

Endorsement attaching to and forming part of policy number ATL/2020

It is hereby noted and agreed that the validation period applicable to the above-mentioned policy/scheme is amended to read 'valid for departures on or before the 31st December 2021'.

It is further noted and agreed that an additional section of cover is now included as follows:-

**Section 9 - COVID-19 cover**

PLEASE NOTE: this section of cover will be extended to Section 1: Cancellation and Curtailment and Section 3: Emergency Medical and Repatriation of **Your Policy** as follows:

**A. Cancellation and Curtailment**

This sub-section of the **Policy** sets out the cover **We** will provide to each **Insured Person** per **Insured Journey**, not exceeding the sum insured shown in the **Summary of Cover**, following necessary and unavoidable cancellation or **Curtailment** of a **Trip** in relation to all travel charges that **You** have paid and/or are contracted to pay before the booked departure date and which **You** cannot recover, as a result of any of the following events:

1. The necessary and unavoidable cancellation as a result of **You, Your Immediate Relative**, a member of **Your** household or travelling companion or of a friend with whom **You** had arranged to stay contracting COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.
2. **You** are denied boarding on **Your** pre-booked outbound travel due to **You** contracting COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.

Where **You** have to **Curtail Your Trip** as a result of:

- Death of **Your Relative**, as a result of COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.
- **You** are unable to continue with a pre-booked excursion following **Your** self-isolation as ordered by a relevant Government authority due to contracting COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.

**Please note if You are Curtailing Your Trip payments will be calculated on a pro-rata basis taking into consideration unused accommodation and excursions.**

## **B. Emergency medical and repatriation expenses**

This sub-section of the **Policy** sets out the cover **We** provide to each **Insured Person** in total per **Insured Journey**. If an **Insured Person** sustains an unforeseen medical emergency during a **Trip** outside the **United Kingdom** as a result of **You** contracting COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.

**We** will indemnify/pay the reasonable and/or customary costs/expenses up to but not exceeding the sum insured shown in **Summary of Cover** on page 2, which are necessarily incurred in respect of the following:

1. Reasonable and necessary medical and hospital expenses, including the cost of the rescue service to take **You** to hospital.
2. Returning **You** to the **United Kingdom** provided this is authorised by **Us** or the Emergency Assistance Helpline.
3. The cost of a medical escort where this is deemed necessary by **Us** or the Emergency Assistance Helpline, in the event of **Your** emergency repatriation to the **United Kingdom**.
4. Reasonable additional travel and accommodation expenses (room only) for **You** to extend **Your** stay until **You** are medically fit to return to the **United Kingdom**.
5. Reasonable additional travelling and accommodation expenses to repatriate **You** to the **United Kingdom** when **You** are denied boarding on **Your** pre-booked return travel due to **You** contracting COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.
6. Confinement benefit: a benefit payment of £30 for each complete 24 hour period up to £300 where **You** are ordered into self-isolation in **Your** holiday accommodation by a relevant Government authority, as a result of **You** contracting COVID-19, as certified by a medical practitioner following a medically approved test showing a positive result for COVID-19.

### **Exclusions applying to all sub-sections in this Section - What is not covered**

**Applicable in addition to any exclusion listed under Section 1 - Cancellation and Curtailment and Section 3 – Emergency Medical and Repatriation Expenses of this policy including anything mentioned in the General Policy Exclusions.**

1. Travel or accommodation costs where a credit or voucher has been provided in lieu of a cash refund.
2. Claims arising directly or indirectly from an outbreak of COVID-19 resulting in a national or local lockdown or any restrictions of movement affecting the area where **Your** home is located in the **United Kingdom**, the country or specific area or event to which **You** were travelling to or through, existing or being publicly announced by the date **You** purchased, renewed or extended this insurance or at the time of booking any **Trip**, whichever is later, or in the case of claims under sub-section B, started **Your Trip** whichever was later.

3. Any claim where **You** are experiencing symptoms of COVID-19, or have been told to self-isolate at the time **You** purchased, renewed or extended this insurance, or at the time of booking any **Trip**, whichever is later, or in the case of claims under sub-section B, started **Your Trip** whichever was later.

4. **Your** quarantine when it has been imposed on a community, geographic location or vessel imposed by a government or public authority.

5. Any claim made under the COVID-19 cover section in addition to a claim under either Section 1 - Cancellation and Curtailment or Section 3 – Emergency Medical and Repatriation Expenses.

#### **Additional conditions applying to these sub-sections**

**In addition to the additional conditions applying to Section 1 - Cancellation and Curtailment and Section 3 – Emergency Medical and Repatriation Expenses of this policy the following will apply:**

**We** will require (at your own expense) the following evidence where relevant:

1. A copy of the positive test result for COVID-19 **You** received from a registered medical practitioner.
2. Written confirmation from the scheduled public transport operator (or their handling agents) confirming the exact reason for which **You** were denied boarding, together with details of any alternative transport offered.
3. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
4. Any other official document or medical report confirming **Your** diagnosis for COVID-19 which leads to **Your** self-isolation, or need to cancel **Your Trip**.

All other sections, terms, conditions and exclusions remain unaltered.