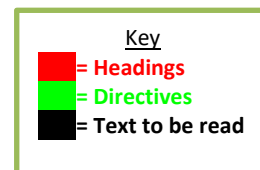


## New Quote Free Spirit Sales Script – 21-22 Chaucer Edition

### Greeting:

Good morning/afternoon thank you for calling ..... You are speaking to ..... how may I help?



*Before beginning the sales process, read the statements below*

### COVID-19 Statement

This policy will ONLY provide cover for claims as a result of pandemic and/ or epidemic, including but not limited to Coronavirus (Covid-19) within the following sections:

#### B1 - A. Emergency Medical & Associated Expenses

Our policy provides cover for Emergency Medical expenses if an insured person contracts Coronavirus whilst abroad.

And

#### Sections A1 – Cancellation and B3 - Curtailment/Loss of Holiday

If it is necessary and unavoidable to cancel or cut short your trip because an insured person tests positive for Coronavirus within 14 days of your trip departure date, or is admitted to hospital due to testing positive for coronavirus after the purchase of this policy

Provided that you have received the recommended number of doses of an approved Coronavirus vaccine 14 days prior to your trip commencing. This vaccination requirement shall not apply where you are under 40 years of age, or if you are over 40 years of age but were ineligible for vaccination, or unable to receive the vaccine for medical reasons, and this is shown in your medical records.

Please be aware: There is no cover under this policy if (having no symptoms of Coronavirus and/or not testing positive for Coronavirus) you are advised to quarantine or you choose to self-isolate due to a person you have come into contact with having Coronavirus

### Foreign, Commonwealth & Development Office (FCDO) Advice:

This insurance policy will not cover you to travel to a specific country or to an area where, prior to your trip commencing, the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel.

This exclusion does not apply where your destination is within Europe 1 or Europe 2 (see the definition of 'Geographical Area') and where the Foreign, Commonwealth & Development Office (FCDO) have advised against all (or all but essential) travel solely due to the Coronavirus risk.

It is your responsibility to check the latest advice from the FCDO prior to commencing your trip, which you can find at [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)

Are you happy to proceed on that basis? *Customer response must be heard on call.*  
*If yes proceed, If no advise you are unable to continue.*

## **Privacy Policy**

We only collect the information you choose to give us, and we process it with your consent. We only collect personal or sensitive information that is necessary to fulfil the purpose of your interaction with us and use it as our privacy policy describes.

## **Marketing:**

We would like to keep you up-dated with special offers, our latest news and other products. We will always treat your personal details with the utmost care and will never sell them to other companies for marketing purposes. Are you happy to receive this information?

*If the client answers yes make a note of how they would like to receive the information and deal with this when you get to the payment page*

*If the answer is no then leave blank*

*Is the quote for more than one person/third party calling on behalf of an applicant(s)? If yes, refer to transcript below*

Can you please confirm that you have the consent of all persons to be insured to act on their behalf? *(Audible response must be clearly heard – Yes/No)*

## **Eligibility**

- Do all insured persons have their main home in and are resident of the UK (Including BFPO), Channel Islands or Isle of Man for at least 6 months?
- Have all insured persons been in the UK for a minimum of 6 months in the year prior to purchasing this policy?
- Do all insured persons have a UK National Insurance number *(Not applicable to Channel Island Residents or minors)* and are registered with a medical practitioner the UK (home area) and are in the UK at present?
- Can you confirm for all insured persons, that your trip has not yet started and you are in the UK (Including BFPO), Channel Islands or Isle of Man at the time of purchasing this policy?
- Can you confirm that for all insured persons that your trip/s will start and end in the UK (Including BFPO), Channel Islands or Isle of Man?
- Can you also confirm you and all insured persons are not travelling against the advice of your/their doctor or a medical professional or would be if you had sought their advice before beginning the trip?
- And finally can you confirm that you and all insured persons are not travelling specifically to receive medical treatment during your trip or in the knowledge that you are likely to need treatment.

*Customer must answer a clear Yes to each of the above, if no you must not proceed to quote or sell a policy.*

**Fact Finding:**

**Are you looking for a Single trip or an annual policy?** (European and UK only at present – remember eligibility criteria for UK trips – customer must not be travelling within their home country for less than 3 days on any one trip.)

*If single trip gather trip dates as of departure date from residence to arrival date back to residence in the UK, CI or BFPO site*

*If AMT, when would they like their cover to start? (The inception date must start within the next 31 days). If there is a gap between the quote date and inception date, and there is no other cover in existence, please refer to transcript below:*

**We would like to make you aware that there would be no cover under any section of the policy for any events that occur or known about before the inception date of the policy**

*Don't Forget: If a client has an existing policy with another company and it is due to expire whilst the client is on a trip, then the inception date for the AMT you are quoting for, must start at the very least from the date they leave their residence*

**Destination**

*ST = List each country individually*

*AMT = Select the relevant Geographical Area*

*Proceed to complete page 1 on system*

**Travellers:**

*Proceed to complete page 2 on system*

*Select group type – Individual – Couple (2 persons 18 years and older who live at the same address for more than 6 months) – Family (refer to page 5 of policy wording for definition)*

- Name(s)
- Date of Birth
- Email address (Do not use your own – if the client does not have an email address use [name@surname.com](mailto:name@surname.com))
- Telephone number
- Address

**Medical Screening Declaration:**

*Please start by reading the below statement*

**This medical declaration is the disclosure of existing medical conditions made by you, or on your behalf, at the time the quotation was requested. It is your responsibility to provide complete and accurate information when purchasing Free Spirit travel insurance and throughout the life of the policy.**

If you are answering the medical questions on behalf of someone else, you must make sure that you have their permission to do so and all of the required information to answer the medical questions fully and accurately. If you are not sure of any of the information you are giving us or do not know, the answers must be checked with the treating G.P.

If you do not answer the questions correctly, your policy may be cancelled, claim payments refused and your claim rejected.

Do you understand?

*(Audio response - Yes/No must be heard)*

### **Medical Exclusions**

*Please read the below exclusions word for word. Please add in the Have you, Are you or anyone to be insured on this policy... Are they, Have they etc.*

1. Currently have any medical condition or symptom you are aware of but that remains **undiagnosed**?
2. Currently awaiting any surgery for a **diagnosed** condition?
3. Currently awaiting any in-patient hospital treatment for a **diagnosed** condition?
4. Currently awaiting any investigation or hospital consultation for a **diagnosed** condition, except where this is a routine regular check-up?
5. A terminal prognosis?
6. Currently awaiting tests or test results for a **diagnosed** condition?

*If the answer is yes to the above (apart from terminal) this policy is not suitable - Signpost (read text below)*

As we are not able to assist on this occasion, we would like to draw your attention to a directory created by Money and Pensions Service (MaPS). This directory is for customers with serious medical conditions and includes a list of firms who may be able to provide you with additional quotes. You can contact MaPS at [www.maps.org.uk](http://www.maps.org.uk) or telephone 0800 138 7777

### **Medical Screening Questions**

*Please read the below exclusions word for word. Please add in the Have you, Are you or anyone to be insured on this policy... Are they, Have they etc.*

- 1) In the last 5 years..... been treated (incl prescribed medication) for any lung-breathing-respiratory condition?
- 2) In the last 5 years.....been treated (incl prescribed medication) for any heart or heart related conditions?
- 3) In the last 5 years.....been treated (incl prescribed medication) for any circulatory conditions relating to the blood or blood vessels?
- 4) In the last 5 years.....been treated (incl prescribed medication) for any kidney or renal conditions?
- 5) In the last 5 years.....been treated (incl prescribed medication) for any liver conditions?
- 6) In the last 5 years.....been treated (incl prescribed medication) for any pancreatic conditions including diabetes?

- 7) In the last 5 years.....been treated (incl prescribed medication) for any cerebral-neurological condition relating to the brain?
- 8) In the last 5 years.....been treated (incl prescribed medication) for any type of cancer?
- 9) In the last 5 years.....been treated (incl prescribed medication) for any type of stroke?
- 10) In the last 5 years.....been treated (incl prescribed medication) for any type of central nervous system disorders?
- 11) In the last 5 years.....been treated (incl prescribed medication) for any type of irritable bowel disease?
- 12) In the last 5 years.....been treated (incl prescribed medication) for any type of psychiatric – psychological conditions?
- 13) In the last 2 years.....had any surgery?
- 14) In the last 2 years.....had any in-patient or out-patient hospital treatment?
- 15) In the last 2 years.....had any tests-investigations in a hospital or clinic?
- 16) In the last 2 years.....been seen by a specialist or consultant?
- 17) In the last 2 years.... been taking any prescribed medication?

*Proceed to complete page 3 on system  
 If this is a referral please go to your directives titled “REFERRALS”  
 Remain on the quotation page until you have asked the sales options*

**Sales Options:**

**Are you taking part in any particular hazardous sports or activities?** *If yes- check relevant activity pack(s) and select accordingly*

- If intending to participate in any sports or activity customer must ensure that:*
- *They follow the safety guidelines for the activity concerned and where applicable they use the appropriate and recommended safety equipment.*
  - *If they have medical condition/s their usual treating doctor is happy for them to partake in the sport/activity on their trip;*

**Please be aware there is an additional excess for any medical claims of;**

- Pack 2 £150, per person per claim**
- Pack 3 £200, per person per claim**
- Pack 4 £250, per person per claim**

*There is also reduced cover depending on their chosen activities, please refer the policyholder to the insurance wording (page 19) for full details.*

**Do you wish to add winter sports to your cover (Age Capped at 65)?**  
*If yes - Check what activity they are doing – refer to your policy wording for details.*

**Do you wish to purchase the excess waiver option for an additional £7.20 per person, this deletes all excesses apart from section B13 Gadget Cover and Activity packs 2-4 (If applicable) - Excesses range from £20 - £95 dependant on section being claimed against,**

*If the client has opted for any of the above simply click a level of cover and move forward into the options page. Once you have finished move back to the quotation page*

**Quotation Confirmation:**

*Before giving a quote you must be heard delivering a set information criteria.*

- 1) Confirm details of quote – *Travel dates, Destination, Named persons, Email addresses etc.*
- 2) Underwriters are Chaucer Insurance Company DAC. With the exception of;
  - a) Section 13 (End Supplier Failure)-Underwritten Liberty Mutual Insurance SE
  - b) Section 17 (Gadget Cover)- Underwritten by Inter Partner Assistance SA UK Branch

*Please read the below demands and needs statements Word for Word*

This travel insurance is typically suited for those people who wish to insure themselves when travelling for the benefits as shown in the policy wording. You may possess alternative insurance for some or all of the features and benefits provided by this product. It is your responsibility to investigate this. PJ Hayman cannot provide you with any recommendations or advice about whether this product fulfils your specific insurance requirements.

- **Please be aware that this is not a private medical insurance policy**  
Your policy is not a private medical insurance policy, and does not cover private medical treatment, private hospital costs or other related expenses incurred unless these have been specifically agreed and authorised by the 'Emergency Medical Assistance Company' as part of a medical emergency covered by this policy.
- **With regard to claims for reimbursement of costs**  
This policy will only respond to claims for irrecoverable losses. That means only once those principally responsible for reimbursing the cost have been exhausted. For example you should, in the first instance, contact your tour operator, airline, accommodation provider, credit or debit card providers to source a refund.

**Summary of Cover**

**Super Cover**

- £2,500 Cancellation
- £5 million Medical
- Overall total of £1,500 Baggage
- Gadget cover up to £1000

Excesses range from £20-£95 *(only read if they haven't taken the excess waiver option)*

AMT max duration 32 days *(only read if you are quoting for an AMT)*

**No cover** for sections End Supplier Failure and B8 Extended Journey disruption and airspace closure *(these can be found on our Super Duper level of cover)*

## Super Duper

- 5\* default rated
- £5,000 Cancellation
- £10 million Medical
- Overall total of £3,000 baggage
- Gadget cover up to £1500

Excesses range from £20-£50 *(only read if they haven't taken the excess waiver option)*

AMT max duration 45 days *(only read if you are quoting for an AMT)*

Your premiums are as follows £..... these premiums include IPT (Insurance Premium Tax)

### Only if system Prompts- Signpost (read the below statement)

This price includes cover for declared medical condition/s. As your quote includes a high additional medical premium for one or more of you, we would like to draw your attention to a directory created by Money and Pensions Service (MaPS). This directory is for customers with serious medical conditions and includes a list of firms who may be able to provide you with additional quotes. You can contact MaPS at [www.maps.org.uk](http://www.maps.org.uk) or telephone 0800 138 7777.

*Don't forget: You will need to make sure that any endorsements or broker commissions that need to be adjusted are completed after you have finished the quotation process*

### Documents:

*Click on the option that is of primary interest to the client*

#### **1) How would you like to receive your documents?**

*Tick option box as per the directive from client*

*Tick any relevant marketing boxes as per the directive from client*

*Tick declaration box*

***To print – from the Documents tab select 'Download Documents' and select the items required, this will be downloaded to your own PC to print in bulk or select each document and print.***

***Email – Send the client the customer Login email. This will allow them to setup a password and access their own files securely.***

*If the client is not purchasing at this point proceed to saving the quote section. If the client wants to accept the quote, then proceed to sale section.*

### Quote Saving

**1) This quotation will be kept on our systems for the next 31 days and the premium is subject to any changes, such as your health, age, policy start date or any new information that will result in a change to the original quote. This could result in a change of terms and/or an increased premium.**

**2) Quote number – NB.....**

**3) The Freespirit telephone number is .....**

**Sales:**

*If the client comes back to purchase a quote they have received, please re-confirm quote details - Travel dates, Destination/TL, Named persons, Email addresses etc.*

*If the client is purchasing straight away then do not re-confirm details  
Read transcript below:*

Then if you are happy with the quote what I will do is put your new policy in place. More information is available such as how to cancel the policy or make a complaint. We will send you this information after payment. Are you happy to proceed? *(An audible response must be heard – Yes/No)*

**Finishing Statements**

- **(Unmask call)** We will send/email to you; Your Certificate of Insurance, Insurance Product Information Document, Coronavirus Fact Sheet and your Insurance Policy Wording. We strongly recommend that you read all of your documents carefully as they contain important information regarding your cover and what to do in the event of a Medical Emergency or claim.
- We cannot accept any liability for any delays or non-delivery by the postal service. If you are receiving your documents electronically please ensure you double check receipt of your documents, including looking in your junk folder.
- Also we cannot accept liability if you do not have enough time to review your documents before travel.
- You have a 14 day cooling off period. Please check that the cover meets your requirements. If not, contact us within the 14 days to arrange a refund of premium. Cancellations outside 14 days may be considered; please refer to your insurance policy for details.
- If you receive any medical attention and the bills are likely to exceed £500, please call the Emergency Assistance Service. The number is on the front of the policy wording and on your policy schedule.
- There is an on-going health warranty on your cover. If you have any change in health you must report this to us before travelling/balance payments so that can advise you on whether cover can continue.

Policy Number – FST.....

Thank you for calling.