

keyfacts[®]

Annual Trip Policy Summary



AmTrust Underwriting
An AmTrust Financial Company

Introduction

The purpose of this **Policy** summary is to help **You** understand the insurance by setting out the significant features, benefits, limitations and exclusions of **Your Policy**. It does not describe all the terms and conditions of **Your Policy**. **You** will still need to read the **Policy** document for a full description of the terms and conditions including the **Policy** definitions and refer to the schedule attached to the **Policy** document for the specific **Policy** benefits and **Operative Times**.

This **Policy** summary does not form part of the **Policy** document.

The standard duration of this Insurance is 12 months from the date on which cover incepts. Any variations to this duration will be shown on the **Policy** schedule.

You may need to review and update the cover periodically to ensure it remains adequate for **Your** needs.

How to make a Claim

If **You** think **You** may have a claim, then please contact **Us** as soon as feasible with as much information as possible and **We** will tell **You** what to do next.

Claims Procedure

Notice of any incident that may give rise to a claim must be made as soon as is feasibly possible upon return of the trip.

Claim Notifications should be sent to:

AmTrust Travel Claims

Telephone: 0844 800 6610

Email: aulclaims@amtrustgroup.com

Medical Emergency Abroad Procedure

In the event of **Illness** or **Accident** abroad which may lead to Hospital treatment or Curtailment of the trip, **You** or the **Insured Person** must contact:

AmTrust Assistance, 24 Hour Emergency Service.

Please quote the reference AmTrust.

Telephone: +44(0)203 003 6900

Email: AULassist@amtrustgroup.com

When contacting AmTrust Assistance, please advise the following:

1. The telephone number from which **You** are calling.
2. **Your Policy** Number
3. The name and telephone number of the Doctor and Hospital attending to the **Insured Person**.

Failure to contact AmTrust Assistance in the event of an emergency may prejudice **Your** claim.

Complaints procedure

We aim to provide excellent service to all **Our** customers although **We** recognise that occasionally things go wrong. If this happens **We** want to hear about it so **We** can try to put things right. When **You** are making a complaint please make sure **You** are able to quote **Your Policy** details including **Your Policy** number, **Your** name and address.

Making a Complaint

If **You** wish to make a complaint in relation to **Your Policy** please write to **Us**:
The Compliance Manager, AmTrust Underwriting Ltd, 1 Great Tower Street, London, EC3R 5AA

If **We** have responded to **Your** complaint and **You** are still not satisfied, **You** may ask the Complaints Department at Lloyd's to review **Your** complaint (this would not affect **Your** rights to take legal action if necessary). Lloyd's contact details are:

The Complaints Team, Fidentia House, Walter Burke Way, Chatham Maritime, Chatham, Kent, ME4 4RN

Telephone: +44 (0)207 327 5693 Fax: +44 (0)207 327 5225

Email: complaints@lloyds.com

If You Remain Dissatisfied

If **You** are dissatisfied with Lloyd's Final Response, **You** may (if eligible) be able refer **Your** complaint to the Financial Ombudsman Service. **You** must do this within 6 months of receiving Lloyd's Final Response. The Financial Ombudsman Service's contact details are:

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

Telephone: 0800 023 4567 or 0300 123 9 123

Email: complaint.info@financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit.

Further information is available from the FSCS or **You** can visit their website at www.fscs.org.uk.

Contact Details:

Freephone: 0800 678 1100 or 020 7741 410 (Lines are open Monday to Friday 08.30 to 17.30 excluding public holidays).

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

Important Information

Data Protection Act

The personal and business information **You** provide or which is supplied by third parties including the details of directors, officers, partners and employees may be used by **Us** and /or **Our** carefully selected third parties to provide **You** with a quotation, deal with **Your Policy**, help administer **Your Policy**, search credit reference agencies (who may keep a copy of the search), handle claims, undertake checks against publicly available data (such as county court judgements or sheriff court decrees, electoral roll, bankruptcy orders, winding up procedures, repossessions), for customer surveys market research and compliance business reviews.

We share **Your** details with those companies who are underwriting **Your** Insurance **Policy** and others including insurance organisations, professional advisers, third party suppliers, claims handlers, loss adjusters, professional advisers and mediation companies to administer and regulate **Your** insurance, for **Fraud** prevention purposes and where **We** are legally obliged to do so.

In some circumstances **We** may need to collect data which under the Data Protection Act is defined as sensitive (such as medical history or criminal convictions) for the purposes of evaluating risk, assessing the terms of the insurance contract or administering any claims that may arise.

By proceeding with this application **You** have signified **Your** consent to such information being processed by **Us**. If **You** provided information (including any sensitive personal information) to **Us** about another person by doing so **You** have confirmed to **Us** that **You** have their permission to provide it and for **Us** to process that information, also that **You** have told them of this.

Under the Data Protection Act, individuals are entitled to a copy of all the personal information **We** hold about **You**. If **You** would like details, please write to: The Compliance Department, AmTrust Underwriting Ltd, 1 Great Tower Street, London, EC3R 5AA. Stating **Your** name, address and **Policy** number. A fee may be payable.

Under the Data Protection Act **We** can only discuss the details given with **You**. If **You** would like anyone else to act on **Your** behalf please let **Us** know.

Your personal details may be transferred to countries outside the European Economic Area they will at all times be held securely and handled with the utmost care in accordance with all the principles of English law.

We will store **Your** personal information on **Our** secure databases but will not keep it longer than is necessary.

Your Insurance Policy

This **Policy** is underwritten by AmTrust at Lloyd's Limited for Lloyd's Syndicate 1206 and is administered by AmTrust Underwriting Ltd, in accordance with the authority granted under binding authority agreements.

We will insure **You** against **Accident, Illness**, loss, damage or mishap as defined in this **Policy**, for trips commencing during the **Period of Insurance** within the **Operative Time**.

The **Policy**, schedule, and endorsements, together with the **Statement of Fact** should be read together as if they were one document.

Should any of the information **You** have previously provided to **Us** change, please notify **Us** promptly, as failure to do so may prejudice **Your** rights under this **Policy**.

Law Applicable

In the absence of any agreement in writing to the contrary this **Policy** will be governed by and construed in accordance with the laws in England. Any dispute relating to this **Policy** will be subject to the jurisdiction of the courts of England.

Signed for and on behalf of the **Underwriters**



P Dewey
Director
AmTrust Underwriting Ltd
Registered Office: 1 Great Tower Street, London, EC3R 5AA
Registered in England No: 3908537
Authorised and regulated by the Financial Conduct Authority

Insurance Provider	This Insurance is provided by AmTrust Syndicate Services Limited (FCA reference 402558) and underwritten by AmTrust at Lloyd's Limited (FCA reference 204947) for Lloyd's Syndicate 1206
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Purpose of the Insurance	This Insurance cover provides financial protection and medical assistance for Your trips.
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<p>General Exclusions that apply to all Sections</p> <ul style="list-style-type: none"> • Contrary to medical advice, contrary to health and safety restriction(s), to obtain medical treatment, after a terminal prognosis. • Any Insured Person who is aged 75 or over. Aged 65 or over for Winter Sports. • Suicide, intentional self-injury, deliberate exposure to exceptional danger. • Manual work unless cover is noted on the Policy. • Winter Sports unless cover is noted on the Policy. • Ski and ski bob racing in international or national events, services or interservices championships or heats or officially organised practice or training for these events, ski jumping, ice hockey or the use of skeletons, bob-sleighs, ski diving or luge, off-piste skiing or off-piste snowboarding undertaken within resort boundaries, off-piste skiing or off-piste snowboarding. • Riding or driving in any kind of race, operational duties as a member of the armed forces, mountaineering or rock climbing, sports tours. • You must be a Permanent United Kingdom Resident. • Aviation except when travelling by air as a passenger. • Use of a 2 wheeled motor vehicle without the appropriate driving licence and/or You are not wearing a crash helmet. • Where medical or other suitable evidence is not provided. • Any trip booked or commenced in the knowledge that the Period of Travel will be longer than the maximum duration of any one trip. • Alcohol, drugs or solvents. • Criminal acts. • Radiation. • Pressure waves caused by aerial devices travelling at sonic or supersonic speeds. • Any claims attributable to any set of circumstances known to You at the time of effecting this Insurance or booking a trip, whichever is the later, where such set of circumstances could reasonably have been expected to give rise to a claim. • Any claims arising from any health condition that You have, where such condition has already been the subject of a claim. • Any claim arising from any condition where You cannot satisfy the Health Declaration. • Psychiatric, mental or nervous disorder including anxiety and/or depression. • Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or Human Immunodeficiency Virus (HIV) • Receiving treatment at hospital, awaiting hospital consultation or treatment, terminal prognosis • Act of Terrorism. • War.

<p>Cancellation <i>Your Rights to Cancel</i> Cooling off Period If You decide You do not want to accept the Policy within 14 days of the Policy start date or the receipt of the Policy documentation whichever is the later (this period is referred to as the "cooling off period") You may cancel this Policy by giving notice in writing to Your Broker at the address shown in their correspondence or to Us at the address shown in the Policy quoting Your Policy details.</p> <p>In this instance You will be entitled to a full refund of premium provided that there have been no claims made or an incident has arisen which is likely to give rise to a claim during the Period of Insurance.</p> <p>Non Cooling off Period You may cancel this Policy during the Period of Insurance by giving thirty (30) days' notice in writing to Your Broker at the address shown in their correspondence or to Us at the address shown in the Policy quoting Your Policy details.</p> <p>In this instance You will be entitled to a refund of premium on the following basis provided that there have been no claims made or an incident has arisen which is likely to give rise to a claim during the Period of Insurance:-</p> <table border="0"> <tr> <td>Cancellation during the first quarter of the Period of Insurance</td> <td>60% refund of annual premium</td> </tr> <tr> <td>Cancellation during the second quarter of the Period of Insurance</td> <td>30% refund of annual premium</td> </tr> <tr> <td>Cancellation during the third quarter of the Period of Insurance</td> <td>15% refund of annual premium</td> </tr> <tr> <td>Cancellation during the final quarter of the Period of Insurance</td> <td>0% refund of annual premium</td> </tr> </table> <p>If the Period of Insurance is less than thirty (30) days, You will not be entitled to a refund of premium.</p> <p>The amount of premium to be refunded under this condition will be reduced by all unpaid time on risk premiums due.</p> <p><i>Our Rights to Cancel</i> We may cancel this Policy by giving thirty (30) days' notice in writing to You at Your last known address stating the reasons for cancellation. In this instance You will be entitled to a proportionate refund of premium for the unexpired Period of Insurance. The amount of premium to be refunded will be reduced by all unpaid time on risk premiums due.</p>	Cancellation during the first quarter of the Period of Insurance	60% refund of annual premium	Cancellation during the second quarter of the Period of Insurance	30% refund of annual premium	Cancellation during the third quarter of the Period of Insurance	15% refund of annual premium	Cancellation during the final quarter of the Period of Insurance	0% refund of annual premium
Cancellation during the first quarter of the Period of Insurance	60% refund of annual premium							
Cancellation during the second quarter of the Period of Insurance	30% refund of annual premium							
Cancellation during the third quarter of the Period of Insurance	15% refund of annual premium							
Cancellation during the final quarter of the Period of Insurance	0% refund of annual premium							

Changes to Business Activities and Occupations

1. Any change in **Your** business activities must be notified to **Your Broker** and agreed in writing by **Us**.
2. Any change to the **Insured Person's** occupation as originally disclosed to **Us** must be notified to **Your Broker** and agreed in writing by **Us**.

Failure to notify **Us** of these changes may result in the **Policy** not operating and any claim not being indemnified. Special terms may have to be applied and an additional premium may be required.

Significant Cover	Significant Features and Benefits	Limits and Exclusions
Cancellation or Curtailment of Your trip	This provides cover for travel and accommodation expenses that You have agreed to pay under a contract and cannot get back if You have to cancel or curtail Your trip due to specified perils. The Sum Insured will be shown on Your Policy .	To be able to claim, Your reason for cancelling or curtailing Your trip must directly and necessarily be for one of the covered reasons listed in the Certificate Wording. An excess per person may apply to this section. This will be shown on Your Policy .
Medical, Repatriation and Additional Expenses	This provides cover for emergency medical treatment and assistance arising in the event of Illness , injury or death during the trip. The Sum Insured will be shown on Your Policy .	To be able to claim, the medical treatment must be required in an emergency and be unable to wait until You have returned to the United Kingdom . This section does not apply if the trip is taken within the United Kingdom unless the trip is to the Channel Islands . An excess per person may apply to this section. This will be shown on Your Policy . In the event of a Medical Emergency, failure to contact the Emergency Assistance Company may prejudice Your claim.
Personal Baggage and Money	This provides cover in the event that Your Personal Baggage and/or Money (including cash and travellers cheques) are lost, stolen or damaged during Your trip. The Sum Insured will be shown on Your Policy .	In the event of a claim You must report the loss or theft of Your Money or Personal Baggage within 24 hours of discovery and a police statement obtained. In the event of any loss or damage to Personal Baggage whilst in the custody of a carrier, You must report the loss to the carrier within 24 hours of discovery and obtain a written report. Valuables or Money lost whilst in the custody of a carrier will not be covered. The amount payable may include an allowance for wear and tear and loss of value. Your insurance has a limit for each single article (including a set or pair), valuables , glasses and/or sunglasses and Business Samples (if applicable) These limits will be shown on Your Policy Personal baggage must be kept under Your control or the control of Your carrier and not left Unattended at any time. You must at all times exercise reasonable care in the supervision of the insured property An excess per person may apply to this section. This will be shown on Your Policy .
Personal Accident	This provides a lump sum payable in the event of Accidental Bodily Injury which results in Death, or Permanent Total Loss of Sight of one or both eyes, or Loss of one or more limbs or Permanent Total Disablement . The Sum Insured will be shown on Your Policy .	The Sum Insured for Death, shall be restricted to £3,000 for those Insured Persons who are aged 16 years or under.

**AmTrust Underwriting Ltd
1 Great Tower Street
London
EC3R 5AA**

Company Number: 03908537

**tel: 0203 003 6969
email: aul@amtrustgroup.com**

**Underwritten by AmTrust at Lloyd's Limited
Registered Office: 1 Great Tower Street, London, EC3R 5AA
Registered in England and Wales; Company Number 03043923,
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and
Prudential Regulation Authority**

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