



## Travel Insurance Policy Schedule

(Annual)

Issued **6/4/2015**

This schedule forms part of the Policy. Read it in conjunction with the Travel Insurance Policy and Proposal Confirmation, keep them in a safe place.

|   |   |                               |
|---|---|-------------------------------|
| <b>POLICY NUMBER</b>  | <b>17175861</b>   |                               |
| <b>POLICY HOLDER</b>  | <b>Mr P E Lisewski</b><br>40 Gledstanes Road<br>London<br>W14 9HU<br>Date of Birth: <b>04/07/67</b>           | Phone details:<br>07931556236 |
| <b>PREMIUM</b> (including Insurance Premium Tax where applicable)   | <b>£175.13</b>  |                               |
| <b>INSURED PERSON(S)</b>  | <b>Mr P Lisewski</b><br>No Medical Condition Disclosed  |                               |
| <b>Miss S Antczak</b><br>No Medical Condition Disclosed   |   |                               |
| <b>Miss S Lisewski</b><br>No Medical Condition Disclosed  |   |                               |
| If we have declined to cover a medical condition for any insured person(s), this policy will not cover any claim directly or indirectly linked to the declined condition. This applies to all insured persons named on the policy schedule and for all sections of cover. |   |                               |
| <b>GEOGRAPHICAL REGION</b>  | <b>EUROPE</b><br>(This includes the Azores, the Canary Islands and countries bordering the Mediterranean Sea) |                               |
| <b>PERIOD OF INSURANCE</b>  | Start Date : <b>12/04/2015</b>  | End Date : <b>11/04/2016</b>  |
| 42 days in any one journey<br>120 days in any period of insurance, including 22 days Winter Sports in any period of insurance   |   |                               |

### IMPORTANT

Please check that this Policy meets your needs. It is based on the most up to date information provided by you. You must take care to provide us with accurate information and you should notify us immediately if anything is incorrect or if you are unsure about any details. Providing inaccurate information could adversely affect your Policy, including invalidating your Policy and causing claims to be rejected or not fully paid. You can call us on our Customer Help Line to advise us of any inaccuracies. Should any of the information contained in this Proposal Confirmation and your Policy Schedule change during the period of insurance you should notify us immediately.

Please ensure that all insured persons have sight of the Policy Schedule and the Proposal Confirmation to ensure their details are correct and all pre-existing medical conditions have been disclosed to us.

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**COVER**

Please refer to your policy booklet for policy excesses, terms and conditions and maximum cover limits per section.

Some sections of cover are optional and only apply if you have paid the additional premium that applies.

**Section**

**A - Personal Belongings**

**B - Delayed Personal Possessions**

**C - Personal Money**

**D - Emergency Medical and Travel Expenses Abroad**

**E - Emergency Medical Expenses in the UK**

**F - Cancellation of a Journey**

**G - Cutting Short a Journey**

**H - Personal Accident**

**I - Personal Liability**

**J - Delayed or Missed Departure**

**K - If You Lose Your Passport**

**L - Legal Assistance**

**M - Winter Sports Cover**

**N - Disaster Cover**

**O - Travel, Accommodation and Other End Supplier Failure Cover**