

## Membership Travel Scheme

Document	Member Schedule
Policy Number	ORT/EBGBLT/10120639
Policy Holder	West Midlands Fire Service Sports and Welfare Fund
Policy Holder's Address	99 Vauxhall Road, Birmingham West Midlands B7 4HW
Business Description	Fire Brigade Insurance Scheme.
Insured Persons	Members of the West Midlands Fires Brigade Insurance Scheme for whom a premium has been paid, their Partners, Dependant Children and Grandchildren.
Age Limits	Serving Members of the Insured: 65 years of age Retired Members of the Insured: 65 years of age Partner of the Member: 85 years of age Dependant Children: 18 years of age or 23 if in full-time education
Operative Time	This insurance is to cover holiday trips commencing during the Period of Insurance, having a destination outside the United Kingdom, (or within the United Kingdom for trips that include a Pre-Booked overnight stay in publicly available accommodation or an internal flight), hereinafter called a "Period of Travel". The Period of Travel operates from the time of leaving home, or place of employment (whichever is the later), during the whole time away and until return to home, or place of employment (whichever occurs first). Cover in respect of Section 1, Cancellation, operates from the date of booking a trip or commencement date of the Period of Insurance whichever is the later.
Maximum Trip Duration	31 days any one trip (17 days Winter Sports within the Period of Insurance)
Endorsement(s) Applicable	None
Geographical Limit	Worldwide
Reason for Issue	First Premium
Security	Underwritten by Canopius Managing Agents Limited for Lloyd's Syndicate 4444
Unique Market Reference	B1307C231271

### Period of Insurance

Policy Effective Date	1 <sup>st</sup> November 2023
Policy Expiry Date	31 <sup>st</sup> October 2024
Date of Issue	1 <sup>st</sup> November 2023

### Broker Details

Broker Name	Arthur J Gallagher Insurance Brokers Ltd (George Burrows)
Broker Address	St Mark's Court, Chart Way, Horsham, West Sussex RH12 1RZ

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### Travel Cover

Section	Schedule of Benefits	Sum Insured Per Insured Person	Excess #
1	Cancellation or Curtailment Expenses	Up to £5,000	£40
2	Journey Continuation	Up to £800	None
3	Travel Delay	Up to £100	None
4	Medical, Repatriation and Additional Expenses	Up to £5,000,000	£40
	Emergency Dental Treatment	Included within Item 4 up to £300	
5	Hospital Benefit	Up to £500	None
	• Mugging (additional)	Up to £250	
6	Personal Liability	Up to £2,000,000	£250 but only for claims arising from rented accommodation
7	Legal Expenses	Up to £25,000	None
8	Personal Baggage	Up to £2000	£40
	• Single Article or Set or Pair of Articles Limit	£500	
	• Valuable Limit	£500	
	Money	Up to £750	£40
	• Cash Limit (Insured Person age 16 and over)	£500	
	• Cash Limit (Insured Person under 16 years of age)	£50	
	• Loss of Passport	Included within Item 8 up to £250	
9	Delayed Baggage	Up to £100	None
10	Personal Accident	Up to £20,000	None
10a	Accidental Death	100% of Item 10	
10b	Permanent Total Loss of Sight in One or Both Eyes	100% of Item 10	
10c	Loss of One or More Limbs	100% of Item 10	
10d	Permanent Total Disablement	100% of Item 10	
11	Winter Sports Extension		
	• Ski Equipment	Up to £500	£40
	• Ski Pack	Up to £400	None
	• Piste Closure	Up to £500	None
	• Avalanche Closure	Up to £500	None
12	Car Hire Excess Waiver	Up to £1,000	None
13	Catastrophe	Up to £500	None
14	Withdrawal of Services	Up to £600	None
	# The Excess applies per Insured Person Per Section.		

## Membership Travel Scheme

### Medical Emergency Abroad Procedure

If **You** are covered under Section B Business Travel, in the event of **Illness** or **Accident** abroad which may lead to Hospital treatment or Curtailment of the trip, **You** or the **Insured Person** must contact:

Ortus Assistance, 24 Hour Emergency Service.

**Please quote the reference Ortus.**

Telephone: +44 (0)800 193 0092

Email: [ah-assist@ortusunderwriting.com](mailto:ah-assist@ortusunderwriting.com)

When contacting **Ortus Assistance**, please advise the following:

1. The telephone number from which **You** are calling.
2. **Your Policy Number**
3. The name and telephone number of the Doctor and Hospital attending to the **Insured Person**.

Failure to contact **Ortus Assistance** in the event of an emergency may prejudice **Your** claim.

This Policy is signed on behalf of Underwriters



Matthew Stark  
Chief Executive Officer  
Ortus Underwriting  
Registered Office: 15 Westferry Circus, London, E14 4HD  
Registered in England No: 08142321  
Authorised and regulated by the Financial Conduct Authority