



**Staycationcover.ie**

**POLICY TERMS & CONDITIONS**

SC.IROI.PW.29072021



# CONTENTS

<b>Summary Of Cover</b> .....	1
<b>Your Insurers - Who We Are</b> .....	2
<b>Important Information</b> .....	3
<b>Waived Medical Conditions List</b> .....	3
<b>Data Protection</b> .....	7
<b>Meaning Of Words</b> .....	7
<b>SECTION 1</b> Cancellation & Curtailment.....	10
<b>SECTION 2</b> Temporary Alternative Accomodation.....	11
<b>SECTION 3</b> Holiday Abandonment.....	11
<b>SECTION 4</b> Emergency Domestic Repatriation.....	12
<b>SECTION 5</b> Hospital Inpatient Benefit.....	12
<b>SECTION 6</b> COVID Hospital Inpatient Benefit.....	12
<b>SECTION 7</b> Personal Baggage.....	13
<b>SECTION 8</b> Personal Money.....	14
<b>SECTION 9</b> Camping and Sports Equipment.....	14
<b>SECTION 10</b> Gadget & Valuables.....	15
<b>SECTION 11</b> Personal Accident.....	15
<b>SECTION 12</b> Personal Liability.....	16
<b>Sports and Activities</b> .....	16
<b>General Conditions Applicable to all Sections</b> .....	17
<b>General Exclusions Applicable to all Sections</b> .....	17
<b>SECTION 13</b> Motor Breakdown Assistance.....	18
<b>Motor Breakdown Assistance Benefits</b> .....	19
<b>Complaints Procedure</b> .....	20

# SUMMARY OF COVER

BENEFIT		SILVER		GOLD	
		LIMIT	EXCESS (per person, per claim)	LIMIT	Excess (per person, per claim)
1	<b>Cancellation &amp; Curtailment cover</b>	€ 1,500	€ 50	€ 2,000	No Excess
2	<b>Temporary Accommodation cover</b>	€ 200	€ 50	€ 200	No Excess
3	<b>Holiday Abandonment cover</b>	€ 500	€ 50	€ 1,000	No Excess
4	<b>Emergency Domestic Repatriation cover</b>	€ 500	€ 50	€ 500	No Excess
5	<b>Hospital Inpatient benefit</b>	€ 30 for every 24 hr period (up to € 300)	N/A	€ 30 for every 24 hr period (up to € 300)	No Excess
6	<b>COVID Hospital Inpatient benefit</b>	€ 250 for every 24 hr period (up to €2,500)	N/A	€ 250 for every 24 hr period (up to € 2,500)	No Excess
7	<b>Personal Baggage cover</b>	€ 1,500	€ 50	€ 2,500	No Excess
	Valuables (in total)	€ 150		€ 250	No Excess
	Single item / Set of Articles	€ 150		€ 250	No Excess
8	<b>Personal Money cover</b>	€ 500	€ 150	€ 500	No Excess
	Cash	€ 200	€ 50	€ 300	No Excess
	Cash Under 18	€ 100	N/A	€ 100	No Excess
9	<b>Camping &amp; Field Sports Equipment cover</b>	N/A	N/A	€ 750	No Excess
10	<b>Gadget &amp; Valuables cover (including cycles)</b>	N/A	N/A	€ 300	No Excess
	Gadget Cover	N/A	N/A	€ 300	No Excess
	Bicycle Cover	N/A	N/A	€ 300	No Excess
11	<b>Personal Accident Cover</b>	€ 20,000	€ 0	€ 20,000	No Excess
	Permanent total disablement (aged 19-65)	€ 20,000		€ 20,000	No Excess
	Permanent total disablement (aged 66 and over)	€ 5,000		€ 5,000	No Excess
	Permanent total disablement (aged 18 and under)	€ 5,000		€ 5,000	No Excess
	Death (aged 19-65)	€ 5,000		€ 5,000	No Excess
	Death (aged 66 and over)	€ 5,000		€ 5,000	No Excess
	Death (aged 18 and under)	€ 2,500		€ 2,500	No Excess
	Loss of Limbs / Sight (aged 19-65)	€ 20,000		€ 20,000	No Excess
	Loss of Limbs / Sight (aged 66 and over)	€ 5,000		€ 5,000	No Excess
Loss of Limbs / Sight (aged 18 and under)	€ 5,000		€ 5,000	No Excess	
12	<b>Personal Liability cover</b>	€500,000	€0	€ 500,000	No Excess
13	<b>Motor Breakdown cover</b>	N/A	N/A	€ 500	No Excess

Staycationcover.ie is a trading name of Accident & General Limited and is underwritten by Mapfre Assistance Agency Ireland (which is a registered trading name in Ireland of MAPFRE ASISTENCIA Compania de Seguros y Reaseguros SA).

### Underwriters

MAPFRE ASISTENCIA Compañía de Seguros y Reaseguros, S.A. trading as MAPFRE ASSISTANCE Agency Ireland is authorised by Dirección General de Seguros y Fondos de Pensiones del Ministerio de Economía y Hacienda, in Spain, and is regulated by the Central Bank of Ireland for conduct of business rules. The principal place of business of MAPFRE ASSISTANCE Agency Ireland is at Ireland Assist House, 22-26 Prospect Hill, Galway. MAPFRE ASSISTANCE Agency Ireland conducts business in Ireland in accordance with the Code of Conduct for Insurance Undertakings published by the Central Bank of Ireland. Registered in Republic of Ireland. Reg No 903874.

### HOW TO MAKE A CLAIM

Claim forms can be obtained by requesting them from:

Staycationcover.ie claims  
Mapfre Assistance Agency Ireland  
22-25 Prospect Hill  
Galway

**Tel : 00353 91 545 938** and select **OPTION 1**

**Email : [traveldept@mapfre.com](mailto:traveldept@mapfre.com)**

### HOW TO CONTACT US IF YOU REQUIRE DOMESTIC REPATRIATION:

**You** must obtain prior authorisation from the Emergency Assistance Service before any arrangements are made for **your** repatriation or before any arrangements are made to extend **your trip** due to **your** bodily Injury or illness.

Contact the MAPFRE Assistance Emergency Assistance Service on **00353 91 545 938** and select **OPTION 2**.

## HOW TO CONTACT US SHOULD YOU REQUIRE BREAKDOWN ASSISTANCE:

**00353 91 545 938**  
**SELECT OPTION 3**

Please have the following information available when **you** call:

- **your** exact location;
- the registration number of your car;
- **your** policy number;
- a telephone number where **you** can be contacted;
- a description of the problem.

### Stamp Duties Consolidation Act 1999

The appropriate stamp duty has been or will be paid in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act 1999.

### Master Policy Document

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under the Master Policy Document SCC012020 issued to Accident & General Insurance services Limited.

Accident & General Insurance Services Limited is authorised and regulated by the Central Bank of Ireland. Regulated Number C8954. Company Registration number 146193. Registered address is 6 Leopardstown Office Park, Burton Hall Avenue, Sandyford Dublin 18, D18 P6F5.

This certificate of insurance is issued subject to the conditions and exclusions of this insurance. This policy has been sold to **you** on a non-advised basis and **you** should read this information to ensure that it meets **your** requirements. **You** may already possess alternative insurance(s) for some or all the features and benefits provided by this product; it is **your** responsibility to investigate this. If upon reading this policy **you** find it does not meet **your** requirements, please refer to the relevant cooling off/policy cancellation section.



## IMPORTANT INFORMATION

### GOVERNING LAW

Your policy is governed by the laws of the Republic of Ireland.

### ELIGIBILITY CRITERIA

This policy is only available to residents of the Republic of Ireland. The insurance cannot be purchased once **your trip** has commenced.

Cover is only provided for **trips** if **you** have pre-booked and pre-paid accommodation.

- A family policy is for the main **insured person**, his/her spouse, Civil Partner or Common Law Partner, and up to four of their dependent children under 18 years of age (in full-time education and residing with them).
- A couple policy is for 2 adults in a relationship, living at the same address.
- **Your trip** must start and end in the **Republic of Ireland**.

**You** should note that the policy will **NOT** cover **you** if:

- **You** reside outside the The Island of Ireland;
- **You** are over the age of 85 years old when **you** purchase a policy;
- **You** travel outside of Ireland or the United Kingdom.

### IMPORTANT HEALTH REQUIREMENTS FOR ALL INSURED PERSONS

**You** will not be covered under this policy for any claims arising directly or indirectly from a **pre-existing medical condition** unless it is on the waived condition list.

For the purposes of this insurance, a **pre-existing medical condition** is considered to be:

- 1) any **medical condition** where **you** have been prescribed medication, including repeat prescriptions, or received treatment or attended a GP or a specialist as an outpatient or inpatient in the last 2 years or for which **you** are currently on a waiting list for treatment or investigation;
- 2) any illness for which **you** have received a **terminal prognosis** or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any

other psychological condition; any cancerous condition; or any cerebral condition.

- 3) any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

### WAIVED MEDICAL CONDITIONS LIST

The following medical conditions are covered subject to the normal terms and conditions of this insurance, provided (a) the Insured is not awaiting surgery for the condition, and (b) the Insured has been fully discharged from any post-operative follow-up and any and all ongoing treatment or investigation.

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne, Acronyx (Ingrowing Toe-nail)
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Asthma (Mild, Suffered in isolation, well controlled with not more than 2 medications and no hospitalisation in the last 12 months (non smoker).
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- Bell's Palsy (Facial Paralysis)
- Benign Prostatic Enlargement
- Bladder Infection (no ongoing treatment, no, hospital admissions)
- Blepharitis
- Blindness
- Blocked Tear Ducts
- Breast - Fibroadenoma
- Breast Cyst(s)
- Breast enlargement / Reduction
- Broken Bones (other than head or spine) – (no longer in plaster)
- Bunion (Hallux Valgus)
- Bursitis
- Caesarean Section
- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury

- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- Chronic fatigue syndrome (if only symptom is fatigue and no hospital admissions)
- Coeliac Disease
- Cold Sore (Herpes Simplex)
- Common Cold(s)
- Conjunctivitis
- Constipation
- Corneal Graft
- Cosmetic Surgery
- Cyst - Breast
- Cyst - Testicular
- Cystitis(no ongoing treatment/hospital admissions)
- Cystocele(no ongoing treatment/hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis(no hospital admissions or consultations)
- Deviated Nasal Septum
- Diabetes Mellitus (Suffered in isolation, well controlled with 1 medication and no hospitalisation in last 12 months. (non smoker)
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- Dislocations (no joint replacements or hospital admissions)
- Dry Eye Syndrome
- Dyspepsia
- Ear Infections (resolved - must be all clear prior to travel if flying)
- Eczema (no hospital admissions or consultations)
- Endocervical Polyp
- Endocervicitis
- Endocervicitis
- Endometrial Polyp
- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Facial Paralysis (Bell's Palsy)
- Femoral Hernia
- Fibroadenoma
- Fibroid - Uterine
- Fibromyalgia
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved - must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)
- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)
- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza (full recovery made)
- Ingrowing Toe-nail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia (no admissions)
- Intertrigo
- Irritable Bowel Syndrome (IBS) (provided definite diagnosis made and no ongoing investigations)
- Keinboeck's Disease
- Keratoconus
- Knee Injury - Collateral/cruciate ligaments
- Knee Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Kohlers Disease
- Labyrinthitis

- Laryngitis
- Learning Difficulties
- Leptothrix
- Leucoderma
- Lichen Planus
- Ligaments (injury)
- Lipoma
- Macular Degeneration
- Mastitis
- Mastoidectomy(resolved - must be all clear prior to travel if flying)
- Menopause
- Menorrhagia
- Migraine-(provided definite diagnosis is made and there are no ongoing investigations)
- Miscarriage
- Mole(s)
- Molluscum Contagiosum
- Myalgia (Muscular Rheumatism)
- Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue and no hospital admissions)
- Myxoedema
- Nasal Infection
- Nasal Polyp(s)
- Nettle Rash (Hives)
- Neuralgia (no hospital admissions)
- Nosebleed(s)
- Nystagmus
- Osgood-schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatitis
- Piles
- Post Viral Fatigue Syndrome (if the only symptom is fatigue and no hospital admissions)
- Prickly Heat
- Prolapsed Uterus (womb)
- Pruritis
- Psoriasis (no hospital admissions or consultations)
- Repetitive Strain Injury
- Retinitis Pigmentosa
- Rhinitis (Allergic)
- Rosacea Ruptured Tendons
- Salpingo-oophoritis
- Scabies
- Scalp Ringworm (Tinea Capitis)
- Scheuermann's Disease (provided no respiratory issues)
- Sebaceous Cyst
- Shingles (Herpes Zoster)
- Sinusitis
- Skin Ringworm (Tinea Corporis)
- Sleep Apnoea (no machine used to assist breathing)
- Sore Throat
- Sprains
- Stigmatism
- Stomach Bug (resolved)
- Strabismus (Squint)
- Stress Incontinence (no urinary infections)
- Synovitis
- Talipes (Club Foot)
- Tendon Injury
- Tennis Elbow
- Tenosynovitis
- Termination of Pregnancy
- Testicles - Epididymitis
- Testicles - Hydrocele
- Testicles – Varicocele
- Testicular Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thyroid - Overactive Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction
- Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Trigeminal Neuralgia
- Turner's Syndrome
- Twisted Testicle
- Umbilical Hernia
- Underactive Thyroid
- Undescended Testicle
- Urethritis (no ongoing treatment, fully recovered)
- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine Prolapse
- Varicocele
- Varicose Veins - legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
- Vasectomy
- Verruca
- Vitiligo
- Warts (benign, non-genital)
- Womb Prolapse (uterus)
- Wry Neck (Torticollis)

## NON-TRAVELLING RELATIVES

This policy will NOT cover any claims under Cancellation or Curtailment or **trip** Interruption arising directly or indirectly from any **medical condition** existing prior to the start of **your period of insurance**, and/or before booking **your trip** affecting any **close relative**, travelling companion, or person with whom **you** intend to stay whilst on **your trip** if:

- a **terminal diagnosis** had been received; or
- if they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital; or
- if during the 90 days immediately prior to the start of the **period of insurance** they had required surgery, inpatient treatment or hospital consultations; or
- required any form of treatment or prescribed medication.

## TRIP DURATION LIMITS

**Trip** dates will be noted on **your certificate of insurance**.

**You** must pay the appropriate premium for the full number of days for **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.

If **you** have to stay on **your trip** longer because of events covered by this policy **we** will extend the **period of insurance** by up to 30 days, at no extra cost.

Single Trip Policies can only be booked up to 365 days in advance of **your trip**.

## WHO AND WHAT IS COVERED

This wording provides full details of all **your** cover and **your certificate of insurance** will indicate which level of cover **you** have purchased.

The policy covers all persons named on the **certificate of insurance**.

This policy wording contains all possible levels of cover on offer. **You** should be aware that the sections of cover that apply to **your** policy will depend on **your** choice of cover, upgrade options and the premium **you** have paid and will be shown on **your certificate of insurance**.

If **you** are in any doubt about any aspect of this policy wording please contact **us** on **00353-1-8558348**.

## YOUR DUTY OF DISCLOSURE

It is vital that **you** answer any questions asked in relation to arranging or administering this insurance policy honestly and accurately. **You** must take reasonable care not to make any misrepresentation because inaccurate answers may result in a claim being declined.

## CANCELLATION OF YOUR POLICY

If this policy does not meet **your** requirements, please contact **us** within 14 days of the purchase of **your** policy for a refund of **your** premium. **You** will be only entitled to a full refund of **your** policy if **you** have not travelled, no claims have been made and no incidents have occurred that may give rise to a claim. Should **you** decide to cancel after the 14 day cooling-off period no refund will be given.

**We** may cancel this policy at any time if **you** have not paid **your** premium or if there is reasonable evidence that **you** misled **us** or attempted to do so.

**We** will write to you at **your** last known address and tell **you** if **we** cancel **your** policy or email **you** at **your** last known email address if **your** policy was taken out online.

## PREGNANCY AND CHILDBIRTH

Cover under this policy is provided for unforeseen events. In particular, cancellation and curtailment cover and emergency domestic repatriation cover are provided for unforeseen **bodily injury** or illness. Pregnancy and childbirth are not considered to be either an illness or injury. Cover is **ONLY** provided under this policy for claims arising from **complications of pregnancy and childbirth**. Please make sure **you** read the definition of **complications of pregnancy and childbirth** given under the Meaning of Words.

## COVID EXCLUSION

**We** draw **your** attention to the exclusions detailed in the General Exclusions section, in particular, exclusion 20 relating to **COVID**. Please note, this exclusion does not apply to Section 1 (Cancellation & Curtailment) subsections 7 (a)&(b), Section 4 (Emergency Domestic Repatriation) and Section 6 (**COVID** hospital inpatient benefit).



## FRAUD

Throughout **your** dealings with **us** we expect **you** to act honestly.

If **you** or anyone acting for **you**:

- knowingly provides information to **us** as part of **your** application for **your** policy that is not true and complete to the best of **your** knowledge and belief;
- makes a fraudulent or exaggerated claim under **your** policy;
- makes a false statement in support of a claim;
- submits a false or forged document in support of a claim;
- makes a claim for any loss or damage caused by **your** wilful act or caused with **your** agreement, knowledge or collusion;

Then **we** will:

- prosecute fraudulent claimants;
- make the policy void from the date of the fraudulent act;
- not pay any fraudulent claims;
- be entitled to recover from **you** the amount of any fraudulent claim already paid under **your** policy since the start date;
- not return any premium paid by **you** for the policy;
- inform the police of the circumstances;
- pass **your** details onto fraud prevention agencies;
- place **your** details on to a register.

## DATA PROTECTION

We will need to obtain personal information from **you** to provide **you** with the policy of insurance. This means any information obtained from you in connection with this policy provided to **you** by **us** (or our subsidiaries) must be collected lawfully and in accordance with Data Protection Legislation.

**We use your personal data in the following ways:**

- to provide **you** with policy cover, including underwriting and claims handling. This may include disclosing information to other insurers, regulatory authorities, or to our agents who provide services on **your** behalf under the policy;
- to confirm, maintain, update and improve our customer records;
- to identify and market products and services that may be of interest to **you**, (subject to **your** prior consent);
- to analyse and develop our relationship with **you**;
- to help in processing any applications **you** may make;
- to carry out studies of statistics and claim rates;

- for the analysis and the prevention of fraud;
- for the analysis and the prevention of payment defaults;
- for statistical studies by us and/or any sectorial organisation in Europe.

Where you have given your consent, we may share some of your personal information with our partner companies or companies within our group so that they can provide **you** with information about other products, services and promotions that may be of interest to **you** by letter, telephone, SMS or e-mail.

**We** will only disclose your personal information to third parties if:

- it is necessary for the performance of **your** policy of insurance with **us**;
- **you** have given your consent, including marketing consent; or
- such disclosure is required or permitted by law.

**You** can change your mind about **your** marketing consent at any time by contacting the Data Protection Officer at Staycationcover.ie, 6 Leopardstown Office Park, Burton Hall Avenue, Sandyford Dublin 18, D18 P6F5.

**Telephone: + 353 1 855 8348**

**Email: [dpo@staycationcover.ie](mailto:dpo@staycationcover.ie)**

**We** disclose your personal information to third parties where:

- it is necessary for the performance of your insurance policy;
- if **you** have given your consent; or
- if such disclosure is required or permitted by law.

## MEANING OF WORDS

The following words and expressions used in this policy shall mean the following wherever they appear in bold within this document:

### **Bodily injury**

Accidental **bodily injury** caused solely and directly by external, violent and visible means.

### **Camping and sports equipment**

Camping equipment, bedding, linen, camping furniture, cooking equipment, portable fridges, gas bottles, batteries, security devices and items that

are usually worn, carried, used or held in the course of participating in a recognised sport.

### Certificate of insurance

The document showing details of the cover purchased and naming all **insured persons**.

### Close business associate

Any person whose absence from business for one or more complete days at the same time as **you** absence prevents the proper continuation of that business.

### Close relative

Mother, father, sister, brother, wife, husband, partner, son, daughter (including fostered/adopted son or daughter), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother, step-sister, or legal guardian.

### Complications of Pregnancy and Childbirth

Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

### COVID

**COVID** means COVID-19, coronavirus disease, severe acute respiratory syndrome coronavirus (SARSCOV-2) or any mutation or variation of these.

### Curtail/Curtailment

Return early to **your home** after the commencement of the **outward journey**.

### Epidemic

A disease, illness or virus spreading in a certain region or country and which is defined as such by the World Health Organization or the Department of Foreign Affairs.

### Excess

The first amount of a claim that **you** must pay as detailed in the travel insurance summary of cover. This amount is per person and per section.

### Gadget

Any of the following items: Drones (recreational use only and no cover for personal liability), photographic, audio, video and electrical equipment (including CDs, DVDs, video and electronic games), MP3 players, games consoles, eReaders (including eBooks and Kindles), computer equipment, laptops, iPads, wearable technology (such as a smart watch or a health and fitness tracker e.g. fit bits), mobile phones and mobile phone accessories.

### Home

**Your permanent residence in the Republic of Ireland.**

### Insured person

Any person named on the **certificate of insurance** for whom the appropriate premium has been paid.

### Irrecoverable

Irrecoverable means that **we** will only cover costs that **you** have not already recovered, for which reasonable remedy was not offered or provided by another source and which **you** are not entitled to recover or regain from another source.

### Legal Representative:

A solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **us** to act on **your** behalf.

### Loss of limb

Total loss of use by physical severance at or above the wrist or ankle.

### Loss of sight

Total and permanent **loss of sight** without expectation of improvement in both eyes when **your** name is added to the Register of Blind Persons on the authority of a qualified ophthalmic specialist; or in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

### Manual work

Physical labour involving the use of tools or machinery or working more than two metres off the ground (nursing and bar-work are not considered to be **manual work**).

### Medical condition

Any medical or psychological disease, sickness, condition, illness, injury or symptom.

### Medical practitioner

A doctor or specialist who is legally qualified, licensed and registered to practice medicine under the laws of the country in which they practice, excluding **you**, **your** travel companion, **your close relative**, or **your** employee.

### Money

Cash, postal and **money** orders, travellers cheques held by **you** for social, domestic and pleasure purposes.

### Natural disaster

An extraordinary natural phenomenon such as tsunamis, earthquakes, landslides, volcanic eruptions (including volcanic ash clouds), atypical cyclonic storms, falling objects from space (including meteorites), and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.

### **Outward journey**

The initial journey in conjunction with **your trip** from **your home**.

### **Pair or set of articles**

Items of **personal possessions** associated as being similar, complementary or used together.

### **Pandemic**

A disease, illness or virus which is simultaneously transmitted globally and declared as such by the World Health Organization or the Department of Foreign Affairs.

### **Permanent total disablement**

A disablement which prevents **you** from carrying out ANY occupation for a period of 12 months after an accident sustained during **your trip** and which is, at the end of that period, beyond reasonable hope of improvement.

### **Period of insurance**

The period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown on your **certificate of insurance**. Cancellation cover shall be operative from the time you pay the premium and evidence of insurance is issued and will cease when **you** depart for the **trip**. In the event of a cancellation or curtailment claim all remaining cover will cease and **your** cover will become void.

### **Personal possessions**

Suitcases (or other luggage carriers) and their contents taken on **your trip** together with articles worn or carried by **you** for **your** individual use during **your trip**.

### **Pre-existing medical condition**

- 1) any **medical condition** where **you** have been prescribed medication, including repeat prescriptions or received treatment or attended a GP or a specialist as an outpatient or inpatient or for which **you** are currently on a waiting list for treatment or investigation;
- 2) any illness for which **you** have received a **terminal prognosis** or any heart, heart-related or circulatory condition; or any respiratory condition; any stress, anxiety, depression or any other psychological condition; any cancerous condition; or any cerebral condition;
- 3) any undiagnosed symptoms that may require treatment in the future (i.e. symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, or where the underlying cause of the symptoms has not been established).

### **Public transport**

Airline, train, bus, coach, or ferry services, operating to a published timetable on which **you** are a fare-paying passenger or a tour operator's own transport service, or taxi, to join **your** booked travel itinerary.

### **Terminal prognosis**

In the opinion of **your** doctor or consultant **your** condition cannot be cured or adequately treated, to the extent that it is predicted to cause a shortened life expectancy.

### **Terrorism**

An act, including but not limited to, the use or threat of force or violence, of any person or group, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to instil fear in the public, or any section of the public.

### **Travelling companion**

A person(s) with whom **you** have booked to travel on the same travel itinerary and without whom **your** travel plans would be impossible.

### **Trip**

A journey starting and ending from **your home** within the island of Ireland during the **period of insurance**. **You** must have pre-booked accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

### **Unattended**

When **you** cannot see and are not in a position to prevent unauthorised interference or theft of **your** property.

### **Valuables**

Any of the following items: Binoculars, antiques, e-cigarettes and associated vapour liquids, jewellery, watches, furs, leather goods, animal skins, silks, precious stones and items made of or containing gold, silver or precious metals, hearing aids, sports and leisure equipment (e.g. Bicycle), sunglasses and musical instruments.

### **You/Your**

Each **insured person** named on the **certificate of insurance**.

### **We/Us/Our**

MAPFRE ASISTENCIA Compañia de Seguros y Reaseguros SA trading as MAPFRE Assistance Agency Ireland, 22-26 Prospect Hill, Galway.

## YOUR COVER

There are conditions and exclusions which apply to individual sections of the policy and general conditions and exclusion which apply to the whole policy. Please refer to the relevant section and read in conjunction with the General Conditions and General Exclusions.

## SECTION 1 - CANCELLATION & CURTAILMENT

### What you are covered for:

We will pay **you** up to the amount in the summary of cover for **your** proportion only of:

- a) **your irrecoverable** unused travel and accommodation costs (including excursions up to €200) and other pre-paid charges which **you** have paid or are contracted to pay if the **trip** is cancelled as a result of any of the following events occurring after payment of premium and occurring within the **period of insurance**; or
- b) **your** reasonable additional travel expenses and loss of unused accommodation (including excursions up to €200) and other pre-paid charges if the **trip** is curtailed before completion as a result of any of the following events occurring after payment of premium and occurring within the **period of insurance**;
  - 1) the death, **bodily injury**, illness of **you**, a **close relative, travelling companion** or any person **you** have arranged to travel or stay with during **your trip**;
  - 2) **you** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **your** employment would normally require **you** to attend court); or
  - 3) **your** redundancy, provided that **you** were working at **your** current place of employment for a minimum of 2 years before **your** redundancy was announced and that **you** were not aware of any impending redundancy at the time this policy was issued or the **trip** was booked; or
  - 4) **your home** being made uninhabitable due to: accidental damage; burglary; flooding or fire;
  - 5) the police requesting **your** presence following burglary or attempted burglary at **your** home; or
  - 6) **you**, or any person **you** intended to travel with, who is a member of the Defence Forces, emergency services, the nursing profession or a government employee having their / your authorised leave cancelled and being ordered to return to duty, provided that such cancellation or curtailment could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.

- 7) a) **You, your travelling companion** or any person **you** have arranged to stay with during **your trip** receiving a positive **COVID** diagnosis within 14 days of the start of the **trip** or in the case of being admitted to hospital with a **COVID** diagnosis within 28 days of the start of the **trip**.
- b) **Your close relative or close business associate** being admitted to hospital with a positive **COVID** diagnosis at the time of the **trip**.

### SPECIAL CONDITIONS

Under subsections 7 (a) or (b) above, **you** will not be covered for any claim event arising within 7 days of the date **you** purchased this insurance or at the time of booking any **trip**, whichever is the later, except where the insurance is bought with 48hours of booking the **trip**.

#### Cancellation claims

- 1) If **you** fail to notify the travel agent, tour operator, provider of transport, accommodation provider or any other booking provider as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
- 2) All claims relating to cancellation due to a medical reason must be supported by relevant documentation confirming that medical advice was sought and that advice was given by a **medical practitioner** (in the case of stress, anxiety, depression or any other mental or nervous disorder a consultant specialising in the relevant field) to cancel a **trip** prior to the cancellation of that **trip**.

#### Curtailment claims

Prior to curtailment of **your trip**, due to **your** medical reasons, a doctor's certificate must be obtained from the attending doctor confirming the necessity to return **home** and prior authorisation from the Emergency Assistance Service must be received.

If **you** will be more than 32 Weeks pregnant (or 24 weeks if **you** know **you** are having more than one baby) at the start of, or during, **your trip** and **you** still choose to travel, **you** may not claim for cutting short **your trip** unless as a result of the **complications of pregnancy or childbirth**.

### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) normal pregnancy, without any accompanying **bodily injury, illness or complications of**

## SECTION 2 - TEMPORARY ALTERNATIVE ACCOMMODATION

- pregnancy or childbirth.**
- 3) claims arising directly or indirectly from a **pre-existing medical condition** unless it is on the waived condition list.
  - 4) Any claims arising directly or indirectly from any **medical condition** affecting any **close relative, travelling companion** or any person **you** are planning to stay with if:
    - a terminal diagnosis had been received prior to the start of the **period of insurance**; or
    - they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the start of the **period of insurance**; or
    - if during the 90 days immediately prior to the start of the **period of insurance** they had:
      - i) required surgery, inpatient treatment or hospital consultations; or
      - ii) required any form of treatment or more than 1 prescribed medication
  - 5) claims arising from prohibitive regulations by the government of the Republic of Ireland;
  - 6) travel tickets paid for using any airline mileage reward scheme or other reward points scheme;
  - 7) any circumstance that could reasonably be anticipated at the time **you** booked **your trip** or purchased **your** insurance policy;
  - 8) disinclination to travel or continue travelling, unless **your** change of travel plans is caused by one of the circumstances listed under What is covered;
  - 9) **your** being self-employed or accepting voluntary redundancy;
  - 10) Any claim event under subsection 7 (**COVID**) arising within 7 days of the date **you** purchased this insurance or the time of booking any **trip**, whichever is the later, except where the insurance is purchased within 48 hours of booking the **trip**.
  - 11) any claims for air passenger duty (which can be reclaimed by **you** through **your** travel agent or airline) and any airport tax which is refundable;
  - 12) any claim for unused travel costs where **we** have paid or agreed to pay the extra cost of returning **you** to **your** home under the Emergency Repatriation Expenses section.
  - 13) accommodation costs paid for using any timeshare, holiday property bond or other reward points scheme;
  - 14) any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, **holiday services** provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
  - 15) anything mentioned in the General Exclusions.

### What you are covered for:

**We** will pay up to the amount shown in the summary of cover towards the cost of alternative accommodation in the event of **your** booked accommodation becoming uninhabitable during **your** trip as a result of flooding, fire, subsidence or damage caused by a storm.

### **SPECIAL CONDITIONS**

The property must be deemed uninhabitable by the insurer of the accommodation provider. Receipts will be necessary in the event of a claim.

### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) any circumstance that could reasonably be anticipated at the time **you** booked **your trip**;
- 3) claims where the insurer of the accommodation provider has not deemed it uninhabitable;
- 4) anything mentioned in the general exclusions.

## SECTION 3 - HOLIDAY ABANDONMENT

### What you are covered for:

**We** will pay **you** up to the amount shown in the summary of cover for the following expenses if **your** booked accommodation becomes uninhabitable as a result of flooding, fire, subsidence or damage caused by a storm and **you** choose to abandon or cancel **your** holiday:

- a) your **irrecoverable** unused travel and accommodation costs that **you** have paid or contracted to pay if **you** cancel before **your** departure date; or
- b) **your** additional travel and **irrecoverable** unused accommodation costs if you have to cut **your** trip short and return home early;

### **SPECIAL CONDITIONS**

The property must be deemed uninhabitable by the insurer of the accommodation provider. Receipts and damage report from the accommodation provider will be necessary in the event of a claim.



### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) any costs incurred by **you** which are recoverable from a tour operator, **public transport** operator, accommodation provider, **holiday services** provider or any other source, or for which **you** receive or are expected to receive compensation or other assistance;
- 3) any circumstance that could reasonably be anticipated at the time **you** booked **your trip** and/or insurance;
- 4) claims where the insurer of the accommodation provider has not deemed it uninhabitable;
- 5) additional accommodation costs where the provider has offered reasonable alternative accommodation arrangements;
- 6) anything mentioned in the general exclusions.

## SECTION 4 - EMERGENCY DOMESTIC REPATRIATION

### What you are covered for:

#### 1. MEDICAL TRANSFER

If, during **your trip**, **you** become ill or sustain a **bodily injury**, **we** will pay up to the amount shown in the summary of cover for medical transfer if **you** are hospitalised 50 miles or more from **home**. **We** will arrange and pay for **your** transfer to a suitable hospital near **your home** when it becomes medically feasible. If necessary, **we** will also arrange and pay for a medical escort to accompany **you**. The decision on the method of repatriation will be at the discretion of **our** senior medical officer subject to consultation with the doctor in attendance.

#### 2. ADDITIONAL ACCOMMODATION COSTS

In the event that **you** have a valid claim under Medical Transfer, **we** will pay for reasonable and necessary additional accommodation (room only) and travelling expenses, including those of one relative or friend if **you** have to be accompanied **home** or if **you** are a child (under the age of 18) and require an escort **home**.

### What you are not covered for:

- 1) claims when **we** have not been contacted at the time **you** are hospitalised or as soon as is practicably possible after admission or;
- 2) when **we** have not given **you** our prior authorisation that we will pay the costs;

- 3) **you** being hospitalised less than 50 miles from **home**;
- 4) claims arising directly or indirectly from a **pre-existing medical conditions** unless it is on the waived condition list.
- 5) anything mentioned in the General exclusions.

## SECTION 5 - HOSPITAL INPATIENT BENEFIT

### What you are covered for:

Should **you** suffer a **bodily injury** or illness during the **trip** and occurring within the **period of insurance**, **we** will pay **you** up to the amount shown in the summary of cover for each full 24 hours that **you** spend as an inpatient in a hospital.

### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) claims arising directly or indirectly from a **pre-existing medical condition** unless it is on the waived condition list;
- 3) Pregnancy and/or childbirth unless a qualified **medical practitioner** confirms that the claim comes from **complications of pregnancy or childbirth**;
- 4) claims that are not confirmed as medically necessary by the attending **medical practitioner** or the emergency assistance company;
- 5) hospitalisation for any elective (non-emergency) treatment or surgery, including exploratory tests;
- 6) hospitalisation for any treatment not directly related to the **medical condition** or **bodily injury** which necessitated **your** initial admittance into hospital;
- 7) any claims arising from any **epidemic or pandemic**, including but not limited to Coronavirus disease (COVID-19), severe acute respiratory syndrome coronavirus (SARS-COV-2) or any mutation of these;
- 8) Anything mentioned in the General Exclusions.

## SECTION 6 COVID HOSPITAL INPATIENT BENEFIT

### What you are covered for

Should **you** suffer from **COVID** during the **period of insurance**, **we** will pay **you** up to the amount shown in the summary of cover for each full 24 hours that **you** spend as an inpatient in a hospital.

### Special conditions

If you contract **COVID** whilst already in hospital, we will start paying the enhanced benefit from the point the infection was diagnosed. If you are admitted, discharged, and then re-admitted, we will consider the second admission to be a new hospital stay, and not a continuation of the first stay.

#### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) claims arising directly or indirectly from **COVID** if you were diagnosed or displaying symptoms before commencing your **trip**;
- 3) claims for medical treatment or hospitalisation that are not confirmed as medically necessary by the attending medical practitioner or the emergency assistance company;
- 4) hospitalisation for any treatment not directly related to **COVID** which necessitated **your** initial admittance into hospital;
- 5) claims not supported by a clinical diagnosis of **COVID**;
- 6) claims for the additional nights if you are well enough to be discharged, but are unable to do so due to your domestic circumstance;
- 7) anything mentioned in the General Exclusions.

## SECTION 7 - PERSONAL BAGGAGE

#### What you are covered for:

We will pay up to the amount shown in the summary of cover for the value or cost of repair of any of **your** own **personal possessions** (not hired, loaned or entrusted to **you**) which are lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation bearing in mind the age of the items).

#### SPECIAL CONDITIONS

In the event of a claim for a **pair or set of articles** the maximum amount payable will be limited to the single article limit shown in the summary of cover. Receipts or proof of ownership for lost, stolen or damaged **personal possessions** should be retained as these will assist in supporting **your** claim.

Within 24 hours of the discovery of the incident **you** must report loss or theft of **personal possessions** to the Garda Síochána, local police force or carrier as appropriate.

If you are claiming for damaged or destroyed goods, you must produce an estimate from a reputable dealer confirming the estimated cost of repair (salvage to be retained until claim completed).

**You** must take proper care of **your** property, including examination of **your personal possessions** on arrival at **your** destination. In the event of loss or damage, **you** must take all reasonable steps to safeguard and recover **your** property. **You** must not leave **your** property unsecured, or outside **your** reach or **unattended** at any time; in a place to which the public have access; or in the custody of a person who is not a **travelling companion**.

#### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) the loss in transit of **your personal possessions**, if **you** do not notify the carrier (i.e. airline or coach company) and obtain a written report within 24 hours of discovery of the damage or loss;
- 3) loss, destruction, damage or theft:
  - from confiscation or detention by customs or other officials or authorities, or
  - to sports gear whilst in use, or
  - caused by wear & tear, denting, scratching, or
  - moth or vermin;
- 4) breakage of fragile or brittle articles being transported by a carrier;
- 5) **valuables** stolen from an **unattended** vehicle at any time;
- 6) **personal possessions** stolen from:
  - an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry;
  - an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
- 7) any depreciation in value;
- 8) any property more specifically insured or recoverable under any other source;
- 9) the cost of replacement locks;
- 10) for loss, destruction, damage or theft of dentures; bonds; securities; stamps or documents of any kind, including driving licences and passports; glass; china; antiques;

## SECTION 9 - CAMPING AND SPORTS EQUIPMENT

Benefit only applicable if **you** purchase Gold cover level.

### What you are covered for:

#### **Camping and sports equipment:**

**We** will pay up to the amount shown in the summary of cover for the value or cost of repair of any of **your own camping and sports equipment** (not hired, loaned or entrusted to **you**) which are stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation bearing in mind the age of the items).

#### **SPECIAL CONDITIONS**

Receipts will be necessary in the event of a claim.

Within 24 hours of the discovery of the incident **you** must report theft of **camping and sports equipment** to the Garda Síochána, local police force or carrier as appropriate and obtain a written report.

### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) **you** not exercising reasonable care for the safety of **your camping and sports equipment**;
- 3) destruction, damage or theft: from confiscation or detention by customs or other officials or authorities;
- 4) breakage of fragile or brittle articles being transported by a carrier;
- 5) **camping and sports equipment** stolen from:
  - an **unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle which is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry;
  - an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
- 6) any depreciation in value;
- 7) any property more specifically insured or recoverable under any other source;
- 8) anything mentioned in the General Exclusions.

pictures; unused mobile telephone rental charges or prepayments; coupons; vehicles or accessories; boats and/or ancillary equipment; samples or merchandise or business goods or specialised equipment relating to a trade or profession;

- 11) claims arising from damage caused by leakage of powder or liquid carried within **personal possessions**
- 12) claims arising for loss of or damage to dentures or bridgework;
- 13) **valuables** unless in **your** possession or attended by **you** or deposited in a safe or safety deposit box at all times.
- 14) anything mentioned in the General Exclusions.

## SECTION 8 - PERSONAL MONEY

### What you are covered for:

**We** will pay **you** up to the amount shown in the summary of cover if **your own money** is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box (or equivalent facility).

#### **SPECIAL CONDITIONS**

Within 24 hours of the discovery of the incident **you** must report loss or theft of **money** to the Garda Síochána, local police force or carrier as appropriate and obtain a written report.

### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) claims arising from **you** not exercising reasonable care for the safety and supervision of **your money**;
- 3) loss or theft of **your money** left **unattended** in a public place, or a place to which members of the general public have access;
- 4) **money** stolen from: an **unattended** vehicle (other than motor caravans) left for any period between the hours of 9pm and 9am;
- 5) any depreciation in value or exchange rates;
- 6) **money** unless in **your** possession, or attended by **you**, or deposited in a safe or safety deposit box;
- 7) claims arising from delay, detention, seizure or confiscation by Customs or other officials;
- 8) anything mentioned in the General Exclusions.

## SECTION 10 - GADGET & VALUABLES

Benefit only applicable if **you** purchase Gold cover level.

### What you are covered for:

We will pay up to the amount shown in the summary of cover for:

- 1) After taking off an amount for age, wear and tear and loss of value, we will reimburse **you** for a **gadget** or **valuable** item that **you** have lost or that has been damaged or stolen during **your** trip.
- 2) If any **gadget** that **you** own is lost or stolen, and the loss or theft is covered by your policy; **we** will refund the cost of unauthorised calls, messages and downloads made from it after the time it was lost or stolen up to a maximum of the amount shown in the summary of cover on Page 1. Cover will only apply to unauthorised usage within 24 hours of discovery of the loss or theft of **your gadget**. Itemised bills must be provided to support your claim. This cover will only apply if there is no protection from such losses from your network provider.

### What you are NOT covered for:

- 1) The excess as shown in the summary of cover;
- 2) any **gadgets** or **valuables** that **you** lose or are stolen which you did not report to the appropriate network (if applicable) and the Gardai/Police within 24 hours of discovering it, and which **you** do not get a written police report for;
- 3) any **gadgets** or **valuables** that **you** lose or are stolen or damaged that you did not carry in **your** hand baggage;
- 4) any **gadgets** or **valuables** that **you** lose or are stolen or damaged whilst in your checked in baggage;
- 5) any **gadgets** or **valuables** that **you** lose or are stolen or damaged while they are not in **your** control or whilst they are in the control of an airline or carrier;
- 6) property **you** leave unattended (other than in your locked accommodation);
- 7) any **gadgets** or **valuables** that **you** lose or have stolen from an unattended motor vehicle;

- 8) any **gadgets** or **valuables** that are stolen from **your** vehicle roof rack;
- 9) motor vehicles, motor vehicle accessories, motorcycles, motorcycle accessories, marine equipment and craft and household goods that **you** lose or are stolen or damaged;
- 10) winter sports equipment that **you** lose or are stolen or damaged;
- 11) fragile items such as china, glass or sculpture;
- 12) prepaid minutes **you** have not used on **your** mobile phone, mobile rental charges or pre-payments (for example, a contract phone with free minutes and text messages), reconnection costs or subscription fees of any kind;
- 13) downloaded music, books or games files transferred onto an electronic device for which **you** are claiming loss, theft or damage for;
- 14) stamps and documents, business items or samples that **you** have lost or are stolen or damaged;
- 15) wear and tear, loss of value, mechanical or electrical breakdown or damage caused by cleaning, repairing or restoring and damage caused by leaking powder or fluid in **your** baggage;
- 16) any **gadgets** or **valuables** that are legally delayed or held by customs or other officials;
- 17) any claim for jewellery (other than wedding rings) **you** lose or damage while swimming or taking part in sports or hazardous activities;
- 18) anything mentioned in the general exclusions.

## SECTION 11 - PERSONAL ACCIDENT

### What you are covered for:

We will pay up to the amount shown in the summary of cover if **you** suffer an accidental **bodily injury** during the **trip**, which within 12 months is the sole and direct cause of:

- death; or
- **loss of limb**; or
- total and permanent **loss of sight** in one or both eyes; or
- **permanent total disablement.**

### What you are NOT covered for:

- 1) any claims arising directly or indirectly from sickness, illness or disease;
- 2) any injury not caused solely by outward, visible, external means;
- 3) mental or psychological trauma not involving

### **your bodily injury;**

- 4) any claim arising directly or indirectly from **your** pregnancy;
- 5) any claims under this section not notified to **us** within 12 months of the date of the accident;
- 6) any payment in excess of €5,000 under this section if the Insured Persons are over 66 years or under 18 years of age;
- 7) any payment in excess of €2,500 arising from a death of an insured person under 18 years of age;
- 8) compensation under more than one of the above;
- 9) anything mentioned in the General Exclusions.

## SECTION 12 - PERSONAL LIABILITY

### **What you are covered for:**

On condition that there is no other insurance in force covering the loss **we** will pay up to the amount shown in the summary of cover (inclusive of legal costs and expenses) if, during the **trip**, **you** become legally liable to pay damages in respect of:

- 1) Accidental **bodily injury**, including death, illness and disease to a person; and/or
- 2) Accidental loss of or damage to property.

### **SPECIAL CONDITIONS**

**You** or **your** legal representatives must give **us** written notice immediately **you** receive notice of any prosecution or inquest in connection with any circumstances which may give rise to a claim under this section.

No admission, offer, promise, payment or indemnity should be made by or on behalf of **you** without **our** prior written consent.

Every claim notice, letter, writ or process or other document served on **you** must be forwarded to **us** immediately upon receipt.

**We** are entitled to take over and conduct in **your** name the defence or settlement of any claim or to prosecute in **your** name for **our** own benefit any claim for indemnity or damages against all other parties or persons.

**We** may at any time pay the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **we** will have no further liability for **your** claim.

### **What you are NOT covered for:**

- 1) Claims arising from accidental death of or physical injury to **you** or **your close relative**;
- 2) any liability resulting from **your** employment, trade, profession, business or that of **your close relative**;
- 3) **your** responsibility as an employer to anyone employed by **you** or **your close relative** in any trade, business or profession;
- 4) any agreement or contract which adds any liability which would not have existed otherwise;
- 5) any liability arising from **you** or **your close relative** owning or using aircraft, horse-drawn vehicles, motorised or mechanically propelled, assisted vehicles or towed vehicles, boats (other than rowing boats, punts), jet skis, jet bikes or wet bikes, animals (other than horses, domestic dogs or cats), firearms;
- 6) any liability resulting from wilful or malicious acts by **you**;
- 7) accidental injury or loss which has not been caused by **your** negligence;
- 8) any claim for personal liability which is covered by any other insurance held by **you**;
- 9) any claims arising from the occupation, except temporarily for the purposes of the **trip**, or ownership of any land or building;
- 10) any claim if **you** engage in any activity where this policy states that Personal Liability cover is excluded;
- 11) anything mentioned in the General Exclusions.

## SPORTS AND ACTIVITIES

**You** are only covered for taking part in any sports or activities if they are listed below. We will not cover any sports or activity considered to be dangerous unless specifically agreed with us or included in the list below. We also will not cover any sport undertaken professionally. **You** must ensure that any activity is adequately supervised and appropriate safety equipment is worn/used at all times whilst participating in the activity.

- Amateur Athletics
- Archaeological digging
- Archery
- Badminton
- Baseball
- Basketball
- Bridge Walking



- Bungee jumps (max 3 jumps)
- Cave tubing
- Cricket
- Cycling
- Golf
- Hiking
- Inline skating
- Jogging
- Kayaking (not sea kayaking) (Grade 1-4)
- Marathons
- Mountain biking (not including downhill racing and extreme ground conditions; on tarmac roads only)
- Netball
- Orienteering
- Parasailing
- Parascending (over water)
- Rambling
- River tubing
- Roller blading
- Scuba diving (qualified, max 30 metres) under 14 days)
- Skate boarding
- Snorkelling
- Squash
- Surfing (maximum 14 days)
- Swimming
- Tennis
- Trekking
- Triathlon
- Volleyball
- Wake boarding
- Water polo
- Water skiing
- White/Black water rafting (Grades 1 to 4)
- Zip Lining (Personal Accident benefit reduced by 50% if the injury is sustained whilst participating in this activity).

## GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

- 1) All receipts must be retained and produced in the event of a claim. **Your** claim may be rejected if receipts are not produced;
- 2) If **we** require any medical certificates, information, evidence and receipts, these must be obtained by **you** at **your** expense;
- 3) In the event of a claim, if **we** require a medical examination **you** must agree to this; and in the event of death **we** are entitled to a post mortem examination, both at **our** expense;
- 4) **You** must take all reasonable steps to recover any lost or stolen article;
- 5) **You** must take all reasonable steps to avoid or minimise any loss or damage likely to give rise

- to a claim under this policy;
- 6) **You** must act as if **you** are not insured;
  - 7) **We** will make every effort to provide all services stated in this document. Remote geographical locations or unforeseeable adverse local conditions may affect normal service;
  - 8) **We** may at any time pay **our** full liability under this policy after which **we** will have no further liability;
  - 9) If any claim is found to be fraudulent in any way this policy will not apply and all claims related or subsequent to the fraud will not be paid;
  - 10) If at the time of any incident giving rise to a claim under this policy there is other insurance covering the same loss, **we** will not pay more than **our** proportional share apart from a personal accident claim, which will be paid in full;
  - 11) In the event of a valid claim, **you** shall allow us the use of any relevant travel tickets **you** are not able to use because of the claim. All receipts submitted as part of a valid claim shall be retained by **us**;
  - 12) **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**. If **your trip** is planned to exceed the number of days for which **you** have purchased insurance then no cover at all shall apply in respect of that **trip** and **you** will need to make alternative insurance arrangements. If **you** decide to extend **your trip**, **you** will need to contact Staycationcover.ie before **your** policy lapses to request consideration is given to an extension to **your** policy.

## GENERAL EXCLUSION APPLICABLE TO ALL SECTIONS

**We** will not pay any claim if **you** have failed to meet the eligibility criteria of this policy. **We** will also not pay anything directly or indirectly caused by:

- 1) **your** suicide or deliberate self-harm;
- 2) **you** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or sitting, planking, balconing, owling or lying on any external part of any building, or climbing or moving from any external part of any building to another (apart from stairs, ramps or walkways) and falling regardless of the height, unless **your** life is in danger or **you** are attempting to save human life;
- 3) **you** being under the influence of alcohol or drugs (unless prescribed by a doctor). **We** do not expect **you** to abstain from alcohol whilst on **your trip** but **we** will not cover any claims arising because **you** have drunk so

- much alcohol that **your** judgement or health is seriously affected and **you** need to make a claim as a result;
- 4) air travel (other than as a fare-paying passenger on a regular scheduled airline or licenced charter aircraft);
  - 5) consequential loss of any kind unless specifically provided for within this policy (for example, but not limited to, loss of earnings due to being unable to return to work following injury or illness or cost of replacement lock if keys are lost);
  - 6) loss or damage to any property and expense or legal liability; directly or indirectly caused by: ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel; or the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
  - 7) loss or damage arising from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
  - 8) any act of **terrorism**;
  - 9) **you** riding a quad bike;
  - 10) **you** riding on a motorcycle with an engine capacity in excess of 250cc (with the appropriate Irish motorcycle licence, wearing a crash helmet, no racing);
  - 11) any sports or activities not listed under the sports and activities tables;
  - 12) any payment which **you** would normally have made during **your** travels, if nothing had gone wrong (for example, meals);
  - 13) claims arising from **your** wilful, malicious or unlawful acts;
  - 14) claims arising directly or indirectly from a **pre-existing medical conditions** unless it is on the waived condition list;
  - 15) **you** driving, or in charge of a vehicle where **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the incident occurs;
  - 16) any circumstances **you** are aware of at the time of taking out this cover or at the time of booking any **trip** that could reasonably be expected to give rise to a claim on this cover;
  - 17) loss of enjoyment;
  - 18) any claim which is directly or indirectly caused by, results from or is in connection with a **natural disaster**;
  - 19) **you** engaging in **manual work**.

- 20) Any claims caused by or relating to **COVID**. This applies to all sections of cover apart from Section 1 (Cancellation & Curtailment) subsections 7 (a)&(b); Section 4 (Emergency Domestic Repatriation) and Section 6 (Covid Hospital Inpatient Benefit) provided that **you** are not travelling to a country or specific area or event to which the Travel Advice Unit of the Department of Foreign Affairs (DFA) [www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice) or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel.

## SECTION 13 - MOTOR BREAKDOWN ASSISTANCE

Benefit only applicable if **you** purchase Gold cover level.

### *Definitions specific to the Private Motor Breakdown Assistance section:*

#### **The Insured**

Any individual who is named on the Staycationcover.ie policy and who is also insured to drive the vehicle and who is driving with the vehicle owners knowledge and consent and who is a resident of the The Island of Ireland.

#### **The Company**

MAPFRE ASISTENCIA Compania Internacional de Seguros Y Reaseguros. S.A. T/A MAPFRE ASSISTANCE Agency Ireland (Company Registration Number 903874).

#### **The Passengers**

All non-fare paying passengers (excluding hitchhikers) being transported in the Insured Vehicle at the time assistance is required.

#### **Insured Vehicle**

Any private car [not exceeding 3.5 tonnes total vehicle weight] and is 15 years and under at the time of taking this policy, which is currently insured in the Republic of Ireland or Northern Ireland and which is driven within the terms of the current Certificate of Motor Insurance relating to such car.

#### **Territorial limit**

Ireland and the United Kingdom

#### **Period of Cover**

The period shown on the Staycationinsurance.ie schedule and for which the appropriate premium has been paid. Such a period is not to exceed the period

of insurance specified in the Staycationinsurance. ie schedule. Cover also applies during **your** direct outward and return journeys from and to **your home**.

### Limit of Cover

**Our** maximum liability in any one **period of insurance** is limited to a maximum of €500.00 in total. If in the course of a **trip you** suffer a claim which uses up all of a benefit limit, any additional costs will be at **your** expense.

### Trip

A journey **you** undertake in the **insured vehicle** within the territorial limit, during the period of insurance, in Ireland or the UK.

## MOTOR BREAKDOWN ASSISTANCE BENEFITS

MAPFRE ASSISTANCE, on behalf of staycationcover. ie, will provide the following benefits:

In the event of the **insured vehicle** being immobilised as a result of a mechanical or electrical breakdown, fire, theft or any attempted theft, malicious damage, punctures that require assistance to fix or replace a wheel, lost keys, stolen keys, keys broken in the lock or locked in the car

MAPFRE ASSISTANCE (the Company) will arrange and pay for, up to the amount shown in summary of cover:

- One hour's free labour at the roadside if the vehicle can be repaired in situ.
- Towing the vehicle to the nearest garage capable of effecting repairs or to a garage of your choice or home.
- Somebody to assist you in the event of a breakdown at your home.

### Labour

The cost of call out and up to one hour's free labour provided the repair is carried out in situ and not at the repairer's premises.

### Completion of Journey

If repairs cannot be repaired in situ, **we** can arrange and pay for:

- Onward transportation for the insured and passengers home or to their intended destination within the territorial limits. (maximum covered €31 per person, €127 in total)

Or

- Use of a replacement car for up to 48 hours

while repairs are carried out. (Limited to Class A Vehicle)

Or

- Overnight accommodation for one night only, limited to Bed and Breakfast, while repairs to the Insured's vehicle are in progress, subject to maximum value of €40 per person and €150 in total.

Or

- Transportation for the member to collect his/her car and/or reimbursement of any reasonable (public) transport charges incurred by the member in collecting the vehicle.

### Message Relay

We will pass on two urgent messages for you.

MAPFRE ASSISTANCE Breakdown Assistance is a 24 hour emergency breakdown recovery service. It is there to assist **you** in your time of need. The choice of assistance supplied depends on the options available to the rescue provider at the time of the request for assistance. **You** should be aware that the cover provided will be at MAPFRE ASSISTANCE's discretion as not all options are available to them at all times. I.e. Car Hire in a rural area may be impossible to obtain in the early hours of the morning.

### What to do?

Should you require assistance, please telephone the Breakdown Assistance line:

**00353 91 545 938**  
**SELECT OPTION 3**

Please have the following information available when you call:

- your exact location
- the registration number of your car.
- your policy number
- a telephone number where you can be contacted
- a description of the problem

**MAPFRE ASSISTANCE are responsible only for the cost of providing benefits available through our appointed Breakdown Assistance. If you make your own arrangements you will not be reimbursed.**

## COMPLAINTS PROCEDURE

We always aim to provide a first class service. However, if **you** have any cause for complaint, please address any complaints in relation to the sale of the policy to:

### **The Compliance Manager**

Staycationcover.ie, 6 Leopardstown Office Park,  
Burton Hall Avenue, Sandyford, D18

**Email:** [complaints@staycationcover.ie](mailto:complaints@staycationcover.ie)

For complaints about how a claim has been handled **you** should contact:

### **Customer Service Department**

MAPFRE ASSISTANCE agency Ireland,  
22-26 Prospect Hill, Galway

**Tel: 091 501 610**

If **you** are still dissatisfied, **you** may contact:

The Financial Services and Pensions Ombudsman  
Bureau, Third Floor, Lincoln House, Lincoln Place  
Dublin 2

**LoCall: 1890 882090**

**Telephone: 01 662 0899 Fax: 01 662 0890**

**Email:** [info@fspo.ie](mailto:info@fspo.ie) **Website:** [www.fspo.ie](http://www.fspo.ie)

Alternatively, if **you** have purchased **your policy** online, **you** can submit a complaint through the Online Dispute Resolution (ODR) platform at <http://ec.europa.eu/odr> When registering your complaint on the ODR platform, please use [ieodr@mapfre.com](mailto:ieodr@mapfre.com) as the trader's email address.



# *Staycationcover.ie*



*accident & general*



**MAPFRE**  
ASSISTANCE