



Redcliffe Street, P.O. Box 290, St. John’s, Antigua, W.I.  
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OVERSEAS TRAVEL INSURANCE  
CERTIFICATE

**Whereas** the applicant named in this certificate is desirous of seeking Travel Insurance for the proposed journey by the applicant/or other members named in the schedule and having paid the requisite premium for the said journey during the travel dates stated, the Company hereby undertakes to pay and/or reimburse, subject to the terms, conditions exceptions described on the reverse of this certificate, against bodily injury caused directly and solely by accident, violent, external and visible means and being sole and direct cause of his and/or other members named in the certificate death or disablement as hereinafter defined and will pay to the applicant in the event of death to the legal personal representatives, the sum or sums designated in the schedule of benefits.

**Provided:-** Such bodily injury is sustained during the period covered by this certificate and the Company shall not be liable in respect of any period beyond the specified and amounts in excess of those specified.

SCHEDULE OF PERSONS TRAVELLING

No.	Name/s	Age	Occupation	Principal Sum Insured	Personal Luggage	Medical Benefits	Premium
					\$2,000	\$3,000	
					\$2,000	\$3,000	
					\$2,000	\$3,000	
					\$2,000	\$3,000	
Minimum Premium \$25							\$

TRAVEL INFORMATION

From	To	Airline	Flt. No.	Date of Departure	Date of Arrival	Number of Days

Total number of days: ..... [Not exceeding 90 days]

Full Name (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

I do hereby declare and warrant that the above statements are true and complete that I have not withheld any material information. Further, none of the persons proposed are in any way maimed, deformed or suffer from any known impairment of sight or hearing.

Date \_\_\_\_\_

Policy No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

Signature of Proposer

For and on behalf of each individual described above

Territorial Limits: Worldwide

STATE INSURANCE COMPANY LIMITED

Authorized Agency

Chief Executive Officer

IMPORTANT

1. This certificate is not valid unless it is countersigned by authorized agent.

2. Children under the age 16 and adults over the age of 70 years are not covered.

3. The scope of this cover is limited to travel by air, sea and land transportation.

# **BENEFITS**

## **I. Personal Accident**

In the event of accident causing:-

- a) Death ..... 100% Capital Sum Insured
- b) Loss of limb(s) or eye(s) ..... 100% Capital Sum Insured
- c) Permanent Total Disablement ..... 100% Capital Sum Insured
- d) Temporary Total Disablement ..... 0.5 of 100% Capital Sum Insured  
Subject to a maximum \$750 per week up to weeks

### **Definitions applying to Section I**

1. *Loss of a limb shall mean loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle include total and irrecoverable loss of use of hand or leg.*
2. *Loss of eye shall mean total and irrecoverable loss of sight of the eye.*
3. *Total disablement shall mean the disablement of the insured person which prevents him/her from engaging in any part of his/her usual occupation.*
4. *Permanent shall mean lasting for twelve consecutive months and at the end of that time being without hope of improvement.*
5. *Partial disablement shall mean the disablement of the insured person which prevents him/her from engaging in a substantial part of his/her usual occupation.*

### **Exceptions**

- a) Partial loss or disablement, temporary disablement, accidental death of the insured/s shall not be presumed by reason of his/her disappearance.
- b) Applicant and/or the legal representative(s) shall not be entitled to receive payment concurrently under more than one of the benefits in respect of any single disablement under section I.
- c) Compensation under benefit “d” is payable up to and not exceeding 24 weeks only.
- d) The Company shall not be liable for death, disablement or medical expenses directly or indirectly resulting from disease or natural or surgical treatment (unless rendered necessary by accident covered hereunder)

## **II. Personal Baggage**

- a) Loss or damage to personal belongings Liability for any single item limited to 20% of the sum insured.

### **Exceptions**

1. Whilst travelling by air or sea or by ground transportation, loss or damage to luggage and contents therein whilst in their custody as checked baggage.
2. From road vehicle unless from locked trunk or locked “Estate” type vehicle causing damage to evidence forceful access to contents.
3. Money in cash, currency, bank notes, draft or traveler’s cheques, tickets, securities, passports, documents and the like.
4. Confiscation or detention by customs or other authority.
5. Wear and tear, damage due to contamination, leakage, acids, moth, vermin, gradual deterioration.
6. The loss, if any, is payable once for the duration of the policy.
7. Damage to luggage by way of scratching, denting, tearing.
8. First \$50 being deductible for each claim.
9. War, radioactivity and sonic bang causing damage.
10. Contents in hand bag (s), attached case(s) etc. are not covered.

## **III. Medical Expenses**

- a) In respect of sickness and injury \$3,000 (maximum for the duration of the policy each insured person incurred as a direct result of bodily injury, illness or death)

### **Exceptions**

1. Any injury or sickness should be directly in consequence of a journey by air, land, and sea, excluding motor cycles, mopeds, mechanically assisted pedalcycles, mountaineering, ski-boats, water sports of all kinds, flying other than as a passenger.
2. Incurred in the insured person’s normal country of residence.
3. Arising from any illness which the insured person is known to have been suffering at the commencement of the period of insurance.
4. Suicide or resulting injury/sickness following attempted suicide.

### **Conditions**

1. All payments for any of the benefits are payable in Antigua and Barbuda and in Eastern Caribbean Currency only.
2. All claims for any of the benefits must be authenticated and supported by appropriate vouchers.
3. Luggage claims shall be paid under subrogation and the insured is required to surrender all rights to the luggage to the Company.
4. All differences arising between the insured and the Company shall be referred to arbitration whose seat of jurisdiction shall be in Antigua and Barbuda.
5. This certificate is subject to Antigua and Barbuda Jurisdiction Clause.
6. Notice of Accident with full medical certificate shall be submitted to the Company at its Head Office within 30 days of such occurrence.
7. This certificate is not assignable.