

Cancellation Travel Insurance

**Cover is for residents of the UK only.
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.

Expedia Inc. 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?**

Expedia 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 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

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 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
- 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.

Cancellation Travel Insurance Policy

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Important Telephone Numbers

Customer Services:	0371 200 0194
Premium refund requests (14 day cancellation period):	+44 (0)20 3788 0445
Claims:	020 8666 9251

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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 journey** 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 Expedia 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** Expedia 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 Expedia on telephone **+44 (0)20 3788 0445**.

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

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 policy schedule, they have the meanings given below. These words are highlighted by the use of bold print.

Area of cover

You will not be covered if **you** travel outside the area **you** have chosen as shown on **your** policy schedule.

- **UK**, the **Channel Islands** and the Isle of Man
- **Europe**
UK, Continental Europe, Mediterranean islands, the **Channel Islands**, Morocco, Algeria, Tunisia, Libya, Egypt, the Isle of Man, Turkey, Madeira, Canary Islands, the Azores, the Republic of Ireland, Iceland, Russia, Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia.
- **Worldwide (excluding USA)** Worldwide, excluding United States of America, Canada and all Islands in the Caribbean Sea including the Bahamas.
- **Worldwide (including USA)** Worldwide.

Note

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://www.gov.uk/foreign-travel-advice)

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 **your journey**.

Channel Islands

Jersey, Guernsey, Sark, Alderney and Herm.

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**.

Home

Your usual place of residence in the **UK**, the **Channel Islands** or the Isle of Man.

Insurer

AWP P&C SA.

Journey

The dates of **your** intended trip, which is less than 32 days in duration and which is due to take place after the **period of insurance**.

Period of insurance

Cover begins from the issue date shown on **your** policy schedule and ends at the beginning of **your journey**. All cover ends on the expiry date shown on **your** policy schedule.

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**, the **Channel Islands** or the Isle of Man and has not spent more than six months abroad during the year before the policy was issued.

Travelling companion

Any person that has booked to travel with **you** on **your journey**.

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

We, our, us

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

You, your, person insured

Each person aged 79 or under, shown on the policy schedule and for whom the appropriate insurance premium has been paid.

Health declaration and health exclusions

Exclusions relating to your health

- 1 **You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if at the time of taking out this insurance or booking **your journey** (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 journey**.
- 3 **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- 4 **You** will not be covered for any directly or indirectly related claim if, before **your journey**, 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 journey

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'etat, 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 journey** 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 **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**, the **Channel Islands** or the Isle of Man.
- 2 **You** take reasonable care to protect yourself and **your** property 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 policy schedule.
- 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 a 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 journey** 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 personal accommodation, transport charges and other travel expenses 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 journey** before it begins 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 the **your home** country or as a witness in a court in the **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 the **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 cards 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** carriers' 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 journey**;
- 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);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug 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** transport or accommodation, 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 journey** 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.

Expedia Inc Registered Office, 3150 139th Avenue SE
Bellevue, WA 98005, USA is an appointed representative of AWP Assistance UK Ltd.

This Cancellation Travel Insurance is underwritten by AWP P&C SA and is administered in the UK
by Allianz Global Assistance. Allianz Global Assistance is a trading name of
AWP Assistance UK Ltd, 102 George Street, Croydon CR9 6HD.

AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority.

AWP P&C SA is duly authorised in France and the United Kingdom, and subject to limited regulation by the
Prudential Regulation Authority and the Financial Conduct Authority.

Allianz Global Assistance acts as agent for AWP P&C SA for the receipt of customer money,
settling claims and handling premium refunds.

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