

GENERAL INSURANCE CONDITIONS

WHO WE ARE

AWP P&C S.A., branch Bulgaria
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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

ABOUT THE POLICY

Unicredit Bulbank AD has entered to a group insurance contract with *us* from which *you* can benefit if *you* decide to join this group insurance. These general insurance conditions are not an insurance contract, but summarize the scope of insurance of Unicredit Bulbank AD group insurance contract concluded in favor of the insured persons. 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 the Insurance Certificate. Just visit *us* online or give *us* a call using the contact information listed in the Insurance Certificate. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates if needed.

These *documents* have been created based on the information *you* provided at the time of joining the group insurance contract. We will provide the insurance described in this *documents* in return for payment of the premium and *your* compliance with all provisions of this *documents*. 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 *documents*. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THESE DOCUMENTS INCLUDE AND WHOM IT COVERS

Covered are sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *documents* carefully.

Your *documents* consists of three parts:

1. Certificate of Insurance
2. General Terms and Conditions
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.

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DEFINITIONS

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

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| Accident | An unexpected and unintended event that causes <i>injury</i> , property damage, or both. |
| Accommodation | A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense. |
| Baggage | Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> . |
| Climbing sports | An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing. |
| Cohabitant | A person <i>you</i> currently live with and have lived with for at least 12 consecutive months at the time of joining the group insurance contract and who is at least 18 years old. |
| Computer System | Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility. |
| Covered reasons | The specifically named situations or events for which <i>you</i> are covered under this <i>documents</i> . |
| Cyber Risk | Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data. |
| Departure date | The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary. |
| Doctor | Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>travelling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , or the sick or <i>injured person's family member</i> . |
| Epidemic | A contagious disease recognized or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority. |
| Family member | <i>Your</i> : <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; and 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 <i>accident</i> or emergency to provide aid and relief. |
| High-altitude activity | An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft. |
| High value items | Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items. |
| Hospital | An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none"> 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. |
| Local public transportation | Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers. |
| Mechanical breakdown | A mechanical issue, which prevents the vehicle from being driven normally, including running out of fluids (except fuel). |
| Medical escort | A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> . |
| Medically necessary | Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>you</i> or the provider's convenience. |
| Natural disaster | A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption. |

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| Pandemic | An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority. |
| Documents | The travel insurance coverage purchased. The <i>documents</i> include the confirmation of joining the group insurance contract, General Terms and Conditions and Data privacy notice. |
| Policyholder | Unicredit Bulbank AD |
| Political risk | Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> · Nationalization; · Confiscation; · Expropriation (including Selective Discrimination and Forced Abandonment); · Deprivation; · Requisition; · Revolution; · Rebellion; · Insurrection; · Civil commotion assuming to proportion of or amounting to an uprising; · Military and usurped power. |
| Primary residence | Your permanent, fixed home address for legal and tax purposes. |
| Pre-existing medical condition | An <i>injury</i> , illness, or medical condition that, within the 120 days prior to and including the date of joining the group insurance contract, and: <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the joining date of the group insurance contract will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p> |
| 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 <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed. |
| 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 <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity. |
| 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. |
| Severe weather | Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms. |
| Terrorist event | An act, including but not limited to the use of force or violence, of 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 or under the laws of <i>your</i> country of residence, and is committed for political, religious, ethnic, ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, <i>political risk</i> , or acts of war. |
| Traffic Accident | An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both. |
| Travel carrier | A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; or 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>. |
| Travel supplier | A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider. |
| Traveling companion | A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader. |

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| Trip | <p>Your travel originally scheduled to begin on your <i>departure date</i> and end on your return date to, within, and/or from a location</p> <ul style="list-style-type: none"> • at least 50 km away from <i>your primary residence</i>; or • abroad; or • outside <i>your city/town</i> of residence, provided that <i>your travel</i> includes an overnight stay. <p>It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 90 days.</p> |
| We, Us, or Our | AWP P&C S.A., branch Bulgaria. |
| You or Your | All persons listed as insureds in these <i>documents</i> who have their habitual residence in Bulgaria.. |

WHEN YOUR COVERAGE BEGINS AND ENDS

The insurance period for each insured cardholder is 12 (twelve) months and starts from the date of acquisition or renewal of the bank card upon payment of the annual insurance premium. At any time within this period, the insured person can activate his individual insurance cover. The term of this coverage starts from the moment indicated in the previous sentence and ends:

1. upon expiration of the insurance period;
2. upon termination of the contract for issuing and servicing the bank card;
3. upon termination of the insurance policy by one of the parties;

The insurance policy is concluded for a period of 1 (one) year and is terminated:

1. upon expiry of the validity period;
2. unilaterally by the insurer or the policy holder, and in case of concluded individual insurance - by the insured, by sending a 30 (thirty) day written notice to the other party to the contract;
3. by mutual agreement of both parties, expressed in writing;
4. in other cases provided for by law

DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages, which are included in *your documents*. 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.**

A. EARLY RETURN COVERAGE

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, we will reimburse *you*, less available *refunds*, up to the maximum benefit for trip interruption coverage listed in *your Insurance Certificate*, for:

- i. Necessary transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
 - We will reimburse *you* either for the new return *travel carrier* ticket to *your primary residence* or for the non-refundable portion of *your* original return ticket, but not both.
- ii. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned.

IMPORTANT: *You* must notify all of *your travel suppliers* within 24 hours of discovering that *you* will need to interrupt *your trip* (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 a serious 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.

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 conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
- b. *You* must not have traveled against *your* home country's government order or against local authority orders at *your trip* destination.

2. A *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 condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.

3. *You*, a *traveling companion*, *family member*, or *your service animal* dies during *your trip*.

4. *You* or a *traveling companion* is *quarantined* during *your trip* due to having been exposed to:

- a. A contagious disease other than an *epidemic* or *pandemic*; or
- b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) 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 (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

5. You or a *traveling companion* is in a *traffic accident* (not including a *mechanical breakdown*).

One of the following conditions must 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.

6. You are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. Your *primary residence* becomes *uninhabitable*.

8. 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.

9. You or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.

10. You, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

11. You miss at least 50% of the length of *your trip* due to one of the following:

- A. A *travel carrier* delay, not including a *travel carrier* cancellation without rebooking;
- B. A strike, unless threatened or announced prior *you* joined the group insurance contract or prior to the *trip's* purchase date;;
- 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 provide evidence of *your* efforts to obtain replacement documents.
- F. Civil disorder.

12. 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 *your* refusal or failure to comply with rules or requirements to travel or of entry to your destination.

B. TRAVEL DELAY COVERAGE

If *you* or a *traveling companion's trip* is delayed for one of the *covered reasons* listed below, we will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Insurance Certificate for travel delay:

- i. Your additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and local transportation, subject to the limit listed in *your* Insurance Certificate:

NOTE: We will not reimburse *you* for any expenses that are *your travel carrier's* or *travel supplier's* responsibility.

The delay must be for at least the Minimum Required Delay listed in *your* Insurance Certificate and due to one of the following *covered reasons*:

1. A *travel carrier* delay;
2. A strike, unless threatened or announced prior *you* joined the group insurance contract or prior to the *trip's* purchase date;
3. *Quarantine* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) 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 (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking, unless it is a *terrorist event*;
7. Civil disorder, unless it rises to the level of *political risk*;
8. A *traffic accident*; or
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 *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

C. BAGGAGE COVERAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lowest of the following, up to the maximum benefit listed for *baggage* loss in *your* Insurance Certificate:

- i. Cost to repair the damaged *baggage*; or

- ii. Cost to replace the lost, damaged, or stolen *baggage* at the current market price for the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. You have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. You have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. You must file and retain a copy of a police report in case of theft of *high-value items*;
- d. You must provide original receipts or another proof of purchase for the lost, damaged, or stolen items. **For items without an original receipt or a proof of purchase, we will cover up to 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
- e. You must report theft or loss of a cellular device to *your* network provider and request to block the device.

The following items are not covered:

- 1. Animals, including remains of animals;
- 2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
- 3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
- 4. Hearing aids, prescription eyewear, and contact lenses;
- 5. Artificial teeth, prosthetics, and orthopedic devices;
- 6. Wheelchairs and other mobility devices;
- 7. Consumables, medicines, medical equipment/supplies, and perishables;
- 8. Tickets, passports, deeds, blueprints, stamps, and other documents;
- 9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travel cheques, securities, bullion, and keys;
- 10. Rugs and carpets;
- 11. Antiques and art objects;
- 12. Fragile and brittle items;
- 13. Firearms and other weapons, including ammunition;
- 14. Intangible property, including software and electronic data;
- 15. Property for business or trade;
- 16. Property *you* do not own;
- 17. *High value items* stolen from a car, locked or unlocked; and
- 18. *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
 - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;
- 19. *Baggage* that is misplaced, forgotten, or lost while in *your* possession.

D. BAGGAGE DELAY COVERAGE

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

The following conditions apply:

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

E. 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, up to the maximum benefit listed for emergency medical/dental coverage in *your* Insurance Certificate (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.

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 and exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- c. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip abroad*;
- d. This coverage will not pay for non-emergency care or services in general and the following care and services in particular:
 - 1. Elective cosmetic surgery or care;
 - 2. Annual or routine exams;

3. Long-term care;
 4. Allergy treatments (unless life threatening);
 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 (except as necessary to stabilize you);
 7. Experimental treatment; and
 8. Any other non-emergency medical or dental care.
- e. You must not have traveled against the orders of any government or other public authority at any location to, from, or through which you are traveling on your trip.

F. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

- If your emergency is immediate and life threatening, seek local emergency care at once.
- We are not, and shall not be deemed to be, a provider of medical or emergency services.
- We act in compliance with all national and international laws and regulation, and our services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

Emergency Evacuation (Transporting you to the nearest appropriate medical facility)

If you become seriously ill or injured or develop a medical condition (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. If we determine that the local medical facilities are unable to provide appropriate medical treatment:

1. Our medical team will consult with the local doctor to obtain information necessary to make appropriate decisions regarding 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 to items 1, 2, and 3 above:

- 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. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. All decisions about your evacuation must be made by medical professionals licensed in the countries where they practice;
- c. You must comply with the decisions made by our assistance and medical teams. If you do not comply, you effectively relieve us from any responsibility and liability for the consequences of your decisions, and we reserve the right to not provide coverage;
- d. One or more emergency transportation providers must be willing and able to transport you from your current location to the identified hospital or facility;
- e. You must not have traveled against the orders of any government or other public authority at any location to, from, or through which you are traveling on your trip.

Medical Repatriation (Getting you home after you receive care)

If you become seriously ill or injured or develop a medical condition (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 a commercial transportation carrier in the same class of service that you originally booked, unless 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. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- c. All decisions about your repatriation must be made by medical professionals licensed in the countries where they practice;
- d. You must comply with the decisions made by our assistance and medical teams. If you do not comply, you effectively relieve us from any responsibility and liability for the consequences of your decisions, and we reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport you from your current location to your chosen destination;
- f. You must not have traveled against the orders of any government or other public authority at any location to, from, or through which you are traveling on your trip.

Transport to Bedside (Bringing a friend or family member to you)

If you are told by the treating doctor that you will be hospitalized for more than 72 hours or that your condition is life-threatening during your trip, we will arrange and pay for round-trip transportation in economy class on a travel carrier for one friend or family member to stay with you.

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. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange.

Return of Dependents (Getting minors and dependents home)

If *you* die or are told by the treating *doctor* *you* will be hospitalized 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 dependents requiring *your* full-time supervision and care to one of the following:

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

We will arrange and pay for an adult *family member* to accompany *your* traveling companions who are under the age of 18 or dependents requiring *your* full-time supervision and care, 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 an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or dependents;
- b. 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. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange.

Repatriation of Remains (Getting your remains home)

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 conditions apply:

- 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. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange; and
- b. The death must occur while on *your* trip.

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

G. PERSONAL LIABILITY COVERAGE

If *you* damage or destroy third-party property (property damage) or cause bodily *injury* or damage to the health of or kill third-party persons (personal injury) during *your* trip and are held liable for damages, *we* will reimburse *you* for the corresponding damages. *We* will provide:

1. For the satisfaction of compensation obligations that accrue to *you* as a result of bodily *injury* or property damage attributable to an insured event on the basis of statutory liability provisions under private law, and
2. For reimbursement of the costs of indemnification and defense against an obligation to pay damages asserted by a third party up to the maximum sum insured stated in the Insurance Certificate of *your* travel personal liability insurance coverage.
3. Costs *reimbursement* of bail due to road accident
4. Legal assistance expenses due to road accident

The following conditions apply:

1. *you* have caused the damage;
 - a. From the hazards of everyday life, with the exception of the hazards of a business, professional or commercial activity;
 - b. From the keeping and use of bicycles;
 - c. From the non-professional practice of sports (except hunting and extreme sports);
 - d. From the occasional use, but not the keeping, of electric boats and sailboats;
 - e. From the keeping and use of other - not motor-driven - watercraft;
 - f. From the use of residential premises and other premises rented for private purposes.
2. *You* authorize the lawyer appointed by *us* (defense lawyer, legal counsel), provide him with all necessary information and leave the conduct of the case to him;
3. *You* authorize *us*, within the scope of *our* duty to perform, to make all declarations that appear expedient to *us*;
4. If it is not possible for *you* to obtain *our* instructions in good time, *you* will take all necessary procedural steps of *your* own accord within the prescribed period of time.
5. *You* shall not be entitled to acknowledge a claim in whole or in part without *our* consent.

IMPORTANT: A right to compensation for justified claims for damages exists *abroad* only if the claimant can enforce against *your* assets.

The following is not covered:

In addition to the general exclusions, there is no coverage for:

1. If the investigation of claims or the fulfillment of other obligations on *our* part is prevented by state authority, third parties or by *you*;
2. For damages caused by aircraft and equipment and motor vehicles of all kinds;

3. For damage caused by *you* to yourself, a *family member* or a person named in the documents;
4. For damage *you* cause during a sporting competition;
5. For damage due to wear and tear and excessive stress;
6. For damage to items that *you* have borrowed, rented, leased or taken into custody;
7. For damage caused by pollution or disturbance of the environment;
8. For damage to property caused during or as a result of their use, transportation, processing or other activities on or with them;
9. For the transmission of a disease by *you*.

H. TRAVEL ACCIDENT COVERAGE

If *you* suffer an *accident* during *your trip* and a permanent health impairment remains after the expiry of one year, *we* will provide compensation in accordance with the following principles. As soon as *we* have received the documents which are necessary to prove the course of the *accident* and the consequences of the *accident*, as well as those documents which provide information on the completion of the healing process necessary for the assessment of the degree of disability, *we* will declare to *you* within 3 months whether and to what extent a claim is due.

IMPORTANT: The prerequisite is at least 6 months of continuous treatment/therapy to reduce the consequences of the *accident*.

The compensation is calculated according to the degree of disability and the agreed sum insured for travel accident insurance in *your* Insurance Certificate of insurance coverage, which is also the limit for the total insurance benefit for several body parts or organs.

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

- 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%

The following conditions apply:

1. In the event of partial loss or partial incapacity for use, a correspondingly lower degree of disability shall be assumed.
2. In cases not mentioned above, the degree of disability shall be determined on the basis of the above percentages.
3. Aggravation of the consequences of the *accident* as a result of physical defects existing prior to the conclusion of the contract shall not entitle the insured person to a higher disability benefit. If *illnesses* or infirmities that existed prior to the *accident* have influenced the consequences of the *accident*, the benefit shall be reduced in accordance with the proportion of the *illness* or infirmity.
4. In the event of the death of the insured person as a result of an accident, the insured sum is paid to Unicredit Bulbank AD, up to the amount of the unpaid part of the insured person's liabilities on his bank card as of the date of the insured event, provided that the death of the insured occurred within the term of the individual insurance coverage for the insured cardholder. In the event that the insured amount exceeds the amount of the insured's liability on his bank card, the resulting difference is paid to his legal heirs. In the event that the insured has no outstanding debts on his bank card, the entire length of the insured amount is paid to his heirs;
5. If *you* die as a result of an *accident* listed above or within five years of the *accident*, *we* will pay the agreed death benefit. In the absence of a written order to the contrary, the death benefit will be paid to the rightful heirs upon presentation of an authorization to receive (certificate of inheritance). Payments made for permanent disability resulting from the same event shall be deducted from the death benefit.
6. If death occurs accidentally within one year of the *accident*, there is no entitlement to disability benefit.
7. If *you* die from a cause unrelated to the *accident* and *you* were already entitled to disability benefits, *we* will pay for the degree of disability that was to be expected on the basis of the most recent medical findings.

I. REPLACEMENT VEHICLE COVERAGE

In the event that during *your* trip abroad *your* personal vehicle is stolen and in the event that it is not found within 6 hours, counted from the moment of reporting the event to the competent authorities, *we* will *reimburse you* for the expenses incurred for renting a replacement car (rent-a-car) for the rest of the planned trip abroad and up to the limits indicated by *us*, on the territory of the visited country.

Important:

- a. The coverage is applicable when traveling abroad and is not valid for the territory of the Republic of Bulgaria;
- b. The coverage is provided for personal vehicles registered in the name of the insured person, with up to nine seats, with a mass of up to 3.5 tons, which are approved for public road use and are not used for commercial purposes;
- c. The insured person must notify the competent authorities as soon as possible and obtain documents issued by the authorities certifying the abduction or the recovery of the vehicle;
- d. The insured person must notify the Insurer's assistance center and report the insured event as soon as possible.

The following is not covered:

a. No insurance coverage is provided for rental cars or cars used for commercial purposes.

J. 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*. We can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

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.

Emergency Cash Assistance

If *your* travel is delayed or interrupted and *you* need extra money to pay for unexpected expenses, we can assist in arranging the transfer of funds from *your* family or friends.

Legal Referrals

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

Emergency Message Delivery

We can assist *you* in getting an urgent message to someone back home.

GENERAL EXCLUSIONS

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

This *documents* do not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *you* joined the group insurance contract;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth, except when normal, complication-free pregnancy or childbirth is expressly referenced in and covered under trip interruption coverage;
5. Fertility treatments or elective abortion;
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Bungee jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. *Climbing sports* or free climbing;
 - f. Any *high-altitude activity*;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorized vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 20 meters or without a dive master.
11. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
12. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under trip interruption coverage or emergency medical/dental coverage;
13. *Natural disaster*, except as expressly covered under trip interruption coverage, or travel delay coverage;
14. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
15. Nuclear reaction, radiation, or radioactive contamination;
16. War (declared or undeclared) or acts of war;
17. Military duty, except as expressly covered under trip interruption coverage;

18. Civil disorder or unrest, except when civil disorder or unrest is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
19. *Terrorist events*, except when *terrorist events* are expressly referenced in and covered under trip interruption coverage, or travel delay coverage. This exclusion does not apply to Emergency Medical or Emergency Transportation coverage;
20. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except as expressly covered under trip interruption coverage;
21. *Political risk*;
22. *Cyber risk*;
23. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
24. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment;
25. Ordinary wear and tear or defective materials or workmanship;
26. An act of gross negligence by *you* or a *traveling companion*;
27. *Your* intent to receive health care or medical treatment of any kind while on *your trip*; or
28. Travel against the orders or advice of any government or other public authority.

This *documents* do not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

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

1. *Your travel carrier* tickets do not show travel date(s); or
2. The travel dates in *your* travel documents do not represent *your* actual travel dates.

CLAIMS INFORMATION

Claims notification

Before reporting a claim, please check *your documents* 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 the Insurance Certificate.

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). 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 *documents*;
- 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 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 tour operator'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 or receipts 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), train ticket(s);
- Receipts, 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*.

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. *We* will provide payment to *your* bank account once all the required documents are provided and the claim is confirmed. 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.

Coverage end:

You can terminate the cover at any time by contacting the policyholder Unicredit Bulbank AD to close or downgrade your account.

Privacy Notice

Protecting your privacy is important to us.

In accordance with Art. 13 and Art. 14 of the General Data Protection Regulation (GDPR), we inform you about the processing of your personal data by AWP P&C S.A., Bulgaria Branch and the rights to which you are entitled under data protection law. Please read this message.

1. Who is a data controller?

A Data Controller is an individual or a legal entity (including us as an enterprise) who controls your personal data and is responsible for their storage and use in electronic or paper form.

AWP P&C S.A., Bulgaria Branch ("we", "us", "ours") is part of Allianz Worldwide Partners SAS Paris, an insurance company licensed **in France, which offers insurance products and services around the globe. In turn, AWP SAS Paris is part of Allianz Group (Allianz Group).**

We are a data controller under the applicable data protection law.

2. What personal data are collected?

Personal data is information that relates to you and which can identify you.

We shall collect and process different types of personal data that apply to you. These are usually:

- Full name
- Address
- Age or date of birth
- Contact details (email, phone)
- IP addresses when visiting our website if the cookies are not enabled
- Credit/debit card number
- Depending on the circumstances, personal data (as mentioned above) of co-insured persons (spouses/family partners, relatives, etc.)

In the course of processing an insured event, we may also receive sensitive personal data (special categories of personal data according to Art. 9 GDPR) about you, such as medical report data or death. This data can be used to draw conclusions that reveal information about your physical and mental health, your ethnicity, religious beliefs, suspected or enforced judgements.

By submitting documents to AWP P&C S.A. Bulgaria Branch, you expressly and voluntarily agree that your personal data (including special categories of personal data) shall be processed while assessing and liquidating insurance damages.

You may provide documents and personal data on behalf of third parties only if you have the necessary permission to do so.

3. How shall we receive and process your personal data?

We collect and process the personal data you provide and we receive from you for various purposes.

For the following detailed purposes, for which, as we have indicated, we do not need your explicit consent, as described below, we shall process your personal data on the basis of your legitimate interests and/or to meet our legal obligations.

| Purpose | Does it require explicit consent? |
|---|-----------------------------------|
| For our legitimate interests or for the performance of legal obligations: <ul style="list-style-type: none">• In order to meet the contractual obligations and to manage the insurance contract (e.g. submission of an offer, risk assessment, insurance, performance of the contract services, claims handling)• To protect your relevant interests or the relevant interests of another individual• Collection of receivables• For preventing and detecting fraud, money laundering, economic sanctions or terrorist financing• To comply with our or your legal obligations (e.g. for tax, administrative or accounting purposes)• For recourse claims to other insurance institutions (e.g. credit card companies, travel insurers, health insurance institutions, etc.)• To insure the risk assumed by us with a reinsurer and/or for a risk distribution by using reinsurers or co-insurers | No |
| <ul style="list-style-type: none">• To inform you or to allow another Allianz Group enterprise and other businesses to which it is entrusted to inform you of products and services that we believe you might be interested in. You can change these preferences at any time by withdrawing your consent by email (subscribe/unsubscribe button) or by contacting us as described in section 8. | Yes |
| <ul style="list-style-type: none">• To improve your customer journey by receiving your rating and feedback | Yes |

We shall use your personal data when you receive or wish to use our products and services. If you do not wish to provide it to us, we probably shall not be able to provide you with products and services as well as to make payments.

4. Who shall have access to your personal data?

For the purposes above, we also may use your personal data with the following parties - either because they act as data processors at our commission or in order to be able to conclude, verify or execute the contract with you or to insure the risk assumed by us:

- Public authorities, ombudsman
- Other enterprises of Allianz
- Other insurers and ancillary companies
- Co-insurers/reinsurers
- Insurance intermediaries/brokers and banks
- Medical service providers

- Authorised persons investigating insurance frauds
- Technical advisers
- Lawyers
- Damage assessors
- Doctors, hospitals, repair workshops, roadside assistance, installers, fitters
- Outsourcing service companies (e.g. mail, document management, outstanding debts, IT service providers)
- Advertisers and advertising networks that send you marketing messages, if permitted by law and consistent with your communication preferences. In this case, we shall not provide your personal data without your permission to any third parties independent from our corporation for their own use for marketing purposes.
- Third party providers of service solutions (e.g. user rating functionalities)

Please note that we provide your personal data in the following cases:

In the event of planned or real restructuring, consolidation, sale, joint venture, disposal, transfer or other total or partial sale of the enterprise or of assets and shares (including in the event of bankruptcy or similar proceedings).

5. Where is your personal data processed?

Your personal data may be processed both within and outside the European Economic Area (EEA), by the parties specified in Section 4. In addition, these parties shall always be subject to the confidentiality and data security restrictions of the contract in accordance with the applicable data protection law. Therefore, we shall not disclose your personal data to any persons who are not authorised to process it.

Whenever we transfer your personal data for processing to another Allianz Group outside of the EEA, we shall do so on the basis of binding company rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here https://www.allianz-partners.com/en_US/allianz-partners---binding-corporate-rules-.html.

Wherever the Allianz Privacy Standard does not apply, we shall, as an alternative, take measures to ensure that your personal data transfer outside the EEA is done with the appropriate level of protection as is done within the EEA.

6. What rights do you have with your personal data?

- Access:
You have the right to see what personal data of yours is stored. It also includes the origin and purpose of data processing, the data controller, the data processor, and the parties to whom the data may be disclosed.
- Withdrawal:
You may withdraw your consent to processing your personal data at any time if you have previously given such consent.
- Rectification:
You can request updating or adjusting your personal data.
- Erasure:
You may request that your personal data be erased from our database if it is no longer required for the purposes above (see section 3).
- Restrictions:
Under certain circumstances, you may restrict the processing of your personal data. For example, when you have questioned the accuracy of your personal data, and more specifically the time limit within which we have the right to verify your personal data accuracy.
- Data Portability:
You can obtain your personal data in electronic format - for you or your new insurer.
- Complaints:
You can file a complaint with us or the relevant data protection authorities.
- Objections:
If permitted by applicable law or regulations, you have the right to object to your personal data processing by us or to request from us to discontinue this data processing (including for direct marketing purposes). Once you have informed us of such a request, we shall no longer process your personal data, provided it is permitted by applicable law and regulations.

You can exercise these rights by contacting us. For more details, see section 8.

7. How long do we store your personal data?

We store your personal data as a whole no longer than is necessary for implanting our contract or for as long as required by the relevant legislation, whereas your data shall be kept exclusively for the purposes for which it was collected. Personal Data which was provided while using our rating & review functionality will be kept for a maximum of one year. Should you have any questions about the relevant criteria for storage terms, you can contact us as described in sec. 8.

8. How can you contact us?

Should you have any questions about your personal data processing or want to exercise your rights, you can contact us by phone, by email or by post as follows:

AWP P&C S.A., Personal Data Protection
16, Srebarna, fl. 8, 1407 Sofia
Phone: +359 2 995 1843 ; E-mail: dataprotection.azpbg@allianz.com