

Key**Red** To be said as written**Blue** Up to you how this is said – The key point must be covered**Green** Task Related**RUSH INSURANCE**

CONSULTANT		POWERSOFT REF		BOND NO:	
CLIENT NAME		DATE OF BOOKING		HP BKG REF	

Full Disclosure Script.**PRESS RECORD**

Our firm name is HPB Travel Club Ltd. Our full address is HPB House, 24-28 Old Station Road, Newmarket, Suffolk, CB8 8EH.

We are authorised to arrange general insurance contracts.

The product provider for the policy is Rush Insurance Services Ltd.

HPB Travel Club Limited is an Appointed Representative of ITC Compliance Ltd. ITC Compliance Ltd's registered office is at ITC Compliance Limited, Monarch Court, Emersons Green, Bristol, BS16 7FH. ITC Compliance Limited's Financial Conduct Authority authorisation number is 313486. The details can be confirmed by contacting the Financial Conduct Authority on 0845 606 1234 or 0117 9708426 or by visiting the Financial Conduct Authority's website <<http://www.fca.org.uk/register>>.

Scope of Service

I am able to provide an information based service. I am unable to offer you advice, personal opinion or tell you what service I think is best for your needs. I can however, provide information to help you make your own informed decision as to whether the policy is suitable for you. HPB Travel Club does not charge our customers any fees for arranging insurance for them.

You will be aware that every insurance policy has with it restrictions, travel is no different; specifically travel insurance has policy restrictions for age and pre-existing medical conditions. It is very important that you ensure that you are eligible for any policy you decide to purchase.

You must take reasonable care to answer any questions, including any questions about medical conditions, honestly and reasonably and not to make a misrepresentation. Failure to do so, or to comply with the policy terms and conditions, may invalidate your policy or may result in your policy being cancelled or your claim rejected or not fully paid.

Price Disclosure and Other Charges

The cost of your insurance premium includes Insurance Premium Tax at 20%. Your travel policy will be valid from the date of purchase until your scheduled holiday return date.

Declarations

This is a <single trip> or <multi-trip> contract (delete the appropriate word).

The contract can be cancelled at any time by providing 14 days notice, provided you have not made a claim under the policy and the policy starts in 30 days time or more . You may be entitled to a refund

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of the premium for the unexpired period of insurance; however any cancellation outside of the 14-day cooling off period will incur a charge of £15.

You can cancel the policy by sending the policy documentation back to HPB Travel Club Ltd, HPB House, 24-28 Old Station Road, Newmarket, Suffolk, CB8 8EH. The telephone number for HPB Travel Club is 01638 666262.

Under the laws of the United Kingdom, (England, Scotland, Wales and Northern Ireland), we may choose the law which applies to this contract, to the extent permitted by those laws. Unless it is agreed otherwise, it is agreed that the law which applies to this contract, is the law which applies to the part of the United Kingdom in which you live. If, however you live in the Channel Islands or the Isle of Man, it will be laws of the place in which you live.

Eligibility

This policy is not suitable if:

- You are not resident in the UK, Channel Islands or the Isle of Man.
- You are aged over 85 years if buying a single trip policy.
- You are aged over 74 years if buying an annual multi trip policy.
- You are not travelling more than 31 days on a single trip when purchasing an annual multi trip. Upgrades are available up to 45 days or 60 days for an additional premium.

Features and Benefits

A summary of the cover is:

- Cancellation cover of up to £5,000 per person. Please ensure this is sufficient cover for each trip.
- Delayed departure.
- Personal possessions / money.
- Emergency medical expenses up to £10,000,000.
- Curtailment.
- Personal liability.
- Personal accident.

Significant Exclusions

This policy will not cover you when:

- You are travelling against the advice or recommendations published by the Foreign and Commonwealth Office applicable at the time of your departure.
- You are participating in Winter or hazardous sports unless you have purchased the appropriate additional cover.
- You are aware that the health of a close relative who is not travelling is likely to deteriorate and may prevent you from taking the trip.
- You have a pre-existing medical condition - unless you have declared them to our medical screening team and cover has been agreed.
 - Pre-existing medical conditions also include psychological conditions such as stress, anxiety, depression, eating disorders or mental instability.

Please ensure you refer to the policy Terms & Conditions for a full list of exclusions.

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Would you like to take out excess waiver insurance so that you do not have to pay the excess under the insurance policy?

If client, says no please proceed in the normal manner.

If yes, please repeat section below.

The amount depends on your age, policy type and destination chosen. The maximum excess payable on this policy in the event of a claim is £50 per person per claim. However, where you are liable for damage to accommodation your contribution is increased to £250 per person per claim. We can offer you an excess waiver option which brings this excess figure to Nil for an additional premium of £[insert premium – rate on insurance card] including Insurance Premium Tax.

Is this something you would like to purchase?

Points Cover (only available on annual policies)

Would you be interested in taking out Points Cover so you receive financial remittance if you have to cancel a points-holiday for an insurable reason?

If client, says no please proceed in the normal manner.

If yes, please repeat section below.

This gives you protection of 10,000 or 20,000 points cover per policy in the event of cancellation for an insurable reason. Each point has a notional refund value of six pence.

Is this something you would like to purchase?

Cruise Cover (only available on annual policies)

Would you be interested in taking out cruise cover?

If client, says no please proceed in the normal manner.

If yes, please repeat section below.

This policy pays out up to £2,000 for missed port departure with a £50 excess, a skipped port benefit of up to £50 per port up to a total maximum of £300, cabin confinement benefit of up to £25 per 24hrs up to a maximum of £1,000 and missed excursions up to a maximum of £500.

Is this something you would like to purchase?

Winter Sports Cover (only available on annual policies)

Would you be interested in taking out Winter Sports cover?

If client, says no please proceed in the normal manner.

If yes, please repeat section below.

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This gives up to £500 protection for ski equipment and up to £150 for unreceipted items with a £50 excess. £10 per 12hrs for delayed ski equipment up to a maximum of £300 and starting with a minimum delay of 12hrs. £30 per 24hrs for loss of ski pack up to a maximum of £300. £25 per 24hrs for piste / avalanche closure up to a maximum of £250.

Is this something you would like to purchase?

Electronic Declaration:

Your information will be submitted electronically to Rush Insurance Services Limited and therefore your signature is not required on the declaration.

Complaints Procedure:

If you are unhappy with any aspect of the sale of this policy or have cause for complaint you should initially contact the ITC Customer Services Team by telephone, email or in writing:

The Compliance Officer
ITC Compliance Limited
Monarch Court
Emersons Green
Bristol
BS16 7FH

Customer Services Helpline: 0117 953 9068
Email: complaints@itccompliance.co.uk

If you are unhappy with the general administration of the policy, you should contact Rush Insurance Services Limited by writing to:

Rush Insurance Services Limited,
Barham Court,
Teston,
Kent,
ME18 5BZ

If you are still dissatisfied with the final response you receive in respect of the sale or general administration of the policy, or your complaint has not been resolved within 8 weeks, you have the right to ask the Financial Ombudsman Service (FOS) to review your case within 6 months of receiving the Final Response. The address is:

Financial Ombudsman Service (FOS)
Exchange Tower
London E14 9SR
www.financial-ombudsman.org.uk
Telephone: 0800 023 4 567
Email: complaint.info@financial-ombudsman.org.uk

This policy is underwritten by Travel Insurance Facilities who are members of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any member goes out of business or into liquidation and is unable to meet any valid claims against its policies. You may be entitled to

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compensation if we cannot meet our obligations, depending on the circumstances of the claim. Further information about the compensation scheme can be obtained from the FSCS website <www.fscs.org.uk>, by writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU or by telephoning 0800 678 1100 or 0207 741 4100.

Consent

Do you want to go ahead and set up this policy?

*If no end the call.

*If yes please proceed.

Do you hold another travel insurance policy that will be in force at the same time as this one?

*If no, skip the next statement.

*If yes please read the following:

Please be aware that this will mean that you are dual insured. This may affect future claims and we would suggest cancelling one of the policies you hold.

Documentation Completion

Full policy wording and a Status Disclosure Document will be sent by email or post within the next 3 working days. Would you like to receive the documentation by post or email?

Please detail the information on page 6.

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<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>MEDICAL CONDITIONS</u>
POLICY START DATE:	DESTINATION:	POLICY TYPE: ANNUAL / SINGLE (DELETE THE ONE THAT DOES NOT APPLY)
POLICY END DATE:		
EXCESS WAIVER YES / NO (DELETE THE ONE THAT DOES NOT APPLY)	POINTS COVER 10,000 / 20,000:	TOTAL COST INCLUDING INSURANCE PREMIUM TAX:
CRUISE COVER YES / NO (DELETE THE ONE THAT DOES NOT APPLY)		WINTER SPORTS COVER YES / NO (DELETE THE ONE THAT DOES NOT APPLY)
Documentation to be POSTED or EMAILED (DELETE THE ONE THAT DOES NOT APPLY)		
Postal address to send policy (if different from that on HP)		
To confirm that you have understood the information given please provide your mother's maiden name:		

Payment Details

I will now finish recording so as to obtain the relevant card payment details.

FINISH RECORDING

<<Take Payment Details>>.

ISSUE DATE: 25/04/2017