

## COVERAGE SUMMARY

### My MULTITRIP Safe 2401

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
<b>Trip Interruption Coverage</b>	<b>Your travel plans are interrupted while you are on your trip.</b> Pre-paid, but unused travel services - 500 EUR Early return trip expenses - 500 EUR Onward journey expenses - 250 EUR Trip prolongation expenses - max. 50 EUR per day, up to 5 days	<b>500 EUR</b>
<b>Travel Delay Coverage</b>	<b>Your travel plans are delayed while you are on your trip.</b> Maximum refund per 24-hour period of delay for meals and accommodation With Receipts Daily Limit - 100 EUR Minimum Required Delay - 12 hours	<b>500 EUR</b>
<b>Baggage Coverage</b>	<b>Your baggage is lost, damaged, or stolen while on your trip.</b> Maximum benefit for all high value items - 250 EUR	<b>500 EUR</b>
<b>Baggage Delay Coverage</b>	<b>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</b> Minimum Required Delay - 12 hours	<b>100 EUR</b>
<b>Emergency Medical / Dental Coverage abroad</b>	<b>You have to pay for emergency medical or dental treatment while on your trip.</b> Dental Care maximum sublimit - 500 EUR	<b>50 000 EUR</b>
<b>Emergency Transportation Coverage</b>	<b>Transportation is needed following a medical emergency while on your trip.</b> Repatriation due to medical reasons - 50 000 EUR Return of dependents - 1 000 EUR Transport to bedside - 1 000 EUR Repatriation of remains or funeral abroad – 5 000 EUR Search and Rescue sublimit - 5 000 EUR	<b>50 000 EUR</b>
<b>Personal Liability Coverage</b>	<b>You are financially liable for damage you cause to a third party or their property while on your trip.</b>	<b>7 500 EUR</b>
<b>Travel Accident Coverage</b>	<b>You suffer a death or disability as a result of a travel accident during your trip.</b> In case of death due to an accident abroad – 2 500 EUR In case of permanent disablement due to an accident abroad – up to 2 500 EUR	<b>2 500 EUR</b>

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!**

<b>Service Center:</b> T : +359 2 995 18 43 E : <a href="mailto:office.bg@allianz.com">office.bg@allianz.com</a> Working hours: 09:00 – 17:30 , Mon-Fri	<b>Claims Center:</b> T : +359 2 980 00 29 E : <a href="mailto:claims.bg@allianz.com">claims.bg@allianz.com</a> Working hours: 09:00 – 17:30 , Mon-Fri	<b>AWP P&amp;C S.A., branch Bulgaria</b> Reg. №: 202091075 Representative: Dominic Gantner Address: str. „Srebarna“ 16, fl.8, Sofia 1407, Bulgaria
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**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 annual contracts (e.g. "My MULTITRIP")**

You can cancel *your* annual 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 annual 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](mailto: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](mailto: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](mailto: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 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 THIS POLICY

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

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

### WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

*Your policy* consists of three parts:

1. Insurance *policy*
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 <i>YOUR</i> COVERAGE BEGINS AND ENDS	6
DESCRIPTION OF COVERAGES	6
A. TRIP INTERRUPTION COVERAGE	7
B. TRAVEL DELAY COVERAGE	8
C. BAGGAGE COVERAGE	8
D. BAGGAGE DELAY COVERAGE	9
E. EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD	9
F. EMERGENCY TRANSPORTATION COVERAGE	10
G. PERSONAL LIABILITY COVERAGE	11
H. TRAVEL ACCIDENT COVERAGE	12
I. TRAVEL SERVICES DURING YOUR TRIP	12
GENERAL EXCLUSIONS	14
CLAIMS INFORMATION	15
GENERAL PROVISIONS AND CONDITIONS	17

## DEFINITIONS

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

<b>Accident</b>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<b>Accommodation</b>	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.
<b>Baggage</b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b>Climbing sports</b>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b>Cohabitant</b>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<b>Computer System</b>	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.
<b>Covered reasons</b>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<b>Cyber Risk</b>	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"> <li>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>;</li> <li>2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;</li> <li>3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or</li> <li>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.</li> </ol>
<b>Departure date</b>	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> travel documents.
<b>Doctor</b>	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</i> person's <i>family member</i> .
<b>Epidemic</b>	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.
<b>Family member</b>	<p><i>Your</i>:</p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards; and</li> <li>10. Paid, live-in caregivers.</li> </ol>
<b>First responder</b>	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.
<b>High-altitude activity</b>	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
<b>High value items</b>	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.
<b>Hospital</b>	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"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organized departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<b>Illegal act</b>	An act that violates law where it is committed.
<b>Injury</b>	Physical bodily harm.
<b>Local public transportation</b>	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.
<b>Mechanical breakdown</b>	A mechanical issue, which prevents the vehicle from being driven normally, including running out of fluids (except fuel).
<b>Medical escort</b>	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> .
<b>Medically necessary</b>	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>your</i> or the provider's convenience.
<b>Natural disaster</b>	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.
<b>Pandemic</b>	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.
<b>Policy</b>	The travel insurance coverage purchased. The <i>policy</i> includes Insurance <i>Policy</i> , General Terms and Conditions and Data privacy notice.

<b>Political risk</b>	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"> <li>· Nationalization;</li> <li>· Confiscation;</li> <li>· Expropriation (including Selective Discrimination and Forced Abandonment);</li> <li>· Deprivation;</li> <li>· Requisition;</li> <li>· Revolution;</li> <li>· Rebellion;</li> <li>· Insurrection;</li> <li>· Civil commotion assuming to proportion of or amounting to an uprising;</li> <li>· Military and usurped power.</li> </ul>
<b>Primary residence</b>	Your permanent, fixed home address for legal and tax purposes.
<b>Pre-existing medical condition</b>	Medical condition or a disease which: <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>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).</li> </ol> <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 prior to and including the purchase date of <i>your policy</i> 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>
<b>Quarantine</b>	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.
<b>Reasonable and customary costs</b>	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.
<b>Refund</b>	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.
<b>Service animal</b>	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.
<b>Severe weather</b>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<b>Terrorist event</b>	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.
<b>Traffic Accident</b>	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
<b>Travel carrier</b>	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"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers; or</li> <li>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or</li> <li>4. <i>Local public transportation</i>.</li> </ol>
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
<b>Traveling companion</b>	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.
<b>Trip</b>	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> . It must be booked with the <i>travel supplier</i> , from which <i>you</i> purchased this <i>policy</i> . 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 62 days.
<b>Uninhabitable</b>	A <i>natural disaster</i> , fire, flood, burglary, storm, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<b>We, Us, or Our</b>	AWP P&C S.A., branch Bulgaria.
<b>You or Your</b>	All persons listed as insureds in the Insurance <i>policy</i> .

## WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept your request for insurance. Your policy's coverage effective date and coverage end date are indicated in your insurance policy. The policy is effective the day the order is received and the full premium is paid. The order must be received and the full premium must be paid on or before the departure date.

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

The coverage period ends at 23:59 local time on the coverage end date, unless you are on a trip. If you are on a trip on your coverage end date, your coverage will end on the earlier of:

1. The day you arrive at your point of origin or primary residence; or
2. 2 days after the coverage end date;

However, if your return travel is delayed due to a covered reason, we will extend your coverage period until the earlier of when you are able to return to your point of origin or primary residence, or until you arrive at a medical facility for further care following a medical repatriation or trip interruption.

## 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. TRIP INTERRUPTION 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 Coverage Summary, for:

- i. The prorated portion of your unused non-refundable trip payments and deposits.
- ii. Additional accommodation fees you are required to pay, if you prepaid for shared accommodations and your traveling companion has to interrupt their trip.
- iii. 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.
- iv. 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. **There is a per policy maximum of EUR 50 per day for 5 days.**

**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 advice or against local authority advice 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 to the purchase of *your policy*;
  - C. A *natural disaster*;
  - D. Roads are closed or impassable due to *severe weather*;
  - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
    - i. You must 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.
13. You need to attend the birth of a *family member's* child.
14. *Your destination* becomes *uninhabitable*.
15. Family outside *your* country of residence cannot accommodate you during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
16. Government authorities order a mandatory evacuation due to a *natural disaster* at *your destination* while you are on *your trip*.
- The following condition applies:
- a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.
17. You or a *traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip*, which results in the vehicle being unable to be driven safely.
18. You or a *traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip*, is stolen.

## B. TRAVEL DELAY COVERAGE

If *your* 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* Coverage Summary for travel delay:

- i. *Your* lost prepaid *trip* expenses and additional expenses you incur while and where you are delayed for meals, *accommodation*, communication, and local transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary:
- ii. If the delay causes you to miss the departure of your cruise or tour, necessary transportation expenses to either help you rejoin your cruise/tour or reach *your* destination.
- iii. If the delay causes you to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help you reach *your* destination or return home.

**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* Coverage Summary and due to one of the following *covered reasons*:

- 1. A *travel carrier* delay;
- 2. A strike, unless threatened or announced prior to the purchase of *your policy*;
- 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* 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.**

## 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* 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.

## 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* 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.
3. 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*.

## 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 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.

## **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 summary of *your* travel personal liability insurance coverage.

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 *policy*;**
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* summary 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. 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.

5. If death occurs accidentally within one year of the *accident*, there is no entitlement to disability benefit.
6. 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. 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](mailto: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*;
- *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.