

### SCHEDULE OF BENEFITS (Cover limits shown below are per person per period of insurance)

SECTION OF COVER	STANDARD		PREMIER		PREMIER PLUS	
	Cover Limit (per person)	Excess	Cover Limit (per person)	Excess	Cover Limit (per person)	Excess
Cancellation & Curtailment	€2,000	€100 (€30 LOD)	€3,500	€100 (€30 LOD)	€6,000	€100 (€30 LOD)
Course Fees	€1,500	€100	€2,500	€100	€6,000	€100
Emergency Medical Expenses & Repatriation	€5,000,000	€100	€10,000,000	€100	€15,000,000	€100
Repatriation	€600,000	€100	€2,500,000	€100	€3,000,000	€100
Dental Treatment	€250	€100	€250	€100	€450	€100
Burial Costs / Body Repatriation	€6,000	Nil	€6,000	Nil	€6,000	Nil
Hospital Benefit	€20 for each complete 24hr period up to €200	Nil	€20 for each complete 24hr period up to €400	Nil	€35 for each complete 24hr period up to €700	Nil
Personal Possessions	€2,000	€100	€2,500	€100	€3,000	€100
Single item limit	€250		€300		€400	
Valuables limit	€250		€350		€400	
Travel Documents	€150	€100	€200	€100	€600	€100
Personal Money	€200	€100	€250	€100	€600	€100
Cash Limit	€200		€200		€250	
Personal Accident	€20,000	Nil	€25,000	Nil	€35,000	Nil
Loss of Limbs or Sight	€20,000		€25,000		€35,000	
Permanent Total Disablement	€20,000		€25,000		€35,000	
Death Benefit	€6,000		€8,500		€12,000	
Missed Departure	€500	€100	€600	€100	€850	€100
Delayed Departure	No Cover	N/A	€25 for each full 12hr delay up to €250	Nil	€45 for each full 12hr delay up to €450	Nil
Personal Liability	€1,250,000	€250	€2,500,000	€250	€3,000,000	€250
Legal Expenses	€12,500	Nil	€20,000	Nil	€35,000	Nil
Limit in respect of additional accommodation & travel expenses	€1,500	Nil	€1,500	Nil	€1,500	Nil
Financial Failure of a Scheduled Airline	No Cover	N/A	€3,500	€100	€6,000	€100
<b>OPTIONAL COVER - SUBJECT TO PAYMENT OF AN ADDITIONAL PREMIUM.</b>						
Computer Equipment and Computer Accessories	€1,000	€100	€1,250	€100	€3,500	€100
Single item limit	€600		€1,000		€1,250	
Computer accessories	€200		€250		€350	

### FOR YOUR PEACE OF MIND

Please take time to read and understand what **we** will cover and what **we** will not cover under **your** insurance contract along with what **you** should do in the event of a claim to avoid any frustration or disappointment.

**We** would also like to draw **your** attention to restrictions on this **policy** in terms of age and **pre-existing medical condition(s)** as outlined in the **policy** document. This brochure explains the detailed terms of **your** insurance once **your** details are accepted by **us**. **We** have tried to make this insurance contract easily understood by **you**, the customer, in an effort to eliminate unrealistic expectations if an unfortunate incident should occur.

At the same time let **us** assure **you** that if something occurs that is covered by this insurance contract, then **we** will try **our** best to provide **you** with a high level of timely and courteous service. After reading this document, if **you** decide the terms of the insurance contract do not meet **your** requirements **you** can, within 14 days of the date of **you** received this document, return it to **Cover4travel.com**, for a full refund of premium, provided **you** have not already travelled or incurred a claim.

### STUDY ABROAD TRAVEL INSURANCE

This study abroad travel insurance has been arranged on behalf of **Cover4travel.com**.

**Cover4travel.com** is a trading style of UK & Ireland Insurance Services (Online) Limited. UK & Ireland Insurance Services (Online) Limited is authorised & regulated by the Financial Conduct Authority. Firm Number: 312248. This can be checked by visiting the FCA's website at [www.fca.org.uk](http://www.fca.org.uk).

The **Insurer** for this **policy** is: White Horse Insurance Ireland dac. Registered Office: First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland, V14 CA36.

White Horse Insurance Ireland dac is authorised and regulated by the Central Bank of Ireland. This can be checked with the Central Bank of Ireland by visiting their website [www.centralbank.ie](http://www.centralbank.ie).

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under Master Certificate Number **WHIIL/COVER4STUDYABROAD/06/2020**. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation **certificate** issued between **1st June 2020** and **31st May 2021**. All travel must be completed by **28th February 2023**.

#### TERRITORIAL LIMITS

**Area 1** – Europe – The continent of Europe west of the Ural Mountains, Madeira, Canary Islands, Iceland, the Azores, Mediterranean Islands, and Non-European countries bordering the Mediterranean (except Algeria, Lebanon, Libya and Israel).

**Area 2** – Worldwide excluding USA, Canada and the Caribbean.

**Area 3** – Worldwide including USA, Canada and the Caribbean.

#### POLICY AGE LIMITS

This **policy** is only available to persons aged 18 - 45 years at the time of purchase of the **policy**.

#### RESIDENCY

This **policy** is only available to **you** if **you** are permanently resident in the Republic of Ireland and are registered with a **medical practitioner** in the Republic of Ireland.

#### PREGNANCY

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

## READ ME FIRST

### EVIDENCE OF COVER

**You** should read this document carefully. It gives **you** full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy and Insurer to Insurer.

### ELIGIBILITY

This **policy** is only available if:

- **You** are permanently resident in the Republic of Ireland,
- **You** are registered with a **Medical Practitioner** in the Republic of Ireland,
- **You** are in the Republic of Ireland at the time of purchasing this **policy**,
- **Your trip** to study abroad starts and ends in the Republic of Ireland (this includes outward and inbound flights or sailings from Northern Ireland), within the dates shown on **your policy certificate**,
- **You** are studying abroad as part of a College/University degree or similar qualification

### CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions, exclusions and warranties will apply to individual sections of **your policy** while general exclusions and conditions will apply to the whole of **your policy**. It is a condition of this **policy** that **you** take reasonable care to answer all questions honestly and to the best of **your** knowledge and not to make a misrepresentation of the facts. If **you** fail to do this, **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment. Please see the section below entitled Duty of Care.

### DUTY OF CARE

**You** must take care to answer all questions honestly. **You** must not make any misrepresentation of a fact that could influence the **Insurer** in accepting **your** insurance, this includes **your** destination, duration, age, planned hazardous activities and state of health of all travellers on this **policy** or on whom **your trip** depends. If **you** are in any doubt, **you** should tell **Cover4travel.com**. If **you** fail to do this, **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

### SPORTS OR PASTIMES

**You** are only covered under the **policy** for claims arising from certain **sports and activities**. If **you** require cover for activities not listed within this booklet, please contact **Cover4travel.com** on +44 (0)161 772 3395.

### PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **you** lose them and not on a 'new for old' or replacement cost basis. An allowance for wear, tear and depreciation will be deducted. Certain items of personal property are not covered.

### LAW APPLICABLE UNDER THIS CONTRACT

**You** and **we** are free to choose the laws applicable to the **policy**. **We** propose to apply the laws of the Republic of Ireland and by purchasing this **policy**, **you** have agreed to this.

### PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft or any mechanically propelled conveyance.

### POLICY LIMITS

All sections of **your policy** have limits on the amount the **Insurer** will pay under that section. There are also specific limits under the **personal possessions** section for: any **single item**; **valuables**, items for which an original receipt, proof of purchase or an insurance valuation is not supplied.

### ADDITIONAL LEISURE TRIP(S) COVER

All policies include cover to travel to another country within the period of study abroad, providing each return leisure **trip**:

- a) starts and ends in **your** place of study abroad,
- b) is within the area shown on **your certificate**,
- c) falls within **period of insurance** shown on **your certificate**, and
- d) each **trip** does not exceed:
  - 5 days on a Standard policy
  - 10 days on a Premier policy
  - 21 days on a Premier Plus policy.

### POLICY EXCESSES

Under most sections of the **policy**, claims will be subject to an **excess** per **insured**, per section of cover and per incident. This means that **you** will be responsible for the first part of the claim. If **you** claim under more than one section of the **policy**, **you** will have to pay an **excess** for each section.

### REASONABLE CARE / UNATTENDED PROPERTY

**You** must exercise reasonable care to prevent **illness**, injury or loss or damage to **your** property, as if uninsured. There is no cover for property left **unattended** in a place to which the general public has access. There is no cover for loss of **cash** which was not carried on the **insured** person unless placed in a safety deposit box or similar locked, fixed receptacle.

### COMPLAINTS PROCEDURE

If **you** have any cause for complaint regarding this insurance, please refer to the Complaints Procedure.

### CANCELLATION PERIOD

If, after reading this **policy** **you** are not satisfied with it for any reason, **you** must return the **certificate** to **Cover4travel.com** within 14 days of issue in order to receive a full refund of premium, provided **you** have not already travelled or incurred a claim.

### SPECIAL NOTICE

This is not a private medical insurance policy and only gives cover in the event of an **accident** or sudden **illness** that requires emergency treatment whilst abroad. In the event of any medical treatment becoming necessary which results in a claim under this insurance, the **insured person** will be expected to allow **us**, or **our** representatives, unrestricted and reasonable access to all their medical records and information.

### POLICY QUERIES

If **you** have a query regarding this **policy** or **you** wish to amend **your policy**, please contact **Cover4travel.com**.

**Cover4travel.com** can be contacted as follows:

By telephone: +44 (0)161 772 3395

By Email: [info@cover4insurance.com](mailto:info@cover4insurance.com)

By Post: **Cover4travel.com**, UK & Ireland Insurance Services (Online) Limited, The Stables, Old Co-op Yard, Warwick Street, Manchester, M25 3HB United Kingdom.

### PRE-EXISTING MEDICAL CONDITIONS

This insurance is designed to cover **you** for unforeseen events, **accidents** and **illnesses** occurring during the **period of insurance**.

**You** must comply with the following conditions to have the full protection of **your policy**.

If **you** do not comply **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

It is a condition of this **policy** that **you** will not be covered under the following sections of cover – Cancellation and curtailment, Emergency medical expenses and repatriation, Hospital benefit and Personal accident, for any claims arising directly or indirectly from:

#### a) At the time of taking out this policy:

- i) Any **pre-existing medical condition** falling into one, two or all three of the following categories unless **you** have contacted **us** on 0818 221 409 and **we** have agreed to provide cover.

#### Pre-Existing Medical Condition means

1. Any:
  - a) respiratory condition (relating to the lungs or breathing),
  - b) cardiovascular condition (including any condition relating to the heart, arteries, veins, cholesterol or blood pressure),
  - c) stroke including a cerebrovascular accident (CVA) or a transient ischaemic attack (TIA),
  - d) diabetes, or
  - e) cancerfor which **you** have ever received treatment (including surgery, tests or investigations by **your** doctor or a consultant / specialist, or prescribed drugs or medication).
2. Any **pre-existing medical condition** for which **you** have received surgery, treatment or investigations in a hospital or clinic within the last six months.
3. Any **pre-existing medical condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, in patient treatment or investigation at a hospital, clinic or nursing home. (In the case of 3. no cover will be provided under the section of cover relating to Cancellation and Curtailment)

- ii) Any **pre-existing medical condition** you are aware of but for which **you** have not had a diagnosis.
- iii) Any **pre-existing medical condition** which has been diagnosed as a terminal condition.

**b) At any time:**

- i. Any **pre-existing medical condition** for which **you** are travelling against the advice of a **medical practitioner** or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice.
- ii. Any **pre-existing medical condition** for which **you** are travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice outside of **your home** area.
- iii. Any **pre-existing medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
- iv. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

\* **You** should only contact us for **pre-existing medical conditions** defined above. **You** do not need to contact **us** for any other reason.

**Please note:**

If this insurance is extended to include any **pre-existing medical conditions** an endorsement will be issued confirming the terms under which cover has been provided.

The endorsement must be kept with **your policy** documents and produced in the event of a claim or incident that may give rise to a claim. **We** reserve the right not to extend this insurance to cover any **pre-existing medical condition(s)**.

**You** should also refer to the general exclusions applicable to all sections of this insurance.

**POLICY CONTRACT PERIOD**

A single return **trip** to study abroad, as defined in the **period of insurance**, beginning and ending in the Republic of Ireland.

**DEFINITIONS**

Any word defined below will have the same meaning wherever it is shown in **your policy** in bold print. These definitions have been listed in alphabetical order.

**Accident, Accidental**

A sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical **bodily injury**.

**Act of Terrorism**

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

**Bodily Injury**

Means an identifiable physical injury sustained by **you** caused by sudden, unexpected, external and visible means.

**Cancellation Costs**

Irrecoverable and unused travel, accommodation, car hire and excursions paid or contracted to be paid by **you** in respect of **your trip**.

**Cash**

Bank currency notes and coins in circulation.

**Certificate**

An insurance validation **certificate** issued by **Cover4travel.com** which describes **you** and the **Insured** person(s) who are covered under this **policy**.

**Claims Handler**

White Horse Administration Services Limited.  
Telephone: 0818 221 410 or +44 (0) 1733 224 845.  
Email: [claims@white-horse.ie](mailto:claims@white-horse.ie)  
Quoting reference **WHIL/COVER4STUDYABROAD/06/2020**.

**Common-Law Partner(s)**

Any couple (including same sex) in common law relationship or who have co-habitated for at least 6 months prior to the commencement of **your trip**.

**Complications of pregnancy and childbirth**

A diagnosis of 'per vaginal' bleeding, toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage or threatened miscarriage, medically necessary emergency Caesarean section, medical necessary termination and premature births. This definition only applies if the complication happens more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) before the expected delivery date.

**Computer Accessories**

Microphones, speakers purchased independently from a PC package, removable drives, web cams, joysticks, joypads and games hardware.

**Computer Equipment**

**Your** monitor, pointing device, keyboard, printer, scanner and system unit. The system unit includes motherboard, memory, processor, modem or terminal adapter, graphics cards, sound cards, floppy/hard drives, CD and/ or DVD drives and speakers purchased as part of a PC package.

**Cover4travel.com**

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**Curtailment Costs**

Travel costs necessary to return to **your home** or **your** place of study abroad before the booked return date and a pro-rata amount representing the total irrecoverable and unused costs of accommodation, car hire and excursions attributable to each complete day of **your trip** that is not spent overseas.

The following are not included in the definition:

- all costs attributable to the original booked outward and return travel tickets, whether used or unused.

**Emergency Assistance Service**

Telephone: **+44 (0)1733 224 892**. 24 hours a day, 365 days a year

**Excess**

The first amount **you** and each person named under the insurance **certificate** have agreed to pay towards a claim under each section of this **policy**, as outlined within the Schedule of Benefits.

**Fragile Articles**

Means any item(s) carried as **your personal possessions** which could be easily damaged or destroyed.

**Hazardous Sports & Activities**

**You** are required at all times to wear the appropriate safety equipment for that activity (for example, protective clothing and/or suitable head protection). Please note that a General Exclusion of cover exists under **your policy** with **us** for claims arising directly or indirectly from **your** "wilful exposure to danger". This means that **we** will not pay **your** claim if **you** do not meet this **policy** condition.

Scuba diving is covered to the confirmed depths per Grade provided **you** are diving under the direction of an accredited dive Marshall, instructor or guide. If **you** are suitably qualified, and are not diving alone, cover is provided within the guidelines of the relevant diving or training agency or organisation as confirmed below:

- PADI Open Water - 18 Metres
- PADI Advanced Open Water - 30 Metres
- BSAC Ocean Diver - 20 Metres
- BSAC Sports Diver 35 Metres
- BSAC Dive Leader - 50 Metres

Scuba diving within 24 hours of **your** booked departure from **your** destination country is not covered.

The following activities are included within the cover as standard, as long as they are amateur activities, conducted under adequate supervision and on an incidental basis.

Archery, athletics (including athletics scholarships), badminton, baseball, basketball (excluding basketball scholarships), beach games, bungee jumping, canoeing (excluding white water canoeing of any grade), clay pigeon shooting, cricket, cycling (excluding BMX or mountain biking), dinghy sailing, fell walking (under 2,500 metres altitude), fencing, fishing (excluding wade fishing), football (excluding football/soccer scholarships), golf (including golf scholarships), handball (excluding handball scholarships) hiking (under 2,500 metres altitude), horse riding (excluding jumping, hunting, polo and racing), hot air ballooning which has been booked in the ROI prior to departure, jet boating, jet skiing, jogging, marathon running, motorcycling up to 50cc (Providing rider holds a full driving licence and is wearing a crash helmet), netball, orienteering, outward-bound pursuits, paintballing, parasailing (over water), pony trekking, racquetball, rambling, river canoeing, roller skating, roller blading, rounders, rowing, safari (if pre-booked through ROI operator, excluding the use of firearms), sail boarding, sailing (if qualified or as part of an organised activity in **territorial waters** only), scuba diving up to 15 metres (excluding solo dives and no dives less than 24 hours before departure), skate boarding, snorkelling, squash, surfing, tennis, track events, trekking (under 2,500 metres altitude), triathlon, volleyball, war games, water polo (amateur), water skiing, white water rafting (Grades 1 to 3), windsurfing, yachting (if qualified or as part of an organised activity in **territorial waters** only).

**You** will only be covered whilst participating in the following **hazardous sport** or **leisure activities**, if **you** have paid the appropriate additional premium before **your trip** commenced and the activity is shown on **your certificate**.

The **insurer** will:

- not provide any cover if **you** receive any financial reward or gain as a result of participating in the **hazardous sport** or **leisure activity**; or
- not pay any personal liability claim, which arises directly or indirectly, as a result of **you** participating in a Category 2, 3 or 4 **hazardous sport** or **leisure activity**;
- reduce the Personal Accident benefits shown in the Schedule of Benefits by 50%, in respect of any claim which arises directly or indirectly as a result of **you** participating in a Category 2, 3 or 4 **hazardous sport** or **leisure activity**;
- amend the **excess** shown in the Schedule of Benefits under the Emergency Medical Expenses and Repatriation section, in respect of any claim which arises directly or indirectly as a result of **you** participating in a Category 2, 3 or 4 **hazardous sport** or **leisure activity** to €250 (Category 2) / €400 (Category 3 or 4).

#### Category 2 Hazardous sports & leisure activities

Basketball scholarships, black water rafting as an organised activity (Grade 1 to 3 only); boxing training (no contact); bungee jumping (up to 3 additional jumps); camel riding; cycle touring; field hockey; flying as passenger in a private plane; football/soccer scholarships; go karting (specific use); handball scholarships; hiking (between 2,501 and 4,000 metres altitude); field hockey; hot air ballooning (non incidental); jet skiing (non incidental); kayaking; manual labour (ground level only, no machinery); martial arts (training only); use of motorcycles between 50cc and 350cc; mountain biking; parasailing (over water, non incidental); rambling (between 2,501 - 4,000 metres altitude); safari (non-ROI organised); scuba diving (non incidental, down to 40 metres); sea canoeing; sea fishing (non incidental); surfing (amateur); trekking (between 2,501 and 4,000 metres altitude); waterskiing, windsurfing; snorkelling (non incidental).

#### The following activities are not included in the definition:

Scuba diving within 24 hours of **your** booked departure from **your** destination country, scuba diving below 40 metres in depth.

#### Category 3 Hazardous sports & leisure activities

Abseiling; american football (amateur); gliding; parachuting; paragliding; parasailing (over land); rugby (amateur); sand yachting; sky diving except in the USA (2 jumps maximum); snow mobiling; tandem sky diving (up to 2 jumps per **trip**).

#### Category 4 Hazardous sports & leisure activities

Canyoning; hang gliding; High diving (amateur, excluding cliff diving); horse jumping (no polo, hunting); kite surfing; micro lighting; parasailing; rock climbing (under 2,000m); rock scrambling (under 4,000m).

#### The following are not included in the definition:

Hunting on horseback, polo on horseback.

If **you** wish to include cover for any other activity not shown as covered as standard on the **policy**, please contact **Cover4travel.com** on +44 (0)161 772 3395.

**You** will not be covered when engaging in or practising for the following sports & activities:

Boxing, Caving, Cliff Diving, Hunting, Martial Arts (competition), Motor Racing (all types), Mountaineering, Polo, Pot Holing, Shooting and Weight lifting.

#### Home

**Your** usual place of residence in the Republic of Ireland.

#### Illness

Any disease, infection or **bodily injury** which is unexpectedly contracted by **you** prior to **your trip** or unexpectedly manifests itself for the first time during **your trip**.

#### Insurance Government Levy (IGL)

A Government tax which must be paid by **you** in addition to the insurance premium.

#### Insurer

White Horse Insurance Ireland dac.

#### Medical Practitioner

Means a registered practicing member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

#### Medical Pre-Screening Company

Telephone 0818 221 409

Quoting reference **WHIIL/COVER4STUDYABROAD/06/2020**.

#### Pair or Set

Two or more items of **personal possessions**, which are complimentary or used or worn together.

#### Period of Insurance

The **trip** duration as shown in **your certificate**.

Cover under the Cancellation section of **your policy** starts from the date the **certificate** is issued and ends:

- a) at the start of **your trip** (other than for **pre-existing medical conditions** as stated above); or
- b) if a claim is made under the Cancellation cover.

The cover under all other sections of **your policy** starts at **your trip** departure and ends at:

- a) if a claim is made under the Cancellation cover or
- b) on **your** return to **your home**, a hospital or a nursing home in the Republic of Ireland or
- c) the expiry of the **policy** or
- d) following **your** refusal and/or failure to return **home** following confirmation from the treating doctor that **you** are fit and able to return **home** or
- e) **your trip** exceeding the maximum **trip** length for single **trips**.

In addition, if **you** have chosen the "Premier Plus" cover, **your policy** covers **you** for an unlimited number of return visits to **your home** in the Republic of Ireland (this is restricted to up to two return visits to **your home** in the Republic of Ireland if **you** have chosen the "Premier" or "Standard" cover) before the intended return date of the **trip** (as specified on **your certificate**), up to a maximum of 21 days per return **trip**. This excludes any return for which a claim is being made as a result of Emergency Medical, Repatriation or **Curtailment**. Cover is suspended from the time **you** arrive at **your** arrival point in the Republic of Ireland and starts again when **you** leave the immigration control at the Republic of Ireland airport or port on **your** return to **your** place of study abroad. During this period no cover is provided by the **policy**.

Cover will automatically be extended day by day up to a maximum of thirty (30) days after the expiry of the **policy** when **your** return is necessarily delayed as a result of ill-health of **you** or the failure of **public transport** provided that the **Emergency Assistance Service** has been notified.

#### Personal Money

Bank currency notes and coins in circulation and travellers cheques.

#### Personal Possessions

Luggage, clothing, **valuables** and personal items (but excluding **sports equipment**, sailboards, surfboards, **computer equipment**, **computer accessories**, **personal money** and documents of any kind) which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

#### Policy

**Your certificate**, this **policy** and endorsements.

### Pre-Existing Medical Condition

- 1) Any:
  - a) respiratory condition (relating to the lungs or breathing),
  - b) cardiovascular condition (including any condition relating to the heart, arteries, veins, cholesterol or blood pressure),
  - c) stroke including a cerebrovascular accident (CVA) or a transient ischaemic attack (TIA),
  - d) diabetes, or
  - e) cancer
 for which **you** have ever received treatment (including surgery, tests or investigations by **your** doctor or a consultant / specialist, or prescribed drugs or medication).
- 2) Any **pre-existing medical condition** for which **you** have received surgery, treatment or investigations in a hospital or clinic within the last six months.
- 3) Any **Pre-Existing Medical Condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, in patient treatment or investigation at a hospital, clinic or nursing home.

### Public Transport

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

### Relative

Mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, partner / **common law partner** or fiancé / fiancée.

### Single Item

Any one article, **pair or set** or collection owned by **you**.

### Sports Equipment

Those items that are usually worn, carried, used or held during the participation in a sporting activity.

### Territorial Waters

All waters within the jurisdiction of the country **you** are visiting during **your trip**.

### Travel Documents

Means passport, green cards, travel tickets and accommodation vouchers owned by **you**.

### Travelling Companion

Any named person on **your** insurance **certificate**.

### Trip

Any journey made by **you** within the area shown in the **certificate** during the **period of insurance**.

### Unattended

Means when **you** cannot see or are not close enough to **your personal possessions, personal money, valuables**, property or vehicle to stop it being damaged or stolen.

### Valuables

Means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, items made of leather (including designer footwear, handbags or purses), sunglasses, reading / prescription glasses, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, MP3/4 players, tablets, iPods, Kindles, ebooks, CDs, DVDs, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

### We/Us

White Horse Insurance Ireland dac.

### You/ Yours/ Insured

Any person named on the **certificate**.

## SECTIONS OF COVER

### CANCELLATION AND CURTAILMENT

#### • What You Are Covered For:

If **your trip** is cancelled or curtailed due to any one of the reasons listed below during the **period of insurance**, the **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits and on **your** insurance **certificate**:

#### • Cancellation

For irrecoverable and unused travel, accommodation, car hire and excursion expenses paid or contracted to be paid by **you** in respect of **your own trip** (prior to any occurrence giving rise to a claim under this section).

#### • Curtailment

For travel expenses necessary to return **you home** or to **your** place of study abroad before the booked return date and a pro-rata amount representing the irrecoverable and unused costs of accommodation, car hire and excursions attributable to each complete day of **your trip** that is not spent overseas. (Excluding all costs attributable to the original booked outward and return travel tickets, whether used or unused).

Reasons for Cancellation and Curtailment:

- a) death, **accidental bodily injury** or unexpected **illness**, occurring during the **period of insurance**, to **you** or **your travelling companion**, a **relative** of **you** or **your travelling companion**,
- b) **you** being called for jury service, witness call or compulsory quarantine;
- c) fire, flood or burglary at **your home** occurring or becoming apparent within 5 days prior to the commencement of the **trip** or during the course of **your trip**;
- d) **your** presence being required by the garda following burglary at **home**;
- e) **your** study course is cancelled by the College/University;
- f) the closure of air space directly attributable to volcanic eruption. Please note this cover only applies if **you** have purchased the "Premier Plus" Cover **policy** and this is shown on **your Certificate**.

#### • What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising directly or indirectly as a result of a **pre-existing medical condition of you, your relative, your travelling companion**, unless declared to and agreed by the **Insurer** in writing, with any required additional premium paid and/or amendments to **policy** conditions;
3. claims arising if **you**:
  - i. are travelling against the advice of a **medical practitioner** or for the purpose of obtaining medical treatment; or
  - ii. are on a hospital waiting list or awaiting the results of medical investigations (unless declared to and accepted by **us**); or
  - iii. have received a terminal prognosis;
4. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
5. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing cancellation or **curtailment**;
6. claims arising where **you** have not received the necessary inoculations or vaccinations or obtained the necessary visas or passport documentation;
7. claims arising from any loss resulting from the cancellation or delay of a flight, subsequent to **your** initial International departure or return from or to **your** usual place of residence in the Republic of Ireland or **your** place of study abroad;
8. claims arising from where **you** will not and/or cannot travel to an area subject to disease of epidemic or pandemic proportions;
9. claims arising from **you** suffering from any form of a psychological condition (including anxiety, stress, depression, psychiatric or eating disorders or phobias);
10. any loss as a result of the closure of air space directly attributable to volcanic eruption unless **you** have purchased the "Premier Plus" Cover **policy** and this is shown on **your Certificate**;
11. any **curtailment** claim if **you** do not have a pre-booked return ticket;
12. any claim for the cancellation of **your** study course by the College/ University authorities which occurred prior to the date this **policy** was purchased;

13. claims relating to:
  - a. the cost of Airport Departure Duty, taxes and fees,
  - b. travel tickets paid for using any airline mileage reward scheme,
14. any claim arising as a result of **your** disinclination to travel for any reason;
15. any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**;
16. any claim arising directly or indirectly from circumstances known to **you** prior to the date this insurance is purchased by **you** or the time of booking any **trip** which could reasonably have been expected to give rise to the cancellation or **curtailment** of the **trip**.

#### SPECIAL CONDITIONS

It is a condition of this section that:

1. Any claim for Cancellation be advised verbally to **your** issuing agent within 48 hours and confirmed in writing to the **claims handler**.
2. In the event of a claim under point (e) above, **you** must obtain written confirmation from the College/University authorities confirming the reasons for such cancellation and the date such a decision was announced to the public.

#### COURSE FEES

##### • What You Are Covered For:

If during the **period of insurance**, **your**:

- a) **trip** is cancelled or curtailed due the death, **accidental bodily injury** or unexpected **illness** to **you**, or **your relative**; or
  - b) **your** study course is cancelled by the College/University
- the **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for irrecoverable pre-paid College/University course fees **you** have paid or have contracted to pay (prior to any occurrence giving rise to a claim under this section).

##### • What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising directly or indirectly as a result of a **pre-existing medical condition of you or your relative**, unless declared to and agreed by the **Insurer** in writing, with any required additional premium paid and/or amendments to **policy** conditions;
3. claims arising if **you**:
  - a) are travelling against the advice of a **medical practitioner** or
  - b) for the purpose of obtaining medical treatment; or
  - c) are on a hospital waiting list or awaiting the results of medical investigations (unless declared to and accepted by **us**); or
  - d) have received a terminal prognosis
4. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing cancellation or **curtailment**;
5. claims arising where **you** have not received the necessary inoculations or vaccinations or obtained the necessary visas or passport documentation;
6. claims arising from **you** suffering from any form of a psychological condition (including anxiety, stress, depression, psychiatric or eating disorders or phobias);
7. any claim for the cancellation of **your** study course by the College/University authorities which occurred prior to the date this **policy** was purchased;
8. any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**;
9. any claim arising directly or indirectly from circumstances known to **you** prior to the date this insurance is purchased by **you** or the time of booking any **trip** which could reasonably have been expected to give rise to a claim under this section.

#### SPECIAL CONDITIONS

It is a condition of this section that:

1. In the event of a claim **you** must provide **your** invoice and receipts for unused course fees, charges or expenses claimed for; and
2. In the event of a claim under point (a) above, **you** must obtain written confirmation from the College/University authorities confirming that the course, or any part of it, needs to be repeated as a direct result of:
  - a) death, **accidental bodily injury** or unexpected **illness** to a **relative** making it necessary for **you** to return to **your home**, or
  - b) **accidental bodily injury** or unexpected **illness** to **you** which strictly necessitates absence from the course; and
3. In the event of a claim under point (b) above, **you** must obtain written confirmation from the College/University authorities confirming

the reasons for such cancellation and the date such a decision was announced to the public.

#### EMERGENCY MEDICAL EXPENSES AND REPATRIATION

##### • What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits in respect of the following expenses necessarily incurred as a result of **you** sustaining **accidental bodily injury**, suffering an **illness** or dying:

##### 1 Emergency Medical Expenses

1. cost of medical, surgical or hospital treatment (including emergency dental treatment up to €250 for the immediate relief of pain to **your** natural teeth only). The **Insurer** reserves the right to repatriate **you**, when in the opinion of the doctor in attendance and the **Insurer's** medical advisors, **you** are fit to travel;
2. cost of transporting **your** remains to the Republic of Ireland, or the reasonable cost of a funeral in the country where death occurs, if other than **your** usual place of residence in the Republic of Ireland, up to €6,000;
3. reasonable additional transportation (economy class) and accommodation (room only) costs incurred by **you** and any one of **your travelling companions**, as a result of **you** receiving medical advice from the doctor in attendance and the **Insurer's** medical advisors that **your** originally planned return journey is impossible due to medical reasons. (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date, at the **Insurer's** discretion).

##### 2 Emergency Repatriation

- a) the cost of returning **you** to the Republic of Ireland by medically appropriate means, where in the opinion of the **Insurer's** medical advisors, such return is medically necessary.

##### • What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising directly or indirectly as a result of a **pre-existing medical condition of you, your relative, or your travelling companion**, unless declared to and agreed by the **Insurer** in writing, with any required additional premium paid and/or amendments to **policy** conditions;
3. claims arising if **you**:
  - i. are travelling against the advice of a **medical practitioner** or for the purpose of obtaining medical treatment; or
  - ii. are on a hospital waiting list or awaiting the results of medical investigations (unless declared to and accepted by **us**); or
  - iii. have received a terminal prognosis;
4. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
5. claims arising for treatment or surgery which, in the opinion of the **Insurer's** medical advisors, is not essential or can reasonably be delayed until **your** return to **your home**;
6. claims arising from the additional costs of single or private hospital room accommodation;
7. claims arising from medical treatment of any kind received after **you** have returned to the Republic of Ireland;
8. claims arising from medical treatment of any kind not authorised at the time by a recognised registered **medical practitioner**;
9. claims arising from medical treatment of any kind occurring after **you** have refused the offer of repatriation when, in the opinion of the **Insurer's** medical advisors, **you** are fit to travel;
10. claims arising in respect of elective medical treatment, physiotherapy treatment and other associated therapies;
11. claims arising out of **your** failure to contact the **Emergency Assistance Service**;
12. claims arising from **you** suffering from any form of a psychological condition (including anxiety, stress, depression, psychiatric or eating disorders or phobias);
13. any claims arising directly or indirectly in respect of:
  - a. the costs of telephone calls, other than calls to the **Emergency Assistance Service** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned,
  - b. the cost of treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **illness** which necessitated **your** admittance into hospital,
  - c. any expenses which are not usual, reasonable or customary to treat **your bodily injury** or **illness**,

- d. expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your home** area,
  - e. any expenses **you** incur outside of **your home** area that are recoverable from the Health Authority in **your home** area or through a reciprocal health agreement,
  - f. expenses incurred as a result of a medical condition where **you** have not had the recommended inoculations and/or taken the recommended medication;
14. any claim for pregnancy which falls outside the definition of **complications of pregnancy and childbirth**.

#### SPECIAL CONDITIONS

1. In the event of **your** death, incurring medical expenses in excess of €250, or **you** being involved in an **accident**, or being admitted to hospital, the **Emergency Assistance Service** must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify the **Emergency Assistance Service** will prejudice the **Insurer** and will result in the **Insurer's** non-acceptance of liability of such claims.
2. If **you** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **you** are requested to obtain a European Health Insurance Card (EHIC) from your local Health Office. You can also apply online through [www.ehic.ie](http://www.ehic.ie). This will entitle **you** to benefit from the reciprocal health care arrangements which exist between countries within the EU, EEA or Switzerland. It is a condition of **your** insurance contract that **you** mitigate any cost to the **Insurer**.
3. Should **you** require medical treatment in Australia, **you** must enrol with MEDICARE. It is not necessary to enrol on arrival. **You** can simply do this at the first occasion on which **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Should **you** be admitted to hospital then immediate contact must be made with the **Emergency Assistance Service** and their authority obtained in respect of any treatment not available under MEDICARE before such treatment is provided. It is a condition of **your** insurance contract that **you** mitigate any cost to the **Insurer**.
4. In the event of **your** **bodily injury** or serious **illness** we reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to **your home** area at any time during the **trip**. We will do this if in the opinion of the **medical practitioner** in attendance or the **Emergency Assistance Service** **you** can be moved safely and / or travel safely to **your home** area to continue treatment.
5. For medical expenses incurred in the United States of America (USA), White Horse Insurance Ireland dac will only pay for reasonable and necessary emergency treatment, surgery, hospital and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then White Horse Insurance Ireland dac will pay a maximum amount of 150% of the USA Medicare rate.

#### HOSPITAL BENEFIT

- **What You Are Covered For:**

The **Insurer** will pay **you** the amount shown in the Schedule of Benefits for each and every completed period of 24 hours for which **you** are an inpatient in a hospital abroad, as a direct result of an **accidental bodily injury** or unexpected **illness** which is covered under Emergency Medical Expenses and Repatriation section.

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims where the **Emergency Assistance Service** has not been contacted and a recommended hospital has been appointed.

#### PERSONAL POSSESSIONS

- **What You Are Covered For:**

1. **Lost, Stolen or Damaged**

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits, for the value of **personal possessions** taken or purchased on the **trip** by **you** which is **accidentally** lost, stolen or damaged. The maximum payment for any **single item** is shown in the Schedule of Benefits.

The maximum payment for **valuables** is shown in the Schedule of Benefits. The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is €80 subject to a maximum of €400 for all such items. The maximum payment for tobacco, alcohol or fragrances (perfumes, aftershaves etc) is €70.

#### 2. Travel Documents

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits, for travel and accommodation (room only) expenses incurred in obtaining temporary **travel documents** and the cost of a temporary passport to return **you home** or to **your** place of study abroad.

All claims are settled on the purchase price less a deduction for wear, tear and depreciation as follows:

- Up to one year old - 85% of purchase price
- Up to two years old - 70% of purchase price
- Up to three years old - 50% of purchase price
- Up to four years old - 25% of purchase price
- Up to five years old - 10% of purchase price
- Over five years old - nil

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. wear, tear and depreciation of the article(s) (see table above);
3. claims arising from breakage of **fragile articles** unless caused by fire or **accident** to a vehicle;
4. claims arising for loss, theft or damage to: antiques, buggies, **computer equipment** and **computer accessories**, contact lenses, documents of any kind, marine or diving equipment and craft, motor vehicles, musical instruments, pedal cycles, **personal money**, prams, sailboards or related equipment or fittings, **sports equipment**, stamps, surfboards, TV sets, wheelchairs.
5. claims arising from damage caused by leakage of powder or liquid carried within **personal possessions** or baggage;
6. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**;
7. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
8. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required;
9. claims arising for breakage of **sports equipment** whilst in use;
10. claims arising from delay, detention, seizure or confiscation by customs or other officials;
11. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a bill of lading;
12. claims arising for loss or damage of dentures or bridgework;
13. claims arising for **personal possessions** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including, theft or damage occurring on a beach or in or around a swimming pool;
14. claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot, glove box or locked & secured roof box between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a police report;
15. claims arising for loss or damage to items carried on a vehicle roof rack;
16. claims arising for loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a locked hotel safe, locked safety deposit box or left in **your** locked (doors and all windows) accommodation.

#### PERSONAL MONEY

- **What You Are Covered For:**

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits in respect of loss of **personal money** which is the property of **you** and carried on **your** person or placed in a safety deposit box or similar locked, fixed receptacle. Cover for **cash** is limited to the **cash** limit as shown in the Schedule of Benefits.

- **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. claims arising for theft which has not been reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;

3. claims for loss which has not been reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained);
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss or theft of **personal money** which at the time of such loss or theft was located in checked-in luggage or an **unattended** motor vehicle at any time;
7. claims arising for **personal money** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
8. any amount(s) in excess of the amount shown in the Schedule of Benefits within the **period of insurance**.

## PERSONAL ACCIDENT

### **Special Definitions** (which are shown in *italics*)

#### *Loss of Limb*

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

#### *Loss of Sight*

- Means total and irrecoverable *loss of sight* which shall be considered as having occurred:
  - a) In both eyes if **you** name is added to the Register of Blind Persons on the authority of a fully 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*

- Means physical or mental impairment that has a substantial and long-term adverse effect on **your** ability to carry out any form of employment and at least three of the following normal day to day activities:
  - a. Dressing and undressing
  - b. Personal hygiene
  - c. Getting up and down a flight of stairs
  - d. Getting in and out of a bed or chair
  - e. General household duties including cleaning, ironing or shopping.

**We** will consider that **you** are unable to perform an activity when the following applies:

- **You** are unable to perform the activity even with the use of equipment and;
- **You** always need the help of another person to perform the activity.

#### • **What You Are Covered For:**

The **Insurer** will pay **you** or **your** estate the sum insured as shown in the Schedule of Benefits for one of the following losses resulting from an external **accident** resulting in **your** death, *loss of limb(s)*, *loss of sight* or *permanent total disablement*. Loss must occur within 180 days of the date of **accident**. No benefits shall be paid for more than one loss suffered.

#### • **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. Any benefit where **your** death, injury or loss does not occur within 180 days of the **accident**.
2. Any benefit as a result of participating in a **sport and activity**, unless **you** have paid the additional premium prior to travel, for that specific **sport and activity** and cover is confirmed on **your certificate**.
3. Any benefit if **you** cannot prove to the **Insurer** that the *permanent total disablement* has continued for 12 months from the date of the injury and in all probability will continue for the remainder of **your** life.
4. More than one lump sum under this section.

## MISSED DEPARTURE

#### • **What You Are Covered For:**

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits, in respect of reasonable additional costs of travel and accommodation necessarily incurred if **you** are unable to reach the international point of departure of the booked travel itinerary on the initial outward or final return journey as a consequence of the failure of **public transport** services or the **accident**/breakdown of a motor vehicle in which **you** are travelling.

If **you** arrive at **your** departure point and **you** booked **public transport** is cancelled because of a volcanic eruption, then cover is available to **you** for reasonable additional accommodation (room only) and travel expenses necessarily incurred to reach **your** overseas destination or to return **you** to **your home**. Please note this cover only applies if **you** have purchased the "Premier Plus" Cover **policy** and this is shown on **your Certificate**.

#### • **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising as a result of **you** not having taken reasonable steps to complete the journey to the departure point on time;
2. claims arising from the failure of **public transport** services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of **your** departure to the departure point;
3. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown;
4. claims arising from an **accident**/breakdown of a motor vehicle, where no written evidence of such **accident**/breakdown has been supplied;
5. claims arising from delay/cancellation of **public transport**, where no written evidence of such delay/cancellation has been supplied;
6. claims arising from volcanic eruption (unless **you** have purchased the "Premier Plus" Cover **policy** and this is shown on **your Certificate**).

## DELAYED DEPARTURE

#### • **What You Are Covered For:**

In the event of a delay of **your** international outward flight or sea **trip** or planned international inbound flight or sea **trip**, the **Insurer** will compensate **you** as follows:

#### 1. **Delayed Departure**

The amount shown in the Schedule of Benefits for the first full 12 hour period of delay and an additional amount for each full 12 hour period of delay thereafter, up to the maximum amount shown in the Schedule of Benefits. Please note that **you** must obtain in writing from the carrier, a statement confirming the length and exact nature of the delay.

#### • **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising for delay caused by strike or industrial action, if the strike or industrial action was notified at the time the insurance was purchased;
2. claims arising from **your** failure to check in as per **your** original itinerary;
3. any claim payable that can be paid under the section Missed Departure;
4. any loss as a result of the closure of air space directly attributable to volcanic eruption unless **you** have purchased the "Premier Plus" Cover **policy** and this is shown on **your Certificate**.

#### **SPECIAL NOTE:**

Travel delay is restricted to the following causes:

- i. Strike or industrial action
- ii. Adverse weather conditions
- iii. Mechanical breakdown
- iv. Volcanic eruption (provided **you** have purchased the "Premier Plus" Cover **policy** and this is shown on **your Certificate**).

## PERSONAL LIABILITY

#### • **What You Are Covered For:**

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits for **your** legal liability for **accidental** injury to third parties and/or **accidental** damage to their property within the territorial limits of **your policy**. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under the laws of the Republic of Ireland.

#### • **What You Are Not Covered For:**

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising directly or indirectly from, happening through or in consequence of:
  - a. employer's liability, contractual liability, or liability to a member of **your** family or **your travelling companion**;
  - b. animals belonging to, or in the care, custody or control of the **Insured**;
  - c. wilful, malicious or unlawful acts or the use of firearms;

- d. the pursuit of trade, business or profession;
- e. ownership or occupation of land or buildings (other than **your** temporary **trip** accommodation); or
- f. the influence of intoxicating liquor or drugs; or
- g. the transmission of any communicable disease or virus;
2. claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft, or any mechanically propelled conveyance;
3. claims for legal fees and costs resulting from any criminal proceedings;
4. any claim where **you** have cover under another insurance policy.

#### SPECIAL CONDITIONS RELATING TO CLAIMS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this **policy**.

#### LEGAL EXPENSES

##### • What You Are Covered For:

The **Insurer** will pay **you**, up to the amount shown in the Schedule of Benefits, for legal costs to pursue a civil action for compensation if someone else causes **you** **bodily injury, illness** or death.

##### • What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
2. legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, airline, medical establishment, **us**, the **Emergency Assistance Service** or their agents, someone **you** were travelling with, a person related to **you**, a **travelling companion** or another **insured** person.
3. legal costs and expenses incurred prior to **our** written acceptance of the case.
4. any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
5. any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement).
6. legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
7. legal costs and expenses incurred if an action is brought in more than one country.
8. any claim where in **our** opinion the estimated amount of compensation payment is less than €2,500 for each **insured** person.
9. travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. costs of any Appeal.
11. claims occurring within the Republic of Ireland.
12. Claims by **you** other than in **your** private capacity.

#### FINANCIAL FAILURE OF A SCHEDULED AIRLINE

##### • What You Are Covered For:

In the event of a scheduled airline becoming insolvent, the **Insurer** will pay each **Insured** person up to the amount in the Schedule of Benefits, for:

1. Irrecoverable sums paid by **you** before **your** booked departure from the Republic of Ireland provided that they do not form part of a package holiday, or
2. In the event of insolvency occurring after **your** booked departure:
  - a) additional pro rata costs incurred in replacing that part of the travel arrangements to a similar standard to that originally booked, or
  - b) if **curtailment** of the **trip** is unavoidable, the cost of return transportation to the Republic of Ireland or **your** place of study abroad, to a similar standard to that originally booked.

Please note that in respect of 2a) and 2b) above, the **Insured** person should, where practicable, contact the **Insurer** for approval prior to incurring any costs. The **Insurer** should be contacted via the claims procedure.

##### • What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. Any Travel costs which are not booked and paid for within the Republic of Ireland, prior to departure.
2. Any Travel costs which form part of a package holiday.
3. The Financial Failure of:
  - a. any scheduled airline in Chapter 11, or any threat of insolvency being known at the time of **you** purchasing this insurance or booking a **trip**;
  - b. any scheduled airline who is bonded or insured elsewhere (even if the bond is insufficient to meet **your** claim);
  - c. Any travel agent, tour organiser, tour operator, booking agent or consolidator with whom the **Insured** person has booked travel or accommodation.
4. Any loss for which a third party is liable or which can be recovered by any other legal means.
5. Any loss that is not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach **your** pre booked accommodation, car hire or cruise following the financial failure of a scheduled airline.

#### COMPUTER EQUIPMENT AND COMPUTER ACCESSORIES

(This section of cover is only operative if the appropriate additional premium has been paid and cover is shown on your Certificate of Insurance)

##### • What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for the value of **computer equipment** and/or **computer accessories** taken or purchased on the **trip** by **you** which is **accidentally** lost, stolen or damaged. The maximum payment for any **single item** is shown in the Schedule of Benefits. The maximum payment for **computer accessories** is shown in the Schedule of Benefits.

All claims are settled on the purchase price less a deduction for wear, tear and depreciation as follows:

- Up to one year old - 85% of purchase price
- Up to two years old - 70% of purchase price
- Up to three years old - 50% of purchase price
- Up to four years old - 25% of purchase price
- Up to five years old - 10% of purchase price
- Over five years old - nil

##### • What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits;
2. wear, tear and depreciation of the article(s) (see table above);
3. claims arising from breakage of **fragile articles** unless caused by fire or **accident** to a vehicle;
4. claims arising from damage caused by leakage of powder or liquid carried within **personal possessions** or baggage;
5. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
6. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required;
7. claims arising from delay, detention, seizure or confiscation by customs or other officials;
8. claims arising for **computer equipment** and/or **computer accessories** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including, theft or damage occurring on a beach or in or around a swimming pool;
9. claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot, glove box or locked & secured roof box between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a police report;
10. claims for **accidental** damage or contamination to **computer equipment** and/or **computer accessories** by:
  - a. erasure or distortion of data, and/or

- b. **accidental** erasure or mislaying or misfiling of documents and records; and/or
  - c. viruses;
11. claims for loss, theft of or damage to computer games consoles, software and software manuals, fax machines, computer disc programmes, photographic and video equipment.
  12. any amount(s) in excess of the amount shown in the Schedule of Benefits **certificate** within the **period of insurance**.

### GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

In addition to the Exclusions listed under each section of cover within this **policy**, the **Insurer** shall not be responsible for claims which are directly or indirectly caused:

1. By or relating to Coronavirus disease (COVID-19) or severe acute respiratory syndrome coronavirus (SARS-COV-2) or any mutation or variation of these. Nor will **we** cover any claims relating to any fear or threat concerning these viruses.
2. a pandemic or epidemic.
3. by war, risk of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, an **act of terrorism**, revolution, insurrection, civil commotion or unrest assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under the Emergency medical expenses and repatriation section, the Hospital benefit section and the Personal accident section unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
4. by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
5. by loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds;
6. by the failure or fear of failure or inability of any equipment or any computer programme, whether or not **you** own it, to recognise or to interpret correctly or process any date as its true calendar date, or to continue to function correctly beyond that date;
7. from **you** engaging in any illegal or criminal act;
8. by any other loss, damage or additional expense following on from the event for which **you** are claiming unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **bodily injury** or **illness**;
8. by **your** wilful exposure to areas known to be infected with;
  - (a) Severe Acute Respiratory Syndrome (S.A.R.S);
  - (b) Avian Influenza, Asian Birdflu and/or H5N1;
  - (c) or any other Influenza A viruses.
10. from **your** financial incapacity;
11. from which but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by **you** from private health insurance, EHC Card payments, any reciprocal health agreements, airlines, hotels, home contents Insurers or any other recovery by **you** which is the basis of a claim;
12. from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation, unless covered under the section Financial Failure of a Scheduled Airline;
13. from any **sport and activity** (except where an appropriate premium has been paid);
14. **your** suicide or attempted suicide
15. directly or indirectly from **your** wilful exposure to danger (except in an attempt to save human life) **You** must exercise reasonable care to prevent **illness**, injury or loss or damage to **your** property as if uninsured;
16. from **you** being under the influence of or in connection with the use of drugs, unless as prescribed by a treating doctor;
17. by **you** drinking too much alcohol, **your** alcohol abuse or **your** alcohol dependency. (In respect of **you** drinking too much alcohol, **we** do not expect **you** to avoid alcohol, but **we** will not cover any claims that occur because **you** have drunk so much alcohol that **your** judgement is affected and **you** need to make a claim as a result).
18. by **you**:
  - a) jumping or diving from a pier(s), a wall(s), a bridge(s) or a rock(s) including tombstoning or shore diving,
  - b) climbing on top of or jumping from a vehicle,
  - c) climbing or jumping from a building or balcony,
  - d) climbing or moving from any external part of any building to another part (excluding where stairs are being used) and falling, regardless of the height unless **your** life is in danger or **you** are attempting to save human life.
19. from **you** being in or entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which **you** are travelling as a passenger other than as a member of the crew and not for the purpose of undertaking any trade, training or technical operation therein or thereon;
20. directly or indirectly from **you** being engaged in any manual employment after the commencement of the **trip**;
21. from **you** travelling against the advice of a **medical practitioner**;
22. from **you** travelling to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office, the Irish Department Of Foreign Affairs or the World Health Organisation has advised the public against all, or against all but essential travel;
23. from **your** stress, anxiety, depression or any other mental or nervous disorder;
24. from **your** use of a motorised vehicle unless a full and valid Republic of Ireland driving licence is held by **you** that permits **your** use of such a vehicle in the Republic of Ireland;
25. from any circumstances known prior to the date this insurance is purchased or the time of booking any **trip** which could reasonably be expected to give rise to a claim;
26. from **you** not complying with **your** respective **period of insurance**;
27. from any loss of enjoyment.
28. any claim for travel costs incurred to reach **your home**, if **you** had not purchased a return ticket.

### CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. **You** must take care to answer all questions honestly. **You** must not make any misrepresentation of a fact that could influence the **Insurer** in accepting **your** insurance, this includes **your** destination, duration, age, planned hazardous activities and state of health of all travellers on this **policy** or on whom **your trip** depends. If **you** are in any doubt, **you** should tell **Cover4travel.com**. If **you** fail to do this, **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.
2. All **Certificates**, information and evidence required by the **Insurer** shall be furnished at the expense of the **Insured** or his legal personal representatives and shall be in such form and of such nature as the **Insurer** may prescribe. The **Insured** shall as often as required submit to a medical examination on behalf of the **Insurer** at the **Insured's** expense.
3. In the event of death of the **Insured**, the **Insurer** shall be entitled to have a post-mortem examination at their own expense.
4. Any items which become the subject of a claim for loss or damage shall be retained for **Insurer** inspection and shall be forwarded to **our claims handlers** upon request at the expense of the **Insured** or his legal personal representatives. All such items shall become the property of the **Insurer** following final settlement of the claim.
5. In the event of any occurrence which may give rise to a claim under this insurance, the **Insured** shall take all reasonable steps to minimize any loss arising out of such claim.
6. This insurance is non-transferable. Should the **trip** be cancelled prior to departure for any reason whatsoever other than those set out in the Cancellation section of the **policy** then the insurance cover terminates immediately and the premium is neither apportionable nor refundable.
7. The **Insurer** and the **Insured** are entitled to choose the law applicable to the insurance contract. The **Insurer** chooses the laws of the Republic of Ireland and, in the absence of any agreement to the contrary, the laws of the Republic of Ireland shall apply.
8. The **Insurer**, at its own expense, may take proceedings in the name of the **Insured** to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Insurer**.
9. In the event that the **Insured** recovers by any means, damages from any third party in respect of personal accident, all benefits paid to the **Insured** shall be repaid to the **Insurer**.
10. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under this **policy**, all benefits thereunder shall be forfeited as well as all premiums paid.
11. In the event that **you** experience a problem with the **policy** or the claims process, please refer to the Complaints Procedure.

## COMPENSATION SCHEME

White Horse Insurance Ireland dac is covered by the Financial Services Compensation Scheme. If White Horse Insurance Ireland dac cannot meet their obligations **you** may be entitled to compensation from The Financial Services Compensation Scheme. The Financial Services Compensation Scheme provides funds for liquidators so that they may pay the valid claims of insolvent insurers. The fund will provide an amount up to £2,000 or 90% of the net loss, whichever is less. **You** can get more information about compensation fund arrangements from the following website [www.fscs.org.uk](http://www.fscs.org.uk).

## DATA PROTECTION NOTICE

**We** hold **your** personal information in line with all relevant data-protection laws.

To administer **your** policy **we** will collect and use information about **you** which **you** have given **us**. This notice applies to anyone who is insured under this study abroad travel insurance policy and whose personal information **we** may process for the purpose of providing insurance and related services.

**We** may use **your** personal information to manage **your** policy, including when making decisions about what cover to provide, underwriting, processing and claims handling. **We** may also use **your** personal information for other related matters such as customer service, analysis, handling complaints and detecting and preventing crime. **We** may pass **your** information to other insurers and reinsurers for underwriting and claims purposes or to other third-party service providers **we** use to fulfil **your** insurance contract.

**We** may send **your** personal information, in confidence, to other companies in the Thomas Cook Group (or third parties acting on their instructions) for processing. This may mean sending information to countries outside of the **United Kingdom**, European Union or European Economic Area that do not have the same levels of privacy legislation as in the **United Kingdom**, European Union or European Economic Area. By buying this insurance policy, **you** agree to **us** using **your** personal information in this way.

**You** have various rights relating to the personal information that **we** hold about **you**, including the right to correct any information that is inaccurate, the right to ask **us** to see the information, or the right to ask **us** to delete or restrict it (if there is no conflicting legitimate interest).

This notice explains certain aspects of how **we** use **your** information and what rights **you** have in relation to **your** personal information. **You** can get more details about how **we** use **your** information by reading **our** full privacy policy. **You** can request a copy of **our** full privacy policy by emailing [referrals@white-horse.ie](mailto:referrals@white-horse.ie) or by writing to the Data Protection Officer, White Horse Insurance Ireland dac, First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland.

**Your** data will be treated in line with **our** privacy policy.

## STAMP DUTY

Stamp duty has been or will be paid to the Revenue Commissioners in accordance with the provisions of Section 5 of the Stamp Duty Consolidation Act 1999.

## FOR 24 HOUR EMERGENCY ASSISTANCE SERVICE:

Telephone: **+44 (0)1733 224 892** 24 hours a day, 365 days a year.

## FOR CLAIMS:

Please telephone White Horse Administration Services Limited on 0818 221 410 or +44 (0) 1733 224 845.

Alternatively, please email [claims@white-horse.ie](mailto:claims@white-horse.ie).

Please note that it is a condition of **your** policy that **you** notify **us** of **your** intention to make a claim within 31 days of the incident date.

When **you** contact **us** please ensure that **you** have the following information available to **you** as **we** will require it to register **your** claim:

- Master policy reference of **WHIIL/COVER4STUDYABROAD/06/2020**.
- Details of where **you** purchased **your** policy (**Cover4travel.com**)
- **Your** policy number
- Date of purchase of **your** policy
- **Trip** booking details
- Actual or intended travel dates
- Incident date
- Brief circumstances of **your** claim
- Value of **your** claim

Please note that **your** claim may be delayed if **you** are unable to advise **us** on the above information.

## COMPLAINTS PROCEDURE

Should **you** have any query or complaint regarding service or **your** policy sale, **you** can contact **Cover4travel.com** by telephone, Letter, or e-mail

Tel: +44 (0)161 772 3395

Postal Address:

**Cover4travel.com**  
UK & Ireland Insurance Services (Online) Limited,  
The Stables,  
Old-Co-op Yard,  
Warwick Street,  
Manchester,  
M25 3HB  
United Kingdom.

Alternatively, if **you** purchased **your** policy online, **you** can submit a complaint through the Online Dispute resolution (ODR) platform: <http://ec.europa.eu/odr>.

Should **you** have any query regarding the way **your** claim has been dealt with, in the first instance please write to:

The Customer Experience Manager  
White Horse Insurance Ireland dac,  
First Floor,  
Rineanna House,  
Shannon Free Zone,  
Shannon,  
County Clare,  
Republic of Ireland,  
V14 CA36.

Alternatively, please email: [complaints@white-horse.ie](mailto:complaints@white-horse.ie)

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

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
Republic of Ireland,  
D02 VH29  
Email: [info@fspo.ie](mailto:info@fspo.ie)  
Website: [www.fspo.ie](http://www.fspo.ie)  
Telephone: 00 353 1 567 7000

Please note the Financial Services and Pensions Ombudsman will not consider **your** complaint until a final response letter has been issued by White Horse Insurance Ireland dac, as outlined above.

Please quote **your** insurance reference number and **your** claim number in all **your** correspondence to all parties involved with this procedure. This procedure is intended to provide **you** with a prompt and practical service with any complaints that **you** may have.