



## Optional Section N – Coronavirus Extension for a specific Trip

*Only operative if the applicable premium is paid per **Insured Person** per Trip and inclusion of cover is issued by Atlas Insurance PCC Limited.*

This extension alters other Sections of the policy to provide cover for **Coronavirus** as shown below. The General Conditions, General Exclusions and Important Conditions Relating to Health and the terms and conditions of the relevant Sections including any Special Conditions, What is Not covered and the Limits remain unaltered except as specifically shown below.

### Special Definitions applicable only to this section

#### Coronavirus

means the virus officially known as “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and/or any related illness including “COVID-19” (previously known as “2019 novel coronavirus”) disease and/or any mutant derivatives or variations thereof however caused.

#### Select Travel Companion

shall mean

- a **Close Relative** who is travelling with **You** during the **Trip**; and
- any other **Accompanying Person** with whom **You** are sharing accommodation during the **Trip**.

#### Test/Tested/Testing

shall mean a medically approved **Coronavirus** test (other than self-administered **Coronavirus** tests). The cost of tests is not covered by this policy.

### What is covered

For the purpose of this section, General Exclusion 13 – **Pandemic and Epidemic** - is not applicable solely in respect of **Coronavirus** and solely to the following Sections in the terms described:

1. **Section A - Cancellation or Abandonment Charges** for specific covered events being:
  - a) Cancellation following **Your** unforeseen death or illness or compulsory quarantine or that of any **Accompanying Person** or **Your Close Relative** or of any person with whom **You** have arranged to reside temporarily. For the claim to be eligible **You** (or any of the above other persons) must have had a positive **Test** result for **Coronavirus** within 14 days of **Your** departure date or must have been hospitalized as a result of **Coronavirus** within 21 days of **Your** departure date.
  - b) **Abandonment** if after **You** have left **Home** to start **Your Trip** **You** are
    - hospitalized as an inpatient; or
    - confined to **Your** accommodation due to quarantine on the orders of a **Medical Practitioner**, in either case for more than 24 hours.In order for **Your** claim to be eligible the **Insured Person** must have **Tested** positive for **Coronavirus** during the **Trip** and no cover will apply to additional travel expenses when **You** cannot use the return ticket (see cover under **Section B 4**). In the case of quarantine, an **Insured Person** is still eligible if he or she is confined because his/her **Select Travel Companion** has **Tested** positive for **Coronavirus** during the **Trip**.
  - c) **Abandonment** if at **Your** departure point on the outward leg **You** and/or any **Select Travel Companion** are **Tested** and receive a positive result or show symptoms for **Coronavirus** following which such persons are denied boarding and unable to continue the **Trip**.  
**You** will need to provide written evidence from the transport provider that **You** and/or any **Select Travel Companion** have been denied boarding and to provide a positive result from a **Test** taken within 24 hours of **You** and/or any **Select Travel Companion** not being allowed to continue the **Trip**.

## 2. Section B - Emergency Medical and Other Expenses

However, under **What is Covered 4**, cover is limited to where **the Insured Person** claiming has **Tested** positive for **Coronavirus** during the **Trip** or he/she is quarantined because a **Select Travel Companion** has **Tested** positive for **Coronavirus** during the **Trip**. In either case, **We** will require written evidence of such positive **Test** and quarantine.

If the **Insured Person** is quarantined owing to **Coronavirus** in the absence of him/her or his/her **Select Travel Companion Testing** positive, cover shall apply but the maximum **We** will pay for any one claim under **What is Covered 4** is sub-limited per **Insured Person** to:

- €50 for every complete 24 hours up to €700 for reasonable additional accommodation; and
- €300 for additional travel expenses incurred to return to his/her **Country of Residence**.

## 3. Section C - Hospital Benefit

### 4. Section I – Missed Departure for the following specific covered event:

**You** arrive at the departure point in time to board the **Public Transport** on which **You** are booked to travel but **You** miss **Your** booked transportation because **You** are unexpectedly delayed waiting for the **Test** results.

## Additional special condition relating to claims

**We** will require written evidence of all the specific events mentioned above in order for **You** to be eligible to make a claim under this section.

## What is not covered (in addition to what already appears in the relevant Sections)

Any claims

- a) if at the time when **You** purchased this extension **You** were
  - i. already suffering from symptoms of **Coronavirus**, or
  - ii. the subject of a positive **Test** result dated within 21 days of the date of purchase, or
  - iii. awaiting a **Test** result;
- b) if at the time when **You** purchased this extension **You** were aware that any
  - i. **Accompanying Person**; or
  - ii. **Close Relative**; or
  - iii. person **You** have arranged to stay with temporarily was
    - suffering from symptoms of **Coronavirus**, or
    - the subject of a positive **Test** result dated within 21 days of the date of purchase, or
    - awaiting a **Test** result;
- b) as a result of any instruction imposed on a community, geographical location or vessel by any government or public authority.

## Premium payable for this extension:

- **Insured Persons** aged 16 to 75 - €12.00 per **Insured Person** per **Trip**
  - **Insured persons** aged 2 to 15 - € 6.00 per **Insured Person** per **Trip**
  - Infants under 2 – Free cover will be provided when all the family has purchased this extension
- Document duty payable – 11% of the total premium with a minimum charge of €2.33**