

# Trip Cancellation Insurance

## Insurance Product Information Document

Company: AWP P&C SA, registered office 7 Rue Dora Maar, 93400 Saint-Ouen, France.

Registration no. 519490080 RCS, authorised by L'Autorité de Contrôle Prudentiel et de Résolution in France and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority.

Product: Ebookers Cancellation Insurance

This document only provides a basic summary of policy cover. The full terms and conditions of the contract are shown on the policy document, which you should read carefully to ensure you have the cover you need.

### What is this type of Insurance?

This is trip cancellation insurance which covers you for the cancellation of your travel arrangements which are booked to begin outside your home country.



#### What is insured?

- ✓ **Cancelling your travel arrangements** - Loss of pre-paid travel and accommodation expenses if you have to cancel your travel arrangements for one of the reasons specified in your policy.



#### What is not insured?

- ✗ Claims where you cannot provide sufficient supporting evidence.
- ✗ More than the maximum benefit limits (and sub limits when these apply) shown.
- ✗ The policy excess that is applicable to each person, section and/or claim.
- ✗ Claim circumstances you were aware of before your policy was issued or travel arrangements were booked (whichever is the later).
- ✗ Claims that are caused as a direct or indirect result of something you are claiming for such as loss of earnings as a result of being delayed in returning.



#### Are there any restrictions on cover?

- ! Cover is only available to residents of the UK, Channel Islands or Isle of Man who have booked travel arrangements through ebookers.com.
- ! Claims relating to existing medical conditions are excluded.
- ! Your policy may contain a limit on the age of the insured persons.
- ! There are General Conditions that you have to meet for cover to apply.
- ! General exclusions apply to the whole policy and each section contains exclusions specific to that section.



#### Where am I covered?

You are covered in any worldwide country.

You will not be covered if you travel to a country or region where the Foreign and Commonwealth Office has advised against all travel or all but essential travel. For further details, visit [gov.uk/foreign-travel-advice](https://gov.uk/foreign-travel-advice)



## What are my obligations?

- Answer any pre-sale questions as truthfully and accurately as possible.
- Read your policy carefully to ensure you have the cover you need.
- Tell us as soon as possible if there are any changes to your circumstances that may affect your cover, or if it is likely you will need to make a claim.
- You should take reasonable care to protect yourself and your property against accident, injury, loss and damage and to minimise any claim.



## When and how do I pay?

You will need to pay your policy premium in full in order for cover to apply. All cover will end if payment is incomplete or rejected, or if the policy is cancelled.

The premium can be paid using one of the payment options given to you by the seller of this insurance.



## When does the cover start and end?

Your policy provides cover during the period shown on your insurance confirmation.



## How do I cancel the contract?

You have 14 days from the date of receiving your policy documents, to ensure that they meet your requirements.

If you wish to cancel the contract during this period, you should contact Ebookers on telephone **020 3788 4832**.

Your premium will be refunded in full, although if you have travelled, made a claim or intend to make a claim, we will recover the costs for providing these services.

You may still cancel the contract after this 14 day cancellation period but no refund will be made.

# Cancellation Travel Insurance

Cover is for residents of the UK, the Channel Islands and the Isle of Man only purchasing travel arrangements on the ebookers.com website to begin outside their home country.

This policy does not cover claims relating to existing medical conditions.

## **Demands and needs statement**

This cancellation travel insurance suits the demands and needs of customers who wish to insure themselves for cancellation only subject to maximum specified claims limits and the terms and conditions of the policy.

Cancellation travel insurance provides cover for the cancellation of your journey only – the policy provides no other benefit(s). You should read this policy carefully to make sure it provides the cover you need.

You may already possess alternative insurance for some or all of the features and benefits provided by this cancellation travel insurance product. It is your responsibility to investigate this.

**Ebookers has only provided you with information and has not provided you with any recommendation or advice about whether this product meets your specific insurance demands and needs.**

## About us and our insurance services

Allianz Global Assistance  
102 George Street  
Croydon CR9 6HD

**1. The Financial Conduct Authority (FCA)**

The FCA is the independent watchdog that regulates financial services. Use this information to decide if our services are right for you.

**2. Whose products do we offer?**

We are an insurance intermediary that offers products from a single insurance company, AWP P&C SA which is a French company duly authorised in France. We act on their behalf.

**3. Which service will we provide you with?**

You will not receive any personal advice or a recommendation from us for travel insurance. We may ask some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

**4. What will you have to pay us for this service?**

You will only pay us the premium for your policy, and you will not pay us a fee for arranging this on your behalf. We are paid for our services to you by the insurance company, AWP P&C SA. The nature of such payment is a mixture of commission and other fees based on our costs for administering your policy.

**5. Who regulates us?**

Experia Inc is an Appointed Representative of AWP Assistance UK Ltd, 102 George Street, Croydon, CR9 6HD which is authorised and regulated by the Financial Conduct Authority. Our Financial Services Register number is 311909. Our permitted business includes arranging travel insurance.

You can check this on the Financial Services Register by visiting the FCA's website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on 0800 111 6768.

**6. What to do if you have a complaint**

If you wish to register a complaint, please contact us:

Write to: Customer Service, 102 George Street, Croydon CR9 6HD

Phone: 020 8603 9853

Email: [customersupport@allianz-assistance.co.uk](mailto:customersupport@allianz-assistance.co.uk)

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service for independent arbitration. Visit [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk) write to Financial Ombudsman Service, Exchange Tower, London E14 9SR call 0800 023 4567 or 0300 123 9 123 email [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

**7. Are we covered by the Financial Services Compensation Scheme (FSCS)?**

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations.

Insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS by calling 0800 678 1100 or 020 7741 4100, or visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

# Cancellation Travel Insurance Policy

Cover is for residents of the UK, the Channel Islands and the Isle of Man only purchasing travel arrangements on the ebookers.com website to begin outside their home country.  
This policy does not cover claims relating to existing medical conditions.

## Important Telephone Numbers

Customer Services:	0371 200 0194
Premium refund requests (14 day cancellation period):	+44 (0)20 3788 4832
Claims:	020 8666 9251

In a life or death situation call the emergency services in the country **you** are visiting for example 112 within the European Union or 911 in the USA.

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## Summary of cover

The following is only a summary of the main cover limits. **You** should read the rest of this policy for the full terms and conditions.

Cover	Limit (up to)	Excess
Cancellation charges	£5,000	£50
- Excursions	£150	

## Important information

Thank **you** for taking out Cancellation Travel Insurance with **us**.

**Your** travel confirmation shows the people who are covered and any special terms or conditions that may apply.

**Your** Cancellation Travel Insurance policy provides cover for the cancellation of **your trip** only. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should contact ebookers Travel Insurance on **0371 200 0194** or write to **us** at 102 George Street, Croydon, CR9 6HD.

### Insurer

**Your** Cancellation Travel Insurance is underwritten by AWP P&C SA and is administered in the **United Kingdom** by Allianz Global Assistance.

### How your policy works

**Your** policy and travel confirmation is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

### Information you need to tell us

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** can offer **you**.

**You** must, to the best of **your** knowledge, give accurate answers to the questions **we** ask when **you** buy **your** ebookers Cancellation Travel Insurance policy. If **you** do not answer the questions truthfully it could result in **your** policy being invalid and could mean that all or part of a claim may not be paid.

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call **0371 200 0194** as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

### Cancellation rights

If **your** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your** travel confirmation and return all **your** documents for a refund of **your** premium.

**You** should contact ebookers on telephone **+44 (0)20 3788 4832**.

If during this 14 day period **you** have travelled, made a claim or intend to make a claim then **we** can recover all costs that **you** have used for those services.

Please note that **your** cancellation rights are no longer valid after this initial 14 day period.

### Policy excess

**Your** policy contains an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **person insured**, for each claim incident. The amount **you** have to pay is the **excess**.

### Financial Services Compensation Scheme (FSCS)

For **your** added protection, the **insurer** is covered by the FSCS. **You** may be entitled to compensation from the scheme if the **insurer** cannot meet its obligations. This depends on the type of business and the circumstances of the claim.

Insurance cover provides protection for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangements is available from the FSCS, telephone number

**0800 678 1100** or **020 7741 4100**, or by visiting their website at **www.fscs.org.uk**.

### Governing law

Unless agreed otherwise, English law will apply and all communications and documentation in relation to this policy will be in English. In the event of a dispute concerning this policy the English courts shall have exclusive jurisdiction.

### Contracts (Rights of Third Parties) Act 1999

**We**, the **insurer** and **you** do not intend any term of this contract to be enforceable pursuant by any third party to the Contracts (Rights of Third Parties) Act 1999.

## Data protection notice

**We** care about **your** personal data.

This summary and **our** full privacy notice explain how Allianz Global Assistance protects **your** privacy and uses **your** personal data. **Our** full Privacy Notice available at [www.allianz-assistance.co.uk/privacy-notice](http://www.allianz-assistance.co.uk/privacy-notice)

If a printed version is required, please write to Legal and Compliance Department, Allianz Global Assistance, 102 George Street, Croydon CR9 6HD.

- **How will we obtain and use your personal data?**

**We** will collect **your** personal data from a variety of sources including:

- Data that **you** provide to **us**; and
- Data that may be provided about **you** from certain third parties, such as **your** insurance broker and **doctors** in the event of a claim for medical reasons.

**We** will collect and process **your** personal data in order to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

- **Who will have access to your personal data?**

**We** may share **your** personal data:

- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
- With other service providers who perform business operations on **our** behalf;
- Organisations who **we** deal with which provide part of the service to **you**;
- To meet **our** legal obligations including providing information to the relevant ombudsman if **you** make a complaint about the product or service that **we** have provided to **you**.

**We** will not share information about **you** with third parties for marketing purposes unless **you** have specifically given **us** **your** consent to do so.

- **How long do we keep your personal data?**

**We** will retain **your** personal data for a maximum of seven years from the date the insurance relationship between **us** ends. If **we** are able to do so, **we** will delete or anonymise certain areas of **your** personal data as soon as that information is no longer required for the purposes for which it was obtained.

- **Where will your personal data be processed?**

**Your** personal data may be processed both inside and outside the European Economic Area (EEA).

Whenever **we** transfer **your** personal data outside the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the EEA receive an adequate level of protection.

- **What are your rights in respect of your personal data?**

**You** have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- File a complaint.

- **Automated decision making, including profiling**

**We** carry out automated decision making and/or profiling when necessary.

- **How can you contact us?**

If **you** would like a copy of the information that **we** hold about **you** or if **you** have any queries about how **we** use **your** personal data, **you** can contact **us** as follows:

By post: Data Protection Officer, AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD

By telephone: **020 8603 9853**

By email: **AzPUKDP@allianz.com**

## Definition of words

When the following words and phrases appear in the policy document or travel confirmation, they have the meanings given below. These words are highlighted by the use of bold print.

### **Business associate**

Any person in **your home** country that **you** work closely with, whose absence from work means that the director of **your** business needs **you** to cancel or curtail **your travel arrangements**.

### **Doctor**

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **relative**.

### **Excess**

The deduction **we** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident.

### **Home**

**Your** usual place of residence in the **UK**.

### **Insurer**

AWP P&C SA.

### **Period of insurance**

Cancellation cover begins from the issue date shown on the booking confirmation and ends either on the day **you** leave **your home** to begin **your travel arrangements**, or if **your travel arrangements** are booked while **you** are away; at the time **you** are first due to use **your travel arrangements**, for example the departure of **your** flight or the date **you** are due to check in at **your** accommodation. Where more than one **travel arrangement** element has been booked, all cover ends as soon as **you** start the first of these **travel arrangements**.

### **Redundancy**

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years with the same employer if **you** are aged 18 and over or 65 and under.

### **Relative**

**Your** mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

### **Resident**

A person who has their main **home** and is registered with a **doctor** in the **UK** and has not spent more than six months abroad during the year before the policy was issued.

### **Travel arrangements**

Travel elements **you** have paid or have a contract to pay including but not limited to a flight, accommodation, car hire, cruise, package holiday, excursion or airport transfer. These arrangements must include at least one element booked on the ebookers.co.uk website.

### **Travelling companion**

Any person that has booked to travel with **you** with the same **travel arrangements**.

### **Trip**

The departure date of **your** booked **travel arrangements**.

### **United Kingdom (UK)**

England, Scotland, Wales and Northern Ireland, the Channel Islands or the Isle of Man.

### **We, our, us**

Allianz Global Assistance which administers the insurance on behalf of the **insurer**.

### **You, your, person insured**

Each person aged 79 or under shown on the travel confirmation, for whom the appropriate insurance premium has been paid.



## Health declaration and health exclusions

It is very important that you read the following.

### Exclusions relating to your health

- 1 **You** will not be covered for any directly or indirectly related claims arising from the following if at the time of taking out this insurance or booking **your trip** (whichever is later), **you**:
  - a are being prescribed regular medication;
  - b have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 12 months;
  - c are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
  - d are awaiting treatment or the results of any tests or investigations;
- 2 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before beginning **your trip**.
- 3 **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your trip**.
- 4 **You** will not be covered for any directly or indirectly related claim if, before **your trip**, a **doctor** diagnosed that **you** have a terminal condition.
- 5 **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
- 6 **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

### Exclusions relating to the health of someone not insured on this policy, but whose health may affect your decision whether to take or continue with your trip

**You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the health of a **travelling companion**, someone **you** were going to stay with, a close **relative** or a **business associate** if at the time **your** policy was issued:

- **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

#### Note

##### Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**:

- suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection.
- have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke.
- have osteoporosis, **you** are more likely to break or fracture a bone.
- have or have had cancer, **you** are more likely to suffer with a secondary cancer.

## General exclusions

The following exclusions apply to the whole of **your** policy:

**We** will not cover **you** for any claim arising from, or relating to, the following:

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism or weapons of mass destruction.
- 2 Any epidemic or pandemic.
- 3 **You** not following any advice or recommendations made by the Foreign and Commonwealth office, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 5 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 6 Any currency exchange rate changes.
- 7 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date.
- 8 **You** acting in an illegal or malicious way.
- 9 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 10 **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
- 11 **You** not enjoying **your trip** or not wanting to travel.
- 12 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 13 **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.

## Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1 **You** are a **resident** of the **UK**.
- 2 **You** take reasonable care to protect yourself against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid travel confirmation.
- 4 **You** accept that **we** will not extend the **period of insurance**.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
- 6 **You** accept that no alterations can be made to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.
- 7 **You** are not aged 80 or over at the date **your** policy was issued.

### We have the right to do the following

- 1 Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. A full premium refund will be given and depending on the circumstances **we** may report the matter to the police.
- 2 Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
- 3 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 4 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department for Work and Pension's forms), which will help **us** to recover any payment **we** have made under this policy.
- 5 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a postmortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 6 Only refund or transfer **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within 14 days from the date **you** receive **your** policy and travel confirmation. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
- 7 Not to pay any claim on this policy for any amounts covered by another insurance or by anyone or anywhere else. In these circumstances **we** will only pay **our** share of the claim.
- 8 If **you** cancel **your trip** for any reason other than those specified in Section 1 all cover provided on **your** policy will be cancelled without refunding **your** premium.
- 9 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

## Making a claim

To claim, please visit the website **www.azgatravelclaims.com**. This will lead **you** to **our** online claims notification service where claim forms can be obtained immediately via email or by downloading directly from the site.

Alternatively, please phone **020 8666 9251** and ask for a claim form or

Write to: Allianz Global Assistance, Travel Insurance Claims Department, PO Box 451, Feltham TW13 9EE or

Email: **travel.claims@allianz-assistance.co.uk**.

**You** should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

Below is a list of the documents **we** will need in order to deal with **your** claim.

### For all claims

- **Your** original booking invoice(s) and travel documents showing the dates and times of travel.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss.
- As much evidence as possible to support **your** claim.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

## Making a complaint

**We** aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

In the first instance, please:

Write to:  
Customer Service,  
Allianz Global Assistance,  
102 George Street,  
Croydon, CR9 6HD

Telephone: **020 8603 9853**

Email: **customersupport@allianz-assistance.co.uk**

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **you** are not satisfied with **our** final response **you** can refer the matter to the UK Financial Ombudsman Service for independent arbitration. Visit: **www.financial-ombudsman.org.uk** Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR Call: **0800 023 4567** or **0300 123 9 123**  
Email: **complaint.info@financial-ombudsman.org.uk**

## Cancellation charges - Section 1

### WHAT YOU ARE COVERED FOR

We will pay up to **£5,000** in total (including up to **£150** in total for excursions), for **your** part of unused **travel arrangements** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

We will provide this cover if it is necessary for **you** to cancel **your travel arrangements** before they begin because one of the following unavoidable circumstances happens:

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **£50**.

Any condition stated under Health declaration and health exclusions.

Anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for.

Booking, credit card and non-Sterling transaction fees.

The cost of Airport Departure Duty/Tax recoverable from elsewhere.

Administration costs charged by **your** travel, accommodation or other provider to process a refund as a result of cancelling all or part of **your** booking (including obtaining Airport Departure Duty/Tax refunds).

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carrier's refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your trip**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug or alcohol addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- the death of any pet or animal.
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Any extra cancellation charges, because **you** did not tell the company providing **your travel arrangements**, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.

Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your travel arrangements** were bought (whichever is the later).

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

This policy is available in large print, audio and Braille.

Please contact us on  
Phone 0371 200 0194

and we will be pleased to organise an alternative for you.

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