

GENERAL TERMS AND CONDITIONS CANCELLATION, MODIFICATION & CURTAILMENT OF TRAVEL AND ACTIVITIES

This insurance policy is a Group Insurance Policy taken out by LANDAL GREENPARKS in the interest of its customers who have booked Travel on a website and have chosen to enrol in the Group Insurance Policy.

This insurance policy is not mandatory.

The insurance policy is composed of the present General Terms and Conditions completed by the Special Terms and Conditions and Your Membership Certificate. In case of contradiction, Special Terms and Conditions supersede General Terms and Conditions, and the Membership Certificate supersedes both General Terms and Conditions and the Special Terms and Conditions.

International sanctions

The Insurer will not provide cover nor pay a claim nor provide any benefit or a service described in the policy if this would expose the insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America. For further details please visit: <https://www.europ-assistance.com/en/who-we-are/international-regulatory-information>

DEFINITIONS

ABROAD: Any country other than Your Home Country and the Sanctioned Countries in accordance with the General Terms and Conditions.

ACCIDENT: A sudden and unforeseen external event which causes non-intentional bodily injury to any natural person.

ACTIVITIES: leisure services booked with the Travel Organizer before the Trip begins.

CIVIL PARTNER: The married person, the legal or *de facto* cohabitant of the Insured, living under the same roof as the Insured.

DEPARTURE DATE: The start date of the Travel specified in the invoice issued to the Insured by the Policyholder, the Travel Organizer or by an authorized distributor.

END DATE: The end date of the Travel specified in the invoice issued to the Insured by the Policyholder, the Travel Organizer or by an authorized distributor.

EXCESS: Amount that will remain at Your expense

FAMILY MEMBER: husband, wife or civil partner living under the same roof, parents, in-laws, children, sons-in-law and daughters-in-law, brothers and sisters, brothers-in-law and sisters-in-law, grandparents and grandchildren of the Insured.

GROUP INSURANCE POLICY: this group policy, entered into by the Policyholder in the interest of its customers, who may join it.

HOME: The place where the Insured is principally registered in the population registers.

HOME COUNTRY: The country where Your Home is.

ILLNESS: any alteration of the health conditions, for reasons other than a bodily injury.

INSURED / YOU/ YOUR: The Insured's customer who has enrolled in the Group Insurance Policy and the Insured's Travel Companions.

INSURER / WE / US / OUR: EUROP ASSISTANCE S.A., a French limited company governed by the French Insurance Code, headquartered at 1, promenade de la Bonnette, 92230 Gennevilliers, France, registered at the register of trade and companies of Nanterre under the number 451 366 405, underwriting this Group Insurance Policy through its Irish branch EUROP ASSISTANCE S.A. IRISH BRANCH, whose principal place of business is 4th Floor 4-8, Eden Quay, Dublin 1, Ireland, D01 N5W8 and registered with the Irish Companies Registration Office under number 907089

Europ Assistance S.A. is regulated by the French supervision authority (ACPR), 4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France. The Irish branch operates in accordance with the Code of Conduct for Insurance Undertakings (code of ethics for insurance companies) released by the Central Bank of Ireland, it is Registered in the Republic of Ireland under number 907089 and is acting in Your country under the freedom of services regime.

The solvency report of the insurer is available at the following address: <http://www.europ-assistance.fr/sites/default/files/wwweuropassistancefr/download-doc/pdf/easasfcr2017vf.pdf>.

MEMBERSHIP: The adherence of the Insured to the Group Insurance Policy, in order to benefit from the covers therein provided in relation to a specific Travel.

MEMBERSHIP CERTIFICATE:

Written confirmation or electronic document provided to the Insured in order to confirm the Membership.

OUR MEDICAL OFFICER: the doctor or physician appointed by the Insurer in order to ascertain health conditions of the Insured.

POLICYHOLDER: LANDAL GREENPARKS

PRE-EXISTING MEDICAL CONDITION: An Illness that had been diagnosed to the Insured before Your Membership to the Group Insurance Policy.

RELATION: A person who has a close relationship with the Insured (relative or close friend).

PROFESSIONAL PREMISES: Property owned or rented by the Insured or a company owned by the Insured for the purposes of his/her professional activity.

PROFESSIONAL SUBSTITUTE: the person that replace the Insured at work, during the Travel.

SERIOUS DAMAGE: material damage that exceeds an amount above 5000 € if affects Your Home or Your secondary residency or that affects the normal conduct of the business, if it affects Your Professional Premises.

SERIOUS ILLNESS: Illness diagnosed by a licensed doctor and, more specifically:

(a) when a Serious Illness relates to an Insured, it is necessary that a licensed doctor states that You cannot attend the Travel;

(b) with regard to persons other than an Insured, it is necessary that a licensed doctor states that a hospital treatment is necessary for more than 48 consecutive hours.

STRIKE: The collective ceasing of work or refusal to work by a body of employees as a form of protest.

TERRORISM: An act including, but not limited to, the use of force or violence and/or the threat thereof, carried out by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including with the intention of influencing any government or putting the public, or any section of the public, in fear. Any act of terrorism must be officially regarded as such by a public authority of the place where it occurred.

THIRD DEGREE FAMILY MEMBER: uncles and aunts of the Insured and children of brothers and sisters.

THIRD-PARTY: anyone who is not an Insured, a Family Member, a Third Degree Family Member or a Travel Companion.

TRAVEL: The service booked with the Policyholder or an authorized distributor (including the Travel Organizer) which includes following travel services : flight tickets, train tickets, cruise, hotel reservations, accommodation, booking or travel package.

TRAVEL COMPANION: Any person other than an Insured that has booked to travel with You on Your Travel.

TRAVEL ORGANIZER: LANDAL GREENPARKS

1. MEMBERSHIP

Consent of the Insured to adhere to the Group Insurance Policy may be given either electronically (through an internet website or e-mail), or orally in the case of distance sales via telephone, or in writing in case of purchase at the premises of a distributor.

In order to be eligible for the Membership, each of the following conditions must be met:

(a) the Insured must have purchased a Travel from the Policyholder or a distributor (including the Travel Organizer) authorized by the same;

(b) Travel purchased by the Insured shall last no more than 90 consecutive days.

(c) Enrolment in the Group Insurance Policy is made up to 7 days after the booking of the Trip and no later than 30 days before the effective date of the Trip. For Trips booked less than 30 days before the effective date, the 7-day rule does not apply, in which case the Group Insurance Policy must be taken out at the time of booking the Trip.

Membership is subject to the payment of the premium by the Insured.

2. DURATION

Duration of the Membership

Subject to the payment of the premium by the Insured, the Membership start date is:

- (a) in case of sale at the premises of a distributor (including the Travel Organizer): the date on which the Insured expressed its consent to become an Insured;
- (b) in case of sale by telephone: the date on which the Insured expressed its consent to become an Insured, over the phone;
- (c) in case of sale by website or email: the date on which the Insured was confirmed the purchase of the Membership, by email.

Duration of the covers

Concerning the Cancellation cover, You are covered from the effective date of the Membership until the Travel begins.

Concerning the Travel and Activities Curtailment cover, You are covered from the Departure date until the End date.

Withdrawal right

The Insured is entitled to withdraw from the Membership in a 14 days term since the purchase with distance sales techniques (e.g. by telephone, email or website) by sending an email to: info@landal.com

You can use the following template: I hereby, (Mr./Mrs., name, full name, address) notify my withdrawal from the Group Insurance Policy to which I adhered on (date), proven by Membership Certificate no. XXXXX. Date and Signature. »

We will refund full amounts paid within a maximum of thirty (30) calendar days from the receipt of Your request provided that no claim for compensation has been made or claim report requested or is in the process of being reported, and that no incident likely to give rise to such claim occurred.

3. PREMIUM

The premium is disclosed to the Insured prior to Membership and it includes taxes and fees. It is paid to the Insurer at the date of the Membership.

4. GEOGRAPHICAL SCOPE

The insurance provides a cover in the countries included in the Travel booked with the Travel Organizer **except the following countries and territories: North Korea, Syria, Crimea, Venezuela, Iran.**

5. SETTLEMENT OF CLAIM

The amount of loss for which we may be liable shall be payable within 30 days after suitable proof of loss is received, or a settlement agreement on the claim has been agreed by Us.

The payment of any indemnity owed to the Insured shall be made in the same currency used by the Insured to pay the premium.

6. SUBROGATION

After incurring costs, the Insurer shall take over all rights and claims that the Insured may have against any third parties liable for the incident to the Insured.

Our right of recovery is limited to the total cost incurred by us in performance of this Group Insurance Policy.

You will reasonably cooperate with us for the exercise of Our subrogation rights.

7. OTHER INSURANCE

The Insured shall notify in writing to the Insurer whether she/he has entered into another insurance policy which cover the same risk(s). In case of claim the Insured shall notify the claim to all insurers, indicating to each the name of the others.

Each Insurer is liable for the payment of the indemnity only in portion to his respective share of risk.

8. APPLICABLE LAW AND JURISDICTION

The Group Insurance Policy, the Membership, their interpretation, or any issue relating to its construction, validity or operation and performance shall be subject to the laws of [country].

Any dispute or claim arising out of or in connection with the Group Insurance Policy, the Membership, or their subject matter or formation (including non-contractual disputes or claims) shall be subject to the exclusive jurisdiction of [country] courts.

9. STATUTE OF LIMITATION

The rights arising from this Group Insurance Policy may not be exercised by the Insured after two years from the date of the event grounding the right.

10. ASSIGNMENT

You may not assign the Membership without our prior written consent.

11. PERSONAL DATA PROTECTION

PLEASE INSERT THE DATA PRIVACY NOTICE, RELEVANT FOR YOUR COUNTRY

12. TO CONTACT US FOR A CLAIM

If You wish to submit a claim to us, You can go to Our easy to use website:

<https://landal.eclaims.europ-assistance.com>

This is the quickest way to contact us.

You can also write us at the following address:

Europ Assistance Service Indemnisations GCC
P.O. Box 36364 - 28020 Madrid – SPAIN
Email: claimslandal@roleurop.com
Tel: XXX

13. COMPLAINTS PROCEDURE

We strive to offer You the highest level of service. However, in case of dissatisfaction You must first send Your complaint by mail to the following address:

INTERNATIONAL COMPLAINTS
P. O. BOX 36009
28020 Madrid, Spain
complaints@roleurop.com

If You are not satisfied with the way Your complaint was handled, You can send a written notification to:

The Compliance Officer (compliance officer)
Europ Assistance S.A. Irish Branch
4th Floor, 4-8 Eden Quay,
Dublin 1, Ireland, N5W8 D01
E-mail: complaints_eaib_fr@roleurop.com

We will acknowledge receipt of Your complaint within 10 days unless we can directly provide an answer. We commit to provide a final answer within 2 months. If You do not receive an answer in two months or if You do not agree with our answer You can address to the Ombudsman:

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La Médiation de l'Assurance
TSA 50110
75441 Paris Cedex 09
<http://www.mediation-assurance.org/>

PARTICULAR TERMS AND CONDITIONS CANCELLATION, MODIFICATION & CURTAILMENT OF TRAVEL AND ACTIVITIES

A. CANCELLATION AND MODIFICATION

What You are covered for:

The object of the cover is to guarantee You against the pecuniary loss You incurred directly due to the cancellation or modification of the covered Travel in case one of the insured events listed below occurs, before the Travel begins, and subject to the application of an exclusion and up to the amounts stated in the Table of Cover.

THE COST OF THE FOLLOWING ITEMS WILL ANYWAY NOT BE CONSIDERED PART OF THE EXPENSES TO BE COVERED: TOURIST TAXES, AIRPORT TAXES, PORT TAXES, INSURANCE PREMIUM, SERVICE FEES AND BOOKED ACTIVITIES DURING THE TRAVEL.

The insured events are:

1. Illness (including pre-existing illnesses), Accident, death or emergency organ transplantation (as a recipient or donor):
 - An Insured.
 - A Family Member usually living under the roof of the Insured or his parents or relatives up to and including the 3rd degree.
 - The person designated for the custody of minors or disabled persons You are responsible for or legal guardian.
 - The person with whom the Insured was going to stay free of charge Abroad.
2. Serious Damage to the Home or Professional Premises of an Insured.
3. Redundancy of the Insured.
4. Commencement of employment in a new company in which an Insured had not been engaged during the previous six months at the time when entering into the new employment contract. The multiple contracts entered into by temporary employment agencies in order to carry out tasks for other companies shall be considered as contracts for the companies in which the worker undertakes his or her activity.
5. Summons of an Insured to appear as a party, witness, jury member in court or any other public authority.
6. Surrender of a child for adoption by an Insured.
7. Unexpected failure of the grant of visas for an Insured without justification.
8. The case where the Insured, for medical reasons, cannot undergo the vaccinations necessary for the Travel;
9. Medical complications of pregnancy or medical disorders of pregnancy of the Insured or a Family Member up to the 3rd degree;
10. The pregnancy of the Insured or the Insured's travelling companion provided that the Travel was scheduled during the last 3 months of the pregnancy and that this pregnancy was not known at the time of booking the Travel;
11. The acquisition of a new residence or the signing of a new lease within 30 days of the scheduled Departure Date. You are also covered during your Travel. You must be present for the transfer of your home, and only if You have no influence on the final date of receipt and transfer.
12. Economic dismissal by the employer of the Insured and/or his or her spouse provided that this takes place after the commencement of coverage and after the reservation of the Travel;

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13. Cancellation of the Insured's holidays already granted by the employer due to Illness, Accident or death of the colleague who was to replace the Insured during his/her holidays;
14. The essential presence of the Insured and/or his or her spouse exercising a liberal or independent profession following the unavailability due to Illness, Accident or death of the professional replacement who was to replace the Insured during his/her holidays;
15. The essential presence of the Insured and/or his or her Spouse who is a self-employed professional or businessperson following unavailability due to Sickness, Accident or death of the Spouse or a Family Member up to the 2nd degree of the Professional Replacement who was to replace the Insured during his or her annual leave;
16. The essential presence of the Insured and/or his or her Spouse who is a self-employed professional or businessperson following unavailability due to complications of pregnancy of the Professional Replacement or his or her Spouse who was to replace the Insured during his or her annual leave;
17. The essential presence of the Insured and/or his or her Spouse who is a self-employed professional or businessperson following unavailability due to serious damage to the property, rented house or business of the Professional Replacement who was to replace the Insured during his or her annual leave ;
18. The professional transfer of the Insured insofar as it makes it essential for the Insured to move provided that it takes place after the entry into force of the coverage and after the reservation of the Travel, and that it makes the Travel impossible;
19. The convocation of the Insured and/or his spouse for humanitarian aid or military mission;
20. The remedial examination at the end of the school or university year which cannot be postponed and which the Insured must pass between the Departure Date and 30 days after the date of return from the Travel;
21. The divorce of the Insured, provided that the proceedings have been brought before the courts after the reservation of the Travel and upon presentation of an official document;
22. The de facto separation of the Insured. One of the spouses must present an official document of change of Home after booking the Travel;
23. The home-jacking or car-jacking of the vehicle belonging to the Insured occurring in the week preceding the Departure Date of the Travel;
24. The total loss or immobilization of the private vehicle belonging to the Insured and/or his spouse as a result of a traffic accident, theft or fire producing in the week preceding the Departure Date of the Travel;
25. The absence of boarding (station, port, airport) following a total immobilization of the Insured's vehicle on the day of departure following a traffic accident on the way to the boarding point (station, port, airport);
26. The theft of the visa or passport within 7 days preceding the date of departure on the Travel and essential to the travel of the Insured, his spouse or a relative up to the 2nd degree travelling with the Insured;
27. The death of Your dog, cat or horse within 7 days before Your departure on Travel;
28. Unexpected eviction from the house rented by the Insured unless the termination of the lease was known at the time of booking the Travel. The actual expulsion must take place within 30 days before the scheduled Departure Date;
29. The unforeseen expulsion from a parent's rest home up to the 2nd degree as far as this was not known at the time of booking the Travel. The actual expulsion must take place within 30 days before the scheduled Departure Date;
30. Runaway, kidnapping, disappearance of the Insured, his spouse and any member of his family usually living under his/her roof, or his/her parents or relatives up to and including the 2nd degree;
31. Cancellation of the honeymoon following the cancellation of the Insured's civil wedding ceremony;
32. The urgent care of a Relative that only You can give him or her.

The liability of the Insurer is limited to the amounts stated in the Table of Cover.

If the event only applies to one Insured, the other Insureds are entitled to be covered for the same cancellation event.

Exclusions:

YOU ARE ONLY COVERED IN RELATION TO THE INSURED EVENTS ENLISTED IN THE SECTION “WHAT YOU ARE COVERED FOR” AND TO THE EXTENT THEREIN DESCRIBED.

IN ADDITION, YOU ARE NOT COVERED FOR THE CONSEQUENCES OF ANY OF THE FOLLOWING EVENTS WHICH ARE EXCLUDED FROM THIS COVERAGE:

1. CONSUMPTION OF NARCOTICS, DRUGS OR MEDICINE, OTHER THAN THOSE WHICH HAVE BEEN PRESCRIBED BY A DOCTOR;
2. THOSE INTENTIONALLY CAUSED BY AN INSURED, A FAMILY MEMBERS OR TRAVEL COMPANION;
3. ILLNESSES OR ACCIDENTS DERIVED FROM THE CONSUMPTION OF ALCOHOLIC BEVERAGES BY THE INSURED OR THE TRAVEL COMPANION;
4. SUICIDE, ATTEMPTED SUICIDE OR SELF-HARM ON THE PART OF AN INSURED, A FAMILY MEMBER OR TRAVEL COMPANION;
5. EPIDEMICS OR INFECTIOUS DISEASES WHICH APPEAR SUDDENLY AND SPREAD RAPIDLY THROUGH THE POPULATION, AS WELL AS THOSE CAUSED BY POLLUTION AND/OR CONTAMINATION OF THE ATMOSPHERE;
6. WARS, DEMONSTRATIONS, INSURRECTIONS, ACTS OF TERRORISM, SABOTAGE, AND STRIKES;
7. THE CONSEQUENCES OF PSYCHOSIS, NEUROSIS, DISORDER OF THE PERSONALITY, DISORDER, PSYCHOSOMATIC DISORDER OR DEPRESSIVE STATE OF THE INSURED;
8. THE PARTICIPATION OF THE INSURED IN BETS, CHALLENGES OR FIGHTING;
9. THE PRACTICE OF SPORTS COMPETITION OR MOTORISED COMPETITIONS (RACING OR RALLY);
10. THE PRACTICE OF ONE OF THE FOLLOWING DANGEROUS SPORTS AND ACTIVITIES : BOXING, WEIGHTLIFTING, WRESTLING, MARTIAL ARTS, MOUNTAINEERING, BOBSLEIGH, IMMERSION WITH RESPIRATORY EQUIPMENT, CAVING, SKI JUMPS, SKYDIVING, PARAGLIDING, FLIGHTS IN ULM OR GLIDER, SPRINGBOARD DIVING, SCUBA DIVING, HANG-GLIDING, MOUNTAIN-CLIMBING, HORSE RIDING, HOT-AIR BALLOONING, PARACHUTING, FENCING, DEFENSIVE SPORTS, ADVENTURE SPORTS SUCH AS RAFTING, BUNGEE, WHITE-WATER (HYDROSPEED), CANOEING;
11. CONSEQUENCES OF THE TRANSMUTATION OF THE ATOMIC NUCLEUS, AS WELL AS RADIATION CAUSED BY THE ARTIFICIAL ACCELERATION OF ATOMIC PARTICLES OR ANY IRRADIATION FROM A SOURCE OF ENERGY OF A RADIOACTIVE NATURE;
12. THE TELLURIC MOVEMENTS, FLOODS, ERUPTIONS VOLCANIC AND, GENERALLY, ANY PHENOMENON TRIGGERED BY THE FORCES OF NATURE;
13. THE CONSEQUENCES RESULTING FROM THE USE OR POSSESSION OF EXPLOSIVES OR FIREARMS;
14. THE CONSEQUENCES OF ALCOHOLIC CIRRHOSIS.

Documents and information required to claim in respect of the cancellation of the Travel

It is necessary to provide the following documents to allow the management of a Claim:

1. Documents that evidence the facts constituting an insured event under this coverage (medical report, death certificate, hospital documents, police report, complaints filed at police stations...).
2. Form provided by Us to be completed by the registered medical practitioner attending the Insured or other person receiving medical treatment related to the cancellation. This document shall only be necessary in cases where insufficient information on the person's medical condition has been provided.
3. Copy of confirmation email and/or receipts for the Travel that was purchased.
4. Copy of documents of the costs caused by cancelling the Travel, issued by the Travel Organiser and which gives a breakdown of the amounts and items involved, as well as a copy of the general conditions of the sale.
5. Copy of document that confirms cancellation of the Travel, issued by the Travel Organiser or other distributor, showing the expenses suffered as a consequence of the cancellation of the Travel.
6. If the cancellation is due to one of the above insured event involving a Family Member or a **Third Degree Family Member**, a document that evidences the relationship between the Insured and the Family Member or **Third Degree Family Member** must be presented (for example a certificate of birth/family affiliation for each of the parties involved), if such documents exist in the country in which the Insured booked the Travel.

If You have any issue to provide the above documentation, You can always provide another document having the same legal value (e.g. self-certification) and including the relevant information.

We commit to respect confidentiality of information provided in the course of the insurance or a claim. All medical information should be sent in an envelope marked “confidential / medical secrecy” in order that document to be read only

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by Our Medical Officer of the Insurer.

B. TRAVEL AND ACTIVITIES CURTAILMENT

What You are covered for:

The object of the cover is to guarantee You against the pecuniary loss You incurred directly due to the curtailment of the covered Travel and Activities in case one of the insured events listed below occurs and subject to the application of an exclusion. You are covered from the Departure Date until the End Date.

Please note: If You need to interrupt Your Travel or Activities, You must contact Us as soon as possible.

The Insurer covers the expenses corresponding to the accommodation costs for the days of the Travel and Activities not used and the costs incurred by the Insured to return to Your respective Home up to a maximum amount stated in the **Table of guarantees and after the application of the excess stated in the Table of Cover.**

THE FOLLOWING ITEMS WILL BE EXCLUDED FROM THE REIMBURSED AMOUNT: TOURIST TAXES, AIRPORT TAXES, PORT TAXES, INSURANCE PREMIUM, SERVICE FEES AND BOOKED ACTIVITIES DURING THE TRAVEL.

Please note: If payment has been made using frequent flyer points, air miles, loyalty card points or the like, settlement of Your claim will be based upon the lowest available published flight or hotel fare for the flight or hotel originally booked if they are non-transferable.

We will provide this cover if the cutting short of Your Travel and Activities is necessary and unavoidable as a result of one of the following insured events:

1. Serious Illness, or Serious Injury or death of:
 - An Insured.
 - A Family Member usually living under the roof of the Insured or his parents or relatives up to and including the 3rd degree.
 - The person designated for the custody of minors or disabled persons You are responsible for or legal guardian.
 - The person with whom the Insured was going to stay free of charge Abroad.
2. .
3. Early return of other Insured. In that case, the transport or the repatriation of an Insured, for medical reasons, prevent the other Insured from continuing their stay on site.
4. Early return in the event of a hospitalization of a Family Member up to the 3rd degree, as long as:
 - the attending doctor certifies that this hospitalization will exceed 5 days, that it was unexpected and that the seriousness of the patient's state of health justifies the presence of the Insured at his bedside;
 - or the hospitalised person is a child under 18 years of age of the Insured person and the attending doctor certifies that his or her hospitalization must exceed 48 hours.
5. Early return following the death in his/her Home Country or Abroad of the Insured.
6. Return home when the vehicle with which the Insured are travelling Abroad is immobilized and cannot be repaired on site.
7. Early return following the theft of the vehicle with which the Insured are travelling Abroad when it is not found;
8. the early return in the event of unavailability of your Professional Replacement due to Illness, Accident, death, complications of the pregnancy of the latter or his or her partner and surgical operation on the cohabiting partner or the child of the Professional Replacement;
9. the early return in the event of unavailability of the Professional Replacement due to a serious incident at the property, rented house or business of the latter.

Specificities of this cover:

You must contact us first to authorise Your early return back to Your respective Home.

We will cover Travel and Business interruption claims from the date of early termination of your stay until the last day of your initially scheduled stay/trip. Your claim will only consist of the number of full days of travel and activities that You have not taken advantage of.

If You have to cut short Your Travel and You do not return to Your Home we will only be liable for the equivalent costs which You would have incurred had returned to Your Home.

WE SHALL NOT INTERVENE TO COVER THE INITIAL COST OF YOUR RETURN HOME IF WE HAVE COVERED ADDITIONAL TRAVEL EXPENSES TO ALLOW YOU TO INTERRUPT YOUR TRAVEL.

What You are not covered for:

YOU ARE ONLY COVERED IN RELATION TO THE INSURED EVENTS ENLISTED IN THE SECTION "WHAT YOU ARE COVERED FOR" AND TO THE EXTENT THEREIN DESCRIBED.

IN ADDITION, YOU ARE NOT COVERED FOR THE CONSEQUENCES OF ANY OF THE FOLLOWING EVENTS WHICH ARE EXCLUDED FROM THIS COVERAGE:

- 1. CONSUMPTION OF NARCOTICS, DRUGS OR MEDICINE, OTHER THAN THOSE WHICH HAVE BEEN PRESCRIBED BY A DOCTOR**
- 2. THOSE INTENTIONALLY CAUSED BY AN INSURED, A FAMILY MEMBERS OR TRAVEL COMPANION.**
- 3. ILLNESSES OR ACCIDENTS DERIVED FROM THE CONSUMPTION OF ALCOHOLIC BEVERAGES BY THE INSURED OR THE TRAVEL COMPANION.**
- 4. SUICIDE, ATTEMPTED SUICIDE OR SELF-HARM ON THE PART OF AN INSURED, A FAMILY MEMBER OR TRAVEL COMPANION.**
- 5. EPIDEMICS OR INFECTIOUS DISEASES WHICH APPEAR SUDDENLY AND SPREAD RAPIDLY THROUGH THE POPULATION, AS WELL AS THOSE CAUSED BY POLLUTION AND/OR CONTAMINATION OF THE ATMOSPHERE.**
- 6. WARS, DEMONSTRATIONS, INSURRECTIONS, ACTS OF TERRORISM, SABOTAGE, AND STRIKES**
- 7. THE CONSEQUENCES OF PSYCHOSIS, NEUROSIS, DISORDER OF THE PERSONALITY, DISORDER, PSYCHOSOMATIC DISORDER OR DEPRESSIVE STATE OF THE INSURED**
- 8. THE PARTICIPATION OF THE INSURED IN BETS, CHALLENGES OR FIGHTING;**
- 9. THE PRACTICE OF SPORTS COMPETITION OR MOTORISED COMPETITIONS (RACING OR RALLY)**
- 10. THE PRACTICE OF ONE OF THE FOLLOWING DANGEROUS SPORTS AND ACTIVITIES : BOXING, WEIGHTLIFTING, WRESTLING, MARTIAL ARTS, MOUNTAINEERING, BOBSLEIGH, IMMERSION WITH RESPIRATORY EQUIPMENT, CAVING, SKI JUMPS, SKYDIVING, PARAGLIDING, FLIGHTS IN ULM OR GLIDER, SPRINGBOARD DIVING, SCUBA DIVING, HANG-GLIDING, MOUNTAIN-CLIMBING, HORSE RIDING, HOT-AIR BALLOONING, PARACHUTING, FENCING, DEFENSIVE SPORTS, ADVENTURE SPORTS SUCH AS RAFTING, BUNGEE, WHITE-WATER (HYDROSPEED), CANOEING;**
- 11. CONSEQUENCES OF THE TRANSMUTATION OF THE ATOMIC NUCLEUS, AS WELL AS RADIATION CAUSED BY THE ARTIFICIAL ACCELERATION OF ATOMIC PARTICLES OR ANY IRRADIATION FROM A SOURCE OF ENERGY OF A RADIOACTIVE NATURE;**
- 12. THE TELLURIC MOVEMENTS, FLOODS, ERUPTIONS VOLCANIC AND, GENERALLY, ANY PHENOMENON TRIGGERED BY THE FORCES OF NATURE**
- 13. THE CONSEQUENCES RESULTING FROM THE USE OR POSSESSION OF EXPLOSIVES OR FIREARMS**
- 14. THE CONSEQUENCES OF ALCOHOLIC CIRRHOSIS.**

Documents and information required to claim in respect of the curtailment of the Travel

1. Documents that evidence the facts **constituting an insured event under this coverage** (medical report, death certificate, hospital documents, police report, complaints filed at police stations...).
2. Form provided by Us to be completed by the registered medical practitioner attending the Insured or other person receiving medical treatment related to the curtailment of the Travel. This document shall only be necessary in cases where insufficient information on the person's medical condition has been provided.
3. Copy of confirmation email and/or receipts for the Travel that was purchased.
4. Copy of documents of the costs caused by curtailing the Travel, issued by the Travel Organizer or other distributor and which gives a breakdown of the amounts and items involved, as well as a copy of the general conditions of the sale.
5. If the curtailment is due to **one of the above insured event involving** a Family Member or a **Third Degree Family Member**, a document that evidences the relationship between the Insured and the Family Member or **Third Degree Family Member** must be presented (for example a certificate of birth/family affiliation for each of the parties involved).

If You have any issue to provide the above documentation, You can always provide another document having the same legal value (e.g. self-certification) and including the relevant information.

The Insurer commits to respect the confidentiality of information provided in the course of the insurance or a claim. All medical information should be sent in an envelope marked "confidential/medical secrecy" in order that this document is read only by Our Medical Officer.

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Table of Cover

The amounts given below are subject to the application of any exclusion and to the conditions described in the General and Particular Conditions.

| COVER | LIMITS | EXCESS |
|-----------------------------------|--|--------|
| Cancellation and modification | 100% of the Travel price per bungalow | Nil |
| Travel and activities curtailment | Prorata of remaining nights and activities from the day of early curtailment of the travel and/or activities until the last day of the travel duration | Nil |