

# Multirisk Ireland Medical Expenses Travel Insurance Policy Wording



## Welcome Statement - About Your Policy Wording

We want you to get the most from your policy and to do this, you should read your

- policy wording;
- insurance product information document (IPID); and
- certificate of insurance

and make sure that you understand the exclusions and conditions which apply to your policy because if you do not meet these conditions, it may affect any claim you make. If you have any queries about your cover, you can call us on the number listed in the 'Contacting us' details below. Please make sure you have your policy number when you call us.

Remember, no policy covers everything. We do not cover certain things including, but not limited to:

- Losses that we do not state are specifically covered under 'What is covered'.
- Any circumstances known to you before you enrolled in your international programme when taking out this insurance or at the time of booking any trip which could have reasonably been expected to lead to a claim under this policy.

The things which are not covered by your policy are stated:

- In the 'General exclusions applying to all sections of the policy' and
- In the 'What is not covered' section of cover.

If we do not state that something is covered, you should assume that it is not covered.

## Important Notice – If you are already travelling

If you buy this policy after you left your home country and you are already travelling, you are covered by this policy but only on the strict understanding that nothing has already happened which has led to or could reasonably be expected to lead to a claim under this policy. For the avoidance of doubt, anything that has happened prior to the purchase date of this policy is not covered. To prevent fraudulent claims, a waiting period of 14 days is applicable. No cover applies during this 14-day waiting period.

This means, for example, that if you have already lost an item of baggage, have already seen a medical practitioner or are feeling ill or have been injured and you are about to see a medical practitioner, then this policy will not pay for any part of any claim and any claim attempted in such situations is not covered.

## Contacting Us

If you have any questions about your policy, please contact us by email at [claims@servisegur.com](mailto:claims@servisegur.com) or call us on +34 91 836 60 01.

We recommend that you save these important contact details into your mobile phone.

### Contact Details

#### Emergency Medical Assistance

24 hour worldwide medical & emergency assistance service. If you need emergency medical treatment, need to go to hospital or need to return home earlier than planned.

Phone: +420 221 860 685

#### Claims Team

For any claim other than for emergency medical treatment.

Phone: +34 91 836 60 01

Email:  
[claims@servisegur.com](mailto:claims@servisegur.com)

When you contact us, you will need to tell us your name, your policy number and your contact details so we can keep in touch. Please try to have these and other useful information to hand.

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# Your Policy

## Introduction - About your insurance policy

### Understanding this policy

The **guard.me** Multirisk Ireland insurance product is a group **policy** arranged by **guard.me** on behalf of the **policyholder** and is underwritten by White Horse Insurance Ireland dac. The master **policy** certificate number of this insurance contract is WHGMROI2022. The provision of benefits is enabled by an insurance **policy** held by and issued to the **policyholder**.

This is **your** benefit guide and agreement with **us**. This agreement does not give **you** direct rights under the **policy** of Insurance but enables **you** to receive benefits as an **insured person**. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit. Please read the **policy** carefully to ensure that it meets **your** needs. The **policy** document outlines the cover benefits, what is not covered, conditions and exclusions and is the basis on which **we** settle all claims. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a **certificate of insurance**. **Your certificate of insurance** and any endorsements are all part of the **policy**.

The benefits summarised in this document depend on **you** being on a valid **trip** either alone or as part of a **group**, at the time of any incident giving rise to a claim.

In return for having accepted **your** premium, **we** will in the event of **bodily injury**, death or **serious illness** or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your policy**. This **policy** provides cover for specific reasons only as per each “what is covered” section and should be read together with “what is not covered” and “special conditions”. **You** should take time to read and understand the general exclusions and general conditions which apply to all sections of this **policy**.

When taking out or making changes to this **policy**, **you** must take reasonable care to provide accurate and complete answers to all questions. The **policyholder** may ask **you** to provide further information and/or documentation to ensure that the information **you** provided when taking out or making changes to **your policy** was accurate and complete.

If **you** need to make any changes to the details contained in **your certificate of insurance**, **you** should contact the **policyholder** as soon as possible. The **policyholder** will then advise if those changes can be made and whether any additional premium is required.

### Your guard.me Ireland policy

**Your guard.me** Ireland insurance product is a group insurance **policy** issued through **guard.me** and underwritten by White Horse Insurance Ireland dac. **You** are an **insured person** under this **policy**, and cover is only available to **you** if **you** satisfy the eligibility criteria.

### Arranged by

This insurance product has been arranged by **guard.me**. **guard.me** is regulated by the Central Bank of Ireland - No. 647026. **guard.me** International Insurance Solutions Limited are a regulated insurance intermediary specialising in international student insurance.

### About White Horse Insurance Ireland dac

This **policy** is underwritten by White Horse Insurance Ireland dac. White Horse Insurance Ireland dac is registered in Ireland No. 306045. White Horse Insurance Ireland dac’s Registered Office is Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic of Ireland. White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website - [www.centralbank.ie](http://www.centralbank.ie).

## The law applicable to this contract

The **policyholder** and White Horse Insurance Ireland dac can choose the law which applies to this **policy**. Unless **we** agree otherwise the laws of the Republic of Ireland govern this **policy**.

## Your responsibilities

**You** must take reasonable care to provide complete and accurate answers to the questions the **policyholder** asks when **you** take out or make changes to **your policy**. **You** must tell the **policyholder** of any changes to the answers **you** have given as soon as possible. If any information **you** provide is not complete and accurate, this may mean **your policy** is invalid and that it will not provide cover in the event of a claim, or **we** may not pay any claim in full.

## Eligibility criteria

The benefits provided under this insurance **policy** for each **insured person** during the **period of insurance** depend upon:

- a) The **insured person** is an international student (or **immediate family** travelling with an international student) attending an **international programme** on a valid **trip** either alone or as part of a **group**, at the time of any incident giving rise to a claim; or
- b) The **insured person** is a **group leader** travelling on a valid **trip**, at the time of any incident giving rise to a claim; and
- c) The **insured person** holds a valid visa for the full duration of the **period of insurance**; and
- d) The **insured person** is under 70 years old on the start date of the **period of insurance**. If The **insured person** reaches the age of 70 during the **period of insurance**, cover will continue until the **policy** end date as stated on their **certificate of insurance**, but not thereafter.

## Territorial / Geographical limits

**You** are not insured to travel to a country, specific area or event to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions. If the Department of Foreign Affairs ([www.dfa.ie/travel/traveladvice](http://www.dfa.ie/travel/traveladvice)) has issued travel restrictions specifically related to **COVID** and **you** commence **your trip** or **holiday** whilst **COVID** travel restrictions are in effect, **you** are insured to travel however there is no cover whatsoever under any section of this **policy** for any claim directly or indirectly related to **COVID** during **your trip** or **holiday**.

## Duration

**All trips:** The duration of any **trip** is as stated on **your certificate of insurance** and must not exceed the **period of insurance**.

**Holidays:** The duration of any **holiday** must not exceed 21 consecutive days and must occur within the **period of insurance** as stated on **your certificate of insurance**. Note - if **your holiday** is longer than the maximum duration of 21 days, benefits will not apply to any part of that **holiday**.

There is no cover whatsoever for **trips** or **holidays** under this **policy** whilst in **your home country**.

## When does this cover start?

Cover under this **policy** commences on the start date as stated on the **certificate of insurance** or when **you** depart **your home country** to commence **your trip**, whichever is later.

If **you** purchased this **policy** after **you** left **your home country** and **you** are already travelling, there is a **waiting period** of 14 days before this insurance takes effect.

If **you** purchase a new **policy** from **us** after **you** left **your home country** and **you** are already travelling, with no interruption to **your** insurance cover for **your trip**, the **waiting period** of 14 days does not apply.



## When does this cover end?

All cover automatically ends on the earliest occurrence of a below listed event (whichever event is sooner):

- a) The cover end date as shown on the **insured person's** most recent **certificate of insurance**; or
- b) The **insured person** no longer meets the eligibility criteria; or
- c) The **insured person's** visa is revoked or has expired; or
- d) The **insured person's period of insurance** has expired; or
- e) Following emergency repatriation to the **insured persons home country**.
- f) **We** no longer underwrite this **policy**.

## Policy excess

Under most sections of the **policy**, claims will be subject to an **excess**. This means that **you** will be responsible for paying the first part of each claim, per section, for each separate incident, payable for each **insured person**.

## Claim settlement

All claim payments by **us** to **insured persons** will be made in Euro.

## Special Notice - This is not a private medical insurance policy

This is not a private medical insurance policy and only gives cover in the event of an **accident** or sudden **serious illness** that requires emergency treatment whilst outside **your home country**. If **you** plan to receive elective treatment (treatment that is not necessary but which **you** have chosen to have) when **you** travel on a **trip** or choose to have any treatment abroad which is not an emergency, this will not be covered under the **policy**. If **you** need any medical treatment which results in a claim under this insurance, **we** will expect **you** to allow **us** or **our** representatives unrestricted and reasonable access to all of **your** medical records and information. It is essential that **you** read and understand the important conditions relating to health section of **your policy** wording to have the full protection of **your policy**.

## Pregnancy

This **policy** does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This **policy** will, however, cover **you** should complications arise with **your** pregnancy which fall within the definition of **complications of pregnancy and childbirth** which occurs during **your period of insurance**.

## Important Notice – If you are already travelling

If **you** buy this **policy** after **you** left **your home country** and **you** are already travelling, **you** are covered by this **policy** but only on the strict understanding that nothing has already happened which has led to or could reasonably be expected to lead to a claim under this **policy**. For the avoidance of doubt, anything that has happened prior to the purchase date of this **policy** is not covered.

To prevent fraudulent claims, a **waiting period** of 14 days is applicable. No cover applies during this 14-day **waiting period**.

## Features and Benefits Table

This table shows the maximum benefits that each **insured person** can claim.

All limits are per **insured person**.

Under most sections of the **policy, you** are responsible for paying the first amount of each and every claim per incident per section for each **insured person** claiming. This amount is known as the **excess**.

Section	Section of Cover	Section Details	Limit
A	Emergency Medical, Repatriation and Other Expenses	Limit	Up to €10,000,000
		Infants born following Complications of pregnancy	Up to €75,000
		Funeral Expenses or Burial Costs	Up to €5,000
		Emergency Dental Limit	Up to €300
		Excess	€80
B	Hospital Benefit	Limit	Up to €100
		Payment per complete 24-hour period in hospital	€20
C	Personal Accident and Public Transport Accident	Limit	Up to €25,000
		Permanent Total Disability - aged under 18	€5,000
		Permanent Total Disability - aged 18 to 70	€25,000
		Loss of Limbs or Sight - aged under 18	€5,000
		Loss of Limbs or Sight - aged 18 to 70	€12,500
		Death Benefit - aged under 18	€5,000
Death Benefit - aged 18 to 70	€25,000		
D	Personal Liability	Limit	Up to €2,000,000



## Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this **policy** wording. For ease of reading the definitions are highlighted by the use of bold print.

### Accident/Accidental/Accidentally

Means an event that is sudden and unexpected, which is caused by external and visible means at a time that can be identified.

### Academic Course

Means any accredited **educational course** with a duration of up to, but not limited to, one academic term or year for which monies have been paid by **you** or on **your** behalf.

### Bodily Injury

Means an identifiable physical injury sustained by **you** due to a sudden, unexpected, external and specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to have been caused by **bodily injury**.

### Certificate of Insurance

Means the insurance document which is provided to the **insured person**, and which includes both the **international programme details** and the **insured person's** details, the **period of insurance** and **policy** number.

### Certified Antigen Test

Means a rapid antigen test conducted by trained healthcare personnel or trained operators in a healthcare, medical or clinical company with test results issued on a certificate which includes **your** personal details and test result. **Certified antigen test** excludes any **home** or self-administered **covid** Rapid antigen test(s).

### Close Relative

Means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, partner or fiancé/fiancée.

### Complications of Pregnancy and Childbirth

Means toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta prævia, per vaginal bleeding, miscarriage or threatened miscarriage, medically necessary emergency Caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

### Confiscation

Means **confiscation**, nationalisation, requisition, expropriation, deprivation, destruction of or damage to property by or under the order of any government or public or local authority.

### Country of Temporary Residence

Means the Republic of Ireland. **You** must have a residential address that **you** can refer to within the Republic of Ireland.

## COVID

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

## Cultural Program

Means a recognised cultural language course or programme organised by a licenced operator for the provision of cultural education and cultural facilities for which monies have been paid by **you** or on **your** behalf.

## Cyber-Terrorism

Means the use of disruptive activities, or the threat thereof, against computers and/or networks, with the intention to cause real-world harm or severe disruption of infrastructure.

## Enrol, Enrolled, Enrolment

Means when **you** register **your** participation onto the official list of members of an **academic course**, college or university, **group** or **internship** placement or **cultural program** and pay **your** course **enrolment** fees.

## Epidemic, Pandemic

Means any event(s) declared as an **epidemic** or **pandemic** by the World Health Organization or by a relevant national government body.

## Excess

Means where applicable the excess is the first amount of each claim, per section, for each separate incident, payable for each **insured person** as shown in the features and benefit table.

## Existing Medical Condition(s)

Means any past, current or reoccurring **medical condition(s)**, or set of symptoms whether these have been diagnosed or not, that have required **medical treatment** during the 24 months prior to the issue date of this insurance.

The following does not apply to this definition: When a **medical practitioner** records no adverse changes to the stability, symptoms, or to the prescribed medication(s) of any **medical condition(s)** in the 24 months prior to the issue date of this insurance.

## Full Time Education, Educational Course

Means a programme of learning provided by a recognised educational body, with a duration of up to, but not limited to, one academic term or year which leads to a qualification by examination, assessment or certification which is either full-time study, or a mixture of study and work experience.

## Group

Means a group of students solely travelling for the purposes of undertaking an **international programme** in a single educational establishment that departed their **home country** on the same day.

## Group Leader

Means a person who is travelling with a **group** of **international students** as their companion or chaperone.

### guard.me

Means the **policy** intermediary authorised and regulated by the Central Bank of Ireland - No. 647026.

### Holiday(s)

Means any excursion or journey for leisure purposes either within or outside **your country of temporary residence** up to a maximum duration of up to 21 days per **holiday**, which begins and ends within the **period of insurance**. **Your policy** does not cover a booked **holiday** which is longer than 21 days. This means **we** will not cover **you** for any claim relating to a booked **holiday** that is longer than 21 days, regardless of the date of the incident **you** are claiming for.

For return journeys to **your home country**, all cover is suspended from the time **you** arrive at **your** international departure point to return to **your home country** and starts again when **you** exit the airport in **your home country** to return to **your country of temporary residence**. There is no cover whatsoever under this **policy** whilst in **your home country**.

### Home

Means the place where **you** normally reside in your **home country**.

### Home Country

Means the country where **you** were ordinarily domiciled and as detailed on **your certificate of insurance**.

### Hospital

Means any establishment which is registered or licensed as a medical or surgical **hospital** in the country in which it is located and where the **insured person** is under the constant supervision of a **medical practitioner**.

### Immediate Family

Wife, husband, daughter, son, stepchild, foster child, partner, civil partner or fiancé / fiancée of the **insured person enrolled** on the **international programme**.

### Incidental Basis

Means that the sport or activity **you** are taking part in on **your trip** and / or **holiday** is on a strictly amateur basis and is not the specific reason for **you** going on **your trip** and / or **holiday**.

### Insured Incident

Means a specific or sudden **accident** during a **trip** which causes **your** death or **bodily injury**.

### Internship

Means an **insured persons** professional learning experience in a trainee working position in an organisation (with or without pay) to gain work experience and / or satisfy requirements for an **academic course**, and which excludes **manual work**.

### International Programme

Means **academic course, full time education, educational course, internship** or **cultural program**.

### Irrecoverable

Means **we** will only cover costs which you have not already recovered and which **you** are not entitled to recover from another third party.

### Loss of Limb

Means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

### Loss of Sight

Means total and irrecoverable **loss of sight** which shall be considered as having occurred in:

- a) both eyes if **your** name is added to the NCBI register of Blind Persons on the authority of a fully qualified ophthalmic specialist; or
- b) one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

### Manual Work

Means any work above ground level, work using cutting tools, power tools and machinery, work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour/ hands-on involvement of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light **manual work** at ground level including retail work, managerial/ supervisory, sales or administrative work.

### Medical Condition(s)

Means any disease, **serious illness** or **bodily injury**.

### Medical Practitioner

Means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with.

### Medical Treatment

Means any medical procedure, medical advice, medical investigation or medical diagnosis from a **medical practitioner** during the 24 months prior to the issue date of this insurance.

### Period of Insurance

Means

- The period of cover to which the insurance applies as stated on **your certificate of insurance**.
- This period is between and inclusive of the dates shown as cover start date and cover end date on **your certificate of insurance** starting at 00.01 hours on the cover start date and ending at midnight on the cover end date.
- Cover will automatically be extended day by day up to a maximum of 30 days after the expiry of the **period of insurance** if **your** return is necessarily delayed as a result of **your** ill health, provided that the Emergency Assistance Service has been notified and authorised the extension.

### Permanent Total Disability

Means a physical or mental impairment that has a substantial and long-term adverse effect on **your** ability to carry out any form of employment and all of the following normal day-to-day activities:

- Dressing and undressing
- Getting up and down a flight of stairs
- Getting in and out of a bed or chair
- General household duties, including cleaning, ironing or shopping

**We** will consider that **you** are unable to do any of the above activities when both of the following apply:

- **You** are unable to carry out the activity even with the use of equipment
- **You** always need the help of another person to do the activity.

### Policy

Means the documents consisting of the Insurance Product Information Document, Insurance **Policy** Wording, and **Certificate of Insurance**.

### Policyholder

Means the person(s), firm, company or organisation who arranges this **policy** for the **insured person(s)**, who is a permanent resident or domiciled firm, company or organisation in the Republic of Ireland, and who is not an **insured person(s)**.

### Positive COVID Diagnosis

Means a positive PCR (Polymerase Chain Reaction) test result and / or a **Certified Antigen Test** with a positive result.

### Public Transport

Means any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

### Serious Illness

Means any disease, infection or **bodily injury** which unexpectedly manifests itself for the first time during **your trip**.

### Terrorism

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

### Trip(s)

Means any journey made by **you** within the **period of insurance** (excluding one-way **trips**) either alone or part of a **group, holidays** which begin and end within the **period of insurance** are covered up to a maximum duration of 21 days per **holiday**. If **you** purchased this **policy** after **you** left **your home country** and **you** are already travelling, there is a **waiting period** of 14 days before this insurance takes effect. If **you** purchase a new **policy** from **us** whilst **you** are already travelling, with no interruption to **your** insurance cover for **your trip**, the **waiting period** of 14 days does not apply.

For return journeys to **your home country**, all cover is suspended from the time **you** arrive at **your** international departure point to return to **your home country** and starts again when **you** exit the airport in **your home country** to return to **your country of temporary residence**. There is no cover whatsoever under this **policy** whilst in **your home country**.

**You** are not insured to travel to a country, specific area or event to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions. If the Department of Foreign Affairs issued travel restrictions specifically related to **COVID** and **you** commence **your trip** or **holiday** whilst **COVID** travel restrictions are in effect, **you** are insured to travel however there is no cover whatsoever under any section of this policy for any claim directly or indirectly related to **COVID** during **your trip** or **holiday**.

### War

Means **war**, invasion, act of foreign enemies, hostilities (whether **war** be declared or not), civil **war**, rebellion, revolution, insurrection, military or usurped power.

#### Waiting period

Means the 14-day period after this **policy** has been purchased during which no claims can be made unless otherwise specified by this **policy**. Any incident occurring during this **waiting period** is not covered.

#### We, Us, Our

Means White Horse Insurance Ireland dac, registered in Ireland No. 306045. Registered Office: Rineanna House, Shannon Free Zone, Shannon, County Clare, Republic Of Ireland. White Horse Insurance Ireland dac is regulated by the Central Bank of Ireland. This can be checked by visiting their website [www.centralbank.ie](http://www.centralbank.ie).

#### You, Your, Insured Person(s)

Means the person named as the insured in the **certificate of insurance**, who is travelling on a **trip** and who is eligible for cover under this group insurance **policy** issued through the **policyholder** and underwritten by White Horse Insurance Ireland dac.

## Important Conditions Relating to Health

This insurance is designed to cover **you** for unforeseen events, **accidents** and **serious illnesses** occurring during the **period of insurance**. **You** must comply with the following conditions to have the full protection of **your policy**.

**We** will not pay for claims which are in any way related to any **existing medical condition(s)** (unless **your existing medical condition(s)** is confirmed in the list of acceptable **medical conditions** shown below).

**Existing medical condition(s)** means any past, current or reoccurring **medical condition(s)**, or set of symptoms whether these have been diagnosed or not, that have required **medical treatment** during the 24 months prior to the issue date of this insurance.

The following does not apply to this definition:

When a **medical practitioner** records no adverse changes to the stability, symptoms, or to the prescribed medication(s) of any **medical condition(s)** in the 24 months prior to the issue date of this insurance.

There is no cover under this **policy** for any **existing medical condition(s)** not listed in the list of acceptable **medical conditions**.

It is essential that **you** read and understand the important conditions relating to health section of **your policy**. If, after reading the important conditions relating to health section, **you** decide that this **policy** does not meet **your** requirements or if **you** have any **existing medical condition(s)** not listed below, **you** should consider purchasing an alternative insurance policy that meets **your** specific needs.

Please refer to the general conditions applicable to the whole **policy** section and **your** entitlements to cancel this **policy**. **You** should also refer to the General exclusions section.

### List of Acceptable Medical Conditions

Medical Condition	Cover Limitations / Conditions
Acid reflux	Provided that there is no ongoing <b>medical treatment</b>
Acne	Provided that there is no ongoing <b>medical treatment</b>
Allergic rhinitis	Provided that there is no ongoing <b>medical treatment</b>
Arthritis	The affected person must be able to walk independently
Asthma	The affected person must have been diagnosed whilst under 50 years of age and the asthma controlled by no more than 2 inhalers
Attention Deficit Hyperactivity Disorder	Provided that there is no ongoing <b>medical treatment</b>
Blindness or partial sightedness	Provided that there is no ongoing <b>medical treatment</b>
Carpal tunnel syndrome	Provided that there is no ongoing <b>medical treatment</b>
Cataracts	Provided that there is no ongoing <b>medical treatment</b>
Chicken pox	If completely resolved with no ongoing <b>medical treatment</b>
Colds or influenza	Provided that there is no ongoing <b>medical treatment</b>
Cuts and abrasions	Not self-inflicted and requiring no <b>medical attention</b>
Cystitis	Provided that there is no ongoing <b>medical treatment</b>
Deafness	Provided that there is no ongoing <b>medical treatment</b>
Diarrhoea and vomiting	If completely resolved with no ongoing <b>medical treatment</b>
Dyspepsia	Provided that there is no ongoing <b>medical treatment</b>
Eczema	Provided that there is no ongoing <b>medical treatment</b>



Enlarged prostate	Benign only
Essential tremor	Provided that there is no ongoing <b>medical treatment</b>
Food allergy (for example milk, fish, egg, wheat, soy, or sesame allergies), that, if left untreated, does not require <b>hospital</b> treatment	Provided that there is no ongoing <b>medical treatment</b>
Glaucoma	Provided that there is no ongoing <b>medical treatment</b>
Gout	Provided that there is no ongoing <b>medical treatment</b>
Haemorrhoids	Provided that there is no ongoing <b>medical treatment</b>
Hay fever	Provided that there is no ongoing <b>medical treatment</b>
Irritable bowel syndrome	Provided that there is no ongoing <b>medical treatment</b>
Ligament or tendon injury	Provided that there is no ongoing <b>medical treatment</b>
Macular degeneration	Provided that there is no ongoing <b>medical treatment</b>
Menopause	Provided that there is no ongoing <b>medical treatment</b>
Migraine	Providing there are no ongoing investigations
Nasal polyps	Provided that there is no ongoing <b>medical treatment</b>
Nut allergy (for example peanut, tree nut allergies), that, if left untreated, does not require <b>hospital</b> treatment	Provided that there is no ongoing <b>medical treatment</b>
Premenstrual Syndrome or Premenstrual Tension	Provided that there is no ongoing <b>medical treatment</b>
Psoriasis	Provided that there is no ongoing <b>medical treatment</b>
Repetitive Strain Injury	Provided that there is no ongoing <b>medical treatment</b>
Sinusitis	Provided that there is no ongoing <b>medical treatment</b>
Skin or wound infections	If completely resolved with no ongoing <b>medical treatment</b>
Tinnitus	Provided that there is no ongoing <b>medical treatment</b>
Tonsillitis	Provided that there is no ongoing <b>medical treatment</b>
Underactive thyroid	Provided that there is no ongoing <b>medical treatment</b>
Urticaria	Provided that there is no ongoing <b>medical treatment</b>
Varicose veins	Provided that there is no ongoing <b>medical treatment</b>

## Contacting the Emergency Medical Assistance Service

In the event of a **serious illness** or **bodily injury** which leads to **you** being an in-patient in **hospital** or before any arrangements are made for repatriation, **you** must contact the Emergency Assistance Service on +420 221 860 685. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, repatriation, and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment, **you** must contact the Emergency Assistance Service as soon as possible. The Emergency Assistance Service has the medical expertise, contacts, and facilities to help should **you** be injured in an **accident** or fall ill. The Emergency Assistance Service will also arrange to transport **you** to **your home country** when this is considered to be medically necessary.

Private medical treatment may not be covered unless authorised specifically by the Emergency Assistance Service.

To obtain assistance please call **our** emergency assistance service:

Emergency Medical Assistance	Telephone
24 hour worldwide medical & emergency assistance service. If you need emergency medical treatment, need to go to <b>hospital</b> or need to return home earlier than planned.	+420 221 860 685

Telephone calls are recorded and may be monitored.

## Payment For Medical Treatment

### Inpatient expenses

If **you** are admitted to a **hospital**/clinic while on a **trip**, the Emergency Assistance Service will arrange for medical expenses covered by the **policy** to be paid directly to the **hospital**/clinic. To take advantage of this benefit someone must contact the Emergency Assistance Service for **you** as soon as possible.

### Out-patient expenses

For out-patient treatment, **you** should pay the doctor/**hospital**/clinic yourself and claim back medical expenses from **us** after **your** out-patient treatment.

Please beware of requests for **you** to sign for excessive treatment or charges.

If in doubt regarding any such requests, please call the Emergency Assistance Service for guidance.

Claims Team	Contact Details
For any claim other than for emergency medical treatment.	Phone: +34 91 836 60 01 Email: <a href="mailto:claims@servisegur.com">claims@servisegur.com</a>

Telephone calls are recorded and may be monitored.

## Reciprocal Health Agreements

If **you** are travelling from a country that has a reciprocal health agreement with Ireland, **you** may be entitled to avail of the benefits under this reciprocal health agreement.

Examples of a reciprocal health agreement include the Global Health Insurance Card (GHIC) the European Health Insurance Card (EHIC) or the Reciprocal Health Care Agreement (RHCA) with Australia. Under such reciprocal health care agreements, **you** may have the right to access a range of public health services either free of charge or at reduced cost.

### Students from countries outside the EU, EEA, Switzerland or UK

If **you** are a student from a country outside the EU, EEA, Switzerland or the UK, **you** are generally regarded as [ordinarily resident](#) if **you** are registered for a course of study or **international programme** that will last for at least one academic year. Everyone who is ordinarily resident in Ireland is entitled to access a range of public health services either free of charge or at reduced cost.

If **you** are here for a shorter period, **you** are regarded as a visitor, and **you** do not have any entitlement to free or subsidised health services and this **policy** will respond (subject to terms and conditions).

Availing of reciprocal health agreement benefits will not impact or reduce **your policy** coverage. For assistance regarding reciprocal health agreements, please call our Emergency Assistance Service on +420 221 860 685.

## General Conditions Applicable to The Whole Policy

**You** must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

### 1. Dual insurance

If, at the time of any incident which results in a claim under this **policy**, there is another insurance covering the same loss, damage, expense, or liability, then **you** must disclose this to **us** at the time of submitting a claim. In these circumstances **we** will not be liable to pay or contribute more than **our** proportional share (not applicable to Section C – Personal **Accident** and Public Transport **Accident**).

Under Section A - Emergency Medical, Repatriation and Other Expenses: In the event that **you** hold a private health insurance policy, **your** private health insurer must pay the first amount as stated in their policy and **we** will commence cover once that limit has been reached.

### 2. Reasonable precautions

**You** must take, at all times, all reasonable precautions to avoid injury, **serious illness**, disease, loss, theft, or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover any lost or stolen property.

### 3. Cancellation

#### *Cancellation by the policyholder*

##### Statutory Cancellation Rights

If this insurance does not meet the **policyholder** requirements, please contact **guard.me** within 14 working days of the purchase date and providing no claim has been made or is pending, the premium will then be refunded in full, and the **policy** will be cancelled.

##### Cancellation Outside the Statutory Period

The **policyholder** may cancel this **policy** at any time after the cancellation period by contacting **guard.me**. If the **policy** is cancelled outside of the terms of the Statutory Cancellation Rights, referenced above, the **policyholder** will not receive a premium refund.

##### Non-payment of premiums

**We** can cancel the **policy** immediately by sending the **policyholder** written notice if the **policyholder** does not pay the premium.

#### *Cancellation by the insured person*

Cancellation within 14 working days of the purchase date: **You** may not cancel this **policy**; however, **you** may choose to end **your** cover and **your** entitlements to all benefits under this **policy** by writing to the **policyholder** within 14 working days of the purchase date. Please contact the **policyholder** for a premium refund providing **you** have not travelled, and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

Cancellation after 14 working days of the purchase date: **You** may choose to end **your** cover and **your** entitlements to all benefits under this **policy** by writing to the **policyholder** 14 working days after the purchase date. If **you** cancel outside of the terms of the Statutory Cancellation Rights, referenced above, the **policyholder** will not receive a premium refund.

#### *Cancellation by White Horse Insurance Ireland dac*

**We** may, at any time, cancel any insurance **policy** by giving 14 working days' notice in writing where there is a valid reason for doing so. A cancellation notice will be sent to the **policyholder** by email or by post to the **policyholder**'s last known address. Valid reasons may include but are not limited to:

- Where **we** reasonably suspect fraud;

- Non-payment of premium;
- Threatening and abusive behaviour;
- Non-compliance with **policy** terms and conditions; and
- The **policyholder** has not taken reasonable care to provide complete and accurate answers to the questions **we** ask.

If **we** cancel the **policy** and/or any additional covers, the **policyholder** will receive a refund of any premiums they have paid for the cancelled cover, less a proportionate deduction for the time **we** have provided cover. Where **our** investigations provide evidence of fraud or misrepresentation, **we** may cancel the **policy** immediately and backdate the cancellation to the date of the fraud or the date when the **policyholder** provided **us** with incomplete or inaccurate information. This may result in this **policy** being cancelled from the date the **policyholder** originally took it out and **we** will be entitled to keep the premium. If the **policy** is cancelled because of fraud or misrepresentation, this may affect the **policyholder's** eligibility for insurance with **us**, as well as other insurers, in the future.

#### 4. Duty of care

**You** and the **policyholder** must take care to answer all questions honestly and to the best of **your** knowledge. **You** must not make any misrepresentation of a fact that could influence **us** in accepting this insurance, this includes the **trip** or **holiday** destination, duration and age of all insureds on this **policy**.

### General Exclusions Applicable to All Sections of The Policy

These exclusions apply throughout **your policy**. **We** will not pay for claims arising directly or indirectly from:

#### 1. War risks, civil commotion, and terrorism

**War**, risk of **war**, invasion, acts of foreign enemies, hostilities or warlike operations (whether **war** be declared or not), civil **war**, rebellion, **terrorism**, revolution, insurrection, civil commotion or unrest assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section A – Emergency Medical, Repatriation and Other Expenses, Section B – **Hospital** Benefit and Section C - Personal **Accident** and **Public Transport Accident** unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.

#### 2. Radioactive contamination

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive, or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

#### 3. Sonic bangs

Loss, destruction, or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

#### 4. Date recognition

The failure or inability of any equipment or any computer programme, whether or not **you** own it, to recognise or to interpret correctly or process any date as its true calendar date, or to continue to function correctly beyond that date.

#### 5. Sanctions

**We** will not be deemed to provide, and **we** will not be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

## 6. Cyber-terrorism

Any consequences of **Cyber-terrorism** including, but not limited to, the delay or cancellation of flights due to the failure of critical systems.

## 7. Professional sports or entertaining

**Your** participation in or practice of any professional sports or professional entertaining.

## 8. Sports or activities

**Your** participation in or practice of:

- a) any other sport or activity unless it is stated as being covered under the **policy** section entitled sports and activities.
- b) **Your** engagement in or practice of **manual work**, flying except as a fare paying passenger in a fully licensed passenger-carrying aircraft or racing unless it is stated as being covered under the **policy** section entitled sports and activities.

Sports and activities are only covered on an **incidental**, non-competitive and non-professional basis. Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.

## 9. Motorised vehicle

**You** using a motorised vehicle:

- a) unless **you** have a full and valid current driving licence that permits the use of such vehicles in **your country of temporary residence**. (see Sports and activities).
- b) unless **you** have a full and valid current driving licence that permits the use of such vehicles in **your holiday** destination (see Sports and activities).

## 10. Self-inflicted injury, drug use or solvent abuse

**Your** wilfully, self-inflicted injury or **serious illness**, sexually transmitted diseases, solvent abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction).

## 11. Self-exposure to needless peril

**Your** self-exposure to needless peril (except in an attempt to save human life).

## 12. Alcohol abuse

**You** drinking too much alcohol or alcohol abuse or alcohol dependency where it is reasonably foreseeable that such consumption could result in an impairment of **your** faculties and/or judgment resulting in a claim. **We** do not expect **you** to avoid alcohol on **your trips or holidays**, but **we** will not cover any claims arising because **you** have drunk so much alcohol that **your** judgement is seriously affected, and **you** need to make a claim as a result.

## 13. Jumping from vehicles, buildings, or balconies

Unless **your** life is in danger or **you** are attempting to save human life, **you**:

- a) jumping or diving from a pier(s), a wall(s), a bridge(s), or a rock(s) including tombstoning or shore diving,
- b) climbing on top of or jumping from a vehicle,
- c) climbing or jumping from a building or balcony,
- d) climbing or moving from any external part of any building to another part (excluding where stairs, ramps or walkways are being used) and falling, regardless of the height.

## 14. Unlawful action

**Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.

15. Additional loss or expense

Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the costs incurred in preparing a claim or loss of earnings, inconvenience, distress, or loss of enjoyment following **bodily injury, serious illness**, or disease.

16. Unsubstantiated claims

Any claims where **you** have not supplied an original receipt, proof of payment, bank, or credit card statements or evidence of loss (which **you** received before the date of the incident **you** are claiming for) as reasonably requested by **us**.

17. Armed forces

Operational duties of a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance services or employees of a Government department.

18. Recoverable costs

Any unused and additional costs incurred by **you** which are recoverable from:

- a) The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
- b) The providers of the transportation, their booking agents, travel agent or any compensation scheme.
- c) **Your** credit or debit card provider or PayPal.

19. Travelling against government or other regulatory advice

**Your** travel to a country, specific area or event to which the Department of Foreign Affairs ([www.dfa.ie/travel/travel-advice](http://www.dfa.ie/travel/travel-advice)) has issued travel restrictions. If the Department of Foreign Affairs or a regulatory authority in a country to/from which **you** are travelling has issued travel restrictions specifically related to **COVID** and **you** commence **your trip** or **holiday** whilst **COVID** travel restrictions are in effect, **you** are insured to travel however there is no cover whatsoever under any section of this **policy** for any claim directly or indirectly related to **COVID** during **your trip** or **holiday**.

20. Travelling against public transport requirements

**Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

21. Virtual currency

Any virtual currency including, but not limited to, crypto currency, including fluctuations in value.

22. Known circumstances

Any circumstances known to **you** before taking out **your policy** or at the time of booking any **trip** which could reasonably have been expected to lead to a claim under this **policy**.

23. Period of insurance

**You** not complying with, or any claim that occurs outside of **your period of insurance**.

24. No return ticket(s)

Any claim for travel costs incurred to reach **your home country** if **you** had not purchased a return ticket(s).

25. Recommended treatment

**Medical condition(s)** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.

#### 26. Existing medical conditions

Any **existing medical conditions** that do not comply with the important conditions relating to health section of **your policy**.

#### 27. Pandemic or epidemic

Claims or losses arising directly or indirectly from any **pandemic** or **epidemic** unless specifically listed as covered by this **policy**.

#### 28. COVID moratorium

**You will not be covered** for any **COVID** claims arising within 7 days of the date you took out this insurance or the time of booking any **trip**, whichever is the later, except where the insurance is taken out within 48 hours of booking the **trip**.

#### 29. Exposure to an infectious disease

**You** choosing to or being unable to travel because **you** were legally required to or were recommended to quarantine or isolate as a result of exposure to an infectious disease (including **COVID** if **you** have not had a **positive COVID diagnosis**).

#### 30. Positive COVID test requirements

**COVID** where **you** have not received a positive PCR test or a **certified antigen test** with a positive result.

#### 31. Home or self-administered COVID tests

Any home or self-administered **COVID rapid antigen test(s)**.

#### 32. Other costs

Any costs **you** would have been required or been expected to pay if the event resulting in the claim had not happened.

#### 33. Loss of enjoyment

**Your** loss of enjoyment.

#### 34. Unnecessary danger

**You** placing yourself in unnecessary danger (for example, not wearing suitable head protection or protective clothing when taking part in a specific sport or activity, or not wearing a seatbelt while in a moving vehicle).

#### 35. Cycle helmet

Any claim arising from injuries sustained whilst **you** are cycling, where **you** are not wearing an appropriate cycle helmet at the time of the incident.

#### 36. Decompression

Any claim arising as result of flying less than 24 hours after a scuba dive.

#### 37. Search and rescue costs

Any claim arising from air and/or sea search and rescue.

#### 38. Visa and travel documents

Any claim arising as result of **you** failing to obtain, hold, produce or maintain the required immigration, work, residence or similar visas permits or documents for the country to which **you** are travelling.



## Claims Conditions

**You** must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

### 1. Claims

All claims please contact us by email at [claims@servisegur.com](mailto:claims@servisegur.com) or call us on +34 91 836 60 01.

The claim notification should be made as soon as possible after any **bodily injury, serious illness, disease**, incident, event or the discovery of any loss or damage which may lead to a claim under this **policy**.

**You** must also tell **us** if **you** are aware of any court claim form, summons, or impending prosecution. Every communication relating to a claim must be sent to **us** as soon as possible. **You** or anyone acting on **your** behalf must not negotiate, admit, or refuse any claim without **our** permission in writing.

**We** may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this **policy**. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of private medical insurance (if applicable) and medical certificates as required by **us**. **We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post-mortem examination.

**We** may refuse to reimburse **you** for any claims which **you** cannot provide proof of payments such as an original receipt, bank, or credit card statements.

### 2. Transferring of rights - Subrogation

**We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

### 3. Fraud

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- a) Make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any way.
- b) Make a statement in support of a claim knowing the statement to be false in any way.
- c) Submit a document in support of a claim knowing the document to be forged or false in any way.
- d) Make a claim for any loss or damage caused by **your** wilful act or with **your** connivance/involvement.

Then:

1. **We** will not pay the claim.
2. **We** will not pay any other claim which has been or will be made under the **policy**.
3. **We** may make the **policy** void from the date of the fraudulent act.
4. **We** will be entitled to recover from **you** the amount of any claim already paid under the **policy**.
5. **We** will not refund any premium.
6. **We** may inform the Gardai / Police of the circumstances.

**We**, **our** agents, and fraud prevention agencies obtain and share information with each other to prevent and detect fraudulent claims to help protect **Our** customers and ourselves from such activity.

## Sports and Activities

Sports and activities are only covered on a non-competitive, non-professional, **incidental basis**. **You** are not covered when participating in any sports or activity training courses or qualification course(s). Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.

**You** are covered under Section A – Emergency Medical, Repatriation and Other Expenses, and Section B – **Hospital** Benefit for the following activities provided that the activity is on an **incidental basis**. Under this insurance contract, **incidental basis** means that the sport or activity **you** are taking part in on **your trip** and/or **holiday** is on a strictly amateur basis and is not the specific reason for **you** going on **your trip** and/or **holiday**. Any sport or activity marked with \* is excluded under Section C – Personal **Accident** and Public Transport **Accident** and Section D – Personal Liability.

If **you** participate in any listed activity below, **you** are required at all times to wear the appropriate safety equipment for that activity (for example protective clothing and / or suitable head protection). Please note that a general exclusion of cover exists under **your policy** with **us** for claims arising directly or indirectly from **your** “self-exposure to needless peril”.

If **you** use a motorised vehicle during **your trip**, **you** must hold a full and valid current driving licence that permits the use of such vehicles in **your country of temporary residence** or **your holiday** destination.

Sport and Activity Description / Title	Personal Accident remains as	Personal Liability Cover is
Abseiling (within organisers guidelines) *	Excluded	Excluded
Aerobics	Standard	Standard
Angling	Standard	Standard
Aqua Skipping	Standard	Standard
Archery*	Excluded	Excluded
Badminton	Standard	Standard
Baseball	Standard	Standard
Basketball	Standard	Standard
Blade Skating	Standard	Standard
Board Sailing	Standard	Standard
Body Boarding	Standard	Standard
Bouldering (indoors on climbing wall only)	Standard	Standard
Bowls / Bowling	Standard	Standard
Camel Riding	Standard	Excluded
Canoeing (including white water canoeing, grades 1 - 3 only, rivers only) *	Excluded	Excluded
Catamaran Sailing	Standard	Excluded
Clay Pigeon Shooting*	Excluded	Excluded
Climbing (indoors on climbing wall only)	Standard	Standard
Cricket	Standard	Standard
Croquet	Standard	Excluded
Cross Country Skiing*	Excluded	Excluded

Sport and Activity Description / Title	Personal Accident remains as	Personal Liability Cover is
Curling	Standard	Standard
Cycling (leisure, not racing or downhill racing)	Standard	Standard
Darts	Standard	Standard
Deep Sea Fishing	Standard	Standard
Dingy Sailing	Standard	Excluded
Dry Skiing	Standard	Standard
Elephant Riding / Trekking*	Excluded	Excluded
Falconry	Standard	Standard
Fell Walking / Running (under 1,000 metres altitude) *	Excluded	Excluded
Fencing*	Excluded	Excluded
Field Hockey*	Excluded	Excluded
Fishing	Standard	Standard
Fives	Standard	Standard
Floorball	Standard	Standard
Flow Riding	Standard	Standard
Football (soccer only, excludes American football)	Standard	Standard
GAA Football*	Excluded	Excluded
Glass Bottom Boats / Bubbles	Standard	Standard
Glacier Skiing*	Excluded	Excluded
Go Karting (within organisers guidelines) *	Excluded	Excluded
Golf	Standard	Standard
Handball	Standard	Standard
Hiking (under 1,000 metres altitude)	Standard	Standard
Hill Walking (under 1,000 metres altitude)	Standard	Standard
Horse Riding (no polo, hunting, jumping, or racing) *	Excluded	Excluded
Hot Air Ballooning (organised pleasure rides only) *	Excluded	Excluded
GAA Hurling*	Excluded	Excluded
Ice Skating (on recognised ice rinks)	Standard	Standard
Indoor Climbing (on climbing wall)	Standard	Standard
Inner Tubing / Tubing	Standard	Standard
Jet Boating (passenger only and no racing or competition) *	Excluded	Excluded
Jet Skiing (no racing)*	Excluded	Excluded
Jogging	Standard	Standard
Karting (no racing)	Standard	Excluded
Kayaking (grades 1 - 3 only, rivers only)	Standard	Standard
Kite Surfing	Standard	Standard
Korfball	Standard	Standard
Netball	Standard	Standard

Sport and Activity Description / Title	Personal Accident remains as	Personal Liability Cover is
Octopush	Standard	Standard
Orienteering	Standard	Standard
Paintballing*	Excluded	Excluded
Pedalos	Standard	Standard
Pilates	Standard	Standard
Pony Trekking	Standard	Standard
Racquetball	Standard	Standard
Rambling (under 1,000 metres altitude)	Standard	Standard
Roller Blading (Line Skating / Skate boarding)	Standard	Standard
Rounders	Standard	Standard
Rowing	Standard	Standard
Running, Sprint / Long Distance (amateur)	Standard	Standard
Sail Boarding / Wind Surfing	Standard	Standard
Sailing (if qualified or part of an organised activity in territorial waters only)*	Excluded	Excluded
Scuba Diving ++ (See note below)	Standard	Standard
Ski touring*	Excluded	Excluded
Snowmobiling*	Excluded	Excluded
Skiing (on piste or off piste with a guide)	Standard	Standard
Snowblading	Excluded	Excluded
Snowboarding (on piste or off piste with a guide)*	Excluded	Excluded
Snorkelling	Standard	Standard
Soft Ball	Standard	Standard
Squash	Standard	Standard
Stand up paddle boarding	Standard	Standard
Surfing	Standard	Standard
Swimming	Standard	Standard
Table Tennis	Standard	Standard
Tai Chi	Standard	Standard
Tennis	Standard	Standard
Tenpin Bowling	Standard	Standard
Trampolining	Standard	Standard
Track Events	Standard	Standard
Tree Canopy Walking	Standard	Standard
Trekking (under 1,000 metres altitude)	Standard	Standard
Tubing	Standard	Standard
Tug of War	Standard	Standard
Volleyball	Standard	Standard

Sport and Activity Description / Title	Personal Accident remains as	Personal Liability Cover is
Wake Boarding	Standard	Standard
Walking (under 1,000 metres altitude)	Standard	Standard
Water Polo	Standard	Standard
Water Skiing	Standard	Standard
Whale Watching	Standard	Standard
Wind Surfing / Sail Boarding	Standard	Standard
Wind tunnel flying	Standard	Standard
Zorbing	Standard	Standard
Zip Lining	Standard	Standard

**++Scuba diving:**

Scuba diving to the below listed depths. Provided **you** are diving under the direction of an accredited dive marshal, instructor or guide. Alternatively, if qualified, within the guidelines of the relevant diving or training agency or organisation and **you** are not diving alone:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres\*
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 30 metres\*
- BSAC Dive Leader – 30 metres\*

**We** must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres. **You** will not be covered under this **policy** if **you** travel by air within 24 hours after participating in scuba diving.

## Section A – Emergency Medical, Repatriation and Other Expenses

This section provides cover for the reasons shown under the ‘what is covered’ section below, whilst **you** are on a **trip** during **your period of insurance**. Under this section of **your policy**, an emergency shall mean; for the immediate relief of pain or discomfort because **you** suffer a **serious illness** or a **bodily injury**.

### What is covered

**We** will pay **you** up to the amount shown in the Features and Benefits table for the following expenses which are necessarily incurred as a result of **you** suffering unforeseen **bodily injury, serious illness, disease or complication of pregnancy and childbirth**, whilst **you** are on a **trip** outside **your home country**:

1. Emergency medical, surgical, **hospital**, ambulance and nursing fees and charges incurred.
2. Emergency dental treatment for the immediate relief of pain to **your** natural teeth up to €300 incurred outside of **your home country**.
3. If **you** are unable to use **your** original, booked return ticket, we will pay reasonable additional transport expenses (economy class) and/or accommodation expenses (room only) incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date.
4. With the prior authorisation of the Emergency Assistance Service, reasonable additional transport expenses (economy class) and accommodation expenses (room only) incurred for one person who is either a **close relative** or friend, to remain with **you** or to travel to **you** from **your home country** or **your country of temporary residence** to escort **you** and additional transport expenses (economy class) and/or accommodation expenses (room only) incurred to return **you** to **your home country**.
5. In the event of **your** death, the cost of funeral expenses plus the reasonable cost of conveying **your** ashes to **your home country**, or the additional costs of returning **your** body to **your home country**. This includes, with the prior authorisation of the Emergency Assistance Service, reasonable additional transport expenses (economy class) and accommodation expenses (room only) incurred up to a maximum of €2,000 in total for two **close relative(s)**, to travel from **your home country** to escort **your** ashes or body back to **your home country**.
6. Only with the prior authorisation of the **Emergency Assistance Service**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home country**, if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.

If a **close relative** or a friend travels to **you** to escort **you home**, they will need to make sure that they have taken out adequate travel insurance for their own needs.

### Special conditions relating to claims

1. **You** must give notice immediately to the Emergency Assistance Service of any **bodily injury** or **serious illness** which necessitates **your** admittance to **hospital** as an in-patient or before any arrangements are made for **your** repatriation. There is no cover under this **policy** for expenses incurred without **our** prior approval.
2. In the event of **your bodily injury** or **serious illness**, **we** reserve the right to relocate **you** from one **hospital** to another and arrange for **your** repatriation to **your home country** at any time during the **trip**. **We** will do this if, in the opinion of the **medical practitioner** in attendance or the

Emergency Assistance Service, **you** can be moved safely and / or travel safely to **your home country** to continue treatment.

3. **You** must claim against **your** private health insurance policy first for any inpatient medical expenses abroad up to **your policy** limit.
4. For medical expenses incurred in the United States of America (USA), **we** will only pay for reasonable and necessary emergency treatment, surgical, **hospital** and transportation costs in accordance to the negotiated rate with the provider, if one exists. If no negotiated rate with a provider exists, then **we** will pay a maximum amount of 150% of the USA Medicare rate.

## What is not covered

1. The **excess** shown in the Features and Benefits table for each and every claim per **incident** per section, for each **insured person**.
2. Any claim for pregnancy which falls outside of the definition of **complications of pregnancy and childbirth**. This section is designed to provide cover for unforeseen events, **accidents, serious illness** and diseases and normal childbirth would not constitute an unforeseen event.
3. Any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.
4. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your home country**.
5. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
6. Treatment or services provided by a private clinic or **hospital**, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Emergency Assistance Service. This includes any physiotherapy costs.
7. The cost of treatment or surgery, including exploratory tests e.g., **COVID** tests, which are not directly related to the **bodily injury** or illness which necessitated **your** admittance into **hospital**.
8. Additional costs arising from single or private room accommodation.
9. The cost of private treatment unless authorised specifically by the Emergency Assistance Service.
10. Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and/or the Emergency Assistance Service can be reasonably delayed until **your** return to **your home country**.
11. Any expenses incurred as a result of **your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service, it is safe to do so. **Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.
12. Any claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this **policy**. If **you** choose alternative medical repatriation services, **our** liability to pay further costs for repatriation will be limited to what **we** would have paid if **your** repatriation had taken place at the time and costs agreed and arranged by **our** Emergency Assistance Service.
13. Any expenses **you** incur after or upon **your** return to **your home country**.
14. Any claim for travel costs incurred to reach **your home country** if **you** had not purchased a return ticket.
15. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation unless **we** agree otherwise.
16. Any claims arising directly or indirectly in respect of:
  - a) Costs of telephone calls other than:
    - i. Calls to the Emergency Assistance Service notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned; and
    - ii. Any costs incurred by **you** when **you** receive calls on **your** mobile telephone from the Emergency Assistance Service for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.



- b) The cost of taxi fares, other than those for travel to or from **hospital** relating to **your** admission, discharge, attendance for out-patient treatment or appointments or for the collection of medication prescribed by the **hospital**.
- 17. Claims arising directly or indirectly as a result of **your** failure to comply with the terms and conditions of the Important conditions relating to health section.
- 18. Anything mentioned in the General Exclusions Applicable to All Sections of the Policy.

## Section B – Hospital Benefit

### What is Covered

**We** will pay **you**, up to the amount shown in the Features and Benefits table, for every complete 24 hours **you** have to stay in **hospital** as an in-patient or are confined to **your** accommodation on the order of a **medical practitioner** outside of **your home country** as a result of **bodily injury** or **serious illness you** sustain. **We** will pay the amount above in addition to any amount payable Under Section A – Emergency Medical, Repatriation and Other Expenses.

This payment is meant to help **you** pay for additional expenses such as taxi fares and phone calls incurred during **your** stay in **hospital**.

### Special conditions relating to claims

**You** must give notice as soon as possible to the Emergency Assistance Service or **us** of any **bodily injury** or **serious illness** which necessitates **your** admittance to **hospital** as an in-patient or confinement to **your** accommodation on the orders of a **medical practitioner**.

### What is not covered

Any claims arising directly or indirectly from the following.

1. Any additional period of **hospitalisation** relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **serious illness** which necessitated **your** admittance into **hospital**.
2. Time spent in **hospital** relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the Emergency Assistance Service can be delayed reasonably until **your** return to **your home country**.
3. Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
4. Time spent in **hospital** or confinement to **your** accommodation on the orders of a **medical practitioner** as a result of a disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
5. Any additional period of hospitalisation or confinement to **your** accommodation on the orders of a **medical practitioner** following **your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
6. Any claims arising directly or indirectly from **your** failure to comply with the terms and conditions of the Important conditions relating to health section.
7. Any time spent in a **hospital** in **your home country**.
8. Anything mentioned in the General Exclusions Applicable to All Sections of the Policy.

## Section C - Personal Accident and Public Transport Accident

### What is covered

We will pay up to the amount shown in the Features and Benefits table:

1. if **you** sustain a **bodily injury** caused by an **accident** during a **trip**, which shall solely and independently of any other cause, result within 12 months in **your** death, **loss of limb**, **loss of sight** or **permanent total disability**; or
2. if **you** sustain **bodily injury** caused by an **accident** whilst travelling on **public transport** during a **trip**, which shall solely and independently of any other cause, result within 12 months in **your** death, **loss of limb**, **loss of sight** or **permanent total disability**.

### Special conditions relating to claims

1. **Our medical practitioner** may examine **you** as often as **we** deem necessary in the event of a claim.
2. Under **permanent total disability**, **you** need to be certified by **our medical practitioner** that there is no likelihood of an improvement in **your** condition.

### Provisions

Benefit is not payable to **you**:

- a) under more than one of the items shown in the features and benefits table per **trip**;
- b) under **permanent total disability**, until one year after the date **you** sustain the **bodily injury**;  
or
- c) under **permanent total disability**, if **you** are able or may be able to carry out any relevant employment or relevant occupation.

In the event of **your** death, the death benefit payment will be paid into the deceased's estate.

### What is not covered

1. Any payment under **permanent total disability** within 12 months from the date **you** sustain **bodily injury**.
2. Any **permanent total disability** or death that is caused by a worsening of physical health (e.g., a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Under 'What is covered' point 2, any claim when you are not travelling on **public transport**.
4. **Your** failure to comply with the terms and conditions of the important conditions relating to health section.
5. Normal and habitual travel (commuting) between **your** place of study and place of employment or second residence will not be considered as a covered **trip**.
6. Anything mentioned in the General Exclusions Applicable to All Sections of the Policy.

## Section D - Personal Liability

### What is covered

**We** will pay up to the amounts shown in the features and benefits table, inclusive of legal costs and expenses, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause occurring during a **trip** outside **your home country**, in respect of **accidental**:

1. **Bodily injury**, death, **serious illness**, or disease to any person who is not in **your** employment or who is not a **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to **you** and is neither in the charge of or under the control of **you**, a friend, a **close relative**, anyone in **your** employment or any member of **your** household other than any temporary **holiday** accommodation occupied (but not owned) by **you**.

### Special conditions relating to claims

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons, and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay, or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this **policy**.

### What is not covered

1. Compensation or legal costs arising directly or indirectly from:
  - a. Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b. Ownership or occupation of land or buildings (other than occupation only of any temporary **holiday** accommodation).
  - c. Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - d. Ownership, possession or use of mechanically propelled vehicles, automobile, aircraft, watercraft (other than surfboards or manually propelled rowboats, punts, or canoes) or any mechanically propelled conveyance.
  - e. Activities or volunteer work organised by, or under the auspices of, a charitable, voluntary, not for profit, social or similar organisation when liability for such activities or work should reasonably be included within the organisation's own Public Liability policy.
  - f. The transmission of any communicable disease or virus.
2. Any claims arising directly or indirectly from **COVID**.
3. Any liability arising out of actions between **insured persons**.
4. Anything mentioned in the General Exclusions Applicable to All Sections of the Policy.

## How to Claim – Claims procedure

**You** must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply, **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

When contacting the claims department, please have the following information to hand:

Ref: **guard.me** Multirisik Ireland

- Name of **your policy** and who it was purchased from (school / agency)
- Policy number
- Issue date (purchase date) of this insurance
- Where the incident occurred
- Value of claim
- Brief circumstances
- Travel dates
- Incident date

Failure to have the above information to hand may result in **your** claim being delayed. **We** may refuse to reimburse **you** for any claims which **you** cannot provide proof of payments such as an original receipt, bank, or credit card statements.

### For emergency medical assistance claims

In the event of a **serious illness** or **bodily injury** which may lead to inpatient **hospital** treatment or before any arrangements are made for repatriation **you** must contact the

- Emergency Assistance Service on +420 221 860 685.

### For all other claims:

To make a claim other than any claim for medical emergencies please contact:

White Horse Insurance Ireland dac by either:

- Telephone: +34 91 836 60 01
- Email: [claims@servisegur.com](mailto:claims@servisegur.com)

The claim notification should be made as soon as possible after any **bodily injury**, **serious illness**, **disease**, incident, event or the discovery of any loss or damage which may lead to a claim under this **policy**.

**You** must also inform **us** if **you** are aware of any writ (court claim form), summons or impending prosecution. Every communication relating to a claim must be sent to **us** as soon as possible. **You** or anyone acting on **your** behalf must not negotiate admit or refuse any claim without **our** permission in writing.

**We** may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this **policy**.

**You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance and medical certificates as required by **us**. **We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post-mortem examination.

## Complaints Procedure

**We** know that sometimes, no matter how hard **we** try, **we** don't always get it right. If **you** have a complaint, it's important that **you** know that **we** are committed to providing **you** with an exceptional level of service and customer care. **We** want to hear about **your** complaint so that **we** can try to put things right.

If **you** have a complaint about **your** insurance or about the way **your** claim has been dealt with, please write to:

The Customer Experience Manager  
White Horse Insurance Ireland dac  
Rineanna House  
Shannon Free Zone  
Shannon  
County Clare  
Republic of Ireland  
V14 CA36.

Email: [complaints@white-horse.ie](mailto:complaints@white-horse.ie)

**Our** Customer Experience Manager will issue a final response to **your** complaint. If **you** are still not satisfied with **our** decision after following the procedure above, **you** can contact:

The Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
Republic of Ireland  
D02 VH29.

Email: [info@fspoi.ie](mailto:info@fspoi.ie)

Website: [www.fspoi.ie](http://www.fspoi.ie)

Phone: 00 353 1 567 7000

The Financial Services and Pensions Ombudsman will not consider your complaint until **we** have issued a final response letter.

## Data Protection – White Horse Insurance Ireland dac

**We** hold **your** personal information in accordance with all applicable data protection laws.

To administer **your policy**, **we** will collect and use information about **you** provided by **you**. This notice applies to anyone who is insured under this insurance **policy** and whose personal information may be processed for the provision of insurance and related services.

Personal information may be used by **us** for the purposes of administering **your policy** including decision making on provision of insurance cover, underwriting, processing and claims handling. **We** may also use **your** personal information for other related matters such as customer service, analysis, complaints handling and the detection and prevention of crime. The information **you** have supplied may be passed to other insurers and reinsurers for underwriting and claims purposes or to other third-party service providers used by **us** in fulfilling **your** insurance contract.

**We** may send **your** personal information in confidence to other companies who provide services to **us** for processing and storage. This may mean sending information to countries outside of the United Kingdom, European Union or European Economic Area that may not have the same levels of privacy legislation as in the United Kingdom, European Union or European Economic Area. When **we** do this, **we** will ensure that **we** transfer the data securely and accordingly to regulatory requirements.

**You** have various rights in relation to **your** personal information that is held by **us**, including the right to request access to **your** personal information, the right to correct inaccurate personal information, or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

This notice explains certain aspects of how **we** use **your** information and what rights **you** have in relation to **your** personal information; however, **you** can obtain more information about how **we** use **your** data by reviewing **our** full privacy policy. **Our** privacy policy is available to read on **our** website [www.whitehorseinsurance.eu](http://www.whitehorseinsurance.eu).

**Your** data will be treated in accordance with **our** privacy policy.

## Data Protection – guard.me

We, at **guard.me** International Insurance Solutions Limited (“guardme.ie”), have made our Privacy Notice as clear and transparent as possible to help you understand how we collect and use your information.

Collecting personal information from our policyholders and their beneficiaries under the policies is essential to our ability to offer our customers high-quality insurance products and services. We take great care to keep all personal information collected accurate, confidential, and secure. Our Privacy Notice sets out our compliance with the General Data Protection Regulations of the EU (GDPR) and explains your rights as a customer of ours. We set high standards for collecting, using, disclosing, and storing personal information and are fully committed to protecting the confidentiality and security of the information that you provide to us

We may collect information from our customers which is personal information of other people, for example, beneficiaries on the policies or their family members who may be included on the customer policy. If you, as a customer, give us information about another person, it is your responsibility to ensure and confirm that:

- you have told the individual who we are and how we use personal information, as set out in this privacy notice; and
- you have permission from the individual to provide that personal information to us and for us to use it, as set out in this Privacy Notice.

The Company is committed to protecting your privacy. When your policy and/or service is purchased, you give consent for your personal data to be collected and processed by us in accordance with this Privacy/Data Protection Notice.

This information may also be shared with third parties, such as insurance companies, providers of benefits under the policy of insurance or with service providers to **guard.me**.

We collect and process your personal data in line with applicable privacy and data protection legislation. We take great care to keep your personal information accurate, confidential, and secure.

We collect, use, or disclose your personal information only with your permission, which you may withdraw at any time, subject to legal and contractual restrictions and reasonable notice.

We collect only the information we need for the purposes we have identified to you. Our files are kept for the purpose of providing and servicing insurance products and services that we believe are right for you.

We will not sell your personal information.

Our Data Protection Officer can be contacted at [adminint@guard.me](mailto:adminint@guard.me).

This notice explains certain aspects of how we use your information and what rights you have in relation to your personal information; however, you can obtain more information about how we use your data by reviewing our full privacy policy. Our privacy policy is available to read on our website [www.guardme.ie](http://www.guardme.ie)

Your data will be treated in accordance with our privacy policy.