

Cover From: «CoverStartDate» «CoverStartTime» to «RenewalDate» «RenewalTime»

Dear «FirstName»,

Thank you for purchasing your **Yellow Jersey Travel Insurance**.

Please find below your Validation Certificate and Statement of Fact. We have also attached your Policy Wording and Policy Summary Document (IPID). If you would like printed versions of your documents, they are available on request free of charge.

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

[Our Terms of Business are available on the Yellow Jersey website](#) and detail our services as an insurance broker which are separate to those of the insurer. Please make sure you take extra care when looking at the following sections: Our Service & Products and Responsibility to Provide Information.

For future reference, all information is available within the customer area of our website, where you can make changes to your 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.

Important Information

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 also 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, valuables and delayed baggage, travel delay and holiday abandonment, missed departure, personal accident, personal liability, cycle hire, cycle breakdown, cycle race/event fee cancellation, and personal money.

This policy does not provide cover for any claim which is directly or indirectly linked to a pre-existing medical condition. 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 +44 (0)1702 427 237, you will be asked your policy number, personal details and travel information.

If you have purchased an annual travel policy, it will last a year after which it will not renew. We will invite terms to you in advance of renewal where you will be able to choose to renew or lapse the policy. If you have purchased a short term policy, it will end on the policy end date noted on your Validation Certificate.

This insurance is underwritten by Lloyd's Syndicate 4444, which is managed by Canopus Managing Agents Limited. Registered Office: Canopus Managing Agents Limited, Floor 29, 22 Bishopsgate, London EC2N 4BQ. It is registered in England under no. 01514453.

Questions

Our in house customer service team are always happy to help if you have any questions. Please send an email to support@yellowjersey.co.uk or call 0333 003 0046, Monday to Friday, 9 am to 5 pm.

Thank you for choosing Yellow Jersey,



Alyn Thomas
Customer Service Manager

Yellow Jersey Travel Insurance Validation Certificate

Issued: «DateNow»

This Schedule forms part of **your** policy. Please read it in
conjunction with the policy booklet and keep it in a safe place.

POLICY HOLDER INFORMATION

POLICYHOLDER	«Title» «FirstName» «LastName»	Date of Birth «DateOfBirth»
CONTACT INFO	Email Address «Email»	Phone details «Mobile»
HOME ADDRESS	«Address» «PostCode»	

POLICY INFORMATION

POLICY NUMBER	«PolicyNumber»
NAME OF INSURER	Canopus Managing Agents Limited
SCHEME NAME AND REFERENCE	Yellow Jersey, ????????????
POLICY TYPE	
EFFECTIVE FROM	07/03/2025 at 00:00
EXPIRY DATE	06/03/2026 at 23:59
GROUP TYPE i.e. Individual, Couple, Family	Couple
PERSONS ON COVER	Refer to the Schedule of Persons on Cover
GEOGRAPHICAL AREA	«GeographicalArea»
MAX TRIP DURATION	«TripDuration» days per trip (annual only)
TRIP CANCELLATION & CURTAILMENT	Up to £5,000
EMERGENCY MEDICAL AND TREATMENT EXPENSES	Up to £10,000,000
PERSONAL ACCIDENT COVER	Up to £20,000
TRAVEL DELAY AND HOLIDAY ABANDONMENT	Up to £5,000
BAGGAGE	Up to £5,000
GADGET COVER	Up to £2,000
PERSONAL MONEY	Up to £500
PERSONAL LIABILITY	Up to £2,000,000
CYCLE BREAKDOWN	Up to £200
CYCLE HIRE	Up to £500
CYCLE RACE FEE CANCELLATION	Up to £500
CYCLE REPATRIATION	Up to £250
WINTERSPORTS	«wintersports»

CYCLING ACTIVITIES

Leisure Cycling is covered as standard on our cycle holiday insurance. All other cycling disciplines are covered when selecting one of the optional Activity Packs A-C.

You have added **CYCLING ACTIVITY PACK «pack_number»** to your policy.

For a full list of activities included in the above and our definitions of these activities, please refer to your Yellow Jersey travel policy wording.

Cycling activities are included when taking part on a non-professional basis. Unless expressly stated, activities are covered up to a maximum of 3,500m above sea level.

PREMIUM	Premium excluding Insurance Premium Tax	£ 173.67
	Insurance Premium Tax (IPT)	£ 20.84
	Total To Be Paid	£ «PremiumIncludingIPT»



SCHEDULE OF PERSON(S) ON COVER

«TableStart:tblTravellers»No. «TravellerNumber» | Name: «FirstName» «Surname» | DOB: «DateOfBirth»
«TableEnd:tblTravellers»



TRAVEL INSURANCE 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.

POLICY HOLDER INFORMATION

POLICYHOLDER	«MainPolicyHolderTitle» «MainPolicyHolderFirstName» «MainPolicyHolderLastName»	Date of Birth «MainPolicyHolderDateOfBirth»
CONTACT INFO	Email Address «MainPolicyHolderEmail»	Phone details «MainPolicyHolderMobileNumber»
HOME ADDRESS	«HomeAddress» «HomePostCode»	

POLICY INFORMATION

HOW LONG DO YOU NEED COVER FOR?	«PolicyType»
WHEN WOULD YOU LIKE COVER TO START?	07/03/2025 at 00:00
WHEN WOULD YOU LIKE COVER TO END?	06/03/2026 at 23:59
MAX TRIP DURATION	«MaxTripDuration» days per trip (annual only)
WHERE ARE YOU TRAVELLING?	«PolicyArea»
WHO REQUIRES COVER?	Couple
WHICH PERSON(S) NEED COVER?	Refer to the Schedule of Persons on Cover
WINTERSPORTS	«wintersports»
CYCLING ACTIVITY PACK	«pack_number»

IMPORTANT

When purchasing the policy you confirmed the following statements are true:

- 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.
- I am not a professional cyclist, and I am not travelling abroad for work other than administrative or clerical occupations.



PRE-EXISTING MEDICAL CONDITIONS

ACCEPTED PRE-EXISTING MEDICAL CONDITION

We automatically include cover for the following list of pre-existing medical conditions.

The condition must have been kept stable and well controlled for the last 12 months by medication, which was prescribed by a medical practitioner, and you must not have needed to go into hospital or have been referred to a specialist because your condition has got worse.

Acne	Diarrhoea and vomiting -if fully resolved
ADHD - attention deficit hyperactivity disorder	Eczema
Allergic reaction (anaphylaxis) provided you have not needed hospital treatment in the last 2 years,	Enlarged prostate -benign only
Allergic rhinitis	Essential tremor
Arthritis (the affected person must be able to walk independently at home without using mobility aids)	Glaucoma
Asthma (as long as it was diagnosed before age 50, and you are not taking/using more than 2 medications/inhalers and have not been admitted to hospital in the last year)	Gout
Blindness or partial sightedness	Haemorrhoids
Carpal tunnel syndrome	Hay fever
Cataracts	Ligament or tendon injury – provided you are not currently being treated
Chickenpox - if fully resolved	Macular degeneration
Common cold or flu	Menopause
Cuts and abrasions that are not self-inflicted and require no further treatment	Migraine – provided there is no ongoing investigation
Cystitis (provided no ongoing treatment)	Nasal polyps
Deafness	PMT
Diabetes (providing there have been no complications, for example, impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, leg or foot amputation, liver damage)	RSI (repetitive strain injury/tendinitis)
	Sinusitis
	Tinnitus
	Underactive or overactive thyroid
	Urticaria
	Varicose veins in the legs

PRE-EXISTING MEDICAL CONDITIONS NOT COVERED BY THIS POLICY

There is no cover for any other pre-existing medical condition, defined as the following:

- a respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy or cancer which you have ever had treatment for (this includes surgery, tests or investigations by a medical practitioner and having prescribed drugs or medication for)
- a disease, illness or injury which you have had surgery, in-patient treatment or investigations for in a hospital or clinic within the last twelve months
- a disease, illness or injury which you are taking prescribed drugs or medication for
- a disease, illness or injury which you have had a terminal prognosis for
- a disease, illness or injury you are aware of but which you has not yet been formally diagnosed
- a disease, illness or injury which you are on a waiting list for or that you know needs surgery, treatment or investigation at a hospital, clinic or nursing home.

When purchasing this policy, you were shown the text above and asked to click a button which said: I UNDERSTAND

