

Worldwide Excluding USA

Policy Number: 22INT07058

SCHEDULE OF BENEFIT TABLE

BENEFIT	SUM INSURED (AUD\$)	EXCESS APPLICABLE
Medical Assistance		
MEDICAL EXPENSES Maximum In case of illness or accident	\$25,000,000	N/A
DENTAL TREATMENT -	\$350 per tooth, up to \$1,000 maximum \$600 Dental expenses due to sudden and acute pain	N/A
EMERGENCY MEDICAL EVACUATION or repatriation home (must be pre-approved)	Up to \$250,000	N/A
REPATRIATION of REMAINS or BURIAL	Up to \$25,000	N/A
EMERGENCY REUNION - Personal support and accompaniment	Up to \$10,000 per person when You are hospitalized for more than 7 days, includes round trip economy airfare and hotel expenses for close relative (Benefit allows up to 2 people)	N/A
RETURN TRIP home due to a family emergency (serious illness/accident, death of a close family member)	Up to \$1,500	N/A
Luggage Assistance		
LOSS of CHECKED BAGGAGE	Up to \$250	\$100
LUGGAGE DELAY	Up to \$300 (\$100 per 24 hours up to 3 days)	N/A
LOST DOCUMENTS	Up to \$1,000	N/A
TRAVEL DELAY	Up to \$1,000 (\$300 per day)	N/A
CATASTROPHE COVERAGE	100% of customary costs up to \$1,000	N/A
LOSS of PERSONAL BELONGINGS – including theft and loss or damage by fire or natural disaster	Up to \$2,000. Sub limited to \$750 single article limit; PC \$2,000; Camera \$2,000;	\$100
Accidental Death & Disablement & Personal (3rd Party) Liability		
PERSONAL ACCIDENT Accidental Death, loss of sight, loss of limb(s), permanent total disablement	\$50,000	N/A
PERMANENT TOTAL DISABLEMENT, Loss of Sight, Loss of Limb(s)	\$50,000	N/A

SEARCH AND RESCUE	100% of customary costs up to \$25,000	N/A
PERSONAL LIABILITY Physical injury and property damage	\$2,000,000	\$100
LEGAL EXPENSES	Up to \$25,000	N/A

This policy provides cover for unforeseen medical events only. No Pre-existing Medical Conditions are covered. You are not covered for any claims that you make that relates to a Pre-existing Medical Condition as defined herein.

INSURING AGREEMENT

In return for You having paid the premium for the Coverage Period, We will provide You the Benefits set out in Your Policy whilst You are on a Trip away from your Home Country during the Coverage Period subject to the Definitions, Conditions, Benefits limits and Exclusions contained in Your Policy.

This is Your Travel Insurance Policy, which with your Certificate of Insurance should be read together and forms the contract of Insurance between You and Us but is only valid if you have paid the premium.

Your premium has been based on the information shown in Your Certificate of Insurance and recorded in the written declaration you have made. Please read them carefully to make sure they meet Your requirements and that the details on Your certificate of Insurance are correct. If after reading your Policy and Certificate You have any questions, please contact us.

Important Information

This document, the **schedule**, and any **endorsement(s)** attached form **your insurance**. This insurance sets out the conditions of the **insurance** between **you** and **us**. Please read the whole document carefully and keep it in a safe place.

It is important that:

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

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

Information you have given us

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

If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information, **we** will treat this **insurance** as if it never existed and decline all claims.

If **we** establish that **you** carelessly provided **us** with false or misleading information, it could adversely affect **your insurance** and any claim. For example, **we** may:

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

We or your insurance broker will write to you if we:

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

Notifying us of any changes or inaccuracies

If **you** become aware that information **you** have given **us** is inaccurate or has changed, **you** must inform **your insurance** broker as soon as practicable. When **we** are notified that information **you** previously provided is inaccurate, or of any changes to that information, **we** will tell **you** if this affects **your insurance**. For example, **we** may amend the terms of **your insurance** or require **you** to pay more for **your insurance** or cancel **your insurance** in accordance with the "Cancelling this **insurance** section below.

If **you** fail to notify **us** that information **you** have provided is inaccurate, or **you** fail to notify **us** of any changes, this **insurance** may become invalid and **we** may not pay **your** claim, or any payment could be reduced.

Cancelling this insurance

You can cancel this **insurance** at any time by writing to **your insurance** broker.

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

- non-payment of premium;
- a change in risk occurring which means that **we** can no longer provide **you** with **insurance** cover;
- non-cooperation or failure to supply any information or documentation **we** request; or
- threatening or abusive behaviour or the use of threatening or abusive language.

Refund of premium

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

- the date **you** receive this **insurance** documentation; or
- the start of the **period of insurance**

whichever is the later.

If **you** cancel this **insurance** within the cooling off period then, provided **you** have not made a claim, **we** will refund in full any premium **you** have paid.

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

If **you** cancel this **insurance** outside the cooling off period, there will be an additional charge, as stated in the **Schedule**, to cover the administrative cost of providing the **insurance**.

If **we** pay any claim, in whole or in part, then no refund of premium will be allowed.

Choice of Law

The appropriate law as set out below will apply unless **you** and **we** agree otherwise.

This contract will be subject to the law of England and Wales.

You and **we** shall submit to the exclusive Jurisdiction of the courts of England and Wales.

This Policy is subject to the Insurance Act 2015 (the "**Act**") and except as expressly varied by the terms of this Policy, nothing herein shall be deemed to be a waiver of our rights under the Act.

Counter Terrorism and Security Act 2015

We will not be liable pay any ransom monies if we have reasonable grounds to suspect the ultimate beneficiary of a ransom will be a terrorist entity.

The Contracts Rights of Third Parties – Act 1999

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

Sanction Limitation and Exclusion Clause

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

Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **you** under this **insurance**.

If **you** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this **insurance**. Further Information about the Scheme is available from the Financial Services Compensation Scheme (PO Box 300, Mitcheldean, GL17 1DY) and on their website: www.fscs.org.uk.

Data Protection

The basics

We collect and use relevant information about **you** to provide **you** with **your insurance** cover or the **insurance** cover that benefits **you** and to meet **our** legal obligations.

This information includes details such as **your** name, address and contact details and any other information that **we** collect about **you** in connection with the **insurance** cover from which **you** benefit. This information may include more sensitive details such as information about **your** health and any criminal convictions **you** may have.

The way **insurance** works means that **your** information may be shared with, and used by, a number of third parties in the **insurance** sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory **insurance** databases. **we** will only disclose **your** personal information in connection with the **insurance** cover that **we** provide and to the extent required or permitted by law.

Other people's details you provide to us

Where **you** provide **us** or **your insurance broker** with details about other people, **you** must provide this notice to them.

Want more details?

For more information about how **we** use **your** personal information please see **our** full privacy notice(s), which is/are available online on **our** website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information **we** hold about **you**, including the right to access **your** information. If **you** wish to exercise **your** rights, discuss how **we** use **your** information or request a copy of **our** full privacy notice(s), please contact **us**, or **your broker** who will provide **you** with **our** contact details.

In this **insurance our** syndicate numbers and proportions are shown in the attached table. **We** bind **ourselves** severally and not jointly, that is, in the event of a claim, each of **us** (and **our** Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.

You or **your** representative can obtain the name of each of **us** and **our** respective shares by applying to Market Services, Lloyd's, One Lime Street, London EC3M 7HA.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

Our Firm Reference Number(s) and other details can be found on the Financial Services Register at www.fca.org.uk

Claims Information

How to make a claim

Things you must do

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

1. In the event of the **insured person sustaining Accidental Bodily Injury or Illness** **you** must as soon as reasonably possible contact **our** Medical Assistance Company and, in any event, no later than 60 days after the event.
2. **You** and **the insured person** must allow our Medical Assistance Company to take over and control all assistance on **your** behalf and no offer, promise or payment shall be made without **our** consent
3. **You** or **insured person** family must not make or attempt to make any arrangements for the payment for any treatment without the agreement of **our** Medical Assistance Company
4. **You** and **insured person** where reasonably practical must provide **our** Medical Assistance Company with all assistance and information requested in a timely manner.
5. For all other claims **you** must as soon as practicable and in any event no later than 60 days contact **our** Claims Administrator.
6. In the event of a claim for Personal Accident or Illness under this **insurance**, the **insured person** must as soon as practicable seek the attention of a duly **qualified medical practitioner**.
7. **You** and **insured person** must provide **our** Medical Assistance Company or Claims Administrator with all information **we** may reasonably require including a fully completed claim form, which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of **bodily injury** evidence to show that this was caused as a result of an **accident**. If the information supplied is insufficient, they will identify the further information required. If they do not receive this information, they may reject the claim or withhold payment until the information they may reasonably require is received.

In the event of a claim **for Accident or Illness** please contact **our** Medical Assistance Company, Northcott Global Solutions on

Tel: +44 (0)207 183 8927 (press 1 for 24/7 emergency assistance)

24/7 NGS Assistance Email: ops@northcottglobalsolutions.com

You must obtain their prior authorisation if you go into a Hospital or a clinic as an In-Patient or Day Patient or wish to return home by any other means than originally booked.

our Medical Assistance Company will require the following details:

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

For all other claims please contact **our** Claims Administrator Van Ameyde:

E mail NGSclaimsUK@vanameyde.com

Telephone: 0208 315 0733

How we deal with your claim

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

The Claims Administrator will require the following details:

- The **insured person's** name

- The Policy Number
- **insured persons** contact details
- Nature of claim e.g. **temporary total disablement** claim or loss of baggage claim
- Date of Loss
- Amount claimed.
- Country of loss
- Policy Inception/Expiry Date (if available)
- Policy holder's (**insured**) name (if different to **insured person's** name)
- The name and phone number of the doctor and hospital treating the **insured person** (if applicable)

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

Fraudulent claims

1. If **you** make a fraudulent claim under this **insurance**, **we**:

- are not liable to pay the claim; and
- may recover from **you** any sums paid by **us** to **you** in respect of the claim; and
- may by notice to **you** treat this **insurance** as having been terminated with effect from the time of the fraudulent act.

2. If **we** exercise **our** right under clause 1. c) above:

- We** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this **insurance** (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
- We** need not return any of the premiums paid.

Complaints Procedure

Dale Underwriting Partners are committed to providing **you** with a high-quality service, which **we** expect to maintain throughout the duration of the **insurance**. In order for this level of service to be fully appreciated by **you**, **we** would first ask **you** to read through this **insurance** document carefully to ensure **you** understand the extent of the coverage provided and the conditions and exclusions that apply particularly what is required of **you** if and when **you** become aware of a claim or a circumstance which may give rise to a claim being made against **you**.

If **you** have any questions or concerns about **your insurance**, which cannot be answered to **your** satisfaction by **your insurance** broker, then please contact **us** at the address set out below.

If **you** have any complaint or issues over the handling of a claim **you** should, in the first instance please contact the Executive Director & Head of Claims at the address set out below.

If **you** feel that **we** have not offered **you** a first-class service, please write and tell **us** at the address set out below and **we** will do **our** best to resolve the matter with **you**.

Contact Address:

Complaints E-Mail address: complaints@daleuw.com

6th Floor Bevis Marks Tel: +44 (0) 20 3307 1498

6 Bevis Marks

London EC3A 7BA

If **you** are unable to resolve the situation with **us** and wish to make a complaint, **you** can do so at any time by referring the matter to the Lloyd's Complaints department, whose contact details are as follows:

Complaints E-Mail address: Complaints@Lloyds.com

Lloyd's Tel: +44 (0) 20 7327 5693

One Lime Street Facsimile: +44 (0) 20 7327 5225

London EC3M 7HA

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service (FOS). The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services:

Financial Ombudsman Service

E-Mail complaint.info@financialombudsman.org.uk

Exchange Tower

Telephone: +44 (0)30 0123 9123

London E14 9SRLloyd's **we** are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's underwriter is unable to meet its obligations to **you** under this contract. If **you** are entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (7th floor, Lloyds Chambers, Portsoken Street, London E1 8BN) and on their website (www.fscs.org.uk)."

Claims provisions

As soon as possible after the occurrence of any Accidental Bodily Injury or Illness the Insured Person must obtain and follow the advice of a Medical Practitioner. We shall not be liable for any consequences arising due to Your failure to obtain and follow such advice or use such appliance or remedies as may be prescribed.

You must immediately pass on to the Claims Handler unanswered, all communications from third parties in relation to any event that may result in a claim under this Policy. You must not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this Policy without their written agreement.

In the event of a claim the Claims Handler will ask for the completion of a claim form and all reasonable and necessary evidence to support Your claim which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of Bodily Injury evidence to show that this was caused as a result of an Accident. If the information supplied is insufficient, they will identify the further information required. If they do not receive this information they may reject the claim or withhold payment until the information they may reasonably require is received.

The claimant must give the Claims Handler or Assistance Company permission to obtain any medical reports or other records needed from the Medical Practitioner who has treated them otherwise We may not pay the claim.

The claimant must grant our Assistance Company permission to transfer personal information outside the European Economic Area or if different their Home Country where necessary to enable them to provide the services described in Your policy documents (such as dealing with claims or providing Security or Medical Assistance). Failure to grant such permission may result in Our inability to provide such services or pay claims where the payment of such a claim is reliant on this information.

The Claims Handler may ask You to attend one or more medical examinations. If they do We will pay the cost of the examination(s) and for any medical reports and records (and the reasonable costs of any person required to travel with You provided these costs have been agreed by our Claims Handler first). If the claimant refuses to attend such examinations without reasonable cause We may reject their Claim.

In the event of Your death We have the right to request a post-mortem examination at our own expense. If this is refused We may not pay the claim.

The Claims Handler may also contact third parties who have or who were to provide services to You, for example airlines or hotels, to verify the information provided to them to support a claim.

If You do not comply with any reasonable request made by Claims Handler or Us under this Claims Procedure We may not pay the claim.

The payment of a claim in full will fully discharge our liability under this Policy.

Proof of Claim

When Our Claims Handler receives notice of claim, they will provide You with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claimant's Statement and Authorization Form (provided to you by the Claims Handler), together with all attachments reasonably request (as set out in paragraph 2 above, under "Claims provisions") and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of You.

You shall submit Proof of Claim to the Claims Handler as soon as reasonably possible after receiving the forms for filing Proof of Claim from them but in any event no later than 60 days beginning on the date of receipt of such forms. If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by You or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Us.

GENERAL CONDITIONS APPLICABLE TO THE POLICY AS WHOLE

Each Section of the Policy contains specific conditions. They must be read in conjunction with the following Policy Conditions which apply to all Sections unless otherwise stated. Where (i) there has been a failure to comply with a term (express or implied) of this insurance contract, other than a term that defines the risk as a whole; and (ii) compliance with such term would tend to reduce the risk of loss of a particular kind and/or loss at a particular location and/or loss at a particular time, We cannot rely on the breach of such term to exclude, limit or discharge Our liability if You show that the failure to comply with such term could not have increased the risk of the loss which actually occurred in the circumstances in which it occurred.

Eligibility Criteria

To be eligible for cover under this Policy You must satisfy the following criteria:

At the time of purchasing or extending this Policy and during the Coverage Period You must be no older than 40 years of age.

- You must be travelling outside of Your Home Country (including Incidental Travel days) for the purpose of Internship programs
- You must be resident in your Home Country when applying for this Policy and, at the time of purchasing or extending this Policy and during the Coverage Period, You must not be a Legal Permanent Resident of the Host Country.

Termination of Cover:

Cover under this Policy terminates on the earlier of:

1. 12:01am EST on the last day of the Coverage Period for which premium has been paid; or
2. the moment You return to Your Home Country
3. the expiration of 12 months from the Effective Date unless declared to and accepted by Us in writing; or
4. the maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid; or
5. the date You cease to be an Eligible Person.

Grace Period

Following a Termination of Cover as a result of you ceasing to be an Eligible Person, you shall have the benefit of a temporary extension of cover under this Policy for a maximum period of 14 days grace (**Grace Period**). If, within the Grace Period, you acquire the benefit of alternative insurance cover, such temporary extension of cover will cease immediately.

Benefit payments

All benefits will be paid directly to You unless Our Claims Handler has guaranteed Your expenses or charges and has made payment on Our behalf. In the event of Your death any benefits payable will be made to Your executors or administrators. In the event of You not having an executor or administrator the benefits will be paid out in accordance with the inheritance laws of Your Home Country.

Currency

The monetary limits stated in the Policy and any Certificate issued hereunder are in AUD.

Excess Insurance Limitation

The insurance provided by this plan shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Valid indemnities include the following:

- a) Workers' Compensation law,
- b) Occupational Disease law or similar law concerning job related conditions of any country; government;
- c) Any other valid and collectible insurance whether or not claim is made for such benefits,
- d) Any government entity due to an epidemic or public emergency.

Extensions

You may extend Your Coverage Period, provided You continue to satisfy the Eligibility Criteria and remain in good health, by contacting the Plan Administrator. The maximum aggregate period of cover under Your Policy, as extended, may not exceed 18 months. We may refuse to extend Your Coverage Period., including if You have made or intend making any claims on Your previous Coverage Period. For all such extensions all conditions, restrictions and exclusions set out in this Policy will continue to apply.

Fraudulent claims.

1. If You or anyone acting on Your behalf makes a fraudulent claim under the Policy, We:
 - a) Are not liable to pay the claim; and
 - b) May recover from You any sums paid by Us to You in respect of the claim; and
 - c) May by notice to You treat the Policy as having been terminated with effect from the time of the fraudulent act.
2. If We exercise Our right under clause 1(c) above:
 - a) We shall not be liable to You in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to Our liability under the Policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
 - b) We need not return any of the premiums paid.
3. If a fraudulent claim is made under the Policy by or on behalf of an Insured Person, We may exercise the rights set out in clause 1 above as if there were an individual insurance contract between Us and the Insured Person. However, the exercise of any of those rights shall not affect the cover provided under the Policy for any other Insured Person or You.

Measures outside Our control

We and Our Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

Medical Advice

You cannot undertake a Trip from Your Home Country either against the advice of Your Physician or after You have received a terminal prognosis or if you are travelling purely for the purpose of medical treatment. If You choose to do so all Our liability under this Policy shall cease.

Pre-authorization requirements for treatments, costs charges or expenses.

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Assistance Company,

If You do not comply with this pre-authorization requirement We will be unable to pay for Your treatments or costs, charges or expenses that You incur.

To comply with the pre- authorization requirements, You or a third party must:

1. Contact the Assistance Company at the telephone number contained in Your Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the reasonable instructions of the Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify your treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Assistance Company.

If in an emergency it is not reasonably possible for You to obtain pre-authorization from Our Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations. You or a third party must notify them as soon as reasonably practicable of admission as an In-patient in which case all Your charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

PUBLIC HEALTH EMERGENCY: Subject to all other Terms of this insurance, in the event of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, the Company will cover an Illness or Injury incurred during the Period of Coverage and caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster when, prior to the issuance of a Travel Warning for the Host Country/Destination Country or a Global Travel Warning:

- 1) the Effective Date of Coverage has occurred; and
- 2) the Insured Person has arrived in the Host Country/Destination Country or Affected Area.

In the event that the applicable Travel Warning is removed for the Host Country/Destination Country or Affected Area, coverage for an Illness or Injury incurred during the Period of Coverage after the Travel Warning is removed, which was caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease

outbreak, or Natural Disaster will be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

COVID-19/SARS-CoV-2 is not applicable to this provision.

Reasonable Precautions

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

Recovery from third parties

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

Residency

You must be resident in your Home Country or within 14 days of arrival in Your Host Country when applying for this Policy

You cannot be a Legal Permanent Resident of the Host Country. Cover under this Policy will cease immediately once you become a Legal Permanent Resident or citizen of the Host Country.

Right of Recovery

If any benefit paid to You or on Your behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to You due to clerical or administrative error, then We reserve the right to recover such payment from You or any institution, insurer or other organisation or party to whom such payment has been made.

Right of Repatriation

In the event of You requiring any medical treatment or Hospital or medical services, We may at our sole discretion arrange Your Repatriation to Your Home Country either before or after You receive medical treatment or Hospital or medical services if in the opinion of Our Assistance Company and Your treating Physician You are medically fit to travel and it is safe for You to do so. If You refuse to return when declared medically fit to do so We will not pay for any continuing medical treatment or Hospital or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

Subrogation

Under the law applicable to this Policy, We have the legal right to stand in your shoes in the event that you make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Your name and in doing so You will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. You agree not to make any payment, admit liability, offer or promise to make any payment without written consent from us.

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY AS A WHOLE

Each Section of the Policy contains Exceptions. They must be read in conjunction with the following Exceptions which apply to all Sections unless otherwise stated.

We will not pay any expenses resulting indirectly or directly from:

- a. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.
- b. Your claim which is recoverable under some other scheme that provides coverage for any medical treatment. For example, Medicare, a private health fund, national reciprocal health fund or scheme, workers' compensation scheme, travel compensation fund or accident compensation scheme.
- c. Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- d. Your claim occurring because You act illegally or break any government prohibition, travel warning or regulation including visa requirements.
- e. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance
- f. Your claim occurring from You being in control of or a motor cycle or vehicle with an engine capacity greater than 250cc without a current motorcycle or vehicle license valid for the country you are travelling in and without wearing a helmet.
- g. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body's warning against travel to a particular country or parts of a country unless this has been accepted by Us and the appropriate additional premium has been paid by You.
- h. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for Personal Accident, Medical Expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Trip Interruption and Cancellation of Trip where You have no direct or indirect involvement in the Act of Terrorism).
- i. Your claim arising from Your participation in any Sporting or Athletic Activity on a professional, semi- professional or intercollegiate basis.
- j. Your claim arising from Your participation in any activity or sport not engaged in solely for leisure, recreation, entertainment or fitness purposes.
- k. Your claim arising from any of the following:
 - I. You intentionally and recklessly placing yourself in circumstances, or undertaking activities, which pose a risk to Your personal safety (except in an attempt to save a human life)
 - II. Your participation in the following sport or activities: hunting, polo, racing (except on foot), mountaineering, rock climbing, abseiling, base jumping, running with bulls, or pot holing
 - III. Travelling in international waters in a private sail vessel or privately registered sail vessel
 - IV. Your participation in, or training for, a professional sporting activity
 - V. Riding a 4 wheel motor cycle, even as a pillion passenger
- l. Your claim arising because You dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the Australia or you were diving under licensed instruction.
- m. Your claim arising from Your use of drugs, narcotic agents or Substance Abuse, other than for drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of drug, narcotic agents or Substance Abuse.
- n. Your claim arising whilst You are under the influence of alcohol as defined by the motor vehicle laws at Your Trip destination.
- o. Your claim arising as a result of or in connection with intentionally self-inflicted Injury or Illness, suicide or attempted suicide.
- p. Your claim occurring out of You flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
- q. Your claim if You had attained the age of 41.
- r. Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.
- s. Your claim arising from Your engaging in any form of Physical Manual Labour.
- t. Any expenses incurred within Your Home Country.
- u. We will not be liable for Medical Expenses incurred by the Insured Person for services provided by any government Hospital or agency, or government sponsored-plan for which the Insured Person would not be responsible for such medical expenses in the absence of this policy.

GENERAL DEFINITIONS APPLICABLE TO THE POLICY AS A WHOLE

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles. Each Section of the Policy contains definitions which apply to that particular Section and they must be read in conjunction with the following Policy Definitions:

Accident: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

Accidental Bodily Injury: Injury which is sustained by You as the result of an Accident which solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or injury that incurs Medical Expenses.

Act of 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 organization(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.

Acute Onset of a Pre-existing Medical Condition: A sudden and unexpected occurrence of a pre-existing medical condition which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

Acute Onset of Pain (Emergency Dental): A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

Affected Area(s): Any and all countries, states, provinces, territories, cities or other areas experiencing ongoing transmission of an Epidemic, Pandemic or other disease outbreak, or Natural Disaster.

AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

Application: The completed and signed document submitted by You when applying for this Policy.

Appropriate Authorities: The United States Department of State, the Foreign Office of Canada, The Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom, or similar authority of Your Home Country.

ARC: AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

Assistance Company: means Northcott Global Solutions whose contact details are set out in this Policy above.

Baggage: means the personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling.

Benefits Table: means the table of benefits set out in your Certificate

Certificate of Insurance / Schedule of Insured Persons: The document issued to You by the Participating Organization which provides evidence of benefits payable under this Policy. If You are purchasing the coverage as an individual you will receive a Certificate of Insurance and if You receive the benefits as part of a group You will be listed in the Schedule of Insured Persons.

Certificate Period: means the dates of Coverage Period set out in your Certificate. The maximum Certificate Period is 18 months unless declared by You to Us and accepted by Us.

Children: Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

Claims Handler: means Van Ameyde whose contact details are set out in this Policy above.

Close Relative: Your Partner, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, Dependents, grandchild(ren).

Coinsurance: The payment made by You of any of the Benefits at the percentage stated in the Benefit table and/or as shown on the Certificate of insurance.

Common Carrier: An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

Complications of Pregnancy: Illnesses prior to the 26th week of Your pregnancy whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

Contact Sports: A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play.

Coverage Period / Trip: Whilst the Eligible Person is on a trip outside their Home Country which begins during the Certificate Period commencing from the time they leave their Home Country (from the time of departing from their home residence or place of education, study or work whichever is left last) to travel to their Host Country and continues during the Coverage Period including any Incidental Travel Days and terminates on at the time they return

to their Home Country (from the time of arriving at their home residence or place of education, study or work whichever is reached first).

Custodial Care: The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Deductible / Excess: A defined currency amount, as stated in the Benefit Table that You must pay per claim prior to any payment by Us.

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Dependents: Your natural or legally adopted Children or legal wards, foster or step-child(ren) of You or those of Your Partner (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance Policy.

Documents: Means travel tickets, passports and driving licenses held by You for social, domestic and/or pleasure purposes.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date: means the Effective Date specified on Your Certificate.

Eligibility Criteria: means the qualifications and requirements needed for You to purchase this Policy as set out in the General Conditions.

Eligible Person: means a person satisfying the Eligibility Criteria.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing Your life or limb in danger if medical attention is not provided within 24 hours.

Emergency Medical Evacuation: means Your transportation by air and/or surface transportation following Your Accidental Bodily Injury or Illness.

Emergency Room Deductible: The defined currency amount stated in the Benefits Table.

End Date: Means the End Date specified on Your Certificate.

Epidemic: The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Excluded Territories: Afghanistan, Africa (except South Africa), Iran, Iraq, Lebanon, North Korea, Pakistan, Syria, Ukraine, West Bank and Gaza Strip, Yemen, or any Country/Region where an Advisory Notice has been issued where the Appropriate Authorities advise against such travel.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, extended care facility or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

Geographic Location: The country or region You have stated you are travelling to on your application.

Global Travel Warning: A published statement, warning or advisory, including any website document, issued by the World Health Organization (WHO), United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Insured Person's Home Country/Country of Residence or Host Country/Destination Country, warning that any global travel (travel anywhere) poses serious risks to health, safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including all United States Department of State global advisories or global warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC global advisories or global warnings Level "3 – avoid nonessential travel" or any higher level. For the avoidance of doubt, a Global Travel Warning covers all Affected Areas, including the United States of America and all of its territories.

HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

Home Country: For US Citizens, Home Country is the United States of America, regardless of the location of their principal residence. For non-US Citizens, Home Country is the country where they principally reside and receive regular mail.

Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of

Medically Necessary Inpatient care in a Hospital.

Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Host Country: Means the destination country within in the Geographical Location You have selected in your application form.

Illness: A sudden and unexpected sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition which first manifest itself during Your Trip. For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Imminent Physical Danger: means You are subject to possible physical Injury or Illness that could result in Your grave physical harm or death.

Incurred: A charge is incurred on the date the service is provided or supply is purchased.

Injury: Bodily injury resulting from an Accident.

Inpatient: When You are an overnight resident patient of a Hospital, using and being charged for room and board.

Incidental Travel Days A related Trip up to a maximum of 72 hours taken during and/or immediately after the coverage period for overnight stays outside Your Home Country or Your Host Country.

Intensive Care Unit: A cardiac care unit or other unit or area of a Hospital that, where applicable, meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Legal Permanent Resident: means a person who has been granted full lawful permanent residence as defined by the immigration law in the country of their legal permanent residence.

Loss of Limb: Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

Loss of Sight: Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if You are added to the Register of Blind Persons in your Home County on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;
- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

Luggage: means the personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling.

Medically Necessary: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Accidental Bodily Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if is provided only as a convenience to You and/or is not appropriate for Your diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Medical Practitioner: means someone who practices medicine.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Money: Coins, bank notes, postal or money orders, signed travelers cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of You and are intended for travel, meals, accommodation and personal expenditure only.

Outpatient: When You receive Medically Necessary treatment by a Physician for Accidental Bodily Injury or Illness that does not require overnight stay in a Hospital.

Pandemic: A global outbreak of a disease.

Participating Organization: Internships Down Under who are the organization that applies for coverage on Your behalf from the Plan Administrator.

Partner: Your spouse or civil partner living at the same address as You for the last 12 months and sharing financial living expenses and where applicable is also responsible for Your Dependents.

Permanent Total Disablement: Disablement that has lasted for at least twelve months and which in the opinion of a Physician is beyond hope of recovery and shall in all probability continue for the remainder of Your life and result in Your inability to perform or give attention to gainful occupation of any and every kind.

Personal Belongings: means personal articles, which are Your property; or property for which You are responsible and which is taken on or acquired during Your Trip.

Physical Manual Labour: Any work involving physical labor such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance or involving the use of power tools or hazardous equipment such as explosives.

Physician: Means a qualified doctor of medicine lawfully licensed to practice in the place where medical services are performed but this does not include You or a relative of Yours.

Plan Administrator: Global Secutive who is the insurance advisor You or the Participating Organization arranges coverage from.

Pre-existing Medical Condition: Any ongoing medical or dental condition or related complication You have or which you were aware of or had symptoms in the 12 months prior to your policy effective date or for which You are currently being or have been investigated or treated by a health professional (including dentist or chiropractor) or for which you take prescribed medicine or for which You have had or have planned surgery, or Pregnancy.

Pregnancy; Routine pre-natal care, child birth, and post natal care false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with the management of a difficult Pregnancy, and not constituting a medically distinct condition, and all charges related to Pregnancy other than for conditions constituting a medically distinct Complication of Pregnancy and only prior to the 26th week of Pregnancy or Abortions, except in connection with covered Complications of Pregnancy.

Proof of Claim: A completed and signed Claimant's Statement and Authorization Form provided by Our Claims Handler, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the Insured, and any other documentation that is deemed necessary by Us.

Public Health Emergency of International Concern: A formal declaration by the World Health Organization (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, Epidemic, Pandemic and potentially requires a coordinated international response.

Registered Nurse: A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

Repatriation: means Your transportation by air and/or surface transportation with a qualified medical attendant to Your Home Country to obtain further medical treatment or to recover or both.

Repatriation of Remains: The ground or air transportation of Your bodily remains or ashes to Your Home Country including the costs of preparation of the remains necessary for transportation.

Routine Physical Exam: Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

Sporting or Athletic Activity: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games.

Student: means a person who is studying at college or university or other place of higher education.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Surgery or Surgical Procedure: An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Travel Warning; Emergency Travel Advisory: A published statement, warning or advisory, including any website document, issued by the World Health Organization (WHO), United States Centres for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Insured Person's Home Country/Country of Residence or Host Country/Destination Country, warning that travel to Affected Areas poses serious risks to health, safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including all United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level. For the avoidance of doubt, a Travel Warning covers all specified Affected Areas, including the United States of America as applicable.

Us, We or Our: Dale Underwriting Limited

Unattended: Outside of Your custody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

Usual, Reasonable and Customary or URC: In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as Usual, Reasonable and Customary charges will be determined by the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in.

Valuables: Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

You or Your or Insured or Insured Person: means the person or persons named in the Certificate of Insurance as the insured or the insured's under this Policy.

Work Abroad: Clerical office work of any kind or work in hospitality, entertainment, retail consumer or tourism.

MEDICAL BENEFITS SECTION

Medical Expenses and Hospitalization

We will pay up to the amount stated in the Benefits Table if You sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
7. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
8. Emergency local ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.
9. Emergency Dental Treatment and dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
10. Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
11. Physical therapy if prescribed by a Physician who is not affiliated with the physical therapy practice providing the physical therapy, provided that it is necessary, to continue recovery from a covered Injury or Illness.
12. Charges for Treatment resulting from COVID-19/SARS-CoV-2 covered as any other medical condition

Maximum Benefit

The aggregate amount payable by Us for incurred Medical Expenses and Hospitalisation for any one Accidental Bodily Injury or Illness will never exceed the amount stated in the Benefits Table.

Emergency Room Deductible (Co-Pay Amounts)

In you are travelling in the USA, there is an Emergency Room Deductible of US\$ 350 co-pay for an emergency room for Illness if you are not admitted for treatment. This does not apply to any Accident or Injury treatment

Emergency Medical Evacuations

If You require Emergency Medical Evacuation We will pay up to the amount stated in the Benefits Table for Your emergency transportation to the nearest suitable Hospital.

Emergency Reunion

We will pay up to the amount stated in the Benefits Table for the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation

The cost of an economy round-trip air or ground transportation ticket for --- up to two of Your Close Relatives to visit You if You are or are to be hospitalized for more than 7 days following Emergency Medical Evacuation; and

1. Reasonable expenses for lodging and meals up to two Close Relative to remain whilst You are hospitalised, for a period not to exceed 15 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the Close Relative(s) prior to Your return to Your Home Country, for a period not exceeding 30 days.

The following Exclusions apply to Medical Expenses, Emergency Medical Evacuation, Repatriation of Remains or Burial and Emergency Reunion. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from:

- a. Charges resulting directly or indirectly from any Pre-existing Medical Condition.
- b. Pregnancy other than Complications of Pregnancy up to a maximum of \$25,000
- c. Treatment for or related to any congenital condition or Mental Health Disorders, as defined herein, in excess of \$20,000.
- d. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
- e. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional

well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.

- f. Treatment for HIV+, AIDS or ARC and conditions or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- g. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
- h. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism, Immunizations and Routine Physical Exams.
- i. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You
- j. The supply of medications commonly available without prescription.

LUGGAGE ASSISTANCE SECTION

Loss of Checked-in Baggage

We will pay You the amount stated in the Benefit Table in relation to Loss of Checked Baggage if You are temporarily deprived of Your Luggage for at least 12 hours by the loss or miss-direction of Your Luggage by an International Airline Carrier subject to:

For benefits to be payable under this section:

- a. The Lost Checked Baggage must have been checked by You in accordance with routine luggage checking procedures, for transportation on board a regularly scheduled commercial airline or cruise line, upon which You are a fare-paying passenger; and
- b. You must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Baggage; and
- c. You must provide Us with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
- d. Any expense will only be paid by Us 10 days after the items have been lost

Luggage Delay

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return Trip has delayed your Luggage due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown.

The following exclusions apply to Luggage Delay. Please also refer to the Policy Exclusions at the front of the Policy Document.

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

- a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operator's ticket itinerary.
- b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
- c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the Luggage delay and the reason for such delay
- d. Compensation is recoverable from the common carrier

Lost Documents

We will pay up to the amount stated in the Benefits Table if Your personal Documents are lost or stolen:

For benefits to be payable under this section:

1. You must ensure your documents are in a locked safe or safety deposit box provided by Your accommodation provider and there must be evidence of forcible and violent entry for any benefit to be paid.
2. You must report the loss to the police or equivalent local law enforcement authority as soon as reasonably practicable after discovery and a written police report obtained and sent to Us.

The following exclusions apply to Lost Documents. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any expense arising directly or indirectly from;

- a) Any amount within the Deductible, as shown in the Benefits Table.
- b) Loss due to confiscation or detention by customs or any other authority.
- c) Loss due to devaluation of currency or shortage due to error or omission during monetary transaction
- d) Loss of promotional vouchers or awards or any goods or services obtained through the conversion of such voucher or awards
- e) Loss of travellers' cheques where the issuing company provides a replacement service

- f) Loss of travellers' cheques or cheques not reported to the local bank or agent of the supplier as soon as reasonably practicable.
- g) Any loss resulting from loss or theft of credit cards
- h) Documents left unattended by You in Your accommodation if the accommodation is left unlocked or documents were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
- i) Documents in the custody of a person who does not have official responsibility for the safekeeping of the property

Travel Delay

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return Trip is delayed due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown.

The following exclusions apply to Travel Delay. Please also refer to the Policy Exclusions at the front of the Policy Document.

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

- a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operator's ticket itinerary.
- b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
- c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the delay and the reason for such delay
- d. Your failure to accept alternative means of transport within the time delay period where and when offered to You on reasonable terms.
- e. Compensation is recoverable from the common carrier

Catastrophe Coverage

We will pay up to the amount stated in the Benefits Table if You are forced to move from Your pre-booked accommodation as a result of fire, lightning, explosion, earthquake, avalanche, storm, tempest, tsunami, hurricane, flood, medical epidemic or local government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred for You to continue with the trip or, if the trip cannot be continued, for Your return to Your Home Country.

The following exclusions are applicable to Catastrophe Coverage:

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

- 1. Any costs incurred following Your decision not to remain in Your booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
- 2. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.

Loss of Personal Belongings

We will pay You up to the amount stated in the Benefit Table in relation to Loss of Personal Belongings if Your Personal Belongings are lost or stolen less a consideration, if applicable, for wear, tear and depreciation.

For benefits to be payable under this section:

- 1. You must ensure that any Valuables are locked in a suitable sized safe or safety deposit box provided by Your accommodation provider, or if safe or safety deposit box are not available, in Your locked accommodation and there is evidence that entry into the accommodation was effected by violent and forcible means
- 2. You must report the theft of Your Personal Belongings or Luggage to the Police (and the hotel management if it is stolen in a hotel) as soon as is reasonably practicable and an written report is obtained from the appropriate authorities and provided by You to Us.

3. You must provide proof of ownership of any Valuables.
4. You must provide proof of purchase of replacement items of clothing or toiletries.
5. Any loss or damage occurring in the custody of an airline or other transport carrier must be reported immediately upon discovery and in the case of an airline a Property Irregularity Report must be obtained by You and provided to Us.
6. You must take all reasonable precautions for the safety of any insured article.
7. We are entitled to take and keep possession of any valuable and to manage all aspects of any salvage in a reasonable manner.
8. We will decide, based on our own opinion, whether we repair or replace any valuable for which a benefit is paid to You under this section.

The following exclusions apply to Loss of Personal Belongings. Please also refer to the Policy Exclusions at the front of the Policy Document.

We shall not be liable for any expense arising directly or indirectly from:

- a. Any amount within the Deductible, as shown in the Benefits Table.
- b. Any Personal Belongings stolen from an Unattended vehicle unless
 - i. They were in the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motorhomes locked away and out of public view.
 - ii. There is evidence that entry was effected by violent and forcible means.
 - iii. Other than between the hours of 8.00pm and 8.00am.
- c. Any Valuables stolen from an unattended vehicle.
- d. Any Valuables left unattended by You in Your accommodation if the accommodation is left unlocked or the valuables were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was effected by violent and forcible means.
- e. Loss of or damage to Valuables contained in baggage whilst such baggage is in the custody of an airline or other carrier and outside Your control.
- f. Loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising therefrom.
- g. Loss or damage due to:
 - i. Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
 - ii. Inherent mechanical or electrical failure, breakdown or derangement.
 - iii. Any process of cleaning, restoring, repairing or alteration.
- h. More than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
 - i. Loss of or damage to pedal or motor cycles, watercraft, prams, buggies, pushchairs and wheelchairs.
 - j. Loss of or damage to stamps, documents (other than Passports), contact or corneal lenses, dentures, hearing-aids, fragile articles or business goods and samples.
 - k. Loss due to confiscation or detention by customs or any other authority.
 - l. Loss of or damage to sports equipment whilst in use.
- m. Any article more specifically insured or recoverable under any other insurance.
- n. Loss or damage to mobile phones or lap tops or tablets or other similar devices arising from any coverage under the manufacturer's warranty or, unexplained disappearance or, any loss of airtime or, loss or damage due to moisture or, superficial damage due to chipping or cracking screen or damage due to any theft not reported to the police within 24 hours.

ACCIDENTAL DEATH & DISABLEMENT & PERSONAL (3rd PARTY) LIABILITY SECTION

Personal Accident - Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your Accidental Death
- Your Loss of Sight (in one or both of Your eyes)
- Your Loss of Limb
- Your Permanent Total Disablement

Payment of Benefit

We will not pay a claim for more than one of the accidental death, loss of sight, loss of limb or Permanent Total Disablement arising in conjunction with the same Accident.

Disappearance

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

The following exclusions apply to Accident Death, Loss of Sight, Loss of Limb or Permanent Total Disablement. Please also refer to the Policy Exclusions at the front of the Policy Document.

We will not be liable for any claim arising directly or indirectly from;

- a. Accidental Bodily arising as a result of Your Illness, sickness or disease where such illness, sickness or disease does not itself arise from prior Accidental Bodily Injury.
- b. Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

Repatriation of Remains

If you die as a result of an injury or a sickness during your journey, we will pay for the reasonable cost of either cremation/burial or for the cost of preparation and transportation of your remains back to your home in your country of residence. The maximum amount we will pay is \$25,000 for all claims combined.

Search and Rescue

We will pay up to the amount stated in the Benefits Table for all reasonable and necessary costs incurred by the authorities in searching for You and bringing You to a place of safety You are either (1) reported missing and it is known or reported that You may have sustained Accidental Bodily Injury or suffered illness, or (2) the weather conditions are such that in order to prevent Accidental Bodily Injury or the suffering of illness the police or rescue authorities instigate a search and rescue for You.

For benefits to be payable under this section:

1. You must comply at all times with local safety advice that is offered to all members of the public and You must comply with all recommendations and restrictions prevalent at the time.
2. You must agree that the chargeable proportion of any search and rescue made by Us will be limited to the amount stated in the Benefit Table.
3. You must agree that expenses will only be made by Us to the time where You are recovered by Our search and rescue team and no additional payment will be made by Us if we decided that continuing the search is no longer viable.
4. You must obtain an additional written report from the authorities and provided it to Us before an expense can be paid.

The following exclusions are applicable to Search and Rescue:

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

1. Any circumstances where You were knowingly endangering Your life.
2. Any activities where Your experience or skill level falls below those reasonably required to participate in such activities.

Personal (3rd Party) Liability

We will indemnify You up to the amount stated in the Benefits Table in relation to Personal Liability for any one occurrence or a series of occurrences arising directly or indirectly from one source or original cause if You become legally liable to pay damages for accidentally injuring someone or causing accidental loss or damage to someone else's property. Included within these limits are:

1. All costs and expenses recoverable by a claimant from You.
2. All costs and expenses incurred with Our written consent.
3. Solicitors' fees for representation at any coroner's inquest or fatal accident enquiry or in any court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada.

For benefits to be payable under this section:

1. You must not make any admission, offer, promise, or indemnity without Our consent. We shall be entitled to take over and conduct in Your name the defence or settlement of any claim or to prosecute in Your name for Your own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and You shall give all reasonable information and assistance as We may reasonably require. Every letter, claim, writ, summons and process shall be forwarded to us on receipt. Written notice shall be given to Us as soon as reasonably practicable should You have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. We may at any time pay You in connection with any claim or series of claims the limit of Indemnity for personal liability stated in this section (after deduction of any sum(s) already paid by Us as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made. We shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

The following exclusions apply to Personal Liability. Please also refer to the Policy Exclusions at the front of the Policy Document.

We shall not be liable for any expense arising directly or indirectly from:

1. Your liability in respect of Accidental Bodily Injury to any person who is;
 - 1.1. Under a contract of service or apprenticeship with You if such injury arises out of and in the course of their employment.
 - 1.2. A member of Your family.
 - 1.3. Also insured under this Policy.
2. Your liability in respect of loss or damage to property belonging to or held in trust by You or in Your custody or control other than temporary accommodation occupied by You.
3. Your liability in respect of Accidental Bodily Injury, loss or damage caused directly or indirectly in connection with the ownership, possession or use by You of:
 - 3.1. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads).
 - 3.2. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters).
 - 3.3. Firearms (other than sporting guns).
4. Your liability in respect of Accidental Bodily Injury loss or damage arising directly or indirectly in connection with:
 - 4.1 Your ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by You.
 - 4.2 Any wilful or malicious act committed by You.
 - 4.3 The carrying on by You of any trade, business or profession except as a Teacher.
 - 4.4 The supply of goods or services by You.
 - 4.5 Your Insanity, You being under the influence of alcohol, or drugs (except as medically prescribed) or Your drug addiction.
5. Any liability assumed by You under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
6. The cost of punitive or exemplary damages being damages intended to reform or deter You from engaging in conduct similar to that which formed the basis of your liability.

Legal Expenses

We will pay up to the amount shown in the Schedule of Benefits to cover Legal Expenses arising out of all claims or legal proceedings including any appeal against judgement consequent upon the same original cause, event or

circumstance if during a Journey the Insured Person sustain Accidental Bodily Injury or illness which is caused by a third party.

Provided:

1. They follow Our advice or that of Our representatives and agents, in handling any claim.
2. We have complete control over any Legal Representatives appointed and any proceedings.
3. Their claim is reported to Us within 180 days after the beginning of the incident which led to the claim.

We will not pay:

1. Any claim where it is Our opinion that the prospects for success in achieving a reasonable settlement are insufficient and/or where the laws, practices and/or financial regulations of the country in which the incident occurred would preclude the obtaining of a satisfactory settlement or the costs of doing so would be disproportionate to the value of the claim.
2. Legal Expenses incurred before receiving Our prior authorisation in writing unless such costs would have been incurred subsequent to Our authorisation.
3. Legal Expenses incurred in connection with any criminal or wilful act.
4. Legal Expenses incurred in the defence against any civil claim or legal proceedings made or brought against you unless as a counter claim.
5. Fines, Penalties compensation or damages imposed by a court or other authority.
6. Legal Expenses incurred for any claim or legal proceedings brought against:
 - 6.1 A tour operator, travel agent, carrier, insurer or their agents where the subject matter of the claim or legal proceedings is eligible for consideration under an Arbitration Scheme or Complaint Procedure.
 - 6.2 Us or Our agents
7. Actions between you or your companions or pursued in order to obtain satisfaction of a judgement or legally binding decision.
8. Legal Expenses incurred in pursuing any claim for compensation (either individually or as a member of a group or class action) against the manufacturer, distributor or supplier of any drug, medication or medicine.
9. Legal Expenses chargeable by the Legal Representatives under contingency fee arrangements.
10. Legal Expenses incurred where the Insured Person has:
 - 10.1 Failed to co-operate fully with and ensured that We are fully informed at all times in connection with any claim or legal proceedings for damages and or compensation from a third party.
 - 10.2 Settled or withdrawn a claim in connection with any claim or legal proceedings for damages and or compensation from a third party without Our agreement. In such circumstances we shall be entitled to withdraw cover immediately and to recover any fees or expenses paid.
11. Legal Expenses incurred after the Insured has:
 - 11.1 Not accepted an offer from a third party to settle a claim or legal proceedings where the offer is considered reasonable by Us.
 - 11.2 Not accepted an offer from Us to settle a claim.
12. Legal Expenses which We consider unreasonable or excessive or unreasonably incurred.

With this insurance policy you have access to the NGS One Tap App.



The app, at a touch of a button, sends all information from the insured's phone to the NGS 24/7/365 Operations Room, along with the GPS location of the device at that time.

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

To download the app, please type **Northcott Global Solutions** into the search bar of the App Store or Google Play. Follow the instructions to download the app onto your device. On an Android press accept to allow NGS to access to the information displayed on your screen. When filling out the details please make sure your email address and policy number is correct. Once you have completed the details stage press 'Activate App' you will have to wait for NGS to manually approve you. Once approved by NGS, you will be emailed an activation code to enter into the device. You will be granted once you hit '*Activate APP*'.

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

Any queries contact InsExec@northcottglobalsolutions.com.

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

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

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

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

SECTION B – THIRD PARTY LIABILITY

Coverage

The coverage provided in this Rider is included for the Liability Plus Insurance Policy to which this Rider is appended upon full payment of the appropriate additional premium.

This Rider provides insurance for Your Legal Liability for Bodily Injury or Property Damage arising from Your personal actions as described below. Where a law suit is brought against You We will pay all sums which You become legally liable to pay as compensatory damages because of unintentional Bodily Injury or Property Damage arising out of Your personal actions anywhere in the world other than Your Home Country or any country in respect of which Your Home Country's Government has issued a travel advisory. Coverage is up to the Benefit Maximum of \$2,000,000 per 365 day period.

Our maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements;
- or,
2. the Benefit Maximum.

We will also reimburse Legal Defense Costs up to a maximum of \$50,000 incurred in defending charges brought against You under the Criminal Code or similar legislation alleging physical or sexual abuse or harassment which is alleged to have occurred during the period of coverage under this Rider.

We will only indemnify you if:

- 1) All charges are withdrawn by the authorities responsible for laying the charges, or
- 2) You are found not guilty of the charges following final judgment or adjudication.

Host Family Homeowner/Other Applicable Insurance Coverage: This coverage applies while You are residing in Your Host Country. If an Accident results in an eligible claim under a valid and collectible homeowner's insurance policy of Your host family or similar insurance policy covering property damage to Your temporary residence, We will pay the loss incurred up to the amount of the deductible under the Your host family's homeowner's policy (or similar insurance policy), not to exceed \$1,000 per 365 day period. We will pay the benefit pursuant to this provision only after You have submitted to Us due proof of the property damage amount which was incurred.

You are covered up to the Benefit Maximum for:

1. compensation You must pay, as approved by Us, for any settlement or legal verdict; and
2. associated legal fees pre-approved by Us, for Your representation in any legal proceedings. Legal representation must be by a person or persons other than an Immediate Family Member and pre-approved by Us.

Our maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements;
- or,
2. the Benefit Maximum.

Conditions And Limitations

1. No admission, offer, promise or indemnity shall be made without Our consent. We shall be entitled to take over and conduct the defense of any legal action brought against You and to settle such action in Your name.
2. You are obligated to take all possible steps to prevent and minimize the loss including notifying Us as soon as possible and supplying all information in respect of the circumstances surrounding a potential claim.
3. You shall provide all the information and assistance that is required by Us. You shall provide Us with copies of all letters, pleadings and other relevant documents and materials received by You.
4. We may, at Our sole discretion, in respect of any occurrence(s) covered by this Rider, pay to You the Benefit Maximum applicable to such occurrence(s), less any amounts already paid, or any lesser amount for which the claim(s) arising from such occurrences(s) can be settled. We shall thereafter be under no further liability in respect of such occurrence(s) except that where the Benefit Maximum has not been paid, We will pay for legal costs and disbursements, which have been pre-approved by us up to the remaining limits of the Benefit Maximum.
5. Benefits payable are in excess of any homeowner, tenant, or other insurance, and all other sources of recovery. If any other insurance is available to You, Your Host Family, or any third party for a covered

loss under this Rider, Our obligations under this Rider are excess of such insurance. In no event shall this insurance apply until all other insurance has paid its applicable limit of insurance.

6. To qualify for coverage under this Rider, You must notify Us at the time You are first advised of a legal action/claim against You.

The following exclusions apply to this Section:

- A. There is no coverage for any claims/actions presented that result or arise from:
 1. war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military power;
 2. any claim that arises directly or indirectly, in whole or in part, out of Terrorism or by any activity or decision of a government agency or other entity to prevent, respond to or terminate Terrorism regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage;
 3. Your participation in riot or insurrection;
 4. the use of any weapons;
 5. bodily injury or property damage which is required to be insured under a nuclear energy liability policy issued by the Nuclear Insurance Association of Canada, or any other group or pool of insurers;
 6.
 - a) sexual, physical, psychological or emotional abuse, molestation or harassment, including corporal punishment by, or at Your direction, or with Your knowledge; or
 - b) Your failure to take steps to prevent sexual, physical, psychological or emotional abuse, molestation or harassment or corporal punishment;
 7. Your transmission of an illness/disease;
 8. damage caused by Your commission of or attempt to commit a willful, illegal or malicious act;
 9. business pursuits;
 10. the rendering or failure to render any professional service;
 11. property that You sell, rent, lease or lend for use by third parties;
 12. damage that is due to wear or tear;
 13. damage caused by animals owned by or being cared for by you;
 14.
 - a) the erasure, destruction, corruption, misappropriation, misinterpretation of data,
 - b) erroneously creating, amending, entering, deleting or using data, including any loss of use arising from any of these actions or events; or
 - c) the distribution or display of data by means of an Internet Website, the Internet, an Intranet, extranet, or similar device or system designed or intended for electronic communication of data;
 15. the ownership, use (including loading/unloading) or operation of any automobile, watercraft, aircraft, motorized vehicle or trailer attached to any of the foregoing;
 16. the occupation or ownership of any land or building except any building You temporarily occupy during the Policy Coverage Period;
 17. the use of drugs, alcohol or any medication which results directly or indirectly in the condition causing a claim.
 18. expenses which are recoverable or which could have been recovered from any other source including but not limited to any individual, group or prepaid employee or private health insurance plan, credit card coverage or government health insurance plan or third party liability plan/policy;
 19. fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder; and
 20. Your travel to or within a country, city or region listed in any level of a travel warning that has been issued by Your Home Country or Your Host Country to warn its residents against travel.
- B. Nor will any coverage be provided in relation to claims and/or actions brought:
 1. by Your Immediate Family;
 2. by any person who is employed by You;
 3. for any punitive or exemplary damages;

PDS and Policy Wording

The PDS is designed to assist You in Your decision to purchase travel insurance. It contains information about key benefits and significant features.

Any advice in this document is of a general nature only and has not considered Your objectives, financial situation or needs. This booklet contains the following sections which provide:

- Part 1 – information about this travel insurance product (Important Information); and
- Part 2 - the detailed terms and conditions

About Dale Underwriting Limited

This Travel Insurance Policy is arranged by Dale Underwriting Limited (also known herein as Us, We or Our) trading as DUL. In arranging this Travel Insurance Policy, we have appointed the Plan Administrator-ARB International Limited to directly issue or supply DUL travel insurance under a delegated authority in accordance with our underwriting guidelines. In some cases ARB International Ltd may need to arrange for us to do this if they are not able to act under the underwriting guidelines. We, as the insurer of the product, and ARB International Ltd, as our agent, do not act on Your behalf. ARB International Ltd does not have any authority to give You any advice (i.e. recommendation or opinion about the financial product). They can provide You with factual information on the product to help You decide if it is right for You.

The choice is Yours.

Remuneration arrangements

ARB International Ltd receives commission from us which is a percentage of the total premium paid by You to us for the product. The commission is paid monthly by us based on policies issued. You can request full details of the remuneration payable to ARB International Ltd for the issue of Your policy by contacting ARB International Ltd at info@arbint.co.uk at any time until the end of Your cooling off period. (refer cooling off period).

Part 1 – Important Information

Throughout the booklet words that have specific meanings. These meanings are set out in the definitions section of the Policy wording.

Applying for travel insurance

To apply for insurance please complete the relevant forms and submit to Your programme provider. If Your application is approved ARB International Ltd will issue Your policy and provide You with a Certificate of Insurance. Your Certificate of Insurance confirms the cover that You have chosen, the total amount paid by You and information about the terms of Your policy.

Significant risks

This policy may not match Your expectations (for example, because an exclusion applies). You should therefore read this PDS and Policy wording carefully.

This policy does not meet the minimum health insurance standard as specified by the Australian Government under condition 8501 for a range of visa types, including Student visas. Please refer to <http://www.immi.gov.au> for the current minimum standard of specific visa subclasses.

Please ask ARB International Ltd if You are unsure about any aspect of the policy.

Are You sure You have the right level of cover?

You need to make sure the limits of cover are appropriate for Your needs. Otherwise You may be under insured and have to bear part of any loss that exceeds the limits Yourself. Please refer to the applicable limits as set out in the Schedule of benefits and the Policy wording.

A claim may be refused

We may refuse to pay or reduce the amount we pay under a claim if You do not comply with the policy conditions, if You do not comply with Your Duty of Disclosure or make a misrepresentation, or if You make a fraudulent claim.

Unattended luggage and personal effects under the Personal Belongings benefit.

There is no cover under this policy for luggage and personal effects that are left unattended. Please refer to the definition of unattended in the Policy wording and “What is not covered?” under Personal Belongings.

Existing Medical Condition(s)

There is no cover under this policy for an existing medical condition.

The cost of this insurance

What You have to pay

The length of Your trip will be taken into account when calculating the cost of Your policy.

The premium paid by You will be shown on Your Certificate of Insurance, including compulsory government charges (including Stamp Duty and GST where applicable). This policy is only valid when You pay the premium and ARB International Ltd issues a Certificate of Insurance to You.

Amendment of travel details

If You wish to change Your personal details or travel dates after Your Certificate of Insurance has been issued, please contact ARB International Ltd. They may ask You to complete and submit to guard.me a Policy Change Request Form which needs to be assessed and approved prior to any amendment to Your policy. Also refer to section headed "Changing the period of insurance"

Updating this PDS

We will update the information in this PDS when necessary. A copy of any updated information is available to You at no cost by contacting ARB International Ltd. We will issue You with a new PDS or a supplementary PDS, where the update is to correct a misleading or deceptive statement or an omission which is materially adverse from the point of view of a reasonable person deciding whether to obtain this insurance.

Jurisdiction

The terms and conditions of the policy are subject to the laws of the Australian state or territory where the Certificate of Insurance is issued. You agree to the jurisdiction of the courts of that state or territory for any legal proceedings relating to this policy.

Cooling off period

If, having purchased the policy, You want to return it, You can do so within 14 days of the date of issue of the Certificate of Insurance and obtain a full refund, provided no right or power has been exercised under it by You (e.g. no claim has been made) and Your trip has not commenced. The Cooling off period does not apply to policy or trip extensions. ARB International Ltd will arrange for a refund of any premium entitlement within 14 business days of You cancelling Your policy.

Confirming transactions

A Certificate of Insurance must be issued once You have completed the application process and You have paid the appropriate premium. If You want to confirm a transaction, for example whether the Certificate of Insurance has been issued, You may contact ARB International Ltd at info@arbint.co.uk

Duty of disclosure - what You must tell Us

Before You enter into a policy with Us, we will ask You a series of questions. You must tell us everything You know or which a reasonable person in the circumstances would be expected to know in answer to the questions in the Application Form. Before You extend or vary a policy, You must tell Us:

- If You continue to meet the Eligibility Criteria and have not become a Legal Permanent Resident or citizen of the Host Country, and
- whether You remain in good health and have not made or intend making any claim, and
- You do not have to tell us about any matter:
- that diminishes the risk;
- that is of common knowledge;
- that we know or should know in the ordinary course of our business as an insurer; or
- which we indicate we do not want to know.

Everyone who is insured under the policy must comply with the Duty of Disclosure. If You provide information about another insured, You do this on their behalf. If You (or they) don't comply with the Duty of Disclosure, We may reduce the amount of any claim and/or cancel Your insurance. If fraud is involved, We may treat Your insurance as void from the beginning.

Our Service to You

Our goal is to give excellent service to all Our customers but We recognize that things do go wrong occasionally. We take all complaints We receive seriously and aim to resolve all of Our customers' problems promptly. To ensure that We provide the kind of service You expect We welcome Your feedback. We will record and analyze Your comments to make sure We continually improve the service We offer.

What is a complaint?

A Complaint is an expression of dissatisfaction not resolved to Your satisfaction within 48 hours.

This does not include normal claims negotiation where offers are rejected/discussed unless You specifically state the matter is to be treated as a complaint or if negotiations have reached deadlock.

A complaint does include the rejection of a claim or the settlement amount for a claim where the parties have reached deadlock in negotiations and where You believe You have been offered a poor service.

Who to tell

In the event of You having a complaint please contact Us by addressing Your complaint to Our “Complaints Department” at Our registered address, set out above. We will acknowledge Your complaint promptly.

What happens next

We will write directly to You to acknowledge receipt of the complaint and explain the complaints process. We will investigate by requesting information / evidence where needed from the parties involved and will write directly to You with any updates. We will then issue You with Our final response to Your complaint.

If You remain dissatisfied with the Our final response, You may be entitled to refer the matter to the Financial Ombudsman Service (FOS). Following this complaints procedure, does not affect Your right to take legal action.

Please note, the FOS will only consider a complaint if We have issued Our final response to Your complaint or eight weeks have elapsed since We received the complaint.

The FOS's contact details are:

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR

website: www.financial-ombudsman.org.uk

email: complaint.info@financial-ombudsman.org.uk

phone: 0800 023 4567 or 0300 123 9123

Financial Services Compensation Scheme (FSCS)

The Insurer is a member of the FSCS. You may be entitled to compensation from FSCS in the event We are unable to meet Our obligations.

The FSCS's contact details are:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU

website: www.fscs.org.uk

phone: 0800 678 1100 or 020 7741 4100



47 Mark Lane
London EC3R 7QQ
and at Lloyd's
Telephone- [44] (0) 207 377 0123 Fax- [44] (0) 207 377 2738

Broker at LLOYD'S

Global Secutive LLC
116 Village Blvd
Princeton, NJ 08540
USA

2nd May, 2023
Our Ref: 22INT07058
Your Ref: ED LANE

ADDENDUM No. 001
ATTACHING TO & FORMING PART OF COVER NOTE No. 22INT07058

POLICY HOLDER: Internships Down Under

It is hereby noted and agreed that the following amendments are made to this Insurance:-

**NOTICE IN THE EVENT
OF LOSS:**

For all emergency medical claims please contact our Emergency Assistance Company
Northcott Global Solutions at:

Phone 24/7: +44 (0) 207 183 8927 Press 1
Email: ops@northcottglobalsolutions.com

You must obtain their prior authorisation if you go into a Hospital or a clinic as an In-Patient or Day Patient or wish to return home by any other means than originally booked.

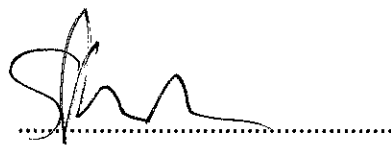
For all non-emergency or any other claims please contact **Van Amedye** at:
Telephone +44 (0) 208 315 0733
Email ngsclaimsuk@vanameyde.com

Monthly Claims bordereaux to be provided within 15 days at the end of each month

It is further noted and agreed that the policy wording is amended as attached.

All other terms and conditions remain unaltered.

Yours faithfully,
ARB INTERNATIONAL LIMITED


.....
Authorised Signatory

You are requested to examine this document and notify us in the event of any discrepancy. E. & O. E.