar (hormone treatment) in breast and prostate cancer?	➔	
Has anyone had any changes to their medication in the last 2 weeks? (this includes ceasing, commencing or changing dose)	➔	
If anyone is taking warfarin currently, are their INR levels (blood tests) being reviewed more often than every 4 weeks?	➔	
Currently, has anyone been prescribed any morphine, MST or fentanyl patches to be used at home ?	➔	
Other than routine checks is anyone under referral or been admitted to hospital in the last 12 months for any psychiatric condition ?	➔	

NO
↓

If the answer is "No" to ALL the questions shown above then full cover is available for **your pre-existing medical condition(s)** and there is no need to advise **us** of **your pre-existing medical condition(s)**, provided **you** are healthy and fit to undertake **your** planned **trip** and **you** are not travelling against medical advice or with the intention of obtaining medical treatment or consultation abroad.

Change in your health after you have purchased this policy

If **you** have had a change in **your state of health** since purchasing this policy, **you** must ensure that the above questions no longer apply to **you**. If **you** answer YES to any of the questions at any time **you** must contact **the Club's** administration department. Failure to do so may result in **your** claim being refused. If there is a change to **your** state of health after **you** have purchased this policy, booked **your trip** or prior to date of travel, **we** may not be able to continue to provide cover.

Please note that in the event of a claim **you** must agree to **us** obtaining medical information and supporting documentation from **your medical practitioner**.

Non-Travelling Relatives

You may have an **immediate relative** with a medical condition who is not travelling with **you**. In some cases, if their state of health deteriorates greatly, **you** may want to cancel or **curtail your trip(s)**. Subject to all the other terms and conditions, such claims are covered if the **immediate relative's** doctor is prepared to state that at the date **you** bought this policy or booked the **trip** (whichever is later), he/ she would have seen no substantial likelihood of his/ her patient's condition deteriorating to such a degree that this would become necessary. If the doctor will not confirm this, **your** claim is not covered.

Travelling When Pregnant

Pregnancy is not a medical condition. **You** may decide to travel until you are quite late into **your** pregnancy. Airlines and ferry/ shipping companies have their own restrictions due to health and safety requirements. **You** should check with them or any other mode of transport **you** propose to take before **you** book. Please make sure that **your medical practitioner** and midwife are aware of **your** travel plans, that there are no known complications and that **you** are not travelling against any medical advice. **We** have the right to request a medical certificate to confirm this. **We** will only pay claims due to a **complication of pregnancy**, or where **you** were unaware of the pregnancy at the time of purchasing the insurance and **you** are advised not to travel by a **medical practitioner**.

You are not covered for undertaking a **trip** if at the start of **your trip** or on **your** return date, **you** are more than 36 weeks and 6 days pregnant for a single pregnancy, or more than 32 weeks and 6 days for a multiple pregnancy.

Sports and Activities

We will not pay any claim directly or indirectly resulting from participation in certain activities, professional or organised sports, racing, speed or endurance tests.

Where cover for **sports and activities** is provided, it is on the basis that **you** are participating on a recreational and non-professional basis.

Any participation in sports or activities is subject to **your** compliance with local laws and regulations and the use of recommended safety equipment (such as helmet, harness, knee and/ or elbow pads).

Sports and Activities Covered

Participation in the following activities is covered at no additional premium and without the need for prior declaration.

Cover is provided whilst participating in these **sports and activities** under all sections of the policy except Section 8 – Loss, Theft or Damage to Personal Property (unless otherwise agreed).

- Banana boating
- Beach games
- Camel/ elephant riding
- Climbing (on a Climbing wall only)
- Fruit and vegetable picking (under 3 metres high)
- Golf
- Gym – fitness
- Hiking/ fell walking/ rambling/ trekking (below 4,000 metres)
- Hot air ballooning (as a passenger only)
- Hydro Zorbing
- Ice skating (rink only)
- Martial Arts (non-contact training only)
- Non-**manual work** - ground level only (excluding animal sanctuary/ refuge work)
- Parascending/ parasailing (over water)
- Pony trekking
- Roller skating/ blading/ in-line skating (no stunts)
- Safari (not involving use of firearms)
- Sledging/ sleigh riding (as a passenger only pulled by horse, reindeer or dogs)
- Snorkelling
- Swimming (in a pool, coastal waters or inland waters only)
- Trampolining
- Tree top trekking
- Tubing/ ringos
- Zorbing

Sports and Activities Covered – Excluding Section 5 – Personal Accident

Participation in the following activities is covered at no additional premium and without the need for prior declaration.

Cover is provided whilst participating in these **sports and activities** under all sections of the policy except Section 8 – Loss, Theft or Damage to Personal Property (unless otherwise agreed) and Section 5 - Personal Accident:

- Bungee Jump
- Skydiving (one jump and tandem only)
- Wind tunnel flying

Sports and Activities Covered – Excluding Section 12 – Personal Liability

Participation in the following activities is covered at no additional premium and without the need for prior declaration.

Cover is provided whilst participating in these **sports and activities** under all sections of the policy except Section 8 – Loss, Theft or Damage to Personal Property (unless otherwise agreed) and Section 12 - Personal Liability:

- Aerobics/ pilates/ yoga
- Archery
- Body boarding/ boogie boarding/ paddle boarding (only on inland waters or coastal waters within a 12 mile limit from land)
- Cycling (excluding BMX and mountain biking)
- Dinghy/ hobby cat sailing (only inland waters or coastal waters within 12 miles from land)
- Go karting
- Horse riding (maximum 7 days, no polo, hunting or jumping)
- Rafting/ canoeing/ kayaking (including white water up to grade 3 and in coastal waters within 12 miles from land)
- Sailing (including yachting and catamaran) excludes racing
- Surfing
- Water skiing (only on inland waters or coastal waters within 12 miles from land, no jumping or stunts)
- Windsurfing/ board sailing (only on inland waters or coastal waters within 12 miles from land)

Winter Sports

If **you** are under the age of 65 years **you** will be covered for skiing and snowboarding as well as the following **winter sports**:

- Big foot skiing
- Cross country skiing (recognised paths only)
- Glacier skiing
- Langlauf
- Mono-skiing
- Off-piste skiing (with a professional guide on designated areas within the resort)
- Ski touring
- Sledging
- Snow shoeing
- Snowcat skiing
- Tobogganing

Note: **Winter sports** cover is limited to 17 days per policy year.

Sports and Activities Not Covered

We may be able to offer cover for other **sports and activities** which are not listed. If **you** plan to participate in a sport or activity that does not appear in the lists above, **you** should contact **the Club** for advice.

If **you** do not tell **us** about **your** planned sport or activity, **we** may not pay any claims arising from **your** participation.

Section 1 – Cancellation

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, if **your** travel and accommodation arrangements are cancelled before **your** departure from the **United Kingdom**, which have not been used and which **you** have paid for or contracted to pay for (including non-refundable Overseas Site Night Vouchers, ski hire, ski school and lift passes for winter sports), providing the cancellation is necessary and unavoidable (and is not a result of mere disinclination to commence **your trip** as arranged) due to:

- A. The death or disablement by bodily injury, illness of:
 - i. **you**; or
 - ii. an **immediate relative** of yours or of **your travelling companion**, or
 - iii. a **travelling companion**; or
 - iv. any person **you** are intending to stay with; or
 - v. a **close business associate of yours**;
 - vi. other relatives for whom **you** have been appointed executor.
- B. **You**, or anyone stated in A:ii to A:vi above receive, in writing, a positive test result for coronavirus within 14 days of **your trip** commencing.
- C. **your complications of pregnancy**; or where **you** were unaware of the pregnancy at the time of purchasing the insurance and **you** are advised not to travel by a **medical practitioner**.
- D. **You** being called for jury service or as a witness (but not as an expert witness or where **your** employment would normally require **you** to attend court) in a court of law.
- E. **Your redundancy** or the **redundancy** of a **travelling companion**, provided **you/they** have been employed for two continuous years with the same employer at the time of being made redundant, are under the normal retirement age for someone holding that position. **You** will need to inform **us** in writing immediately following **your** receipt of notification of **your redundancy**. **You** must not have been aware of the impending **redundancy** at the time the policy was issued or the **trip** was booked (whichever is later).
- F. **Your home** being made uninhabitable up to 14 days before the commencement of **your trip**, due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the police requesting **your** presence following burglary or attempted burglary at **your home**.
- G. The departure of **your** initial international flight, sea crossing or train departure being delayed by 12 hours or more from the scheduled time of departure caused by **hijack, strike, industrial action**, riots or civil commotion, weather conditions or breakdown of vessel.
- H. 7 days before **your trip** start date the Foreign, Commonwealth and Development Office (FCDO) has advised against all travel or all but essential travel to **your** intended destination, provided the advice does not relate to coronavirus (COVID-19) as set out in the general exclusions.
- I. **You** or anyone stated in A:ii to A:vi above being told by a **Medical Practitioner** that **you** must confine yourself provided that place of confinement is not **your home** or any private residential address and the reason for confinement is not related to any pandemic.

Section 1 – Cancellation Continued

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits.
2. For claims arising due to a medical condition where a **medical practitioner** did not confirm that cancellation of the **trip** was necessary prior to the **trip** being cancelled.
3. For anything caused directly or indirectly by:
 - a. any increased charges which are incurred due to failure to notify **your** travel agent or tour operator immediately it is found necessary to cancel; or
 - b. any restrictive regulations by the government of any country, except where covered under H and I above.
4. For any claims due to **strike, industrial action**, riots or civil commotion which began or was announced prior to the start date of **your** policy or the date **your trip** was booked.
5. If **you** do not check-in for **your** flight, sea crossing or train departure before **your** intended departure time.
6. If **you** do not obtain written confirmation from the airline, shipping, coach or train company stating the total length of the delay and reason for it.
7. For claims arising from withdrawal from service temporarily or otherwise of aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country.
8. For any claim under Section 1. Cancellation relating directly or indirectly to Coronavirus (COVID-19) without written confirmation of a positive test result within 14 days of the intended start date of **your trip** (not applicable

in the event of death).

9. If **you** purchase this policy or book a **trip** after receiving a positive Coronavirus (COVID-19) test result or while waiting for a Coronavirus (COVID-19) test result and **your trip** starts within 14 days.
10. For claims due to Coronavirus (COVID-19) arising from **you** following advice from a government to self-isolate. This includes, but is not limited to, **you** receiving a notification (by any means including via a track and trace service) advising self-isolation for **you** or a family member.
11. For the cost of any medical test(s).
12. For any travel and accommodation costs that any other source, such as a tour operator, airline, travel or accommodation provider, are obliged to refund. This includes refunds due under the Consumer Credit Act if **you** paid for **your trip** on a credit or debit card and refunds already re-paid to **you** by voucher(s).

CONDITIONS

You must contact **the Club** in writing if **you** wish to cancel. Ferry tickets, site fee accounts and medical evidence should be forwarded to **the Club**.

If **you** are claiming for non-refundable Overseas Site Night Vouchers the original documents must be returned to **us**.

If **your** claim relates to illness due to Coronavirus (COVID-19), for **your** claim to be valid, **we** require evidence in writing that **you**, or an **immediate relative**, or **travelling companion** or any person **you** intended to stay with, (including persons stated in A:v.or A:vi) received a positive test result. The test result must be within 14 days before the start date of **your trip**.

Section 2 - Curtailment

The Club's Emergency Service must be contacted immediately in the event of injury, illness or hospitalisation, where repatriation to **your country of residence** has to be considered.

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits for:

A. The unused portion of **your** travel and/ or accommodation arrangements which were paid for before **your** departure from **your country of residence** (including nonrefundable overseas site night vouchers, ski hire, ski school and lift passes, which do not have to be paid for before **your** departure from **your country of residence**, in respect of **winter sports trips**), if **you** are unable to complete **your trip** and have to **curtail** due to:

- i. the death, severe injury or serious illness of:
 - a. **you**; or
 - b. an **immediate relative** of yours, resident in **your country of residence**, or
 - c. a **travelling companion**; or
 - d. a **close business associate** of yours;
 - e. other relatives for whom **you** have been appointed executor
- ii. **your complications of pregnancy**.
- iii. **your home** being made uninhabitable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the police requesting **your** presence following burglary or attempted

burglary at **your home**.

- iv. If at **your** departure point from the **United Kingdom**, you are tested and receive a positive result for Coronavirus (COVID-19), following which **you** are not permitted to continue **your trip**.
- v. **You** are placed in compulsory quarantine for a minimum of 24 hours upon the instruction of a **medical practitioner**. There is no cover if this instruction has been imposed on an entire hotel or campsite (or similar), community, geographic location or vessel by any government or public authority.
- vi. **You**, or a **travelling companion** are hospitalised with Covid 19, and **you** have a valid claim under the medical expenses section.

Note: These proportionate values will be calculated from the date of return to **your country of residence** and/ or for the period **you** are hospitalised as an in-patient abroad.

B. Reasonable additional travelling expenses incurred by **you** for returning to **your country of residence** (travelling on the same class as **your** original booking) earlier than planned (for a reason stated in section 2A).

Note: **The Club's Emergency Service** will assist with **curtailment** due to the reasons listed under this section.

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits.
2. For additional travelling expenses incurred which are not authorised by **the Club's Emergency Service** where appropriate.
3. For the cost of **your** original return **trip** if this has already been paid and you need to **curtail your** journey.
4. For claims that are not confirmed as medically necessary by **the Club's Emergency Service** and where a medical certificate has not been obtained from the attending **medical practitioner** abroad confirming it necessary to **curtail the trip**.
5. For any claims relating directly or indirectly to Coronavirus (COVID-19) under Section 2 **Curtailement** apart from "You are covered" items A:iv, A:v, A:vi or in the event of death or hospitalisation of anyone mentioned in A:i.
6. For any claim under Section 2 A iv above without written confirmation of a positive test result.
7. If **you** purchase this policy or book a **trip** after receiving a positive Coronavirus (COVID-19) test result or while waiting for a Coronavirus (COVID-19) test result and **your trip** starts within 14 days.
8. For Claims due to Coronavirus (COVID-19) arising from **you** following advice from a government to self-isolate. This includes, but is not limited to, **you** receiving a notification (by any means including via a track and trace service) letter or email advising self-isolation for **you** or a family member, or **you** are contacted by a track and trace service.
9. For the cost of any medical test(s).
10. For any unused travel or accommodation costs or additional costs **you** incur as a result of any restrictive regulations by the government of any country.
11. For any travel and accommodation costs that any other source, such as a tour operator, airline, travel or accommodation provider, are obliged to refund. This includes refunds due under the Consumer Credit Act if **you** paid for **your trip** on a credit or debit card and refunds already re-paid to **you** by voucher(s).
12. For any claims for any unused travel and/or accommodation costs where **you** have already claimed under Section 4 Missed Departure.

CONDITIONS

1. If **you** are claiming for non-refundable Overseas Site Night Vouchers the original documents must be returned to **us**.

Section 3 – Travel Delay

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, if **your** first outward or final inward international flight, sea crossing or train departure is delayed for more than 12 hours beyond the intended departure time (as specified on your travel ticket) due to:

- A. **strike** or **industrial action**; or
- B. adverse weather conditions if they are the underlying and continuing cause; or
- C. mechanical breakdown or technical fault of the cross-channel train or sea vessel; or
- D. **hijack**; or
- E. blockade; or
- F. riots or civil commotion

YOU ARE NOT COVERED

1. For any claims due to **strike, industrial action**, riots or civil commotion which began or was announced prior to the start date of **your** policy or the date **your trip** was booked.
2. If **you** do not check-in for **your** flight, sea crossing or train departure before **your** intended departure time.
3. If **you** do not obtain written confirmation from the airline, shipping, coach or train company stating the total length of the delay and reason for it.
4. For claims arising from withdrawal from service temporarily or otherwise of aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country.

Section 4 – Missed Departure

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for reasonable additional accommodation and travel costs if:

A: You arrive at **your** international departure port, airport, rail terminal or coach terminal too late to commence **your trip** from or to **your country of residence** as a result of:

- I. the vehicle **you** are travelling in breaking down; or
- II. the vehicle **you** are travelling in being involved an accident; or
- III. **you** being delayed as a result of a major incident on a motorway; or
- IV. the **public transport you** are travelling on being significantly delayed or cancelled due to **strike/industrial action**, adverse weather conditions.

B: You arrive at the airport, port, train, coach or ferry terminal on time, but **you** miss **your** booked transportation due to:

- I. failing a health screening at **your** departure point, or
- II. **You** are unexpectedly delayed waiting for the results of **your** health screening.

Before **you** make independent arrangements to continue **your trip** at an additional cost, **you** must discuss with **your** airline, ferry or holiday provider as they may be able to provide assistance.

YOU ARE NOT COVERED

1. For any claims for **trips** within your **country of residence**.
2. For any claims due to **strike, industrial action**, riots or civil commotion which began or was announced prior to the start date of **your** policy and the date **your public transport** travel tickets or

confirmation of booking were issued.

3. If **you** do not leave sufficient time to complete your journey to **your** international departure point and meet the check-in time specified by the transport provider or agent.
4. If **you** are not proceeding directly to the departure point.
5. For any claims relating directly or indirectly to Coronavirus (COVID-19) apart from “**you** are covered” event B.
6. If **you** purchase this policy or book a **trip** after receiving a positive Coronavirus (COVID-19) test result or while waiting for a Coronavirus (COVID-19) test result and **your trip** starts within 14 days.
7. For the cost of any medical test(s)
8. For any claims for additional travel and/or accommodation costs incurred where unused travel and accommodation costs have been paid for under Section 2 **Curtailed** for the same event.

CONDITIONS

1. **You** must obtain written confirmation from **your public transport** provider confirming the length of the delay and reason for it.
2. If claiming due to the breakdown or accident of the vehicle **you** are travelling in **you** will need to provide an incident report such as the recovery vehicle invoice(s) or Police Road Traffic Accident report confirming the time and date of the incident.
3. For claims as a result of a major incident on a motorway **you** will need to obtain written confirmation from the police or motorway authorities (e.g. Highways Agency) confirming the incident.

Section 5 – Personal Accident

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, which will be paid to **you** or **your** legal personal representative, if **you** have a **personal accident** during your trip which, at the end of 12 months after the date of that accident, is the sole cause of **your**:

- A. death; or
- B. physical loss of, or permanent and total loss of use of, one or more limbs at or above the wrist or ankle; or
- C. complete and irrecoverable **loss of sight** in one or both eyes; or
- D. **permanent total disablement**.

YOU ARE NOT COVERED

1. For any claims for death, loss or disablement caused directly or indirectly by:
 - a. a disease or any physical defect or illness;
 - b. an injury which existed prior to the commencement of the **trip**;
 - c. pregnancy.
2. For any claims under this section not notified to **us** within 12 months of the date of the accident.

CONDITIONS

If **you** are aged under 16 or over 70 at the time of the accident the death benefit will be limited to funeral and other expenses up to £1,000. The **permanent total disablement** benefit will not apply.

Section 6 – Medical Emergency and Repatriation Expenses

This section applies to **trips**:

1. outside **your country of residence**; or
2. by **United Kingdom** residents to the Channel Islands; or
3. by Channel Islands residents to other parts of the **United Kingdom**.

If, during **your trip**, you become ill, injured or have a **complication of pregnancy** and **you** require inpatient hospital treatment, repatriation or it is likely that the costs will exceed £500 then **you** must contact **the Club**.

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits for costs incurred outside **your country of residence**:

- A.** For emergency medical treatment and repatriation. Claims for emergency dental treatment (for the relief of pain only) shall be limited to the amount shown in the Schedule of Benefits.
- B.** For reasonable and necessary additional accommodation (room only) and travelling expenses (economy class), including those of one relative or friend to stay with **you** and/ or accompany **you home** on medical advice or if **you** are a child and require an escort **home**.
- C.** In the event of **your** death:
 - i. for the return of **your** body or ashes to **your country of residence** (the cost of burial or cremation is not included); or
 - ii. local funeral expenses abroad up to the amount shown in the Schedule of Benefits.
- D.** For loss of medication – up to a maximum of £100 for the necessary and reasonable cost of replacing essential medication lost or stolen during **your trip**.

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits. The **excess** will not apply where **you** use the European Health Insurance Card (EHIC) or Global Health Insurance Card (GHIC)
2. For any sums which can be recovered by **you** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement.
3. For the cost of any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **your** admittance into hospital.
4. For treatment or services provided by a private clinic or hospital, or any additional hospital costs arising from single or private room accommodation unless **the Club's Emergency Service** have agreed that this is medically necessary.
5. For taxi fares not considered medically necessary, and where receipts have not been provided.
6. For costs that arise over 12 months after the date of the incident that **you** are claiming for.

Section 6 – Medical Emergency and Repatriation Expenses Cont.

7. For any costs for cosmetic surgery or body art (e.g. tattoos or piercings) and any subsequent medical treatment required as a result of such a procedure.
8. For any expenses incurred for illness, injury or treatment required as a result of:
 - a. surgery or medical treatment which in the opinion of the attending **medical practitioner** and **the Club's Emergency Service** doctor can be reasonably delayed until **your** return to **your country of residence**; or
 - b. medication and/ or treatment which at the time of departure is known to be required or to be continued outside **your country of residence** (except where covered under D).
9. For preventative treatment which can be delayed until **you** return to **your country of residence** (except where covered under D).
10. If **you** have not sought medical advice confirming **your** fitness and ability to travel and undertake the **trip** where **you** are undergoing medical treatment as a hospital out-patient at the time of paying the final balance of **your trip**.
11. For any claim where at the departure date, **you** or **your travelling companion** are travelling against the advice of a **medical practitioner** or travelling for the purposes of obtaining, or in the knowledge that **you** will have, medical treatment, tests or investigations.
12. For claims that are not confirmed as medically necessary by the attending **medical practitioner** or **the Club's Emergency Services** doctor.
13. For any costs incurred after **you** have refused the offer of returning to **your home**, when, in the opinion of our medical advisors, **you** are fit to travel.
14. For expenses of more than £500 if **you** did not contact **the Club's Emergency Service** for their assistance.
15. For any treatment or medication that **you** receive after **your** return to **your country of residence**.
16. Unless **you** comply with the conditions set out in the Medical Health Requirements on page 13 relating to **pre-existing medical conditions**.

CONDITIONS

All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced.

If **you** become ill or are injured **we** have the right to bring **you home**, if the treating **medical practitioner** and **the Club's Emergency Service** doctor agree that **you** can safely travel **home**. If the treating **medical practitioner** does not agree **you** can travel **home** safely he/ she must produce medical evidence. If **you** refuse to return **home**, **we** have the right to stop cover.

Section 7 – Hospital Benefit

This section applies to **trips**:

1. outside **your country of residence**; or
2. by **United Kingdom** residents to the Channel Islands; or
3. by Channel Islands residents to other parts of the **United Kingdom**.

This benefit payment contributes towards expenses incurred whilst **you** are hospitalised as an inpatient abroad (e.g. taxi fares and telephone calls).

This is in addition to any medical expenses incurred under Section 6 - Medical Emergency and Repatriation Expenses.

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for each complete 24 hours spent as an in-patient if **you** are admitted to a registered hospital abroad.

YOU ARE NOT COVERED

1. Unless the hospital admission is covered under the terms of Section 6 - Medical Emergency and Repatriation Expenses.

Section 8 – Loss, Theft or Damage to Personal Property

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for the value of, or repair to, any of **your own personal property** (not hired, loaned or entrusted to **you**), which is lost, stolen, damaged or destroyed (after allowing for wear and tear and depreciation).

There are also additional sub-limits for:

1. any one article, pair and/ or set of articles;
2. for all **valuables**; and
3. for all golf equipment.

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits.
2. If **you** do not exercise reasonable care for the safety and supervision of **your personal property**.
3. For **personal property** left **unattended** by **you**, unless located in locked accommodation.
4. If, in the event of loss, burglary, or theft of, **your personal property**, **you** do not report this to the police within 48 hours and obtain a written report.
5. For **personal property** left in the custody of any person unless they are a family member, **travelling companion** or have an official responsibility for the safety and supervision of **your personal property**.
6. For any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.

7. For **personal property** stolen from an **unattended** vehicle:
 - a. unless it was in the locked:
 - i. glove compartment; or
 - ii. roof box; or
 - iii. rear boot or luggage area of the vehicle and is covered so as not to be visible from the outside of the vehicle; or
 - b. between the hours of 8pm and 8am (other than motorhomes).
8. For electrical or mechanical breakdown or manufacturing fault.
9. For breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessel, aircraft or vehicle in which they are being carried.
10. For any property more specifically insured by, or recoverable from, any other source. Any reimbursement received will be deducted from the amount of **your** claim under this section.
11. For stamps, documents, deeds, samples or merchandise, manuscripts or securities of any kind.
12. For **winter sports equipment** (see section 18 - Winter sports cover).
13. For the loss of, or damage to, sports equipment whilst in use (see section 18 - Winter sports cover – for **winter sports equipment**).

14. For loss, destruction, damage or theft of:

- a. mobile phones/ smart phones and/ or accessories, personal digital assistants (PDAs), computers/ games consoles (including hand held consoles)/ laptops/ iPads/ computer tablets or similar and/ or accessories; or
- b. **valuables** in checked-in luggage; or
- c. contact lenses, hearing aids, dentures and prescribed medication (except where covered under section 6 - Medical Emergency and Repatriation Expenses, item D); or
- d. glass, china, pictures, musical instruments, antiques and precious stones; or
- e. pedal cycles, dinghies, boats and/ or ancillary equipment, vehicles or vehicle accessories (other than non-motorised wheelchairs and pushchairs) and tents; or
- f. tools of trade, samples, merchandise; or

g. perishable items e.g. food, alcohol, cigarettes or any other tobacco products.

15. For loss, destruction, damage or theft due to:

- a. confiscation or detention by Customs or other officials or authorities;
- b. wear and tear, process of cleaning, denting or scratching, staining, moth or vermin or any damage caused by leaking powder or fluid carried within **your** baggage;
- c. transportation by any postal or courier service.

CONDITIONS

In the event of a claim for a pair or set of articles **we** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.

Section 9 – Luggage Delay on the Outward Journey

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for the cost of replacing essential toiletries and items of clothing if **your personal property** is delayed in reaching **you** on **your** outward journey to **your** booked destination abroad for at least 12 hours.

YOU ARE NOT COVERED

1. If **you** do not:
 - a. notify the carrier (i.e. airline, shipping company etc.) immediately and obtain a written carrier's report; or
 - b. follow up in writing within 7 days to obtain a written carrier's report if **you** are unable to obtain one immediately.

CONDITIONS

You must provide original receipts and invoices for the essential items purchased to claim under this section.

If **your personal property** is deemed permanently lost by the carrier and **you** submit a claim under Section 8 - Loss, Theft or Damage to Personal Property **you** will need to reimburse us for any costs reimbursed under this section.

Section 10 – Personal Money

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits:

- A. If **your own money** is lost or stolen whilst being carried on **your** person or left in a locked deposit box
- B. If **your own money** is lost or stolen from an **unattended** vehicle or caravan provided that it was in a locked glove compartment, or rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, and there is evidence of forcible and violent entry.

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits.
2. If **you** do not exercise reasonable care for the safety and supervision of **your money**.
3. If **you** do not report the loss or theft to the police within 48 hours and obtain a written report.
4. For any shortages due to error, omission, variation or exchange rate or depreciation in value.
5. For any expenses claimed under Section 11 - Loss of Passport.

CONDITIONS

Cover for loss or theft of cash from an **unattended** vehicle or unoccupied caravan or accommodation is limited to £75 in total.

If **you** are aged under 16 claims are limited to £50 in total.

Cash is covered from the time of collection from the bank or 72 hours prior to commencement of the **trip**, whichever is the later. **You** must be able to substantiate claims for loss of cash by the production of documents showing evidence of purchases of travellers cheques, pre-paid travel cards or foreign currency.

Section 11 – Loss of Passport

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, if **you** passport is lost or stolen, for reasonable additional travel or accommodation expenses to obtain an emergency replacement or temporary passport to enable **you** to continue **your trip** as planned.

YOU ARE NOT COVERED

1. If **you** do not exercise reasonable care for the safety and supervision of **your** passport.
2. For loss, destruction or damage arising from confiscation or detention by customs or other officials or authorities.
3. If **you** do not report the loss or theft to the police within 48 hours and obtain a written report.
4. For the cost of the replacement passport.

Section 12 – Personal Liability

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for **your** legal expenses and legal liability for damages which, caused by an accident that happened during the **trip**, lead to a claim made against **you** for:

- A. Accidental bodily injury to a person who is not a member of **your** family, household or employed by **you**.
- B. Loss of or damage to any property which does not belong to or is not in the charge or control of **you**, any member of **your** family or household, or **your** employee.
- C. Damage to **your** temporary holiday accommodation that does not belong to **you**, any member of **your** family or household, or **your** employee.

YOU ARE NOT COVERED

1. For any fines imposed by a Court of Law or other relevant bodies.
2. For anything caused directly or indirectly by:
 - a. liability which **you** are responsible for, because of an agreement that was made;
 - b. injury, loss or damage arising from:
 - i. ownership or use of aircraft, horse drawn or mechanical/ motorised vehicles (other than wheelchairs, electric wheelchairs or mobility scooters), bicycles, vessels (other than rowing boats, punts or canoes), animals (other than horses, domestic dogs or cats), or firearms (other than guns being used for sport);
 - ii. the occupation (except temporarily for the purpose of the **trip**) or ownership of any land or buildings;
 - iii. the carrying out of any trade or profession;
 - iv. racing of any kind;
 - v. any deliberate act;
 - c. liability covered under any other insurance policy.

Section 13 - Hijack

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for the unlawful seizure or wrongful exercise of control of **you** transport conveyance in which **you** are travelling as a passenger.

Section 14 - Mugging

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, if **you** are **mugged**, and as a result of injuries received from the **mugging**, **you** are admitted as an in-patient to a registered hospital abroad.

YOU ARE NOT COVERED

1. If **you** do not obtain a police report of the **mugging** and provide confirmation of **your** injuries.
2. Unless the hospital admission is covered under Section 6 - Medical Emergency and Repatriation Expenses.

Section 15 – Legal Costs and Expenses

YOU ARE COVERED

If **you** die or **you** suffer physical bodily injury as a result of an accident which occurs during **your trip** during the period of insurance and the claim has, in the opinion of the legal representative, reasonable prospects of success, **we** will take legal action in an attempt to get compensation for the death or injury by arranging the following:

A. **We** will appoint a legal representative, being a lawyer or other suitably qualified person, on **your** behalf with the expertise necessary to pursue **your** claim and to represent **you** in the legal proceedings; and

B. **We** will provide up to the amount shown in the Schedule of Benefits (but not more than £50,000 in total for all **Insured persons**) for any fees and other disbursements reasonably incurred by the legal representatives in connection with any claim or legal proceedings, including costs and expenses of expert witnesses and costs incurred by **us**; and

C. **We** will make payment of any costs, payable by **you**, following an award of costs by any court or tribunal and any costs payable following an out of court settlement, made in connection with any claim or legal proceedings; and

D. **We** will provide up to £1,000 for each **insured person**, for travel costs that have to be paid to go to a foreign court in connection with any legal action under B) above.

E. If an award of compensation is made and payment is received by **you**, or by a representative instructed on **your** behalf, then all sums advanced or paid by **us** shall be repaid out of the compensation received.

YOU ARE NOT COVERED

1. For legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **us** or **our** agents or someone **you** were travelling with.
2. For legal costs and expenses incurred prior to **our** written acceptance of the case.
3. For any claims notified to **us** more than 30 days after the date of the incident giving rise to such claim.
4. For any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
5. For any claim where **you** are insured for legal costs and expenses under any other insurance policy.
6. For any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement or Damages Based Agreement).
7. For legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement or a Damages Based Agreement.
8. For any appeal costs.
9. For legal costs and expenses incurred if an action is brought in more than one country.
10. For any claim where in **our** opinion there is insufficient prospect of success in obtaining a reasonable benefit; outcome.

Section 15 – Legal Costs and Expenses Continued

11. For any increased costs, court fines and penalties arising from any delay or default by **you** which, in **our** view, affect the conduct of **your** claim or hinder **us**.
12. For any legal costs resulting from criminal proceedings.
13. For any costs for claims between **insured persons** or family members.
14. For anything mentioned in the General Exclusions.

CONDITIONS

1. **You** must obtain as much information as possible, including police reports, witness details and any photograph and contact us within 30 days of the incident.
2. **We** shall have absolute discretion in considering whether the claim has reasonable prospects of success.
3. **We** shall have complete control over the legal proceedings and the appointment and control of the legal representative.
4. **You** must take all reasonable steps to minimise the amount **we** have to pay under this policy and follow the legal representative's advice and provide any information and assistance required. Failure to do so will entitle **us** to withdraw cover.
5. **We** must have access to any and all of the legal representative's file of papers.
6. **We** may at **our** own expense, take proceedings in **your** name to recover compensation from any third party in respect of any indemnity paid under this policy. **You** must give such assistance as **we** shall reasonably require and any amount recovered shall belong to **us**.

Section 16 - Unauthorised Occupancy by Squatters

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, if **your home** is occupied by **squatters**. **You** may claim:

- A. hotel bed and breakfast; and
- B. additional meal expenses.

CONDITIONS

This cover only applies for the first 31 days of **your trip** and does not apply where **your home** is left unfurnished, or left unoccupied for 14 days or more prior to the commencement of the **trip**. If **your home** is rented accommodation it must have been occupied by **you** or **your** spouse for at least three months prior to the **trip** commencing.

In order to claim **you** will need to retain all receipts and invoices for food and accommodation. Any costs incurred for alcoholic beverages are not covered.

Section 17 – Emergency Telephone Calls to the Club

YOU ARE COVERED

Up to the amount in the Schedule of Benefits, for telephone calls and faxes for the purpose of obtaining assistance concerned with an incident covered by this policy.

YOU ARE NOT COVERED

- 1 For calls made to relatives, friends or business associates.

Section 18 – Winter Sports Cover

A: Winter Sports Equipment

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for the value or repair of **your own winter sports equipment** (after allowing for wear and tear and depreciation) or hired **winter sports equipment**, if they are lost, stolen or damaged during **your trip**.

There is also an additional sub limit for:

- 1) Any one article, pair and/or set of articles.

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits.
2. If **you** do not exercise reasonable care for the safety and supervision of **your own or your hired winter sports equipment**.
3. If, in the event of loss, burglary, or theft of **your own or your hired winter sports equipment**, **you** do not report this to the police within 48 hours and obtain a written police report.
4. If **your own or your hired winter sports equipment** is lost, damaged or delayed in transit, if **you** do not:
 - a. notify the carrier (i.e. shipping company etc.) immediately and obtain a written carrier report; or
 - b. follow up in writing within 7 days to obtain a written carrier's report, if **you** are unable to obtain one immediately.

5. For loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities.
6. For any theft from an **unattended** vehicle unless there is evidence of forcible and violent entry.
7. For **your own or your hired winter sports equipment** stolen from an **unattended** vehicle:
 - a. unless it was in the locked:
 - i. glove compartment; or
 - ii. roof box; or
 - iii. rear boot or luggage area of the vehicle and is covered so as not to be visible from the outside of the vehicle; or
 - b. between the hours of 8pm and 8am (other than motorhomes).

CONDITIONS

Claims for the value of owned **winter sports equipment** will be calculated based on a percentage of the purchase price as follows:

Up to 12 months old	85%
Up to 24 months old	65%
Up to 36 months old	45%
Up to 48 months old	30%
Up to 60 months old	20%
Over 60 months old	0%

B: Winter Sports Equipment Hire

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for the reasonable cost of hiring **winter sports equipment** for the rest of **your trip** or until **your** own or hired **winter sports equipment** has been returned to **you** if your **winter sports equipment** is lost, stolen or damaged.

C: Winter Sports Pack

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, for the unused portion of **your** ski school, lift pass and **winter sports equipment** hire costs paid for, or contracted to be paid for, before **your trip** commenced, if:

- A. **you** do not curtail the **trip**, but are certified by a **medical practitioner** in the resort as being unable to ski/ snowboard and unable to use the facilities because of serious injury or illness occurring during the **trip**; or
- B. **your** lift pass is lost or stolen.

YOU ARE NOT COVERED

1. For the **excess** shown in the Schedule of Benefits.
2. For claims that are not confirmed as medically necessary by **the Club's Emergency Service** and where a medical certificate has not been obtained from the attending **medical practitioner**, confirming that **you** are unable to ski/ snowboard and are unable to use **your** ski school, lift pass or hired **winter sports equipment**.

YOU ARE NOT COVERED

1. For anything mentioned under YOU ARE NOT COVERED of the A: Winter Sports Equipment section.
3. For anything mentioned under YOU ARE NOT COVERED of Section 6 – Medical Emergency and Repatriation Expenses and Section 10 – Personal Money.

CONDITIONS

1. If **your** lift pass is lost or stolen **you** must report this to the police or the resort management within 48 hours and obtain a written report.

D: Piste Closure

Cover is only available under this section between 1st December to 30th April.

YOU ARE COVERED

Up to the amount shown in the Schedule of Benefits, if the pistes in **your** resort are closed, due to a lack of snow or adverse weather conditions, preventing **you** from skiing/ snowboarding, or requiring **you** to travel to another resort.

YOU ARE NOT COVERED

1. For claims where **you** have not obtained confirmation of resort closure from the local representative.
2. For claims where not all skiing/ snowboarding facilities are totally closed.
3. For claims where the lack of snow or adverse weather conditions are known or are public knowledge at the time of purchasing this insurance policy or booking the **trip** (whichever is later).

General Conditions

Relating to cover provided by all sections of the service.

1. The service covers a member of **the Club** resident in the **United Kingdom** and up to a maximum of nine accompanying passengers. The maximum duration of any one **trip** is confirmed under the Period of Insurance section of this policy and shown on **your policy schedule**. **Trip(s)** which do not involve travelling overseas or are planning to end overseas are not covered. Non-residents of the **United Kingdom** cannot be covered.
2. At the time of purchasing this insurance **you** will have been asked questions to enable us to assess **your** risk, failure to answer accurately and honestly could lead to **your** policy being invalid and all claims will be forfeited. These may include but are not limited to questions about **your state of health** or that of an **immediate relative** or any planned activities. If the answers change prior to departure **you** must notify **us** of this change
3. **The Club** reserves the right to refuse an application for the Red Pennant Service without stating a reason.
4. Any recoveries obtained from Third Parties to be for **our** benefit up to the limit of the amount paid under The Red Pennant Cover.
5. All claims must be promptly notified to **the Club**.
6. The cover is effective from the time of departure from **your home** and ceases on **your** return **home** (as shown on **your policy schedule**). The cover is automatically extended to cover any period of delay necessarily incurred as a result of an insured event or as otherwise stated on **your policy schedule**.
7. No claims will be paid, or service given unless the full charges have been paid prior to departure from **your home**.
8. Any credit facilities must be re-paid immediately on return **home** or on demand, and not withheld pending the settlement of any claims.
9. No payment will be made under Sections 1, 2, 5, 6, 7, 14 or 18C without appropriate medical certification.
10. Where **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense.
11. In the event of a claim, **we** are entitled to demand a medical examination/ post-mortem examination at **our** expense.
12. **You** must take all reasonable steps to recover any lost or stolen article.
13. If any claim or statement is found to be fraudulent in any way the cover will not apply, and all claims will be forfeited.

14. **We** shall not provide cover or be liable to pay any claim or other sums, including return premiums, where this would expose us to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, and/or all other jurisdictions where **we** transact business.
15. A person who is not a party to the policy has no right under the Contract (Right of Third Parties) Act 1999 to enforce any terms of this policy, but does not affect any right or remedy of a third party which exists or is available apart from that Act.
16. **We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.
17. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expenses or liability **we** will not pay more than **our** proportional share (not applicable to Section 5 – Personal Accident).
18. **You** must not make any payment, admit liability, offer or promise to make any payment without written consent from **us**.
19. **We** may at any time pay to **you our** full liability under the policy after which no further payments will be made in any respect.
20. All members of **your party** need to be detailed on the **policy schedule**.

General Exclusions

Relating to cover provided by all sections of the service. You are not covered:

1. For any claims arising as a result of incomplete, inaccurate, or illegible applications;
2. For the pursuit of any trade, business or profession;
3. For all claims where the proper premium, or outstanding debts to **the Club**, have not been paid;
5. For any loss arising out of the ownership or use of timeshare accommodation, other than pre-booked on-route accommodation and travel expenses;
6. For expenses recoverable under any other policies and/ or agreements;
7. For claims for compensation for inconvenience, pain, distress, loss of enjoyment or disappointment caused by any reason whatsoever;
8. For gratuities, except where charged on bills or receipts;
9. For claims arising as a result of any wilful act of **you** or any member of **your party**;
10. For damage, delay, detention or confiscation by Customs or other officials;
11. For costs which would have been payable if the incident being the subject of the claim had not occurred;

12. For any claim where the terms shown under **sports and activities** requirements have not been followed;
13. For any claim arising from air travel within 24 hours of scuba diving;
14. For any other loss connected to the event **you** are claiming for unless **we** specifically provide cover under this policy;
15. For anything directly or indirectly caused by:
 - (a) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
 - i) this exclusion will not apply to Section 5 – Personal Accident, Section 6 – Medical Emergency Expenses and Repatriation, or Section 7 – Hospital Benefit, provided that the **Insured Person** suffering **Personal Accident** injury or illness has not participated in or conspired in such activities;
 - (b) Any act of terrorism not involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents:
 - i) this exclusion will not apply to Section 5 – Personal Accident, Section 6 – Medical Emergency Expenses and Repatriation or Section 7 – Hospital Benefit, provided that the **Insured Person** suffering **Personal Accident** injury or illness has not participated in or conspired in such activities;
 - ii) provided also that in the event of benefit being payable the maximum payable in respect of any one claim or series of claims arising from a single act of terrorism or series of acts of terrorism occurring within a 72-hour period is £2,500,000 in the aggregate;
 - (c) Any act of terrorism involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents:

An act of terrorism means an act, including but not limited to the use of force or violence and/ or threat, of any person or group(s) of persons, whether they are acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/ or to put the public, or any section of the public at fear;
 - (d) Any loss, damage, cost or expense of any nature that results from or is in connection with anything mentioned in a), b) or c) above regardless of any other cause or event or sequence of events or any action taken in controlling, preventing or suppressing anything mentioned in a), b) or c) above;

You are responsible for proving why this exclusion, in whole or in part, should not be applied. If any portion of this exclusion is found to be invalid or unenforceable, the remainder of it will remain in force and effect;

16. For loss or damage to any property and expense or legal liability; directly or indirectly caused by or contributed to by or arising from:
 - i. ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel;
 - ii. the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
 - iii. Pressure waves from aircraft and other flying objects travelling faster than the speed of sound;
17. For the cost of any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **your** admittance to hospital;
18. For treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre;
19. Any claim arising from a **trip** to a country or region within a country where the Foreign, Commonwealth and Development Office (FCDO) has advised against all or all but essential travel, apart from Section 1 Cancellation, where FCDO advice changed after **you** purchased this insurance or booked the **trip**. This exclusion does not apply if **we** accept in writing that **your trip** is essential.
20. For any claim arising from sexually transmitted infections;
21. For **your** suicide or attempted suicide, deliberately injuring yourself, being under the influence of alcohol or drugs (unless prescribed by a doctor), alcoholism or other alcohol related illness, drug addiction, solvent abuse, self-exposure to needless danger (unless you are trying to save someone's life);
22. For travelling on motorcycles, quad bike or any mechanically assisted cycle if **you** fail to wear a crash helmet;
23. For any claim arising as a result of **you**:
 - a) driving a motor **vehicle**, riding a motorcycle, quad bike or mechanically assisted bicycle, unless **you** have an appropriate licence, are insured under a motor insurance policy and are following the local safety laws;
 - b) riding or travelling on a motorcycle, quad bike or mechanically assisted cycle if the engine capacity is in excess of 125cc unless cover has been specifically agreed with **the Club**;
24. For any claim arising from **you** failing to take medication prescribed by **your medical practitioner**;
25. For any claim which arises directly or indirectly from **you** not being allowed to board **public transport** for any reason except where covered under section 2 curtailment Aiv;
26. For any claim which arises directly from **you** being involved in any malicious, reckless, illegal or criminal act including your failure to comply with the laws applicable to the country in which **you** are travelling;

27. For any claim where the terms shown under the **Medical Health Requirements** section have not been followed;
28. For jumping from vehicles, balconies or buildings or any other self-exposure to needless risk (unless **your** life is in danger or **you** are trying to save someone's life);
29. For any claim arising as a result of **your manual work** (this exclusion will not apply to Section 1 – Cancellation);
30. For any cost incurred by, or on behalf of, any person who is not insured by this policy;
31. For any claim arising from **your** failure to obtain the required passport or visa;
32. For the cost of any visas required in connection with **your trip**;
33. If **you** decide **you** no longer want to travel;
34. For loyalty awards, loyalty card vouchers or points or unused timeshare points, membership/ maintenance fees or **your** Red Pennant fee;
35. For any additional travel expenses where **you** had no pre-booked return journey;
36. For claims arising from **pre-existing medical conditions** unless declared and accepted by us in writing;
37. For undertaking **trip(s)** if at the start of **your trip(s)** or on **your** return date, **you** are more than 36 weeks and 6 days pregnant for a single pregnancy, or more than 32 weeks and 6 days for a multiple pregnancy;
40. For air travel (other than as a fare paying passenger on a regular scheduled airline or licenced chartered aircraft);
41. For bankruptcy/liquidation of any tour operator, travel agent or transportation company.
42. This policy does not cover any claim arising directly, or indirectly, from any coronavirus disease (including but not limited to COVID-19) or any related or mutated form of the virus except under Section 6 – Medical Emergency and Repatriation Expenses or unless specifically stated as covered. This includes the fear or threat of catching coronavirus, and the advice or action of any government not to travel or preventing travel.

How to Make a Claim

You will be sent a claim form at the point of notification. If **we** are unaware of the incident **you** will need to contact **us** to obtain a claim form within 28 days of **your** return.

For all Sections

Red Pennant Claims Unit
Collinson Insurance Services Limited
Sussex House
Perrymount Road
Haywards Heath
West Sussex
RH16 1DN

Tel: 0208 865 3122

Email: TravelClaims@collinsongroup.com

(calls may be monitored or recorded for quality purposes)

When making a claim **you** will be required to send a copy of **your** ferry, train, coach ticket etc. to confirm **your** travel dates. If **you** have any queries on claims either before or after dispatching the claim form please telephone the above.

When completing the claim form:

- Please provide full details.
- Where necessary note what various items refer to.
- Attach your Red Pennant **policy schedule** together with all original receipted bills to the claim form.
- If **you** are covered under any other policy in addition to the Red Pennant Policy for any item(s) which is the subject of a claim, then **you** must give details of the other policy.

For claims under Section 1 – Cancellation and Section 2 – Curtailment

If **you** cancel or **curtail your** holiday for an insured reason, **you** are covered for the value of the portion of **your** travel and/ or accommodation costs paid for or contracted to be paid for before **your** holiday commenced or was due to commence, which has not been used as a result of cancellation, interruption or **curtailment of your** holiday.

In order to make a claim, **you** will need to complete the following:

- a) If travel and/ or accommodation was booked through **the Club**, to return the booking invoice, ferry tickets etc. to **the Club** for a refund and/ or letter confirming cancellation charges.

- b) If booked through another agent, return the invoice to them to obtain a refund and/or cancellation invoice.
- c) Obtain from Red Pennant Claims Unit a medical certificate that must be completed by the attending **medical practitioner** of the person whose illness/ injury/ death led to cancellation.
- d) Complete the Red Pennant claims form and send it with the medical certificate, cancellation letter/invoice and any other supporting documents to Red Pennant Claims Unit.

Privacy Policy

How we use the information about you

We are Tedaisy Underwriting Limited acting as Underwriting Agents for Astrenska Insurance Limited who are part of The Collinson Group. As a joint data controller with the Insurer, **we** collect and process information about **you** so that **we** can provide **you** with the products and services **you** have requested. **We** also receive personal information from **your** agent on a regular basis while **your** policy is still live. This will include **your** name, address, risk details, circumstances of a claim and other information. Collecting this personal data is necessary for **us** to:

- Meet **our** contractual obligations to **you**;
 - issue **you** this insurance policy;
 - deal with any claims or requests for assistance that **you** may have;
 - service your **policy** (including claims and policy administration, payments and other transactions);
- and,
- detect, investigate and prevent activities which may be illegal or could result in **your** policy being cancelled or treated as if it never existed. The personal information **we** have collected from **you** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify **your** identity. If fraud is detected, **you** could be refused certain services, finance, or employment. Further details of how **your** information will be used by **us** and these fraud prevention agencies and databases, and **your** data protection rights, can be found by visiting www.cifas.org.uk/fpn and www.insurancefraudbureau.org/privacy-policy

Processing your data

We will only use **your** personal data where the law allows **us** to. **Your** personal data will generally be processed on the basis that it is necessary for the performance of the contract that **you** have with us.

In order to administer **your** policy and deal with any claims, **your** information may be shared with trusted third parties. This will include members of The Collinson Group, contractors, investigators and claims management organisations where they provide administration and management support on **our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. In these circumstances, **we** have strict contractual terms in place, including the model legal terms defined by the European Union to make sure that **your** information remains safe and secure.

We will not share **your** information with anyone else unless **you** agree to this, or **we** are required to do this by our regulators (e.g. the Financial Conduct Authority) or other authorities.

How we store and protect your information

All personal information collected by us is stored on secure servers which are either in the **United Kingdom** or European Union.

We will need to keep and process **your** personal information for the duration of the policy and will store the personal data for seven years after its expiry so that **we** can meet our regulatory obligations or to deal with any reasonable requests from our regulators and other authorities.

We also have security measures in place in **our** offices to protect the information that **you** have given **us**.

Your rights as a data subject

How **you** can access **your** information and correct anything which is wrong.

You have the right to request a copy of the information that **we** hold about **you**. If **you** would like a copy of some or all of **your** personal information please contact Tedaisy Underwriting Limited by email or letter as shown below:

Email address: referrals@tedaisyunderwriting.com

Postal Address: Tedaisy Underwriting Limited, Holland House, 1-4 Bury Street, Gherkin Piazza, London, EC3A 5AW.

We want to make sure that **your** personal information is accurate and up to date. **You** may ask **us** to correct or remove information **you** think is inaccurate.

Right to be forgotten

In certain circumstances **you** can ask for the personal data **we** hold about you to be erased from **our** records. **We** will provide **you** with a written response to any such request, including any reasons why **we** may not agree to the request.

Right to restriction of processing

Where certain conditions apply, **you** have the right to stop us processing **your** personal data e.g.:

- for the time it takes **us** to verify the accuracy of **your** information in the circumstances where **you** have contested the accuracy of **your** data;
- **we** do not agree to erase **your** data because it might be needed for defence of a claim.

Right of portability

You may ask for a machine-readable copy of the personal data **you** have provided to **us** so **you** can, for example move, copy or transfer it to another organisation. **We** will normally supply this within one month of **your** request.

If **you** wish to make a complaint about the use of **your** personal information, please contact **our** Complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>



SINCE 1907

CARAVAN AND MOTORHOME CLUB

East Grinstead House, East Grinstead, West Sussex RH19 1UA

Telephone: East Grinstead (01342) 336633