

IMPORTANT NOTES - PLEASE READ CAREFULLY

Disclosure of Material Facts

You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim. You should disclose all material facts, i.e. those which might influence acceptance or assessment of your insurance. If you are in any doubt as to whether a fact is material or not you should disclose it.

Medical Information

We may need additional medical information to assess the insurance application. We will not be responsible for any costs associated with obtaining medical information for the purposes of entering in to the contract. It may be necessary to send your application and relevant medical reports to the Chief Medical Officer of Groupama Insurances for their opinion or agreement of any terms offered.

Change in Circumstances

You must tell us as soon as reasonably possible about any change in circumstances that increases any Insured Person's risk of bodily injury or illness. You must also notify us at the renewal of the policy if any Insured Person has been declared bankrupt or has been convicted of or charged but not tried for any offence other than driving offences. We may change the terms and conditions of this Policy from the date of any change in their circumstances.

Health

The policy contains conditions about the health of people travelling and the health of others upon whose health a planned trip may depend. You are advised to read your policy carefully.

Hazardous Activities

If you plan to take part in any activities that present a risk of injury, including water sports, check that the policy will cover injury arising from participation in such activity. The Policy contains full details of the excluded activities.

Policy Excesses

Under most sections of the policy, claims will be subject to an excess. This means that you will be responsible for paying the first amount of each claim.

Data Protection Act 1998

You should understand that we will hold and process your and any Insured Persons' sensitive health and other personal data for insurance administration purposes. To do this we may pass information to third parties and other insurers. This may involve passing information to other countries including those that have limited or no data protection laws. By effecting or renewing this Policy you give explicit consent to us holding and processing this data about you and any Insured Person and you confirm that all the data you supply is accurate and that you have the specific consent of all Insured Persons to disclose their personal data. Telephone calls may be recorded.

Law Applicable to this Contract

This contract will be governed by and construed in accordance with English law unless you and we agree otherwise.

Financial Services Compensation Scheme (FSCS)

Groupama Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 020 7892 7300.

Commencement of Insurance

This insurance will not commence until Groupama Insurance Company Limited have assessed and accepted you application and confirmed this to you in writing.

Please keep a record (including copies of letters) of all information supplied for the purpose of entering into this contract of insurance. A copy of this proposal can be supplied on request within a period of three months after its completion. A copy of the Policy is available upon request.

DECLARATION

I declare that on behalf of myself and all named applicants that to the best of my knowledge and belief that at the time of completing this application that all people to be insured and those on whom a trip may depend, are in good health and are residents of the United Kingdom or the Channel Islands. I confirm that they will not be travelling against medical advice nor after receipt of a terminal prognosis nor for the purpose of obtaining medical treatment.

I understand that failure to declare any material fact may result in this insurance being declared void and that a claim for the benefits may not be paid. To the best of my knowledge and belief all the statements made, which includes anything I have said, have been recorded accurately in this application or are as attached and are true and complete. This proposal shall form the basis of the contract with Groupama Insurance Company Limited. I agree to accept the Policy terms and conditions that are applicable to this insurance.

Signature

Date