HotspotCover

HOTSPOT COVER
POLICY WORDING

FOR EMERGENCY ASSISTANCE:

Call Our 24/7 Assistance line on **+971 4 362 6378**
Emergency Email: **sicuro@hotspotcover.com**

FOR NON-EMERGENCY CLAIMS:

That do not need an immediate response,
Email: **claims@hotspotcover.com**

Sicuro Group are our emergency response and risk advisory partners. All of our policyholders can receive a free pre-travel safety and security briefing, travel health information and daily check-in calls if they wish.

SECTION 1, 2, 3 & ADDITIONAL BENEFITS
BENEFIT SCHEDULE

BENEFITS	POLICY LIMITS (USD)		
	CORE	ESSENTIAL	ENHANCED
Section 1: Personal Accident, Accidental Death & Permanent Total Disablement	100,000	250,000	500,000
Section 2 & 3 : Emergency Medical Expenses & Emergency Medical Evacuation	250,000	500,000	500,000
Additional Benefits			
Funeral Expenses/Repatriation of Mortal Remains	15,000	25,000	35,000
Emergency Family Travel Expenses	15,000	25,000	35,000
Natural Disaster - Emergency Travel Expenses	5,000	15,000	25,000
Search & Rescue Expenses	5,000	15,000	25,000
Aggregate Limit Per Policy	2,500,000	2,500,000	2,500,000

CONTENTS

CONTENTS

IMPORTANT INFORMATION

This document, the **Schedule**, and any endorsement(s) attached form **Your** insurance.
This insurance sets out the conditions of the insurance between **You** and **Us.**
Please read the whole document carefully and keep it in a safe place.

IT IS IMPORTANT THAT

- **You** check that the information contained in the **Schedule** is accurate and that the **Schedule** reflects the coverage sections **You** have requested (see the "Information **You** have given **Us**" section below);
- **You** notify **Us** of any inaccuracies in the information contained in the **Schedule**, or of any changes to that information (see the "Notifying **Us** of any changes or inaccuracies" section below);
- **You** comply with the "Things You must do" in the event of a claim, **Your** duties under each section, and **Your** duties under the insurance as a whole.

Failure to comply with the above could adversely affect **Your** insurance or any claim **You** make.

INFORMATION YOU HAVE GIVEN US

In deciding to accept this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**.
You must take care when answering any questions, **We** ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information or the information **You** provided to **Us** has been identified as prohibited under a **Sanctions Check**, **We** will treat this insurance as if it never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information, it could adversely affect **Your** insurance and any claim. For example, **We** may:

- Treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which We would not otherwise have offered; or
- amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness; or
- charge **You** more for **Your** insurance or reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium We would have charged You; or
- cancel **Your** insurance in accordance with the "Cancelling this insurance" section below.

WE OR YOUR BROKER WILL WRITE TO YOU IF WE

- intend to treat this insurance as if it never existed; or
- need to amend the terms of **Your** insurance; or
- require **You** to pay more for **Your** insurance.

NOTIFYING US OF ANY CHANGES OR INACCURACIES

If **You** become aware that information **You** have given **Us** is inaccurate or has changed, **You** must inform **Us** or **Your** Broker, as appropriate, as soon as practically possible. When **We** are notified that information **You** previously provided is inaccurate, or of any changes to that information, **We** will tell **You** if this affects **Your** insurance. For example **We** may amend the terms of **Your** insurance or require **You** to pay more for **Your** insurance or cancel **Your** insurance in accordance with the "Cancelling this insurance" section below.

- If **You** fail to notify **Us** that information **You** have provided is inaccurate, or
- **You** fail to notify **Us** of any changes, this insurance may become invalid and
- **We** may not pay **Your** claim, or any payment could be reduced.

CANCELLING THIS INSURANCE

You can cancel this insurance at any time by writing to **Your** Broker. **We** can cancel this insurance by giving **You** thirty (30) days' notice in writing. **We** will only do this for a valid reason (examples of valid reasons are as follows):

- Non-payment of premium;
- a change in risk occurring which means **We** can no longer provide **You** insurance cover;
- non-cooperation or failure to supply any information or documentation **We** request; or
- threatening or abusive behaviour or the use of threatening or abusive language.
- any information provided by **You** that has been identified as prohibited under a Sanctions Check

REFUND OF PREMIUM

This insurance has a cooling off period of fourteen (14) days from either:

- the date **You** receive this insurance documentation; or
- the start of the period of insurance whichever is the later.

If **You** cancel this insurance within the cooling off period then, provided **You** have not made a claim, **We** will refund in full any premium **You** have paid. If this insurance is cancelled outside the cooling off period then, provided **You** have not made a claim, **You** will be entitled to a refund of any premium paid, subject to a deduction for any time for which **You** have been covered. This will be calculated on a proportional basis. For example, if **You** have been covered for six (6) months, the deduction for the time **You** have been covered will be half the annual premium.

If **You** cancel this insurance outside the cooling off period, **We** may charge additional administration fee, to cover the administrative cost of refunding the insurance premium. If **We** pay any claim, in whole or in part, then no refund of premium will be allowed.

RATE REVIEW/PREMIUM ADJUSTABLE

At any time after the first thirty (30) days of the Period of Insurance has expired, **We** shall have the right to cancel this policy by giving the Insured seven (7) days' notice in writing. At any time after the first thirty (30) days of the Period of Insurance has expired the premium payable by the Insured may be amended by **Us** and **We** shall give the Insured seven (7) days' notice in writing of any revised premium rating they deem appropriate. If following such review, the revised premium is unacceptable to the Insured then the Insured is entitled to cancel this Insurance with effect from the date that the revised premium applies.

CHOICE OF LAW

You and **We** are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary this insurance will be governed by the laws of Guernsey and subject to the exclusive jurisdiction of the courts of Guernsey.

HEALTH WARRANTY

We will not make any payment under this section unless **You** are, prior to the inception date of this insurance, in good health and free from material physical or mental impairment or infirmity and have not suffered from any recurring illness. This warranty does not apply to any such medical condition disclosed in writing and agreed by **Us.**

THE CONTRACTS (RIGHTS OF THIRD PARTIES) – ACT 1999

The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only **We** and **You** can enforce the terms of this Policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

SANCTION LIMITATION AND EXCLUSION

We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

GENERAL DATA PROTECTION REGULATION (GDPR):

We are committed to protect **Your** personal information and **We** are committed to the principles of data security in the configuration of **Our** services. As a data controller, **We** collect and process information about **You** and **We** also receive personal information from **Your** booking agent including **Your** email address, name and phone number, which enables **Us** to issue and modify policies and process claims. **We** may share that data from time to time with insurers or contractors who may be outside of the European Union. **We** will never share **Your** data with external marketing services. **Our** Privacy Policy outlines how **We** process Your data, the data that **We** collect and the processes to undertake should **You** either wish to request a copy of **Your** data, or remove consent for **Us** to retain **Your** data.

HOW TO MAKE A COMPLAINT:

Our aim is to ensure that all aspects of **Your** insurance are dealt with promptly, efficiently and fairly. At all times We are committed to providing You with the highest standard of service.

If **You** have a complaint in relation to this policy of insurance, refer **Your** complaint to:

STEP 1:

Email: complaints@hotspotcover.com
The relevant party will contact **You** within five (5) days of receiving **Your** complaint to inform **You** of what action they will take.

STEP 2:

Once You have received **Your** final response from **Us**, if **You** are still dissatisfied **You** may take up **Your** complaint with the Channel Islands Financial Ombudsman ('CIFO'), by visiting www.ci-fo.org and downloading a claims submission form.

Once completed, the form can be submitted to the CIFO by post to:

Channel Islands Financial Ombudsman
PO Box 114
Jersey, Channel Islands
JE4 9QG.

By email to: complaints@ci-fo.org

By fax to: +44 (0) 1534 747629

Hotspot Cover Opportuna Insurance PCC Ltd International Risks Cell - is licensed by the Guernsey Financial Services Commission.
In any communication, please quote the policy number shown in the **Schedule**.
Making a complaint does not affect Your right to take legal action.

CELL LIMITATION CLAUSE

The Insurer is a protected cell ("the Cell") of Opportuna Insurance PCC Limited. Opportuna is a limited liability protected cell company registered in Guernsey, in terms of the Companies Guernsey Law, 2008 (the "Law") and regulated by the Guernsey Financial Services Commission. Opportuna's registration number is 68684 and its registered office is at Lefebvre Court, Lefebvre Street, St Peter Port, Guernsey GY1 3WP.

The liability Opportuna, acting in respect of the Cell, for any of its obligations under the Policy, is capped at and limited to the assets attributable to the Cell (as defined in the Law). Accordingly, the rights of the Insured under the Policy are limited solely to the assets attributable to the Cell and in no event shall there be any recourse to or liability on the part of (a) the cellular assets of other cells of Opportuna or (b) to the core assets of Opportuna (as defined in the Law). Opportuna has no obligation whatsoever to use any of its assets, other than the assets attributable to the Cell, to satisfy any claim or liability under the Policy. Furthermore, in the event that the assets attributable to the Cell are insufficient to fully discharge a claim under the Policy, the Insured will not be able to make or to join in making any application to any court for the winding up, administration or re-organisation of Opportuna or the Cell.

Hotspot Cover and its provisions and risk are placed through Hotspot Cover Opportuna Insurance PCC Ltd International Risks Cell who are 100% supported and reinsured by A-rated financial capacity with Lloyd's of London Underwriters.

Hotspot Cover are conduct risk specialists that provide response-led high hazard insurance that include for **Passive War and Terrorism**. We have been insuring persons in both war zones and hostile territories and across the world since 2018 and that are typically excluded on standard travel insurance policies.
.

EMERGENCY ASSISTANCE & RESPONSE SERVICES

In the event of the **Insured Person(s)** requiring Assistance for a Security or Medical Emergency abroad please contact **Our** emergency assistance provider: **Sicuro Group**

Sicuro Group *is an Independent Global Risk Advisory and Crisis Management firm, with in-house Security and Medical Assistance experts, and a retained network of Crisis Response Consultants based in strategic locations around the world.*

EMERGENCY MEDICAL ASSISTANCE

Sicuro Group are available 24/7 by phone and e-mail, through multilingual staff, to provide medical advice and/or medical referrals to trusted medical network facilities, and/or arrange medical evacuation and repatriation should it be deemed appropriate and/or medically necessary.

TO REQUEST ASSISTANCE

Call **Our** 24/7 Assistance line on **+971 4 362 6378**
Emergency e-Mail: **sicuro@hotspotcover.com**

IMPORTANT:

Please note that Sicuro Group will be responsible for all decisions as to the most suitable, practical and reasonable solution to the insured event, up to and including inpatient hospitalisation, evacuation and repatriation, and all assistance and crisis response related matters. Failure to reasonably consult with them and to act in accordance with their instructions could prejudice any claim under this policy.

CLAIMS INFORMATION APPLICABLE TO SECTIONS 1,2, 3 & ADDITIONAL BENEFITS ONLY

HOW TO MAKE A CLAIM

THINGS YOU MUST DO

You must comply with the obligations set out below. If **We** determine that any claim **You** make under this insurance has been adversely impacted directly by **Your** failure to comply with the obligations below, **We** may refuse to pay **Your** claim or reduce the amount of any payment **We** make for the claim.

1. In the event of the I**nsured Person(s)** requiring any medical expenses, evacuation or in-patient hospitalisation, **Emergency Medical Evacuation** or **Repatriation**, they must contact **Our Emergency Assistance Provider.**

2. For all other claims **You** must as soon as practicable and in any event no later than sixty (60) days from date of incident contact **Our Emergency Assistance Provider**.

3. In the event of a claim for Personal **Accident** or Illness under this insurance, the **Insured Person(s)** must as soon as practically possible seek the attention of a duly qualified medical practitioner.

4. The **Insured Person(s)** must provide **Our Emergency Assistance Provider** with the necessary authorisation to access or obtain all **Your** medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition. The medical adviser must for the purpose of reviewing the claim, be allowed to examine them as **We** consider necessary.

5. **You** and **Insured Person(s)** must provide **Our** emergency assistance provider with all information We may reasonably require including a fully completed claim form, which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of **Accidental Bodily Injury**, evidence to show that this was caused as a result of an **Accident** . If the information supplied is insufficient, they will identify the further information required. If they do not receive this information, they may reject the claim or withhold payment until the information they may reasonably require is received.

6. In the event of a claim for any medical expenses, Emergency in-patient hospitalisation, **Emergency Medical, Evacuation** or **Repatriation**, please contact **Our Emergency Assistance Provider** at the details outlined below:

Call Our 24/7 Assistance line on **+971 4 362 6378**
Emergency e-Mail: **assist@hotspotcover.com**

E-mail: **assist@hotspotcover.com**

Our emergency assistance provider will require the following details:

- The **Insured Person(s)**'s name and also identifier reference "HOTSPOT"
- Date of Loss
- Host Country of loss
- Country of Domicile
- The **Insured Person(s)**'s location
- The **Insured Person(s)**'s details (including passport/visa etc).
- The Policy number
- Policy Inception/Expiry Date
- Policy holder's name (if different to **Insured Person(s)**'s name)
- The name and phone number of the doctor and hospital treating the **Insured Person(s)** (if applicable)

- Any additional people that should be updated throughout the case
- Nature of the incident
- The desired end state (what You want **Sicuro Group** to do)
- Any other pertinent information on the incident that may affect
- **Our Emergency Assistance Provider's** response (e.g. security situation)

For all other claims please contact **Our Emergency Assistand and claims provider** on:
Non-Emergency Claims Email: **claims@hotspotcover.com**

HOW WE DEAL WITH YOUR CLAIM

Once **Your** claim is accepted, **We** will pay **You** the amount stated in the relevant section of the **Schedule.**

Failure to contact the Emergency Assistance Provider and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. **You** should not attempt to find **Your** own solution and then expect full reimbursement from **Us** without prior approval first having been obtained from **Our** Emergency Assistance Provider.

In the event that liability cannot be established at the outset of an emergency it is agreed that the first named insured will guarantee payment until such time that liability can be accepted by insurers.

DEFINITIONS

Wherever the following words appear in bold they will have the meanings shown below.

Accident(al)

A sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and place during the Period of Insurance.

Appropriate Authorities

The Foreign and Commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of Your Country of Domicile In respect of Search, Rescue Benefit under Section 3) below this will be any National or State, Regional or Mountain, Air or Sea Rescue or Coastguard.

Approximate Location

A location as determined and qualified by an Appropriate Authority as a reasonable estimate of your last known location and to within a radius of thirty square miles.

Benefit Period

The number of consecutive weeks set out in the schedule for which Temporary Total Disability is paid.

Bodily Injury

Identifiable physical injury which is caused by an accident, and solely and independently of any other cause (except Illness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury) results in the Death of the insured person or their disablement within twelve months from the date of the accident.

Country of Domicile

The country in which You reside in and/or the country to which the insured person shall return to when repatriated or country in which they hold a valid passport.

Death

The Death of an insured person resulting from an accident.

EHIC Card

A European Health Insurance Card (EHIC) - which will be determined as being primary as recourse before this insurance and if applicable- entitles qualifying citizens and residents to receive healthcare for free, or at a reduced cost in the EU, the EEA, Switzerland and the United Kingdom. The EHIC has been superseded by the Global Health Insurance Card (GHIC)

Elimination Period

The number of consecutive days set out in the Benefit Schedule after the date on which you first became disabled which must expire before Temporary Total Disability disablement benefit becomes payable.

Emergency Assistance Provider

Sicuro Group is the appointed assistance provider responsible for the approval of all inpatient hospitalisations, and for arranging and paying for emergency medical treatment, medical evacuations, and repatriations, as well as providing triage and general assistance services. Control Risks is the appointed provider responsible for responding to Kidnap and Ransom incidents, crisis response, and security evacuations.

Emergency Medical Evacuation

The costs following a Serious Medical Condition up to the amounts specified in the Benefit Schedule of transporting the insured person by air and/or surface transportation by Our Emergency Assistance Provider from the place where the insured person is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation within the sum insured outlined in the benefit Schedule.

Emergency Medical Repatriation

With the prior approval of Our Emergency Assistance Provider and the Insured Persons treating Medical Practitioner the return of the insured person following a Serious Medical Conditionto their Country of Domicile by normal Scheduled airlines or by an air ambulance or suitable means of transport.

Emergency Medical Expenses

Reasonable and necessary emergency medical, surgical, Hospital and nursing home charges or emergency dental expenses. Emergency dental expenses are for relief of pain and suffering only. Emergency Medical Expenses are as the result of a Serious Medical Condition only. Emergency Medical Expenses are applicable only for claims incurred whilst in Country of deployment only. There is no cover for Emergency Medical Expenses claims once back in your country of domicile.

Emergency Travel Expenses

The reasonable and necessary additional costs of transport and accommodation incurred in respect of the insured person or any one Relative or friend who has to travel to remain with or escort the insured person home to the Insured Persons Country of Domicile.

Funeral Expenses or Repatriation of Remains

Following the Death (due to accident or Illness) of an insured person the reasonable cost of Funeral Expenses necessarily incurred, or expenses incurred in transporting the insured person's body or ashes, to their Country of Domicile, including making the necessary arrangements.

Hospital

Any establishment which is registered or licensed as a full time facility for surgical and medical diagnosis and treatment of injured and Ill persons by and under the supervision of a qualified Medical Practitioner continuously providing a 24 hours a day nursing service supervised by State Registered Nurses or nurses with equivalent qualifications and is not primarily a mental institution or a place of rest for the aged, for drug addicts or alcoholics.

Host Country

Within the borders of the destination country/ies for which You or your broker have purchased insurance for cover from Hotspot and as listed as your destination country/ies on Your policy.

Ill/Illness

Means the Insured Persons sickness or disease contracted whilst on an Insured Journey and Operative Insured Time during the policy period which results in them requiring medical treatment.

Insured Journey and Operative Insured Time

Whilst the insured person is on a trip in their Host Country/ies within the policy period and commences from the time You leave the departure point of Your Country of Domicile and which continues during the entire period of the Insured Journey and terminates at the end of the policy period, or at the time of returning to their arrival point at their Country of Domicile, whichever is the earliest.
No Insured journey shall exceed 12 months in duration.

Insured Person(s)

Any director or employee of the Policyholder or categories of persons shown in the Schedule.

Loss of Limb

Shall mean in respect of:
1. An arm – physical severance of all 4 fingers at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand) or permanent and total loss of use of a complete arm or hand at or above the metacarpal phalangeal joints (where the fingers join the palm of the hand).
2. A leg – physical severance at or above the level of the ankle (talo-tibial joint) or permanent total loss of use of an entire leg at or above the level of the ankle (talo-tibial joint).

Loss of Sight

Loss of Sight shall include total and permanent Loss of Sight, which shall be deemed to have occurred:
1. In both eyes when the insured person's name has been added to the register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
2. In one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale
Which means the insured person is only able to see at three (3) feet that which they should normally be able to see at sixty (60) feet and Underwriters are satisfied that the condition is permanent and without expectation of recovery.

Medical Practitioner

A registered, qualified, practicing member of the medical profession, who is not related to You.

Minimum Claim Value

The threshold amount stated in the Schedule. If the total eligible value of a claim is less than this amount, no payment will be made. If the claim value meets or exceeds this amount, the claim will be paid in full without any deduction.

Natural Disaster

An event that occurs after You have arrived in your Host Country and that is determined by an Appropriate Authority of being a natural occurrence, being but not limited to earthquake, volcanic eruption, tsunami, snow, rain, hail, lightning, flood, wind, wind borne dust or sand, wildfire or similar event, that results in widespread and severe physical damage to property such that the government of Host Country issues an official disaster declaration and determines the affected area to be uninhabitable. In no event shall a Natural Disaster be deemed to apply to a marine vessel, ship or watercraft of any kind.

Natural Disaster- Emergency Expenses

Reimbursable and out of pocket expenses that are incurred by You up to a maximum of the limit of your chosen benefit plan which is stated in your policy schedule, for the reasonable additional costs of transport and accommodation costs that are only incurred as a result of a Natural Disaster in the Host County during the Insured Journey

Paralysis

Permanent total and irrecoverable loss of function of one or more limbs.

Passive War and Terrorism

Non Participation as an Insured Person in armed conflict between nations, invasion act of foreign enemy, civil war, military or usurped power, rebellion, revolution or insurrection and active participation in terrorism or war, whether be declared or not or active participation in hostilities of any act of terrorist activity civil war rebellion Tito, insurrection revolution overthrow of legally constituted government, civil war, civil commotion or uprising or explosion of war weapons.

Period of Insurance

The time for which this insurance is in place as shown in the Schedule for a specified Host Country/ies.

Permanent Total Disablement

Permanent disablement following an accident causing bodily injury that wholly prevents the insured person from engaging or giving at in any occupation for which You are suited by way of education and training, caused other than by Loss of Limb or sight or speech or hearing which disablement lasts without interruption for more than 12 months from the date of the Accident, and in all probability shall continue for the remainder of the insured person’s life.

Piracy

The Practice of attacking and or robbing or unauthorised seizing or capture containment or unlawful infringement of a seagoing vessel.

Post Traumatic Stress Disorder (PTSD) & Counselling

An anxiety disorder as diagnosed by a Medical Practitioner that results from an Insured Person directly witnessing an act of passive war or terrorism during the Insured Journey, that a) results in their inability to carry out their occupation and b) is within 6 months of the event and c) that the qualifying event fell during the Insurance Period and d) is recognized as the primary causal factor of the diagnosed PTSD disorder and e) is diagnosed as a qualifying disorder under the policy by a PTSD specialist and Medical Practitioner and that is appointed by the Emergency Assistance Provider and f) that this party also recommends that You require and qualify for a period of trauma counselling and g) is the first recorded medical occurrence of PTSD for You and during your lifetime and h) that is not determined as pre-existing prior to buying insurance from Us.

Relative

Spouse or domestic partner, mother, mother-in-law, father, father-in-law, daughter, daughter-in-law, son, son-in-law, (including legally adopted daughter or son), brother, brother-in-law, sister, sister-in-law, grandfather, grandmother, grandson, granddaughter or fiancé(e).

Repatriation

The return of an insured person to their permanent country of residence, or in the event of their Death, the return of their remains.

Sanctions Check

A specialised screening that involves several Government sanction databases which identify and list individuals and parties who are prohibited from certain activities or industries. These types of checks enable **Us**, to Know Your Customer (KYC) in the fight to prevent money laundering, terrorist financing and financial crime.

Search, and Rescue Expenses

Expenses up to the limit in the schedule as a contribution to the search, and rescue costs where an Appropriate Authority has triggered a search for You, and where Your Approximate Location is both determined and activated either in response to Your actual or probable Serious Medical Condition or Accidental Bodily Injury, or to prevent it and that you have been reported missing for more than 24 hours.

Serious Medical Condition

A condition that in the opinion of our **Emergency Assistance Provider** and their **Medical Practitioner(s)** requires immediate emergency medical treatment to avoid certain **Death** or prevent serious impairment to health if not treated immediately and at a minimum for which overnight inpatient hospitalisation and treatment is required. As part of this opinion the **Emergency Assistance Provider** will determine if alternate onwards medical care either in your country of deployment or outside of your country of deployment is required to avoid certain **Death** or serious impairment to the insured person's health and if the facilities available locally are inadequate or not sufficient to meet the medical circumstances of the claim.

Schedule

The pages of this document showing Your name, the sums insured, the Period of Insurance, the Host Country/ies, and the sections of this insurance which apply.

Temporary Total Disablement

Disablement from an **Accident**, that **causes bodily injury** and occurring during the **Insured Journey** under an **Insurance Policy Period** of more than 6 months and which prevents **You** from attending to all aspects of your business or occupation.

Time Excess

Where expressed as time, no benefit will be payable for this initial period immediately following the event giving rise to the claim.

We / Us / Our

Opportuna Insurance PCC Limited - International Risks Cell, & its high hazard war & terrorism policy - product Hotspot Cover, and as licensed and regulated by the Guernsey Financial Services Commission.

You / Your / Policyholder

An Insured Person(s), the company(s), partnership(s) or unincorporated association(s) named in the Schedule as the Policyholder or category of persons who pay the premium for this insurance.

Your Broker or Affiliate

The insurance broker or affiliate or intermediary who in certain circumstances may have arranged this insurance on Your behalf and where You have not personally purchased a policy online.

SECTION 1 - PERSONAL ACCIDENT

This section only covers claims which fall within the definition of **Bodily Injury** and does not cover any claim caused or contributed to by illness or sickness.

WHAT IS COVERED IN SECTION 1

We will pay the benefit 1-8 shown in the **Schedule** of benefits if as a result of an **Insured Person(s)** suffers **Accidental Bodily Injury** whilst on an insured journey during the period of insurance.

1. Accidental Death.
2. Loss of one limb.
3. Loss of two or more limbs.
4. Loss of sight in one eye.
5. Loss of sight in both eyes.
6. Loss of sight in one eye and loss of one limb.
7. Permanent total disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s)).
8. Temporary Total Disability (TTD) – 14 day excess and maximum benefit period of 26 weeks
9. Post Traumatic Stress Disorder & Counselling – 14 day excess and benefit period of 20 weeks.

CONDITIONS APPLICABLE TO SECTION 1

1. Temporary Total Disability (TTD benefit 8) is only available if You have purchased a policy for a period of six months or more.
2. No Temporary Total Disability shall exceed 85% of the Insured Person's weekly wage or more than $1,000 USD a week whichever is the lesser.
3. Post Traumatic Disorder & Counselling (PTSD Benefit 9) is only available if You have purchased a policy for a period of six months or more.
4. PTSD (benefit 9) has a 14 day excess and a benefit period of 20 weeks
5. If during the Insurance Period and whilst on an Insured Journey, You directly witness an act of passive war or terrorism, and suffer a first incidence of PTSD in your lifetime that results in your inability to carry out your usual occupation within 6 months of the triggering event, and for which a Medical Practitioner also recommends trauma counselling, We will pay you $250 USD per week for a benefit period of 20 weeks from point of first-time PTSD diagnosis. There is no further liability following a PTSD diagnosis other than under this temporary limited payment period.

6. No TTD or PTSD will become payable until the total amount has been ascertained and agreed by the Emergency Assistance Provider.
7. Where any payment is made for TTD (Benefit 8) the amount paid will be deducted from any lump sum subsequently payable in respect of the same accident under Benefits 1 to 7 above.
8. If the benefit for Death is covered and an **Accident** results in **Your** Death within twelve (12) months following the date of the **Accident** and prior to the definite settlement of the benefit for disablement provided for under items 2 to 7 above, the only benefit payable will be item 1 above.
9. We will only pay out for one of the benefits listed in 1-7 above in conjunction with the same **Accident** caused **by actual bodily injury.**
10. Any benefit for **Permanent Total Disablement** (PTD Benefit 7) will not become payable before the expiry of twelve (12) months following the date of onset of disability arising from a **Bodily Injury**.
11. Any claim for Permanent Total Disablement (PTD Benefit 7) that is not caused by on linked to **accidental bodily injury.**
12. If the benefit for Death is covered, this benefit will also be payable in the event of Your disappearance. We will only provide this benefit if:

    a): Your body is not found within twelve (12) months of Your disappearance, and sufficient evidence is produced, that leads Us inevitably to the conclusion that You have sustained Bodily Injury and that such injury has caused Your Death; and

    b): The person or persons to whom such sum is paid will sign an undertaking to refund such sum to Us if You are subsequently found to be alive.

WHAT IS NOT COVERED IN SECTION 1

This insurance does not any claim for **Bodily Injury** directly or indirectly caused by:

1. Gradually operating cause or any naturally occurring condition or degenerative process.
2. Any Illness or sickness claim or triggers for Benefits 1 to 8.
3. Any claim occurring or triggered whilst outside of your **Policy Period, Host Country/ies**, or whilst in your **Country of Domicile.**
4. Any claim for **Permanent Total Disability** other than as a result of an **accidental bodily injury.**

SECTION 2 - EMERGENCY MEDICAL EXPENSES

WHAT IS COVERED IN SECTION 2

We will cover Medical Expenses solely and directly as a result of an **Accident** from **Bodily Injury** or **Illness** as the result of a **Serious Medical Condition** whilst on an **Insured Journey** or role during the **Period Of Insurance**.

The **Emergency Assistance Provider** will determine if the immediate local medical facilities in the country of deployment are adequate and suitable to meet the **Serious Medical Condition** and if any onward medical care at an alternate treating facility in or outside of your country of deployment is required to mitigate and further prevent the **Serious Medical Condition** or serious impairment to your health.

CONDITIONS APPLICABLE TO SECTION 2

You must as soon as reasonably possible contact the **Emergency Assistance Provider** if they require in-patient hospital treatment, emergency medical evacuation or repatriation and obtain their pre-approval for such in-patient hospital treatment, emergency medical evacuation or repatriation.

WHAT IS NOT COVERED UNDER SECTION 2

This insurance does not reimburse expenses:

1. For any medical expenses or inpatient hospitalisation that does not have the prior approval of Our **Emergency Assistance Provider**.
2. For rest cures, senatorial or custodial care or periods of quarantine or isolation.
3. Any elective healthcare costs that do not constitute an emergency or a **Serious Medical Condition** that can be treated locally.
4. At any time where the **Insured Person(s)** has received a terminal prognosis prior to the policy period of this insurance
5. If a medical practitioner has advised the **Insured Person(s)** not to travel (or would have done so had You sought his/her advice
6. Where the **Insured Person(s)** is travelling with the intention of obtaining medical or dental or consultation abroad.
7. For cosmetic or plastic surgery unless necessitated by **Bodily Injury** sustained during the period of insurance;
8. For dental examination, X-rays, extractions, fillings and general dental care; supplying or fitting of eye glasses or hearing aids; except as a result of **Bodily Injury** sustained during the period of insurance;
9. For general health examinations, physiotherapy, and examinations for check-up purposes not incidental to, or necessary to diagnose illness or **Bodily Injury**;
10. For any disability, condition or illness which originated prior to the effective date of this Insurance until a period of 365 days consecutive days has elapsed during which **You** have neither received nor required any treatment for the said disability, condition or illness;

11. Incurred more than 12 months after the date the first expense was incurred, or any continuing expenses incurred after the **Insured Person(s)** is fit to travel to their country of domicile;
12. For congenital defects and deformities of the **Insured Person(s).**
13. For any claims for COVID 19 that is first determined and/or contracted by the Insured Person(s) whilst being on a Cruise Ship voyage, yacht or boat trip, or any seagoing vessel.
14. Other than for **In-Country National(s)**, no claim will be forthcoming for an **Insured Person** once back in their **Country of Domicile**
15. All claims under this section will be secondary to any other international private medical Insurance or state, national, or C**ountry of Domicile** provisions. This will also be secondary to any provisions available under a **EHIC Card**, and or any reciprocal health agreements.
16. Any medical expenses for follow-up medical treatment back in your **Country of Domicile**
17. For any medical expenses overseas that are not determined as meeting a Serious Medical Condition as determined by the **Emergency Assistance Provider** or where you have failed to contact them.

SECTION 3 - Emergency Medical Evacuation & Repatriation Expenses (Including Additional)

WHAT IS COVERED IN SECTION 3

In the event of the **Insured Person(s)** sustaining **Bodily Injury** or illness whilst on an insured journey or role during the period of insurance which results in **You** suffering a **Serious Medical Condition** that cannot be treated adequate locally, **We** will arrange and pay for Your Emergency Medical evacuation or repatriation to **Your** country of domicile. This may also include the costs of a Medical Escort.

i) The weather conditions or a **Natural Disaster** are such that the rescue is triggered by an **Appropriate Authority** in order to prevent **accidental bodily injury** or the suffering of a **serious medical condition** by **You.**

CONDITIONS APPLICABLE TO SECTION 3

The **Insured Person(s)** or their Relative or designated person must as soon as reasonably possible contact the **Emergency Assistance Provider** if they require in-patient hospital treatment, **Emergency Medical Evacuation** or **Emergency Medical Repatriation** and obtain their pre-approval for such, **Emergency Medical Evacuation** or **Emergency Medical Repatriation** or Funeral, Additional Emergency Travel Expenses under A) B) or C) or D) below.

WHAT IS NOT COVERED IN SECTION 3

1. Any claim occurring or triggered whilst inside in your **Country of Domicile.**
2. Any claim unless first approved by our **Emergency Assistance Provider** or designated an emergency or **Serious Medical Condition.**
3. Any costs incurred following your decision not to remain in Your booked accommodation when official directives from local or national **appropriate authorities** or your **Emergency Assistance Provider** state that it is acceptable to do so.
4. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of travel services, or that have already been paid for or booked by You as part of your trip during the **insured journey.**
5. Any costs that are secondary to any other insurances or provisions under any national or state or authority provided bodies for search and rescue and provisions and expenses (for example Coastguard, Mountain Park, Rescue or State, Air Sea rescue).
6. Any Accommodation, travel expenses or additional costs incurred more than 7 days after the **Natural Disaster** has occurred under this section.
7. Any costs incurred following your decision not to remain in **Your** booked accommodation when official directives from the **Appropriate Authorities** state that it is acceptable to do so.
8. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.
9. Any expenses that have been or are about to be indemnified under any other insurance.
10. Where there is no imminent threat or actual result of **accidental bodily injury, serious medical condition** or death to **You** or that either directly affects the safety of You
11. Where Your approximate last or current location cannot be reasonably established.
12. Any costs for 'deep blue water' (more than 15kms from land and shore) rescue, search or response.
13. Any expense for extraction by helicopter or other transportation from a ship or offshore installation.
14. Any costs or claim as a result of **Piracy**

ADDITIONAL BENEFITS & EXPENSES COVERED UNDER SECTION 3 A)B)C) & D) BELOW:

Funeral Expenses, or Repatriation of Mortal remains

In the event of the Death period whilst on an insured journey during the policy period of an Insured Person(s) We will Indemnify Your estate up to the limit of your chosen benefit plan which is stated in your policy schedule, for the reasonable costs incurred of a funeral outside their country of domicile or the costs of transportation of their mortal remains (body or ashes) back to their Country of Domicile

Emergency Family Travel Expenses

We will indemnify the insured person up to a maximum of the limit of your chosen benefit plan which is stated in your policy schedule, for the reasonable and necessary additional costs of transport and accommodation in respect of one relative or friend who has to travel or remain or escort You home to their Country of Domicile.

Natural Disaster- Emergency Travel Expenses

We will indemnify You up to a maximum of the limit of your chosen benefit plan which is stated in your policy schedule, for the reasonable and necessary additional costs of transport and accommodation incurred by the Insured Person following a Natural Disaster in the Host County during the Insured Journey. Expenses can include reasonable out- of- pocket expenses that would otherwise not have been incurred by You following a Natural Disaster for unrecoverable items, Including but not limited to, travel change fees, additional accommodation expenses, assistance, transportation and food.

Search & Rescue Expenses.

We will contribute up to a maximum of the limit of your chosen benefit plan which is stated in your policy schedule, of the costs for the reasonable and necessary costs incurred under this benefit if

i) An **Appropriate Authority** has triggered a search for **You**
ii) **You** are reported missing for a period of more than 24 hours
iii) Your **Approximate Location** is known.
iv) You may have sustained or suffered **accidental bodily injury** or a **serious medical condition**

Transit Cover Extension

If you have chosen Transit Cover, which will be stated in your Policy Schedule, this policy is extended to include cover for incidental travel to or transit through other non–high-hazard country(ies) that form part of the Insured Person's journey to and/or from their main destination country. Cover under this extension is subject to the following conditions:

1. Duration: The total period of incidental travel covered shall not exceed seven (7) days in aggregate during the overall insured trip, including the outward or return leg of the journey.
2. Purpose: Such travel must be incidental to and undertaken in connection with the journey to or from the main destination country, and not constitute a separate trip or destination in its own right.
3. Eligible Countries: Cover applies only to travel through or to non–high-hazard countries, as defined by the Insurer at the time of travel.
   Scope of Cover: The same terms, conditions, limitations, and exclusions of this policy shall apply to the incidental travel period.
4. Exclusions: This extension does not provide cover for travel to, from, or through any country listed as high-hazard, sanctioned, or otherwise excluded under this policy.

CONDITIONS APPLICABLE TO SECTIONS 2 & 3 ONLY

1. The maximum We will pay under both section 2 and section 3 combined in respect of the same Accident or illness is the limit of your chosen benefit plan which is stated in your policy schedule
2. We will only cover medical evacuation and repatriation expenses if the **Medical Practitioner or Emergency Assistance Service Company**:
   - i. Estimates that the **Insured Person(s)** are likely to be totally disabled in excess of 4 consecutive weeks; and/or
   - ii. Certifies that the **Insured Person(s)** should be evacuated or repatriated
   - iii. because local facilities are inadequate for the treatment of their condition or their recovery will be substantially advanced.
   - iv. Certifies and have given prior approval as the **Emergency Assistance Provider** as to the most suitable need, requirements and methods to evacuate or repatriate to the nearest and most adequate medical facility.
   - v. That the claim is determined to be a medical emergency and as **Serious Medical Condition.**
   - vi. That the claim is determined to not have primary recourse to any other insurance or state medical or emergency evacuation provision such as under the **EHIC Card** or equivalent.

CONDITIONS APPLICABLE TO ALL SECTIONS 1,2, 3 & ADDITIONAL BENEFITS

ALTERATION OF RISK

Where there is a deliberate or reckless misrepresentation or non-disclosure of relevant information (such relevant information is including but not limited to where there has been any alteration to the Business and/or the occupation or pursuits of any **Insured Person(s)** after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, **Accident** , injury or illness or where **Insured Person(s)** interest ceases except:

- i. by will or operation of law the policy will be treated as void and of no effect from the date of such misrepresentation or non-disclosure and no return of premium will be allowed. Where such misrepresentation or non-disclosure is not deliberate or reckless but would have affected **Our** consideration of the risk, they may take the following actions with effect from the date of the misrepresentation or non-disclosure:
- ii. if they would not have provided insurance on any terms, they will treat the policy as void and of no effect and they will return the amount of any premiums paid from that date

iii. if they would have entered the contract but at an additional premium, they have the right to reduce any claim payment in proportion to the amount of the underpayment; and/or
iv. if they would have entered the contract but applied different terms, they have the right to amend the terms to those which would have been applied.

ASSIGNMENT

You may not assign the benefits under this Policy. **We** shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this Policy.

APPLICATION OF MINIMUM CLAIM VALUE

Any claim payment made under this Policy shall be subject to the Minimum Claim Value stated in the Policy Schedule. This threshold applies per Insured Person, per claim.

CONTRIBUTION

If at the time of an event giving rise to a claim there is any other insurance Policy in force which covers You or the **Insured Person(s)** for the same expense, loss or liability **We** will only pay a proportion of the claim being determined by reference to the cover provided by each of the relevant policies with the exception of Personal **Accident** benefits which will be payable in full.

FORCE MAJEURE

We shall not be liable for failure to provide Services and/or delays caused by natural disaster, strikes or other conditions beyond **Our** reasonable control, including but not limited to flight conditions or situations where the performance of this Policy is prohibited or delayed by local laws, regulations or regulatory agencies. **We** shall notify You immediately of any Force Majeure event. In the event of such Force Majeure lasting longer than 7 days **You** will have the right to cancel this Policy immediately and **We** shall return any premium paid by You less any amount for claims paid or due to be paid.

PREMIUM PAYMENT WARRANTY

You warrant that all premiums due to **Us** under this policy are paid within the terms agreed from the inception date. Non-receipt by **Us** of such premium, by midnight (local standard time) on the premium due date, shall render this policy void with effect from inception

REASONABLE PRECAUTIONS

You and the **Insured Person(s)** must take all reasonable precautions to avoid **Accident** , injury or illness to any person, or loss, destruction or damage to their property, and **You** and the **Insured Person(s)** must comply with all legal requirements and safety regulations and conduct the Business in a lawful manner. If in relation to any claim **You** or the **Insured Person(s)** have failed to fulfil any of these conditions, they will lose the right to indemnity or payment for that claim.

RECOVERY FROM THIRD PARTIES

In the event that a third party is held liable for all or part of any claim paid under this Policy **We** may exercise their legal right to pursue the third party to recover their outlay. **You** or the Insured Person(s) will upon **Our** request agree to and permit them to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **We** will pay the costs and expenses involved in exercising the right against third parties.

WHAT IS NOT COVERED UNDER SECTIONS 1, 2, 3 & ADDITIONAL BENEFITS

This insurance does not cover claims in any way caused or contributed to by:

1. Active participation by the **Insured Person(s)** in terrorism or terrorist activity, war, whether war be declared or not invasion, hostilities (whether war be declared or not) terrorist activity, civil war, rebellion, riot, insurrection, revolution, insurrection, overthrow of legally constituted government, riot, civil commotion or uprising.
2. The actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s), committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear.
3. Nuclear reaction, nuclear radiation or radioactive contamination.
4. The **Insured Person(s)** engaging in service in the armed forces or police of any nation, including taking part in operations, exercises or training.
5. The **Insured Person(s)** engaging in flying of any kind other than as a passenger.
6. The **Insured Person(s)'** suicide or attempted suicide or intentional self-injury.

7. The **Insured Person(s)** deliberately exposing themselves to exceptional danger (except in an attempt to save human life).
8. The **Insured Person(s)** engaging in the commission of, or the attempt to commit, an unlawful or criminal act.
9. The **Insured Person(s)** being intoxicated by alcohol or drugs.
10. The **Insured Person(s)** participating in an activity or pursuit (other than flying as a passenger) at an altitude of 5,895m/19,340ft or more above sea level.
11. The **Insured Person(s)** participating in any of the following winter sports:
    a) Free-style skiing, ski jumping, ice hockey, use of bobsleighs or skeletons, repetitive travel in ski run helicopters or any winter sports competition.
    b) Off-piste skiing, unless the Insured Person(s) are accompanied by a suitably experienced guide.
12. **The Insured Person(s)** participating in any of the following scuba diving activities:
    a) Any unaccompanied dive, any dive involving visits to wrecks or caves, any dive for gain or reward, or any dive below 30 metres.
    b) Any other scuba diving activities, unless the **Insured Person(s):**
        i) hold the British Sub Aqua Club “Sports Diver” certificate or the Professional Association of Diving Instructors “Open Water” certificate and follow the relevant Club or Association rules and guidelines at all times; or
        ii) dive under the constant supervision of a properly licensed diving school and follow their rules and instructions at all times.
13. **The Insured Person(s)** participating in any of the following hazardous activities:
    a) Potholing or caving.
    b) Hang-gliding, parachuting, parascending, paragliding, bungee jumping or any other aerial activities (other than flying as a passenger).
    c) Mountaineering or rock-climbing for which the **Insured Person(s)** would normally need to use ropes or guides.
    d) White-water rafting.
    e) Any kind of race or endurance test.
    f) Any other activity which is known to carry an increased risk of personal injury.

14. Any Sexually Transmitted Infection (whether the Sexually Transmitted Infection is acquired sexually or otherwise), unless such Sexually Transmitted Infection was declared to us as a pre-existing condition and accepted by us in writing.
15. Any diagnosed mental health condition, including but not limited to stress, anxiety, fatigue, emotional or behavioural disorders, or any similar condition, unless such condition was declared to **Us** as a pre-existing condition and accepted by **Us** in writing.
16. Any chronic pain condition (including but not limited to fibromyalgia or Complex Regional Pain Syndrome), unless such condition was declared to **Us** as a pre-existing condition and accepted by us in writing.
17. Any pre-existing medical condition (other than pregnancy) for which the **Insured Person(s)** sought or received medical advice, diagnosis or treatment, or should reasonably have sought such advice, diagnosis or treatment, in the 12 months before the start of this insurance, unless such condition was declared to and accepted by **Us** in writing.

In addition, this insurance does not cover:

1. Any benefit or any portion of any benefit for disablement arising from the interaction between **Bodily Injury** and another medical condition.
2. Any claim occurring or triggered within the **Country of Domicile.**
3. Any specific matter, material fact or circumstance which would lead to an insured event which **You** at inception of this policy had prior knowledge of or had received information of, unless such matter, material fact or circumstance was declared to and accepted by Us in writing.
4. Any losses incurred by You that have been increased by Your failure to follow the advice of Our Emergency Assistance Provider.
5. Any Insured Person(s) aged 76 or above, unless declared to and accepted by **Us** in writing.