

CANCELLATION AND TRAVEL DELAY INSURANCE POLICY

Cover is for residents of the UK, the Channel Islands or the Isle of Man and only applies when the *trip* has been booked with Air Transat.

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

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IMPORTANT CONTACT DETAILS

Customer services:

(Monday to Friday – 9am to 5pm)

UK +44 (0)20 8603 9653

Claims:

(submit online 24 hours a day)

(call Monday to Friday – 8am to 5pm)

www.allianz-protection.com

UK +44 (0) 20 8603 9958

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

Please contact UK +44 (0) 20 8603 9653

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

DEMANDS AND NEEDS STATEMENT

Air Transat Cancellation & Travel Delay insurance is typically suitable for travel customers who wish to insure themselves for cancellation and delay to their *trip*.

Travel insurance does not cover everything. *You* should read this *policy* wording document carefully to make sure it provides the cover *you* need.

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

We have not provided *you* with any recommendation or advice about whether this product meets *your* specific insurance requirements.

ABOUT US AND OUR INSURANCE SERVICES

WHO WE ARE

1 Whose products *we* offer

We offer products from a single insurance company, AWP P&C S.A. This is a French company authorised in France acting through its UK Branch.

2 The service *we* will 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 products that *we* will give *you* details of. *You* will then need to make *your* own choice about how to go ahead.

3 What *you* will pay *us* for this service

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

4 Who regulates AWP

This insurance is distributed by Air Transat A.T. Inc an Appointed Representative of AWP Assistance UK Ltd (trading as Allianz Partners), 102 George Street, Croydon, CR9 6HD which is authorised and regulated by the Financial Conduct Authority under FRN 311909. AWP Assistance UK Ltd is registered in England. Registration No. 1710361. Registered Office: of 102 George Street, Croydon, CR9 6HD.

The insurer is AWP P&C S.A. A company registered in France with ID No 519490080 RCS Paris Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C (UK Branch) registered in the United Kingdom. Registered Branch No. BR015275, Registered Office 102 George Street, Croydon, Surrey CR9 6HD. Authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN number 534384 and limited regulation by the Prudential Regulation Authority.

The Financial Conduct Authority is the independent watchdog that regulates financial services. You can check the regulation status of Air Transat A.T. Inc, AWP Assistance UK Ltd and AWP P&C S.A. by visiting the Financial Conduct Authority's website at www.fca.org.uk/register or by phoning them on 0800 111 6768.

5 What to do if *you* have a complaint

If *you* want to make a complaint, please contact *us*.

- Write to: Customer Service, Allianz Assistance, 102 George Street, Croydon, CR9 6HD
- Phone: **020 8603 9853**
- Email: customersupport@allianz-assistance.co.uk

If *we* cannot settle *your* complaint, *you* may be entitled to refer it to the Financial Ombudsman Service for an independent decision. *You* can do this as follows:

- Visit the website: www.financial-ombudsman.org.uk
- Write to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR
- Phone: **0800 023 4567** or **0300 123 9 123**
- Email: complaint.info@financialombudsman.org.uk

6 Protection under the Financial Services Compensation Scheme (FSCS)

For *your* added protection, AWP P&C S.A. is covered by the FSCS. *You* may be entitled to compensation from the scheme if *we* cannot meet *our* obligations to *you*, such as not being able to pay a claim.

The scheme covers 90% of any claim to do with *us* advising on and arranging this *policy*, with no upper limit. *You* can get more information about the compensation scheme from the FSCS by phoning **0800 678 1100** or **020 7741 4100**, or by visiting their website at www.fscs.org.uk.

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* cover. If *you* have any questions, just visit *us* online or give *us* a call using the information shown under 'Important contact details' at the end of this *policy*. If *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are in bold italics. These words are defined in the 'Definitions' section. Words that are capitalised refer to the document and cover names found in this *policy*. Headings are provided for convenience only and do not affect *your* cover in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events and losses included in this *policy* wording document, and only under the conditions described. Please review this *policy* wording carefully.

Your policy consists of two parts:

1. The *policy* schedule, which shows who is insured under *your policy*.
2. This *policy* wording document, which shows the full terms and conditions of *your policy* as well as the cover provided.

NOTE:

Not every loss is covered, even if it is due to something sudden, unexpected or out of *your* control. Only those losses meeting the conditions described in this *policy* document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all cover under *your policy*.

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.

CANCELLATION RIGHTS

If *your* cover does not meet *your* requirements, please notify *us* within 14 days of receiving *your* insurance confirmation for a refund of *your* premium.

You can contact *us* by calling **+44 (0)20 8603 9653** or writing to Allianz Partners, 102 George Street, Croydon, CR9 6HD.

If during this 14 day period *you* have travelled, made a claim or intend to make a claim then *we* will not refund *your* premium if *you* wish to cancel *your policy*.

NOTE: *Your* cancellation rights are no longer valid after this initial 14 day period.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

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

COVER SUMMARY

COVER SECTION	LIMIT	EXCESS
A - Trip Cancellation	£5,000	£50
B - Travel Delay (Under section benefit 1. a minimum delay of 4 complete hours and a daily limit of £100 applies)	£250	Nil
C - Travel Services During Your Trip	Included	Nil

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in bold italics are defined in this section.

<i>Accident</i>	An unexpected and unintended event that causes <i>injury</i> , property damage or both.
<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<i>Act of war</i>	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
<i>Adoption proceeding</i>	A mandatory formal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<i>Baggage</i>	Personal property <i>you</i> take with <i>you</i> or buy on <i>your trip</i> .
<i>Civil disorder</i>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, <i>vandalism</i> , lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of 3 or more persons. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , or <i>war</i> .
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<i>Computer system</i>	Any computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller or similar system, including any associated input, output, data storage device, networking equipment or backup facility.
<i>Country of residence</i>	The country where <i>you</i> have <i>your primary residence</i> .
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Cyber risk</i>	Any loss, damage, liability, claim, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none">1. Any unauthorised, malicious or <i>illegal act</i>, or the threat of such act(s), involving access to or the processing, use or operation of any <i>computer system</i>;2. Any error or omission involving access to or the processing, use or operation of any <i>computer system</i>;3. Any partial or total unavailability or failure to access, process, use or operate any <i>computer system</i>; or4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
<i>Departure date</i>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Doctor</i>	Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>travelling companion</i> , <i>your family member</i> , a <i>travelling companion's family member</i> , the sick or <i>injured</i> person or that person's <i>family member</i> .

<i>Epidemic</i>	A contagious disease recognised or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<i>Family member</i>	<p><i>Your.</i></p> <ol style="list-style-type: none"> 1. Spouse (by marriage, domestic partnership or civil union); 2. <i>Cohabitants;</i> 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister and grandparent; 8. Aunts, uncles, nieces and nephews; 9. Legal guardians and wards; and 10. Paid, live-in caregivers.
<i>First responder</i>	Emergency personnel (such as a police officer, paramedic or firefighter) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
<i>Hospital</i>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organised departments of medicine and major surgery; and 3. Be licensed where required.
<i>Illegal act</i>	An act that violates law where it is committed.
<i>Injury</i>	Physical bodily harm.
<i>Local public transportation</i>	Local, commuter or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver or other such carriers) that transport <i>you</i> or a <i>travelling companion</i> less than 100 miles.
<i>Mechanical breakdown</i>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).
<i>Natural disaster</i>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane or volcanic eruption.
<i>Pandemic</i>	An <i>epidemic</i> that is recognised or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
<i>Policy</i>	The travel insurance cover purchased, which includes this policy wording document and <i>your</i> policy schedule.
<i>Political risk</i>	<p>Any one or more of the following:</p> <ul style="list-style-type: none"> • Any event, organised resistance or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or organized political or ruling group • Nationalisation; • Confiscation;

- Expropriation;
- Deprivation;
- Requisition;
- Revolution;
- Rebellion;
- Insurrection;
- Uprising;
- Military and usurped power.

Primary residence *Your* permanent home address for legal and tax purposes.

Pre-existing medical condition Any medical condition for which in the 12 months before purchasing this *policy you* have:

1. Had symptoms;
2. Consulted a **doctor** or other professional medical practitioner; or
3. Received treatment (including being prescribed regular medication);

Please refer to the 'Health Declaration and Health Exclusions' section for further details.

Quarantine Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which *you* are booked to travel during *your trip*, which is intended to stop the spread of a contagious disease to which *you* or a **travelling companion** have been exposed.

Reasonable and customary costs The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment and the availability of appropriately-skilled and licensed service providers.

Refund Cash, credit or a voucher for future travel that *you* are eligible to receive from a **travel supplier**, or any credit, recovery or reimbursement *you* are eligible to receive from *your* employer, another insurance company, a credit card issuer or any other entity.

Return date The date on which *you* are originally scheduled to end *your* travel, as shown on *your* travel itinerary.

Service animal Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf and pulling a wheelchair. Guard dogs and emotional support animals as well as any other animal species (whether trained or untrained) are not included under this definition.

Severe weather Hazardous weather conditions including, but not limited to: windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms or ice storms.

Terrorist event An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), which constitutes terrorism as recognised by the government of the United Kingdom. The act is committed for political, religious, ethnic, ideological or similar purposes, including but not limited to the intention to influence any

	government and/or to put the public or any section of the public, in fear. It does not include political risk .
Traffic accident	An unexpected and unintended traffic-related event, other than mechanical breakdown , that causes injury , property damage or both.
Travel carrier	A company licensed to commercially transport passengers between destinations for a fee by land, air or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by your tour operator; or 4. Local public transportation.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company or other travel service provider.
Travelling companion	A person or service animal travelling with you or travelling to accompany you on your trip . A group or tour leader is not considered a travelling companion unless you are sharing the same room with the group or tour leader.
Trip	<p>Your travel originally scheduled to begin on your departure date and end on your return date to, within and/or from a location:</p> <ul style="list-style-type: none"> • at least 70 miles away from your primary residence; or • abroad; and • outside your city/town of residence, provided that your travel includes an overnight stay. <p>It cannot include travel with the intent to receive health care or medical treatment of any kind or moving or commuting to and from work. Each trip cannot last longer than 31 days.</p>
Uninhabitable	A natural disaster , fire, flood, burglary or vandalism (except where vandalism is a part or a result of a cause of loss excluded under this policy) has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their primary residence or accommodations inaccessible or unfit for use.
Vandalism	Any illegal act that intentionally causes damage to or destruction of public or private tangible property.
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
United Kingdom (UK)	England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.
We, Us or Our	Allianz Partners, acting on behalf of the insurer - AWP P&C S.A.
You or Your	All persons listed as being insured on the booking invoice or policy schedule.

HEALTH DECLARATION AND HEALTH EXCLUSIONS

It is very important that *you* read the following:

You will not be covered for any claims arising as a direct or indirect result of the following if, in the 12 months before taking out this insurance *policy* or booking *your trip* (whichever is later), *you*.

- a. were prescribed medication;
- b. received treatment or consulted a *doctor* or other medical practitioner for any medical condition;
- c. attended a *hospital* or a clinic as an outpatient or inpatient;
- d. were referred for tests, investigations, treatment or surgery, or are waiting for either results or a diagnosis;
- e. had any symptoms of an undiagnosed medical condition or
- f. have had a terminal illness.

This also means that any other person insured by *us* will not be covered for any directly or indirectly related claims arising from the *pre-existing medical condition* (or conditions). This applies even if the person with the medical condition (or conditions) decides to buy cover from another provider.

Each person insured by *us* would still be covered for any unrelated medical condition (or conditions), subject to the terms and conditions of this *policy*.

In addition to this, at the time *you* begin *your trip*, *you* must be fit to travel on *your trip* and not travel against the advice of a *doctor* or where *you* would have been advised not to travel if *you* had sought their advice before commencing *your trip*.

WHEN YOUR COVER BEGINS AND ENDS

The *policy* is effective the day the insurance is purchased and the full premium is paid. The purchase must be made and the full premium be paid on or before the *departure date*. In all cases this must be before *you* leave *your primary residence* to start *your trip*.

Cover is only provided for losses that occur while *your policy* is in effect.

The *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your policy ends on the cover end date listed in *your policy* schedule. However, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your policy*,
2. At 23:59 on the day *you* cancel *your trip* or file a *trip* cancellation claim with *us* (whichever is earlier)
3. At 23:59 on the day *you* end *your trip*, even if *you* end *your trip* early; or
4. At 23:59 on the 31st day of the *trip*.

However, if *your* return travel is delayed due to a covered reason, *we* will extend *your* cover period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*.

NOTE: This *policy* applies for a specific *trip* and cannot be renewed.

AREA OF VALIDITY

Provided *you* follow any travel advice issued by the government in *your country of residence* and in any country *you* are travelling from, to or through, *you* will be covered in the area shown on *your policy* schedule.

DESCRIPTION OF COVER

In this section, **we** will describe the many different types of cover which is included in **your policy**. **We** explain each type of cover and the specific conditions that must be met for the cover to apply.

NOTE: Exclusions may apply.

A. TRIP CANCELLATION

If **your trip** is cancelled or rescheduled for a **covered reason** listed below, **we** will reimburse **you** for **your** non-refundable **trip** payments, deposits, cancellation fees and change fees (less any available **refunds**), up to the maximum benefit for 'Trip cancellation' shown in the Cover Summary less the excess.

NOTE: This benefit only applies before **you** have left for **your trip**.

Also, if **you** prepaid for shared **accommodation** and **your travelling companion** cancels their **trip** due to one or more of the **covered reasons** listed below, **we** will reimburse any additional **accommodation** fees **you** are required to pay.

IMPORTANT: **You** must notify all of **your travel suppliers** as soon as **you** know that **you** will need to cancel **your trip** (this includes being advised to cancel **your trip** by a **doctor**). If **you** delay notifying any **travel suppliers** and get a smaller **refund** as a result, **we** will not cover the difference. If a **serious illness, injury** or medical condition prevents **you** from being able to notify **your travel suppliers** within that period, **you** must notify them as soon as **you** are able.

Covered reasons:

1. **You** or a **travelling companion** becomes ill or **injured**, or develops a medical condition disabling enough to make **you** cancel **your trip** (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19).

The following condition applies:

- a. A **doctor** advises **you** or a **travelling companion** to cancel **your trip** before **you** cancel it.
2. A **family member** who is not travelling with **you** becomes ill or **injured**, or develops a medical condition (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19).

The following condition applies:

- a. The illness, **injury**, or medical condition must be considered life threatening by a **doctor** or require hospitalisation.
3. **You**, a **travelling companion**, **family member** or **your service animal** dies on or after the date **your policy** was issued.
4. **You** or a **travelling companion** is **quarantined** before **your trip** due to having been exposed to:
 - a. A contagious disease other than an **epidemic** or **pandemic**, or
 - b. An **epidemic** or **pandemic** (such as COVID-19), but only when the following conditions are met:
 - i. The **quarantine** is specific to **you** or a **travelling companion**, meaning that **you** or a **travelling companion** must be specifically and individually designated by name in an order or directive to be placed in **quarantine** due to an **epidemic** or **pandemic**, and

- ii. The *quarantine* does not apply generally or broadly:
 - to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home or other similar restriction), or
 - based on to, from or through where the person is travelling.

This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.

5. *You* or a *travelling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

- a. *You* or a *travelling companion* need medical attention; or
- b. *Your* or a *travelling companion's* vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:

- a. a *natural disaster*;
- b. *severe weather*;

However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to maximum benefit for 'Trip cancellation' shown in the Cover Summary:

- i. The necessary cost of the alternative transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodation* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

- a. Alternative transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

9. *You* or a *travelling companion* is terminated or laid off by a current employer after *your trip* booking date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your travelling companion's* fault.
- b. The employment must have been permanent (not temporary or contract).
- c. The employment must have been for at least 12 continuous months.

10. *You* or a *travelling companion* secures new permanent, paid employment, after *your trip* booking date, that requires presence at work during the originally scheduled *trip* dates.

11. *You* or a *travelling companion's primary residence* is permanently relocated by at least 100 miles due to a transfer by *you* or a *travelling companion's* current employer. This cover includes relocation due to transfer by *your spouse's* current employer.
12. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an accident or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
13. *You* or a *travelling companion* receive a formal notice to attend an *adoption proceeding* during *your trip*.
14. *You*, a *travelling companion* or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of *war* or disciplinary action.
15. *You* or a *travelling companion* is medically unable to receive an immunisation required for entry into a destination.
16. *You* or a *travelling companion's* travel documents required for the *trip* are stolen.

The following condition applies:

- a. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities that would allow *you* to keep the originally scheduled *trip* dates.

B. TRAVEL DELAY

If *you* or a *travelling companion's trip* is delayed for one of the *covered reasons* listed below, *we* will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit for 'Travel delay' shown in the Cover Summary:

1. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication and transportation, subject to a daily (24 hours) limit listed in *your* Cover Summary, as follows:
 - If *you* provide receipts, the With Receipts Daily Limit applies; or
 - If *you* do not provide receipts, the No Receipts Daily Limit applies.

The delay must be for at least the minimum delay period shown in the Cover Summary.

2. If the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
3. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

NOTE: *We* will not reimburse *you* for any expenses that are *your travel carrier's* or *travel supplier's* responsibility.

Covered reasons:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*).
 2. A strike, unless threatened or announced prior to date of booking *your trip*.
 3. *Quarantine* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*, or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*, and
 - ii. The *quarantine* does not apply generally or broadly:
 - to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home or other similar restriction), or
 - based on to, from or through where the person is travelling.
- This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
4. A *natural disaster*.
 5. Lost or stolen travel documents.
 6. Hijacking, except when it is a *terrorist event*.
 7. *Civil disorder*, unless it rises to the level of *political risk*.
 8. A *traffic accident*.
 9. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

C. TRAVEL SERVICES DURING YOUR TRIP

If *you* need medical information services during *your trip*, *our* Emergency Assistance team is available by calling: **UK +44 (0) 20 8666 0641**

With *our* global reach and multi-lingual staff, *we* are here to help *you*.

Finding a Doctor or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are travelling, *we* can assist *you* in finding one.

IMPORTANT: Assistance is provided on a strictly non-advised basis using public information available for *your* location. *We* will not provide recommendations for specific providers and it remains *your* choice whether or not to use the information provided.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all cover under this *policy*. An 'exclusion' is something that is not covered and therefore no payment or service would be available.

This *policy* does not provide any cover, benefit or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

This *policy* does not provide cover for any loss that results directly or indirectly from any of the following general exclusions if they affect *you, a travelling companion* or a *family member*.

1. Any loss, condition or event that was known, foreseeable, intended or expected when *your trip* was booked or this *policy* was purchased, whichever is later.
2. ***Pre-existing medical conditions.***
3. *Your* intentional self-harm or if *you* attempt or commit suicide.
4. Normal, complication-free pregnancy or childbirth.
5. Fertility treatments.
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed.
7. Acts committed with the intent to cause loss or damage.
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft.
9. Participating in or training for any professional or semi-professional sporting competition or event.
10. An ***illegal act***, except when *you, a travelling companion, a family member* or *your service animal* is the victim of such an act.
11. An ***epidemic*** or ***pandemic***, except when and to the extent that an ***epidemic*** or ***pandemic*** is expressly referenced in and covered under the 'Trip cancellation' or 'Travel delay' sections.
12. ***Natural disaster***, except when and to the extent that a ***natural disaster*** is expressly referenced in and covered under the 'Trip cancellation' or 'Travel delay' sections.
13. Air, water or other pollution, or the threat of a pollutant release, including thermal, biological and chemical pollution or contamination.
14. Nuclear reaction, radiation or radioactive contamination.
15. ***War*** or ***acts of war***.
16. Military duty, except when expressly referenced and covered under the 'Trip cancellation' section.
17. ***Political risk***.
18. ***Cyber risk***.
19. ***Civil disorder***, except to the extent that ***civil disorder*** is expressly referenced in and covered under the 'Travel delay' section.
20. ***Terrorist events***.
21. Acts, travel alerts/bulletins or prohibitions by any government or public authority, except when expressly referenced in and covered under the 'Trip cancellation' section.
22. Any ***travel supplier's*** complete cessation of operations due to financial reasons, with or without involving insolvency or bankruptcy.
23. A ***travel supplier's*** restrictions on any ***baggage***, including medical supplies or equipment.
24. An act of gross negligence by *you* or a ***travelling companion***.
25. Travel against the orders or advice of any government or other public authority.

IMPORTANT: *You* are not eligible for reimbursement under this *policy* if:

1. *Your travel carrier* ticket or booking confirmation does not show *your* travel date(s);
2. The *departure date* and *return date* as shown on the *policy* schedule do not match *your trip's* actual *departure date* and *return date*; or
3. *You* intend to receive health care or medical treatment of any kind while on *your trip*.

GENERAL CONDITIONS

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

1. *You* must:
 - a. have *your primary residence* in and be registered with a *doctor* in the UK, the Channel Islands or the Isle of Man;
 - b. have not spent more than three months abroad during the 12 months before this *policy* was issued or *your trip* was booked (whichever is later); and
 - c. have booked at least part of *your trip* with Air Transat.
2. *You* must take reasonable care to protect yourself and *your* property against accident, injury, loss and damage, as if *you* were not insured, and to keep any potential claim to a minimum.
3. *You* must have a valid insurance *policy* schedule.
4. *You* must contact *us* as soon as possible with full details of anything which may result in a claim, and give *us* all the information and documentation *we* ask for throughout the claims process. Please see 'Claims information' below for more information.
5. *You* accept that the terms and conditions of the *policy* cannot be changed by *you* unless *we* agree to the change in writing.
6. *You* must not be older than 80 on the date *your policy* starts or *your trip* was booked (whichever is later).

We have the right to do the following:

1. Cancel the *policy* if *you* tell *us* something that is not true and this influences *our* decision to provide cover.
2. Cancel the *policy* and make no payment if *you* or anyone acting for *you*.
 - a. make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
 - b. provide any false or misleading information when supporting a claim.In these circumstances *we* may report the matter to the police or any other establishment.
3. Only cover *you* for the whole *trip* and not provide cover if *you* have started *your trip* before *your policy* was issued.
4. Only provide cover if *your trip* starts and ends in *your country of residence*.
5. Take over and deal with, in *your* name, any claim *you* make under this *policy*.
6. Take legal action in *your* name (but at *our* expense) and ask *you* to give *us* any details *we* need, and to fill in any necessary forms, which will help *us* to recover any payment *we* have made under this *policy*.
7. 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 involve *you* being medically examined or having a post-mortem after *your* death. *We* will not give personal information about *you* to any other organisation without *your* permission.
8. Return *you* to *your country of residence* at any time during *your trip* if *you* are taken ill or injured. *We* will only do this if the *doctor* treating *you* and *our* medical advisers agree. If there is a dispute, *we* will ask for an independent medical opinion.

9. Not accept liability for the costs of repatriation or treatment if *you* refuse to follow advice from the *doctor* treating *you* and *our* medical advisers.
10. Refuse to pay any claim under this *policy* for any amounts covered by another insurance or by anyone or anywhere else (for example, any amounts *you* can get back from private health insurance, any reciprocal health agreement, *travel suppliers*, home contents insurers or any other claim amount that can be recovered by *you*). In these circumstances *we* will only pay *our* share of the claim.
11. Ask *you* to pay *us* back any amounts that *we* have paid which are not covered under this *policy*.
12. If *you* cancel *your trip* for any reason other than those specified as being covered under the 'Trip cancellation' section, *we* will cancel all cover provided by *your policy* for that *trip*, without *refunding your* premium.

CLAIMS INFORMATION

The quickest and easiest way to make a claim is to visit the website at **www.allianz-protection.com**. This will lead *you* to *our* online claims notification service where *you* can fill in an online claim form.

You can also get a claim form by:

- phoning: **44 (0)20 8603 9958**; or
- sending an email to: **travel.claims@allianz.com**; or
- writing to: Allianz Partners, Travel Insurance Claims Department, PO Box 7807, Bilston, WV1 9QS.

You should fill in the claim form and send it to *us* as soon as possible with all the information and documents *we* ask for. *You* must give *us* as much detail as possible so *we* can handle *your* claim quickly. Please keep copies of all the information *you* send *us*.

You will need to obtain some information to support *your* claim. Below is a list of actions *you* will need to take and documents *we* will need in order to deal with *your* claim. Further information and/or evidence may be required by *us* after *your* claim has been submitted. If this is the case, *we* will inform *you* as quickly as possible.

For all claims

- *Your* original *trip* booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses *you* have to pay.
- Original bills or invoices *you* are asked to pay.
- Details of any other insurance *you* may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support *your* claim.

Trip cancellation

- 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 independent evidence of these circumstances.

Travel delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

- Detailed account of the circumstances causing *you* to miss *your* departure together with supporting evidence from the public transport provider or *accident* / breakdown authority attending the private vehicle you were travelling in.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

COMPLAINTS INFORMATION

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.

Step 1

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

Phone: **020 8603 9853**

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

Step 2

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

Phone: **0800 023 4567** or **0300 123 9 123** or

Email: **complaint.info@financial-ombudsman.org.uk**

PRIVACY NOTICE

We care about *your* personal data.

This summary and *our* full privacy notice explain how Allianz Partners protects *your* privacy and uses *your* personal data. *Our* full privacy notice is available at www.allianz-assistance.co.uk/privacy-notice/. If a printed version is required, please write to Customer Service (Data Protection), Allianz Partners, 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* or other people named on the *policy* or *your* representative(s) provide to *us*;
- Data from *your* insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance; and
- Data that may be provided about *you* from certain third parties, such as *your doctor* in the event of a claim.
- Data collected through initial voice tool (Voicebot or equivalent) and call recordings (such as phone conversations with *us*) may be recorded. Additional information may be relayed to *you* as to how data is processed when *you* phone *us*.

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

- Entering into or administering contracts with *you*;
- To demonstrate compliance with *our* legal and/or regulatory obligations;
- 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 *your* insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance for contractual, regulatory and legal obligations including for the performance of *our* services;
- With other service providers who perform business operations on *our* behalf;
- Organisations who *we* deal with which provide part of the service to *you* such as in the event of a claim;
- To meet *our* legal and/or regulatory obligations including providing information to the relevant ombudsman or regulator 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 voice recordings for a minimum of two years (up to a maximum retention period of 10 years) and *your* other personal data for a maximum of 10 years from the date the insurance relationship

between *us* ends. If *we* can 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 United Kingdom (UK) and the European Economic Area (EEA).

Whenever *we* transfer *your* personal data outside the UK and 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 UK and 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 (where *we* are able to delete call recordings, *we* may still make and/or retain notes of the conversation);
- 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: Customer Service (Data Protection), Allianz Partners, 102 George Street, Croydon CR9 6HD

By email: AzPUKDP@allianz.com

Air Transat A.T. Inc Registered Office Hillgate House, 13 Hillgate Street, Notting Hill, London, W8 7SP an Appointed Representative of AWP Assistance UK Ltd under Financial Conduct Authority FRN 769497.

Air Transat Travel Insurance is underwritten by AWP P&C S.A., a company registered in France with ID No 519490080 RCS Paris. Registered Office: 7 Rue Dora Maar, 93400 Saint-Ouen, France, acting through its UK Branch, AWP P&C (UK Branch), registered in the United Kingdom. Registered Branch No. BR015275. Registered Office: 102 George Street, Croydon CR9 6HD. Authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority FRN number 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

This insurance is administered in the UK by Allianz Partners, a trading name of AWP Assistance UK Ltd, registered in England. Registration No. 1710361. Registered Office: 102 George Street, Croydon CR9 6HD. AWP Assistance UK Ltd is authorised and regulated by the Financial Conduct Authority under FRN number 311909.

Allianz Partners acts as an agent for AWP P&C S.A. for the receipt of customer money, settling claims and handling premium refunds.