



Category 2 Travel Insurance Application Form

It is essential that you take out adequate travel insurance, and Endsleigh offers cover for your trip. Cover includes cancellation and curtailment of the trip due to accident, illness or sickness; the cost of repatriation back to your home country following a medical emergency. Additionally, cover for over 90 sports and activities are included as standard under this group policy and full details are available within your group policy documents.

1. Policy Cover

The table below displays a summary of the maximum amounts which are payable under each section:

Cover	Essential	Comprehensive
Medical	£5,000,000	£10,000,000
Cancellation or Curtailment	£2,000	£5,000
Delayed Departure	£0	£100
Equipment (owned)	£500	£1,500
Equipment (hired)	£500	£1,500
Baggage	£1,500	£2,000
Personal Money	£200	£500
Loss of Passport	£250	£500
Personal Liability	£1,000,000	£2,000,000
Legal Expenses	£10,000	£50,000
Personal Accident	£15,000	£30,000

- Cancellation and curtailment cover, in the unlikely event that you have to cut short or cancel your trip
- Cover for emergency medical treatment, hospitalisation and repatriation home
- 24-hour medical emergency assistance
- Personal liability cover will offer protection if you are held responsible for injuring someone or damaging their property
- Replacement of your baggage, personal possessions, money and travel documents such as passports.

NB: All premiums shown are inclusive of Insurance Premium Tax at the current rate

*Please note this premium is based on the details currently provided and is subject to change.

** The beneficiary MUST be aged under 86 years old at the time of departure. Cover under Personal Accident (other than death benefit) and Air Rage is not available to anyone 65 or over.

Principal Exclusions

General

The first £50 of each and every claim per incident claimed for by each beneficiary, except for claims under personal liability, personal accident and legal expenses, where no excess applies.

Cancellation or curtailment charges

- Any circumstances known prior to booking the trip that could reasonably be expected to give rise to a claim.

Emergency medical and other expenses

- Treatment or surgery which in the opinion of the medical practitioner in attendance can wait until a beneficiary's return home.
- Medication, which prior to departure is known to be required.

Baggage & Personal money, passport and documents

- Valuables left unattended at any time unless in a safety deposit box or in the beneficiary's locked accommodation.
- Baggage contained in an unattended motor vehicle overnight between - 9 p.m. and 9 am (local time) OR 9 a.m. and 9 p.m. (local time) unless it is in the locked boot, which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view.
- Personal money or beneficiary's passport left unattended at any time unless in a hotel safe, safety deposit box or in your the beneficiary's locked accommodation

Important Information

Essential Rates Per Person

Essential Rates – Non UK Residents

Period (Days)	UK	Europe	World-wide Excl USA / Canada / Caribbean	World-wide incl USA / Canada / Caribbean
1-5	£23.16	£31.70	£66.57	£76.07
6-10	£45.92	£67.09	£134.13	£142.55
11-17	£55.60	£82.68	£171.91	£178.40
18-24	£65.29	£98.27	£209.69	£214.25
25-31	£74.97	£113.87	£247.47	£250.10
Add Week	£14.42	£21.71	£46.39	£47.37

Essential Rates UK Residents ONLY

Period (Days)	UK	Europe	World-wide Excl USA / Canada / Caribbean	World-wide incl USA/Canada/Caribbean
1-5	£32.52	£41.06	£75.93	£85.43
6-10	£55.28	£76.45	£143.49	£151.91
11-17	£64.96	£92.04	£181.27	£187.76
18-24	£74.65	£107.63	£219.05	£223.61
25-31	£84.33	£123.23	£256.83	£259.54
Add Week	£23.78	£31.07	£55.75	£56.73

Comprehensive Rates Per Person Comprehensive Rates - Non UK Residents

Period (Days)	UK	Europe	World-wide Excl USA / Canada / Caribbean	World-wide incl USA/Canada/Caribbean
1-5	£28.68	£39.26	£82.44	£94.20
6-10	£56.86	£83.08	£166.09	£176.52
11-17	£68.85	£102.39	£212.88	£220.92
18-24	£80.85	£121.69	£259.66	£265.31
25-31	£92.84	£141.00	£306.44	£309.70
Add Week	£17.86	£26.88	£57.44	£58.66

Comprehensive Rates - UK Residents ONLY

Period (Days)	UK	Europe	World-wide Excl USA /Canada / Caribbean	World-wide incl USA/Canada/Caribbean
1-5	£38.04	£48.62	£91.80	£103.56
6-10	£66.22	£92.44	£175.45	£185.88
11-17	£78.21	£111.75	£222.24	£230.28
18-24	£90.21	£131.05	£269.02	£274.67
25-31	£102.02	£150.36	£315.80	£319.06
Add Week	£27.22	£36.24	£66.80	£68.02

Data Protection & Privacy

Endsleigh collects and uses personal data to arrange and administer the insurance policies it sells. You can find more information on the types of data it collects, how it uses it and what for, who it shares it with and when, and your data rights in Endsleigh's published privacy notice, which is available from our website: <https://www.endsleigh.co.uk/site-info/endsleigh-privacy-policy/>.

If for any reason you are unable to access the internet and would like to receive a printed version of the privacy notice, please let us know and we can arrange for one to be sent to you.

Complaints Procedure

We aim to provide a high level of service and pay claims fairly and promptly under the terms of the group policy. If a beneficiary is unhappy with any aspect of our service, please contact, in the first instance the person who originally dealt with the enquiry.

Alternatively we can be contacted by:

Telephone: 0800 085 8698

Post: Customer Liaison Department, Endsleigh Insurance Services Limited, Shurdington Road, Cheltenham, Gloucestershire GL51 4UE

If the beneficiary remains dissatisfied they have the right to ask the Financial Ombudsman to review their case. **The Ombudsman can be contacted at the following address:** - The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR.

<https://www.financial-ombudsman.org.uk/>

What if I change my mind?

A beneficiary may withdraw from participation in the group policy at any time by giving notice of that intention to the group policyholder. Any return of premium will be calculated from the date such participation ceases, provided the beneficiary has not travelled or been the subject of a claim during any period for which cover was provided, in which case no refund will be due.

We reserve the right to charge a reasonable administration fee.

3. Declaration

Travel Eligibility Statements

You and anyone accepted for cover under this group policy (the beneficiary) are:

- Registered under the healthcare system in your home country
- Travelling from and returning to your home country

I have read and accepted these statements to confirm eligibility

Important conditions relating to health

You and anyone accepted for cover under this group policy **MUST** comply with the following conditions to have full protection of this group policy. If they do not comply this group policy may be cancelled or a claim may be refused or the amount of any claim payment reduced.

It is a condition of this group policy that you and anyone accepted for cover under this group policy (the beneficiary) will not be covered for any claims arising directly or indirectly from:

A. At the time of being accepted for cover:

1. Any medical condition the beneficiary has or has had for which:

- a) Symptoms or diagnosis has occurred within the last 12 months or
- b) There has been a change in treatment (including medication, dosage, surgery, tests, investigations or diet) in the last 12 months.

2. Any medical condition where the beneficiary, their close relative* or a close business associate:**

- a) Are waiting for an operation, hospital consultation (other than for regular check-ups), or other hospital treatment or investigation.
- b) Have within the last 6 months, been seen by a specialist (other than for regular check-ups), had an operation or other hospital treatment or investigation.
- c) Have received a terminal prognosis.
- d) Have not had a diagnosis.

3. Any circumstances the beneficiary is aware of that could reasonably be expected to give rise to a claim on this group policy.

B. At any time:

1. Any medical condition the beneficiary has in respect of which they are travelling against medical advice or for which they are travelling to obtain medical treatment abroad.
2. Any medical condition for which you the beneficiary is not taking the recommended treatment or prescribed medication as directed by a medical practitioner.
3. The beneficiary travelling against any health requirements stipulated by the carrier, their handling agents or other public transport provider.

I have read and agreed to these important conditions relating to health

The beneficiary **MUST** give full and true answers to all questions. If they do not do so, this insurance cover may not protect them in the event of a claim. I declare that to the best of my knowledge all the information provided in connection with this proposal is correct and complete. I agree that this proposal is for insurance in the normal terms and conditions of the insurer's policy and shall be incorporated in and form the basis of the contract.

* Close relative – means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, partner, civil partner or fiancé fiancée.

** Close business associate -means any person whose absence from business for one or more complete days at the same time as the beneficiary's absence prevents the proper continuation of that business.

4. Complete The Application

I declare the answers given to questions asked in the application form are true and complete to the best of my knowledge and belief. I agree that the fees for the insurance will be added to the invoice for the trip.

I confirm that my travel details have been provided

Trip Start Date _____ **Trip End Date** _____ **Destination** _____

Cover Level: Essential Comprehensive

Lead name Signature _____ **Date** _____

Print Name _____ **Date of Birth** _____