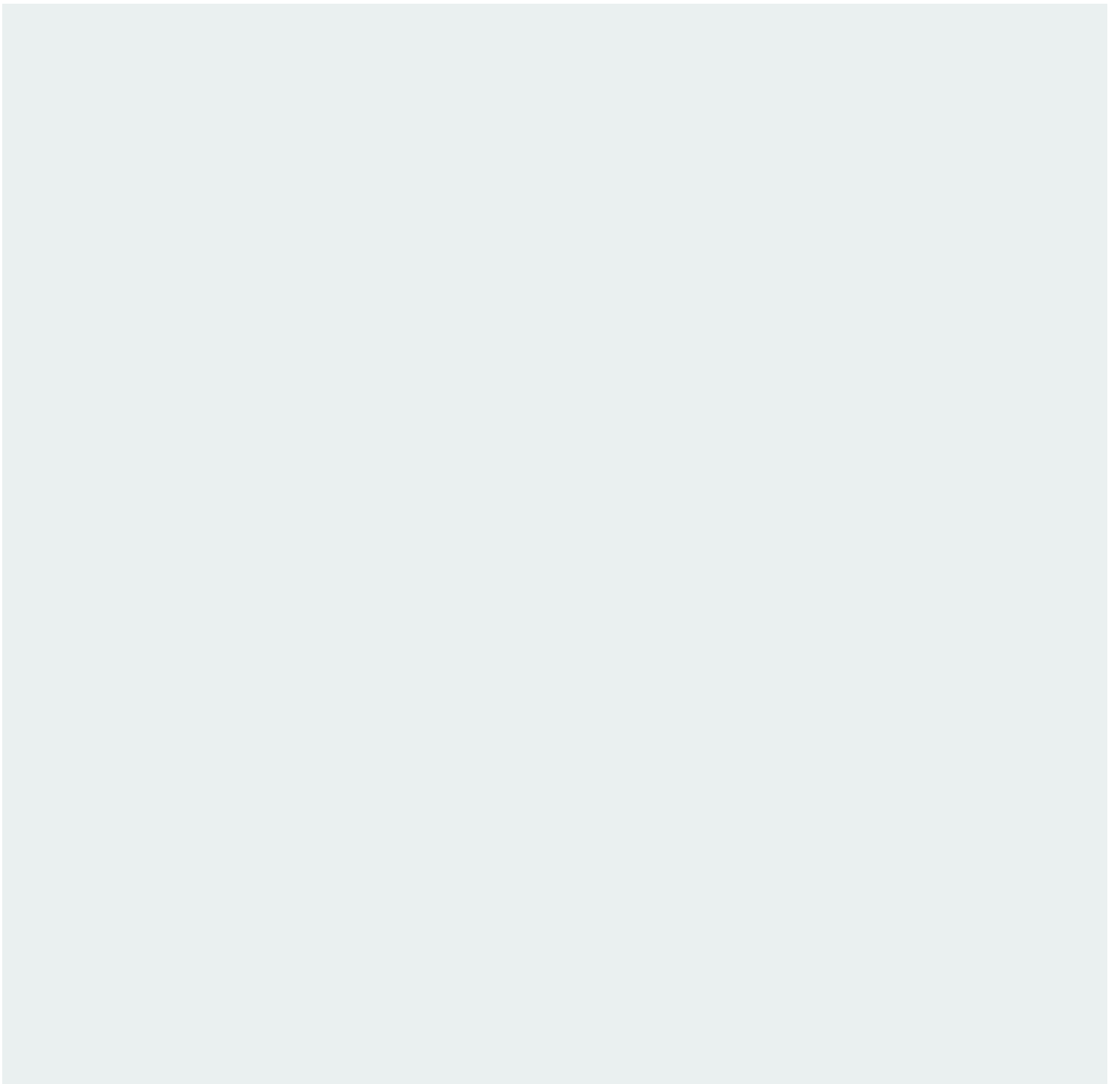


Z-Alert Group Personal Accident and Business Travel

Policy



Contents

How we use your information	3
Helplines and additional benefits	5
Your Group Personal Accident and Business Travel policy	7
Definitions	8
Section A – Personal accident	13
Section B – Business travel: overseas medical expenses	21
Section C – Business travel: personal property	23
Section D – Business travel: money	25
Section E – Business travel: electronic business equipment	26
Section F – Business travel: cancellation, curtailment, rearrangement and replacement expenses	27
Section G – Business travel: kidnap, Hijack and Ransom	30
Section H – Business travel: personal security assistance	31
Section I – Business travel: political and natural disaster evacuation	32
Section J – Business travel: legal expenses	34
Section K – Business travel: personal liability	35
Section L – Business travel: rental vehicle collision damage waiver	36
Section M – General assistance services	37
Section N – Travel assistance services	38
General exclusions	41
General conditions	42
Claims conditions	45
Our complaints procedure	46

How we use your information

Who controls your personal information

This notice tells you how Zurich Insurance plc ('Zurich'), as data controller, will deal with your personal information. Where Zurich introduces you to a company outside the group, that company will tell you how your personal information will be used.

You can ask for further information about our use of your personal information or complain about its use in the first instance, by contacting our Data Protection Officer at: Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com.

If you have any concerns regarding our processing of your personal information, or are not satisfied with our handling of any request by you in relation to your rights, you also have the right to make a complaint to the Information Commissioner's Office. Their address is: First Contact Team, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

What personal information we collect about you

We will collect and process the personal information that you give us by phone, e-mail, filling in forms, including on our website, and when you report a problem with our website. We also collect personal information from your appointed agent such as your trustee, broker, intermediary or financial adviser in order to provide you with the services you have requested and from other sources, such as credit reference agencies and other insurance companies, for verification purposes. We will also collect information you have volunteered to be in the public domain and other industry-wide sources.

We will only collect personal information that we require to fulfil our contractual or legal requirements unless you consent to provide additional information. The type of personal information we will collect includes; basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

If you give us personal information on other individuals, this will be used to provide you with a quotation and/or contract of insurance and/or provision of financial services. You agree you have their permission to do so. Except where you are managing the contract on another's behalf, please ensure that the individual knows how their personal information will be used by Zurich. More information about this can be found in the 'How we use your personal information' section.

How we use your personal information

We and our selected third parties will only collect and use your personal information (i) where the processing is necessary in connection with providing you with a quotation and/or contract of insurance and/or provision of financial services that you have requested; (ii) to meet our legal or regulatory obligations; or (iii) for our "legitimate interests". It is in our legitimate interests to collect your personal information as it provides us with the information that we need to provide our services to you more effectively including providing you with information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest. Examples of the purposes for which we will collect and use your personal information are:

1. to provide you with a quotation and/or contract of insurance;
2. to identify you when you contact us;
3. to deal with administration and assess claims;
4. to make and receive payments;
5. to obtain feedback on the service we provide to you;
6. to administer our site and for internal operations including troubleshooting, data analysis, testing, research, statistical and survey purposes;
7. for fraud prevention and detection purposes.

We will contact you to obtain consent prior to processing your personal information for any other purpose, including for the purposes of targeted marketing unless we already have consent to do so.

Who we share your personal information with

Where necessary, we will share the personal information you gave us for the purposes of providing you with the goods and services you requested with the types of organisations described below:

- associated companies including reinsurers, suppliers and service providers;
- introducers and professional advisers;
- regulatory and legal bodies;
- survey and research organisations;
- credit reference agencies;
- healthcare professionals, social and welfare organisations; and
- other insurance companies

Or, in order to meet our legal or regulatory requirements, with the types of organisations described below:

- regulatory and legal bodies;
- central government or local councils;
- law enforcement bodies, including investigators;
- credit reference agencies; and
- other insurance companies

How we use your personal information for websites and email communications

When you visit one of our websites we may collect information from you such as your email address or IP address. This helps us to track unique visits and monitor patterns of customer website traffic, such as who visits and why they visit.

We use cookies and/or pixel tags on some pages of our website. A cookie is a small text file sent to your computer. A pixel tag is an invisible tag placed on certain pages of our website but not on your computer. Pixel tags usually work together with cookies to assist us to provide you with a more tailored service. This allows us to monitor and improve our email communications and website. Useful information about cookies, including how to remove them, can be found on our websites.

How we transfer your personal information to other countries

Where we transfer your personal information to countries that are outside of the UK and the European Union (EU) we will ensure that it is protected and that the transfer is lawful. We will do this by ensuring that the personal information is given adequate safeguards by using 'standard contractual clauses' which have been adopted or approved by the UK and the EU, or other solutions that are in line with the requirements of European data protection laws.

A copy of our security measures for personal information transfers can be obtained from our Data Protection Officer at: Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN, or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com.

How long we keep your personal information for

We will retain and process your personal information for as long as necessary to meet the purposes for which it was originally collected. These periods of time are subject to legal, tax and regulatory requirements or to enable us to manage our business.

Your data protection rights

You have a number of rights under the data protection laws, namely:

- to access your data (by way of a subject access request);
- to have your data rectified if it is inaccurate or incomplete;
- in certain circumstances, to have your data deleted or removed;

- in certain circumstances, to restrict the processing of your data;
- a right of data portability, namely to obtain and reuse your data for your own purposes across different services;
- to object to direct marketing;
- not to be subject to automated decision making (including profiling), where it produces a legal effect or a similarly significant effect on you;
- to claim compensation for damages caused by a breach of the data protection legislation.
- if we are processing your personal information with your consent, you have the right to withdraw your consent at any time.

We will, for the purposes of providing you with a contract of insurance, processing claims, reinsurance and targeted marketing, process your personal information by means of automated decision making and profiling where we have a legitimate interest or you have consented to this.

What happens if you fail to provide your personal information to us

If you do not provide us with your personal information, we will not be able to provide you with a contract or assess future claims for the service you have requested.

Fraud prevention and detection

In order to prevent and detect fraud we may at any time:

- check your personal data against counter fraud systems
- use your information to search against various publicly available and third party resources
- use industry fraud tools including undertaking credit searches and to review your claims history
- share information about you with other organisations including but not limited to the police, the Insurance Fraud Bureau (IFB), other insurers and other interested parties.

If you provide false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. This may result in your case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. You may face fines or criminal prosecution. In addition, Zurich may register your name on the Insurance Fraud Register, an industry-wide fraud database.

Claims history

We may pass information relating to claims or potential claims to any relevant database.

We and other insurers may search these databases when you apply for insurance, when claims or potential claims are notified to us or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

This helps to check information provided and prevent fraudulent claims.

Helplines and additional benefits

Claims helpline

Please contact us as follows:

Phone: +44 (0)800 0260 184

Email: a&hclaims@uk.zurich.com

Post: Zurich Accident and Health Claims,
3000 Parkway, Whiteley, Fareham,
United Kingdom PO15 7JZ

Please refer to the applicable claims conditions for further information.

Zurich Travel Assistance

**Call +44 (0)1489 868 888 or visit
www.zurich.co.uk/travelassistance**

The helpline is manned 24 hours a day, 365 days a year by multi-lingual assistance co-ordinators, experienced in managing medical assistance cases with hospitals and clinics worldwide. Also available are security experts to provide a comprehensive range of complementary security services. See section M General assistance services and section N Travel assistance services for more details of the services available.

Zurich's Risk Management Advice Line

Call 0800 302 9052 when you require risk management advice

To help **you** proactively identify and manage issues before they occur, **our** risk management helpline operates during normal business hours, providing free practical guidance on risk issues such as property, security, food hygiene, business continuity, environmental and health and safety management.

Please note that this helpline includes services provided by Zurich Management Services Ltd and Santia Consulting Ltd under contract to Zurich Insurance plc.

The following services are provided by DAS Law Limited and/or a preferred law firm on behalf of DAS Legal Expenses Insurance Company Limited.

DAS – Commercial Legal Assistance

Legal advice and protection for your business

Helpline services

You can contact the DAS UK-based call centres 24 hours a day, seven days a week. However, DAS may need to arrange to call **you** back depending on the enquiry.

To help DAS check and improve their service standards, they record all inbound and outbound calls, except those to the counselling service. When phoning, please advise DAS of **your** policy number and the name of the insurance provider who sold **you** the policy.

Legal advice helpline

Call 0344 893 9022 when you require legal advice

DAS provides confidential legal advice over the phone on any commercial legal problem affecting **your** business, under the laws of any European Union country, the Isle of Man, the Channel Islands, Switzerland and Norway.

Wherever possible the Legal Advice helpline aims to provide immediate advice from a qualified legal advisor. However if this is not possible they will arrange a call back at a time to suit **you**.

DAS Legal Advisors provide advice on the laws of England and Wales 24 hours a day, 7 days a week, 365 days a year. Where advice is sought in an area of law beyond this jurisdiction or in respect of very specialist matters DAS will refer **you** to one of their specialist advisors. This will include European law and certain areas of law for Scotland and Northern Ireland.

Specialist advice is provided 9am – 5pm, Monday to Friday, excluding public and bank holidays. If calls are made outside these times, a DAS Legal Advisor will call **you** back.

Tax advice service

Call 0344 893 9022 when you require tax advice

This service offers confidential advice over the phone on any tax matters affecting **your** business under the laws of England and Wales, Scotland, Northern Ireland, the Isle of Man or the Channel Islands.

Tax advice is provided by tax advisors 9am – 5pm, Monday to Friday, excluding public and bank holidays. If calls are made outside these times, a DAS Tax Advisor will call **you** back.

Counselling service

Call 0344 893 9025 for confidential counselling

DAS will provide **your employees**, including any members of their immediate family who permanently live with them, with a confidential counselling service over the phone if they are aged 18 or over, including, where appropriate, onward referral to relevant voluntary and/or professional services. Any costs arising from the use of these referral services will not be paid by DAS or Zurich Insurance plc.

The counselling service helpline is open 24 hours a day, seven days a week.

Health and medical information service

Call 0344 893 9022 for health and medical information

DAS will give **your employees** information over the phone on general health issues and advice on a wide variety of medical matters. They can give **your employees** information on all health services including NHS Dentists.

Health and medical information is provided by qualified nurses 9am – 5pm, Monday to Friday, excluding public and bank holidays. If **you** call outside these times, a message will be taken and a return call arranged within the operating hours.

Business Assistance

Call 0344 893 9022 when you require business assistance

In the event of an unforeseen emergency affecting **your** business premises which causes damage or potential danger, DAS will contact a suitable repairer or contractor and arrange assistance on **your** behalf. All costs of assistance provided are **your** responsibility.

Online law guide and document drafting

DAS Employment Manual

Visit www.das.co.uk and click on the Employment Manual icon

The DAS Employment Manual offers comprehensive, up to date guidance on rapidly changing employment law. To view it, please visit www.das.co.uk and select Employment Manual. All the sections of this web-based document can be printed off for **your** own use. Contact DAS at employmentmanual@das.co.uk with **your** email address, quoting **your** policy number and DAS will contact **you** by email to inform **you** of future updates to the information.

DASbusinesslaw

Visit www.dasbusinesslaw.co.uk for online legal advice and documents. When registering, please use the following code which will provide you with access to a range of free documents: DAS472301

Using www.dasbusinesslaw.co.uk **you** can create ready-to- sign contracts, agreements and letters in minutes. Developed by solicitors and tailored by **you** using the DAS smart document builders. **You** can also buy legal documents from the site, ranging from simple debt recovery letters to employment contracts.

The service also provides useful tools, articles and information on matters such as new legislation, employment issues, property law and taxation all regularly updated by legal experts to help **you** keep **your** business one step ahead.

In using these services **you** acknowledge that all rights and obligations relating to the provision of these services rest with DAS and that **you** will have no recourse to Zurich Insurance plc in this regard.

These helplines are provided by DAS. If **you** have a complaint about the service or about the way **you** have been treated, please write to: DAS Customer Relations Department at:

DAS House, Quay Side, Temple Back, Bristol BS1 6NH.

Alternatively **you** can contact DAS by telephone on:

0117 934 0066, or email: customerrelations@das.co.uk.

To help check and improve service standards calls are recorded other than calls to the Counselling Service.

Zurich Insurance plc, Zurich Management Services Ltd, Santia Consulting Ltd, and DAS will not accept responsibility if any of the helplines are unavailable for reasons Zurich Insurance plc, Zurich Management Services Ltd, Santia Consulting Ltd, and DAS cannot control.

Your Group Personal Accident and Business Travel policy

This policy is a contract between **you** and **us**.

This policy, the statement of facts, any schedule and endorsements should be read as if they are one document.

We will insure **you** under those sections stated in the schedule during any period of insurance for which **we** have accepted **your** premium. **Our** liability will in no case exceed the amount of any sum insured or limit of indemnity stated in this policy, the schedule or any endorsement to this policy.

Any reference to the singular will include the plural and vice versa.

Any reference to any statute or statutory instrument will include any amendments thereto or re-enactment thereof.

Any heading in this policy is for ease of reference only and does not affect its interpretation.

Law applicable to this contract

In the UK the law allows both **you** and **us** to choose the law applicable to this contract. This contract will be subject to the relevant law of England and Wales, Scotland, Northern Ireland, the Isle of Man or the **Channel Islands** depending upon **your** address as stated in **your** policy documentation. If there is any dispute as to which law applies it will be English law.

The parties agree to submit to the exclusive jurisdiction of the English courts.

This is a legal document and should be kept in a safe place.

Please read this policy, statement of facts, schedule and endorsements carefully. If they do not meet **your** needs return them to **us** or **your** broker or insurance intermediary.

Definitions

Certain words in this policy have a specific meaning. These words and their meanings are given below and apply wherever they appear in bold.

Annual salary

The total annual gross salary including overtime and bonuses, but excluding commission payments (unless specifically agreed otherwise) payable by **you** to the **insured person** at the date **bodily injury** is sustained.

Overtime and bonus payments will be calculated on the average payments made during the twelve months immediately prior to the date **bodily injury** is sustained. Cover is only provided where overtime and bonus estimates were included in declarations to **us**.

Benefit period

The total period (not necessarily consecutive) for which benefits for **temporary total disablement** and/or **temporary partial disablement** are payable in respect of any one loss to an **insured person**.

Where an **insured person** is employed by **you** on a fixed period contract the benefit period will cease at expiry of the contract or as defined in the schedule whichever is earlier.

Bodily injury

An identifiable physical injury caused by an **event**.

Catastrophic Injury

A **bodily injury** that results in **hemiplegia**, **paraplegia**, **quadriplegia**, **triplegia**, the amputation of an upper or lower limb at or above the wrist or ankle, an acquired brain injury or severe burns that permanently prevents an **insured person** from returning to their pre-accident employment.

In respect of any one **insured person** a benefit will not be payable under Section A. Benefit 2. if Section A Additional cover 1 is claimed for, and vice versa.

Cancellation or curtailment limit

The maximum amount for which **we** can be held liable in respect of all claims under section F for loss and expense arising out of any one **event**.

Channel Islands

Jersey, Guernsey, Alderney, Sark, Herm, Jethou and Brecqhou.

Child

Any child of an **insured person** who is unmarried and dependant and under 18 years of age or under 25 years of age if in full time education.

Consultants' costs

Reasonable fees and expenses of **our** chosen consultants necessarily incurred in response to a **kidnap**.

Conveyance

An aircraft, ship, train, coach or similar means of transport which operates under a scheduled published timetable.

Country of permanent residence

The country where an **insured person** resides indefinitely or where an **insured person** has the intent to reside indefinitely.

For the purpose of this definition the **Channel Islands** as a single group of territories, the Isle of Man and the **United Kingdom** will each be treated as separate and distinct countries.

Corpore

One of the providers on **our** behalf of catastrophic injury rehabilitation services. Please note that these services are supplied by third parties who are contracted to **us**.

Country of secondment

The country where an **insured person**:

- a) temporarily resides under a contract of employment with **you**
- b) undertakes an activity on **your** behalf and at **your** request

for more than 12 months and agreed by **us** in a **country of secondment** endorsement attached to and forming part of this policy.

For the purpose of this definition the **Channel Islands** as a single group of territories, the Isle of Man and the **United Kingdom** will each be treated as separate and distinct countries.

Deferment period

The beginning of a period of temporary disablement during which compensation for **temporary total disablement** or **temporary partial disablement** will not be payable.

Director

Any person holding the position of **director** with **you** excluding any non-executive director unless specifically agreed by **us** in writing.

Domestic Staff

Any salaried individual employed by a **director** in any of the following roles: nanny, au-pair, maternity nurse, wet-nurse, house-keeper, tutor, personal trainer, or chauffeur.

Electronic business equipment

Property owned by **you** and provided to the **insured person** to enable the **insured person** to perform their occupational tasks. These items must be of an electronic nature and cannot be items supplied or manufactured by **you**.

Emergency repatriation expenses

Reasonable costs including the cost of medical attendants necessarily incurred in transporting the **insured person** to an appropriate hospital or nursing home or to the **country of permanent residence** or the **country of secondment** if recommended by **Zurich Travel Assistance** in conjunction with the local attending **medical practitioner**.

Employee

Any person under a contract of service or apprenticeship with **you** or any person **you** have the right to instruct in his or her performance.

Event

A sudden, unforeseen and identifiable occurrence.

All occurrences or series of occurrences arising from or attributable to one source or original cause will be regarded as a single occurrence where they occur within a 20 kilometre radius and within 72 consecutive hours of the one source or original cause.

Event aggregate limit

Our maximum liability in respect of all claims for **bodily injury** arising out of any one **event**.

Excluded territories – kidnap

The countries or parts of countries stated in the schedule.

Gross weekly wage

The gross average weekly equivalent of **annual salary**.

Hemiplegia

The permanent paralysis of one lower limb and one upper limb on the same side of the body.

Hi-jack

The unlawful seizure or taking control of a **conveyance** in which the **insured person** is travelling.

Incidental holiday

Holiday not exceeding the duration of the business component of a **journey** or 31 days, whichever is the lesser.

Independent Financial Adviser

An adviser who is authorised and regulated by the Financial Conduct Authority or equivalent regulatory authority in the **insured person's country of permanent residence** and who is not the **insured person**, the **partner** of the **insured person**, a member of the immediate family of the **insured person** or an **employee**.

Insured person

- a) Any person or category of persons as stated in the schedule
- b) except in respect of section A any nominated person in respect of whom we have agreed to pay **travel expenses**.

Journey

A business journey not exceeding 12 months in duration authorised by **you** and undertaken by an **insured person** and commencing during the period of insurance.

Kidnap

The unlawful abduction and detention of an **insured person** against their will.

Kidnap aggregate limit

Our maximum liability during any one period of insurance in respect of ransom and **consultants' costs**.

Legal expenses

- a) Any reasonable fees, expenses and other disbursements necessarily incurred with our written consent by a solicitor, firm of solicitors or any other appropriately qualified person, firm or company appointed by **you** or by the **insured person** including costs and expenses of expert witnesses and any such fees, expenses and other disbursements incurred by **us** in connection with such claims or procedures
- b) any costs for which an **insured person** is legally liable following an award of costs by any court or tribunal and any costs following an out of court settlement made in connection with any claim or legal proceedings.

Life-threatening situation

Any situation occurring outside the **insured person's country of permanent residence** or **country of secondment** where **Zurich Travel Assistance** agree that the **insured person's** life is in danger.

Loss of limb

- a) In the case of a lower limb loss by permanent physical severance at or above the ankle or permanent total loss of use of an entire leg or foot
- b) in the case of an upper limb loss by permanent physical severance of the entire 4 fingers through or above the metacarpal phalangeal joints or permanent total loss of use of an entire arm or hand.

Loss of sight

The total loss of sight which will be deemed to have occurred:

- a) in both eyes when the condition is shown to **our** satisfaction to be permanent and without expectation of recovery and the **insured person's** name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist
- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and **we** are satisfied that the condition is permanent and without expectation of recovery.

Medical expenses

All reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatment given or prescribed by a qualified **medical practitioner** and all hospital, nursing home or ambulance charges. Dental, optical expenses and routine pregnancy expenses are excluded unless incurred as the result of an emergency.

Medical practitioner

Any legally qualified medical practitioner other than an **insured person**, a member of the immediate family of an **insured person** or a non-executive director of **you**, a **director** or **employee**.

Missed departure

The failure of a **conveyance** in which an **insured person** is travelling to reach its destination point at the published expected time of arrival resulting in the **insured person** missing the first **conveyance** at the beginning of a **journey** which involves travel outside the **insured person's country of permanent residence** or **country of secondment**.

Missed international connection

The failure of a **conveyance** in which an **insured person** is travelling to reach its destination point outside the **insured person's country of permanent residence** or **country of secondment** at the published expected time of arrival resulting in the **insured person** missing an onward connecting **conveyance** on which the **insured person** is booked to travel in the course of a **journey**.

Money

Current coinage, current bank and currency notes, bankers drafts, bills of exchange, letters of credit, postal and money orders, postal stamps, signed travellers and other cheques, postal and money orders, phone cards, travel tickets, debit/credit cards, charge cards, gift tokens and coupons which belong to or are in the custody and control of the **insured person** on a **journey** and are intended for travel, meals, accommodation and personal expenditure only.

Multi-engined aircraft limit

Our maximum liability in respect of all claims for **bodily injury** arising out of any one **event** involving the same multi-engined aircraft.

Natural catastrophe

An **event** caused by a natural phenomenon including earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption or wildfire.

Operative time

The period of time and/or activities for which **you** or an **insured person** are covered under this policy as stated in the schedule.

Operative time definitions

24 Hours

At any time during the period of insurance.

Occupational including Commuting

During the period of insurance and whilst:

- a) in pursuit of normal occupational duties on behalf of the **insured**; or
- b) travelling directly between the **insured person's** place of employment and place of residence (permanent or temporary); or
- c) undertaking a **journey** with destinations outside the **insured person's country of permanent residence** or **country of secondment** or within an **insured person's country of permanent residence** or **country of secondment**.

Cover under c) above shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continues until arrival back at the place of residence or the place of employment (whichever occurs first).

Occupational excluding Commuting

During the period of insurance and whilst:

- a) in pursuit of normal occupational duties on behalf of the **insured**; or
- b) undertaking a **journey** with destinations outside the **insured person's country of permanent residence** or **country of secondment** or within an **insured person's country of permanent residence** or **country of secondment**.

Cover under b) above shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continues until arrival back at the place of residence or the place of employment (whichever occurs first).

Away from premises including commuting

During the period of insurance and whilst:

- a) in pursuit of normal occupational duties on behalf of the **insured** away from the usual place of employment of the **insured person**; or
- b) travelling directly between the **insured person's** place of employment and place of residence (permanent or temporary)

Cover under a) above shall commence from the time of leaving the place of residence or the usual place of employment (whichever occurs last) and continues until arrival back at the place of residence or the usual place of employment (whichever occurs first).

Away from premises excluding commuting

During the period of insurance and whilst in pursuit of normal occupational duties on behalf of the **insured** away from the usual place of employment of the **insured person**.

Cover shall commence from the time of leaving the place of residence or usual place of employment (whichever occurs last) and continues until arrival back at the place of residence or the usual place of employment (whichever occurs first).

Assault – 24 hours

Assault at any time during the period of insurance where **bodily injury** is a direct result of an unprovoked malicious assault.

Assault – Full Occupational

Assault during the period of insurance and whilst in pursuit of normal occupational duties on behalf of the **insured** where **bodily injury** is a direct result of unprovoked malicious assault.

Assault – Money/Goods

Assault during the period of insurance and whilst in pursuit of normal occupational duties on behalf of the **insured** where **bodily injury** is a direct result of actual or attempted theft of the **insured's** money or goods.

Vehicular – 24 Hours

At any time during the period of insurance and whilst mounting into, travelling in, dismounting from, loading, unloading, (including carrying out emergency roadside repairs and/or emergency re-fuelling), any vehicle owned by, hired by or leased to the **insured** or temporary replacement thereof.

Vehicular – Business only

During the period of insurance and whilst mounting into, travelling in, dismounting from, loading, unloading, (including carrying out emergency roadside repairs and emergency re-fuelling), any vehicle owned by, hired by or leased to the **insured** or temporary replacement thereof in pursuit of normal occupational duties on behalf of the **insured**.

Internal journey

During the period of insurance and whilst undertaking a **journey** including **incidental holidays** with destinations inside the **insured person's country of permanent residence** or **country of secondment**.

Cover shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continue until arrival back at the place of residence or the place of employment (whichever occurs first).

Internal journey including holidays

During the period of insurance and whilst undertaking a **journey** including holidays with destinations inside the **insured person's country of permanent residence** or **country of secondment**.

Cover shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continue until arrival back at the place of residence or the place of employment (whichever occurs first).

External journey

During the period of insurance and whilst undertaking a **journey** including **incidental holidays** with destinations outside the **insured person's country of permanent residence or country of secondment**.

Cover shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continue until arrival back at the place of residence or the place of employment (whichever occurs first).

External and internal journey

During the period of insurance and whilst:

- a) in pursuit of normal occupational duties on behalf of the **insured**; and
- b) undertaking a **journey** with destinations outside the **insured person's country of permanent residence or country of secondment** or within an **insured person's country of permanent residence or country of secondment**.

Cover under b) above shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continues until arrival back at the place of residence or the place of employment (whichever occurs first).

External journey including holiday travel

During the Period of Insurance and whilst undertaking a **journey** including holidays with destinations outside the **insured person's country of permanent residence or country of secondment**.

Cover shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continue until arrival back at the place of residence or the place of employment (whichever occurs first).

External and internal journeys including holidays

During the Period of Insurance and whilst undertaking a **journey** including holidays with destinations:

- a) outside the **insured person's country of permanent residence or country of secondment**; or
- b) within an **insured person's country of permanent residence or country of secondment** provided such **journey** includes one or more aerial flights or an overnight stay.

Cover shall commence from the time of leaving the place of residence or the place of employment (whichever occurs last) and continue until arrival back at the place of residence or the place of employment (whichever occurs first).

Bespoke

Please refer to the schedule.

Other forms of aerial transport including rotor wing limit

The maximum amount for which **we** can be held liable in respect of all claims for **bodily injury** arising out of any one **event** involving the same aircraft (not being a multi-engined aircraft).

Overseas medical expenses

All reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatment given or prescribed by a qualified **medical practitioner** and all hospital, nursing home or ambulance charges outside the **insured person's country of permanent residence or country of secondment**. Dental, optical and routine pregnancy expenses are excluded unless incurred as the result of an emergency.

Paraplegia

The permanent and total paralysis of the 2 lower limbs.

Partner

The spouse, co-habiting partner or any other person recognised as the lawful partner of an **insured person**.

Permanent total disablement

- a) In respect of an **insured person** who is an **employee** and above 16 years of age and below state retirement age: disablement caused other than by **loss of limb, loss of sight, total loss of hearing or total loss of speech** which will in all probability totally prevent the **insured person** from engaging in their **usual occupation** for the remainder of their life
- b) In respect of an **insured person** who is either:
 - i) not an **employee**
 - ii) an **employee** who is below 16 years of age or above the state retirement age

disablement caused other than by **loss of limb, loss of sight, total loss of hearing or total loss of speech** which will in all probability entirely prevent the **insured person** from engaging in any occupation for the remainder of their life.

Personal property

Personal goods belonging to the **insured person** or for which they are responsible which are taken by them on a **journey**, sent in advance of a **journey** or acquired during a **journey** excluding **money** and **electronic business equipment**.

Proclaim Care

One of the providers on **our** behalf of catastrophic injury rehabilitation services. Please note that these services are supplied by third parties who are contracted to **us**.

Quadriplegia

The permanent and total paralysis of all 4 limbs of the body.

Ransom

Money and/or goods or services given or to be given by or on **your** behalf to meet a **Kidnap** demand.

Security costs

Reasonable costs necessarily incurred by **Zurich Travel Assistance** under section H.

Temporary partial disablement

Temporary disablement which prevents the **insured person** from engaging in more than 60% of their **usual occupation**.

Temporary total disablement

Temporary disablement which totally prevents the **insured person** from engaging in all elements of their **usual occupation**.

Total loss of hearing

Total and permanent loss of hearing.

Total loss of speech

Total and permanent loss of speech.

Travel expenses

All reasonable costs necessarily incurred:

- a) for travel, sustenance and accommodation expenses of up to 2 nominated persons who on medical advice are required to travel to or remain with the **insured person** up to a maximum of £10,000 any one claim
- b) in transporting the **insured person's** body or ashes and **personal property** back to their **country of permanent residence** or **country of secondment**

Triplesia

The permanent and total paralysis of three (3) limbs.

United Kingdom

England, Scotland, Wales and Northern Ireland.

Usual occupation

The main occupation of the **insured person** for which they are suited by education, training and qualifications under a contract of employment with **you**.

War

Armed conflict between nations including forces acting for any international authority whether war be declared or not, invasion, civil war, any attempt to usurp power or any activity arising out of an attempt to participate in military force between nations.

We, us, our or ourselves

Zurich Insurance plc.

You, your or yourselves

The organisation stated in the schedule as the Insured.

Zurich Assistance

The coordinator on **our** behalf of a range of services in connection with general assistance supported by a 24 hour helpline.

Please note that these services are supplied by specialist third parties who are contracted to **us** and not by Zurich personnel.

Zurich Travel Assistance

The coordinator on **our** behalf of a range of services in connection with medical and security and other travel assistance supported by a 24 hour helpline.

Please note that these services are supplied by third parties who are contracted to **us**.

Section A – Personal accident

Cover

If an **insured person** sustains **bodily injury** during the **operative time** that within 24 months solely and independently of any other cause results in death or disablement **we** will pay **you** the appropriate benefit stated in the schedule.

In respect of any one **insured person** a benefit will not be payable under more than one of benefits 1, 2, 3a, 3b, 4 and 5. Any benefit payable under benefit 6 or benefit 7 will immediately cease should a benefit under one of benefits 1 to 5 subsequently be payable by **us** to **you**.

In respect of any one **insured person** a benefit will not be payable under Section A. Benefit 2. if Additional Cover 1 is claimed for, and vice versa.

In respect of an **insured person** under the age of 16 the maximum compensation payable under benefit 1 will be £25,000.

Additional Covers

1. Catastrophic Injury Rehabilitation

Fund Option:

In the event that the **insured person** or their **partner** or **child** sustains **catastrophic injury** during the **operative time** **we** will provide the **insured person** with access to one of **our** appointed rehabilitation specialists **Corpore** or **Proclaim Care** who will provide a range of services covering but not necessarily limited to:

- a) reviewing any available medical notes, liaising with the **insured person, partner** or **child's** medical consultants and attending physicians
- b) arranging a meeting with the **insured person** and their family
- c) nominating an appropriately qualified medical professional to undertake an immediate needs assessment report
- d) identifying the need for equipment and resources to assist and improve the **insured person, partner** or **child's** quality of life and building this into a care plan that is specific to the needs of each **insured person, partner** or **child**.
- e) identifying the cost of goods and services of the life care plan and the vendors and service providers for each of the recommendations provided.

These recommendations will consider the **insured person, partner** or **child's** degree of residual disability, preferences and lifestyle needs and could include one or a number of the following services up to the maximum amount of the available fund for the **insured person** and a maximum of 50% of the available fund for the **partner** or **child**:

Counselling, wheelchair provision, accommodation, return to work, transport, training, improved prosthetics, financial advice, nursing support, holidays, independent living, technology, mobility equipment, adapted computer equipment, communication skills, clothing, minimising medical complications, continence, sport, leisure activities and domestic help.

Corpore or **Proclaim Care** will also assist in identifying what statutory provisions are available and how these can be accessed, assisting the **insured person, partner** or **child** in making application(s).

Provided always that:

- a) the services provided by **Corpore** or **Proclaim Care** and the value of the available fund will be in addition to any other benefit for which the **insured person, partner** or **child** might be eligible under section 2 – Corporate Personal Accident
- b) there is no cash alternative to the rehabilitation services provided by this section
- c) any medical procedures recommended by **Corpore** or **Proclaim Care** will be limited to evidence based treatment.

Lump Sum Option:

In the event that the **insured person** or their **partner** or **child** sustains **catastrophic injury** during the **operative time** **we** will pay the **insured person** up to the sum insured stated in the schedule:

The maximum available to the **insured persons partner** or **child** is limited to 50% of the sum insured stated in the schedule.

2. Childcare costs and domestic staff expenses

In the event of a claim being agreed by us for **temporary total disablement** we will indemnify you on behalf of the **insured person** for childcare costs and domestic staff expenses up to the maximum weekly amount stated in the schedule for the maximum period stated in the schedule or until the date of return full time to **usual occupation** whichever is the lesser period.

3. Coma benefit

In the event of the continuous unconsciousness of the **insured person** caused solely and independently by **bodily injury** sustained during the **operative time** we will pay you the amount stated in the schedule per week for each full week of continuous unconsciousness up to a maximum period stated in the schedule.

4. Compassionate Travel

Where up to two relatives or friends on medical advice from a qualified medical practitioner are advised to travel to or remain with an **insured person** who is admitted to hospital as an in-patient as a result of **bodily injury** sustained during the **operative time** we will consider those relatives or friends as **insured persons** during the period of such travel or stay with the following benefits applying:

- **loss of limb** (one or more)
- **loss of sight** (one or both eyes)
- **total loss of hearing** (in both ears)
- **total loss of speech**
- **permanent total disablement**

Up to a maximum amount stated in the schedule resulting from any one **event**.

Provided always that such relatives or friends are not included in any other category of **insured person**.

5. Corporate events cover – employees and guests

The **operative time** includes participation by **employees** and **your** guests in corporate events including expensed business meals.

Provided that:

- a) the benefit will be restricted to benefits 2, 3a, 3b and 4 of the schedule; and
- b) the amount payable will be £25,000 except where the **employee** is an **insured person** when the amount payable will be the amount stated in the schedule or £25,000 whichever is the greater.

6. Corporate reputation protection

If an **insured person** sustains **bodily injury** during the **operative time** that within 3 months solely and independently of any other cause results in death, **total loss of hearing**, **loss of limb**, **loss of sight** or **total loss of speech** we will pay up to the maximum amount stated in the schedule for:

- a) the engagement of image and public relations consultants
- b) the release of information through the media

directly in connection with and within 15 days of such **bodily injury** in order to protect and positively promote **your** image.

Provided that **you** must contact **Zurich Assistance** as soon as possible where it is **your** intention to use the assistance services provided under this clause.

Assistance:

Corporate Reputation Protection

We will provide via **Zurich Assistance** internal and external stakeholder communications support, brand rehabilitation and recovery services or any other appropriate public relations support to help **you** to manage a public relations crisis which has resulted from the death, **total loss of hearing**, **loss of limb**, **loss of sight** or **total loss of speech** of one or more **insured persons** as provided for under additional cover 5 of this policy.

This support is provided by contacting **Zurich Assistance** on: **+44 (0)1489 868 988**

The maximum amount we will pay in respect of any one incident is as per the amount stated in the schedule.

7. Damage to personal property following assault

If an **insured person** sustains loss of or damage to their **personal property** as a result of unprovoked assault during the **operative time** we will pay you the amount of such loss or damage up to the maximum amount stated in the schedule.

8. Dental injury expenses

If an **insured person** sustains loss of or damage to teeth or fixed dentures during the **operative time** we will pay you for the cost of necessary dental treatment required within 12 months of the **event** giving rise to the loss or damage up to a maximum amount stated in the schedule.

9. Dependants' benefit

If a payment is made under benefit 1 we will pay you an amount per **child** of the percentage stated in the schedule of the amount stated under benefit 1 subject to a maximum stated in the schedule per **child** and up to a total of the percentage stated in the schedule of the amount stated under benefit 1 or the amount stated in the schedule whichever is the lesser.

10. Directors Family Personal Accident

At any time during the policy period we will provide cover to the **partner, child(ren), domestic staff of directors** or business partners for the following benefits:

- **loss of limb** (one or more)
- **loss of sight** (one or both eyes)
- **total loss of hearing** (in both ears)
- **total loss of speech**
- **permanent total disablement**

Cover is provided up to the amount stated in the schedule.

11. Disability assistance

If an **insured person** sustains **bodily injury** during the **operative time** that within 24 months solely and independently of any other cause results in either **hemiplegia, paraplegia, quadriplegia** or **triplegia** we will pay you up to the amount stated in the schedule for expenses incurred with our prior written consent for alterations that are required to the **insured person's** home or car.

Provided that expenses must have been incurred within 12 months of you receiving a benefit payment for either **hemiplegia, paraplegia, quadriplegia** or **triplegia** from us.

12. Disappearance

If an **insured person** disappears and after a suitable period of time as judged by the appropriate legal authority it is reasonable to believe that the **insured person's** death resulted from **bodily injury** during the **operative time** we will pay you the amount stated under benefit 1. If it later transpires that the **insured person** has not died any amount paid will be refunded by you to us.

13. Domestic travel expenses

If an **insured person** sustains **bodily injury** while on a **journey** during the **operative time** and requires an in-patient hospital admission within the **insured person's country of permanent residence** or **country of secondment** we will pay you up to the maximum amount stated in the schedule for all reasonable costs necessarily incurred for:

- a) travel, sustenance and accommodation expenses for up to 2 nominated persons who on medical advice are required to travel to or remain with the **insured person** until the **insured person's** return to the place where the **insured person** permanently resides within the country where they are an in-patient
- b) the return transportation of the **insured person** to the place where the **insured person** permanently resides within the country where they are an in-patient
- c) the transportation of the **insured person** to their final resting place within their **country of permanent residence** or **country of secondment** in the event of the death of the **insured person** as a result of such **bodily injury**.

14. Employees Family Travel Personal Accident

We will consider as **insured persons** the **partners** or **children** of **employees** accompanying, travelling independently to join, or returning from being with such **employees** that are on a **journey** or an **incidental holiday** with the following benefits applying:

- **loss of limb** (one or more)
- **loss of sight** (one or both eyes)
- **total loss of hearing** (in both ears)
- **total loss of speech**
- **permanent total disablement**

up to a maximum stated in the schedule resulting from any one **event**.

Provided always that such **partners** or **children** are not included in any other category of **insured person**.

15. Executor Expenses

In the event that an **insured person** sustains **bodily injury** during the **operative time** that results in death we will on the production of an interim death certificate indemnify you up to the sum insured in the schedule for any reasonable expenses necessarily incurred as a direct consequence of the death of the **insured person** which require immediate payment by the executor to the estate of the **insured person** whilst the administration of the estate is being arranged.

16. Exposure

If an **insured person** suffers unavoidable exposure to the elements during the **operative time** that within 24 months solely and independently of any other cause results in death or disablement we will pay you in accordance with the benefits stated in the schedule.

17. Family Counselling Benefit Following Accidental Death

If during the **operative time** the **insured person** suffers death as the result of **bodily injury**, we will pay up to the sum insured in the schedule for the cost of professional psychological counselling treatment for their **partner** and/or **child(s)** provided that the **insured** is made aware of the treatment in writing.

18. Facial scarring

If an **insured person** sustains **bodily injury** during the **operative time** which results in permanent scarring to no less than the percentage stated in the schedule of the facial area we will pay you the amount stated in the schedule and this benefit will be increased proportionally to the maximum amount stated in the schedule on the basis of actual scarring of the facial area up to the percentage stated in the schedule.

19. Funeral expenses

If a payment is made under benefit 1 **we** will pay **you** up to the maximum amount stated in the schedule for reasonable funeral expenses. **We** will not be liable for more than the **event aggregate limit** stated in the schedule.

20. Hi-jack or kidnap

If an **insured person** is the victim of **hi-jack** or **kidnap** during the **operative time** the cover provided under this section will remain in force until the **insured person** has returned to their **country of permanent residence** or **country of secondment** or until a period of 12 months from the date of the **hi-jack** or **kidnap** has expired whichever will occur first.

21. Hospitalisation benefit

If an **insured person** is admitted to hospital as an in-patient as a result of **bodily injury** sustained during the **operative time** **we** will pay **you** the amount stated in the schedule for each full week of hospitalisation up to a maximum number of weeks stated in the schedule.

22. Independent Financial and Tax Advice

If an **insured person** sustains a **bodily injury** which results in a claim for the benefits listed below, **we** will pay the **insured person** or their estate upon their request up to the amount stated in the schedule to cover the fees charged by an **independent financial adviser** who is authorised and regulated by the Financial Conduct Authority, to provide the **insured person** or their estate with professional financial and tax advice.

- accidental death
- loss of limb (one or more)
- loss of sight (one or both eyes)
- total loss of hearing (in both ears)
- total loss of speech
- permanent total disablement

23. Medical Certificate Expenses

In the event that an **insured person** sustains **bodily injury** that results in them having to obtain a Medical Certificate, **we** will pay **you** for the cost of obtaining the certificate up to a maximum of the sum insured in the schedule.

24. Medical expenses

If an **insured person** incurs **medical expenses** as a result of **bodily injury** sustained during the **operative time** **we** will pay **you** up to the percentage stated in the schedule of the amounts paid under benefits 1 to 5 inclusive or the percentage stated in the schedule of the amounts paid under either benefit 6 or benefit 7 whichever is the greater but not exceeding the amount stated in the schedule.

25. Moving costs

Where an **insured person** sustains **bodily injury** resulting in **permanent total disablement** and **we** agree to a claim for such disablement **we** will pay **you** on behalf of the **insured person** up to the maximum stated in the schedule for estate agent's fees, stamp duty and removal costs incurred by the **insured person** within 24 months of the **event** giving rise to the disablement as a result of which it becomes necessary to move the **insured person's** permanent residence to an alternative permanent residence.

26. Out-patient expenses

If an **insured person** is required to travel to hospital as an out-patient as a result of **bodily injury** sustained during the **operative time** **we** will pay **you** up to the amount stated in the schedule per week for reasonable travel costs necessarily incurred by the **insured person** up to the maximum amount stated in the schedule.

27. Partner Disability Benefit

In the event that the **partner** of an **insured person** sustains **bodily injury** and where this results in **hemiplegia paraplegia, quadriplegia or triplegia** we will pay you up to the amount stated in the schedule.

28. Permanent partial disablement

If an **insured person** sustains permanent partial disablement during the **operative time** we will pay you the percentages stated in the schedule of the amount payable under benefit 4 for permanent severance or permanent total loss of use of:

- a) one thumb
- b) forefinger
- c) any finger other than forefinger
- d) big toe
- e) any toe other than big toe
- f) shoulder or elbow
- g) wrist, hip knee or ankle
- h) lower jaw by surgical operation

Provided that:

- a) when an **insured person** suffers more than one form of permanent partial disablement as a result of an **event** the percentages from each will be added together but **we** will not pay more than 100% of benefit 5
- b) any permanent partial disablement not more specifically defined above will be calculated by assessing the disablement relative to the types of disablement mentioned above without reference to the **insured person's** occupation
- c) if a claim is payable for loss of or loss of use of a whole part of the body a claim for any component part of that part cannot also be made.

29. Personnel replacement expenses

If an **insured person** sustains **bodily injury** resulting within 24 months solely and independently of any other cause in death or **permanent total disablement** during the **operative time** we will pay you up to the maximum amount stated in the schedule for reasonable costs necessarily incurred in employing a temporary **employee** recruited through a registered recruitment company in order to directly replace the **insured person** up to the maximum period stated in the schedule.

30. Physiotherapy

In the event of a claim being agreed by **us** for **temporary total disablement** we will pay you on behalf of the **insured person** for the cost of physiotherapy up to the maximum amount stated in the schedule.

31. Post traumatic stress disorder – terrorism

If an **insured person** directly witnesses an **event** amounting to an act of terrorism on a **conveyance** other than an aircraft or ship during the **operative time** and without sustaining **bodily injury** suffers post traumatic stress disorder resulting within 6 months of the **event** in **temporary total disablement** we will pay you the percentage stated in the schedule of the amount payable under benefit 8 but not exceeding the amount stated in the schedule per week for the **benefit period** stated in the schedule.

Provided that this clause will apply only where cover in respect of **temporary total disablement** is stated in the schedule as operative.

32. Professional Counselling Benefit

If during the **operative time** the **insured person** sustains **bodily Injury**, we will pay the **insured person** up to the sum insured in the schedule for the reasonable expenses necessarily incurred for professional psychological counselling treatment provided that the **insured** is made aware of the treatment in writing.

33. Prosthetic Limbs

If we make a payment for **loss of limb(s) (one or more)** and/or **loss of sight (in one or both eyes)** we will also pay **you** up to a maximum amount stated in the schedule to acquire and have fitted a prosthetic limb, or to replace an existing prosthetic limb, provided it is deemed medically necessary for them to do so.

Where a claim results in more than one prosthetic limb being required an aggregate limit of the amount stated in the schedule multiplied by two (2) will apply.

34. Recruitment Expenses

In the event that an **insured person** sustains **bodily injury** that results in death or **permanent total disablement** during the **operative time** we will pay **you** up to the sum insured stated in the schedule for reasonable expenses necessarily incurred in employing a registered recruitment company to recruit a permanent **employee** as a direct replacement for the **insured person**.

35. Rehabilitation support

Where an **insured person** suffers **bodily injury** resulting in disablement for which we agree to pay a benefit under this section we will at our discretion for a maximum period of 12 months from the date of such disablement enlist the services of Zurich Medical Management to:

- a) carry out by telephone an initial medical assessment of the **insured person** in conjunction with the **insured person's** medical advisors and discuss options for beneficial medical, prosthetic and counselling services
- b) provide support to the **insured person** during the recovery period to minimise the effects of their **bodily injury** and to follow the agreed rehabilitation plan and to advise on and coordinate a return to work plan.

Provided that **you** or the **insured person** will bear the cost of any treatment or other services taken up as a result of such support or arrangements offered or made by Zurich Medical Management other than that cost allowed for under clause 21.

36. Retraining expenses – insured person or partner

If we make a payment for **permanent total disablement** we will also pay **you** up to the maximum amount stated in the schedule for reasonable expenses necessarily incurred in retraining the **insured person** for an alternative occupation and in the event of the **insured person** being unable to undertake retraining for any alternative occupation we will pay **you** up to the maximum amount stated in the schedule for reasonable expenses incurred in retraining the **insured person's partner** for an new or alternative occupation.

37. Simultaneous death of insured person and partner

Where **bodily injury** results in the death of an **insured person** and their **partner** in a single **event** and there is a **child** we will pay **you** the number stated in the schedule times the amount stated under benefit 1 but not more than the amount stated in the schedule.

38. Suicide – recruitment costs

In the event of the death of a **director** or **employee** as a result of their suicide or the **permanent total disablement** of a **director** or **employee** as a result of their attempted suicide we will pay **you** up to the maximum amount stated in the schedule for authorised and documented costs incurred in engaging a replacement **director** or **employee**.

39. Travel to Hospital Expenses

In the event that an **insured person** sustains **bodily injury** that results in **loss of limb** (one or more) or **loss of sight** in both eyes or **loss of hearing** or **loss of speech** or **permanent total disablement** or permanent partial disablement as insured under additional cover 28 Permanent partial disablement or **temporary total disablement** or **temporary partial disablement** we will pay **you** up to the sum insured in the schedule for reasonable expenses necessarily incurred for taxi, the services of a chauffeur or other additional travel costs to convey a **partner, child** or parent of the **insured person** from the home of the **insured person** to a hospital where the **insured person** is an in-patient up to a maximum period of 52 weeks.

40. Travel to Work Expenses

In the event that an **insured person** sustains **bodily injury** that results in **loss of limb(s)** (one or more) or **loss of sight** in both eyes or **permanent partial disablement** or **temporary total disablement** or **temporary partial disablement**, we will pay the **insured** up to the sum insured in the Personal Accident Schedule for reasonable expenses necessarily incurred for the services of a chauffeur or taxi to convey the **insured person** between their usual place of employment and their home, up to a maximum period of 52 weeks.

41. Visitors Personal Accident

If a lawful visitor suffers **bodily injury** while on any premises or at any site of **yours** that results within 3 months solely and independently of any other cause in their death we will pay you the amount stated in the schedule.

Special exclusions

This section does not cover:

1. Excluded causes

any sickness or disease, any naturally occurring or degenerative condition, any gradually operating cause or post traumatic stress disorder other than as a direct result of **bodily injury** or as provided for under additional cover 31 Post-Traumatic Stress Disorder – Terrorism.

2. Non passenger air travel

any loss or expenses arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft

3. Suicide or self-injury

any loss or expenses arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury other than as provided under additional cover 38 Suicide – recruitment costs.

Section B – Business travel: overseas medical expenses

Cover

We will pay you or the **insured person** for **overseas medical expenses** and **travel expenses** and **emergency repatriation expenses** incurred as a direct result of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** during the **operative time** for a period not exceeding 2 years from the date of the **bodily injury** or first diagnosis of the illness up to the sum insured in the schedule.

Provided that you or an **insured person** must contact **Zurich Travel Assistance** as soon as reasonable if illness or **bodily injury** results in the need for in-patient hospital treatment.

Additional Covers

1. Premature childbirth

In the event of the premature birth of a **child** to an **insured person** while on a **journey** outside of the **insured person's country of permanent residence** or **country of secondment** during the **operative time** we will pay you up to the sum insured in the schedule for the **overseas medical expenses** and repatriation expenses actually incurred in respect of the prematurely born **child**.

2. Foreign coma benefit

In the event of an **insured person** while on a **journey** becoming ill or sustaining **bodily injury** resulting in a state of continuous unconsciousness outside their **country of permanent residence** or **country of secondment** we will pay you the amount stated in the schedule for each day of continuous unconsciousness up to the maximum period stated in the schedule.

3. Foreign hospital confinement benefit

In the event of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** outside their **country of permanent residence** or **country of secondment** resulting in their admission to hospital as an in-patient on the advice of a **medical practitioner** we will pay you the amount stated in the schedule for each day of confinement to hospital for the maximum period stated in the schedule.

4. Foreign funeral expenses

In the event of the death of an **insured person** while on a **journey** we will pay up to the maximum amount stated in the schedule for the reasonable cost of funeral expenses necessarily incurred outside the **insured person's country of permanent residence** or **country of secondment**.

5. Search and rescue expenses

Where an **insured person** is reported missing to the appropriate authorities during a **journey** we will pay you on behalf of the **insured person** for costs incurred by recognised rescue authorities in searching for and rescuing the **insured person** up to the maximum amount stated in the schedule per **insured person** provided that we will not pay more than the amount stated in the schedule irrespective of the number of **insured persons** involved in one **event**.

6. Supplementary hospital expenses

In the event of a valid claim under this section we will pay the reasonable costs of hospital in-patient medical charges necessarily incurred within the 3 months immediately following the date of return to the **insured person's country of permanent residence** or **country of secondment** up to the maximum stated in the schedule.

7. United Kingdom repatriation expenses

In the event of an **insured person** becoming ill or sustaining **bodily injury** while on a **journey** within the **United Kingdom** or the **insured person's country of permanent residence** or **country of secondment** and as a direct result requiring hospital treatment as an in-patient we will pay **you** for the reasonable costs necessarily incurred of transporting the **insured person** and accompanying medical staff by private ambulance or air ambulance to a hospital local to the **insured person's home address** up to the maximum amount stated in the schedule.

Special exclusions

This section does not cover:

1. Non passenger air travel

any expense arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft

2. Other insurances

any expense which has been recovered from:

- a) any other insurance policy in **your name** or the **insured person's name**
- b) any national insurance programme which is applicable to the **insured person**

3. Suicide or self-injury

any expense arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury except the reasonable costs necessarily incurred in transporting the **insured person's body** or ashes back to their **country of permanent residence** or **country of secondment**

4. Travelling against medical advice

any expense incurred if an **insured person** is travelling or intending to travel against the advice of a **medical practitioner**

5. Travelling for medical treatment or advice

any expense incurred if an **insured person** is travelling or intending to travel for the purpose of obtaining medical treatment or medical advice

6. Unapproved emergency repatriation expenses

any **emergency repatriation expenses** incurred without the prior consent of **Zurich Travel Assistance**

7. Unapproved hospital treatment

any hospital treatment provided on an in-patient basis where the **insured person** has not made all reasonable attempts to obtain the prior consent of **Zurich Travel Assistance** or obtained the consent of **Zurich Travel Assistance** at the first opportunity after such treatment.

Section C – Business travel: personal property

Cover

We will pay you or the insured person up to the sum insured in the schedule in the event of loss of or damage to personal property on a journey during the operative time subject to a single article limit for each lost or damaged article of £5,000.

Additional Covers

1. Delayed personal property

We will pay you or the insured person up to the maximum amount stated in the schedule for any reasonable expenses necessarily incurred in purchasing essential replacement items if while on a journey during the operative time an insured person's personal property is temporarily lost for more than the number of consecutive hours stated in the schedule during the outward or onward trip of the journey. Any payment we make will be deducted from the total amount payable under this section if the personal property is permanently lost.

2. Loss of keys

We will pay you or the insured person for the replacement of the lock mechanisms up to the maximum amount stated in the schedule if the keys to the external doors, safes or alarms of the insured person's normal place of residence are lost, damaged or stolen while on a journey during the operative time.

3. Loss of Vehicle Key

We will pay you or the insured person for the replacement of a key to the insured person's vehicle up to £500 if the key is lost, damaged or stolen while on a journey during the operative time.

4. Passport or visa loss during a journey

We will pay you or the insured person up to the maximum amount stated in the schedule for reasonable additional travel and accommodation expenses necessarily incurred including any charges levied by the issuing office for a replacement passport or visa if an insured person loses or damages their passport while on a journey during the operative time.

5. Pre-journey loss of passport or visa

We will pay you or the insured person up to the maximum amount stated in the schedule for reasonable additional travel and accommodation expenses necessarily incurred including any charges levied by the issuing office for a replacement passport or visa if the insured person's passport or visa is stolen within the 7 day period immediately prior to the planned commencement of a journey.

Provided that the insured person reports the theft of the passport or visa to the Police or other appropriate authorities and obtains a written loss report from them.

6. Single Article Benefit Extension Option

We will pay for loss of a single article above £5,000, provided that the insured or insured person bears the first 25% of the proportion of single article above £5,000.

This extension is not available to insured persons in their country of secondment.

Special exclusions

This section does not cover:

1. Changes in environment, moth or vermin, mechanical or electrical failure and process risks

loss or damage due to moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration, mechanical or electrical failure or any process of cleaning, restoring, repairing or alteration

2. Confiscation or detention

loss due to confiscation or detention by customs or any other competent authority

3. Excluded property

loss of or damage to vehicles, their accessories, spare parts or trailers

4. Loss from unattended vehicles

loss of **personal property** from any unattended vehicle unless the **personal property** was out of sight in a glove box or luggage compartment and the vehicle was locked when unattended.

Special provision

1. New for Old

Where **we** agree to replace **personal property** that is lost or beyond repair **we** will pay on the basis of a new item that is substantially the same as the item lost or beyond repair and **we** will not deduct an amount for wear and tear.

Assistance services

We will also provide assistance in replacing lost or stolen tickets, passport or other travel documents and assistance in locating lost or delayed luggage.

Section D – Business travel: money

Cover

We will pay **you** or the **insured person** up to the sum insured in the schedule in the event of loss of or damage to **money** or financial loss suffered as the result of the fraudulent use of credit, debit or charge cards on a **journey** during the **operative time**. In respect of **money** cover is extended to 120 hours immediately preceding the commencement of a **journey** and for 120 hours immediately following its completion.

Additional Cover

1. **Lost Money Benefit Extension Option**

We will pay for loss of **money** above the amount stated in the schedule, provided that the **insured** or **insured person** bears the first 20% of the proportion of **money** above the benefit stated in the schedule.

Conditions Applicable to Extension

1. **Locked Storage**

Money applicable under this extension must be stored in hotel safes when not required.

2. **Whilst in Transit**

The **money** must be stored in the **insured persons** carry-on baggage whilst in transit.

Exclusions Applicable to Extension

This extension does not cover:

1. **Seconddees**

insured persons in their country of secondment

Special exclusions

This section does not cover:

1. **Cash limitation**

more than the amount stated in the schedule per **insured person** in respect of loss of cash

2. **Confiscation or detention**

loss due to confiscation or detention by customs or any other authority

3. **Failure to comply with credit, debit or charge card terms and conditions**

loss arising from fraudulent use of a credit, debit or charge cards unless the **insured person** has complied where it was reasonably possible with all the terms and conditions under which the card was issued

4. **Loss from unattended vehicles**

loss of **money** from any unattended vehicle unless the **money** was out of sight in a glove box or luggage compartment and the vehicle was locked when unattended

5. **Money shortages and depreciation**

devaluation of currency or shortages due to errors or omissions during monetary transactions.

Assistance services

We will also provide assistance in replacing cash lost or stolen during a **journey**.

Provided that:

- the value of any cash advanced will not exceed £3,000 and will be deducted from any subsequent claim under this section
- where the value of the cash advanced exceeds the amount of any subsequent claim under this section **you** will reimburse **us** the difference between the value of the cash advance and the amount of such claim
- where no claim is made the value of the cash advanced will be reimbursed in full by **you** to **us** upon completion of the **journey**.

Section E – Business travel: electronic business equipment

Cover

We will pay you up to the sum insured in the schedule in the event of loss of or damage to **electronic business equipment** on a **journey** during the **operative time**.

Special exclusions

This section does not cover:

- 1. Changes in environment, moth or vermin, mechanical or electrical failure and process risks**
loss or damage due to moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration, mechanical or electrical failure or any process of cleaning, restoring, repairing or alteration
- 2. Confiscation or detention**
loss due to confiscation or detention by customs or any other authority
- 3. Excess**
the first £100 of any loss or damage occurring to **electronic business equipment**
- 4. Loss from unattended vehicles**
loss of **electronic business equipment** from any unattended vehicle unless the **electronic business equipment** was out of sight in a glove box or luggage compartment and the vehicle was locked when unattended
- 5. Other insurances**
loss of or damage to **electronic business equipment** which is insured under any other insurance policy.

Section F – Business travel: cancellation, curtailment, rearrangement and replacement expenses

Cover

If during the **operative time** or between the confirmed booking of the **journey** and the **operative time** any part of the pre-booked travel arrangements for a **journey** are cancelled, curtailed or rearranged as a direct result of any cause outside the control of **you** or the **insured person** we will pay **you** or the **insured person** up to the sum insured in the schedule and subject to the **cancellation or curtailment limit** for:

- a) deposits, advance payments and other charges which have not been and will not be used but which become forfeit or payable under contract or cannot be recovered elsewhere; and
- b) reasonable additional travel and accommodation expenses necessarily incurred.
- c) the reasonable costs of an **insured person** to returning to attend the funeral of a close relative or business associate in their **country of permanent residence** or **country of secondment**.
- d) an **employee** to return to their **country of secondment** after having had to leave their **country of secondment** due to a medical emergency or the death of a family member in another country.

Additional Covers

1. Missed international connection and missed departure

We will pay **you** or the **insured person** up to the sum insured in the schedule for the reasonable additional costs of travel, accommodation and subsistence necessarily incurred less any amount recoverable elsewhere if an **insured person** suffers a **missed international connection** or **missed departure** during the **operative time**.

Provided that in respect of **missed international connection** or **missed departure**:

- a) an **insured person** must obtain written confirmation from the relevant travel provider detailing the actual time of arrival of the **conveyance** at its destination and written confirmation from the connecting operator that the connection has been missed as a result of the late arrival of the **conveyance**
- b) an **insured person** must accept an alternative equivalent means of travel if this is offered by the travel provider within the period of delay.

2. Promotional vouchers and awards

We will pay **you** or the **insured person** up to the sum insured in the schedule and subject to the **cancellation or curtailment limit** in respect of a **journey** funded wholly or partially by promotional vouchers or awards which have been redeemed and which are non-refundable if during the **operative time** any part of the pre-booked travel arrangements for such **journey** are cancelled, curtailed or rearranged as a direct result of any cause outside the control of **you** or the **insured person**.

3. Replacement expenses

We will pay **you** or the **insured person** up to the sum insured in the schedule for reasonable expenses limited to the cost of an air flight and other essential expenses necessarily incurred in sending a substitute person to complete the original **insured person's journey** if during the **operative time** any part of the pre-booked travel arrangements for a **journey** are cancelled, curtailed or rearranged as a direct result of any cause outside the control of **you** or the **insured person**.

4. Travel delay

If the departure of a **conveyance** on which an **insured person** is booked to travel in order to get to their planned destination at the commencement, onward connection or completion of a **journey** is delayed due to strike, industrial action, adverse weather conditions or mechanical breakdown **we** will pay the **insured person** the amount stated in the schedule per hour in excess of the first number of hours shown in the schedule delay up to the maximum amount stated in the schedule.

5. Travel delay caused by natural catastrophe

If the departure of a **conveyance** on which an **insured person** is booked to travel on in order to get to their planned destination at the commencement, onward connection or completion of a **journey** is delayed due to a **natural catastrophe** **we** will pay the **insured person** the amount stated in the schedule in excess of the first 4 hours delay.

Special exclusions

This section does not cover:

1. Cancellation before policy inception

any loss arising from cancellation of pre-booked travel arrangements for a **journey** where the cause of the cancellation occurs prior to the period of insurance

2. Cancellation or curtailment of an event held by you

any loss arising from the cancellation or curtailment of an event held by **you** or a subsidiary or parent company of **you**

3. Default of transport or accommodation provider or agent

any expense arising from the default of any provider or their agent of transport or accommodation or any agent acting for **you** or the **insured person**

4. Disinclination to travel

any expense incurred solely as a result of disinclination to travel or to continue the **journey**

5. Failure to check-in

the failure of the **insured person** to check in for any **journey** according to the itinerary supplied unless due to fortuitous circumstances beyond the control of the **insured person**

6. Financial circumstances

any expense incurred due to **your** or the **insured person's** financial circumstances

7. Non passenger air travel

any loss or expenses arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft

8. Other insurances

any loss which is insured under any other insurance policy

9. Pre-existing circumstances

any expense due to:

a) failure of the means of transport other than disruption of road or rail services by avalanche, landslide, snow or flood

b) **natural catastrophe**, strike, labour dispute or mechanical breakdown

which existed or for which advanced warning had been given prior to the date on which the **journey** was booked.

10. Prior redundancy or termination of employment

any expense incurred as a result of the **insured person's** redundancy or the termination of their employment more than 31 days prior to a **journey** taking place

11. Public authority or government regulations

any expense incurred as a result of regulations made by any public authority or government

12. Suicide or self-injury

any loss or expense arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury

13. Travelling against medical advice or for medical treatment or advice

any expense incurred if an **insured person** is travelling or intending to travel against the advice of a **medical practitioner** or for the purpose of obtaining medical treatment or medical advice

14. Withdrawal from service of aircraft or ship

any claim for cancellation following delay to an aircraft or ship if the delay is due to withdrawal from service temporarily or permanently on the orders of any port authority or the Civil Aviation Authority or any similar body in any country.

Special provision

1. Event Limit

The total amount payable under this section in respect of any one **insured person** arising from any one **event** will not exceed the sum insured stated in the schedule.

If the total amount of all claims under this section for loss and expense arising out of any one **event** exceeds the **cancellation or curtailment limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **cancellation or curtailment limit**.

Section G – Business travel: kidnap, Hijack and Ransom

Cover

We will pay you up to the sum insured in the schedule for **ransom** and **consultants' costs** incurred solely and independently as a result of **kidnap** occurring on a **journey** during the **operative time** and while outside the **insured person's country of permanent residence** or **country of secondment**. Any incident that could give rise to a claim under this section must be notified immediately to **Zurich Travel Assistance**. Their contact number is **+44 (0)1489 868 888**.

Provided that:

- a) we will not pay for more than the **kidnap aggregate limit**
- b) in the event of any circumstances that could give rise to a claim under this section you will give notice to **Zurich Travel Assistance** by the most expeditious means and provide **Zurich Travel Assistance** with all assistance and information in a timely manner.

Additional Cover

1. Hijack

We will pay the you up to the amount stated in the schedule for each day that an **insured person** is unjustly, forcibly or unlawfully held captive.

Special exclusions

This section does not cover:

- 1. Claims by parent or guardian**
any claim for a **child** by its parent or guardian
- 2. Damages and legal costs**
any sums you become legally liable to pay as the result of any legal action for damages including legal costs incurred by you in defence of such action as the result of:
 - a) alleged negligence or incompetence in hostage retrieval operations or negotiations following **kidnap**
 - b) alleged negligence in not preventing **kidnap**
- 3. Excluded territories**
any **kidnap** which occurs in the **excluded territories** – **kidnap**
- 4. Fraudulent, dishonest or criminal acts**
loss due to any fraudulent, dishonest or criminal act committed or attempted by you or any **director, employee** or authorised representative of you including any person who has custody of any ransom monies
- 5. Prior cancellation or declination of kidnap insurance**
any claim if you or the **insured person** have had **kidnap insurance** declined or cancelled

Section H – Business travel: personal security assistance

Cover

In the event of an **insured person** becoming involved in a **life-threatening situation** while on a **journey** during the **operative time** we will pay you up to a maximum amount of £10,000 for **security costs** in extracting the **insured person** from such a situation. Any incident that could give rise to a claim under this section must be notified immediately to **Zurich Travel Assistance**. Their contact number is +44 (0)1489 868 888.

Special exclusions

This section does not cover:

1. Dangerous areas

any costs incurred in a country or part of a country where:

- a) prior to the commencement of the **journey** the Foreign and Commonwealth Office or **Zurich Travel Assistance** issued warnings against all travel to such country or part
- b) after commencement of a **journey** warnings to leave or evacuate had been given by the Foreign and Commonwealth Office or **Zurich Travel Assistance** but such warnings had not been heeded by the **insured person** in a reasonably timely manner

2. Debt or fraud

any costs incurred where the **life-threatening situation** was due to the **insured person's** unpaid debt, or to a fraudulent, dishonest or criminal act committed by you or the **insured person**

3. Hi-jack or kidnap

any claim associated with hi-jack or kidnap

4. Journey in excess of 30 days

any claim for an **insured person** while on a **journey** in excess of 30 days

5. Legal liability

any sums which you become legally liable to pay as a result of any legal action for damages including legal costs incurred by you in defence of such action arising out of alleged negligence or incompetence in extracting an **insured person** from a **life-threatening situation** or in not preventing the involvement of an **insured person** in such a situation

6. Unnecessary exposure to danger

deliberate exposure of an **insured person** to danger.

Special provisions

1. Compulsory use of zurich travel assistance

Any extraction must be organised by **Zurich Travel Assistance** who will use the most suitable method including if necessary the attendance of a security specialist to accompany the **insured person**.

2. Immediate contact

You or an **insured person** must contact **Zurich Travel Assistance** as soon as possible if a **life-threatening situation** arises.

3. Information provision

You and the **insured person** must provide **Zurich Travel Assistance** with all information in a timely manner and must not make or attempt to make arrangements without the reasonable agreement of **Zurich Travel Assistance**.

4. Reimbursement of costs

You will reimburse us for all costs incurred in the event of security services being provided by **Zurich Travel Assistance** in good faith to a person that is not an **insured person**.

Section I – Business travel: political and natural disaster evacuation

Cover

We will pay you up to the sum insured in the schedule for the reasonable costs necessarily incurred while an **insured person** is travelling on a **journey** during the **operative time** outside their **country of permanent residence** or **country of secondment** to evacuate the **insured person** to their **country of permanent residence** or **country of secondment** or the nearest place of safety when:

- a) officials of the country to or in which the **insured person** is travelling on a **journey** recommend that certain categories of person including the **insured person** should leave that country for safety reasons
- b) the British Government through its Foreign and Commonwealth Office issues a travel advice for a particular country or region in which the **insured person** is travelling on a **journey** recommending that certain categories of person including the **insured person** should leave that country or region
- c) the **insured person** is expelled or declared persona non grata in the country where the **insured person** is travelling on a **journey**
- d) the **insured person's** property is seized, confiscated or expropriated during a **journey**
- e) a state of emergency has been declared in the country where the **insured person** is travelling on a **journey** necessitating immediate evacuation.

Provided that you or an **insured person** must contact **Zurich Travel Assistance** as soon as possible if evacuation becomes necessary.

Additional Covers

1. Accommodation expenses

In the event that the **insured person** is unable to return to their **country of permanent residence** or **country of secondment** we will pay you for reasonable accommodation costs necessarily incurred up to the maximum as stated in the schedule per day for the total of the number of days stated in the schedule.

Provided that:

- a) where the **insured person** holds a valid return ticket to their **country of permanent residence** or **country of secondment** or to another place of safety we will only indemnify you or the **insured person** for any additional costs necessarily incurred to evacuate the **insured person**
- b) where the **insured person** is entitled to a refund on an unused ticket we will be entitled to deduct the value of the unused portion from the indemnity provided to you or the **insured person**
- c) in respect of any necessary air flight we will indemnify you or the **insured person** for the cost of an economy flight fare.

Special exclusions

We will not pay any benefit or provide any assistance in conjunction with **Zurich Travel Assistance** under this section if:

1. Breach of contract, bond or license

you or the **insured person** fail to honour any contractual obligation, bond or specific performance condition in a license

2. Foreseeable costs

the conditions leading to the **insured person's** departure were in existence prior to the **insured person** entering the country or where such conditions were reasonably foreseeable prior to the **insured person** entering the country on a **journey**

3. Missing or invalid documentation

the **insured person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the country in which a **journey** takes place

4. Nationality

the **insured person** is a national of the country in which they are on a **journey**

5. Property repossession

property belonging to **you** or the **insured person** is repossessed by a titleholder or other interested party to satisfy any debt, insolvency, financial failure or other financial obligation of **yours** or of the **insured person**

6. Violation of laws or regulations

- a) the **insured person** has committed any:
 - i) act or alleged act which if committed by them in the **United Kingdom** or **country of permanent residence** would be a criminal offence
 - ii) fraudulent or criminal act or alleged fraudulent or criminal act alone or in collusion with others in the territory in which a **journey** takes place and contravenes the laws of that territory
- b) **you** or the **insured person** have failed properly to procure or maintain immigration, work or residence or similar visas, permits or other relevant documentation
- c) the **insured person** takes part in any anti-government activity or the operations of any security or armed forces.

Section J – Business travel: legal expenses

Cover

We will pay you or the insured person up to the sum insured in the schedule for legal expenses incurred in the pursuit of a claim by an insured person against a third party for damages or compensation in respect of bodily injury, death or illness sustained while on a journey during the operative time.

You or the insured person will have the right to appoint a suitably qualified legal representative in connection with any claim or legal proceedings including the appointment of expert witnesses.

Our consent to pay legal expenses must be obtained in writing. This consent will be given if you or the insured person can satisfy us that:

- a) there are reasonable grounds for pursuing or defending the legal proceedings and it is always more likely than not that the insured person will recover damages or obtain any other legal remedy which we have agreed or make a successful defence. The decision to grant consent will take into account your opinion or that of the insured person's appointed representative as well as that of our own advisors; and
- b) it is reasonable for legal expenses to be provided in a particular case.

Provided that if the insured person is successful in the claim any legal expenses we provide will be reimbursed to us.

Special exclusions

This section does not cover:

- 1. Claims eligible for consideration under arbitration schemes or complaints procedures**
any legal expenses incurred in the pursuit of any claim against a travel agent, tour operator, insurer or their agents, which are eligible for consideration under an arbitration scheme or complaints procedure
- 2. Claims or legal proceedings by third parties**
any legal expenses incurred for the defence of any civil claim or legal proceedings made or brought by a third party against the insured person
- 3. Criminal or wilful acts**
any legal expenses incurred in connection with any criminal or wilful act
- 4. Fines or penalties**
any fines or penalties
- 5. Late notification**
any claim or circumstance notified more than 24 months after the incident from which the cause of action arose.

Section K – Business travel: personal liability

Cover

We will pay **you** or the **insured person** up to the sum insured in the schedule for any legal liability incurred by the **insured person** while on a **journey** during the **operative time** in respect of:

- a) accidental bodily injury or illness of any person
- b) accidental loss of or damage to the property of any person
- c) any claimant's costs and expenses arising out of a) or b) above which the **insured person** or the **insured person's** representatives are legally liable to pay
- d) any other costs and expenses incurred with **our** prior written consent.

Provided that:

- i) no admission of liability, offer, promise, or payment will be made by **you** or the **insured person** without **our** prior written consent
- ii) **you** will provide **us** with all assistance and information required in defence of a claim under this policy
- iii) **we** or **our** appointed representatives may at **our** discretion decide to take over and conduct the defence or settlement of any claim against **you** or an **insured person**.

Special exclusions

This section does not cover:

1. Advice

liability arising out of the rendering or failure to render advice

2. Asbestos related risks

liability arising out of the actual, alleged or threatened contaminative, pathogenic, toxic or other hazardous properties of asbestos

3. Fines or penalties

any fines or penalties

4. Insured person's immediate family

injury or illness to any member of the **insured person's** immediate family

5. More specific insurance

any damages which should more specifically be claimed under any other contract of insurance in **your** name or that of the **insured person**

6. Non passenger air travel

any loss or expenses arising from an **insured person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft

7. Ownership or occupation of land or buildings

liability arising out of the ownership or occupation of land or buildings

8. Property held in trust

loss of or damage to property belonging to held in trust by or in the custody or control of **you** or the **insured person**, any **employee** or any member of the **insured person's** immediate family

9. Sexually transmitted infections, AIDS or AIDS related conditions

any damages resulting from venereal disease, sexually transmitted infections, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition

10. Suicide or self-injury

any loss or expenses arising from an **insured person** committing or attempting to commit suicide or intentionally inflicting self-injury

11. Trade, business or profession

the carrying on of any trade, business or profession

12. Vessels and craft

any injury, illness, loss or damage arising directly or indirectly as a result of the ownership, possession or use of any mechanically propelled vehicle, aircraft or watercraft

13. Wilful, malicious or unlawful acts

any criminal, malicious or wilful act.

Section L – Business travel: rental vehicle collision damage waiver

Cover

We will pay **you** or the **insured person** up to a maximum amount stated in the schedule for loss of or damage to a rental vehicle during a **journey** in respect of the monetary amount that the **insured person** is legally liable to pay as an excess or deductible to that part of a rental vehicle insurance policy or any other insurance policy applicable to the **insured person** for which cover in respect of loss of or damage to a rental vehicle is in force.

Provided that **we** will not pay more than the amount stated in the schedule in respect of all claims for such loss or damage occurring during any one period of insurance.

Special exclusions

This section does not cover:

1. Deliberate damage

any loss of or damage to a rental vehicle caused deliberately by an **insured person** whether acting alone or in collusion with others

2. Excluded causes

- a) any loss of or damage to a rental vehicle arising out of wear and tear, gradual deterioration, mechanical or electrical failure not attributable to accidental damage
- b) damage that existed at the commencement of the period of rental.

Section M – General assistance services

The cover provided under this section applies where section A – personal accident is operative and includes a range of assistance services supported by the **Zurich Assistance** 24 hour helpline on **+44 (0)1489 868 988**.

Please note that these services are supplied by third parties who are contracted to Zurich.

Counselling and Support Services

Insured persons may access a wide range of personal support services providing practical information, resources and counselling to help them balance their work, family and personal life.

Topics include but are not limited to the following:

- Work-life balance
- Relationships
- Childcare
- Health and well-being
- Debt
- Disability and illness
- Careers
- Bereavement and loss
- Stress
- Elder care
- Life events
- Immigration
- Anxiety and depression
- Family issues
- Bullying and harassment
- Education
- Consumer rights
- Workplace pressure

Support is for up to 6 telephone sessions available by contacting Zurich Assistance on: **+44 (0)1489 868 988**

Medical Second Opinion

Insured persons may gain access to a medical second opinion on any critical illness they are suffering. This illness must be serious in nature and the **insured person** must already be under the care of a medical consultant who has recommended treatment, medication, surgery etc. The second opinion service is arranged via **our** partner who has a network of medical professionals who will review the **insured person's** results and reports (to be supplied by the **insured person**) and offer a written assessment to the **insured person**.

This assessment is for information purposes only and the **insured person** is under no obligation to act on it.

An initial telephone interview may be arranged by contacting Zurich Assistance on: **+44 (0)1489 868 988**.

Section N – Travel assistance services

The cover provided under this section applies where sections B, C, D, F, G, H and I are operative and includes a range of assistance services supported by the **Zurich Travel Assistance** 24 hour helpline.

Please note that the services stated in paragraphs A) and B) below are supplied by third parties who are contracted to Zurich.

A) Medical and Other Assistance

In the event that an **insured person** is travelling on a **journey** during the **operative time** and requires assistance they should contact the emergency helpline: **+44 (0)1489 868 888**

The helpline is manned 24 hours a day 365 days a year by multi-lingual assistance co-ordinators experienced in managing medical assistance cases with hospitals and clinics worldwide.

You or an **insured person** must contact **Zurich Travel Assistance** as soon as possible if illness or **bodily injury** results in the need for in-patient hospital treatment.

We will not pay for any **emergency repatriation expenses** incurred without the prior consent of **Zurich Travel Assistance** or for any hospital treatment provided on an in-patient basis where the **insured person** has not made all reasonable attempts to obtain the prior consent of **Zurich Travel Assistance** or obtained the consent of **Zurich Travel Assistance** at the first opportunity after such treatment.

When seeking medical or travel assistance please make sure the following information is available:

- a) the **insured person's** name
- b) the telephone or facsimile number where an **insured person** can be contacted
- c) the **insured person's** address abroad
- d) the nature of the emergency or the assistance required
- e) the name of the **insured person's** company, employer or organisation.

The medical assistance services provided are:

Air Ambulance

The medical assistance service has the resources to provide repatriation by air ambulance or scheduled airline services depending on the circumstances. If necessary this can include a fully qualified medical escort.

Direct Billing

The medical assistance service has the ability to arrange direct billing with a network of hospitals and clinics worldwide which guarantees the payment for treatment provided.

Emergency Medical Supplies

Assistance in locating and forwarding medicine or medical equipment that might be unavailable locally.

Emergency Travel Assistance

Where an **insured person** falls ill or sustains **bodily injury** during a **journey** and the attending **medical practitioner** recommends that 2 relatives or friends travel to and remain with the **insured person** assistance will be provided in making the travel and accommodation arrangements.

Medical Referral

Where out-patient treatment is required referral can be made to a suitable hospital, doctor or dentist. With access to a team of highly qualified medical consultants advice can be provided on a range of medical conditions.

Medical Staff

The medical assistance service has a team of medical consultants and nursing staff on hand at any time to coordinate any medical assistance cases, arranging hospital admissions and ensuring that the most appropriate treatment is provided.

The medical assistance services also include a range of additional services which are summarised below:

Emergency Cash Advance

Assistance in replacing cash lost or stolen during a **journey**. The value of any cash advance will be deducted from any subsequent claim under section D. Where no claim is made the value of the cash advanced will be reimbursed by **you** to **us** upon completion of the **journey**.

Emergency Message Communication

Forwarding on messages to family and business colleagues in an emergency.

Legal Referral

The service enables the **insured person** to have access to an Embassy or Consulate if legal assistance is required including referral to an English speaking lawyer. Assistance can also be provided in facilitating the payment of bail subject to a satisfactory financial guarantee of reimbursement.

Lost Ticket and Baggage Location

Assistance in replacing lost or stolen tickets, passport or other travel documents and assistance in locating lost or delayed luggage.

On-line Information: www.zurich.co.uk/travelassistance

A web information service is also available and accessed via: www.zurich.co.uk/travelassistance and provides valuable medical and travel information including online country guides that provide security information reflecting the situation in numerous territories. Access is gained by entering **your** policy number when prompted.

Travel Advice

The **insured person** has access to a wealth of helpful and relevant information including currency and banking information, visa details, health requirements and reciprocal health agreements.

Vehicle Return

The assistance service can organise the return of a rental or privately owned vehicle where an **insured person** falls ill or sustains **bodily injury** during a **journey**.

B) Security Assistance Services

We have partnered with security experts **Zurich Travel Assistance** to provide **you** with a comprehensive range of complementary security services.

In the event that an **insured person** is travelling on a **journey** during the **operative time** and requires security assistance they should contact the emergency helpline: **+44 (0)1489 868 888** or visit www.zurich.co.uk/travelassistance

The security assistance services provided are:

Daily News

Subscription is available to email reports sent each weekday, covering political instability, civil unrest, disease outbreaks, crime patterns and terrorism news from around the world. Please subscribe/unsubscribe for these reports at: www.zurich.co.uk/travelassistance

Emergency Response

Where serious difficulties or a **life-threatening situation** arise during a **journey** abroad (personnel missing, attacked or kidnapped or a rapid deterioration in the safety of the location – as insured under sections G, H and I – the team of security specialists appointed by **Zurich Travel Assistance** will be available to assist **you** and **your** personnel with advice, **kidnap** negotiation and coordination of their return to safety.

Please contact **Zurich Travel Assistance** on: **+44 (0)1489 868 888**

Travel Security Website

Security information on over 180 countries worldwide via the **Zurich Travel Assistance** website at www.zurich.co.uk/travelassistance

Travel Security and Safety Briefings for High Risk Destinations

With 48 hours' notice the security partner of **Zurich Travel Assistance** will provide **your** personnel with a security briefing tailored for their travel itinerary for high risk destinations subject to a maximum of 2 briefings per trip or group booking. This will cover the risks, preventative measures and important contact details **your** personnel require to help them remain safe while abroad on a **journey**. For all standard destinations the **Zurich Travel Assistance** website at www.zurich.co.uk/travelassistance is available.

Please contact **Zurich Travel Assistance** on: **+44 (0)1489 868 888**

Please note that the services stated in clauses C) to G) below are provided to **you** by third parties with whom **you** will have a direct contract should **you** elect to receive them and may attract costs which must be borne by **you**. Please see below for further information.

C) Airport Breakdown Assistance (Motor)

Insured persons have access to roadside assistance in the event of their own private vehicle in which they are travelling to or from an airport in the **United Kingdom** suffering a breakdown or accident where their intention is to catch a flight in connection with a **journey**.

We will arrange for a mechanic and/or a taxi to attend the **insured person** in order to repair or recover the vehicle or to transport the **insured person** to the airport.

This is an arrangement service only. All third party costs must be borne by **you** or the **insured person** who will be made aware of this during the call.

This service is available by contacting **Zurich Travel Assistance** on: **+44 (0)1489 868 888**

D) Home Emergency

If while the **insured person** is undertaking a **journey** outside the **United Kingdom** and is made aware of a domestic emergency at their private residence they can contact **Zurich Travel Assistance** to organise an emergency repair.

This is an arrangement service only. All third party costs must be borne by **you** or the **insured person** who will be made aware of this during the call.

The **insured person** will need to be able to provide access to the premises and have the means available to pay for all costs upon completion of the work.

Within reason there are no limitations to the nature of services the **insured person** can request provided that they should be on an emergency repair basis only and typically for plumbing, electrical or property fabric repairs in order to make the premises sound and secure.

This service is available by contacting **Zurich Travel Assistance** on: **+44 (0)1489 868 888**

E) Check- In Service

A scheduled safety check service is available for **insured persons** undertaking a **journey** to countries with a heightened security risk. Specific protocols can be put in place so that if a response is not received emergency contacts will immediately be notified.

The cost of the service is to be met by **you** who will benefit from a 10% discount as **our** policyholder. **You** must allow at least 5 working days' notice for **Zurich Travel Assistance** to arrange the necessary provisions and protocols.

This service is available by contacting **Zurich Travel Assistance** on: **+44 (0)1489 868 888**

F) Meet and Greet Service

You may take advantage of this airport transfer service where an **insured person** can be provided with safe and comfortable transportation in high risk locations. All drivers are vetted and have an in depth local knowledge of the region to ensure the safety of their passengers remains paramount at all times.

A quotation for a specific trip can be obtained by calling **Zurich Travel Assistance** on:

+44 (0)1489 868 888. **You** will be responsible for all charges for the transport and greet services arranged but as **our** policyholder **you** will have access to a 10% discount on standard fees.

You must allow at least 5 working days' notice for **Zurich Travel Assistance** to arrange the necessary provisions and protocols.

G) Airport Lounge Access

As **our** policyholder **you** have access to concessions for **your** personnel to enjoy the use of over 600 airport VIP lounges. **Insured persons** may take advantage of this special offer by joining online at www.zurich.co.uk/zurichtravelassistance where various options on levels of membership are publicised along with available discounts. Options include access by accompanying guests.

General exclusions

We will not be liable for any **bodily injury**, loss or expense suffered:

1. Active service

as a result of an **insured person** engaging in active service in any of the armed forces of any nation

2. Excluded travel to dangerous or unsettled areas

resulting from a **journey** to the countries or specific areas of countries listed in the schedule

3. War risks

as a result of **war** within the **insured person's country of permanent residence** or **country of secondment**.

General conditions

1. Alteration

You must notify **us** as soon as possible during the period of insurance if there is any change in circumstances or to the material facts previously disclosed by **you** to **us** or stated as material facts by **us** to **you** which increases the risk of accident, injury, loss, damage or liability.

Upon notification of any such change **we** will be entitled to vary the premium and terms for the rest of the period of insurance. If the changes make the risk unacceptable to **us** then **we** are under no obligation to agree to make them and may no longer be able to provide **you** with cover.

If **you** do not notify **us** of any such change **we** may exercise one or more of the options described in clauses c) i), ii) and iii) of General condition 8 but only with effect from the date of the change in circumstances or material facts.

2. Arbitration

If **we** admit liability for a claim but there is a dispute as to the amount to be paid the dispute will be referred to an arbitrator. The arbitrator will be appointed jointly by **you** and **us** in accordance with the law at the time. **You** may not take any legal action against **us** over the dispute prior to the arbitrator having reached a decision.

3. Assignment

This policy may not be assigned without **our** prior written consent.

4. Cancellation

You may cancel this policy by giving **us** 30 days prior written notice. **We** may cancel this policy by giving **you** 30 days prior written notice at **your** last known address except that 7 days prior written notice will be given when cancellation is for non-payment of premium. Notice will be made via special delivery mail.

If **you** cancel this policy **we** will return a pro-rata of the annual premium subject to a minimum retention of GBP1,000 or one third of the annual premium whichever is greater provided always that no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this policy. If **we** cancel the policy **we** will retain the pro-rata earned premium under it for the period during which this policy has been in force or the pro-rata minimum premium whichever is greater.

We may cancel any coverage provided under this policy in respect of **war** by sending **you** 7 days prior written notice to **your** last known address. Notice will be made via special delivery mail.

5. Contractual right of renewal (tacit)

If **you** pay the premium to **us** using **our** Direct Debit instalment scheme **we** will have the right which **we** may choose not to exercise to renew this policy each year and continue to collect premiums using this method. **We** may vary the terms of this policy including the premium at renewal. If **you** decide that **you** do not want **us** to renew this policy provided **you** tell **us** or **your** broker or insurance intermediary prior to the next renewal date **we** will not renew it.

6. Duplicate cover

If a loss is covered under more than one section of this policy **we** will provide cover under the section that provides the most cover but never under more than one section. In no event will **we** make duplicate payments for the same loss.

7. Event aggregate limitation

If the total amount of all claims for **bodily injury** arising out of any one **event** exceeds the **event aggregate limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **event aggregate limit**.

8. Fair presentation of the risk

- a) At inception and renewal of this policy and also whenever changes are made to it at **your** request **you** must:
 - i) disclose to **us** all material facts in a clear and accessible manner; and
 - ii) not misrepresent any material facts.
- b) If **you** do not comply with clause a) of this condition **we** may:
 - i) avoid this policy which means that **we** will treat it as if it had never existed and refuse all claims where any non-disclosure or misrepresentation by **you** is proven by **us** to be deliberate or reckless in which case **we** will not return the premium paid by **you**; and
 - ii) recover from **you** any amount **we** have already paid for any claims including costs or expenses **we** have incurred.
- c) If **you** do not comply with clause a) of this condition and the non-disclosure or misrepresentation is not deliberate or reckless this policy may be affected in one or more of the following ways depending on what **we** would have done if **we** had known about the facts which **you** failed to disclose or misrepresented:
 - i) if **we** would not have provided **you** with any cover **we** will have the option to:
 - 1) avoid the policy which means that **we** will treat it as if it had never existed and repay the premium paid; and
 - 2) recover from **you** any amount **we** have already paid for any claims including costs or expenses **we** have incurred

- ii) if **we** would have applied different terms to the cover **we** will have the option to treat this policy as if those different terms apply. **We** may recover any payments made by **us** on claims which have already been paid to the extent that such claims would not have been payable had such additional terms been applied
- iii) if **we** would have charged **you** a higher premium for providing the cover **we** will charge **you** the additional premium which **you** must pay in full.
- d) Where this policy provides cover for any person other than **you** and that person would if they had taken out such cover in their own name have done so for purposes wholly or mainly unconnected with their trade, business or profession **we** will not invoke the remedies which might otherwise have been available to **us** under this condition if the failure to make a fair presentation of the risk concerns only facts or information which relate to a particular insured person other than **you**.

Provided always that if the person concerned or **you** acting on their behalf makes a careless misrepresentation of fact **we** may invoke the remedies available to **us** under this condition as against that particular person as if a separate insurance contract had been issued to them leaving the remainder of the policy unaffected.

9. Fraudulent claims

If **you** or anyone acting on **your** behalf:

- a) makes a fraudulent or exaggerated claim under this policy; or
- b) uses fraudulent means or devices including the submission of false or forged documents in support of a claim whether or not the claim is itself genuine; or
- c) makes a false statement in support of a claim whether or not the claim is itself genuine; or
- d) submits a claim under this policy for loss or damage which **you** or anyone acting on **your** behalf or in connivance with **you** deliberately caused; or
- e) realises after submitting what **you** reasonably believed was a genuine claim under this policy and then fails to tell **us** that **you** have not suffered any loss or damage; or
- f) suppresses information which **you** know would otherwise enable **us** to refuse to pay a claim under this policy

we will be entitled to refuse to pay the whole of the claim and recover any sums that **we** have already paid in respect of the claim.

We may also notify **you** that **we** will be treating this policy as having terminated with effect from the date of any of the acts or omissions set out in clauses a) to f) of this condition.

If **we** terminate this policy under this condition **you** will have no cover under this policy from the date of termination and not be entitled to any refund of premium.

If any fraud is perpetrated by or on behalf of an **insured person** and not on behalf of **you** this condition should be read as if it applies only to that **insured person's** claim and references to this policy should be read as if they were references to the cover effected for that person alone and not to the policy as a whole.

10. Interest

No sum payable under this policy will carry interest.

11. Multi-engined aircraft limitation

If the total amount of all claims for **bodily injury** arising out of any one **event** involving the same multi-engined aircraft exceeds the **multi-engined aircraft limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the **multi-engined aircraft limit**.

12. Other forms of aerial transport limitation

If the total amount of all claims for **bodily injury** arising out of any one **event** involving the same aircraft (not being a multi-engined aircraft) exceeds the other forms of **aerial transport limit** each individual claim will be proportionately reduced until the total value of all claims does not exceed the other forms of **aerial transport limit**.

13. Other insurances

If at the time of an **event** insured under this policy there is any other insurance covering the same loss, damage or liability or any part of them **we** will only pay **our** rateable proportion of the claim except where this is excluded under the specific section.

Provided that this clause will not apply to sections A, C, D or E of this policy.

14. Payment by instalments

Where **we** refer in this policy to the payment of premiums this will include payment by monthly instalments. If **you** pay by this method this policy remains an annual contract. The date of payment and the amount of the instalment are governed by the terms of the credit agreement. If an instalment is not received by the due date then subject to the Consumer Credit Act 1974 if it applies the credit agreement and this policy will be cancelled immediately.

15. Reasonable care

You and any **insured person** will exercise reasonable care to avoid or diminish any loss or any circumstances likely to give rise to a claim under this policy.

16. Restriction in cover for over 85s

So far as concerns **insured persons** who have attained the age of 86 years:

- a) in respect of section A benefits will only be payable under benefits 1 to 4 of the schedule and will in no event exceed £50,000 or the amount stated in the schedule whichever is the lesser
- b) sections B and F do not cover any expense arising from a pre-existing medical condition which the **insured person** knew about at the date on which the **journey** was booked.

17. Sanctions

Notwithstanding any other terms of this policy **we** will be deemed not to provide cover nor will **we** make any payment or provide any service or benefit to **you** or any other party to the extent that such cover, payment, service, benefit and/or any business or activity of **yours** would violate any applicable trade or economic sanctions law or regulation.

18. Third party rights

A person who is not a party to this contract including specifically an **insured person** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract.

Claims conditions

1. Claim notification

Upon learning of any circumstances likely to give rise to a claim **you** must:

- a) i) give notice to us as soon as reasonably possible by contacting us via one of the following options:

Phone: +44 (0)800 0260 184

Email: a&hclaims@uk.zurich.com

Post: Zurich Accident and Health Claims,
3000 Parkway, Whiteley, Fareham,
United Kingdom PO15 7JZ

- ii) make no admission of liability without **our** prior written consent
- iii) provide **us** or **our** appointed representatives with:
- 1) all necessary assistance in a timely manner
 - 2) all information reasonably required
 - 3) all documentation and records necessary to establish and assess indemnity under this policy
- iv) prove the loss to **our** reasonable satisfaction
- v) forward immediately to **us** or **our** representatives any letter, writ or other document received in connection with any claim made under this policy
- vi) assist and concur with all reasonable arrangements for **our** medical advisors to examine an **insured person** in respect of which a claim has arisen; and
- b) as often as may be reasonably required provide a statutory declaration sworn before a solicitor, justice of the peace or notary public named by **us** on all matters connected with a claim at such reasonable time and place as **we** may designate.

No act by **us** or **our** representatives in connection with any investigation will be deemed a waiver of any defence which **we** might otherwise have. All acts will be deemed to have been made without prejudice to **our** liability.

We reserve the right to:

- a) take such steps as **we** deem necessary to prevent, mitigate or minimise a loss
- b) take over and conduct the defence or settlement of claims made against an **insured person** that is covered by this policy
- c) pursue all rights or remedies available to **you** whether or not payment has been made.

2. Subrogation rights

We reserve the right to:

- a) take such steps as **we** deem necessary to prevent, mitigate or minimise a loss
- b) take over and conduct the defence or settlement of claims made against an insured person that is covered by this policy
- c) pursue all rights or remedies available to **you** whether or not payment has been made.

Our complaints procedure

Our commitment to customer service

We are committed to providing a high level of customer service. If you feel we have not delivered this, we would welcome the opportunity to put things right for you.

Who to contact in the first instance

Many concerns can be resolved straight away. Therefore in the first instance, please get in touch with your usual contact at Zurich or your broker or insurance intermediary, as they will generally be able to provide you with a prompt response to your satisfaction.

Contact details will be provided on correspondence that we or our representatives have sent you.

Many complaints can be resolved within a few days of receipt

If we can resolve your complaint to your satisfaction within the first few days of receipt, we will do so. Otherwise, we will keep you updated with progress and will provide you with our decision as quickly as possible.

Next steps if you are still unhappy

If you are not happy with the outcome of your complaint, you may be able to ask the Financial Ombudsman Service to review your case.

We will let you know if we believe the ombudsman service can consider your complaint when we provide you with our decision. The service they provide is free and impartial, but you would need to contact them within 6 months of the date of our decision.

More information about the ombudsman and the type of complaints they can review is available via their website www.financial-ombudsman.org.uk.

You can also contact them as follows:

Post: Financial Ombudsman Service,
Exchange Tower, London, E14 9SR

Telephone: 08000 234567
(free on mobile phones and landlines)

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

If the Financial Ombudsman Service is unable to consider your complaint, you may wish to obtain advice from the Citizens Advice Bureau or seek legal advice

The Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS) which means that you may be entitled to compensation if we are unable to meet our obligations to you. Further information is available on www.fscs.org.uk or by contacting the FSCS directly on 0800 678 1100.

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Zurich Insurance plc

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UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance plc is authorised by the Central Bank of Ireland and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation by the Financial Conduct Authority are available from us on request. Our FCA Firm Reference Number is 203093.

Communications may be monitored or recorded to improve our service and for security and regulatory purposes.

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