

Independent Schools  
Off-Site Activities  
Travel & Personal Injury Insurance  
Group Policy

CHUBB®

## Group Policy Schedule

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<b>Policy Number:</b>	<b>UKBOAD40299</b>
<b>Group Policyholder:</b>	St Albans School
<b>Address:</b>	Abbey Gateway St Albans Hertfordshire AL3 4HB
<b>Period of Insurance:</b>	From: 24 June 2022 To: 23 June 2023 (both dates inclusive)
<b>Renewal Date:</b>	24 June 2023 and any subsequent period for which Chubb agrees to accept cover
<b>Premium for the Period of Insurance:</b>	£6,614.16
<b>Note:</b>	Changes in the IPT rate may affect the total premium payable
<b>Date of Issue:</b>	27 June 2022

## Schedule of Benefits

### Insured Persons

**Category A:** Any **Pupil** enrolled at a **Participating School**.

**Maximum Age Limit:** 23 years of age.

**Category B:** Any member of the teaching and support staff at a **Participating School**.

**Maximum Age Limit:** 75 years of age.

**Category C:** Any accompanying person who is authorised by the **Participating School** to undertake a **Journey**.

**Maximum Age Limit:** 75 years of age.

### Effective Time

Whilst an **Insured Person** is undertaking any **Journey** with the authorisation of the **Participating School** involving travel outside the designated boundaries of the **Participating School**.

For any trip commencing from the **Participating School** cover commences from the time of leaving the designated boundaries at the start of the **Journey** until arrival back within the designated boundaries at the end of the **Journey**.

For any trip commencing from the **Insured Person's** place of residence cover commences from the time of leaving their place of residence at the start of the **Journey** until arrival back at their place of residence or the **Participating School**, whichever is reached first, at the end of the **Journey**.

Section	Benefit Description	Benefit Amount / Limit of Liability	Excess
<b>1.</b>	<b>Medical</b>		
A.	Medical Expenses	Unlimited	£50#
B.	<b>In-patient</b> Benefit outside the <b>United Kingdom</b> <b>Benefit Period</b> up to 40 days	£50 per day	Nil
C.	Supplementary Travel & Accommodation Expenses in the <b>United Kingdom</b>	Up to £1,000	Nil
D.	Supplementary Travel & Accommodation Expenses outside the <b>United Kingdom</b>	Up to £25,000	Nil
E.	Emergency Repatriation Expenses	Unlimited	Nil
F.	On-going medical treatment as an <b>In-patient</b> following Emergency Repatriation	Up to £20,000	Nil
G.	Search and Rescue	Up to £25,000	Nil
<b>2.</b>	<b>Personal Belongings</b>		
A.	Personal Belongings (Single Article Limit £1,000)	Up to £5,000	£50##
B.	Personal Belongings Delay	Up to £2,000	Nil
<b>3.</b>	<b>Money</b>		
A.	Money Coins and Bank Notes *Increased to £10,000 in the custody of an adult party leader.	Up to £3,000* Up to £2,000	£50##
B.	Credit, Debit or Charge Card Misuse	Up to £3,000	Nil
C.	Emergency Replacement of Passport	Up to £1,500	Nil
<b>4.</b>	<b>Disruption*</b>		
A.	Cancellation	Up to £5,000	£75#
B.	Curtailed & Alteration to Itinerary	Up to £5,000	£50#

C.	Replacement	Up to £5,000	£50#
D.	Travel Delay	Up to £200 (£1,000 if delayed over 24 hours and trip cancelled)	Nil
E.	Missed Departure	Up to £500	Nil
<b>*Aggregate Limit</b> for this section per <b>Group Journey</b> is £100,000			
<b>5.</b>	<b>Winter Sports</b>		
A.	Ski Hire	Up to £200	Nil
B.	Ski Pass	Up to £75 per week (£200 maximum)	Nil
C.	Piste Closure	Up to £20 per day (£200 maximum)	Nil
<b>6.</b>	<b>Personal Injury</b>		
A.	Death*	£50,000 (£20,000 for <b>Insured Persons</b> under 16 years old)	Nil
B.	Permanent Total Disablement	£50,000	Nil
C.	Permanent Disabling Injuries	Up to £50,000	
D.	<b>Hospital Confinement</b> <b>Benefit Period</b> up to 365 days	£50 per day	
<b>7.</b>	<b>Dental Injury</b>	Up to £1,000	Nil
<b>8.</b>	<b>Personal Liability</b>	Up to £5,000,000	Nil
<b>9.</b>	<b>Overseas Legal Expenses</b>	Up to £50,000	Nil
<b>10.</b>	<b>Hijack and Kidnap</b>	£500 per day up to £25,000	Nil

#Excess applies per **Claim**

## Excess applies per **Policyholder**

## Policy Endorsements

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Any amendments to the Policy wording are shown below. Endorsements should be read in conjunction with the full Policy wording.

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## Insurance agreement

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Thank you for choosing this Policy which is underwritten by Chubb European Group SE.

This Policy pays benefits in accordance with this Policy wording and has been made available to **Insured Persons** and **Policyholders** through the **Group Policyholder**.

The **Group Policyholder** (as specified in the **Group Policy Schedule**) and **We** agree that the **Group Policyholder** will pay the **Premium** as agreed. The **Group Policy Schedule** and this Policy wording constitute the full terms and conditions of the insurance with **Us**. The **Group Policyholder** acknowledges that **We** have offered this Policy and calculated the **Premium** using the information which they have asked for and the **Group Policyholder** has provided, and that any change to the responses provided by the **Group Policyholder** may result in a change in the terms and conditions of this Policy and/or a change in the **Premium**.

The **Group Policyholder** should check over this Policy wording and **Group Policy Schedule** carefully to ensure they are correct and meet the **Group Policyholder's** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. The **Group Policyholder** should keep these documents in a safe place and should make them available to the **Insured Persons** and **Policyholders**, telling them where the documents can be viewed. The **Group Policyholder** must tell **Us** if either their insurance needs or any of the information they have given **Us** changes. A change in circumstances may affect Policy cover, even if the **Group Policyholder** does not think a change is significant, and **We** may need to change this Policy. **We** will update this Policy and issue a new **Group Policy Schedule** each time a change is agreed.

## Contact Information

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If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.



## Information for Travellers

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### Chubb Assistance

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Please make a note of the following phone numbers or add them to your mobile; you may need them in an emergency or if you need to make a **Claim**. If during the **Period of Insurance** an **Insured Person** requires medical or personal assistance or advice during a **Journey**, they should in the first instance call **Chubb Assistance**.

#### Chubb Assistance

Medical Emergency and Referral Services and Personal Assistance Services

From outside the UK on **+44 (0) 20 7173 7798**

From within the UK on **020 7173 7798**

in respect of:

- Medical Expenses;
- Medical advice, referral or treatment;
- Emergency repatriation;
- Local payment of **Hospital** bills; or
- Replacement of essential maintenance medication or drugs.

#### Pre -Travel Information

During the **Period of Insurance** an **Insured Person** may call **Chubb Assistance**:

From outside the UK on **+44 (0) 20 7173 7798**

From within the UK on **020 7173 7798**

For pre-travel information on:

- Business and social customs
- Political situations
- Medical advice and medical facilities overseas
- Health precautions, including vaccinations
- Visa and entry permit requirements
- Currency
- Banking hours
- Time zones
- Climate
- Driving restrictions

#### Helpful hints for your insurance

- Do take copies of your policy documents on your **Journey**
- Do report any loss of theft to the hotel or local police and get a report from them
- Do keep valuables safe (e.g. in a safety deposit box)
- Don't leave valuables lying around or in view of other people
- Do leave yourself enough time to get to the airport, park, and get through security
- Remember to allow time for delays in traffic or travel
- Do contact us if you have a change in health that may lead to you having to cancel or alter your **Journey**
- Do contact us for advice before incurring costs that you would seek to subsequently **Claim** for under this policy

#### EHIC/GHIC

If you intend to travel to Europe (all EU countries plus Iceland, Liechtenstein, Norway and Switzerland) you should obtain a Global Health Insurance Card (GHIC) and take it with you when you travel. European Health insurance Cards (EHIC) will still be valid until the card expires at which point you should apply for the new GHIC replacement.

Both the EHIC or GHIC will allow you to benefit from the reciprocal health arrangements, which exist with these countries.

You can get more information about the EHIC and GHIC, and how to apply for GHIC:

Online at: [www.nhs.uk/ghic](http://www.nhs.uk/ghic)

By phone: 0300 330 1350

By post: Forms available online

## Immunisations

You may need extra immunisations when travelling abroad. Check whether you do before travelling by visiting [www.nhs.uk/healthcareabroad](http://www.nhs.uk/healthcareabroad) or see a copy of the health advice for travellers information leaflet which is available at your local Post Office.

## Foreign, Commonwealth & Development Office (FCDO)

If the FCDO issue advice against all travel or all but essential travel to your **Journey's** destination after you have booked your trip, costs which can be recovered from your tour operator, travel agent, airline, hotel or other service provider are not covered by this insurance.

## Customer Services

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Phone +44 (0) 345 841 0056

Email [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

## Claims

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Phone +44 (0) 345 841 0059

Email [uk.claims@chubb.com](mailto:uk.claims@chubb.com)

Website [www.chubbclaims.co.uk](http://www.chubbclaims.co.uk)

## Complaints

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Phone +44 (0) 800 519 8026

Email [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

Website [www.chubb.com/uk](http://www.chubb.com/uk)

## Insurer

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Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

## Making a Claim

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1. On the happening of any occurrence likely to give rise to a **Claim**, notice will be given to the

Chubb Claims Service Team,  
Chubb European Group SE,  
PO Box 683, Winchester SO23 5AH

Telephone: 0345 841 0059 (within UK only)  
International: +44 (0)141 285 2999  
Facsimile: +44 (0)1293 597 323  
Email: [claims@chubb.com](mailto:claims@chubb.com)

If you would like to submit the **Claim** electronically via our claims portal this can be accessed via the following link: [www.chubbclaim.com/chubb/uk-en/welcome.aspx](http://www.chubbclaim.com/chubb/uk-en/welcome.aspx)

within 30 days or as soon as reasonably possible after the date of the occurrence.

2. The **Group Policyholder**, or **Policyholder** will at their own expense furnish to **Us** such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**. **We** will be allowed at **Our** own expense, upon reasonable notice to the **Group Policyholder**, or **Insured Person**, to request a medical examination of an **Insured Person** as appropriate.
3. If any **Claim** under this Policy will be in any respect fraudulent or if any fraudulent means or devices will be used by the **Group Policyholder** or anyone acting on the **Group Policyholder's** behalf or by an **Insured Person** or any **Insured Person's** legal representatives to obtain benefit under this Policy **We** will be under no liability in respect of such **Claim**.
4. The **Insured Person** will as soon as reasonably possible after the occurrence of any **Accidental Bodily Injury** or illness obtain and follow the advice of a **Doctor** and **We** will not be liable for any consequences of the **Insured Person's** failure to obtain and follow such advice and use such appliance or remedies as may be prescribed.
5. **We** will deal with all **Claims** as follows:
  - a. **We** will pay the **Benefit Amount** for **Accidental** death to the estate of the deceased **Insured Person** and the receipt given to **Us** by the Personal Representatives will be a full discharge of liability by **Us** in respect of the **Claim** for such **Benefit Amount**.
  - b. If the **Insured Person** is age 18 years or over **We** will pay the **Benefit Amount** or assessed percentage or reimbursement to the **Insured Person** and their receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount**, reimbursement or the assessed percentage.
  - c. If the **Insured Person** is under age 18 years **We** will pay the **Benefit Amount** or assessed percentage or reimbursement to the **Parent or Legal Guardian(Policyholder)** of such minor, for the benefit of that minor. The Parent or Legal Guardian's receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount** or reimbursement.

**Claims** involving foreign currency will be converted into Policy currency at the selling rate of exchange published in the Financial Times on the day nearest to the date of the loss.

## Section 1 Medical

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### A. Medical Expenses

If during the **Period of Insurance**, an **Insured Person** becomes ill or sustains injury during a **Journey** outside of the **United Kingdom** We will reimburse the **Policyholder** in respect of **Medical Expenses** up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### Specific Definition applicable to this sub-section

##### Medical Expenses

all reasonable costs necessarily incurred outside the **United Kingdom** for **Hospital**, nursing home, ambulance, surgical or other diagnostic or remedial treatment given or prescribed by a **Doctor**. **Medical Expenses** will not include additional charges which would not have been payable if the treated person did not have insurance.

### B. In-patient Benefit outside the United Kingdom

If during the **Period of Insurance**, an **Insured Person** becomes ill or sustains injury during a **Journey** and is confined as an **In-patient** to a **Hospital** outside of the **United Kingdom** We will pay the **Policyholder** the **Benefit Amount** stated in the Schedule of Benefits for each complete 24-hour period of **Hospital Confinement** up to **Benefit Period** stated in the Schedule of Benefits for any one **Journey**.

### C. Supplementary Travel and Accommodation Expenses in the United Kingdom

If during the **Period of Insurance**, an **Insured Person** becomes ill or sustains injury during a **Journey** within the **United Kingdom** and requires **Hospital** treatment We will reimburse the **Policyholder** up to the **Benefit Amount** stated in the Schedule of Benefits in respect of **Supplementary Travel and Accommodation Expenses**.

#### Specific Definitions applicable to this sub-section

##### Supplementary Travel and Accommodation Expenses in the United Kingdom

1. Up to £1,000 for transportation costs by private ambulance or air ambulance to a **Hospital** local to the **Insured Person's** home address, subject to the agreement of a **Doctor**.
2. Up to £1,000 for costs incurred in providing qualified medical staff to accompany the **Insured Person** to a **Hospital** local to their home address, subject to the agreement of a **Doctor**.
3. Up to a maximum of £100 in transporting the **Insured Person** to their home address following discharge from **Hospital** by a **Doctor**, provided that all transportation and the provision of qualified medical staff is medically necessary and organised or agreed to by **Chubb Assistance**.
4. Up to £1,000 in transporting the **Insured Person's** body and their **Personal Belongings** (as defined in the Personal Belongings Section) back to their home address (excluding funeral and interment costs).
5. Up to £250 per person for travel and accommodation of up to two relatives, friends or close business associates of the **Insured Person** who on medical advice from a **Doctor** are advised to travel to or remain with the **Insured Person** who is necessarily **Hospitalised** not less than a radius of 50 miles from their home address.

### D. Supplementary Travel and Accommodation Expenses outside the United Kingdom

If during the **Period of Insurance**, an **Insured Person** becomes ill or sustains injury during a **Journey** outside of the **United Kingdom** We will reimburse the **Policyholder** in respect of **Supplementary Travel and Accommodation Expenses** up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### Specific Definitions applicable to this sub-section

##### Accommodation

accommodation of a standard up to but not exceeding that in which the **Insured Person** was or would have been staying during the course of the **Journey**.

##### Supplementary Travel and Accommodation Expenses

reasonable additional costs necessarily incurred and approved by **Chubb Assistance**:

1. for travel and accommodation expenses of the **Insured Person** in returning to the **United Kingdom**;

2. for travel and accommodation of up to two relatives, friends or close business associates of the **Insured Person** who on medical advice from a **Doctor** are advised to travel to or remain with the **Insured Person**;
3. for funeral expenses incurred in the burial or cremation of the **Insured Person** outside the **United Kingdom**;
4. in transporting the **Insured Person's** body or ashes for burial in the **United Kingdom** (excluding funeral and interment costs);
5. in transporting the **Insured Person's Personal Belongings** (as defined in the Personal Belongings Section) back to the **United Kingdom**.

## E. Emergency Repatriation Expenses

If during the **Period of Insurance**, an **Insured Person** becomes ill or sustains injury during a **Journey** outside of the **United Kingdom** We will reimburse the **Policyholder** in respect of **Emergency Repatriation Expenses** up to the **Benefit Amount** stated in the Schedule of Benefits.

### Specific Definition applicable to this sub-section

#### Emergency Repatriation Expenses

all reasonable costs necessarily incurred in repatriating the **Insured Person** to the most suitable **Hospital** or to the **Insured Person's** home address in the **United Kingdom** provided that such repatriation is medically necessary and organised by **Chubb Assistance**.

### Special Conditions applicable to this sub-section

1. **Chubb Assistance** must be informed immediately or as soon as reasonably possible of any emergency that may potentially give rise to a **Claim**.
2. the **Group Policyholder**, the **Policyholder** or the **Insured Person** must not make or attempt to make arrangements without the involvement and/or agreement of **Chubb Assistance**.
3. any repatriation will be organised by **Chubb Assistance** by the most appropriate method including, if necessary, the use of air services and arrangements for qualified medical staff to accompany an **Insured Person** if required.
4. full reimbursement to **Us** will be made by the **Group Policyholder** or the **Policyholder** for all costs incurred in the event of repatriation services being provided by **Chubb Assistance** in good faith to any person not insured under this Policy.
5. **Chubb Assistance** can help in a range of different circumstances, including medical emergencies and emergency repatriation assistance. The **Insured Person** should have details of this Policy, including the Policy number and **Period of Insurance** when calling:

From outside the UK on	<b>+44 (0) 20 7173 7798</b>
From within the UK on	<b>020 7173 7798</b>

**Chubb Assistance** also includes the following services:

1. Providing a 24-hour multi-lingual emergency medical assistance service.
2. Payment of bills - if an **Insured Person** is admitted to **Hospital**, the **Hospital** or attending **Doctor(s)** will be contacted and payment of their fees up to the Policy limits will be guaranteed so the **Insured Person** does not have to make the payment from their own funds.
3. Arranging overseas **Hospitalisation** and the monitoring of **Insured Persons** in co-operation with the attending local **Doctor**.
4. When recommended by **Chubb Assistance's** Chief Medical Officer, arranging medical repatriation of **Insured Person(s)** including, when necessary, organisation of transport, medical escorts and the provision of special medical equipment.
5. Providing for the services of a local Agent to provide assistance and advice.
6. Organising the repatriation of human remains and arranging the necessary import/export documents.
7. Liaising with the country of domicile General Practitioners, **Hospital** Services and **Insured Person's** relatives.
8. Unsupervised **Children** – if a **Child** is left unsupervised on a **Journey** outside the **United Kingdom** because an **Insured Person** is **Hospitalised** or incapacitated, **Chubb Assistance** will organise his or her return home, including a suitable escort when necessary.

9. Assisting accompanying relatives of an **Insured Person** by arranging and paying for additional **Supplementary Travel and Accommodation Expenses**.
10. Locating and dispatching drugs, contact lenses, glasses, blood and medical equipment which are unavailable at an **Insured Person's** location.

## **F. On-going medical treatment as an In-patient following Emergency Repatriation**

If in the 12 months immediately following emergency repatriation to the **United Kingdom** an **Insured Person** requires on-going medical treatment as an **In-patient**, **We** will reimburse the **Policyholder** up to the **Benefit Amount** stated in the Schedule of Benefits in respect of reasonable and necessary **Medical Expenses** as required and arranged by **Chubb Assistance**.

## **G. Search and Rescue**

If during the **Period of Insurance**, an **Insured Person** is reported as missing or suffers an **Accident** resulting in death during a **Journey** outside the **United Kingdom** **We** will reimburse the **Policyholder** up to the **Benefit Amount** stated in the Schedule of Benefits in respect of the costs incurred by recognised rescue authorities in searching for the **Insured Person** or for rescuing or recovering the **Insured Person**.

### **Specific Condition applicable to this sub-section**

A written statement from the appropriate rescue authorities involved in the search and/or rescue must be obtained and provided to **Us** in the event of a **Claim**.

### **Special Extension to this Section**

If during the **Period of Insurance** an **Insured Person** becomes ill due to complications of pregnancy (as diagnosed by a **Doctor** or specialist in obstetrics) provided that if the **Insured Person** is travelling between the 28th – 35th (inclusive) weeks of pregnancy they must provide a medical certificate (dated no earlier than 5 days before the outbound travel date) issued by a **Doctor** or midwife confirming the number of weeks of pregnancy and that the **Insured Person** is fit to travel on the **Journey**), during a **Journey** outside of the **United Kingdom** **We** will reimburse or pay the **Policyholder** in the terms of cover provided under the Medical Expenses, In-patient Benefit outside the **United Kingdom**, Supplementary Travel and Accommodation Expenses in the United Kingdom, Supplementary Travel and Accommodation Expenses outside the United Kingdom, and/or Emergency Repatriation Expenses sub sections up to the **Benefit Amounts** stated in the Schedule of Benefits.

### **Specific Exclusions applicable to this Section:**

**We** will not be liable for:

1. any expenses incurred where a **Journey** is undertaken against the advice of a **Doctor** or where a terminal complaint (regardless of the duration of life expectancy) has been diagnosed or where the purpose of the **Journey** is to receive medical treatment or advice;
2. any expenses which are recovered from any other insurance policy or national insurance programme which is applicable to the **Insured Person**;
3. any expenses incurred after twenty-four months;
  - a. immediately following emergency repatriation to the **United Kingdom** in respect of on-going medical treatment as an **In-patient**; or
  - b. from the time of the incurring of the first expense in respect of other expenses;
4. dental or optical expenses other than the those incurred in providing the minimum treatment necessary to relieve pain and discomfort for the duration of the **Journey**;
5. treatment which in any way arises from or is attributable to any Human Immunodeficiency Virus infection or related syndrome;
6. any expenses incurred as the result of treatment to a **Child** under the age of six months who has been born outside of the **United Kingdom** during a **Journey**.
7. The **Excess** as stated in the Schedule of Benefits per **Claim**.

## Section 2 Personal Belongings

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### A. Personal Belongings

If during the **Period of Insurance**, an **Insured Person** sustains loss of or damage to **Personal Belongings** during a **Journey We** will reimburse the **Policyholder** in respect of such loss or damage up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### Specific Definition applicable to this sub-section

##### Personal Belongings

personal articles which are the property of the **Insured Person** or for which they are responsible and are taken on or acquired during the **Journey**.

### B. Personal Belongings Delay

If during the **Period of Insurance** all or part of the **Insured Person's Personal Belongings** are lost or temporarily mislaid or delayed for more than four hours during a **Journey We** will reimburse up to the **Benefit Amount** stated in the Schedule of Benefits for the purchase of essential items of replacement clothing or toilet requisites.

#### Specific Exclusions applicable to this Section:

We will not be liable for:

1. more than the **Benefit Amount** stated in the Schedule of Benefits (Single Article Limit) for any one article, pair or set in respect of **Personal Belongings**;
2. vehicles or their accessories, caravans, trailers, tents, and other camping equipment, boats, sailing boards and other water borne craft;
3. loss, theft or damage whilst **Personal Belongings** are left:
  - a. overnight in or on any vehicle, unless in a locked garage; or
  - b. in any vehicle which is left unlocked or left unattended unless kept out of sight or in a locked boot; or compartment or under the purpose built luggage cover of an estate or hatchback car;
4. loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any costs incurred in repairing or replacing such software, information or data contained in any computer, tapes or recording equipment.
5. loss or damage due to:
  - a. moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration; or
  - b. inherent mechanical or electrical failure, breakdown or derangement; or
  - c. any process of cleaning, restoring, repairing or alteration;
6. more than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set;
7. loss not reported to the police within forty-eight hours of discovery and a report obtained;
8. loss, theft or damage occurring in the custody of an airline or other transport carrier unless reported immediately upon discovery and in the case of an airline a Property Irregularity Report obtained;
9. loss due to confiscation or detention by customs or any other authority;
10. any items of household furniture, appliances or equipment;
11. any items of business equipment;
12. loss of or damage to sports equipment whilst it is in use except for skis when being used for **Winter Sports**;
13. any article more specifically insured or recoverable under any other insurance.
14. The **Excess** as stated in the Schedule of Benefits per **Claim**.

**Specific Conditions applicable to this Section:**

1. The **Insured Person** will take all reasonable precautions for the safety of **Personal Belongings**.
2. On the happening of any loss or damage **We** will be entitled:
  - a. to take and keep possession of any article and to deal with salvage in a reasonable manner; or
  - b. at its own option to repair or replace any article for which it is liable.
3. In the event of total loss or destruction of any article of **Personal Belongings** purchased/acquired less than two years prior to the date of loss the basis of settlement will be the cost of replacing the article as new provided that the replacement article is substantially the same but not better than the original article when new.
4. Any amounts paid under Personal Belongings Delay will be deducted from any subsequent amounts payable under **Personal Belongings** in respect of the same loss.



## Section 3 Money

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### A. Money

If during the **Period of Insurance**, an **Insured Person** sustains loss of or damage to **Money** during a **Journey** or the seventy-two hours immediately prior to commencement or subsequent to completion of the **Journey** **We** will reimburse the **Policyholder** in respect of such loss up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### Specific Definition applicable to this sub-section

##### Money

coins, bank notes, postal or money orders, signed traveller's cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons and passes which belong to or are in the custody and control of an **Insured Person** and are intended for travel, meals, accommodation and personal expenditure only.

### B. Credit, Debit or Charge Card Misuse

If during the **Period of Insurance**, an **Insured Person's** own personal credit/debit/charge/cheque guarantee card is lost or stolen during a **Journey**, **We** will reimburse the **Policyholder** for the amount of any unauthorised transactions arising from the use of their lost or stolen card which the **Insured Person's** card issuer holds them liable to pay.

#### Specific Exclusions applicable to this sub-section

**We** will not be liable for:

1. more than the **Benefit Amount** stated in the Schedule of Benefits for any one **Insured Person** during any one **Period of Insurance**.
2. more than £100 per card in respect of balances stored on lost or stolen pre-paid cards.
3. any amount relating to balances stored on lost or stolen pre-pad cards if the **Insured Person** is unable to provide evidence of the value of their loss.
4. any **Claim** relating to the **Group Policyholder's** corporate/employer credit/debit/charge/cheque guarantee card.

### C. Emergency Replacement of Passport

If during the **Period of Insurance**, an **Insured Person** sustains loss of or damage to their passport during a **Journey** **We** will reimburse the **Policyholder** in respect of fees charged by the appropriate Consular, Visa and/or Passport Office and any additional travel or accommodation expenses in obtaining any official temporary travel documents or replacement passport and/or visa whilst outside of the **United Kingdom** or country of domicile up to the **Benefit Amount** stated in the Schedule of Benefits.

#### Aggregate Limit of Liability applicable to this Section

**We** will not be liable for any amount of **Money** in excess of maximum amount stated in the Schedule of Benefits when held in the custody or under the control of the designated party leader, being a responsible adult.

#### Specific Exclusions applicable to this Section

**We** will not be liable for:

1. any loss not reported to the police and/or appropriate authorities within forty-eight hours of discovery or earlier if required by the card issuer;
2. any loss due to confiscation or detention by customs or any other authority;
3. any loss due to devaluation of currency or shortages due to errors or omission during monetary transactions;
4. more than the **Benefit Amount** stated in the Schedule of Benefits in respect of coins and/or bank notes;
5. promotional vouchers or awards or any goods or services obtained through the conversion of such vouchers or awards;
6. loss or damage whilst **Money** is left;

- a. overnight in or on any vehicle, unless in a locked garage; or
  - b. in any vehicle which is left unlocked or unattended, at any other time.
7. the **Excess** as stated in the Schedule of Benefits per **Policyholder**;

**Specific Condition applicable to this Section**

**Insured Persons** will take all reasonable precautions for the safety of their **Money** (as defined above) and credit, debit or charge cards and any **Money** held in their custody or control for which they are responsible.

## Section 4 Disruption

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Cover under Section 4 (Disruption) applies only to those situations listed as insured events below. If an event is not listed, then it is not insured under this **Policy**.

Please read this Section 4 (Disruption) in conjunction with both the exclusions listed within it and the general Policy Exclusions.

If during the **Period of Insurance** a **Journey** is delayed, cancelled, altered or curtailed, or an **Insured Person** has to be replaced, due to the **Insured Person(s)**;

- death, serious injury, sudden illness, complications in pregnancy (as diagnosed by a **Doctor** or specialist in obstetrics) or being compulsorily quarantined on the orders of a treating **Doctor**;
- **Immediate Family Member's** Death, serious injury, sudden illness;
- Publicly licensed Conveyance being cancelled or curtailed because of adverse weather, industrial action, technical fault or mechanical breakdown;
- being required to attend Jury service or being subpoenaed;
- conveyance in which they are travelling being Hijacked;
- **Journey** being cancelled by the **Group Policyholder** no earlier than 28 days before the scheduled departure because of the Foreign, Commonwealth & Development Office's (FCDO) travel advisory status relating to the destination, or country or territory that the **Insured Person** is travelling through, changing to 'do not travel' or 'all but essential travel', due to terrorism, coups, civil unrest, or natural disaster (but not including a **Communicable Disease** outbreak) as stated on the FCDO website. No such FCDO travel advisory can have been in place at the date the **Journey** was booked (or, if re-booked, the date the **Journey** was altered).

**Chubb** will pay the **Policyholder** for reasonable and necessary expenses incurred up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey** for:

- A. **Cancellation**
- B. **Curtailment and Alteration to Itinerary**
- C. **Replacement**

### A. Cancellation

We will reimburse the **Policyholder** for **Cancellation Expenses** incurred up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### Specific Definition applicable to this sub-section

##### Cancellation Expenses

loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not or will not be used, but which become forfeit or payable under contract.

### B. Curtailment and Alteration to Itinerary

We will reimburse the **Policyholder** in respect of **Curtailment and Alteration to Itinerary Expenses** incurred up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### Specific Definition applicable to this sub-section

##### Curtailment and Alteration to Itinerary expenses

loss of deposits, or charges for advance payments for travel or accommodation or other charges which have not been and will not be used, but which become forfeit or payable under contract and additional travel and accommodation expenses.

### C. Replacement

If during the **Period of Insurance** an **Insured Person** as defined in Category B. of the Schedule of Benefits – a member of the teaching and support staff becomes ill (including illness due to complications of pregnancy (as diagnosed by a **Doctor**) or sustains injury during a **Journey** outside the **United Kingdom** which in the opinion of a **Doctor** causes or is likely to cause total disablement from continuing the **Journey** for a period in excess of 3 days, **We** will reimburse the **Group Policyholder** or **Policyholder** in respect of **Replacement Expenses** up to the **Benefit Amount** stated in the Schedule of Benefits for any one **Journey**.

#### **Specific Definition applicable to this sub-section**

##### **Replacement Expenses**

all reasonable costs incurred in transporting a replacement adult who is authorised by the **Group Policyholder** to complete the original **Journey** provided that such costs will be limited to economy fare travel and other essential expenses in transportation of the replacement adult to the point at which the original **Journey** was curtailed. The **Journey** must be continued within 3 months of the original curtailment.

#### **D. Travel Delay**

If the outward or return departure of the aircraft, sea vessel or publicly licensed conveyance (including pre-booked connecting publicly licensed transportation) in which an **Insured Person** has arranged to travel is delayed for at least 4 hours from the departure time indicated by the carrier due to strike, industrial action, adverse weather conditions, mechanical breakdown or structural defect affecting that aircraft or sea vessel **We** will pay the **Benefit Amounts** detailed below:

1. £20 for the first 4 hours delay; and then £10 for each full hour thereafter up to £200 or the cost of the **Journey** whichever is the lesser; or
2. if after a period of 24 hours delay on the outward **Journey** the **Policyholder** or **Insured Person** may cancel the trip and will be reimbursed for irrecoverable deposits and amounts for which he or she is legally responsible up to £1,000.

#### **Specific Exclusions applicable to this sub-section**

**We** will not be liable for:

1. any expenses incurred where the **Insured Person** does not;
  - a. check-in for departure before the scheduled departure time stated and in accordance with their travel itinerary unless the failure to check-in was itself due to strike or industrial action; and
  - b. provide **Us** with written details from the carriers or their handling agents describing the length of and the reason for such delay; or
2. withdrawal from service temporarily or otherwise of an aircraft or sea vessel on the orders or recommendation of the manufacturer, the Civil Aviation Authority, a Port Authority or any similar body in any country.

#### **E. Missed Departure**

If as a result of the failure of public transport due directly to strike, industrial action, adverse weather conditions or mechanical breakdown, an **Insured Person** misses the international departure of the ship, aircraft or other conveyance in which the **Insured Person** is booked to travel, **We** will reimburse the **Policyholder** in respect of reasonable additional travel and accommodation expenses up to the **Benefit Amount** stated in the Schedule of Benefits in respect of any one **Insured Person** any one incident.

#### **Specific Proviso and Limitation for this Section – Aggregate Limit**

The maximum amount that **Chubb** will pay for all **Claims** under this Section 4 (Disruption) relating to a **Group Journey** as stated in the Schedule of Benefits.

#### **Specific Exclusions applicable to this Section**

**We** will not be liable for:

1. any expenses where a **Journey** is undertaken against the advice of a **Doctor** or where a terminal complaint (regardless of the duration of life expectancy) has been diagnosed or where the purpose of the **Journey** is to receive medical treatment or advice; or
2. any costs or charges paid or discharged by the use of promotional vouchers or awards of any description; or
3. any expenses incurred as a result of disinclination to travel or as a result of financial circumstances other than the redundancy, under the terms of the Employment Protection (Consolidation) Act 1978 or any subsequent amendment of

that Act, of the persons responsible for the cost of the **Journey** when **Our** maximum liability will not exceed the amount of any deposit paid; or

4. any expenses incurred as the result of the default or financial failure of any transport or accommodation provider, agent acting for them or any agent acting for the **Group Policyholder** or **Policyholder**; or
5. any expenses incurred (other than the amount payable for Detention) as a result of the imposition of any law, regulation or order made by any public authority or government which impacts the **Journey** (including, without limitation, the closure of borders or airspace, lockdowns and other restrictions on the movement of people); or
6. (not applicable in respect of the Travel Delay or Missed Departure Sections) any expenses incurred as a result of strike, labour dispute, mechanical breakdown or failure of the means of transport (other than disruption of road and rail services by avalanche snow or flood) except where the departure of a ship, aircraft or train on which the **Insured Person** is booked to travel is delayed by at least 24 hours unless the delay is due to a strike or industrial action which existed or the possibility of which existed and for which advance warning had been given before the date on which the insured **Journey** was booked; or
7. any expense incurred as a result of a decision to cancel or curtail a trip because the Foreign Commonwealth & Development Office (FCDO) have issued advice against “all travel” or “all but essential travel” in relation to the **Journey** destination or a country or territory the **Insured Person** is travelling through, unless this advice is issued after the time of booking and related to your planned **Journey** dates.
8. any expenses incurred through food, drink, telephone and internet usage charges which would have been incurred regardless of a covered rearrangement in itinerary.
9. the **Excess** as stated in the Schedule of Benefits per **Claim**;

## Section 5 Winter Sports

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### A. Ski Hire

If during the **Period of Insurance**, an **Insured Person's** skis are:

1. lost or broken as the result of an **Accident**; or
2. lost or misplaced by an airline or other carrier on the outward **Journey** from the **United Kingdom** and delayed for at least 12 hours after the arrival of the **Insured Person** at their destination

during a **Journey** to undertake **Winter Sports**, **We** will pay the **Policyholder** up to £20 for each 24-hour period it is necessary for the **Insured Person** to hire replacement skis up to the **Benefit Amount** stated in the Schedule of Benefits.

#### **Specific Exclusion applicable to this sub-section**

**We** will not be liable for loss due to delay, seizure, confiscation or detention by customs or any other authority.

### B. Ski Pass

If during the **Period of Insurance**, an **Insured Person** is unable to use their ski pass as a result of an **Accident** or illness or due to loss or theft of the ski pass during a **Journey** to undertake **Winter Sports** **We** will pay up to £75.00 for each full week or a proportionate amount for shorter or longer periods in respect of an unused ski pass and hire or tuition fees which the **Insured Person** cannot otherwise recover up to the **Benefit Amount** stated in the Schedule of Benefits.

#### **Specific Exclusion applicable to this sub-section**

**We** will not be liable for loss not reported to the police and/or appropriate authorities within forty-eight hours of discovery and a report obtained.

#### **Specific Condition applicable to this sub-section**

**Insured Persons** will take all reasonable precautions for the safety of their ski pass.

### C. Piste Closure

If during the **Period of Insurance**, an **Insured Person** is unable to ski during a **Journey** to undertake **Winter Sports** due to a lack of snow in the pre-booked resort and with no alternative skiing being available **We** will pay up to £20.00 for each 24-hour period the **Insured Person** is unable to ski up to the **Benefit Amount** stated in the Schedule of Benefits.

## Section 6 Personal Injury

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If during the **Period of Insurance** an **Accident** occurs during a **Journey** and causes **Bodily Injury** to an **Insured Person** We will pay up to the **Benefit Amount** stated in the Schedule of Benefits for:

### A. Accidental death

### B. Permanent Total Disablement

### C. Permanent Disabling Injuries

We will pay a percentage of the **Benefit Amount** stated in the Schedule of Benefits as detailed in the Scale below based on the degree of disability

a.	Organic Paralysis, Loss of Intellectual Capacity, Loss of Sight in both eyes, Loss of Limb (one or more)	<b>100%</b>
b.	Loss of Sight in one eye, Loss of Speech or Loss of Hearing in both ears	<b>100%</b>
c.	Loss of Hearing in one ear	<b>25%</b>
d.	Total loss of use of;	
	i) back or spine (excluding cervical) without cord involvement	<b>40%</b>
	ii) hip, knee or ankle	<b>40%</b>
	iii) neck or cervical spine without cord involvement	<b>30%</b>
	iv) shoulder, elbow or wrist	<b>20%</b>
e.	Loss of or total loss of use of;	
	i) foot below the level of the ankle (talo tibial joint)	<b>50%</b>
	ii) thumb	<b>20%</b>
	iii) one forefinger or big toe	<b>15%</b>
	iv) any other finger	<b>10%</b>
	v) any other toe	<b>10%</b>
f.	Damage to internal organs resulting in the loss of use of:	
	i) lung	<b>50%</b>
	ii) kidney	<b>15%</b>
	iii) spleen	<b>10%</b>
g.	Facial disfigurement provided the permanent scarring affects at least 20% of the facial area	<b>2%</b>
h.	Benefit for any Permanent Disabling Injury not noted above will be calculated on a medical assessment by <b>Us</b> of the degree of disability relative to this scale without reference to the <b>Insured Person's</b> occupation.	

Provided that:

1. The total benefit payable will not exceed 100% of the **Benefit Amount** stated in the Schedule of Benefits for each **Insured Person** in respect of any one **Accident**.
2. If a **Benefit Amount** is payable for **Loss of Limb** then benefits for parts of that limb cannot also be claimed.

### D. Hospital Confinement

The total benefit payable will not exceed the maximum **Benefit Amount** stated in the Schedule of Benefits for each **Insured Person** in respect of any one **Accident**.

### Specific Definitions applicable to this Section

#### Loss of Hearing

Permanent profound deafness, which means the quietest sound an **Insured Person** can hear is louder than 90 decibels when tested by a qualified audiologist.

### **Loss of Intellectual Capacity**

Total and permanent loss of ability to remember, reason, perceive, understand, express and give effect to ideas.

**Loss of Limb** in respect of:

1. an arm - physical severance or total loss of use at or above the wrist joint; and
2. a leg - physical severance or total loss of use above the level of the ankle (talo-tibial joint).

**Loss of Sight** will be deemed to have occurred:

1. in both eyes when the **Insured Person's** name has been added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist.
2. in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (which means the **Insured Person** is only able to see at 3 feet that which they should normally be able to see at 60 feet) and **We** are satisfied that the condition is permanent and without expectation of recovery.

### **Loss of Speech**

Permanent and total loss of speech as confirmed by a **Doctor**.

### **Organic Paralysis**

#### **Permanent Disabling Injury**

any form of functional disability which has lasted for at least twelve months and from which, based on medical evidence is beyond hope of recovery.

#### **Permanent Total Disablement**

1. If the **Insured Person** was in paid work at the date of the **Accident**:  
A **Permanent Disabling Injury** which stops the **Insured Person** from carrying out gainful employment for which the **Insured Person** is fitted by way of training, education or experience;
2. If the **Insured Person** was not in paid work at the date of the **Accident**:  
A form of **Permanent Disabling Injury** calculated on a medical assessment by **Us** or an independent medical expert appointed by **Us** which results in the **Insured Person's** inability to perform, without assistance from another person, at least 2 of the following activities of daily living:
  - eating
  - getting in and out of bed
  - dressing and undressing
  - toileting
  - walking 200 metres on level ground

### **Specific Exclusions applicable to this Section**

**We** will not be liable:

1. If **Bodily Injury**
  - a. results from the **Insured Person** suffering from sickness or disease not directly resulting from **Bodily Injury**;
  - b. is suffered after the expiry of the **Period of Insurance** during which the **Insured Person** attains the age of seventy five years;
2. For disabilities arising from
  - a. Repetitive Stress (Strain) Injury or Syndrome or any gradually operating cause;
  - b. Post-Traumatic Stress Disorder or any psychological or psychiatric condition.

### **Specific Conditions applicable to this Section**

1. Any contributory degenerative condition or disablement (as determined by a **Doctor**) in existence at the time of sustaining **Bodily Injury** will be taken into account by **Us** in assessing the level of benefit payable in respect of **Accidental** death or **Permanent Disabling Injury**.
2. The **Accidental** death **Benefit Amount** is limited to the **Benefit Amount** stated in the Schedule of Benefits in respect of **Insured Persons** under the age of 16 years at the date of sustaining **Bodily Injury**.



3. If an **Insured Person** disappears and after a suitable period of time it is reasonable for the Police or registration authorities to believe that such **Insured Person** has died as a result of **Bodily Injury**, the **Accidental** death Benefit will become payable subject to a signed undertaking by the **Insured Person's** personal representatives that if the belief is subsequently found to be wrong such death Benefit will be refunded to **Us**.
4. If an **Insured Person** suffers **Bodily Injury** as a result of unavoidable exposure to the elements **We** will consider it as having been caused by an **Accident**.

## Section 7 Dental Injury

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If during the **Period of Insurance** an **Accident** occurs during a **Journey** and causes **Dental Injury** to an **Insured Person**, **We** will pay up to the **Benefit Amount** stated in the Schedule of Benefits for treatment which the **Insured Person** requires and which is provided within 12 months from the date of the **Accident**.

The total benefit payable shall not exceed the maximum Benefit Amount stated in the Schedule of Benefits for each **Insured Person** in respect of any one **Accident**.

### **Specific Definitions applicable to this Section**

#### **Dental Injury**

damage to teeth, gingival tissues or alveoli resulting in mobility, luxation, subluxation or fractures of the hard tissues or injury to the soft tissues, or loss of or damage to dental prostheses whilst inside the mouth due to a force outside the mouth.

### **Specific Exclusions applicable to this Section**

1. **We** will not pay for the treatment of a **Dental Injury** which is:
  - a. caused by any foodstuff (including any foreign body in food or drink) while the **Insured Person** was consuming it;
  - b. not apparent within one week of the incident which caused the **Dental Injury**;
  - c. the result of ordinary deterioration, deliberate damage or wear and tear; or
  - d. not claimed for within 30 days of the incident which caused the **Dental Injury**.
2. **We** will only pay for any bridgework, crown or denture replaced which is a similar type or quality to that lost or damaged by the **Dental Injury**.

## Section 8 Personal Liability

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If an **Insured Person** becomes legally liable to pay damages in respect of:

1. Accidental bodily injury (including death illness and disease) to any person;
2. Accidental loss of or damage to material property;

which occurs during the **Period of Insurance** arising out of a **Journey**, **We** will pay the **Policyholder** for all such damages payable in respect of each occurrence or a series of occurrences arising directly or indirectly from one source or original cause up to the amount shown in the Schedule of Benefits.

The maximum that **We** will pay under this Section for all such damages as a result of any one occurrence or a series of occurrences arising directly or indirectly from one source or original cause will be the amount stated as the Limit of Indemnity in the Schedule of Benefits.

**We** will in addition pay **Costs and Expenses** in respect of any occurrence to which this Section applies – except that in respect of occurrences happening in or **Claims** or legal proceedings brought or originating in the United States of America and Canada or any other territory within the jurisdiction of either such country, **Costs and Expenses** described in 1., 2., and 3. below are deemed to be included in the Limit of Liability stated in the Schedule of Benefits.

### Specific Definition applicable to this Section

#### Costs and Expenses

1. all costs and expenses recoverable by a claimant from the **Policyholder**;
2. all costs and expenses incurred with **Our** written consent;
3. solicitors' fees for representation at any coroner's inquest or fatal accident inquiry or in any Court of Summary Jurisdiction;
4. in respect of any occurrence to which this Section applies.

### Specific Exclusions applicable to this Section

**We** will not provide indemnity for any liability:

1. in respect of any **Claim** made by any **Insured Person(s)** against any other **Insured Person(s)**;
2. caused by or arising from any activity which is the subject of indemnity under any other public liability insurance in force for the **Participating School** during the **Period of Insurance**;
3. In respect of loss of or damage to **Personal Belongings** or business equipment.
4. in respect of bodily injury to any person who is under a contract of service or apprenticeship with the **Group Policyholder** when such injury arises out of and in the course of their employment by the **Group Policyholder**.
5. assumed by an **Insured Person** under a contract or agreement unless such liability would have attached in the absence of such contract or agreement.
6. in respect of bodily injury loss or damage caused directly or indirectly in connection with:
  - a. the carrying on of any trade business or profession;
  - b. the ownership, possession or use of:
    - i. horse-drawn or mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads);
    - ii. any aerospatial device or any airborne or waterborne craft or vessel (other than non-mechanically powered waterborne craft not exceeding 10 metres in length whilst used on inland waters) or the loading or unloading of such craft or vessel;
    - iii. firearms (other than sporting guns);
7. arising from the occupation or ownership, possession or occupation of land or buildings, immobile property or caravans other than buildings and their contents not belonging to but temporarily occupied by the **Insured Person** in the course of the **Journey**.

8. in respect of any wilful or malicious act.
9. in respect of the cost of punitive or exemplary damages.
10. directly or indirectly occasioned by happening through or in consequence of **War**.
11. in connection with the carrying on of, or engaging in any activities or volunteer work organized by, or under the auspices of, a charitable, voluntary, not for profit, social or similar organization when liability for such activities or work should reasonably be included within the organizations own Public Liability policy.

#### **Specific Conditions applicable to this Section**

1. No admission, offer, promise or indemnity will be made without **Our** consent and **We** will be entitled to take over and conduct in the **Insured Person's** name the defence or settlement of any **Claim** or to prosecute in the **Insured Person's** name for its own benefit any **Claim** for indemnity or damages or otherwise and will have full discretion in the conduct of any proceedings and in the settlement of any **Claim** and the **Insured Person** will give all information and assistance as **We** may require. Every letter, **Claim**, writ, summons and process will be forwarded to **Us** on receipt. Written notice will be given to **We** immediately the **Insured Person** will have notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this Section.
2. **We** may at **Our** sole discretion in respect of any occurrence or occurrences covered by this Section pay to an **Insured Person** the Limit of Indemnity stated in the Schedule of Benefits (but deducting therefrom any sum(s) already paid) or any lesser sum for which the **Claim(s)** arising from such occurrence(s) can be settled and **We** will thereafter be under no further liability in respect of such occurrence(s) except for the payment of **Costs and Expenses** incurred prior to the date of such payment and for which **We** may be responsible hereunder;
3. An **Insured Person** will as though they were the **Group Policyholder** observe, fulfil and be subject to the terms, Specific Exclusions and Specific Conditions of this Section.
4. If at the time of the happening of any occurrence covered by this Section there is any other existing insurance whether effected by the **Insured Person** or **Policyholder** or not covering the same liability **We** will not be liable to indemnify the **Policyholder** in respect of such liability except so far as concerns any excess beyond the amount which would have been payable under such other insurance had this Section not been effected.

## Section 9 Overseas Legal Expenses

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If during the **Period of Insurance** and whilst undertaking a **Journey** outside the **United Kingdom** an **Insured Person** sustains **Accidental Bodily Injury** or illness which is caused by a third party **We** will pay up to the **Benefit Amount** stated in the Schedule of Benefits to cover **Legal Expenses** arising out of **Any One Claim**.

### Specific Definitions applicable to this Section

#### Any One Claim

all **Claims** or legal proceedings including any appeal against judgement consequent upon the same original cause, event or circumstance.

#### Legal Expenses

1. fees, expenses, costs/expenses of expert witnesses and other disbursements reasonably incurred by the **Legal Representatives** in pursuing a **Claim** or legal proceedings for damages and/or compensation against a third party who has caused **Accidental Bodily Injury** to or illness of an **Insured Person** or in appealing or resisting an appeal against the judgement of a court, tribunal or arbitrator; and/or
2. costs for which an **Insured Person** is legally liable following an award of costs by any court or tribunal or an out of court settlement made in connection with any **Claim** or legal proceedings.

#### Legal Representatives

the solicitor, firm of solicitors, lawyer, advocate or other appropriately qualified person firm or company appointed to act on behalf of the **Insured Person**.

### Specific Exclusions applicable to this Section

In respect of each **Claim** under this insurance **We** will not pay for:

1. any **Claim** reported to **Us** more than 24 months after the beginning of the incident which led to the **Claim**.
2. any **Claim** where it is **Our** opinion that the prospects for success in achieving a reasonable settlement are insufficient and/or where the laws, practices and/or financial regulations of the country in which the incident occurred would preclude the obtaining of a satisfactory settlement or the costs of doing so would be disproportionate to the value of the **Claim**.
3. **Legal Expenses** incurred before receiving **Our** prior authorisation in writing unless such costs would have been incurred subsequent to **Our** authorisation.
4. **Legal Expenses** incurred in connection with any criminal or wilful act.
5. **Legal Expenses** incurred in the defence against any civil **Claim** or legal proceedings made or brought against the **Insured Person** unless as a counter **Claim**.
6. fines, penalties compensation or damages imposed by a court or other authority
7. **Legal Expenses** incurred for any **Claim** or legal proceedings brought against:
  - a. a tour operator, travel agent, carrier, insurer or their agents where the subject matter of the **Claim** or legal proceedings is eligible for consideration under an Arbitration Scheme or Complaint Procedure; or
  - b. **Us** or their agents; or
  - c. the **Group Policyholder**.
8. actions between **Insured Persons** or pursued in order to obtain satisfaction of a judgement or legally binding decision.
9. **Legal Expenses** incurred in pursuing any **Claim** for compensation (either individually or as a member of a group or class action) against the manufacturer, distributor or supplier of any drug, medication or medicine.
10. **Legal Expenses** chargeable by the **Legal Representatives** under contingency fee arrangements.
11. **Legal Expenses** incurred where an **Insured Person** has:
  - a. failed to co-operate fully with and ensured that **We** are fully informed at all times in connection with any **Claim** or legal proceedings for damages and or compensation from a third party; or
  - b. settled or withdrawn a **Claim** in connection with any **Claim** or legal proceedings for damages and or compensation from a third party without **Our** agreement.

In such circumstances **We** will be entitled to withdraw cover immediately and to recover any fees or expenses paid to the **Insured Person**.

12. **Legal Expenses** incurred after an **Insured Person** has not:
  - a. accepted an offer from a third party to settle a **Claim** or legal proceedings where the offer is considered reasonable by Us; or
  - b. accepted an offer from **Us** to settle a **Claim**.
13. **Legal Expenses** which **We** consider unreasonable or excessive or unreasonably incurred.

#### **Special Conditions applicable to this Section**

1. **Legal Representatives** must be qualified to practice in the Courts of the country where the event giving rise to the **Claim** occurred or where the proposed defendant under this Section is resident.
2. The **Insured Person** has the right to select and appoint a **Legal Representative** of their choice to represent them in any legal inquiry or legal proceedings (provided any appointment of a **Legal Representative** is not on a contingency fee basis, where the **Legal Representative** charges a proportion of the amount recovered as a fee). The **Insured Person** will provide **Us** with details of the selected **Legal Representative's** name and address. **We** may provide information about **Legal Representatives** in the **Insured Person's** local area if asked to do so.
3. The **Legal Representatives** and the **Insured Person** must co-operate fully with and ensure that **We** are fully informed at all times in connection with any **Claim** or legal proceedings for damages and or compensation from a third party. **We** are entitled to obtain from the **Legal Representative** any information, document or advice relating to a **Claim** or legal proceedings under this Insurance. On request the **Insured Person** will give to the **Legal Representative** any instructions necessary to ensure such access.
4. **Our** authorisation to incur **Legal Expenses** will be given if an **Insured Person** can satisfy **Us** that:
  - a. there are reasonable grounds for pursuing or defending the **Claim** or legal proceedings and the **Legal Expenses** will be proportionate to the value of the **Claim** or legal proceedings; and
  - b. it is reasonable for **Legal Expenses** to be provided in a particular case.

The decision to grant authorisation will take into account the opinion of the **Legal Representatives** as well as that of **Our** own advisers. If there is a dispute, **We** may request, at the **Insured Person's** expense, an opinion of a barrister as to the merits of the **Claim** or legal proceedings. If the **Claim** is admitted, an **Insured Person's** costs in obtaining this opinion will be covered by this insurance.

5. If there is any dispute, other than in respect of the admissibility of a **Claim** on which **Our** decision is final, the dispute will be referred to a single arbitrator who will be either a solicitor or barrister agreed by all parties, or failing agreement, one who is nominated by the current President of the appropriate Law Society. The party against whom the decision is made will meet the costs of the arbitration in full. If the decision is not clearly made against either party the arbitrator will have the power to apportion costs. If the decision is made in **Our** favour, the **Insured Person's** costs will not be recoverable under the insurance.
6. **We** may at **Our** discretion assume control at any time of any **Claim** or legal proceedings in the name of the **Insured Person** for damages and or compensation from a third party.
7. All **Claims** within this section must be submitted to **Us** in writing within 90 days.
8. Any **Legal Expenses** incurred without **Our** written agreement will entitle **Us** to withdraw cover immediately and to recover any fees or expenses paid to the **Insured Person**.
9. **We** may at **Our** discretion require the **Insured Person** to obtain at the expense of the **Insured Person** an opinion of a barrister agreed by the **Insured Person** and **We** as to whether or not there are reasonable grounds for continuing to pursue or defend any **Claim** or legal proceedings. **We** will pay such expense if the opinion indicates that there are reasonable grounds for pursuing or defending the **Claim** or legal proceedings.
10. **We** may at **Our** discretion offer to settle a **Claim** with the **Insured Person** which it considers to be reasonable instead of initiating or continuing any **Claim** or legal proceedings for damages and/or compensation against a third party and any such settlement will be in full and final settlement of **Any One Claim** under this insurance.
11. **We** may at its discretion offer to settle a counter-claim against the **Insured Person** which it considers to be reasonable instead of continuing any **Claim** or legal proceedings for damages and/or compensation by a third party.

- a. The **Insured Person** will be responsible for the repayment to **Us** of all sums **We** have paid in respect of the **Legal Expenses** where:
  - b. an award of costs is made in favour of the **Insured Person** in the **Claim** or legal proceedings; or
12. costs are agreed to be paid to the **Insured Person** as part of any settlement of the **Claim** or legal proceedings.
13. If a conflict of interest arises, where **We** are also the insurer of the third party or proposed defendant to the **Claim** or legal proceedings, the **Insured Person** has the right to select and appoint other **Legal Representatives** in accordance with Condition 2 of this Section
14. If the **Legal Representatives** refuse to continue acting for an **Insured Person** with good reason or if an **Insured Person** dismisses the **Legal Representatives** without good reason the cover **We** provides will end at once, unless **We** agree to appoint other **Legal Representatives**.
15. If the **Insured Person** is a **Child** **We** will pay **Legal Expenses** incurred by the **Parent or Legal Guardian** acting for such **Child**.

## Section 10 Hijack and Kidnap

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If during the **Period of Insurance** and whilst on a **Journey** outside the **United Kingdom** an **Insured Person** is the victim of a **Kidnap** or is detained or held hostage during a **Hijack**, **We** will pay up to the **Benefit Amount** stated in the Schedule of Benefits.

### Definitions applicable to this Section

#### Hijack

the unlawful seizure or taking control of an aircraft or conveyance in which the **Insured Person** is travelling.

#### Kidnap

the illegal abduction and holding hostage of an **Insured Person** for the purpose of demanding payment of extortion/ransom monies as a condition of release. A Kidnap in which more than one **Insured Person** is abducted will be considered a single Kidnap.

### Specific Exclusions applicable to this Section

An **Insured Person** will not be covered for any **Claim** resulting from their acting in a way which could cause a **Claim** under this section.

### Specific Condition applicable to this Section

The **Insured Person** must provide a written statement from an appropriate authority confirming the **Hijack** and how long it lasted.



## General Exclusions

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The following General Exclusions are applicable to the Policy as a whole.

1. **We** will not be liable for payment of any benefit for **Bodily Injury**, loss or expense:
  - a. suffered or incurred after the expiry of the **Period of Insurance** during which the **Insured Person** attains the age of 75 years;
  - b. to any **Insured Person** who is a professional sportsperson or professional entertainer.
2. **We** will not be liable for **Bodily Injury** loss or expense due to:
  - a. suicide, attempted suicide or deliberate self-inflicted injury by the **Insured Person** regardless of the state of their mental health;
  - b. any actual or suspected **Communicable Disease** (including Covid-19) which results in restrictions impacting a **Journey** being introduced or made by any travel or accommodation provider or any government or governmental body. This Policy Exclusion does not apply to **Claims** for Section 1A (Medical Expenses) and 1 E (Emergency Repatriation Expenses);
  - c. any expenses which are recoverable (whether successful or not) by an **Insured Person, Policyholder, Group Policyholder or Participating Establishment** from any tour operator, travel provider, airline, hotel or other service provider under the terms of any contract or any relevant law or regulation; or any compensation scheme
  - d. illegal acts of the **Insured Person**;
  - e. the **Insured Person** engaging in aviation as a pilot or crew member of a fixed wing or rotary propelled aircraft;
  - f. the **Insured Person** being a full time member of the armed forces of any nation or international authority or a member of any Reserve Forces called out for Active Service;
  - g. **War**, whether declared or not,
    - i. in the **United Kingdom** or the **Insured Person's** country of domicile;
    - ii. between any of the **Major Powers**;
    - iii. in Europe in which one or more of the **Major Powers** or their armed forces are engaged;
    - iv. in Europe involving forces acting for any international authority;
  - h. an **Insured Person** travelling to a country which is or whose armed forces are engaged in **War** within its own borders where that part of a **Journey** commences after the outbreak of such **War**.
3. **We** will not accept liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from
  - a. ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
  - b. the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
4. **We** will not be liable to make any payment under this Policy where the **Insured Person** does not meet the Eligibility Criteria detailed in General Condition 14 on Page 35.
5. **We** will not cover and will not (under any sections) pay for **Claims** of any kind directly or indirectly arising from, relating to or in any way connected with the Coronavirus Disease 19 (COVID-19) (or any mutation or variation thereof) and / or its outbreak. This exclusion applies to all sections of cover except for Section 1A (Medical Expenses) and 1 E (Emergency Repatriation Expenses) provided the **Group Policyholder** or **Insured Persons** are not travelling in, to or through any area to which the Foreign and Commonwealth Office has advised against all travel or all but essential travel. To the extent that any term or condition in the policy may be inconsistent with this exclusion, this exclusion shall prevail.
6. **We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, **United Kingdom**, or United States of America.

The **Group Policyholder** or **Insured Persons** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, **United Kingdom**, or United States of America.

Applicable to US Persons only: policy cover for a **Journey** involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control).

For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business that is owned or controlled by such persons.

**PLEASE NOTE that Specific Exclusions relating to the individual Sections of this Policy are located and contained in the appropriate Section.**

## General Conditions

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General Conditions to which this Policy is subject.

1. This Policy document contains the full terms and conditions of the Policy and this Policy, **Group Policy Schedule** and Schedule of Benefits will be read as one contract and any word or expression to which specific meaning has been attached will unless the context otherwise requires bear such meaning wherever it may appear.
2. The **Group Policyholder** will give written notice within a reasonable time of any alteration in their business.
3. No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.
4. Where the **Group Policyholder** or an **Insured Person** or their personal representatives do not comply with any obligation to act in a certain way specified in this Policy **We** reserve the right not to pay a **Claim**.
5. The **Group Policyholder**, **Policyholder** and **Insured Person** if applicable, must ensure that all of the information, which they have provided to in the Application Form, by correspondence, over the telephone, on **Claim** forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid.
6. If the **Group Policyholder**, **Policyholder** or **Insured Person** if applicable, makes a representation which was untrue or misleading and
  - a. they knew it was, or did not care whether or not it was, untrue or misleading and knew that the information was, or did not care whether it was, relevant to **Us** then **We** may have the option to void the Policy; or
  - b. they made it carelessly then **We** may be able to avoid the Policy and return the Premium or vary the Policy including varying the terms and conditions or increasing the Premium depending upon the impact the information would have had on **Our** decision to issue the Policy.
7. The **Group Policyholder** acknowledges that **We** have offered the Policy and calculated the Premium using the information which **We** asked for and the **Group Policyholder** has provided, and that any change to the responses above may result in a change in the terms and conditions of the Policy and/or a change in the Premium.
8. The **Group Policyholder**, **Policyholder**, **Insured Person** and **We** agree that it is not intended for any third party to this contract to have the right to enforce or vary the terms of this contract. The **Group Policyholder**, **Policyholder**, **Insured Person** and **We** can rescind or vary the terms of this contract without the consent of any third party to this contract who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.
9. **We** may cancel  
this Policy if the **Group Policyholder** or **Insured Persons** have knowingly provided incomplete, false or misleading information that **We** have asked for during the **Period of Insurance**, or in respect of a **Claim**. If this happens, **We** will give 30 days written notice to the **Group Policyholder** at their last known address and in such event the Premium for the period up to the date when the cancellation takes effect will be calculated and **We** will promptly return any unearned portion of the Premium paid.
10. It is hereby agreed between **Us**, the **Group Policyholder** the **Policyholder** and the **Insured Person** that:
  - a. this Policy will be governed and construed in accordance with the Law of England and Wales and the English Courts alone will have jurisdiction in any dispute.
  - b. Communication of and in connection with this Policy will be in the English language.
11. If an **Insured Person** is the victim of a **Hijack** the insurance provided by this Policy will continue for a period not exceeding twelve months from the date of **Hijack** until such time as the **Insured Person** has returned to their place of residence.
12. **We** are required to notify the **Group Policyholder** and **Policyholders** that other taxes or costs may exist which are not imposed by **Us**.
13. **We** reserve the right to makes changes, add to the terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons

14. To be covered under this Policy all **Insured Persons** insured under this policy must have their main residence in the **United Kingdom** and be in the **United Kingdom** when this Policy is taken out.

**PLEASE NOTE that Specific Conditions relevant to the individual Sections of this Policy are located and contained in the appropriate Section.**

## Complaints Procedures

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**We** are committed to providing a high quality service and want to maintain this at all times.

In the event of a complaint about the sale or provision of this insurance please contact the **Group Policyholder** or the intermediary that arranged the policy on behalf of the **Group Policyholder**.

If an **Insured Person, Policyholder** or the **Group Policyholder** are not happy with **Our** claims service, or any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,  
Chubb  
PO Box 683,  
Winchester, SO23 5AH

Phone +44 (0) 800 519 8026  
Email customerrelations@chubb.com

The Financial Ombudsman Service may also be approached for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

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

Phone +44 (0) 800 023 4 567 (Monday to Friday – 8am to 8pm, Saturday – 9am to 1pm) Calls are free from a UK landline or mobile.

Phone +44 (0) 300 123 9 123 Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.  
Email complaint.info@financial-ombudsman.co.uk  
Website www.financial-ombudsman.org.uk

Following this complaints procedure does not affect an **Insured Person's** statutory rights relating to this Policy. For more information about statutory rights, an **Insured Person** should contact Citizens Advice.

## General Definitions

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Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using capital letters. The following General Definitions are applicable to the Policy as a whole.

### **£**

**United Kingdom** pounds sterling

### **Accident**

a sudden, external, unforeseen and identifiable event and the word **Accidental** will be construed accordingly.

### **Aggregate Limit**

The maximum amount that **Chubb** will pay for all **Claims** relating to cover under each section where stated in the Schedule of Benefits.

### **Benefit Amount**

the maximum amount **We** will pay based on the level of cover stated in the Schedule of Benefits.

### **Benefit Period**

the total period (but not necessarily consecutive period) for which benefits are payable in respect of any one **Accident** to any **Insured Person**.

### **Bodily Injury**

an injury which is caused solely by **Accidental** means and which independently of illness or any other cause within twenty-four calendar months from the date of the **Accident** results directly in the **Insured Person's** death or disablement or the incurring of **Medical Expenses**.

### **Child/Children**

any person who is under 18 years of age or 23 years of age, if in full-time education.

### **Chubb**

Chubb European Group SE.

### **Chubb Assistance**

the travel assistance and emergency medical and repatriation services organised by **Us**.

### **Claim**

a single loss or series of losses due to one cause insured by this Policy.

### **Communicable Disease**

Means an illness or disease that may be transmitted directly or indirectly by one person to another due to a virus, bacteria or other microorganism. Coronavirus (covid-19) is classed as a Communicable Disease.

### **Doctor**

a **Doctor** or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- the **Insured Person**, or
- one of the **Insured Person's** relatives unless approved by **Us**.

### **Effective Time**

when and where the insurance provided by this Policy applies as specified in the Schedule of Benefits.

### **Excess**

The first amount of a Claim, expressed as a monetary amount or a percentage of the loss, which the Policyholder or Group **Policyholder** must bear.

### **Group Journey**

All **Journeys** organised for a common trip or purpose and authorised by the **Group Policyholder** or **Participating Establishment** during the **Period of Insurance**.

### **Group Policy Schedule**

the document issued to the **Group Policyholder** by **Us**, detailing the cover and other important information.

### **Group Policyholder**

the person, firm, company or organisation named as the **Group Policyholder** in the **Group Policy Schedule**.

### **Hijack**

unlawful seizure or taking control of an aircraft or conveyance in which the **Insured Person** is travelling as a passenger.

### **Hospital**

any establishment which is registered or licensed as a medical or surgical **Hospital** in the country in which it is located and where the **Insured Person** is under the constant supervision of a **Doctor**.

### **Hospital Confinement**

admission to a **Hospital** as an **In-patient** as a result of **Bodily Injury** (within the **United Kingdom**) or **Bodily Injury** or illness (outside the **United Kingdom**) for a continuous period of 24 hours or more on the advice of and under the constant supervision of a **Doctor**.

### **Immediate Family Member**

An **Insured Person's** Partner or fiancé(e) or the grandchild, child, brother, sister, parent, grandparent, grandchild, stepbrother, step-sister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, of an **Insured Person**, or anyone noted as next of kin on any legal document and not any Person Insured.

### **In-patient**

an **Insured Person** who has gone through the full admission procedure and for whom a clinical case record has been opened and whose admission is necessary for the medical care and treatment of **Bodily Injury** (within the **United Kingdom**) or **Bodily Injury** or illness (outside the **United Kingdom**) and not merely for any form of nursing, convalescence, rehabilitation, rest or extended care.

### **Insured Persons**

any person or category of person described under this heading in the Schedule of Benefits.

### **Journey**

any organised trip described in the Schedule of Benefits undertaken by an **Insured Person** which commences during the **Period of Insurance**. Where a **Journey** continues beyond the expiry of the **Period of Insurance** such period is extended for up to a maximum of twelve months or until the completion of the **Journey** whichever is sooner.

### **Major Powers**

the United Kingdom, the United States of America, France, the Peoples Republic of China and the former constituents of the Union of Soviet Socialist Republics.

### **Maximum Age Limit**

The age stated in the description of **Insured Persons** in the **Group Policy Schedule** when cover for an **Insured Person** will cease.

### **Parent or Legal Guardian**

a parent with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

### **Participating School**

a school within the jurisdiction of the the **Group Policyholder** stated in the **Group Policy Schedule** and which has been declared by the **Group Policyholder** to **Us**.

### **Period of Insurance**

the period between and inclusive of the dates stated From: and To: on the **Group Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated. Dates refer to Local Standard Time at the address of the **Group Policyholder** as stated in the **Group Policy Schedule**.

**Policyholder**

any person or category of persons described as an **Insured Person** in the Schedule of Benefits or, in respect of **Insured Persons** under 18 years of age, the **Parent or Legal Guardian** of such **Insured Person**.

**Premium**

the amount stated on the **Group Policy Schedule** in respect of the specified **Period of Insurance** or any amount which subsequently becomes due as a result of alteration, adjustment or renewal of the Policy.

**Pupil**

any **Child** who is enrolled at a **Participating School**.

**United Kingdom**

for the purposes of this Policy will mean England, Scotland, Wales and Northern Ireland (excluding Channel Islands and the Isle of Man).

**War**

armed conflict between nations, invasion, act of foreign enemy, civil **War**, military or usurped power.

**We, Our, Us**

Chubb European Group SE.

**Winter Sports**

skiing (including skiing outside the area of the normal compacted snow or ice slope i.e. off-piste but only whilst accompanied by a guide or ski instructor), tobogganing, snowboarding and ice skating (other than on an indoor rink), but excluding competitive winter sports (including, but not limited to ski or bob racing, mono skiing, ski jumping, ski boarding, ice hockey, or the use of bobsleighs or skeletons).

**PLEASE NOTE that Specific Definitions relevant to the individual Sections of this Policy are located and contained in the appropriate Section.**



## Our Regulators

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Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

## Financial Services Compensation Scheme

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In the unlikely event of **Chubb** being unable to meet our liabilities, **Insured Persons** who are located in the UK, Channel Islands, Isle of Man or Gibraltar (or who have risks located in these jurisdictions) may be entitled to compensation under the Financial Services Compensation Scheme.

Further information can be obtained from the Chubb European Group SE or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme  
PO Box 300  
Mitcheldean  
GL 17 1DY

Phone 0800 678 1100 or 020 7741 4100

On-Line Form: <https://claims.fscs.org.uk/>

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

## Data Protection

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### The Personal Information You provide

**We** use personal information which the **Group Policyholder** supplies to **Us** or, where applicable, the **Group Policyholder's** insurance broker, in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Insured Persons' or Policyholders'** names, addresses, and policy number, but may also include more detailed information about **Insured Persons or Policyholders** (for example, their age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a **Claim** the **Group Policyholder, Insured Person or Policyholder** are reporting.

**We** are part of a global group, and **Insured Persons' or Policyholders'** personal information may be shared with its group companies in other countries as required to provide coverage under this policy or to store **Insured Persons' or Policyholders'** information. **We** also use a number of trusted service providers, who will also have access to **Insured Persons' and Policyholders'** personal information subject to **Our** instructions and control.

**Insured Persons and Policyholders** have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use personal information. For more information, **We** strongly recommend the **Group Policyholder, Insured Persons and Policyholders** read its user-friendly Master Privacy Policy, available here: <https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>. The **Group Policyholder, Insured Persons and Policyholders** can ask us for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>.

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

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## About Chubb

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Chubb is the world's largest publicly traded P&C insurance company and the largest commercial insurer in the U.S. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

Chubb is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. The company serves multinational corporations, mid-size and small businesses with property and casualty insurance and risk engineering services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, homeowners, automobile and specialty personal insurance coverage; companies and affinity groups providing or offering accident and health insurance programs and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs more than 30,000 people worldwide.

## Contact Us

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Chubb European Group SE  
The Chubb Building  
100 Leadenhall Street  
London  
EC3A 3BP  
[www.chubb.com/uk](http://www.chubb.com/uk)

Chubb Customer Service Centre:  
PO Box 683, Winchester, SO23 5AH.  
Telephone: 0800 519 8026 (calls are free from a UK landline or mobile)  
International: +44 (0)141 285 2999

[www.chubb.com](http://www.chubb.com)

**Chubb. Insured.<sup>SM</sup>**