

Mr Alex Moss  
Flat 5, Romanby Court  
31 Mill Street  
Redhill  
RH1 6PA

Cover From: 16/05/2021 to 01/06/2021

Dear Alex

Thank you for choosing **Yellow Jersey Cycle Travel Insurance**.

Please find below a statement of facts, validation certificate and our terms of business. You will also receive a policy summary document and the policy wording. If you would like printed versions of your documents, they are available on request free of charge.

**PLEASE DON'T FORGET TO READ ALL INFORMATION AND CHECK IT'S CORRECT.**

Yellow Jersey's terms of business detail our services as an insurance broker separate to those of the insurer. Please make sure you take extra care when looking at the sections; our service, our product range, the range of insurers used and your responsibilities.

For future reference, all information is available within the customer area of our website, where you can make changes to your policy and personal information. You can log in to your account [here](#).

#### **Feefo**

You will soon receive an email from the independent review company, Feefo. We value all feedback, so please take a moment to let them know about your Yellow Jersey experience.

#### **The legal bit**

At Yellow Jersey, we source and arrange products but do not offer advice or make recommendations when arranging your insurance. This policy is suitable for any eligible person wishing to purchase travel insurance to cover emergency medical care and repatriation should they injure themselves while cycling, including while cycle racing, outside of the UK.

In addition, this policy is suitable for any eligible person wishing to purchase travel insurance to cover the following whilst on their trip; cancellation and curtailment, emergency medical treatment, personal effects, valuable and delayed baggage, travel delay and holiday abandonment, missed departure, personal accident, personal liability, cycle hire, cycle breakdown, cycle race/event fee cancellation, gadgets and personal money.

This policy does not provide cover for any claim which is directly or indirectly linked to a medical condition disclosed in your application. We do offer an optional medical screening helpline for customers to establish if additional cover can be purchased for pre-existing medical conditions. If you wish to contact the medical screening helpline, please call 01702 427 237, you will be asked your policy number, personal details and travel information.

#### **Questions**

If you have any questions please send an email to [support@yellowjersey.co.uk](mailto:support@yellowjersey.co.uk) or call 0333 003 0046, Monday to Friday, 9.00am to 5.30pm.

Thank you again for choosing Yellow Jersey,



Ryan Georgiades  
Managing Director



## STATEMENT OF FACT

The information shown in this document is a record of the information you have provided to us and is the basis of your insurance contract. The information has been used when calculating the price paid and terms applied. Please advise us immediately if any of the information is incorrect.

|  |   |
|--|---|
| <b>Period of Insurance</b>   | 16/05/2021 to 01/06/2021                                      |
| <b>Reason for Issue</b>  | New Policy  |
| <b>Name</b>  | Mr Alex Moss  |
| <b>Address</b>   | Flat 5, Romanby Court<br>31 Mill Street<br>Redhill<br>RH1 6PA |
| <b>Contact Info</b>  | Email: alex.moss@theplangroup.co.uk<br>Mobile: 07778615523    |
| <b>Who requires cover?<br/>Where are you travelling?</b>             | Individual<br>Europe incl. Egypt & Morocco                    |
| <b>Person(s) on Cover</b>  | PLEASE REFER TO THE SCHEDULE OF PERSONS ON COVER              |
| <b>What is the maximum trip duration?<br/>(annual policies only)</b> | 17 days   |

**Do you suffer from 2 or more automatically covered conditions?**

**Answer:** No

**Have you or any of your travelling companions ever suffered from, been investigated for, or diagnosed with;**

**Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy, allergy, or cancer for which you have ever received treatment (including surgery, tests or investigations by a doctor or a consultant/ specialist or prescribed medication).**

**Answer:** No

**Any psychiatric or psychological condition (including anxiety, stress and depression) for which you have suffered which you have received medical advice or treatment or been prescribed medication for in the last five years.**

**Answer:** No

**Any medical condition for which you have received surgery, in-patient treatment or investigations in a hospital or clinic within the last 12 months, or for which you are prescribed medication.**

**Answer:** No

### IMPORTANT

#### You have agreed to the following:

- No cover is available under this policy for any claim which is directly or indirectly linked to the medical condition(s) which caused you to answer 'Yes' to either of the questions above.
- I have never been convicted of a criminal offence which is required to be disclosed under the rehabilitation of offenders' act at the date of this insurance application.
- I have never had a policy cancelled, voided or renewal refused.
- My trip has not yet started.
- My trip will start and end in my country of residence.
- Where single trip is selected the dates selected above cover the full duration of my trip.

A current schedule of insurance can be found by logging in into the customer area at [yellowjersey.co.uk](http://yellowjersey.co.uk), [login here](#).



## VALIDATION CERTIFICATE

### Certification of cover

This insurance schedule combined with your policy wording forms your Certificate of Insurance and certifies that insurance has been effected between you and the insurer. In return for payment of the premium insurers agree to insure you in accordance with the terms and conditions contained in and endorsed on these documents.

|   |   |
|---|---|
| <b>Policy Number</b>                              | YJTST005544   |
| <b>Scheme Name and Reference</b>                  | Yellow Jersey, 7409TVL 07/19                                  |
| <b>Name of Insurer</b>                            | Allianz Worldwide Partners                                    |
| <b>Date of Issue</b>                              | 05/05/2021  |
| <b>Reason for Issue</b>                           | New Policy  |
| <b>Policy Holder</b>                              | Mr Alex Moss  |
| <b>Insured Address</b>                            | Flat 5, Romanby Court<br>31 Mill Street<br>Redhill<br>RH1 6PA |
| <b>Effective From</b>                             | 16/05/2021 at 00:00   |
| <b>Expiry Date</b>                                | 01/06/2021 at 23:59   |
| <b>Geographical Area</b>                          | Europe incl. Egypt & Morocco                                  |
| <b>Group Type i.e. individual, couple, family</b> | Individual  |
| <b>Maximum Trip Duration</b>                      | 17 days   |
| <b>Trip Cancellation &amp; Curtailment</b>        | Up to £5,000  |
| <b>Emergency Medical and Treatment Expenses</b>   | Up to £10,000,000   |
| <b>Personal Accident Cover</b>                    | Up to £20,000   |
| <b>Travel Delay and Holiday Abandonment</b>       | Up to £5,000  |
| <b>Baggage</b>                                    | Up to £5,000  |
| <b>Gadget Cover</b>                               | Up to £2,000  |
| <b>Personal Money</b>                             | Up to £500  |
| <b>Personal Liability</b>                         | Up to £2,000,000  |
| <b>Cycle Breakdown</b>                            | Up to £200  |
| <b>Cycle Hire</b>                                 | Up to £500  |
| <b>Cycle Race Fee Cancellation</b>                | Up to £500  |
| <b>Cycle Repatriation</b>                         | Up to £250  |
| <b>Winter Sports</b>                              | Included (Annual Only, 17 days max trip)                      |
| <b>Premium</b>                                    | £60.31 including IPT  |
| <b>Additional DNA+ kits purchased</b>             | £0.00   |
| <b>Discount saving</b>                            | £0.00   |
| <b>Total of all charges</b>                       | £60.31 including all applicable taxes                         |



## SCHEDULE OF PERSON(S) ON COVER

No. 1 | Name: Test Test | DOB: 30/04/1993

