COVERAGE SUMMARY

My Travel Basic 2409

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Baggage Coverage	***Your baggage* is lost, damaged, or stolen while on *your trip*.** Maximum benefit for all high value items - 50 EUR	**100 EUR**
Baggage Delay Coverage	***Your baggage* is delayed by an airline, cruise line, or other *travel carrier* while on *your trip*.** Minimum Required Delay - 12 hours	**50 EUR**
Emergency Medical / Dental Coverage abroad	***You* have to pay for emergency medical or dental treatment while on *your trip*.** Dental Care maximum sublimit - 500 EUR	**30 000 EUR**
Emergency Transportation Coverage	**Transportation is needed following a medical emergency while on *your trip*.** Repatriation due to medical reasons - 50 000 EUR Return of dependents - 250 EUR Search and Rescue - 500 EUR Repatriation of remains or funeral abroad – 1 000 EUR	**50 000 EUR**

The above summary 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 this Coverage Summary.

Important Notices:

- *Your policy* does not cover pre-existing medical conditions;
- *Your policy* should be purchased before the known departure date (before the departure from Bulgaria);
- *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;
  - *** Trips abroad**. Coverage is not provided for the territory of Bulgaria, as well as for foreigners traveling in their country of origin;
- 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.
- If not otherwise specified, the benefit limits shown above are per policy.
- If *your policy* was purchased with a one-way booking, *your Departure Date* will be the *departure date* for your *trip* as shown on *your travel documents*, and *your* Coverage End Date and Return Date will be the return date for *your* trip as shown on *your travel documents* (not exceeding the insurance's product pre-defined maximum trip duration, counting from the Departure Date).

OUR PROMISE TO *YOU*

***We* are here for *You*.**
If *you* need our support or *you* have questions about *your* insurance *policy*, please do not hesitate to contact *us*!

Service Center: **T** : +359 2 995 18 43 **E** : office.bg@allianz.com Working hours: 09:00 – 17:30 , Mon-Fri	**Claims Center:** **T** : +359 2 980 00 29 **E** : claims.bg@allianz.com Working hours: 09:00 – 17:30 , Mon-Fri	**AWP P&C S.A., branch Bulgaria** Reg. №: 202091075 Representative: Florentina Costea Addres: str. „Srebarna" 16, fl.8, Sofia 1407, Bulgaria
Emergency 24/7 hotline for assistance abroad: +359 2 950 38 50		

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. Cancellation of the insurance contract can be requested by *you* at any time by sending a notice in written to *us*.

Cancellation of short-term contracts (e.g. "My Travel")

You can cancel *your* short-term insurance contract by sending *us* a notice in written. In case *you* cancel *your policy* before the start of the insurance coverage, *we* will refund the full amount of the insurance premium paid by *you*. In case of cancellation of short-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*.

Insurance contract amendments

If *you* need to update some of *your* personal details, please contact our **Service Center**. Changes of the insurance contract are not allowed after the start date of your coverage.

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

Data privacy

For any GDPR and data privacy matters concerning *your* insurance policy, *you* can contact us at any time: dataprotection.azpbg@allianz.com

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 establishement" 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 THIS POLICY

Emerald Travel Bulgaria Ltd has concluded a group policy with us, which you can take advantage of if you decide to join. These terms and conditions are not a contract of insurance but describe the scope of the group insurance policy concluded with Emerald Travel Bulgaria Ltd for the benefit 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 to *your policy.*

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 *certificate*
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 under *your policy.*

WHAT'S INSIDE

DEFINITIONS		4
WHEN *YOUR* COVERAGE BEGINS AND ENDS		6
DESCRIPTION OF COVERAGES		6
A.	BAGGAGE COVERAGE	7
B.	BAGGAGE DELAY COVERAGE	7
C.	EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD	7
D.	EMERGENCY TRANSPORTATION COVERAGE	8
E.	TRAVEL SERVICES DURING YOUR TRIP	9
GENERAL EXCLUSIONS		11
CLAIMS INFORMATION		12
GENERAL PROVISIONS AND CONDITIONS		14

DEFINITIONS

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

Baggage	Personal property *you* take with *you* or acquire on *your trip.*
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 *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 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 *you* are covered under this *policy.*
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: 1. 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;* 2. Any error or omission involving access to, or the processing, use, or operation of any *computer system;* 3. Any partial or total unavailability or failure to access, process, use, or operate any *computer system;* 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 *you* have selected to begin travel as shown on *your trip* itinerary and in *your* travel documents.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be *you,* a *travelling 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	*Your:* 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. *Cohabitants;* 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.
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, *sporting equipment,* 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 *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.
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 *you* or a *traveling companion* less than 150 kilometers.
Medical escort	A professional person contracted by *our* medical team to accompany a seriously 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 *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	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.
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.
Policy	The travel insurance coverage purchased. The *policy* includes Insurance *Policy,* General Terms and Conditions and Data privacy notice.
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: · 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	Medical condition or a disease which: 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.*
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.
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.
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 *your* 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, *political risk,* or acts of war.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; or 3. Chartered transportation, except for group transportation chartered by *your* tour operator; or 4. *Local public transportation.*
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
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.
Trip	*Your* travel to, within, and/or from a location away from *your primary residence.* It must be booked with the *travel supplier,* from which *you* purchased this *policy.* 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 31 days.
We, Us, or Our	AWP P&C S.A., branch Bulgaria.
You or Your	All persons listed as insureds in the Insurance *policy.*

WHEN YOUR COVERAGE BEGINS AND ENDS

The insurance period starts from the day of your travel abroad and ends on the day of your return to Bulgaria according to the reservation of the travel package/service purchased from Emerald Travel Bulgaria Ltd.
Please note that this *policy* applies for a specific *trip* and cannot be renewed.

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.**

A. 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* Coverage Summary:

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.**

B. 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* Coverage Summary 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* Coverage Summary.

C. 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* 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.

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 or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip.*

D. 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 or advice 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 or advice 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. *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.

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.*

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

E. 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 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 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 *your policy* was purchased;**
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 cancellation coverage or 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 cancellation coverage, trip interruption coverage or emergency medical/dental coverage;**
13. ***Natural disaster,* except as expressly covered under trip cancellation coverage, or 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 cancellation coverage or 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 cancellation coverage, 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 cancellation coverage or 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 *policy* does 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 (does not apply to insurance purchased with a one-way booking).**

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 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 *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 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;*
- A*ccident* 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 y*our* 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.