

FAIRSURE TRAVEL INSURANCE

CERTIFICATE OF INSURANCE

Issued subject to the conditions and exclusions of this insurance.

Cover commences on payment of the appropriate premium and validation by the issuing office.

SURNAME: _____

POLICY No: _____

IN CASE OF A MEDICAL EMERGENCY PLEASE CONTACT

EUROP ASSISTANCE AT:
TEL: +44 1444 442 800
FAX: +44 1444 412 723

IMPORTANT NOTICE

As soon as possible read Your insurance certificate carefully so that You will be aware of the full policy terms and conditions.

Please remember Your European Health Insurance Card when travelling in Europe.

This policy has been specially arranged by Accident & General Insurance Services Ltd.

IMPORTANT NOTICE

Cover applies to the person(s) named on the FAIRSURE validation slip attached to this certificate

Your FAIRSURE travel insurance policy covers most eventualities, but not all.

PLEASE READ THE COVER AND CONDITIONS CAREFULLY AND CARRY THIS CERTIFICATE WITH YOU. THERE ARE DETAILS ON IT THAT WILL BE REQUIRED IF A MEDICAL EMERGENCY ARISES.

We will provide the services and benefits described in this policy:

- during the Period of Insurance
- within the Geographical Limits
- subject to the Limits of Cover, and all other terms, conditions and exclusions contained in this policy
- to persons who have resided in a European Union country (including the Canary Islands) for 6 months prior to purchasing the policy and intend to return there at the end of their trip (except in the case of a One-Way Trips).
- following payment of the appropriate premium for the level of cover selected
- benefits under Sections 1 to 28 of this policy are underwritten by Europ Assistance Holding Irish Branch of 79 Merrion Square, Dublin 2, Ireland. Benefits under Section 29 are underwritten by a consortium of Member Companies of the Association of British Insurers. Travel Supplier Insolvency has been specially arranged for Fairsure Premier Cover by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom

Unless agreed otherwise, this policy will be deemed to be effected in the United Kingdom of Great Britain and Northern Ireland.

Europ Assistance Holdings Ltd

IMPORTANT NUMBERS

BEFORE YOU TRAVEL

Accident & General Medical Screening
00 353 1 874 8458

WHILE ABROAD IN CASE OF MEDICAL EMERGENCY

Tel: +44 1444 442 800

IN CASE OF NON-MEDICAL EMERGENCY (e.g. Return Home Early - Section 2, Curtailment)

Tel: +44 1444 442 363

WHEN YOU RETURN

IN CASE OF Claims (Section 1-28 inclusive)
Tel: **+353 (0) 46 907 7395**

IN CASE OF Claims (Section 29 ONLY)
Tel: **+44 208 776 3752**

FAIRSURE SCHEDULE OF COVER (EURO)

Section	Premier Cover No Excess	Standard Cover	Standard Cover Excess
1. Cancellation	€ 10,000	€ 3,000	€ 100(Single Trip) €10 (dep only)
2. Curtailment	€ 6,500	€ 3,000	€ 100
3. Personal Accident	€ 30,000	€ 10,000	Nil
4. Medical Expenses	€ 7,500,000	€ 5,000,000	€ 100
Dental Treatment	€ 450	N/A	Nil
5. Baggage	€ 2,000	€ 1,200	€ 100
Single Article	€ 350	€ 150	
Valuables	€ 500	€ 200	
Money	€ 400	€ 150	
6. Personal Liability	€ 2,500,000	€ 2,500,000	Nil
7. Personal Assistance	€ 2,500,000	€ 2,500,000	Nil
8. Lost/Stolen Tickets	€ 500	€ 500	€ 75
9. Medical Inconvenience Benefit	€ 650	€ 400	Nil
10. Lost passport Expenses	€ 400	€ 400	Nil
11. Travel Delay/Abandonment	€ 6,500	€3,000	Nil
12. Missed Departure/Connection	€ 500	€ 500	Nil
13. Hijack	€ 500	€ 500	Nil
14. Catastrophe	€ 1,000	€ 1,000	€ 100
15. Hazardous Activities	€ 5,000,000	€ 2,000,000	Nil
16. Gov. Travel Advice	€ 1,250	€ 1,250	Nil
17. Business Cover			
Company Funds	€ 650	N/A	N/A
Business Equipment	€ 1,250	N/A	N/A
Single Article	€ 500	N/A	N/A
Replacement Colleague	€ 2,500	N/A	N/A
18. Golf Equipment	€ 1,250	N/A	N/A
Single Article	€ 350	N/A	N/A
19. Green Fees Curtailment	€ 350	N/A	N/A
20. Green Fees Cancellation	€ 350	N/A	N/A
21. Green Fees Delayed Arrival	€ 100	N/A	N/A
22. Course Closure	€ 240	N/A	N/A
23. Hole In One	€ 200	N/A	N/A
24. Ski Equipment	€ 500	N/A	N/A
25. Ski Pack	€ 350	N/A	N/A
26. Ski Hire	€ 250	N/A	N/A
27. Piste Closure/N/A	€ 400	N/A	N/A
28. Avalanche Closure	€ 125	N/A	N/A
29. Travel Supplier Insolvency	€ 3,000	N/A	N/A

Important Health Requirements relating to You

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

Fairsure Travel insurance operates on the following basis:

- To be covered, You must be healthy, fit to travel and to undertake Your planned Trip;
- The insurance will NOT cover You when 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);
- The insurance will NOT cover You when You are travelling with the intention of obtaining medical treatment or consultation abroad.
- The insurance will NOT cover You if You have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which You are awaiting investigations/ consultations, or awaiting results of investigations, where the underlying cause has not been established)

No claim arising directly or indirectly from a Pre-existing Medical Condition affecting You and known to You will be covered unless:

- a. You have declared all Pre-existing Medical Conditions conditions to Us; and
 - b. You have declared any changes in Your health or prescribed medication; and
 - c. We have accepted the condition(s) for insurance in writing
- Each Insured Person who has a Pre-existing Medical Condition must make a Medical Health Declaration before each Period of Insurance and, if there are any changes in health or prescribed medication, prior to commencement of the Period of Insurance or departing on any Trip.

Failure to declare all Pre-existing Medical Conditions that are relevant to the insurance may invalidate the policy.

We may require You to obtain a medical report from Your General Practitioner or Consultant in order to assess whether cover applies. Any costs incurred in obtaining this medical report shall be borne by You.

Based on Our assessment of the medical information supplied to Us, We will decide whether or not the person is suitable for insurance, if certain exclusions or restrictions should be imposed, or if cover can be offered subject to the payment of an additional premium. If We offer cover, and, if the cover is subject to the payment of an additional premium, cover will not commence until full payment has been received by Us and written confirmation has been provided by Us. To declare a Pre-existing Medical Condition or a change in health or prescribed medication, You should contact the Accident & General Medical Screening Helpline during office hours (Mon-Fri 0900-1700) on: 00 353 1 874 8458.

You should also refer to the General Exclusions.

Important Health Requirements relating to Immediate Relatives

This policy will NOT cover any claims under Sections 1 and 2 (Cancellation and Curtailment) arising directly or indirectly from any Pre-existing Medical Condition, (known to the Insured Person prior to the commencement of the Period of Insurance) affecting any:

- Immediate Relative who is not travelling as an Insured Person under this policy; or
- Any travelling companion who is not insured under this policy; or
- Any person with whom You intend to stay whilst on Your Trip,

This exclusion only applies if during the 90 days immediately prior to the commencement of the Period of Insurance they:

- a. required surgery, inpatient treatment or hospital consultations; or
 - b. required any form of treatment; or
 - c. took more than 1 prescribed medication per day; or
 - d. were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the commencement of the Period of Insurance;
- OR
- e. had received a terminal diagnosis at any time prior to the commencement of the Period of Insurance.

You should also refer to the General Exclusions.

If You cannot comply with these requirements please contact:

Accident & General Insurance Services Ltd

34 Lower Abbey Street,

Dublin 1

Tel: 00 353 1 874 8458

E-mail: sales@accidentgeneral.ie

You are advised to obtain an EHIC (European Health Insurance Card) prior to travel.

Before You Make a Claim

Please read the relevant portion of the policy including the Definitions,

Declaration, and the section You are claiming under as well as the General Exclusions and Conditions before completing the claim form. It is important that all documentation to support Your claim is submitted with the completed claim form. We would suggest that You retain copies for Your own records.

If any items of personal property are stolen, You must notify the local police within 24 hours. Please make sure You get a copy of the police report.

Any loss or damage to personal property whilst in the custody of the carriers (airline, bus company, etc) should be notified immediately in writing to such carriers but in any event within three days and a report obtained.

Please note that sums insured under each section and the amount deductible from each and every claim apply to each insured person

How to Make a Claim

(ALL SECTIONS EXCEPT SECTION 29 - Travels Supplier Insolvency)

You can print the claim form from the Europ Assistance website at www.europ-assistance.ie/claimforms/AG.

On the website You will be able to get general advice about how to submit a claim and You can print the claim form and submit it to Europ

Assistance. This will speed up the processing of Your claim. Claim forms can also be obtained by requesting them from:

FAIRSURE Claims Europ Assistance,

IDA Business Park,

Athlumney,

Navan,

Co. Meath

Tel: +353 46 907 7395

Fax: +353 46 907 4511

E-mail: claims_general@europ-assistance.ie.

Return Your completed claim form (remembering to keep a copy for Your records) to Europ Assistance together with all original documentation required including:

- Your certificate of insurance
- Confirmation of booking
- Original receipts in respect of medical expenses
- Original medical reports as appropriate
- Proof of ownership in respect of claims for lost/stolen baggage, tickets etc.
- Police report (obtained within 24 hours of discovery) in the event of theft of personal property
- Evidence of delay in the event of a claim under the Travel Delay or Missed Departure/Connection sections
- Other evidence as appropriate to Your claim including the specific information requested on the claim form.

If You do not submit all documentation as requested this will lead to a delay in the processing of Your claim.

In order to handle claims quickly, We may use appointed claims handling agents.

When claims settlements are made by the BACS (Bank Automatic Clearing System) or other electronic banking system method, You will be responsible for supplying Us with the correct bank account details and Your full authority for Us to remit monies directly to that account. Provided that payment is remitted to the bank account designated by You, Europ Assistance shall have no further liability or responsibility in

respect of such payment, and it shall be Your sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to Us.

Europ Assistance reserves the right to charge an administration fee if it changes its practices of claims administration in the future.

Important notice

Under European Union (EU) travel regulations, You are entitled to claim compensation from Your Carrier if any of the following happen:

1 Denied boarding and cancelled flights

If You check in on time but You are denied boarding because there are not enough seats available or if Your flight is cancelled, the Carrier must offer You financial compensation.

2 Long delays

If Your flight is delayed for more than five hours, the airline must offer to refund Your ticket.

3 Luggage

If Your checked-in luggage is damaged or lost by an EU airline, You must claim compensation from the Carrier within seven days. If Your checked-in luggage is delayed, You must claim compensation from the Carrier within 21 days of its return.

You can download full details from http://europa.eu.int/comm/transport/air/rights/index_en.htm

Claims Under Section 29 - Travel Supplier Insolvency

See Page 44 for details of how to make a claim under this Section.

What to do in a Medical Emergency Situation

Attention: Insured Person / Treating Doctor or Hospital.

In the event of a Medical Emergency Europ Assistance must be contacted by You (the Insured person) or someone acting on Your behalf at the first available opportunity. Details of how to contact them are shown below.

Failure to contact Europ Assistance could result in Your claim being

limited to e650/£500 under the provision of the terms and conditions of this policy as detailed in Section 4 and also in the General Exclusions (page 45 - 47). If You have a serious illness or injury and have been admitted to hospital or are about to be admitted to hospital,

You must contact:

Europ Assistance

Tel: + 44 1444 442 800 • Fax: + 44 1444 412 723

You should first check that the circumstances are covered by Your policy.

Having done this please contact the 24-hour telephone number shown. Give Your name, insurance details, and as much information as

possible. Please give Us a telephone, fax number or e-mail address where We can contact You or leave messages at any time of the day or night.

What to do if You Have to Return Home Early

If You have to return home early due e.g. to a serious illness of Yourself or to an immediate relative who is at home, Europ

Assistance

must be contacted by You (the Insured person) or someone acting on Your behalf at the first available opportunity. Details of how to contact them are shown below.

Failure to contact Europ Assistance could result in Your claim being limited to e650/£500 under the provision of the terms and conditions of this policy as detailed in Section 2 and also in the General Exclusions (page 47 - 49).

If You have a serious illness or injury and have been admitted to hospital or are about to be admitted to hospital, You must contact:

Europ Assistance

Tel: + 44 1444 442 800

Fax: + 44 1444 412 723

Please have the following information when calling Europ Assistance

- Your full name (please spell the surname when You call)
- Your Home address
- Your date of birth
- Your policy number, its date of issue, the start and finish dates of Your policy and where You bought it
- Your regular doctor's name, address and phone number
- The name of the treating doctor abroad and a contact phone number
- The name and address of the hospital or clinic You are in, and a contact phone number

If You have not contacted medical help due to being in a remote location try, if possible, to enquire about the nearest Doctor or medical facility as this information will enable Europ Assistance to act more quickly

If You suffer a minor injury or illness and medical attention is received You should if possible pay and obtain receipted accounts together with

a certificate showing the nature of the injury or illness sustained.

These documents will be required when You submit a claim

The number above is to be used in MEDICAL EMERGENCY cases only.

Repatriation of Patients

If it is necessary for You to be repatriated to Your Home country and

the circumstances are covered under the terms of this insurance, then

Europ Assistance will make whatever arrangements are medically necessary for Your return. If in the opinion of Europ Assistance it would

be preferable to repatriate You to Your Home country, the transfer will be undertaken by normal passenger air service. However, if Your condition warrants it, Europ Assistance will utilise an air ambulance subject to consultation between the doctor in attendance and the Europ Assistance Medical Officer. In a case where a patient requires repatriation, the attending doctor must provide a certificate confirming that the patient is fit to travel as without this the airline/ferry/rail/coach company operators reserve the right to refuse to carry any sick or injured person.

Confirmation of Payment

Hospitals or doctors abroad will be contacted by Europ Assistance and

their appropriate fees guaranteed, thus eliminating the necessity for the patient to make payment out of their holiday / trip funds.

Expenses

incurred in providing the above facilities will be met up to the limits specified in whichever FAIRSURE Option You have chosen. The operation and availability of this service will be governed by the same general terms, conditions and exclusions that appear in this policy.

Complaints Procedure

Our Promise of Service: We aim to provide a first class service at all times. However, if You have a complaint You should contact Us in the first instance at:

Quality Department,

Europ Assistance Holdings Limited,

Sussex House, Perymount Road,

Haywards Heath, West Sussex RH16 1DN

Tel: 00 44 845 358 8008

or e-mail on: quality@europ-assistance.co.uk

If We cannot give You a final decision by four weeks from the day We receive Your complaint We will explain why and tell You when We hope

to reach a decision.

Our decision is final and based on the evidence presented. If You feel that there is any new evidence or information that may change our decision, You have the right to make an appeal.

If You are not satisfied with the results of our investigation, You have the right to refer Your complaint to an independent authority for arbitration.

If You are resident in the Republic of Ireland that authority is the Insurance Ombudsman of Ireland

3rd floor,

Lincoln House,

Lincoln Place,

Dublin 2,

Tel: +353 1 662 0899,

Fax: +353 1 662 0890,

E-mail: enquiries@ombudsman-insurance.ie.

If You are resident in the United Kingdom that authority is:

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall,

London E14 9SR. Tel: 0845 080 1800

Using this complaints procedure will not affect Your rights at law.