

Valid only in respect of policies issued before 31/12/2021 with travel before 31/12/2022



Civil Service Insurance Society

YOUR UK TRIP TRAVEL INSURANCE

This policy is underwritten by ERGO Travel Insurance Services Ltd (ETI) on behalf of Great Lakes Insurance SE (GLISE). Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: 10 Fenchurch Avenue, London, EC3M 5BN, company number SE000083. Great Lakes Insurance SE, UK Branch, is authorised and regulated by Bundesanstalt für Finanzdienstleistungsaufsicht. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

ERGO Travel Insurance Services Ltd is registered in the UK, company number 11091555. Registered office: 10 Fenchurch Avenue, London, EC3M 5BN. Authorised and regulated by the Financial Conduct Authority, register number 805870.

Details about the extent of GLISE's authorisation and regulation by the Prudential Regulation Authority, and regulation by the Financial Conduct Authority are available from Us on request.

CSiS Travel Insurance is arranged by P J Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX which is authorised and regulated by the Financial Conduct Authority.

THIS DOCUMENT PROVIDES DETAILS OF THE COVER PROVIDED BY A MASTER POLICY HELD BY CSiS

SUMMARY OF COVER LIMITS

| | |
|---|------------|
| Cancellation | £5,000 |
| Repatriation Expenses | £5,000 |
| Curtailment | £5,000 |
| COVID-19 Cover – Up to the limits shown under Cancellation, Repatriation and Curtailment sections above | |
| Luggage | £2,000 |
| Personal Money | £250 |
| Personal Liability | £2,000,000 |
| Personal Accident | £25,000 |

**THIS IS ONLY A SUMMARY OF THE MAIN COVER LIMITS.
PLEASE NOTE SOME SECTIONS OF COVER ALSO HAVE EXTRA SUB LIMITS.
YOU SHOULD READ THE REST OF THIS POLICY FOR THE FULL TERMS AND CONDITIONS**

IMPORTANT INFORMATION

EMERGENCY ASSISTANCE & REPATRIATION

In the event of death or in the event of injury or illness resulting in any of the following, immediate contact must be made with the Medical Assistance Service:-

- (i) HOSPITALISATION
- (ii) REPATRIATION
- (iii) ALTERATION IN TRAVEL PLANS

MAYDAY ASSISTANCE

Telephone +44 (0)1444 454 540

When calling state **Your** identity, this Document No. and the identity and telephone number of the treating doctor.

DEMANDS AND NEEDS STATEMENT

CSIS travel insurance is typically suitable for those who wish to insure themselves when travelling, for medical emergencies, delayed departures, cancellations and curtailment, delayed possessions, lost or stolen possessions, loss of travel money and travel documents, personal accident, personal liability and legal expenses whilst overseas.

You may already possess alternative insurance(s) for some or all of the features and benefits provided by this product. It is **Your** responsibility to investigate this.

CSIS travel insurance has not provided **You** with any recommendation or advice about whether this product fulfils **Your** specific insurance requirements.

OPTION TO CANCEL

This is **Your** insurance policy - please read it carefully to ensure that it meets **Your** requirements. In the event that it does not, please return all of **Your** documents within 14 days of receipt for a refund of **Your** premium.

If during the first 14 days **You** ask **Us** to perform or provide the services given under this policy then **We** are entitled to recover all costs **You** have used for the service provided, if **You** still decide to cancel within the 14 day period.

Please note that after the 14 day period, refund of **Your** policy is no longer valid.

VALIDATION OF COVER

Cover is validated only when this document is issued in conjunction with a Policy Schedule issued by the Civil Service Insurance Society stating details of the insured travellers, the period of cover, the travel details and the premium paid. This insurance is valid only for United Kingdom residents.

THE INSURED

The Insured shall mean any person listed on the Policy Schedule issued by The Civil Service Insurance Society in respect of whom an insurance premium has been paid. Cover for children aged under 2 is limited to Cancellation, Medical and Repatriation expenses only.

PERIOD OF INSURANCE

In respect of cancellation cover from the date of the premium receipt until leaving **Your Home** on the date of travel. In respect of all other parts of cover from the commencement of travel date from **Your Home** until **You** return **Home** but not exceeding the **Period of Insurance**. In respect of one-way journeys cover will cease 24 hours after arrival at the final destination. In the event of the period of the **Trip** being extended due to illness or injury of **You** or **Your** travelling companion this insurance is automatically extended until, at **Our** option, the person concerned is either fit to return **Home** or until they have arrived **Home** or been admitted into medical care in the United Kingdom. In the event that **We** exercise **Our** right under the conditions applying to the medical expenses and repatriation expenses and curtailment sections of the policy to repatriate **You** and that **You** then refuse to be repatriated, all cover under this policy will cease from the time when the repatriation could have been arranged to take place.

IMPORTANT INFORMATION (continued)

HEALTH CONDITIONS Applying to travel to all destinations

In respect of travel **inside the United Kingdom** it is a requirement that, at the time of taking out this policy, and between that time and **Your** departure, **You** must comply with each of the following:

- (1) **You** are not aware of any reason why the **Trip** should be cancelled or cut short
- (2) had **You** contacted **Your Medical Practitioner** prior to departure, he/she would not have advised against travel
- (3) **You** are not travelling:-
 - (a) for the purpose of obtaining medical treatment, or
 - (b) if **You** have been given a terminal prognosis
- (4) **You** are not receiving or awaiting treatment for any illness or injury as a hospital day case or in-patient as any claim arising from the illness or injury will not be covered
- (5) if **You** are on medication at the time of travel **Your** medical condition must be stable/well controlled

AGE LIMIT (Annual Travel Policy Only)

This insurance excludes cover for any person aged 85 years and over.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

You are protected by the Financial Services Compensation Scheme. This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under their policies. Further information can be obtained from the Financial Services Compensation Scheme (www.fscs.org.uk) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU or by calling 0800 678 1100 or 020 7741 4100.

Before You travel, **You** must tell **Us** about anything that may affect **Your** cover. If **You** are not sure whether something is relevant, **You** must tell **Us** anyway. **You** should keep a record of any extra information **You** give **Us**. If **You** do not tell **Us** about something that may be relevant, **Your** cover may be refused and **We** may not cover any related claims.

DEFINITIONS

We/Our/Us - ERGO Travel Insurance Services Ltd (ETI) on behalf of Great Lakes Insurance SE (GLISE).

Insured Person/You/Your/Yourself - Any person named on the Policy Schedule issued by CSIS and for whom a premium has been paid.

Period of Insurance - The period for which **We** have accepted the premium as stated in the Policy Schedule. The period of insurance is automatically extended for any period of delay due to an event insured by this policy.

Home - Your normal place of residence in the United Kingdom.

Business Associate - Any person whose absence from the business for one or more complete days at the same time as **Your** absence prevents the effective continuation of that business.

Medical Practitioner - A registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

Valuables - Jewellery, furs, watches, articles made of or containing precious metals or stones, musical instruments, binoculars, electronic games, audio, video, photographic or computer equipment including any ancillary equipment or accessories all owned by **You**.

Close Relative - Mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent or step child.

Public Transport - Any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

Unattended - When **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property or vehicle.

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

Trip - Any holiday, business or pleasure trip within the United Kingdom for one consecutive night or more where accommodation has been pre-booked before the date of departure.

Consent - Your agreement on **Your** own behalf; and, where **You** are the legal parent or guardian of children under the age of 16 to be insured on the policy, on their behalf; and **Your** warranty that, **Your** spouse or partner and any other children aged 16 and above to be insured on the policy, have given their agreement; and **Your** warranty that, where **You** are NOT the legal parent or guardian of children under the age of 16 to be insured on the policy but **Your** spouse or partner is, that **Your** spouse or partner has given his/her agreement on their behalf.

RENEWAL OF YOUR INSURANCE COVER

We will send **You** a renewal notice prior to the expiry of the **Period of Insurance** as shown on Your policy schedule /confirmation letter. The terms of **Your** cover and the premium rates may be varied by **Us** as the renewal date.

We will give **You** at least 21 days written notice before the renewal date should this happen. At renewal **You** must make a new health declaration (see Health Conditions and General Exclusions of this policy) and this may affect the cover provided. If health conditions are not declared this may invalidate **Your** insurance.

SPORTS & ACTIVITIES

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

Please note the policy terms and conditions will still apply in all other respects

Cover is included for the following Activities:-

Abseiling, Angling, Archery, Badminton, Baseball, Basketball, Beach Games, Billiards, Bird Watching, Bodyboarding, Bowling, Bowls, Camping, Canoeing (excluding white water), Catamaran Sailing (In-shore), Clay Pigeon Shooting (no PA/ PL), Cricket, Croquet, Curling, Dancing, Darts, Diving (indoor up to 5 metres), Fell Walking, Flag football, Football, Fresh Water/Sea Fishing (Inshore Waters), Frisbee, Fruit or Vegetable Picking (not involving the use of machinery), Go Karting, Golf, Guided Glacier Walking (up to 1500 metres no PA/ PL), Hockey (no PA/ PL) , Hiking/Trekking/ Walking up to 3000 metres, Horse Riding (no jumping), Ice Skating, Jet Boating, Jet Skiing, Jogging, Kayaking, Keepfit, Kite Boarding/ Surfing, Kiting, Korfbal, Lacrosse, Model Flying, Model Sports, Motorcycling (EU Only - on road wearing a helmet provided **You** hold an appropriate UK licence for the capacity of the motorcycle **You** are riding up to a maximum of 14 days in any one **Trip** with a maximum of 125cc), Mountain Biking (not downhill), Netball, Petanque, Pigeon Racing, Pony Trekking (no PA/PL), Pool, Quoits, Rackets, Rafting (Grade 1 & 2 rivers only), Rambling, Racquet Ball, River Walking, Road Cycling, Rounders, Rowing, Running, Safari (UK Organised), Safari Trekking (UK organised), Sail Boarding, Sailing (inshore recreational), Scuba Diving to 30 metres if qualified and not diving alone or down to 9 metres if not qualified and must be accompanied by a qualified instructor, Sea Fishing (Inshore Waters), Small bore target shooting (target, range-not hunting), Skiing/Snowboarding (On-Piste), Sledging, Snooker, Snorkelling, Softball, Squash, Stoolball, Stoopball, Surfing, Swim Trekking, Swimming, Swimming with Dolphins/ Turtles, Table Tennis, Ten Pin Bowling, Tennis, Volleyball, Wakeboarding, Water Skiing (no jumps), Whale Watching, Windsurfing, Yachting (recreational, inland and coastal waters), Yoga and Zipwiring.

Where noted as no PA/PL the Personal Accident (PA) and/ or the Personal Liability (PL) sections of the policy will not apply and will be excluded from cover.

Cover is excluded for the following Activities:-

| | |
|------------------------------|----------------------------|
| Black Water Rafting, | (Offshore passage making), |
| Bobsleighing, Boxing, | Paintballing, Parachuting, |
| Bungee Jumping, Camel/ | Paragliding, Parascending, |
| Elephant Riding, Canyoning, | Piloting Aircraft, Polo, |
| Cliff Diving, Combat | Pot Holing, Professional |
| Sports, Deep Sea Fishing, | Sporting Events (Track and |
| FreeRunning / Parkour, | Field, Gymnastics, Road |
| Dog Sledging, Hang | Racing,) Rock Climbing, |
| Gliding, Hot Air Ballooning, | Rugby, Skidooing, Skiing/ |
| Hunting, Ice Hockey, | Snowboarding (Off- |
| Martial Arts, Microlighting, | Piste), Snowmobiling, |
| Motor and Motorcycle | Submarining, Trampolining, |
| Racing, Motorcycling | White Water Rafting (Grade |
| Holidays, Mountaineering, | 3 and above) |
| Ocean Sailing/Yachting | |

Please note: Manual work is also excluded.

IF YOU ARE PLANNING TO TAKE PART IN ANY SPORTS OR ACTIVITIES NOT DETAILED PLEASE CONTACT CSIS ON 01622 766960

HELPLINES

| | |
|---------------------------|---------------------|
| POLICY INFORMATION | 01622 766960 |
| TRAVEL CLAIMS | 01403 788983 |

CLAIMS

Claims must be notified immediately in writing to:

**ETI Services,
PO Box 9, Mansfield, Nottinghamshire NG19 7BL**

Telephone: 01403 788983

**Downloadable Claim Form:
www.ergotravelinsurance.co.uk/claims**

WHAT IS COVERED

CANCELLATION

We will pay **You** up to the Sum insured in respect of loss of deposits or cancellation charges levied for pre- booked transport and accommodation in the event of cancellation of the entire **Trip** prior to its commencement as a result of travel being prevented by:-

- 1) Death, injury or illness as certified by a **Medical Practitioner**, summons for jury service or as a compulsory witness in a court of law (other than in the line of duty) to be undertaken during the **Period of Insurance**, compulsory redundancy qualifying for payment under the current Redundancy Legislation and notified after the date or effecting the Insurance, of (a) **You** (b) a person with whom **You** had arranged to travel (c) a **Close Relative** of **You** (d) a **Business Associate** of **You** upon whom **Your** business in the United Kingdom depends (e) **Your** host or a member of their family residing with the host.
- 2) A complication of **Your** pregnancy or the duration of such pregnancy exceeding 30 weeks on the scheduled date of departure on **Your Trip**.

REPATRIATION EXPENSES

We will pay **You** up to the Sum Insured

- 1) Following illness or injury of **You** or of the person travelling with **You** or following death, injury or illness of either **Your Close Relative** or a **Business Associate** of **You** upon whom **Your** business in the United Kingdom depends to pay (i) receipted costs, necessarily incurred, repatriation **Home** in the United Kingdom if holidaying in the United Kingdom (ii) additional costs, necessarily incurred, of accommodation and subsequent repatriation if the **Trip** is extended.
- 2) Following the death of **You** during the **Period of Insurance** to pay all costs in respect of repatriation of **You** to the United Kingdom undertaker specified by **Your** next of kin.

WHAT IS NOT COVERED

CANCELLATION

- The first £60 of each and every claim per event for each **Insured Person**.
- Any claim arising from a medical condition existing prior to the payment of the insurance premium or from any recurrent condition where a **Medical Practitioner** would have advised the persons travelling not to travel.
- Any additional charges incurred as a result of any delay in the **Insured Person** cancelling the booked arrangements.
- Any claims for costs relating to pregnancy or childbirth unless the claim is certified by a **Medical Practitioner** as necessary due to complications of pregnancy and childbirth.
- Any claim arising from a medical condition existing prior to the payment of the insurance premium or from a recurrent condition for which the sick person whose medical condition causes cancellation, whether they are booked to travel on the holiday or not, has or has had symptoms which are awaiting or receiving investigation, tests, treatment, periodic review, referral or the results of any of the foregoing unless **We** have agreed in writing to cover **You**.

REPATRIATION EXPENSES AND CURTAILMENT

- The first £60 of each claim for each event for each **Insured Person** claimed for under this section.
- Medical conditions existing prior to departure or any consequence thereof in respect of which a **Medical Practitioner** would advise against travel or that treatment may be required during the duration of the **Trip**.
- Manipulative treatment or Alternative medicine.
- The cost of replenishing supplies.
- Cover only applies for emergency treatment necessary in respect of illnesses or injury occurring during the **Trip** and does not cover costs in respect of treatment of any underlying or related medical condition.
- All claims following **You** acting against medical advice.
- Any expenses incurred more than 12 months after the date of the illness or injury occurring.

WHAT IS COVERED

CURTAILMENT (Cutting Short Your Trip)

Following **Us** admitting liability for a claim within the Repatriation Expenses section of this policy to reimburse a pro-rata amount of **Your** pre-paid travel and accommodation costs following curtailment by early return to the United Kingdom or by attendance at a hospital abroad as an inpatient but not exceeding the Sum Insured (inclusive of legal costs and expenses).

WHAT IS NOT COVERED

- **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider
- Dental treatment
- Any claims for costs related to pregnancy or childbirth unless the claim is certified by a **Medical Practitioner** as necessary due to complications of pregnancy and childbirth

Conditions applying to Medical Expenses and Repatriation Expenses and Curtailment

1. In the event of death, or in the event of injury or illness likely to result in hospitalisation, repatriation, or any alteration in travel plans then immediate advice must be given to the Medical Assistance Service as specified in this policy and liability shall only attach in respect of expenses agreed by them.
2. **You** may be entitled. Furthermore **You** (and/or **Your** legal representative) hereby authorise the release of any medical information as may be required to **Our** medical advisors.
3. Any costs reasonably incurred by the Medical Assistance Service on behalf of **You** and for the benefit of **You** in any emergency situation shall not be regarded as **Our** acceptance of the claim.
4. Any refunds in respect of pre-paid un-used travel or accommodation shall belong to **Us**.
5. **We** reserve the right to repatriate **You** to **Your Home** when in the opinion of the **Medical Practitioner** in attendance and **Our** medical advisers **You** are fit to travel.

COVID-19 COVER

PLEASE NOTE: this section of cover extends the cover **provided under the Cancellation, Repatriation Expenses and Curtailment sections** of this policy as follows:

A. CANCELLATION

We provide to each **Insured Person** in total per **Trip**, not exceeding the sum insured shown in the Summary of Cover Limits table, following necessary and unavoidable cancellation of a **Trip** as a result of:

1. **You, Your Close Relative**, a member of **Your** household or travelling companion or a friend with whom **You** had arranged to stay has a diagnosis of COVID-19 within 14 days of **Your** booked departure date, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.
2. **You** being denied boarding on **Your** pre-booked outbound travel due to **You** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.

WHAT IS COVERED

1. The cost of all travel charges that **You** have paid and/or are contracted to pay before the departure date and cannot recover in respect of any part of the **Trip** that **You** are necessarily required to cancel.

B. REPATRIATION EXPENSES

We provide to each **Insured Person** in total per **Trip**, not exceeding the sum insured shown in the Summary of Cover in the event of an unforeseen medical emergency during a **Trip** within the United Kingdom as a result of **You** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.

WHAT IS COVERED

- a. Returning **You** to **Your** United Kingdom **Home** address provided this is medically safe and authorised by **Us** or the Medical Assistance Company; and
- b. The cost of a medical escort where this is deemed necessary by **Us** or the Medical Assistance Company, in the event of **Your** emergency repatriation to **Your** United Kingdom **Home** address; and
2. Reasonable additional travel and accommodation expenses (room only) for **You** to extend **Your** stay until **You** are medically fit to return to **Your** United Kingdom **Home** address as a result of **You** contracting COVID-19.

C. CURTAILMENT

We provide to each **Insured Person** in total per **Trip**, not exceeding the sum insured shown in the Summary of Cover Limits table, following necessary and unavoidable curtailment of a **Trip** as a result of:

1. Death of **Your Close Relative** contracting COVID-19, as certified by a **Medical Practitioner** following a medically approved test showing a positive result for COVID-19.

WHAT IS COVERED

1. All reasonable additional travel expenses incurred by **You** in returning to **Your Home** address in the United Kingdom.

WHAT IS NOT COVERED APPLYING TO ALL SUB-SECTIONS

Applicable in addition to any exclusion listed under the **Cancellation, Repatriation and Curtailment sections** of this policy including anything mentioned in the **General Exclusions**:

1. Travel or accommodation costs where a credit or voucher has been provided in lieu of a cash refund.
2. Claims arising directly or indirectly from an outbreak of COVID-19 resulting in a national or local lockdown or any restrictions of movement affecting the area where **Your Home** is located, the country or specific area or event to which **You** were travelling to or through, existing or being publicly announced by the date **You** purchased, renewed or extended this insurance or at the time of booking any **Trip**, whichever is later, or in the case of claims under sub-section B, started **Your Trip** whichever was later.
3. Any claim where **You** are experiencing symptoms of COVID-19, or have been told to self-isolate at the time **You** purchased, renewed or extended this insurance, or at the time of booking any **Trip**, whichever is later, or in the case of claims under sub-section B, started **Your Trip** whichever was later.
4. **Your** quarantine when it has been imposed on a community, geographic location or vessel imposed by a government or public authority.
5. Any claim made under the COVID-19 cover section in addition to a claim under the **Cancellation, Repatriation and Curtailment** sections of this policy.

ADDITIONAL CONDITIONS APPLYING TO ALL SUB-SECTIONS

In addition to the additional conditions applying to the **Cancellation, Repatriation and Curtailment** sections of this policy including anything mentioned in the **General Conditions**:

We will require (at **Your** own expense) the following evidence where relevant:

1. A copy of the positive test result for COVID-19 **You** received from a registered **Medical Practitioner**.
2. Written confirmation from the scheduled **Public Transport** operator (or their handling agents) confirming the exact reason for which **You** were denied boarding, together with details of any alternative transport offered.
3. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
4. Any other official document or medical report confirming **Your** diagnosis for COVID-19 which leads to **Your** self-isolation, or need to cancel **Your Trip**.

WHAT IS COVERED

LUGGAGE AND PERSONAL MONEY

We will pay **You** up to the Sum Insured following accidental loss of or damage to luggage and personal effects, cash, travel tickets all being owned and taken on the **Trip**, or purchased during the **Trip**, by **You**.

Conditions

1. **You** shall (a) take all reasonable care for the supervision of the property (b) immediately report all loss of or damage to property to either the police or other relevant authority and obtain from them a written report in substantiation of the claim. All necessary action to recover the property should be undertaken. (c) produce receipts or other evidence of value and ownership where possible and in any event in respect of any item valued in excess of £100. Where this is not done liability shall be limited to £100. (d) Retain all damaged items.
2. The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value), or **We** may at **Our** option replace, reinstate or repair the lost or damaged items.

PERSONAL LIABILITY

We will pay **You** up to the Sum Insured (inclusive of legal costs and expenses) against all sums **You** become legally liable to pay as damages together with claimant's costs in respect of -

- (a) Accidental bodily injury to or death or illness of any person.
- (b) Accidental loss of or damage to material property, occurring during the **Period of Insurance**.

WHAT IS NOT COVERED

LUGGAGE AND PERSONAL MONEY

- The first £60 of each and every claim per event for each **Insured Person** claimed for under this section.
- Liability in excess of £250 in respect of personal money.
- Liability in excess of £500 in respect of personal **Valuables**.
- Liability in excess of £500 in respect of any one article or set of articles (including disc collections).
- Loss of or damage to money and **Valuables** whilst **Unattended** or in/from luggage in transit.
- Telecommunications and motor vehicle related equipment and accessories.
- Loss or damage to:- (a) Spectacles, sunglasses, dentures, or hearing aids, dental or medical fittings (b) Sports equipment and protective clothing.
- Loss or damage in the custody of an airline or other carrier recoverable from such carrier.
- Any damage to, caused by or resulting from, fragile or perishable articles whilst in transit.

PERSONAL LIABILITY

- The ownership, possession or use of any aircraft, watercraft or mechanically propelled vehicle.
- Loss of or damage to property belonging to or in the custody or control of **You** or any member of **Your** family or household including the ownership, possession or use of any building or land.
- Any wilful or malicious act.
- The pursuit of any trade business or profession.
- Bodily injury death or illness of **You** or any member of **Your** family.
- Liability assumed under agreement (such as hire agreement) unless such liability would have attached notwithstanding any such agreement.

WHAT IS COVERED

PERSONAL ACCIDENT

In the event of **You** sustaining bodily injury arising wholly and exclusively from violent accidental external and visible means which injury shall solely and independently of any other cause result in **Your** death or disablement within twelve calendar months of the injury, **We** will pay to **You** or in the event of death to **Your** legal personal representative the following percentage of the Sum Insured.

Table of Compensation

- a) Permanent total disablement - £25,000
- b) Death (if aged under 16 or over 65) - £1,000
- c) Death (if death occurs as a result of ownership, possession or use of any mechanically propelled vehicle) - £1,000
- d) Death (other than b) or c) above - £12,500
- e) Loss of one or more limbs or of one or both eyes - £12,500

Definitions

Loss of Limb: loss or severance at or above the wrist or ankle or total permanent loss of use of an entire arm or leg. Loss

of sight: total or irrecoverable loss of sight which shall be considered as having occurred: a) in both eyes if **Your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist and b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Permanent total disablement: bodily injury other than above which totally incapacitates **You** from engaging in or attending to any occupation whatsoever for at least twelve calendar months from the date of the injury and at the end of that time rendering **You** beyond hope of improvement.

Provided that the total compensation in respect of each **Insured Person** shall not exceed the Sum Insured.

WHAT IS NOT COVERED

GENERAL EXCLUSIONS

We shall not be liable in respect of the following:-

1. Any claim (a) sustained whilst suffering from alcoholism or drug addiction (b) attributable to the influence of alcohol or drugs not prescribed by a qualified **Medical Practitioner** (c) due to or arising out of (i) stress, anxiety or depressive conditions, suicide or attempt thereof, psychiatric illness, terminal illness, sexually transmitted disease, any deliberate exposure to danger, a criminal act (ii) mountaineering or rock climbing involving the use of ropes or guides, pot holing, racing, or any other hazardous pursuits (iii) flying other than as a passenger in a fully licensed aircraft
2. Any circumstances manifesting themselves subsequent to the date of booking the **Trip** but prior to the date of issue of the insurance.
3. Any costs or expenses which are recoverable from any other source.
4. Any liability, howsoever arising, resultant from
 - (i) the use of either faulty or inferior property or property not fulfilling its purpose
 - (ii) the lack of provision of any service or the provision of such service not being of an appropriate standard
 - (iii) withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority, Civil Aviation Authority or of any similar body.
5. Any liability resulting either directly or indirectly from any supplier of travel or associated services ceasing to trade.
6. Any consequence of war, invasion, act of foreign enemy, act of **Terrorism**, hostilities whether war be declared or not, civil war, riot, civil commotion or workers or other persons taking part in a labour dispute, rebellion, insurrection, military or usurped power.

This exclusion shall not apply to losses under Repatriation Expenses, Curtailment and Personal Accident Sections unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of the **Trip**.

7. Loss, destruction or damage to any property consequential loss, legal liability, injury, expense or indemnity of whatsoever nature arising directly or indirectly from or contributed to by ionising radiations or contamination by radioactivity from any nuclear fuel or waste or any nuclear component of whatsoever nature.
8. Unless **We** provide cover under this insurance any other loss, damage or additional expense following on from the event for which **You** are claiming. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following injury or illness.
9. **Your** disinclination to travel or continue a **Trip**.
10. Any travel undertaken to an area where the Foreign, Commonwealth & Development Office (FCDO) advise against all or all but essential travel or where it is deemed unsafe for **You** to travel. If **You** are unsure please check <https://www.gov.uk/foreign-travel-advice>
11. Claims arising from any epidemic or pandemic as declared by the World Health Organisation.
12. Any Coronavirus including but not limited to COVID-19, or any related/mutated form of the virus. This exclusion does not apply to COVID-19 claims under the COVID-19 cover section of this policy.
13. Any claims arising from circumstances, such as strike or industrial action, that were known or could reasonably have been anticipated at the time a **Trip** was booked or the policy or cover was purchased, whichever is later.
14. Cover for persons aged 85 years or over in respect of annual travel policies.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of **Your** policy. If **You** do not comply with them, **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

1. The insurance premium is not refundable under any circumstances other than during the periods defined in the paragraph headed 'Statutory Cancellation Rights' on page two.
2. Cover for children aged under 2 is limited to Cancellation, Medical and Repatriation expenses only.
3. This policy does not cover any person who is not normally resident in the United Kingdom.
4. **You** shall take all reasonable precautions to avoid injury loss or damage.
5. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Personal Accident).
6. (i) (a) CSIS is not a servant or agent or employee of **Us**
(b) **You** shall at the time of effecting this insurance disclose to **Us** directly any facts that could affect **Our** decision to provide insurance to **You** (ii) if, after the payment of the premium and the issue of cover, but before commencement of travel, **You** or any other person upon whose health the **Trip** is dependant shall suffer from any medical condition which may affect the travel plans or may require medical intervention during the **Period of Insurance** then **You** must that **You** have sought the advisability of taking such a **Trip** with the treating **Medical Practitioner** and the relevant medical records marked to confirm this. Where it is known before commencement of travel that medical intervention will be required during the **Trip** **You** must immediately contact ETI Services on 01403 788983.
7. On the happening of any event which may give rise to a claim **You** shall (a) give immediate written notice to ETI Services (b) furnish at **Your** expense such reports information and proof as may reasonably be required.
8. **You** are not at the time of effecting this insurance aware of any circumstances which are likely to result in a claim under this policy.
9. **You** and **We** are free to choose the law applicable to this policy. As **We** are based in England, **We** propose to apply the laws of England and Wales and by purchasing this policy **You** have agreed to this.

10. **You** and **We** are free to choose the law applicable to this policy. As **We** are based in England, **We** propose to apply the laws of England and Wales and by purchasing this policy **You** have agreed to this.

11. **You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:
- Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect; or
 - Make a statement in support of a claim knowing the statement to be false in any respect; or
 - Submit a document in support of a claim knowing the document to be forged or false in any respect; or
 - make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance.

Then

- **We** shall not pay the claim. - We shall not pay any other claim which has been or will be made under the policy.
 - **We** may at **Our** option declare the policy void.
 - **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy.
 - **We** shall not make any return of premium.
 - **We** may inform the Police of the circumstances.
12. This policy is only valid for **Trips** taken within the United Kingdom (other than direct travel from **Home** to the departure point within the United Kingdom and direct return travel back **Home**), if such **Trips** are for one consecutive night or more and accommodation has been pre-booked before the date of departure.

COMPLAINTS PROCEDURE

If **You** have cause for complaint, it is important **You** know **We** are committed to providing **You** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service **You** expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

When you contact us

Please give **Us Your** name and a contact telephone number.

Please quote **Your** policy and/or claim number, and the type of policy **You** hold.

Please explain clearly and concisely the reason for

Your complaint.

Initiating **Your** complaint

Any enquiry or complaint **You** have regarding **Your** policy or a claim notified under **Your** policy, may be addressed to:

The Managing Director,
ERGO Travel Insurance Services Ltd Afon House
Worthing Road Horsham RH12 1TL

Email: contact@ergo-travel.co.uk

If **We** have given **You Our** final response and **You** are still dissatisfied **You** may refer **Your** case to the Financial Ombudsman Service (FOS).

The Financial Ombudsman Service is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **We** have provided **You** with written confirmation that **Our** complaints procedure has been exhausted.

The Ombudsman can be contacted at:

Insurance Division, Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR

Telephone: 0300 1239123 or 0800 0234567

Email:

complaint.info@financial-ombudsman.org.uk

This procedure will not affect **Your** rights in law.

Data protection notice

Consent

We will only use **Your** personal data when the law allows **Us** to. Most commonly **We** will use **Your** personal data under the following two circumstances:

1. When **You** gave explicit **Consent** for **Your** personal data, and that of others insured under **Your** policy, to be collected and processed by **Us** in accordance with this Data Protection Notice.
2. Where **We** need to perform the contract which **We** are about to enter into or have entered into with **You**.

How We use Your Personal Data

We use **Your** personal data for the purposes of providing **You** with insurance, handling claims and providing other services under **Your** policy and any other related purposes (this may include underwriting decisions made via automated means). **We** also use **Your** personal data to offer renewal of **Your** policy, research or statistical purposes and to provide **You** with information, products or services that **You** request from **Us** or which **We** feel may interest **You**. **We** will also use **Your** personal data to safeguard against fraud and money laundering and to meet **Our** general legal or regulatory obligations.

We collect and process **Your** personal data in line with the General Data Protection Regulations and all other applicable Data Protection legislation. The Data Controller is ERGO Travel Insurance Services Ltd. The Data Processors are P J Hayman & Company Limited and the Civil Service Insurance Society.

Special Categories of Personal Data

Some of the personal data **You** provide to **Us** may be more sensitive in nature and is treated as a Special Category of personal data. This could be information relating to health or criminal convictions, and may be required by **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **Us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information **You** have provided to **Us** confidential. However, **You** agree that **We** may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on **Our** behalf in administering **Your** policy, handling claims and in providing other services under **Your** policy. Please see **Our** Privacy Policy for more details about how **We** will use **Your** information.

We will also share **Your** information if **We** are required to do so by law, if **We** are authorised to do so by **You**, where **We** need to share this information to prevent fraud.

We may transfer **Your** personal data outside of the European Economic Area ("EEA"). Where **We** transfer **Your** personal data outside of the EEA, **We** will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask **Us** not to process **Your** personal data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **Us** to provide a copy of **Your** personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether **We** hold **Your** personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how **We** process **Your** personal data or requests relating to **Your** Personal Data Rights should be directed to:

Data Protection Officer, ERGO Travel Insurance Services Ltd,
Afon House, Worthing Road, Horsham, RH12 1TL

Email: dataprotectionofficer@ergo-travel.co.uk
Phone: +44 (0)1403 788 510



Civil Service Insurance Society