

POLICY WORDING



**Emergency Medical,
Evacuation &
Personal Accident
Insurance**

H  **tspotCover**
.com

BENEFIT TABLE

Coverage

Policy Limit

MEDICAL EXPENSES & EVACUATION	
- Medical Expenses	USD 500,000
- Medical Evacuation & Repatriation Expenses	
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- Search & Rescue	USD 25,000
- Funeral & Repatriation of Mortal Remains	
- Emergency Travel Expenses (Accompanying Relative)	
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PERSONAL ACCIDENT & MEDICAL EXPENSES & EVACUATION	
- Accidental Death	USD 250,000
- Permanent Total Disablement	
- Loss of One or More Limb/s, Eye or Eyes	
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TEMPORARY TOTAL DISABLEMENT (TTD)* PTSD FROM TERRORISM 50% OF TTD	Max USD 250 per week max benefit period 26 weeks and 14 day waiting period
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MAX LIMIT PER PERSON PER EVENT	USD 1,000,000
MAX LIMIT PER GROUP (2-20 PERSONS) PER EVENT	USD 15,000,000

* Cover only provided for trips of 6 months or longer.

Optional Coverage

SECURITY EVACUATION, CRISIS & KIDNAP RANSOM SECTIONS	
- Political and Natural Disaster Evacuation & Response	USD 250,000 per event
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- Catastrophe Inconvenience	USD 5,000
- Search & Rescue	USD 25,000
- Terrorist Disruption Benefit	USD 3,000
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- Kidnap & Ransom Lump Sum Benefit	USD 250,000 overall
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MAX LIMIT PER GROUP (2-20 PERSONS) PER EVENT	USD 10,000,000

CLAIMS

For Emergency Claims

call our 24/7 assistance line on +44(0) 207 183 8927 and quote "HOTSPOT" to the operator or email ops@northcottglobalsolutions.com

For Non-Emergency Claims

that do not need an immediate, emergency response, the easiest way is to email HOTSPOTclaims@advent.claims

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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, **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 practicable.

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 that **we** can no longer provide **you** with insurance cover;
- non-cooperation or failure to supply any information or documentation **we** request; or
- threatening or abusive behavior or the use of threatening or abusive language.

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.

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 Exclusions

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 **you** should refer your complaint to:

STEP 1

Email: complaints@hotspotcover.com

The relevant party will contact **you** within five 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
Isosceles PCC Limited - Cell Hotspot 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.

Assistance Services

In the event of the **insured person** requiring Assistance for Security or a

Medical Emergency overseas please contact **our emergency assistance company** – Northcott Global Solutions

Security Assistance

Our emergency assistance company provides emergency assistance in respect of

- Security Evacuation Section
- Kidnap and Ransom Section

Assistance and support are given through

- In house expert crisis management and response consultants.
- In house security analysts.
- A network of response teams and security professional throughout the world.
- In country assistance and deployable resources in support and response to an emergency.
- Dedicated Kidnap and Ransom response teams.

Medical Assistance

Our emergency assistance company is operated by a specialist assistance provider who will advise on and where appropriate arrange all medical treatment, medical evacuation or repatriation, travel and accommodation.

Our emergency assistance company has experienced multi-lingual staff that will:

- Take charge of enquiries 24 hours a day 365 days a year and where necessary contact hospitals and guarantee any necessary fees and costs for treatment.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views

on the possibility of arranging Repatriation and the best method of transportation to be adopted.

- Provided medical treatment, travel or accommodation has been approved by them **we** will pay all associated costs incurred on behalf of the **insured person** for the following:
- Making arrangements for the **insured person** to travel home and where necessary ensure they are escorted by a medical attendant.
- Ensure assistance is provided upon arrival in the **insured persons country of domicile** following a Medical Repatriation.
- Making arrangements for the outward and return journeys for the next of kin or another nominated person to visit a sick or injured **insured person**.
- Assist in locating and sending drugs if not available locally.
- Provide advice on minor ailments.

IMPORTANT:

With this insurance policy the **insured person** has access to the NGS One Tap App.



PLEASE NOTE that emergency assistance company will be responsible for all decisions as to the most suitable, practical and reasonable solution to the insured event and including inpatient hospitalisation, evacuation and repatriation, all assistance and crisis response. Failure to reasonably consult with them and to act in accordance with their instructions could prejudice any claim under this section.

The app, at a touch of a button, sends all information from the insured's

phone to the NGS 24/7/365 Operations Room, along with the GPS location of the device at that time.

The app is designed to speed up transfer of information to NGS Ops, whilst providing generic advice for the following; security, localized incidents and large-scale incidents.

To download the app, [click here](#) or please type **Northcott Global Solutions** into the search bar of the App Store or Google Play and download the NGS One Tap app. Follow the instructions to download the app onto **insured person** device. On an Android press accept to allow NGS to access to the information displayed on **insured person** screen. When filling out the details please make sure **insured person** email address and insurance number is correct. Once the **insured person** has completed the details stage press 'Activate APP' **insured person** will have to wait for NGS to manually approve **insured person**. Once approved by NGS, the **insured person** will be emailed an activation code to enter into the device. The **insured person** will be granted access once they hit 'Activate APP'.

Please ask for a step-by-step guide for more information.

Any queries contact InsExec@northcottglobalsolutions.com

If the app is pressed without an accompanying phone call to NGS Ops, NGS is not required to contact the holder of the app. It is for the **insured person** to officially inform NGS of a request for assistance by a phone call or email.

A request for NGS assistance using the app is to be communicated verbally in line with their insurance instruction through the initial phone call that automatically opens up when the app is triggered.

For the avoidance of doubt, the purpose of the app is for information transfer only and not for triggering any kind of emergency response. This information consists of the information that the app holder entered into the device on setup.

For the call to go through successfully, the device will need a signal. The email specifying the GPS coordinate requires data coverage in the **insured person** area. Data on the **insured person** device will also need to be switched on. There is an option to manually switch to SMS should the **insured person** not have data coverage, or the **insured person** device is not data enabled; the **insured person** will need GSM coverage

CLAIMS INFORMATION

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 **insured person** requiring in-patient hospitalisation, **Emergency Medical Evacuation** or **Repatriation**, Security Evacuation, Crisis Response or a claim for Kidnap and Ransom, they must contact **our** Emergency Assistance Company.
2. For all other claims **you must** as soon as practicable and in any event no later than 60 days from date of incident contact **our** Emergency Assistance Company.
3. In the event of a claim for Personal Accident or Illness under this

insurance, the **insured person** must as soon as practicable seek the attention of a duly **qualified medical practitioner**.

4. The **insured person** must provide **our** Emergency Assistance Company 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** must provide **our emergency assistance company** 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 in-patient hospitalisation, **Emergency Medical, Evacuation or Repatriation, Security Evacuation or Kidnap and Ransom** please contact **our emergency assistance company** on

Tel: +44 (0)207 183 8927 (press 1 for 24/7 emergency assistance)
24/7 NGS Assistance Email: ops@northcottglobalsolutions.com

Our emergency assistance company will require the following details:

- The **insured person's** name and also identifier reference "HOTSPOT"
- Date of Loss
- Country of loss
- Country of Residence

- The **insured person's** location
- The **insured person's** details (including passport/visa etc).
- The Policy number
- Policy Inception/Expiry Date
- Policy holder's name (if different to **insured person's** name)
- The name and phone number of the doctor and hospital treating the **insured person** (if applicable)
- Any additional people that should be updated throughout the case
- Nature of the incident
- The desired end state (what **you** want NGS to do)
- Any other pertinent information on the incident that may affect our **emergency assistance company's** response (e.g. security situation)

For all other claims please contact **our emergency assistance company** on:
Tel: +44 (0)207 183 8927 (press 2 for non-emergency assistance)
Non-Emergency Claims Email: ngsclaims@advent.claims

How We deal with your claim

When **you** notify **our emergency assistance company** of a claim, they will send **you** a claim form which **you** are required to complete and return to them.

Emergency Assistance Company will require the following details:

- The **insured person's** name and also identifier reference "HOTSPOT"
- The Policy Number
- **Insured person's** contact details
- Nature of claim e.g. **temporary total disablement** claim or loss of baggage claim
- Date of Loss
- Amount claimed

- Country of loss
- Policy Inception/Expiry Date (if available)
- Policy holder's (**insured**) name (if different to **insured person's** name)
- The name and phone number of the doctor and hospital treating the **insured person** (if applicable)

Once **your** claim is accepted, **we** will pay **you** the amount stated in the relevant section of the **schedule**.

Failure to contact Emergency Assistance Company 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 Company.

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**.

Benefit period

the number of consecutive weeks set out in the schedule for which temporary total disablement benefit is paid.

Bodily injury

identifiable physical injury which is caused by an **accident**, and solely and independently of any other cause (except sickness 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**

Elimination period

the number of consecutive days set out in the schedule after the date on which you first became disabled which must expire before temporary total disablement benefit becomes payable.

Emergency Assistance Company

The company Northcott Global Solutions who will approve all inpatient hospitalisations, arrange and pay for Emergency Medical or Security Evacuations, Repatriations or, Kidnap and Ransom incidents and settle all claims.

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 outside the insured persons country of domicile, 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.

Ill/illness

Means the **insured persons** sickness or disease contracted whilst on an **insured journey** during the **policy period** which results in them requiring medical treatment.

Insured journey

Whilst the **insured person** is on a trip outside their **country of domicile** (not

exceeding 12 months in duration) which begins during the policy period of and commences from the time the **insured person** leaves the departure point from their country of domicile and continues during the entire period of the insured journey and terminating at the time of returning to their arrival point at their **country of domicile**.

Insured Persons

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-bial 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 3 feet that which they should normally be able to see at 60 feet and Underwriters are satisfied that the condition is permanent and without expectation of recovery.

Medical Evacuation

The cost of transporting the **insured person** by air and/or surface transportation. If the **insured persons** medical condition warrants immediate transportation (due to inadequate medical facilities) by **our** Emergency Assistance Company 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.

Medical Repatriation

With the prior approval of our emergency assistance provider and the insured persons treating medical practitioner the return of the insured person to their country of domicile by normal scheduled airlines or by an air ambulance or suitable means of transport.

Medical expenses

Reasonable and necessary emergency medical, surgical, hospital and nursing home charges or emergency dental (for the relief of pain and suffering) fees, incurred outside the **insured persons country of domicile**, including the cost of rescue services to take the **insured person** to **hospital**.

Medical practitioner

a registered, qualified, practicing member of the medical profession, who is not related to you.

Paralysis

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

Period of insurance

the time for which this insurance is in place as shown in the schedule.

Permanent total disablement

Permanent disablement wholly preventing the **insured person** from engaging in or giving attention to their usual occupation 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 Accident, and in all probability shall continue for the remainder of the **insured person's** life.

Serious Medical Condition

A medical condition that in the opinion of our emergency assistance company physician requires immediate emergency medical treatment to avoid certain death or serious impairment to the insured person's health and such emergency medical treatment is not available or is not adequate in the insured person's host country to avoid death or serious impairment of health.

Schedule

the pages of this document showing your name, the sums insured, the period of insurance and the sections of this insurance which apply.

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).

Temporary total disablement

Disablement from accident which prevents **you** from attending to all aspects of your business or occupation.

War and Terrorism

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

We / Us / our

Isosceles PCC Limited - Cell Hotspot, PO Box 155 Mill Court La Charroterie St Peter Port GUERNSEY GY1 4ET. Isosceles PCC Limited is a Protected Cell Company licensed in the Bailiwick of Guernsey (registration number 46593). Share capital in Cell Hotspot is 100% subscribed to Hotspot Cover DAC; a Designated Account Company registered in Ireland (registration number 632153) authorised and regulated under part 16 of the Companies Act 2014.

You / your / Policyholder

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

the insurance broker or intermediary who arranged this insurance on **your** behalf.

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**.

What is covered

We will pay the benefit shown in the schedule of benefits if as a result of an **insured person** suffers **bodily injury** whilst on an **insured journey** during the **period of insurance**.

1. 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 disablement.

Post-Traumatic Stress Disorder - Terrorism

If during the **period of insurance** and whilst on an **insured journey** the **insured person** directly witnesses an **act of terrorism**, without sustaining **accidental bodily injury** and suffers Post Traumatic Stress Disorder resulting in their **temporary total disablement** within 6 months of the event **we** will pay them 50% of the Temporary total disable benefit (TTD benefit 8) they are entitled to per week whichever is the lesser for up to a maximum of 26 weeks.

Conditions applicable to Section 1

9. Temporary total disable benefit (TTD benefit 8), is only available for policy period greater than 6 months in length.
10. No temporary total disablement benefit (TTD benefit 8), will become payable until the total amount has been ascertained and agreed.

11. Where any payment is made for temporary total disablement benefit (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.
12. No temporary total disablement benefit (TTD benefit 8) shall exceed 100% of the insured persons weekly wage.
13. If the benefit for death is not covered and an accident results in your death within twelve (12) months following the date of the accident, then no claim will be payable, other than for temporary total disablement for any applicable period prior to death.
14. 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.
15. **We** will only pay out for one of the benefits listed in 1-7 above in conjunction with the same accident
16. 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.
17. 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

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.

SECTION 2: Medical Expenses

What is covered

We will cover medical expenses solely and directly as a result of the **insured person** sustaining **bodily injury** or **illness** whilst on an **insured journey** during the **period of insurance**.

Conditions applicable Section 2

You must as soon as reasonably possible contact the **emergency assistance company** 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

This insurance does not reimburse expenses:

1. For inpatient hospitalization that does not have the prior approval of our **emergency assistance company**.
2. For rest cures, sanatorial or custodial care or periods of quarantine or isolation.
3. At any time where the **insured person** has received a terminal prognosis prior to the policy period of this insurance.
4. If a **medical practitioner** has advised the **insured person** not to travel (or would have done so had **you** sought his/her advice.

5. Where the **insured person** is travelling with the intention of obtaining medical or dental or consultation abroad.
6. For cosmetic or plastic surgery unless necessitated by **bodily injury** sustained during the period of insurance;
7. 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;
8. For general health examinations, and examinations for check-up purposes not incidental to, or necessary to diagnose **illness** or **bodily injury**;
9. 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**;
10. For pregnancy, childbirth, miscarriage or any disorder of the reproductive system;
11. Incurred in your country of domicile;
12. Incurred more than 12 months after the date the first expense was incurred, or any continuing expenses incurred after the **insured person** is fit to travel to their **country of domicile**;
13. For congenital defects and deformities of the **insured person**.

SECTION 3: Medical evacuation & repatriation expenses

What is covered

In the event of the **insured person** sustaining **bodily injury** or **illness** whilst

on an **insured journey** during the **period of insurance** which results in them suffering a **serious medical condition** we will arrange and pay for **medical evacuation** or **repatriation** to your **country of domicile**.

Conditions applicable to Section 3

The insured person must as soon as reasonably possible contact the **emergency assistance company** if they require in-patient hospital treatment, **emergency medical evacuation** or **repatriation** and obtain their pre-approval for such, **emergency medical evacuation** or **repatriation**.

ADDITIONAL BENEFITS

Emergency Travel Expenses

We will indemnify the **insured person** up to a maximum of USD 25,000 for the reasonable and necessary additional costs of transport and accommodation incurred in respect of one **relative** or friend who has to travel to remain with or escort them home to their **country of domicile**.

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** we will indemnify their estate up to a maximum of USD 25,000 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**.

Conditions applicable to Sections 2 and 3

1. The maximum **we** will pay under both section 2 and section 3 combined in respect of the same **accident** or **illness** is USD 500,000.
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** are likely to be totally disabled in excess of 4 consecutive weeks; and/or
- ii. certifies that the **insured person** should be evacuated or repatriated because local facilities are inadequate for the treatment of their condition or their recovery will be substantially advanced.
- iii. Certifies and have given prior approval as the emergency assistance company as to the most suitable need, requirements and methods to evacuate or repatriate.
- iv. Declares that in respect of Search and Rescue Expenses Extension it is determined to be a ship to shore and/ or a deep water operation and evacuation and is therefore excluded.

What is NOT covered applicable to Sections 1, 2 and 3

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

1. Active participation in terrorism or war, whether war be declared or not, or active participation in hostilities of any act of war or terrorist activity, civil war; rebellion, riot, rebellion, insurrection, revolution, overthrow of legally constituted government, civil war, civil commotion or uprising, or explosions of war weapons.
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** engaging in or taking part in armed forces service or operations;
5. The **insured person** engaging in flying of any kind other than as a passenger;
6. The **insured persons** suicide or attempted suicide or intentional self-injury;
7. Venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
8. The **insured person** deliberate exposure to exceptional danger (except in an attempt to save human life);
9. The **insured person** a criminal act.
10. The **insured person** being intoxicated by alcohol or drugs;
11. Neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or any other mental or emotional diseases or disorders of any type;
12. A chronic pain syndrome including but not limited to Chronic or Complex Regional Pain Syndrome, or fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding the joints, fatigue and tenderness at specific sites in the body);
13. Any condition whether diagnosed or not, for which the **insured person** has sought advice, diagnosis, treatment or counselling or of which they were ware or should have been aware at inception of this insurance or for which they have been treated at any time during the 12 months prior to the inception of this insurance;
14. Hazardous pursuits - any **bodily injury** of an **insured person** sustained while taking part in:
 - a) the following winter sports: free-style skiing, ski jumping, ice hockey, use of bobsleighs or skeletons, repetitive travel in ski run helicopters or any competition. Off piste skiing is only covered if the insured person is accompanied by a suitably experienced guide;
 - b) the following scuba diving activities: any unaccompanied dive, any dive involving visits to wrecks or caves, any dive for gain or reward, or any dive below 30 metres. Any other scuba diving activities are only covered if the insured person:

- i. holds the British Sub Aqua Club "Sports Diver" certificate or the Professional Association of Diving Instructors "Open Water" certificate and follows the relevant Club or Association rules and guidelines at all times; or
 - ii. dives under the constant supervision of a properly licensed diving school and follows their rules and instructions at all times;
 - c) potholing, caving, hang-gliding, parachuting, parascending, paragliding, mountaineering or rock-climbing for which the insured person would normally need to use ropes or guides, bungee jumping, white-water rafting, any kind of race, endurance test or any other activity which is known to carry an increased risk of personal injury;
 - d) armed forces activities including operations, exercises or training;
 - e) flying as a pilot or any other aerial activities other than
 - i. flying as a pilot in light aircraft; or
 - ii. travel by air as a passenger.
15. Any claims arising from or arising in the **insured persons country of domicile**.
16. This insurance will NOT pay a benefit or any portion of a benefit for disablement arising from the interaction between **bodily injury** and another medical condition.

SECTION 4: Crisis Response

DEFINITIONS

Act of terrorism

An act of terrorism means an activity that:

1. is committed for political, religious, ideological or similar purposes and involves a violent act; or the unlawful use of force or an unlawful act dangerous to human life or tangible property; and

2. is carried out by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s); and
3. is intended to:
 - a. intimidate or coerce a civilian population; or
 - b. disrupt any segment of the economy of a government, state or country; or
 - c. overthrow, influence, or affect the conduct of any government de jure or de facto by intimidation or coercion; or
 - d. affect the conduct of a government by mass destruction, assassination, kidnapping or hostage taking; and
4. has caused **bodily injury** or death to or directly affects the safety of an insured person.

Additional Expenses

The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

Hibernation

The costs of security and relocation if an **insured event** has occurred and at the sole discretion of the **emergency assistance company** the insured person may remain in the their **country of residence**, in either their current location or relocate to a site chosen by the **emergency assistance company** up to a period of 14 days from the time the **insured event** first occurs.

Insured Event

1. The **appropriate authority** issues a travel advice for a particular country or region where the **insured person** is on an **insured journey** during the **policy period** recommending that certain categories of person which includes the **insured person** should leave that country or region. - or if whilst the **insured person** is on an **insured journey** -

2. The recognised Government in their **host country**:
 - a) Declares a state of emergency necessitating immediate evacuation; or
 - b) Formally recommends or instructs that the **insured person** should leave that country or region for safety; or
 - c) Seizes, confiscates or expropriates **you** or the **insured person's** property, plant or equipment; or
 - d) Expels **you** or **insured person** or declares them "persona non grata"; or
 - e) Withdraws all scheduled international commercial flights for a period in excess of 24 hours as a result of political or military action intervention which has a direct impact on the **insured persons** safety and prevents them leaving the country.
3. **Natural disaster** within their **host country** which puts the **insured person** in a **life-threatening** situation.
4. The Political threat or military events or the **act of terrorism** in the country the **insured person** is staying puts them in a **life-threatening** situation.

Natural Disaster

means an event of 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 and that the event occurs after **you** have entered the country affected by the incident and during the period of your insurance. In no event shall a natural disaster be deemed to apply to a marine vessel, ship or watercraft of any kind. A natural disaster must also have caused **bodily injury** or death to or directly affects the safety of you as an **insured person**.

Political threat

Political and/or military events that expose an insured person to clear and imminent danger of physical harm.

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.

What is covered

We will arrange and pay for the **evacuation or repatriation of an insured person** or for the **hibernation expenses or other cost and expenses** incurred by them as a result of an **insured event** whilst on an **insured journey** during the **policy period**.

The maximum amount **we** will pay under this section annually for all **insured person's** during the **policy period** is:

1. **USD 250,000** for **evacuation** and **repatriation** costs in the aggregate.
2. **USD 500** per **insured person** per day for a maximum of 30 days for Additional Expenses.

Catastrophe Inconvenience Cover

We will reimburse **you** up to **USD 5,000** if whilst on an **insured journey the insured person** is forced to move from your pre-booked accommodation as a result of any event caused by natural phenomenon including fire, earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption, local government directive or an **act of terrorism** which is confirmed in writing by local or national authority for irrecoverable accommodation costs necessarily incurred for the **insured person** to continue with the **insured journey**.

What is not covered:

We will not pay any expense arising directly or indirectly from:

- a. Any costs incurred following your decision not to remain in their booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
- b. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.
- c. If any expenses have been or about to be indemnified under any other insurance policy.

Search and Rescue Expenses Extension

We will indemnify **you** for up to a maximum of USD 25,000 in the aggregate annually for all insured persons for the reasonable and necessary costs incurred in searching for the **insured person** and bringing them to a place of safety if during the **policy period** and the course of an insured journey whilst outside the country of domicile the insured person is either (1) reported missing and it is known or reported that the **insured person** may have sustained accidental bodily injury or suffered **accidental bodily injury** or **illness**, or (2) the weather conditions are such that in order to prevent **accidental bodily injury** or the suffering of **illness** the police or rescue authorities instigate a search and rescue for the **insured person**. Such necessary costs are strictly secondary to any national or state authority expenses (for example Coastguard, Mountain Rescue or State air/sea rescue/search) provided for search and rescue. This excludes ship to shore and deep water search and rescue and/or evacuation.

Terrorist Disruption Benefit

In the event of the **insured person** having to delay their planned outward journey or return journey to their **home country** due to an **act of terrorism**

which closes either their departure or arrival point, **we** will indemnify **you** up to USD 3,000 for the additional cost **you** incur, that are not recoverable from any other source, for **you** to make alternative arrangements to reach **your** planned **trip** destination.

Conditions applicable to Section 4

1. **Connected events** If it is evident that insured events are or were carried out in furtherance one of another, they shall be deemed to be connected and constitute a single insured event.
2. The **emergency assistance company** must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the **emergency assistance company** is not contacted immediately **our** liability to pay any subsequent claim under this section will cease.
3. The **insured person** must provide us and **our emergency assistance company** with all assistance and information requested in a timely manner.
4. The **insured person**. The **insured person** must follow the advice of **our emergency assistance company**.
5. Where **you** or an **insured person** is entitled to any refund on unused tickets or returnable deposits or advanced payments, **we** will be entitled to deduct these from the value of any claim.

What is not covered

1. Any evacuation or repatriation costs that do not have the prior approval of **our emergency assistance company**.
2. Any fraudulent, or criminal act of **you** or an **insured person** whether acting alone or in collusion with others.
3. Losses incurred by you or the **insured person** if you or **insured person** fail to follow the advice of **our emergency assistance company**.

4. **You** or the **insured persons** failure to reasonably prove that there is any threat to the **insured persons** safety.
5. The **insured person** taking part in any political activity or operations of any security or armed forces unless declared to and agreed by **us**.
6. **You** or the **insured persons** violation of the laws of the **host country** by **you** or the **insured person**.
7. **You** or the **insured persons** failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation for the country where they are on Secondment or visiting on an Insured Journey.
8. Accommodation, **evacuation** expenses or **hibernation** costs incurred more than 30 days after the **insured event**.
9. Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
10. **You** or the **insured person** failure to honour any contractual obligation bond or specific performance condition in a license.
11. The **insured person** being in their own **country of domicile** or country in which they hold a valid passport.

SECTION 5: Kidnap & Ransom Reimbursement

This extension is subject to the definitions, conditions and exclusions of the crisis response insurance policy wording in section 4 and to the particular exclusions, terms and conditions appearing below.

Insured Losses

We will indemnify the assured up to USD 250,000 in respect of the following

insured losses occurring during the period of insurance, subject to the following terms, conditions, exclusions and definitions:

1. Underwriters shall be liable in the event of a kidnap in respect of ransom only.

DEFINITIONS

Extortion

The making of illegal threats directly to an **insured person** to:

1. kill, injure or abduct an insured person; or
2. disseminate, divulge or use confidential information, which is not electronically held by persons who then demand a ransom from an **insured person** as a condition of not carrying out such threats.

Hijack

The illegal holding under duress for a period in excess of six consecutive hours of an insured person whilst travelling on any airplane, vehicle or Watercraft.

Kidnap/kidnapped

The illegal actual or alleged taking, in the territory specified in the schedule, and holding captive of an **insured person** by persons who then demand specifically from assets of an **insured person** a ransom as a condition of their release.

Ransom

Cash and/or marketable goods, property, monetary instruments or securities surrendered by an insured person or on their behalf to meet a kidnap, extortion or hijack demand.

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.

Wrongful detention

The holding under duress of an **insured person** for whatever reason, irrespective of whether such holding under duress is by legal governmental authorities in the place of custody or by others. If held by legal government authorities the detention must be the result of malicious and false accusations against the **insured person** of a criminal offence made solely and directly to achieve a political, propaganda, or coercive effect upon or at the expense of the **insured person** or the country of which they are a national.

Conditions applicable to Section 5

1. In the event of the **insured person being kidnapped** and held for **ransom or hostage** or **detained** or any such attempt being made **you** must as soon as reasonably possible contact **our emergency assistance company** and, in any event, no later than 60 days after the event.
2. **You** and **the insured person** must allow **our emergency assistance company** to take over and control all negotiations on **your** behalf and no offer, promise or payment shall be made without **our** consent
3. **You** or **insured person** family must not make or attempt to make any arrangements for the payment of the **ransom** without the agreement of **our emergency assistance company**.
4. **You** and **insured person** where reasonably practical must provide **our emergency assistance company** all assistance and information requested in a timely manner.
5. Before requesting a payment of a **ransom**, **you** must make every

reasonable effort to determine that the **insured event** has actually occurred and is not a hoax.

6. When requesting the reimbursement of a **ransom** **you** must be able to demonstrate that such ransom was paid under duress.
7. **You** must allow **us** to inform the appropriate authorities responsible for law enforcement in the country where an **insured event** has occurred of the **ransom** demand as soon as is practicable having regard to the personal safety of the victim

What is not covered

1. Payment of any **ransom** monies which is contrary to the law of **your country of domicile** of the country where the insured kidnap occurred.
2. The payment of any **ransom monies** or **consultant fees** that does not have the prior approval of **our emergency assistance company**.
3. The Fraudulent dishonest or criminal acts of **you**, the **insured person** or any person authorised by **you** to have custody of the **ransom monies**.
4. **Kidnapping** of an **insured person** whilst in their **country of domicile**.
5. Any amount that **you** or an **insured person** becomes legally liable to pay as the result of any legal action for damages including legal costs incurred in defense of such action, resulting from alleged negligence or incompetence in **hostage** retrieval operations or negotiations following the **kidnap** of an **insured person** or alleged negligence in not preventing the **kidnap** of an **insured person**.
6. Any amount of **ransom monies** surrendered to any person other than those responsible for making a previously communicated **ransom** demand to **insured person**.
7. The **kidnapping** of a child by its parent(s) or legal guardian.
8. The **kidnapping** of the **insured person** by another **insured person**, **you** or an agent acting on **your** behalf.

9. Any expense related to the **insured person** engaging in the commission of, or the attempt to commit, an unlawful act.
10. Any expense incurred as a result of the **insured person** engaging in active service in the armed forces or police of any nation; active participation in **war** (whether declared or not), unless declared to **us** and accepted by **us** in writing.
11. **You** at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an **insured event** that has not been declared to and accepted by **us**.
12. Any Losses incurred by **you** that have been increased by **your** failure to follow the advice of **our emergency assistance company**.
13. Any kidnap, hijack or wrongful detention of an insured person by a relative or as a result of a domestic dispute
14. Wrongful detention which is for a period of less the six consequent hours.

CONDITIONS APPLICABLE TO ALL SECTIONS

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** after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, accident, injury or illness or where **insured person** interest ceases except 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:

- i. 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;
- ii. 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
- iii. 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.

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** 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.

Policy Limits

The maximum liability for the Insurer under an individual policy is USD 1,000,000 per person per event across all policy sections.

The maximum liability for the insurer under a multi-person policy (2-20 persons) per event is:

Section 1: Personal Accident - USD 5,000,000

Section 2 & 3: Emergency Medical & Evacuation - USD 10,000,000

Section 4: Crisis Response - USD 5,000,000

Section 5: Kidnap and Ransom Reimbursement - USD 5,000,000

Please refer to the benefit table in this policy which states the individual limits that apply per person per event.

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** 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** 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** 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** 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.

TRAUMA COVER & COUNSELLING

Trauma Cover: Hotspot Cover Provide this as an additional counselling service through our partners at MBL Global Ltd and is available for all policyholders.

Whilst triggered by an **insured event** as defined in the wider insurance policy, it is not delivered as an insurance and the service terms and conditions are contained below.

What is provided:

The Service Provider will provide the **insured person** with professional and

qualified trauma counselling. Such counselling shall be provided where an **insured person** suffers physical or psychological trauma following an **insured event** in the policy Schedule. Under trauma counselling insured events are: Bodily Injury, Kidnap & Ransom, Unlawful Detention, Terror or Active Assailant, all as defined in the policy of Insurance to which this Agreement relates.

Service of Benefits

24/7/365 Hotspot emergency contact number: +27 11 991 8140

- Available for Hotspot policyholders to call when counselling required post a claim event under the policy
- This can be linked to an IVR facility at an alternate service provider if required
- Maximum 20 policyholders per event

24/7/365 Rapid Response / Critical Incident on site support provided within 1 and 72 hours dependent on location

- Post telephonic triage and determination of counselling and on-site requirements
- Dispatch of appropriately qualified counsellors to site
- \$1500 premises hire
- Maximum 20 policyholders per event

In the Moment counselling/crisis support for policyholders emotionally affected by an incident

- On-site trauma and critical incident specialists provide individual and group-based psychological support to policyholders affected by an **insured event**
- Provision of 4 clinician days on site and / or at near site facilities suitable to manage policyholders post **insured event**. Policyholders receive

telephonic, group or 1 to 1 therapy as required

- Maximum 20 policyholders per event

Post event counselling for a period of up to 4 months after the insured event

- Continuous local and international multi location post event therapy provided telephonically, in group sessions or 1 to 1 as required by the policyholder
- Subject to a limit of 5 sessions per victim per **insured event**
- Maximum 20 policyholders per event

Delivery across our global network is by country qualified

- Psychologists
- Clinical Social Workers
- Social Workers

Case management is according to best practice protocols within short term solution focused therapy.

Trauma Counselling Service Exclusions

The Service Provider shall not be liable to provide such counselling or other services as defined where:

1. Claims or circumstances likely to give rise to the service being provided are not reported to the Service Provider telephonically or in writing within the Period of Insurance shown in the Schedule.
2. No association to the **insured event** can be identified or determined by the Service Provider to the person seeking counselling or other services as defined.
3. The provision of counselling or other services as defined arises directly or indirectly by War, invasion or warlike operations (whether War be declared or not), hostile acts of sovereign or government entities,

Civil War, assuming the proportions of or amounting to an uprising, military or usurped power or martial law or confiscation by order of any Government or public authority.

4. Such counselling or services are as a result of self-inflicted injuries arising directly or indirectly from an **insured event**.
5. Such counselling or services are due to the abuse of alcohol, drugs or narcotics arising directly or indirectly from an **insured event**.
6. Any incident arising outside of the borders of the specified territories noted in Appendix B.

Specific Conditions

This Section of this policy is subject to the following conditions:

1. Onus of proof

In any arbitration or other proceeding to enforce the Service Provider to provide counselling or other services as defined, the burden of proving association with the **insured event** shall fall upon the **insured person**.

Core Activities

1. 24 hours a day, 365 days a year access to named Policyholders.
2. Policyholders as recorded by Hotspot, access the service voluntarily.
3. Mode of access includes telephone, email, SMS, other instant messages.
4. All services are confidential. Neither the Service Provider or any of our associated Practitioners shall disclose any personal detail of any Services to the Reseller. The only time confidentiality is broken is if there is evidence that the Policyholder is at risk of harming themselves or others.
5. The Service Provider shall provide user aggregate statistical data and information to Hotspot. This will not in our professional judgment, violate Participant confidentiality. A utilization report is provided on a basis agreed.

6. Communication and Policyholder engagement materials such as flyers, posters, wallet cards and videos are available in an electronic format in multiple languages and together with custom materials can be provided at an additional cost.
7. Services are provided at no cost to the Policyholder or additional cost to Hotspot beyond that prescribed herein.
8. Short-term, solution-focused counselling is provided.
9. When a Policyholder requests counselling services, they receive a clinical assessment to determine risk and level of service. The assessment is conducted by a qualified, clinical professional who speaks the Policyholders preferred language and determines the number of sessions that are likely to be required within the Participant's session model within the terms and conditions prescribed herein.
10. Modality of counselling is available in the preferred language of the Policyholder and at a convenient time for the policyholder.
11. The term 'counselling' as used herein encompasses the following: Giving the Policyholder an opportunity to explore, discover and clarify ways of living more resourcefully and towards greater well-being, helping them to help themselves by a non-directive, non-judgmental process which assists them to come to terms with their feelings, see what options are open to them, choose between them and to marshal their own inner resources to overcome their own problems and return to the state of wellbeing experienced by them before the event.
12. In the event the clinical assessment indicates that the Policyholder requires long term counselling, transitional support will be provided as well as an external referral to the most appropriate source of clinical support.

HOTSPOT COVER

www.hotspotcover.com • admin@hotspotcover.com

Hotspot Cover is authorised and regulated by The Guernsey Financial Services Commission (GFSC) and reinsured 100% by Lloyd's of London.