

If you remain dissatisfied you have the right to ask the Financial Ombudsman to review your case. The Ombudsman can be contacted at the following address:- The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR

Contacting the Ombudsman will not affect your right to take legal action against us.

What if I change my mind?

You can cancel your policy at any time. We will refund your premium less a charge for the time you have been insured, provided you have not travelled or your policy has not been terminated following a claim, in which case no refund will be due. A £20 cancellation fee will be deducted from any refund due.

3. Declaration

Travel Eligibility Statements

You and anyone named on the policy are:

An international student (or their immediate family) studying for a degree or other recognised qualification at a College or University in the United Kingdom or studying a language course at an Accredited Language School in the United Kingdom.

I have read and accepted these statements to confirm eligibility

Important Conditions Relating to Health

To proceed you must be able to agree to the following important conditions relating to health on behalf of you and anyone else to be insured on this policy. You must comply with the following conditions to have the full protection of your policy. It is a condition of this policy that you will not be covered for any claims arising directly or indirectly from:

A. At the time of taking out this policy:

1. Any medical condition you or anyone named on the policy have or have had for which:
 - a. symptoms or diagnosis has occurred within the last 12 months or
 - b. there has been a change in treatment (including medication, dosage, surgery, tests, investigations or diet) in the last 12 months.
2. Any medical condition where you, anyone named on the policy, a close relative or a close business associate:
 - a. are waiting for an operation, hospital consultation (other than for regular check ups), or other hospital treatment or investigation.
 - b. have, within the last 6 months, been seen by a specialist (other than for regular check ups), had an operation or other hospital treatment or investigation.
 - c. have received a terminal prognosis.
 - d. have not had a diagnosis.
3. Any circumstances you are aware of that could reasonably be expected to give rise to a claim on this policy.

B. At any time:

1. Any medical condition you or anyone named on the policy have in respect of which you are travelling against medical advice or for which you are travelling to obtain medical treatment abroad.
2. Any medical condition for which you or anyone named on the policy are not taking the recommended treatment or prescribed medication as directed by a medical practitioner.
3. Travel against any health requirements stipulated by the carrier, their handling agents or other Public Transport provider.

I have read and agreed to these important conditions relating to health

You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.

I declare that to the best of my knowledge all the information provided in connection with this proposal is correct and complete. I agree that this proposal is for insurance in the normal terms and conditions of the insurer's policy and shall be incorporated in and form the basis of the contract.

Signature _____

Date / /

The Endsleigh Group of Companies ("Endsleigh, We, Us") Privacy Policy

It is Endsleigh's policy to take all necessary steps to ensure that your personal data held is processed fairly and lawfully in accordance with the Data Protection Act 1998 ("the Act"). We hold personal data relating to you in connection with insurance products and services you have asked Us to provide. Except to the extent We are required or permitted by law, personal data provided to or obtained by Us will be used for the purposes of providing you with the products and services you have requested. It may also be shared within other Endsleigh group companies, (full details of which are available on request), as well as carefully selected third parties who have products and services that We think may be of interest to you. In the process of gathering your details We may collect sensitive information such as about your health or in relation to motoring offences. If you purchase products or services from Us, you will have given Us your consent to use this personal data as detailed in this Privacy Policy. We may wish to contact you from time to time by telephone, e-mail or post about other products and services that may be of interest to you. If at any time you do not wish to receive this information then please write to Endsleigh's Group Data Protection Officer at: Endsleigh Insurance Services Limited, Shurdington Road, Cheltenham, Gloucestershire GL51 4UE. Under the Act, as a data subject, you are granted certain rights. If you would like to know what information We hold about you you can write to Us as above. We may charge you a statutory administration fee to comply with your request. Should You have any other queries in connection with data protection then please contact Endsleigh's Group Data Protection Officer as above. Endsleigh will share the personal details you provide with Inter Partner Assistance S.A., Avenue Louise 166 bte1, 1050 Brussels, a member of the AXA Group. To administer your policy AXA will hold and use information about you supplied by you (and by medical providers). AXA may send it in confidence for processing to other companies in the AXA Group (or companies acting on AXA's instructions) including those located outside the European Economic Area.

4. Complete your application...

Title _____ First Name _____

Surname _____

Date of Birth / /

Period of Cover From / / to / /

The fees for your insurance will be added to the invoice for your course.

PREMIUM: £ _____

5. What next?

Your details will be processed and your policy documentation sent to you within the next week.