

Group Business Travel 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.

Political and Natural Disaster Evacuation Procedure

In the event of claim under Item 16 of this **Policy**, **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

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

Calls may be recorded for quality and training purposes.

The Claims Line is available 24 hours a day 365 days a year.

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 taken on **Your** behalf including **Incidental Holiday** travel (known as a **Period of Travel**) commencing during the **Period of Insurance**, and having a destination outside of their usual **Country of Domicile** or within their usual **Country of Domicile** if such trips involve an overnight stay or air travel.

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 **Your Broker** promptly as any 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

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| 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 | <p>This Insurance provides financial protection and medical assistance for Your business trips plus Incidental Holiday (and holiday trips if applicable).</p> <p>The maximum Period of Travel for any one business trip is 6 months, unless agreed by Us in writing, and for holiday trips is 31 days.</p> <p>The cover, sections and sums insured that apply to Your Policy will be clearly stated in the Policy schedule.</p> |
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| <p>General Exclusions that apply to all Sections</p> <ul style="list-style-type: none"> • Trips booked or commenced contrary to medical advice, contrary to health and safety regulations of airlines, to obtain medical treatment or after a terminal prognosis has been made. • If You are aged 75 years or over at effective date of this Policy for business trips and Incidental Holiday or aged 71 years or over at effective date of this Policy if the trip is in relation to Item 18, Holiday Travel Extension. • Suicide, intentional self-injury, exposure to exceptional danger, criminal acts. • Armed Forces operational duties. • Aviation other than a passenger. • Mountaineering or rock climbing. • Riding or driving in any kind of race. • Sports Tours. • Any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder. • Venereal disease, Acquired immune Deficiency Syndrome (AIDs), AIDS related complex (ARC) or Human Immunodeficiency Virus (HIV). • Alcohol, drugs or solvents. • Any trip booked or commenced in the knowledge that the Period of Travel will be longer than 6 months unless agreed by Us in writing. • War and Terrorism restrictions (see Policy wording). • Nuclear, chemical or biological agents as a result of an Act of Terrorism. • Radiation. |
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| <p>Cancellation</p> <p>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><u><i>Our Rights to Cancel</i></u></p> <p>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 | | | | | | | |

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| <p>Changes to Business Activities and Occupations</p> <ol style="list-style-type: none"> 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. <p>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.</p> |
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Fair Presentation of Risk

You must make a fair presentation of the risk to **Us** at the inception, renewal and with each variation of the **Policy**.

Where **You** fail to make a fair presentation of the risk **We** may at **Our** absolute discretion;

1. Amend the **Policy** to record the correct information.
2. Treat the **Policy** as if it included any additional terms as **We** may have reasonably required had a fair presentation been made. Where different terms are applied that result in an additional premium **You** shall be liable to pay for such an additional premium.
3. Reduce proportionately the amount for which **We** are liable on any claim by the proportion to which the premium actually charged bears to the premium that **We** would have charged had a fair presentation been made.
4. Refuse to pay **Your** claim.
5. Where the failure to make a fair presentation of the risk is to such an extent that had a fair representation been made, on the balance of probabilities **We** would not have issued the **Policy** **We** may
 - (a) Avoid the **Policy**, treating it as if it had never existed and return any premium **You** have paid to **Us**
 - (b) Require **You** to reimburse **Us** with the cost of any claims paid by way of benefit under the **Policy**
 - (c) Cancel the **Policy** under **Policy** Condition: Cancellation – **Our** Rights to Cancel
6. Where the failure to make a fair presentation of the risk is deliberate and/or reckless **We** may;
 - (a) Avoid the **Policy**, treating it as if it had never existed and retain any premium **You** have paid to **Us**
 - (b) Require **You** to reimburse **Us** with the cost of any claims paid by way of benefit under the **Policy**
 - (c) In addition to avoiding **Your Policy** **We** may also avoid any other policies which **We** have issued to **You** and return the Premium paid by **You** to **Us** for such policies except in the circumstances where;
 - (i) Failure to make a fair presentation under such policies is also deliberate and/or reckless
 - (ii) Claims have also been made on these policies

| Significant Cover | Significant Features and Benefits | Limits and Exclusions |
|---|--|--|
| Cancellation, Curtailment and Travel Disruption | Travel and accommodation expenses that You have agreed to pay under a contract and cannot get back if an Insured Person has to cancel or cut short their trip due to one of the covered reasons. | We will not pay for any claims that exceed Your contractual liability. |
| Medical, Repatriation and Additional Expenses. | Cover for emergency medical treatment and assistance arising in the event of Illness, Bodily Injury or Accidental death during the trip. | Medical treatment must be required in an emergency and be unable to wait until the Insured Person has returned to their usual Country of Domicile . This section does not apply if the trip is taken within the Insured Person's usual Country of Domicile . In the event of a Medical Emergency, failure to contact the Emergency Assistance Company may prejudice Your claim. |
| Personal Baggage, Business Items and Money. | Cover in the event that the Insured Person's Personal Baggage and/or Money (including cash and travellers cheques) are lost, stolen or damaged during the trip. | Losses must be reported within 48 hours of discovery and a police statement obtained. Any loss or damage to Personal Baggage whilst in the custody of a carrier, the Insured Person 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. There is a limit for each single article (including a set or pair), Valuables , glasses and/or sunglasses and Business Items (if applicable). Personal baggage must be kept under Your control or the control of Your carrier and not left Unattended at any time. The Insured Person must at all times exercise reasonable care in the supervision of the Insured property. |

| Significant Cover | Significant Features and Benefits | Limits and Exclusions |
|---|--|---|
| Personal Accident | <p>A lump sum payable in the event of Bodily Injury which results in Accidental death, or Permanent Total Loss of Sight of one or both eyes, or Loss of one or more limbs or Speech or Hearing in one or both ears or Permanent Total Disablement.</p> <p>It also provides a weekly benefit for Temporary Total Disablement of £100.00 per week in the event that an Insured Person is unable to work temporarily.</p> | <p>The Sum Insured for Accidental death shall be restricted to £10,000 for those Insured Persons who are aged 16 years or under.</p> <p>For Temporary Total Disablement, there is an Excess Period of 28 days before the Insured Person can claim. This benefit is only payable whilst the Insured Person is unable to work and is limited to 52 weeks.</p> <p>Benefit for Temporary Total Disablement is excluded for those Insured Persons who are not employees of the Insured.</p> |
| Hi-jack, Kidnap and Kidnap for Ransom | Cover in the event of detention, internment, Hi-jack, Kidnap or Kidnap for Ransom . | <p>In the event of an incident red24 must be contacted immediately.</p> <p>The Sum Insured is £50 per day up to a maximum 60 days. In addition We will pay for Consultant costs and Ransom Monies under this Section of £250,000 in the annual aggregate in respect of Ransom Monies including £50,000 in the annual aggregate in respect of Consultants costs.</p> <p>Claims exclude any trips within an Insured Person's Country of Domicile as well as a specific list of excluded countries.</p> |
| Political and Natural Disaster Evacuation Expenses | Evacuation and accommodation expenses incurred as a result of the Insured Person having to leave the country they are working in due to a covered political situation or Major Natural Disaster . | The Insured Person must not have breached any laws, must have maintained visas and permits and the political situation or Major Natural Disaster had not existed prior to booking the trip. |

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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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