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# GTC

## My Multi Trip Safe 2601

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# COVERAGE SUMMARY My MultiTrip Safe 2601

| COVERAGE | WHEN IT APPLIES | MAXIMUM BENEFIT |
|---|---|---|
| **Trip Curtailment Coverage** | ***You* have to interrupt *your trip* or end it early and need to recover nonrefundable unused *trip* costs.** | **According to the premium booked:**<br><br>**500 €** |
| **Early/Delayed Return Coverage** | ***You* have to end *your trip* earlier or later than originally planned and need to recover additional transportation costs for *your* return home.** | **500 €** |
| **Trip Continuation Coverage** | ***Your* travel plans are interrupted, but *you* continue *your trip*.** | **250 €** |
| **Extended Stay Coverage** | ***Your* travel plans are interrupted and *you* need to recover additional accommodation and transportation costs *you* have incurred.**<br><br>Maximum of € 50 per day, up to 5 days | **250 €** |
| **Travel Delay Coverage** | ***Your* travel plans are delayed while *you* are on *your trip*.**<br><br>Minimum Required Delay: 12 hours<br><br>Maximum reimbursement per each 24-hours of delay:<br><br>**100 €** | **500 €** |
| **Baggage Coverage** | ***Your baggage* is lost, damaged, or stolen while on *your trip*.**<br><br>Maximum benefit for all high value items: 250 € | **500€** |
| **Baggage Delay Coverage** | ***Your baggage* is delayed by an airline, cruise line, or other *travel carrier* while on *your trip*.**<br><br>Minimum Required Delay: 12 hours | **100 €** |
| **Emergency Medical/ Dental Coverage** | ***You* have to pay for emergency medical or dental treatment while on *your trip*.**<br><br>Dental Care maximum sublimits: 500 € | **50.000 €** |
| **Emergency Transportation Coverage** | **Transportation is needed following a medical emergency while on *your trip*.**<br><br>Emergency evacuation and Search and Rescue: 5.000 €<br>Medical Repatriation: 50.000 €<br>Transport to bedside: 1.000 €<br>Return of dependents: 1.000 €<br>Repatriation of remains or funeral abroad: 5.000 € | 50.000 € |
| **Personal Liability Coverage** | ***You* are financially liable for damage *you* cause to a third party or their property while on *your trip*.** | **7.500 €** |
| **Travel Accident Coverage** | ***You* suffer a death or *permanent disability* as a result of a travel *accident* during *your trip*.**<br><br>Death: 2.500 €<br>Covered timeframe for death: 5 years after *accident*<br><br>Permanent disablement: 2.500 € | **2.500 €** |

The above is only a brief description of the coverage available under *your policy*. Terms, conditions, and exclusions apply to all coverages. Please carefully review *your policy* for complete details. The definitions of the terms in the Definitions section of the *policy* will also apply to those terms when used in this Coverage Summary.

**Important Notices**:

- *Your policy* does not cover *pre-existing medical conditions*;
- *Your policy* should be purchased on or before the known *departure date;*
- The *policy* is applicable only for:
  - **Bulgarian citizens** with permanent residence in Bulgaria and for travels with starting point from Bulgaria;
  - **Foreigners** with permanent residence in Bulgaria and valid residence permit for unlimited period of time in Bulgaria;
- Emergency Medical/Dental Coverage is secondary. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.
- This policy in English is only for information purposes. Only the policy in Bulgarian for the current product is an integral part of the insurance contract. Bulgarian language will be used to issue the policy and for claims handling.
- *Your* travel insurance is valid according to the selected premium for *trips* in: Worldwide
- If not otherwise specified, the benefit limits and coverages described apply to each insurance package. For trip cancellation, the insurance amount is available for each event covered, if applicable. For all other coverages, the limits apply per *trip*.
- When traveling to sanctioned countries, there may be restrictions or no insurance cover at all. *We* generally do not provide insurance cover for *trips* to North Korea.

## OUR PROMISE TO YOU

**For emergency assistance during *your trip*, please:**

- **call: +359 2 950 38 50**

We are here for you. If you need assistance or have questions about your policy, please don't hesitate to contact us!

**For customer service:**

- call: +359 2 995 18 43 (Mon-Fri: 09:00h - 17:30h)
- e-Mail: office.bg@allianz.com
- online: https://www.allianz-assistance.bg

**To file a claim, please visit:**

- Allianz Protection
- e-Mail: claims.bg@allianz.com
- call: +359 2 980 00 29

Allianz Partners (legal name being AWP P&C S.A., branch Bulgaria) offers travel insurance under the Allianz brand.

- Reg. №: 202091075
- Representative: Maik Keppel
- Address: str. „Srebarna" 16, fl.8, Sofia 1407, Bulgaria

**Withdrawal or cancellation of an insurance contracts, including insurance contracts concluded from distance.**

*Your* insurance contract is automatically terminated upon the expiration of the period for which it was concluded, as well as in the cases under the provisions of Code of Insurance of the Republic of Bulgaria. *You* may cancel your insurance contract by sending *us* a notice in written at any time before the start of the period of *your* coverage as described in the insurance policy. In this case, *we* will refund the full amount of the insurance premium paid by *you*. In order to comply with the withdrawal period, it is sufficient that *you* send the declaration of withdrawal before the expiry of the withdrawal period. The declaration is also effective if it comes into the power of *your* insurance agent.

In case of cancellation of fixed-term insurance contracts where the coverage period has already started, *you* can cancel *your* policy by sending *us* a notice in written, in which case *we* will refund only that part of the insurance premium corresponding to the unexpired period of *your* coverage, but only under the condition that no insurance event has occurred and no insurance claim is expected to be filed by *you*. The day of the notice delivery (notification) shall be considered as a used day from the insured period.

**Please send the notice of withdrawal to:**

AWP P&C S.A., Bulgarian Branch
Att. Service Center

Address: str. „Srebarna“ 16, fl.8, Sofia 1407
e-mail: office.bg@allianz.com

**Insurance contract amendments**

If *you* need to change *your* travel dates or update some of *your* insurance contract details, please contact our **Service Cente**r. Changes are not allowed after the start date of the travel.

**Complaints management**

*Our* goal is to offer first class services. It is also important to *us* to respond to *your* concerns. If *you* are not satisfied with *our* products or *our* service, *you* can contact *us* at any time: quality.at@allianz.com

You can also submit your complaint with the local Regulator authorities in Bulgaria:  Financial Supervision Commission, Sofia 1000, Bulgaria, str. Budapeshta 16, E: delovodstvo@fsc.bg, T: +359 2 9404 999, Working hours: 09:00 – 17:30 Mon-Fri

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# GENERAL INSURANCE CONDITIONS

## WHO WE ARE

AWP P&C S.A., branch Bulgaria
str. Srebarna 16
1407 Sofia
Bulgaria

AWP P&C S.A., branch Bulgaria is a registered entity in Bulgaria, as a branch of a foreign trader, under the provisions of "right of establishment" with UIC 202091075.

*We* are the Bulgarian branch of the insurance company AWP P&C S.A., with registered address in France, str. "Dora Maar" 7, Saint Ouen 93400 and registration number 519 490 080. *We* also operate under the trading name Allianz Partners. AWP P&C S.A. is autorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09

## ABOUT THIS POLICY

This *policy* is *our* contract with *you* Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during *our* working hours listed in Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy. You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Words that are capitalized refer to the document and coverage names found in this *policy.* Headings are provided for convenience only and do not affect *your* coverage in any way.

## WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy,* and only under the conditions described. Please review this *policy* carefully.

*Your policy* consists of three parts:

1. Insurance document
2. General Insurance Conditions including coverage summary
3. Data privacy notice

NOTE:

Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Conditions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy.*

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# DEFINITIONS

Throughout this *policy,* words and any form of the word appearing in italics are defined in this section.

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| ***Accident*** | An unexpected and unintended external event that causes *injury,* property damage, or both. |
| ***Accommodation*** | A hotel or any other kind of lodging for which *you* make a reservation or where *you* stay and incur an expense. |
| ***Act of war*** | Any act which is associated with and occurring in the course of *war* or directly triggering it. |
| ***Amateur sporting competition*** | A sporting competition in which competitors take part for fun, fitness, or as a pastime and for which they receive no payment or financial remuneration (not including prize money). |
| ***Baggage*** | Personal property *you* take with *you* or acquire on *your trip.* |
| ***Civil disorder*** | Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages. It does not include any such occurrence that rises to the level of or is connected with any *political risk*, *terrorist event*, *war*, or *act of war*. |
| ***Cohabitant*** | A person *you* currently live with and have lived with for at least (12) consecutive months and who is at least (18) years old. |
| ***Computer System*** | Any data processing system and any network/communication equipment connecting two or more of such systems, and including any associated hardware, software, data, and data storage equipment. This includes without limitation any computer, laptop, smart phone, tablet, or wearable device. |
| ***Continuous coverage*** | *You* have *continuous coverage* when the coverage effective date of this *policy* is no later than X days after the coverage end date of a previous multi-trip policy issued to *you* by *us*. |
| ***Covered reasons*** | The specifically named events for which *you* are covered under this *policy.* |
| ***Departure date*** | *Your* departure date on a *trip* as shown on *your* travel itinerary. |
| ***Dependent*** | *Your family member* or other relative who requires *your* full-time supervision and care. |
| ***Destination*** | A location listed on *your* original itinerary to which *you* are scheduled to travel. This does not include any layover location where *you* did not arrange for overnight lodging on *your* return travel to *your primary residence*. |
| ***Doctor*** | Someone who is legally authorized to practice medicine and is licensed as required under the law of the country in which he or she practices. This cannot be *you, a traveling companion, your family member, a traveling companion's family member,* or the sick or *injured* person's*family member.* |
| ***Epidemic*** | A contagious disease recognized or referred to as an *epidemic* by a representative of the World Health Organization (WHO) or an official government authority. |
| ***Family member*** | 1. Spouse (by marriage, common law, domestic partnership, or civil union);<br>2. *Cohabitants;*<br>3. Parents and stepparents;<br>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;<br>5. Siblings and stepsiblings;<br>6. Grandparents and grandchildren;<br>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;<br>8. Aunts, uncles, nieces, and nephews;<br>9. Legal guardians and wards; and<br>10. Paid, live-in caregivers. |

***First responder***

Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an *accident* or emergency to provide aid and relief.

***High-risk sports and activities***

Any activity that includes or intends to include:

- Racing or practicing to race any motorized or non-motorized vehicle, aircraft, or watercraft;
- An attempt to challenge, establish or exceed any strength, endurance, speed, distance, depth, or height record;
- Using ramps, half-pipes, jumps, rails, boxes, or drops. This does not include such activities within a specialized area, park, or resort designed and authorized to facilitate such activities;
- Surfing on waves higher than 6 meters or with the assistance of tow-in equipment;
- Rafting/kayaking above Class IV rapids or canoeing above Class III rapids;
- Aerial sports or activities involving gliding of any type in air or freefalling of any type, with or without using or being attached to supporting equipment or a vehicle;
- Going above 4500 meters in elevation, other than while as a passenger in a commercial aircraft;
- Interacting with intentionally aggravated, provoked, or harassed animals;
- Fighting, combat, or sports that involve intentional physical collision;
- Free climbing, slacklining, highlining, or any activity utilizing harnesses, ropes, belays, crampons, or ice axes, except supervised activities on artificial surfaces and structures intended for recreational use;
- Any cave exploration, except supervised recreational tours open to the general public of areas accessible on foot without the need for ropes or safety equipment;
- Freediving that includes descending below a depth of 10m;
- SCUBA diving without a certified divemaster or a certified instructor; or that involves technical or decompression diving;
- SCUBA diving that includes descending below a depth of 18m; or that exceeds any PADI (or equivalent organization) diving restrictions applicable to *you* based on *your* certification and personal circumstances;
- Engaging in skiing, snowboarding, or mountain biking in areas accessed by helicopter or, while in a specialized resort or park, outside of marked trails or designated areas;
- Not wearing all required or recommended safety equipment during participation;
- Engaging in the activity in an area where such activity is not allowed; or
- Performing, before an audience, an activity whose main appeal is high risk of an *injury* to the performer(s).

***Hospital***

An acute care facility that has a primary function of diagnosing and treating sick and *injured* people under the supervision of *doctors*. It must:

1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;
2. Have organized departments of medicine and major surgery; and
3. Be licensed where required.

***Illegal act***

An act that violates law where it is committed.

***Injury***

Physical bodily harm other than due to illness.

***Local public transportation***

Local, commuter, or other urban transit system carriers (commuter rail, city bus, subway, ferry, taxi, for-hire driver) that transport *you* or a *traveling companion* less than 150 kilometers.

***Mechanical breakdown***

An electrical, electronic or mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).

***Medical escort***

A professional person contracted by *our* medical team to accompany an ill or injured person while they are being transported. A *medical escort* is trained to provide medical care to the person being transported. This cannot be a friend, *traveling companion,* **or** *your family member.*

**Medically necessary**

Treatment that is required for *your illness, injury,* or medical condition, consistent with *your* symptoms, and can safely be provided to *you.* Such treatment must meet the standards of good medical practice and is not for *your* or the provider's convenience.

**Natural disaster**

An extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people. Such event must have significant intensity and catastrophic impact. Examples include earthquakes, fires, floods, hurricanes, avalanches, landslides, droughts, or volcanic eruption. Ordinary and routine weather events are not considered *natural disasters*.

**Pandemic**

An *epidemic* that is recognized or referred to as a *pandemic* by a representative of the World Health Organization (WHO) or an official government authority.

**Pet cat or dog**

A domesticated cat or dog kept in *your* home for personal companionship, not commercial purposes.

**Policy**

This travel insurance contract. The *policy* includes Insurance *Policy*, General Terms and Conditions including coverage summary and Data privacy notice.

**Political risk**

Any one or more of the following:

- Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group;
- Nationalization;
- Confiscation;
- Expropriation;
- Deprivation;
- Requisition;
- Revolution;
- Rebellion;
- Insurrection;
- Civil commotion assuming to proportion of or amounting to an uprising;
- Military and usurped power.

**Pre-existing medical condition**

An *injury*, illness, or medical condition that, occurs prior to and including the purchase date of this *policy* or the purchase date of your trip, whichever occurs later:

1. Caused a person to seek medical examination, diagnosis, care, or treatment by a *doctor*;
2. Presented symptoms; or
3. Required a person to take medication prescribed by a *doctor* (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).

The illness, *injury*, or medical condition does not need to be formally diagnosed in order to be considered a *pre-existing medical condition*.

For example, a sprained knee *you* have had treated prior to and including the purchase date of *your policy* will be considered a *pre-existing medical condition*. If *you* later have to cancel your *trip* because, for instance, the sprained knee now requires surgery, or because *your* recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a *pre-existing medical condition*.

**Primary residence**

*Your* permanent, fixed home address for legal and tax purposes.

**Professional sporting competition**

A sporting competition in which competitors take part at either a professional or semi-professional level, while under contract to a club or sporting organization, for payment or financial remuneration.

**Quarantine**

Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which *you* are booked to travel during *your trip,* which is intended to stop the spread of a contagious disease to which *you* or a *traveling companion* has been exposed.

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| ***Reasonable and customary costs*** | The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers. |
| ***Refund*** | Cash, credit, or a voucher for future travel that *you* are eligible to receive from a *travel supplier*, or any credit, recovery, or reimbursement *you* are eligible to receive from *your* employer, another insurance company, a credit card issuer, or any other entity. |
| ***Return date*** | The date on which *you* are originally scheduled to end *your* travel, as shown on *your trip* itinerary. |
| ***Seriously ill or injured*** | A medical condition that, if not promptly and adequately addressed, poses significant health risks that require extensive medical treatment and may result in potentially life-threatening consequences or lead to long-term or permanent disability, as determined by a *doctor*. |
| ***Service animal*** | Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered *service animals*. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition. |
| ***Special baggage item*** | Collectibles, jewelry, watches, gems, beauty and body care items, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, *sporting equipment*, non-motorized watercraft, mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items. |
| ***Terrorist event*** | An act by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority of or under the laws of *your country of residence*, and is committed for political, religious, ethnic, and/or ideological purposes or, to influence any government and/or to put the public, or any section of the public, in fear. It does not include any *political risk*, *war* or *acts of war*. |
| ***Third-party*** | A natural or legal person other than *you*, *your family member*, or a *traveling companion*. |
| ***Traffic accident*** | An unexpected and unintended traffic-related event, other than *mechanical breakdown,* that causes *injury,* property damage, or both. |
| ***Transit country*** | Any country through which *you* only transit while traveling to get to *your destination*. |
| ***Travel carrier*** | A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:<br>1. Rental vehicle companies;<br>2. Private or non-commercial transportation carriers;<br>3. Chartered transportation, except for group transportation chartered by *your* tour operator; or<br>4. *Local public transportation*. |
| ***Traveling companion*** | A person or *service animal* traveling with *you* or traveling to accompany *you* on *your trip.* A group or tour leader is not considered a *traveling companion* unless *you* are sharing the same room with the group or tour leader. |
| ***Travel supplier*** | A travel agent, tour operator, airline, cruise line, hotel, railway company, rental vehicle company, or other travel service provider. |
| ***Trip*** | *Your* travel originally scheduled to begin on *your departure date* and end on *your* return date to, within, and/or from a location:<br>• at least 50 km away from your *primary residence/domicile*; or |

| | |
|---|---|
| | • abroad; or<br>• outside *your* city/town of residence, provided that your travel includes an overnight stay.<br><br>It cannot include commuting to and from work or moving |
| ***Uninhabitable*** | A *natural disaster*, fire, flood, burglary, or *vandalism* has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their *primary residence*, *destination*, or *accommodations* at their *destination* inaccessible or unfit for use. |
| ***Vandalism*** | Any *illegal act* that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by *terrorist acts*, *war*, *acts of war*, *political risk*, or *civil disorder*. |
| ***Veterinarian*** | Someone who is legally authorized to provide medical care and treatment to non-human animals and is licensed if required. This cannot be *you*, a *traveling companion*, *your family member*, or a *traveling companion's family member*. |
| ***War*** | A state or period of hostile armed conflict, civil *war*, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether *war* has been officially or formally declared. |
| ***We, Us, or Our*** | AWP P&C S.A., branch Bulgaria (Allianz Partners). |
| ***Winter sports*** | Athletic activities performed on snow or ice. |
| ***Work strike*** | An organized and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any *civil disorder* or *political risk*. |
| ***You or Your*** | Any one or more of the persons listed as insureds in the insurance *policy*. |

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# WHEN YOUR COVERAGE BEGINS AND ENDS

*You* are only eligible for coverage if *we* accept *your* request for insurance and send *you* an official confirmation of that. *Your policy's* coverage effective date and coverage end date are indicated in *your* insurance *policy.* The *policy* is effective at 00:00 on the day after *we* receive the order and *you* pay the full premium.

Coverage is only provided for losses that occur while *your policy* is in effect.

Maximum *trip* length of individual trips cannot exceed 62 days.

All coverages are effective from the time when *you* have left on *your trip* on *your departure date* and until *your* trip ends.

***Your policy* ends on the earliest of the following:**

1. **The coverage end date listed in *your policy*;**
2. **The day *your policy* is cancelled either by *you* or by *us* according to the *policy* cancellation provisions outlined in the General Provisions and Conditions section of this *policy*;**

**However, if *you* are on a *trip* and *your* return travel is delayed beyond the end of *your policy* due to a reason covered under this *policy*, *we* will extend *your* coverage period until the earliest of when *you*:**

1. **reach *your* final *trip destination*, point of origin, or *primary residence*;**
2. **decline to continue on to *your* final *trip destination*, point of origin, or *primary residence* once *you* are able;**
3. **decline medical repatriation after *your* treating *doctor* and *we* confirm *you* are medically stable to travel; or**
4. **arrive at a medical facility in *your* country of residence for further care following a medical evacuation or medical repatriation.**

Please note that this *policy* cannot be renewed.

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# DESCRIPTION OF COVERAGES

In this section, *we* will describe the many different types of insurance coverages, which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

## TRIP INTERRUPTION COVERAGE

**Trip Curtailment**

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below occurring during *your trip*, *we* will reimburse *you,* for the prorated portion of *your* insured non-refundable *trip* payments and deposits less available *refunds*, up to the maximum benefit for *trip* curtailment coverage listed in *your* Coverage Summary.

For *destinations* where *you* are not scheduled to spend at least one night during *your trip*, reimbursement is available only for the nonrefundable unused *trip* costs specific to those locations, less available *refunds*.

**IMPORTANT:** *You* must notify all of *your travel suppliers* within 24 hours of discovering that *you* will need to interrupt *your trip* or end it early (this includes being advised to interrupt *your trip* by a *doctor).* If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If an illness, *injury,* or medical condition prevents *you* from being able to notify *your travel suppliers* within that 24-hour period, *you* must notify them as soon as *you* are able.

**NOTE**: *We* will not reimburse *you* for the unused non-refundable portion of *your* original return ticket under *trip* curtailment coverage if *we* have paid or reimbursed *you* for a travel carrier ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage.

**Early/Delayed Return**

If *you* have to return from *your trip* earlier or later than *your* original *return date* due to one or more of the *covered reasons* listed below occurring during *your trip*, *we* will pay or reimburse *you* for, less available *refunds*, a *travel carrier* ticket(s) for *your* return travel to *your primary residence* in the same class of service that *you* originally booked, less available *refunds* up to the maximum benefit for early/delayed return coverage listed in *your* Coverage Summary.

**NOTE:** *We* will not pay or reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage if *we* have reimbursed *you* for the unused non-refundable portion of *your* original return ticket under trip curtailment coverage.

**IMPORTANT:** *We* will not pay or reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage if *you* cannot demonstrate that *you* had secured arrangements for return travel before *your departure date*.

**Trip Continuation**

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below occurring during *your trip*, *we* will:

i. pay or reimburse *you*, less available *refunds*, for the necessary transportation expenses *you* incur to continue *your trip*, up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary;
ii. reimburse *you* for additional *accommodation* fees *you* are required to pay, less available *refunds*, up to the maximum benefit for *trip* continuation coverage listed in *your* Coverage Summary, if *you* prepaid for shared *accommodations* and *your traveling companion* has to end their *trip*.

**Extended stay**

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below occurring during *your trip*, and the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned, *we* will reimburse *you,* less available refunds, up to the maximum benefit for extended stay coverage listed in *your* Coverage Summary, for additional *accommodation* and *local public transportation* expenses.

***Covered reasons:***

1. *You* or a *traveling companion* becomes ill or *injured,* or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following condition applies:

a. A *doctor* must either examine or consult with *you* or the *traveling companion* and advise to interrupt the *trip* before *you* make a decision to interrupt the *trip*.

2. *Your family member* who is not traveling with *you* becomes ill or *injured,* or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
   The following conditions apply:
   a. The illness, *injury,* or medical condition must be considered life threatening by a *doctor* or require hospitalization, or
   b. The illness, *injury*, or medical condition requires *you* to provide day-to-day care and assistance to the *family member* during the originally scheduled *trip* dates.
3. *You,* a *traveling companion, your family member,* or *your service animal* dies during *your trip.*
4. *You* or a *traveling companion* is specifically and individually designated by name in an order or directive to be placed in *quarantine* due an exposure to a contagious disease (including an *epidemic* or *pandemic* disease such as COVID-19).
   **Specific exclusion:**
   **This does not include a *quarantine* that applies generally or broadly (i) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (ii) based on to, from, or through where *you* or the *traveling companion* is traveling, even if *you* or *the travelling companion* is specifically named in such general or broad *quarantine* order or directive.**
5. *You,* a *traveling companion*, or *your family member* is notified that an organ for which *you,* the *traveling companion,* or *your family member* has been on a waiting list has become available and that, as a consequence, *you,* the *traveling companion*, or *your family member* must undergo a previously unscheduled transplantation surgery.
6. *You* or a *traveling companion* is in a *traffic accident.*
   The following conditions apply:
   a. *You* or a *traveling companion* needs medical attention; or
   b. The vehicle needs to be repaired because it is not safe to operate.
7. *You* or a traveling companion is legally required to attend a legal proceeding during *your trip.*
   The following condition applies:
   a. The attendance is not in the course of *your* or the *traveling companion's* occupation (for example, if *you* are attending in *your* capacity as an attorney, judge, court clerk, law enforcement officer, or paralegal, this would not be covered).
8. *You* or a *traveling companion's* primary residence becomes *uninhabitable.*
9. *You* or a *traveling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster)* to provide aid or relief during the originally scheduled *trip* dates.
10. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.
11. *You,* a *traveling companion,* or *your family member* serving in the armed forces is reassigned or has personal leave status changed, except because of *war* or disciplinary action.
12. *You* miss at least 50% of the length of *your trip* due to one of the following:
    A. A *travel carrier* delay;
    B. A *work strike*, if
       I. the *work strike* was neither threatened nor announced before you purchased *your trip*; and
       II. the *work strike* was neither threatened nor announced before *your policy's* coverage effective date , unless *you* have *continuous coverage*;
       **Specific exclusion:**
       **The striking workers must not be employed by the *travel carrier* or an affiliate of the *travel carrier* from which *you* purchased *your policy*.**
    C. A *natural disaster;*
    D. Roads are closed or impassable due to severe weather;
    E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip;*
       I. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities.
    F. *Civil disorder*.
    NOTE: This *covered reason* does not apply to delays resulting from a *travel supplier's* cancellation prior to *your departure date*
13. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your destination* or a *transit country*.
14. *You* need to attend the birth of *your family member's* child.
15. *Your* destination becomes *uninhabitable.*
16. Family or friends outside *your* country of residence cannot *accommodate you* during *your trip,* as planned, because someone in their household has died, become ill or *injured,* or developed a medical condition.

17. Government authorities order a mandatory evacuation due to a *natural disaster* at *your* destination while *you* are on *your trip.* The following conditions apply:
    a. *Your policy's* coverage effective date is prior to public knowledge of the event leading to the mandatory evacuation, unless *you* have *continuous coverage*.
    b. *You* purchased *your trip* prior to public knowledge of the event leading to the mandatory evacuation.
18. *Your* or a *travelling companion's* vehicle, which serves as the primary mode of transportation during *your trip* , experiences a *mechanical breakdown* during *your trip,* which results in the vehicle being unable to be driven safely.
19. *Your* or a *traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip,* is stolen.
20. *Your pet cat or dog* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* or end it early.
    The following conditions apply:
    a. The illness, *injury,* or medical condition must be considered life threatening by a *veterinarian* or require hospitalization, or require *you* to provide day-to-day care and medical assistance beyond the usual care and assistance to *your pet* during the originally scheduled *trip* dates; and
    b. *Your pet cat or dog* must not have experienced symptoms of or been treated for the illness or *injury* on or prior to the *policy* purchase date or the *trip* purchase date, whichever came later.
21. *Your pet cat or dog* dies.

## TRAVEL DELAY COVERAGE

**NOTE: This coverage does not apply to delays resulting from a *travel supplier's* schedule change or cancellation of a service prior to *your departure date*.**

**General travel delay**

If *your* travel during *your trip* is delayed, in total, for at least the Minimum Required Delay Length listed in *your* Coverage Summary due to one of the *covered reasons* listed below, *we* will reimburse *you*, less *refunds*, up to the maximum benefit for travel delay coverage listed in *your* Coverage Summary for *your* lost insured nonrefundable prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodations*, communication, and *local public transportation*.

- For each 24 hours of delay, *we* will reimburse *you* for such expenses, up to the "Maximum Reimbursement per each 24 hours of Delay Limit" listed in *your* Coverage Summary.

**Missed departure**

If *you* miss the departure of *your* insured cruise or tour (as shown on *your* original itinerary) due to a travel delay caused by one of the *covered reasons* listed below, *we* will reimburse *you*, less available *refunds* and up to the maximum benefit for travel delay coverage listed in *your* Coverage Summary, for necessary additional transportation and *accommodation* expenses for *you* to join or rejoin *your* cruise/tour or reach *your destination.*

If *you* miss the departure of *your* insured pre-booked transport (as shown on *your* original itinerary) due to a *local public transportation* delay on *your* way to the departure point, *we* will reimburse *you*, less available *refunds* and up to the maximum benefit for travel delay coverage listed in *your* Coverage Summary, for the necessary additional transportation and *accommodation* expenses for *you* to reach *your destination* or return home.

**Covered reasons:**

1. A *travel carrier* delay;
2. A *work strike*, if
    a. the *work strike* was neither threatened nor announced before you purchased *your trip*; and
    b. the *work strike* was neither threatened nor announced before *your policy's* coverage effective date , unless *you* have *continuous coverage*;
    **Specific exclusion:**
    **The striking workers must not be employed by the *travel carrier* or an affiliate of the *travel carrier* from which *you* purchased *your policy*.**
3. *You* or a *traveling companion* are specifically and individually designated by name in an order or directive to be placed in *quarantine* due an exposure to a contagious disease (including an *epidemic* or *pandemic* disease such as COVID-19);
    **Specific exclusion:**
    **This does not include a *quarantine* that applies generally or broadly (i) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar**

**restriction), or (ii) based on to, from, or through where *you* or the *traveling companion* is traveling, even if *you*or the *traveling companion* is specifically named in such general or broad *quarantine* order or directive.**

4. A *natural disaster;*
5. Lost or stolen travel documents;
6. Hijacking, unless it is a *terrorist event;*
7. *Civil disorder*;
8. A *traffic accident;*
9. A *travel carrier* denies *you* or a traveling *companion boarding* based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* or the *traveling companion's* refusal or failure to comply with rules or requirements to travel or of entry to *your destination* or a *transit country*; or
10. *Your traveling companion's trip* being delayed due to one of the *covered reasons* for travel delay coverage listed above.

## BAGGAGE COVERAGE

If *your baggage* is lost by a travel supplier, damaged, or stolen while *you* are on *your trip, we* will pay *you,* less available *refunds,* the lesser of the following, up to the maximum benefit for *baggage* coverage listed in *your* Coverage Summary:

i. Cost to repair the damaged *baggage;* or
ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. *You* must file a loss, damage, or theft report (and retain a copy) with the appropriate local authorities, *travel carrier*, or *travel supplier* within 24 hours of discovery of the loss, damage, or theft. If there is no appropriate local authority, *travel carrier*, or *travel supplier* to notify of the lost, damaged, or stolen *baggage*, *you* must notify *us* without undue delay within 48 hours *your* return from *your trip*;
b. *You* must file and retain a copy of a police report in case of theft of any one or more *special baggage items;*
c. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, *we* will only cover up to 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
d. *You* must report theft or loss of a cellular device to *your* network provider and request to deactivate and/or block the device and, where applicable, the SIM-card or eSIM-card.

**Specific exclusions for baggage coverage:**

1. **Animals, including remains of animals;**
2. **Cars, motorcycles, motors, aircraft (except consumer/hobby drones), motorized watercraft, and other motorized vehicles and related accessories and equipment;**
3. **Bicycles, electric bicycles, skis, and snowboards (except while they are checked with a *travel carrier);***
4. **Hearing aids, prescription eyewear, and contact lenses;**
5. **Artificial teeth and orthopedic devices;**
6. **Consumables (except cosmetics), medicines, medical equipment/supplies, and perishables;**
7. **Tickets, passports, deeds, blueprints, stamps, and other documents;**
8. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;**
9. **Rugs and carpets;**
10. **Antiques and art objects;**
11. **Fragile or brittle items;**
12. **Firearms and other weapons, including ammunition;**
13. **Intangible property, including software and electronic data;**
14. **Property for business or trade;**
15. **Property *you* do not own;**
16. ***Special baggage items* stolen from a car, locked or unlocked; and**
17. ***Baggage* while it is:**
    a. **Shipped, unless with *your travel carrier;***
    b. **In or on a car trailer;**
    c. **Unattended in an unlocked motor vehicle; or**

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d. **Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;**

18. ***Baggage* that is misplaced, forgotten, or lost while in *your* possession.**

## BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip, we* will reimburse *you* for expenses *you* incur for purchasing the essential items *you* need until *your baggage* arrives, up to the maximum benefit for *baggage* delay listed in *your* Coverage Summary.

The following condition applies:

a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under *baggage delay* in *your* Coverage Summary.

## EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip* abroad for one of the following *covered reasons, we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible and the associated communication expenses, up to the maximum benefit listed for emergency medical/dental coverage listed in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip* abroad, *you* have a sudden, unexpected illness, *injury,* or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip* abroad, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, *we* may be able to guarantee or advance payments, where accepted, up to the limit of *your* Emergency medical/dental coverage.

If *you* unexpectedly give birth before the start of the 37th week of pregnancy during *your trip* abroad, *your* newborn child is eligible for emergency medical/dental coverage, as described here, and will share the birthing parent's benefit limit, up to the maximum benefit for emergency medical/dental coverage listed in *your* Coverage Summary.

**IMPORTANT: Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us.* Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.**

**The following conditions apply:**

a. The care must be *medically necessary* to treat an emergency condition; and
b. The care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.

**In addition to the exclusions listed in the General Exclusions section of this *policy*, this coverage will not pay for:**

a. **any care provided after *your* coverage ends;**
b. **any care provided after *you*:**
    1. **reach *your* final *trip* destination, point of origin, or *primary residence*;**
    2. **decline to continue on to *your* final *trip* destination, point of origin, or *primary residence* once *you* are able;**
    3. **decline medical repatriation after *your* treating *doctor* and *we* confirm *you* are medically stable to travel; or**
    4. **arrive at a medical facility in *your* country of residence for further care following a medical evacuation or medical repatriation;**
c. **any non-emergency care or services;**
d. **the following care and services:**
    1. **Elective cosmetic surgery or care;**
    2. **Annual or routine exams;**
    3. **Long-term care;**
    4. **Allergy treatments that are not necessary to treat a life-threatening allergic reaction;**
    5. **Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;**
    6. **Physical therapy, rehabilitation, or palliative care that is not necessary to stabilize *you* to transport; and**

7. **Experimental treatment.**

## EMERGENCY TRANSPORTATION COVERAGE

**IMPORTANT:**

- If *your* emergency is immediate or life threatening, seek local emergency care immediately.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services, nor are *we* a substitute for such providers.

Neither *we* nor *our* affiliates or agents are responsible for the acts or omissions of any *third party* providing services to *you. Our* services may be subject to approvals by appropriate local authorities and active travel and legal or regulatory restrictions.

The maximum amount payable/reimbursable under this coverage is the maximum benefit for emergency transportation coverage listed in *your* Coverage Summary, including all applicable sublimits.

If *you* unexpectedly give birth before the start of the 37th week of pregnancy during *your trip, your* newborn child is eligible for the emergency transportation coverage, as described here, and will share the birthing parent's benefit limit, up to the maximum benefit for emergency transportation coverage listed in *your* Coverage Summary.

**Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility for *your* condition)**

If *you* become seriously ill or *injured* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip, we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility.

Additionally, if *we* determine that the local medical facilities are unable to provide appropriate medical care for *your* condition:

1. *Our* medical team will consult with the local *doctor* about *your* overall medical condition;
2. *We* will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply when transporting *you* to another medical facility becomes necessary because the local medical facilities are unable to provide appropriate medical care:

a. *You* or someone on *your* behalf must contact *us,* and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.
b. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

**Medical Repatriation (Getting *you* home after *you* receive urgent care)**

If *you become* seriously ill or *injured* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

1. Arrange and pay for *you* to be transported via regularly scheduled service on a non-emergency, non-specialized common carrier in the same class of service that *you* originally booked, unless a different class of service or a different carrier is otherwise *medically necessary,* for the return leg of *your trip,* less available *refunds* for unused tickets. The transportation will be to one of the following:
   a. *Your primary residence;*
   b. A location of *your* choice in *your* country of residence; or
   c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

a. Special *accommodations* must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
b. *You* or someone on *your* behalf must contact *us,* and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

c. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility;

**Transport to Bedside (Bringing a friend or *your* relative to *you)***

If *you are* told by the treating *doctor* that *you* will be hospitalized (including being hospitalized due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for transportation (if necessary) and *accommodation* expenses for one friend or relative to stay with *you* while *you* are hospitalized. Any transportation required will be round-trip *in* economy class on a *travel carrier* to the location of *your* hospitalization.

The following condition applies:

a. *You* or someone on *your* behalf must contact *us,* and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

**Return of Dependents (Getting minors and dependents home)**

If *you* die or are told by the treating *doctor* during *your trip* that *you* will be hospitalized (including being hospitalized due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18 or are *dependents* to one of the following:

1. *Your primary residence;* or
2. A location of *your* choice in *your* country of residence.

*We* will pay for for transportation and *accommodations* for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or are *dependents*, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have *your* adult *family member* traveling with *you* who is capable of caring for the *traveling companions* under the age of 18 or *dependents*;
b. *You* or someone on *your* behalf must contact *us,* and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

**Repatriation of Remains (Getting *your* remains home)**

If *you* die while on *your trip*, *we* will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence;* or
2. A funeral home located in *your* country of residence.

The following condition applies:

a. Someone on *your* behalf must contact *us,* and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

If *your family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, *we* will reimburse that *family member* the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence.*

*We* will, also, assist *you* in securing and pay transportation and *accommodation* expenses of one of *your family members* who travels to the location of *your* death to make necessary arrangements.

**Search and Rescue**

*We* will pay the cost of search and rescue activities by a professional rescue team, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency. This does not include the cost of *your* medical treatment or emergency transportation from the location of the rescue activities to a medical facility.

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## TRAVEL LIABILITY COVERAGE

If a *third party* civil liability claim is filed against *you* for causing one of the following during *your trip*:

- Bodily *injury* to a *third party*;
- Death of a *third party*; or
- Damage to property belonging to a *third party*.

*we* will pay, up to the maximum benefit for travel liability coverage listed in *your* Coverage Summary, for:

- compensation that *you* are legally obligated to pay for the caused loss or damage; and
- legal defense representation expenses incurred by *you.*

*we* will, also, in the event of court proceedings against *you*:

- manage *your* case and the associated proceedings; and
- exercise all methods of recourse available for *your* civil liability in all civil or criminal matters arising out of the claim.

**IMPORTANT:** This coverage only applies to *your* travel outside of *your* country of residence and only to *your* travel to those countries where *you* have not taken out a *third party* civil liability insurance covering *your trip* from another insurance provider; or in the event of refusal by *your* civil liability insurance insurer to cover the loss.

The following conditions apply:

- *you* must inform *us* of the *third party* civil liability claim against *you* as soon as reasonably possible;
- *you* must not admit liability without *our* expressed permission;
- *you* must not offer to make any payments to the *third party* without *our* written permission;
- *you* must not correspond with the *third party* without *our* expressed permission;
- *you* must authorize *us* to act on *your* behalf in defending *you* against the *third party* liability claim against *you*;
- if it is not possible to obtain *our* instructions in time, *you* must take all the necessary procedural steps within the officially required period of time;
- *you* must provide *us* with all information about the claim, including
  - detailed account of the circumstances surrounding the claim;
  - any available evidence;
  - any documents and/or correspondence received from the *third party* or their representatives; and
  - any other document and/or correspondence relevant to the claim.

**Specific exclusions for travel liability coverage:**

**No coverage is available under travel liability coverage for civil liability claims against *you* that are a consequence of *your* participation in the following activities:**

- ***high-risk sports and activities*;**
- **business, professional, or commercial activity;**
- **keeping, driving, repairing, maintaining, or using motorized or mechanical vehicles, including go-carts;**
- **owning, keeping, towing, repairing, maintaining, or using any trailers or caravans;**
- **owning, keeping, driving, repairing, maintaining, or using vessels, watercraft, or aircraft of any kind, including drones;**
- **using property that does not belong to *you* without the owner's permission;**
- **using any firearm, weapon, ammunition, pyrotechnical equipment, or explosives;**
- **owning and keeping animals; or**
- **any organized race or competition requiring formal registration.**

**No coverage is available under *travel* liability coverage for civil liability claims against *you* that arise directly or indirectly from the following events:**

- **bodily *injury*, death, property damage, or property loss suffered by a *family member* or a *traveling companion*;**
- **bodily *injury*, death, property damage, or property loss suffered by anyone employed by *you* or a *family member* that is caused by the work they are employed to do;**
- **damage to vessels and aircraft, including their equipment and accessories;**
- **loss of or damage to data and software;**
- **damage to and from the loss (including consequential losses) of business keys or other business access equipment such as badges and fobs;**

- **contractual civil liability;**
- **infringement of copyrights, patents, trademarks and trade names;**
- **damage to documents, plans, archives, philatelic, numismatic collections, objects of historic or unique nature, works of art and antiques, or collections of information;**
- **damage to currency, coins, gold, silver, platinum, precious stones and pearls, notes or evidence of debt, negotiable instruments, travelers' cheques, securities, and bullion;**
- **loss of earnings, profits, salary, pension, wage or other defined sources of income, subsistence, medical treatment in case of incapacity and welfare claims, and any other consequential loss;**
- **failure to do something that would have prevented the damage or loss;**
- **non-compliance with any local laws, contractual obligations or other statutory requirements;**
- **failure to obtain insurance that is compulsory for the activity in which *you* engaged that resulted in bodily *injury*, death, property damage, or property loss;**
- **damage to property which is in *your* legal custody or control;**
- **transmissible/ communicable diseases; or**
- **significant or widespread (i) outage or (ii) disrupted operations, either of which are due to any of the following:**
  i. **any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any *computer system*;**
  ii. **any error or omission involving access to, or the processing, use, or operation of any *computer system*; or**
  iii. **any partial or total unavailability or failure to access, process, use, or operate any *computer system*.**

***Our* coverage does not extend to the payment of the following monetary charges imposed on *you*: fines, contractual penalties, court fines, administrative penalties, taxes, or other public charges.**

## TRAVEL ACCIDENT COVERAGE

If *you* are *injured* in an *accident* that happens during *your trip, we* will pay *you* the amount calculated using the degree of disability in the payment schedule listed in the table below, up to the maximum benefit for *travel accident* coverage listed in *your* Coverage Summary, if the *injuries* result in *your* permanent disability or *your* death within the timeframe indicated in *your* Coverage Summary.

If the *accident* results in *your* death, any amounts that *we* already paid to *you* for *your* permanent disability for the same *accident* will be deducted the maximum benefit for death listed in *your* coverage summary.

If *your injuries* from the *accident* result in several separate permanent disabilities, *we* will pay *you* the combined sum of the amounts for each permanent disability calculated using the payment schedule listed in the table below, up to the travel accident coverage limit listed in *your* Coverage Summary.

The following conditions apply:

- *You* must allow the *doctors* appointed by us to examine *you* after the accident. *We* will pay the costs necessary for the examination.
- *You* must allow *your* treating *doctors*, other insurers, social insurance agencies, and authorities to share all medical and non-medical information related to the accident with *us*.

**Specific exclusions for travel accident coverage:**

***You* are not eligible for payment for any permanent disabilities that *you* already had before the *accident*.**

**No coverage is available under travel accident coverage for any *accident* that results directly or indirectly from any of the following:**

- ***you* experience strokes or seizures that affect *your* whole body;**
- ***you* racing any motorized vehicle;**
- ***you* driving any motor vehicles for which a driving license higher than category B is required;**
- **you driving motorboats on a professional basis;**
- **manual work carried out as part of *your* profession;**
- **any air travel incident when the air travel is operated by an airline blacklisted by the European Commission, regardless of the departure and *destination* locations; or**
- **significant or widespread (i) outage or (ii) disrupted operations, either of which are due to any of the following:**
  i. **any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use, or operation of, any *computer system*;**

ii. **any error or omission involving access to, or the processing, use, or operation of any *computer system*; or**
iii. **any partial or total unavailability or failure to access, process, use, or operate any *computer system*.**

Degree of disability in case of total loss or total incapacity for use Table:

- Arm from shoulder joint 70%
- Arm up to above elbow joint 65%
- Arm below the elbow joint or one hand 60%
- Thumb 20%
- Index finger 10%
- Other fingers 5%
- Leg up to above the middle of the thigh 70%
- Leg up to the middle of the thigh 60%
- Leg to the middle of the lower leg or one foot 50%
- Big toe 5%
- Other toe 2%
- Loss of vision in one eye 30%
- Loss of vision of both eyes 100%
- If the vision of the other eye was already lost before the occurrence of the insured event 60%
- Hearing loss of one ear 15%
- Hearing loss of both ears 60%
- If the hearing of the other ear was already lost before the occurrence of the insured event 30%
- Loss of the sense of taste 5%
- Loss of sense of smell 5%

## TRAVEL SERVICES DURING *YOUR TRIP*

If *you* need travel services during *your trip, we* are available 24 hours a day. With *our* global reach and multi-lingual staff, *we* are here to help *you.*

**Finding a *Doctor* or Medical Facility**

If *you* need care from a *doctor* or medical facility while *you* are traveling, *we* can assist *you* in finding one.

**Monitoring *Your* Care**

If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*.

**Lost Travel Documents Assistance**

If *your* passport or other travel documents are lost or stolen, *we* can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

**Emergency Language Translation**

*We* can assist *you* with translation services in the event *you* need help in a foreign country.

**Legal Referrals**

*We* can help *you* find local legal advice if *you* need it while *you* are traveling.

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# GENERAL EXCLUSIONS

**This section describes the general exclusions applicable to all coverages under *your policy.* An "exclusion" is something that is not covered by this insurance *policy,* and therefore no payment or service would be available.**

**This *policy* does not provide any coverage, benefit, or service for any activity that would violate any applicable law, regulation or any economic/trade sanction or embargo.**

**This *policy* does not provide any coverage, benefit, or service if providing such coverage, benefit, or service would violate any applicable law, regulation, or any economic or trade sanction or embargo.**

**This *policy* does not provide coverage for any loss that *you* incur during *your trip* that results directly or indirectly from an event, incident, or circumstance for which *your* home country's or *trip destination's* government has issued a travel warning or advisory against travel prior to *your departure date*.**

**This policy does not provide coverage for any loss that results directly or indirectly from any of the following, except when, where, and to the extent coverage for such loss is expressly and explicitly referenced in and provided under a cover included in this *policy*:**

1. **Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased, unless *you* have continuous coverage or when *your trip* was purchased, whichever came later;**
2. ***Pre-Existing medical conditions;***
3. ***Your* intentional self-harm or if *you* attempt or commit suicide;**
4. **Normal, complication-free pregnancy or childbirth;**
5. **Fertility treatments or elective abortion;**
6. ***Your* intoxication from the use of alcohol or drugs, as determined by the applicable laws of the jurisdiction in which the loss occurs; or, where intoxication is not defined, having a blood alcohol content of 0.08% or higher;**
7. ***Your* use of a controlled substance or prescription medication, unless prescribed for *you* by *your doctor* and used as prescribed;**
8. ***Your* use of a non-prescription medication in a manner that is not consistent with the manufacturer's directions and recommended dosage;**
9. **Acts committed with the intent to cause loss;**
10. **Operating or working as a crew member (including as a trainee or learner/student) during *your trip*, aboard any aircraft or commercial vehicle or commercial watercraft;**
11. **Participating in or training for any professional or semi-professional sporting competition;**
12. **Participating in or training for any *amateur sporting competition* while on *your trip*, other than participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests;**
13. **Participating in *high-risk sports and activities;***
14. **An *illegal act* resulting in a conviction, except when *you,* a *traveling companion*, your *family member*, or *your service animal* is the victim of such act;**
15. **An *epidemic* or *pandemic;***
16. ***Natural disaster*;**
17. **Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;**
18. **Nuclear reaction, radiation, or radioactive contamination;**
19. ***War* or *acts of war*;**
20. **Military duty;**
21. ***Political risk;***
22. ***Civil disorder*;**
23. ***Terrorist events*.**
24. **Acts, travel alerts/bulletins, or prohibitions by any government or public authority;**
25. **Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;**
26. ***Travel supplier* restrictions on any *baggage,* including medical supplies and equipment;**
27. **Ordinary wear and tear or defective materials or workmanship;**
28. **An act of gross negligence by *you* or a *traveling companion;***
29. **Performing manual labor during *your trip* as a part of a job for which *you* were hired.**

**IMPORTANT:** ***You*** **are not eligible for reimbursement under any coverage if:**

1. ***You*** **intend to receive health care or medical treatment of any kind while on** ***your trip.***

**Amounts paid for any of the following are not included as** ***trip*** **payments or expenses under any coverage:**

a. **Travel protection plans, insurance premiums, cancellation fee waivers, collision damage waivers, and travel assistance services;**
b. **Passport fees, or fees for trusted traveler or expedited security screening programs such as TSA Precheck, Global Entry, or CLEAR;**
c. **Membership, enrollment, or subscription costs; and**
d. **The following costs associated with timeshare ownership: purchase costs, membership costs, any taxes, property insurance premiums, ownership dues, or guest fees.**

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# CLAIMS INFORMATION

**Claims notification**

Before reporting a claim, please check *your policy* and the description of *your* coverage. Keep in mind that not every loss is covered, even if they are sudden and unexpected.

**IMPORTANT:** Here *you* will find information on how to notify *your* claim. Please be aware, that for *you* all sections apply, which are covered in *your* product and listed in the Coverage Summary.

To submit *your* claim online:

- Open the website: Allianz Protection
- Create a new claim
- Insert *your policy* number
- Check for the needed documents and upload them. When *you* file *your* claim online, you can track the status at any time.

To submit *your* claim by phone or mail:

- Email: claims.bg@allianz.com
- Phone: +359 2 980 00 29

**What must be done for each type of a claim?**

*You* are obliged to keep the damage as low as possible and to prove it. Therefore, in each case, please obtain suitable evidence of the occurrence of the damage (e.g. confirmation of damage, medical certificate) and the extent of the damage (e.g. invoices, receipts, bank statement of the paid amount). Please send *us your* notice of claim with the appropriate evidence without delay.

**The following evidence is required for all submissions:**

- The original booking confirmation of the *trip* with details of the booked service, the *travel* participants and the price of the *trip* including the *policy;*
- Invoices, receipts and payment confirmations for all costs incurred;
- Information on whether *you* have other travel insurance, such as through a credit card, private health insurance, motorists' club, etc.;
- Any other relevant and helpful documents confirming the claim submitted;
- Bank details with name and address of the payee;

For the exact supporting documents required for *your* individual claim, please refer to the "required documents" section when submitting via the online portal.

For *your* convenience, *you* will find an overview of the required documents here.

**For the handling of cancellation or trip interruption claims *we* require:**

For all claims:

- The original booking confirmation of the *trip* stating the service booked, the travel participants and the *trip* price;
- The cancellation invoice (or invoices) confirming the cancellation costs incurred including the travel provider's cancellation schedule;
- A full explanation of why *you* had to cancel, interrupt, or completely abandon *your trip;*
- Confirmation(s) of payment of all expenses claimed;
- Information and corresponding receipts regarding any *refunds;*

For medical reasons:

- Detailed medical documentation including medical history of the medical event (e.g. patient file, treatment documents, discharge report, findings);
- Confirmation of sick leave from an insurance company physician, if requested;
- A certified copy of the death certificate, if applicable;
- Proof of relationship (birth certificate, marriage certificate) if event of relatives;
- Registration form for proof of cohabitation.

If *quarantine:*

- (Segregation) notice from the competent authority with details of the period of *quarantine* issued to *you* or *your travel companion* by name.

In case of a *traffic accident:*

- A police report describing and confirming the *traffic accident;*
- *Accident* report from the motor vehicle liability insurance company.

As a result of *adoption proceedings:*

- Official summons to the court proceedings.

If *your* residence became *uninhabitable:*

- Confirmation from the appropriate government agency of the circumstances in *your* home.

If caused by a *terrorist event:*

- Information about the *terrorist event* that caused *you* to cancel or interrupt *your trip.*

If unexpected termination:

- Employment contract, letter of resignation, statement of deregistration from social security.

For all reasons not listed here:

- relevant confirmations from offices, authorities, institutions - in order to be able to check the reason for the damage.

**For the processing of emergency medical/dental claims *we* require:**

- *Doctor's* report (with patient's name, diagnosis, treatment data);
- *Doctor's* or *hospital* bill including settlement/payment confirmation from the statutory health insurance fund or private health insurance company;
- Other invoices, receipts, bank statements with payment confirmation of the issuer for which compensation is claimed.

**For the settlement of claims of the travel delay coverage *we* need:**

- An explanation of what caused the delay;
- Confirmation from the airline or carrier about the delay, including a description of the cause;
- Original airline ticket(s), train ticket(s), ticket(s) from a carrier;
- Receipts, bank statements, invoices for additional transportation and/or *accommodation* costs.

**For handling *baggage* claims *we* need:**

- A police report filed with the appropriate security agency;
- A written confirmation from the tour operator or the *accommodation* provider;
- The Property Irregularity Report (PIR) from the airline or carrier in case of damage or loss of *your baggage;*
- Original invoices, receipts or other appropriate proof of ownership of the claimed items;
- Repair invoice or cost estimate.

**In order to process claims for delayed *baggage, we* require:**

- A written confirmation of the Property Irregularity Report (PIR) from the airline or carrier about the temporary loss of *your baggage,* including a description of when *you* received *your baggage* back;
- Invoices for absolutely necessary new purchases while *you* were waiting for the delivery of *your* luggage.

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# GENERAL PROVISIONS AND CONDITIONS

**Applicable law:**

Bulgarian law shall apply, place of jurisdiction shall be Sofia.

**Loss of entitlement to insurance benefits:**

*We* shall be exempt from paying benefits if *you* intentionally make false statements on the occasion of the insured event, in particular in the notification of the claim, conceal circumstances material to the claim or falsify evidence, even if this does not cause *us* any disadvantage.

**When do *we* pay the indemnity sum:**

*Our* cash benefits are due upon completion of the investigations necessary to determine the insured event and the scope of the benefit. After *you* have submitted all the necessary documents for the processing and settlement of *your* insurance claim, *we* will provide a response within 15 days and, if the claim is approved, make the payment to *your* bank account. The applicable provisions are the one stated in the Code of Insurance of Republic of Bulgaria.

**Subsidiary agreements:**

No intermediary is authorized to promise insurance coverage that deviates from the General and Supplementary Terms and Conditions of Insurance listed above by means of verbal or written collateral agreements, or to make an assessment of a circumstance that is binding for the insurer. Additional conditions or deviations are only valid if they are documented in writing and have been prepared by *us*.

**General:**

If *you* have a loss for which you have been reimbursed by *us* or any third party, *you* will not be reimbursed again for the same expense.

Neither *we* nor our affiliates or agents are responsible for the availability, quantity, quality, or results of any medical treatment received, or for the failure of any person to provide or obtain medical services.

Neither *we* nor our affiliates or agents are responsible for the acts or omissions of any third party providing services to *you*.

Except for one-way bookings and same-day return trips, the *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.