

## COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
<b>Trip Cancellation Coverage</b>	<b>You have to cancel <i>your trip</i> before you depart.</b> Deductible: 25%, min. 750 CZK, max. 3 750 CZK	<b>130 000 CZK</b>
<b>Early/Delayed Return Coverage</b>	<b>You have to end <i>your trip</i> earlier or later than originally planned and need to recover additional transportation costs for <i>your return home</i>.</b>	<b>At cost</b>
<b>Trip Continuation Coverage</b>	<b>Your travel plans are interrupted, but you continue <i>your trip</i>.</b>	<b>At cost</b>
<b>Extended Stay Coverage</b>	<b>Your travel plans are interrupted and you need to recover additional <i>accommodation</i> and transportation costs you have incurred.</b>	<b>Max. 10 days / 2 500 CZK</b>
<b>Travel Delay Coverage</b>	<b>Your travel plans are delayed while you are on <i>your trip</i>.</b> Maximum reimbursement per 24-hour period of delay: "No Receipts Daily Limit" – 1 250 CZK Minimum Required Delay - 4 hours "With Receipts Daily Limit" - 2 500 CZK Minimum Required Delay - 4 hours	<b>6 250 CZK</b>
<b>Baggage Coverage</b>	<b>Your <i>baggage</i> is lost, damaged, or stolen while on <i>your trip</i>.</b> Sublimit for all high value items –12 500 CZK	<b>25 000 CZK</b>
<b>Baggage Delay Coverage</b>	<b>Your <i>baggage</i> is delayed by an airline, cruise line, or other travel carrier while on <i>your trip</i>.</b> Reimbursement for expenses for the essential items you need until your <i>baggage</i> arrives Minimum Required Delay – 12 hours No receipts sublimit – 1 250 CZK (outbound only)	<b>5 000 CZK</b>
<b>Emergency Medical/ Dental Coverage</b>	<b>You have to pay for emergency medical or dental treatment while on <i>your trip</i>.</b> Reimbursement of medical expenses for which you are responsible Organization and payment for hospitalization Maximum sublimit for Dental Care – 7 500 CZK	<b>7 500 000 CZK</b>
<b>Emergency Transportation Coverage</b>	<b>Transportation is needed following a medical emergency while on <i>your trip</i>.</b> Emergency Evacuation Medical Repatriation Transport to Bedside Accommodation to Bedside: limit 1 250 CZK/day – max.7days Return of Dependents Repatriation of Remains Search and Rescue sublimit – 37 500 CZK	<b>At cost</b>
<b>Travel Assistance</b>	<b>24/7 assistance in case of personal emergencies during <i>your trip</i> and information services during the term of <i>your insurance contract</i>.</b>	<b>Service without cost coverage</b>

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

### Important Notices:

- **Insurer:** AWP P&C Česká republika – branch organisation of a foreign legal entity, registered office: Prague 7, Jankovcova 1596/14b, postcode 17000, Company ID No. 276 33 900, entered in the commercial register maintained by the Municipal Court in Prague, Section A, File 56112
- **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation.  
The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return); a maximum of **62 days** is possible.
- **Coverage limits:** If not otherwise specified the coverage limits shown above are per named insured
- **Geo-zone:** Your travel insurance is valid for trips worldwide. When traveling to sanctioned countries, there may be restrictions or no insurance cover at all.
- **Notes on the conclusion of insurance:** All travel cover containing travel cancellation insurance, should be purchased at the time of booking the travel. *You* must purchase the cover immediately. The insurance is only valid for the booked travel as described in the travel confirmation. The insurance cover for the Travel Cancellation Insurance commences upon conclusion of the insurance. For the other insurance lines, the insurance cover begins at the time of commencement of the insured travel, and ends at the agreed point in time. The insurance cover will end at the very latest with the completion of the insured travel. In the following case, the insurance cover will be extended beyond the agreed point in time: if *you* have insured the entire planned *trip*, and the end of the *trip* is delayed for reasons outside of *your* control.
- This document in English is only for information purposes. Only the document in Czech for the current product is an integral part of the joining of the group insurance contract. Czech language will be used to issue the documents and for claims handling.
- **PLEASE NOTE: If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if you, as the policyholder, are not at fault for the non-payment of the premium.**

### IMPORTANT CONTACT DETAILS

For customer service, please (Monday to Friday 07:00 to 19:00 CET)

Tel: +42(0) 283 002 702

E-mail: [dotazy@allianz.com](mailto:dotazy@allianz.com)

For emergency assistance during your *trip*, please:

Tel: + 420 283 002 906

E-mail: [MA@allianz-assistance.cz](mailto:MA@allianz-assistance.cz)

## GENERAL CONDITIONS

### WHO WE ARE

#### **AWP P&C SA,**

registered office at 93400 Saint-Ouen-sur-Seine, 7, Rue Dora Maar, Republic of France, registration number 519 490 080 O.R.Bobigny, registered with the Commercial Court in Bobigny under reg. No. 2016B01853, operating in the Czech Republic through

**AWP P&C Česká republika** – branch organisation of a foreign legal entity, registered office: Prague 7, Jankovcova 1596/14b, postcode 17000, Company ID No. 276 33 900, entered in the commercial register maintained by the Municipal Court in Prague, Section A, File 56112

E-mail address: [dotazy@allianz.com](mailto:dotazy@allianz.com)

Telephone: +42(0) 283 002 702

Website: [www.allianz-partners.cz](http://www.allianz-partners.cz)

In relation to you, we are governed by the laws of the Czech Republic, in particular Act No. 89/2012 Coll., Civil Code (hereinafter the “Civil Code” or “CC”), the concluded *insurance conditions*, or other documents which we refer to.

### ABOUT THIS POLICY

This *policy* is our contract with you that offers insurance coverage for a specific *trip* where both have been purchased from the *travel supplier*. 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 Coverage Summary. Just visit us online or give us a call using the contact information listed in the 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 two parts:

1. Insurance policy,
2. This General Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this *policy*.

#### 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*.

## COOLING-OFF PERIOD / CANCELLATION RIGHTS

If we have concluded the insurance contract remotely (e.g. via the internet), you (as the policyholder) may withdraw from the insurance contract without giving any reason within 14 days of its conclusion or from the date on which the insurance conditions were communicated to you (if this occurred after the conclusion of the contract) If you withdraw from the insurance, we are entitled to the premium for the duration of the insurance. You cannot withdraw if the insurance was taken out for less than 1 month.

Please send the notice of withdrawal to [klm.cz@allianz.com](mailto:klm.cz@allianz.com) or submit via <https://allianz-protection.com>.

## APPLICABLE LAW

The rights and obligations of the contracting parties arising from the insurance contract are governed by the law of the Czech Republic, in particular Act No. 89/2012 Coll., Civil Code (hereinafter referred to as the "Civil Code").

## COMPLAINTS INFORMATION

*Our goal is to provide you with first-class services. However, there may be times when you believe that we have not done so. If this is the case, please let us know so we can resolve the issue as best we can. If you file a complaint, your legal rights will not be affected. First of all, contact us at:*

AWP P&C Czech Republic – spin-off plant of a foreign legal entity, Jankovcova 1596/14b, 170 00 Prague 7 – Holešovice, Czech Republic.

Please include *your* name, address, policy number and claim number, if applicable, and attach copies of relevant correspondence, as this will help *us* deal with *your* complaint as quickly as possible.

*We will investigate your complaint and will inform you about the method of processing the requests or the reasons for their rejection within 30 days from the date of its delivery. If the handling of the complaint requires a longer period, the period according to the previous sentence can be extended, of which you will be informed without delay.*

If *you* are not satisfied with the final answer, *you* can contact the Czech Trade Inspection [www.coi.cz](http://www.coi.cz)) and/or the Office of the Ombudsman of the Czech Insurance Association ([www.ombudsmancap.cz](http://www.ombudsmancap.cz)). *You* can also contact the Czech National Bank with registered office at Na Příkopě 28, 115 03 Prague 1. The out-of-court resolution of a consumer dispute is governed by Act No. 634/1992 Coll., on consumer protection. Consumers can use the online platform at the Internet address <http://ec.europa.eu/consumers/odr/> for the resolution of consumer disputes for insurance policies purchased online.

## JURISDICTION

Any legal disputes will be resolved by the locally competent municipal court of the Czech Republic.

## INTERNATIONAL SANCTIONS

*We are not obligated to provide any insurance coverage or performance under this insurance to the extent that such coverage or performance would violate applicable sanctions, laws or regulations of the United Nations, the European Union, the United States of America or other applicable economic or trade sanctions, laws or regulations. We reject claims against individuals, companies, governments and other parties prohibited by national or international agreements or sanctions.*

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## 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>Act of war</b>	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
<b>Adoption proceeding</b>	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<b>Baggage</b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b>Civil disorder</b>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, <i>vandalism</i> , lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , or <i>war</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 date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<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>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , the sick or <i>injured person</i> , or that 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>	<i>Your</i> : <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> </ol>

	<ol style="list-style-type: none"> <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 accident 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 an electrical issue, flat tire, or running out of fluids (except fuel).
<b>Medical escort</b>	A professional person contracted by <i>our</i> medical team to accompany an 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>	This travel insurance contract. The <i>policy</i> includes this General conditions and Privacy notice.
<b>Political risk</b>	Any one or more of the following:

- Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group;
- Nationalization;
- Confiscation;
- Expropriation;
- Deprivation;
- Requisition;
- Revolution;
- Rebellion;
- Insurrection;
- Uprising;
- Military and usurped power.

**Primary residence**

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

**Pre-existing medical condition**

An *injury*, illness, or medical condition that, within the 180 days prior to and including the purchase date of this *policy*:

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 in the 180 days 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*.

**Quarantine**

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

**Reasonable and customary costs**

The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.

**Refund**

Cash, credit, or a voucher for future travel that *you* are eligible to receive from a *travel supplier*, or any credit, recovery, or reimbursement *you* are eligible to receive from *your* employer, another insurance company, a credit card issuer, or any other entity.

**Return Date**

The date on which *you* are originally scheduled to end *your* travel, as shown on *your* travel itinerary.

**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.
<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 terroristic attack with accordance with Czech law as recognized by the government authority or under the laws of your country of residence, and is committed for political, religious, ethnic, and/or 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 any general civil disorder or unrest, protest, rioting, <i>political risk, war, or acts of war.</i>
<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;</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> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</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, or <i>vandalism</i> (except where <i>vandalism</i> is a part or a result of a cause of loss excluded under this <i>policy</i> ) has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their <i>primary residence</i> or <i>accommodations</i> inaccessible or unfit for use.
<b>Vandalism</b>	Any <i>illegal act</i> that intentionally causes damage to or destruction of public or private tangible property.
<b>War</b>	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
<b>We, Us, or Our</b>	AWP P&C Česká republika – branch organisation of a foreign legal entity, registered office: Prague 7, Jankovcova 1596/14b, postcode 17000, Company ID No. 276 33 900, entered in the commercial register maintained by the Municipal Court in Prague, Section A, File 56112

## 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* policy. The *policy* is effective at 00:00 on the day after we receive the order and *you* pay the full premium. 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.

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

*Your policy* ends on the coverage end date listed in *your* certificate of insurance. However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, *your* coverage end date will be the *return date* (not to exceed 62 days from the *departure date* shown on *your* travel documents).

Additionally, *your policy* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your policy*;
2. At 23:59 on the day *you* file a trip cancellation claim with us;
3. At 23:59 on the day *you* end *your trip*, if *you* end *your trip* early;
4. At 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
5. At 23:59 on the 62<sup>nd</sup> day of the *trip*.

However, if *your* return travel is delayed due to a reason covered under this *policy*, 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.

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. TRIP CANCELLATION COVERAGE

If *your trip* is canceled or rescheduled for a *covered reason* listed below, we will reimburse you for your non-refundable *trip* payments, deposits, cancellation fees, and change fees (less available *refunds*), up to the maximum benefit for Trip Cancellation coverage listed in *your Coverage Summary*. Please note that this coverage only applies before you have left for *your trip*.

Also, if you prepaid for shared *accommodations* and *your traveling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees you are required to pay.

**IMPORTANT:** You must notify all of *your travel suppliers* within 24 hours of discovering that you will need to cancel *your trip* (this includes being advised to cancel *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 cancel *your trip* (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

The following condition applies:

A *doctor* advises you or a *traveling companion* to cancel *your trip* before you cancel it.

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:

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 on or after *your policy's* coverage effective date and before *your trip*.
4. You or a *traveling companion* is *quarantined* before *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 on the departure date.*

One of the following conditions must apply:

- a. *You or a traveling companion need medical attention; or*
- b. *Your or a traveling companion's 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:

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 is terminated or laid off by a current employer after your policy's purchase date.*

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least 12 continuous months.

9. *You or a traveling companion secures new permanent, paid employment, after your policy's purchase date, that requires presence at work during the originally scheduled trip dates.*
10. *Your or a traveling companion's primary residence is permanently relocated by at least 150 kilometers due to a transfer by your or a traveling companion's current employer. This coverage includes relocation due to transfer by your spouse's current employer.*
11. *You or a travelling 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.*
12. *You or a traveling companion receive a legal notice to attend an adoption proceeding during your trip.*
13. *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.*
14. *You or a traveling companion is medically unable to receive an immunization required for entry into a destination.*
15. *Your or traveling companion's travel documents required for the trip are stolen*

The following condition applies:

*You must make diligent efforts and provide documentation of your efforts to obtain replacement documents through appropriate authorities that would allow you to keep the originally scheduled trip dates*

16. *You or a traveling companion is refused a tourist visa by the authorities of the destination or transit country.*
17. *You find out you are pregnant after purchasing this policy.*

18. You need to attend the birth of a *family member's* child.
19. Your destination becomes *uninhabitable*.
20. 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.
21. Government authorities order a mandatory evacuation due to a *natural disaster* at *your* destination that is in effect within 24 hours prior to *your departure date*.

The following condition applies:

- a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

22. You or a *traveling companion* legally separates or divorces on or after *your policy's* Coverage Effective Date but before *your* scheduled *departure date*.

The following condition applies:

- a. *Your policy* was purchased within 14 days of the *trip* purchase date

23. You or a *traveling companion's* vehicle experiences a *mechanical breakdown* on the way to the departure point of *your trip*.
24. You or a *traveling companion's* primary vehicle intended for transporting *you* or the *travelling companion* to the point of *your trip's* departure or intended to be the primary mode of transportation during *your trip* is stolen.
25. You fail the final exam or you fail to advance to the next grade level at an accredited educational establishment, where *you* are a student.
26. Your tour operator or commercial event organizer cancels *your* multi-day tour or multi-day event that is the main purpose of *your trip* and was purchased prior to *your departure date* due to:
  - a. *A natural disaster*;
  - b. *Severe weather*.

NOTE: We will not reimburse *you* for the cost of the cancelled multi-day tour or multi-day event. We will reimburse *you* for the pre-paid, non-refundable cost of *accommodations* for and transportation to and from the cancelled multi-day tour or multi-day event.

## B. TRIP INTERRUPTION COVERAGE

### Early/Delayed Return

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

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

### **Trip Continuation**

If you have to interrupt *your trip* due to one or more of the *covered reasons* listed below, we will assist you in securing transportation arrangements necessary to continue *your trip* and:

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

### **Extended Stay**

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

### **Covered reasons:**

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

The following condition applies:

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

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 a *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*.

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:

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 travelling 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 travel carrier delay (this does not include a travel carrier's cancellation prior to your departure date);*
  - *A strike, unless threatened or announced prior to the purchase of your policy;*
  - *A natural disaster;*
  - *Roads are closed or impassable due to severe weather;*
  - *Lost or stolen travel documents that are required and cannot be replaced in time for continuation of your trip;*
    - i. *You must make diligent efforts and provide documentation of your efforts to obtain replacement documents through appropriate authorities*
  - *Civil disorder, unless it rises to the level of political risk.*
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 being denied boarding due to 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. *Your or a traveling companion's vehicle, which serves as a primary mode of transportation during your trip, is stolen.*

## C. 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 transportation, subject to a daily (24 hours) limit listed in your Coverage Summary, as follows:*
  - If *you* provide receipts, the With Receipts Daily Limit applies; or
  - If *you* do not provide receipts, the No Receipts Daily Limit applies.
- 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 (this does not include a *travel carrier's* cancellation prior to *your departure date*);
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, except when it is a *terrorist event*;
7. Civil disorder, unless it rises to the level of *political risk*; or
8. A *traffic accident*.
9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.



## D. BAGGAGE COVERAGE

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

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

The following conditions apply:

- a. *You* 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 any one or more *high-value items*;
- d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, we will only cover 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, travelers cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or 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;
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.

## E. 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.
- b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Coverage Summary. Only available for *your* outbound travel (not *your* return travel).

## F. 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 any 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 the allergic reaction is 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.

## G. EMERGENCY TRANSPORTATION COVERAGE

**IMPORTANT:**

- If *your* emergency is immediate or 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.

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

The following conditions apply:

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

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

If *you* are told by the treating *doctor* that *you* will be hospitalized (including being hospitalized due to an *epidemic* or *pandemic* disease such as COVID-19) for more than **7 days** during *your trip* or that *your* condition is immediately life-threatening, *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*.

*We* will, also, pay for this friend's or *your family member's* accommodation expenses during the stay, up to the maximum benefit listed in *your* Coverage Summary.

The following condition applies:

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

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

If *you* die or are told by the treating *doctor* during *your trip* that *you* will be hospitalized (including being hospitalized due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or are dependents 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 are 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 *travelling companions* under the age of 18 or dependents.
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

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

*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; 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.

## **H. TRAVEL SERVICES DURING YOUR TRIP**

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

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

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

### **Monitoring Your Care**

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

### **Lost Travel Documents Assistance**

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

### **Emergency Language Translation**

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

### **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 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.**

**If *you* have traveled against an order or advice against travel issued by *your* home country's or *trip* destination's government or local authority, this *policy* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.**

**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 and to the extent that 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 or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests.
11. 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.
12. An *illegal act* resulting in a conviction, except when *you, a traveling companion, a family member, or your service animal* is the victim of such act;
13. An *epidemic or pandemic*, except when and to the extent that an *epidemic or pandemic* is expressly referenced in and covered under Trip Cancellation Coverage, Trip Interruption Coverage, Travel Delay Coverage, or Emergency Medical/Dental Coverage;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under Trip Cancellation Coverage, or Trip Interruption Coverage, or Travel Delay Coverage;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. **War or acts of war**;
18. Military duty, except when and to the extent that *military duty* is expressly referenced and covered under trip cancellation coverage or trip interruption coverage;
19. *Political risk*;
20. *Cyber risk*;
21. **Civil disorder**-except when and to the extent that *civil disorder* is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
22. **Terrorist events**, except when and to the extent that *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.
23. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public

authority is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;

24. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
26. Ordinary wear and tear or defective materials or workmanship;
27. An act of gross negligence by you or a traveling companion.

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The Departure Date and Return Date as shown on the Coverage Summary do not match *your trip's* actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on *your* trip.

## CLAIMS INFORMATION

### How to proceed if you want to report a claim?

If an insured event occurs during your stay abroad, please contact:  
the non-stop assistance line at: + 420 283 002 906  
or via e-mail at: [MA@allianz-assistance.cz](mailto:MA@allianz-assistance.cz),  
or via the live chat at [www.medickaasistence.cz](http://www.medickaasistence.cz)

If you are no longer abroad and it is not an emergency, you can report the claim:  
Online: <https://allianz-protection.com>  
or via e-mail at: [likvidace.cestovni@allianz.com](mailto:likvidace.cestovni@allianz.com)  
or by phone: +420 283 002 702

You should fill in the claim form and send it to us as soon as possible with all the information and documents we ask for. To process your claim promptly, you should provide us with complete details and documents about the incident and any other supporting document related to your claim. Please keep copies of all the information you send us.

You will need to obtain some information to support your claim. Below is a list of actions you will need to take and documents we will need in order to deal with your claim. Further information and/or evidence may be required by us after your claim has been submitted. If this is the case, we will inform you as quickly as possible.

### For all claims

- Your original *trip* booking invoice(s), and travel documents including the return ticket showing the dates and times of travel as well as your name visible on the documents.
- Original receipts or proof of purchase and accounts for all out-of-pocket expenses you have to pay.
- Original bills or invoices issued in your name.
- Details of any other insurance you may have that may cover the same loss, such as household or private medical.
- As much evidence, e.g. pictures, videos, written statements or any other documents, as possible to support your claim.

### Trip Cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A certified copy of the death certificate is required in the event of death.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

### Trip Interruption

- Your original booking invoice(s) showing your revised time and *date of departure* and detailing whether any *refunds* can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

### Travel Delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.



- Detailed account of the circumstances causing *you* to miss *your* departure together with supporting evidence from the public transport provider or *accident* / breakdown authority attending the private vehicle you were travelling in.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

### **Baggage**

- Report the theft to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or *accommodation* manager and ask for a written report.
- For delays losses and damage whilst in the care of a *travel carrier*, report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged *baggage*.
- Keep any damaged items as *we* may need to inspect them. If *we* make a payment or *we* replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.

### **Baggage Delay**

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

### **Emergency Medical/Dental Benefits Abroad and Emergency Transportation**

- Always contact *our* 24-hour emergency medical service when *you* are *hospitalised*, require repatriation.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

## GENERAL PROVISIONS AND CONDITIONS

### **YOUR OBLIGATIONS (AS THE POLICYHOLDER) AND OBLIGATIONS OF INSURED PARTIES**

#### **When arranging insurance, the *policyholder* must:**

- provide *us* with true and complete information necessary to arrange the insurance
- become familiar with the *insurance contract* and all the documents that we submit to *you*
- prove to *us*, if we ask *you* to do so, that *you* have paid the premium on time and in full

#### **During the course of the insurance, *you and the policyholder* must:**

- inform *us* as soon as possible of any change in the facts *you* provided to use when concluding the *insurance contract*
- take care that an insured claim does not occur, in particular
  - observe the safety precautions prescribed by the given country, including the use of functional protective equipment (helmet when cycling, skiing and snowboarding, helmet and life jacket during water sports, etc.)
  - comply with generally binding regulations and prohibitions or restrictions in the given place (no-entry signs in mountain and other areas, warnings from mountain and other rescue services, etc.)
  - take all necessary measures to avert the imminent occurrence of an insured claim or to mitigate its consequences
  - take care of *your* health, e.g. follow the advice of *your doctor*, take the vaccinations prescribed for the destination visited, comply with the regulations of the local authorities in the event of an epidemiological situation
- inform yourself about the security situation at the destination and transit destination before starting the journey

#### **In the event of a *insured claim*, *you as the insured or other authorized person* must:**

- notify *us* without undue delay that it has occurred
- provide *us* with a truthful explanation of the occurrence and scope of the consequences of such an event, of the rights of third parties and provide *us* with the necessary assistance
- provide *us* with all information, documents and evidence leading to proof of the occurrence and extent of the *insured claim*
- at *our* request, to produce other documents and evidence necessary for the investigation of the claim and to arrange for their official translation into Czech at *your* own expense
- inform *us* of any similar insurance *you* have taken out with another insurer, its scope, the name of the insurer and the contract number
- take action in a manner appropriate to the circumstances to prevent imminent damage or other loss
- at *our* request, relieve the *doctor* or other person from the nondisclosure obligation regarding *your* medical condition and facts relating to the claim
- at *our* request, produce a statement from *your* personal insurance account from *your* health insurer
- ensure that the right to claim compensation for damages caused by the insured claim *or any other similar right you have against a third party is transferred to us*
- undergo a medical examination by a *doctor* appointed by *us* to verify facts relevant to establishing *our* obligation to pay indemnity
- in the event that *we* have provided *you* with indemnity to which *you* are not entitled under the *insurance contract*, to reimburse the amount paid or paid on *your* behalf in full, even after the insurance has been terminated

- at *our* request, provide proof of the date of *your* last stay in the Czech Republic or crossing the border from the Czech Republic (e.g. flight ticket, travel document, certificate from your employer or school, visit to an office or *doctor*, etc.)
- in the event that the claim is related to a crime, misdemeanor or *traffic accident*, notify the police at the place of the incident and request a police report
- in the case of damage to personal belongings and luggage, first claim compensation from the public body (e.g. carrier, *accommodation* operator) where the loss occurred and provide *us* with proof of the claim, including a calculation of the compensation provided by the body

## **OUR DUTIES**

### **We have a duty:**

- to answer all *your* questions truthfully and completely before the contract is concluded, during the contract, during the insurance process and during the settlement of any claim
- after *you* have notified *us* of a claim, to promptly commence the investigations necessary to establish the existence and scope of our obligation to provide *you* with indemnity
- to inform *you* of the outcome of the investigation of the claim once it has been completed
- to state the reasons why *we* have not yet completed the investigation of the claim if *we* are unable to tell *you* the outcome within three months from reporting the claim
- in the case of an accepted claim, send *you* the insurance indemnity in Czech crowns within 15 days of the conclusion of the investigation of the claim; for the conversion of foreign currency *we* will use the exchange rate officially announced by the Czech National Bank on the date of the *insured claim*
- notify *you* of the reasons for any rejection of the claim

**IMPORTANT NOTICE: If you breach the aforementioned or statutory obligations, we may reduce or refuse the insurance indemnity or we may be entitled to a refund of the insurance indemnity already paid. Breach of duty may also be grounds for early termination of insurance**

## **PREMIUMS**

**The amount of the premium is stated in the *insurance contract*.**

### **What about premiums after the termination of insurance?**

*We* are entitled to the full single premium for the agreed period.

If the insurance is cancelled as a result of an *insured claim*, *we* are entitled to the full single premium paid.

If the insurance is cancelled before it starts (not possible for *trip* cancellation), *we* will *refund* the premium paid.

In all other cases of cancellation of insurance pursuant to the Civil Code, *we* will refund the unused premium.

### **When is the premium due?**

The premium is payable in one lump sum. It must be paid within the time limit *we* specify in the contract, i.e. at latest on the day the insurance starts. If cancellation fee insurance is agreed in the contract, this insurance must be purchased within 21 days after the last payment for the travel service, but no later than 30 days before the *trip*; if you are travelling within less than 30 days, payment for cancellation insurance must be made within 1 calendar day (24 hours) of the date of purchase of the travel service.

**IMPORTANT NOTICE: If you do not pay the premium in the agreed amount and by the given deadline, the insurance will not be valid and you will not be insured.**

### **When do we consider the premium to be paid?**

*We* consider the premium paid at the following moments:

- when it is credited to *our* account
- when it is demonstrably transferred to *our* account, if you pay via wire transfer

- upon receipt of confirmation from the payment gateway when paying by card

## **CHANGES TO THE *INSURANCE CONTRACT***

Changes to the *insurance contract* can be made by agreement between you (as policyholder) and us. The same rules apply for entering into such an agreement as for entering into an *insurance contract*.

### **Withdrawal from insurance**

We may withdraw from the insurance contract or agreement on its amendment if *you* (as policyholder) or the insured party do not answer *our* questions truthfully and completely when taking out the *policy* and if, *we* would not have entered into the *policy* or the agreement on its amendment having received full and truthful information. *You* may withdraw from the insurance contract if *we* must have been aware of any discrepancies between the insurance offered and *your* requirements, given the circumstances at the time of entering into the contract, and *we* did not bring them to *your* attention. The right of withdrawal will expire if *you* (as policyholder) or *we* do not exercise it within 2 months of the date on which *we* became aware or could have become aware of the above reasons.

By withdrawing from the *insurance contract*, the contract is cancelled from the outset. If *you* withdraw from the *insurance contract*, *we* will *refund* the premium paid within 1 month of the date of cancellation and, if applicable, reduce it by the premium already paid.

If *we* withdraw, *you* will reimburse us within 1 month for any *indemnity* paid, minus any premiums *you* have paid.

In the case of an *insurance contract* concluded remotely with a validity term of more than 30 days, *we* will be entitled to the premium for the term of the insurance in the event of *your* withdrawal. For this purpose, *you* have expressly agreed in the *insurance contract* to the start of insurance before the withdrawal period expires.

Please send the notice of withdrawal to [klm.cz@allianz.com](mailto:klm.cz@allianz.com) or submit via <https://allianz-protection.com>.

### **Delivery of documents**

#### **What form must the documents relating to the insurance take?**

A document may be in paper (i.e. "paper") form, but it may also be in another form (e.g. electronic), which results from currently available technologies.

Where a document is required by law to be in written form, the signature may be replaced by printed or mechanical means (e.g. printed signature, etc.) where this is customary (e.g. mass correspondence, communication by electronic means, etc.). As we place great importance on the security and protection of your interests, we may also require you to send a document with your handwritten or certified signature in specific cases.

How can we delivery documents to each other and when will they be considered delivered?

In the case of delivery via our website, we will consider the document to be delivered at the time of delivery (if *you* are sending the document to us).

In the case of delivery via our official web or mobile app, if the app allows this and if *you* have arranged and activated this service, we will consider the document delivered:

- when it is stored in the app and ready for collection (if *we* send the document to *you*); we will notify *you* of the delivery, for example by e-mail or SMS
- when the document is sent and recorded in the application (if *you* send the document to us)

In the case of electronic delivery of documents to the contact e-mail address provided, we consider the document to have been delivered:

- at the moment when information about the location of the document (for example, in an e-mail attachment or on our web portal) is sent to *your* e-mail inbox, except when it is demonstrably not delivered, for example, due to technical problems (if *we* send to *you*)
- at the moment of delivery to *your* inbox (if *you* send to us)

In the case of delivery by post to a disclosed contact mailing address (in *our* case, this will always be our registered office), we will consider the document to have been delivered on the date of arrival or in the case of delivery to own hands or with a delivery receipt:

- on the date of receipt
- on the date of refusal of acceptance
- on the date of depositing at the post office (even if the addressee was not aware of this)
- on the date on which the correspondence is returned as undeliverable for any reason, except if the addressee was in *hospital* or had another serious reasons for not being able to receive the correspondence (in which case the document will not be deemed to have been delivered)

In the case of personal delivery, the document is deemed to have been delivered upon receipt. In order to deliver documents to *you* safely and in a timely manner, we always need to know *your* current contact mailing and e-mail address where you can collect documents. Please be sure to notify us immediately when there is a change. Please ensure that *you* have regular access to *your* mailbox (postal or e-mail) and that it is sufficiently secure against misuse and access by third parties. The same applies not only to the other parties to the insurance with whom we may need to communicate, but of course also to *us*. If other methods of delivery become available in the future, we will be happy to offer them to *you*. As we cannot know their details now, we will confirm them together in a manner that will be customary in the future.

#### **What happens if we do not have the correct contact address?**

If *you* give us an incorrect contact address, or if there is a change and *you* do not notify *us* of a new contact address, we will treat this as a deliberate frustration of delivery and we will treat the document as delivered (even if *you* have not had the opportunity to see it) with all the consequences that delivery may have. The same applies to other parties to insurance with whom we may need to communicate.

#### **Under what conditions can our web or mobile apps enabling document delivery be used?**

The security of **your** data is very important to us. To use our official web or mobile application enabling the delivery of documents, *you* must log in properly, including possible verification, for example, using an authorization SMS code or in another way that guarantees that the application is really used by *you* (as a policyholder). We consider all activities performed through *our* applications to be the actions of a registered person who meets the requirements of the written form. The space for storing documents in these our applications also meets the requirements of a permanent data carrier. *Our* applications are constantly learning new things and improving what we already know. The specific list of activities that can be performed in them changes over time. *You* can use them easily for what they technically allow at the moment. However, always follow the conditions of use and instructions given in the application.

# PRIVACY NOTICE

## We care about *your* personal data

**AWP P&C SA** ("we, "us" "our"),

registered office at 93400 Saint-Ouen-sur-Seine, 7, Rue Dora Maar, Republic of France, registration number 519 490 080 O.R.Bobigny, registered with the Commercial Court in Bobigny under reg. No. 2016B01853, operating in the Czech Republic through

**AWP P&C Česká republika** – branch organisation of a foreign legal entity, registered office: Prague 7, Jankovcova 1596/14b, postcode 17000, Company ID No. 276 33 900, entered in the commercial register maintained by the Municipal Court in Prague, Section A, File 56112

Protecting *your* privacy is a top priority for *us*. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

### 1. Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

**AWP P&C SA** is the Data Controller as defined by relevant data protection laws and regulations, in regard to the personal data that we request and collect from *you* for the purposes detailed in this privacy notice.

### 2. What personal data will be collected?

We will (or may) collect and process various types of personal data about *you*, other persons and third parties affected by a covered event such as:

Personal Information of the policyholder:

- Surname, first name
- Gender
- Identification document number (identity card number, passport number, driver's licence) and expiry dates
- Age/Date of birth
- Address
- Contact details (email address, phone number)
- Language
- Residency
- Nationality
- IP address
- Bank / Credit card and bank account details

Personal details of the Insured Persons:

- Surname, First name
- Identification Document number (e.g Identity card number, passport number, driver's licence) and expiry dates
- Age/Date of birth

Depending on the claim submitted, we may also collect and process additional personal data including, sensitive personal data about *you*, other persons and third parties affected by covered events, ,such as:

- Medical conditions (physical and/or psychological)
- Medical history and reports

- Medical *claims* history
- Documentation justifying sick leaves and duration
- Death Certificates
- Details of the claim (e.g. travel booking details or references, details of expenses, visa details, etc.)
- Phone number and contact details if not provided previously
- Details of a third person to contact with in case of emergency
- Occupation
- Previous and/or current employment or business activities
- Location data
- Signature
- Voice
- Family details (e.g. marital status, dependants, spouse, partner, relatives,...)
- IP address of the claimant if the claim is submitted by *our* available portals / apps
- Criminal convictions and offences (e.g.in case of requiring legal assistance)
- Results of criminal checks relating to prevention of fraud and/or terrorist activities
- Bank account details
- Tax code

**By purchasing this insurance policy, you commit to give the information contained in this Privacy Notice to any third party whose personal information you may provide to us (e.g. other insured persons, beneficiaries, third parties involved in the claim, third party persons to contact in case of emergency, etc), and you accept not to provide that information otherwise.**

### 3. How will we obtain and use *your* personal data?

We will collect and use the personal data that *you* provide to *us* and that *we* receive about *you* (as explained below) for a number of purposes and with *your* express consent unless applicable laws and regulations do not require *us* to obtain *your* express consent, as shown below:

Purpose	Is <i>your</i> express consent required?
<ul style="list-style-type: none"> <li>• Insurance contract quotation and underwriting</li> </ul>	<ul style="list-style-type: none"> <li>• No, to the extent these processing activities are necessary to perform the insurance contract to which <i>you</i> are a party to and to take the necessary steps previous to enter in this contract</li> </ul>
<ul style="list-style-type: none"> <li>• Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• We will request <i>your</i> express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences</li> </ul> <p>However, we will be entitled to process this data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner of the data is not physically or legally capable to give the consent (e.g emergency situations)</p>

	<ul style="list-style-type: none"> <li>If the handling of the claim does not require the processing of those categories of data, we will not be required to collect <i>your</i> consent, to the extent that they are necessary to comply the obligations we undertake in the insurance contract.</li> </ul>
<ul style="list-style-type: none"> <li>To conduct quality surveys about the services provided, with the purpose to assess <i>your</i> level of satisfaction and to improve them.</li> </ul>	<ul style="list-style-type: none"> <li>We have a legitimate interest to contact <i>you</i> after handling a claim or after providing assistance to ensure <i>we</i> have complied with <i>our</i> obligations under the contract in a satisfying way for <i>you</i>. However, <i>you</i> have the right to object by contacting <i>us</i> as explained in section 9 below.</li> </ul>
<ul style="list-style-type: none"> <li>To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate.</li> </ul>	<ul style="list-style-type: none"> <li>If we carry out any of these processing activities, we will do so by aggregating and anonymizing data. As a result, the data is not considered "personal" data anymore and <i>your</i> consent is not required.</li> </ul>
<ul style="list-style-type: none"> <li>To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance contracts and insurance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundering or for the purposes of sanction screening i.e. to check whether <i>you</i>, <i>your</i> country or <i>your</i> sector are subject to sanctions impeding or restricting <i>us</i> to make payments if relevant).</li> </ul>	<ul style="list-style-type: none"> <li>No, to the extent these processing activities are expressly and legally authorized.</li> </ul>
<ul style="list-style-type: none"> <li>Fraud prevention and detection, including, when appropriate, for example, comparison of <i>your</i> information with previous service requests and/or previous claims, or checking of common claims filing systems.</li> </ul>	<ul style="list-style-type: none"> <li>No, it is understood that the detection and prevention of fraud is a legitimate interest of the Data Controller and therefore <i>we</i> are entitled to process <i>your</i> data for this purpose without collecting <i>your</i> consent.</li> </ul>
<ul style="list-style-type: none"> <li>Audit purposes, to comply with legal obligations or internal policies</li> </ul>	<ul style="list-style-type: none"> <li><i>We</i> can process <i>your</i> data in the framework of internal or external audits either required by law, or by internal policies. <i>We</i> won't request <i>your</i> consent for these processing to the extent that they are legitimated by the applicable regulations or <i>our</i> legitimate interest. However, <i>we</i> will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality.</li> </ul> <p>Internal Audits are usually conducted by <i>our</i> holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen-sur-Seine, France)</p>
<ul style="list-style-type: none"> <li>To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk)</li> </ul>	<ul style="list-style-type: none"> <li>No when the processing of <i>your</i> data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal</li> </ul>



	convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also <i>our</i> legitimate interest.
<ul style="list-style-type: none"> <li>To inform <i>you</i>, or permit Allianz Group companies and selected third parties to inform <i>you</i>, about products and services we feel may interest <i>you</i> in accordance with <i>your</i> marketing preferences,</li> <li><i>You</i> can change these at any time by the links we will make available in every communication to unsubscribe, by means of the options in <i>your</i> client portal, where available, or by contacting <i>us</i> as specified in section 9 below.</li> </ul>	<ul style="list-style-type: none"> <li>We will process <i>your</i> personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal authorizations) or by collecting <i>your</i> express consent after providing <i>you</i> information about criteria we use to make the profiles and the impact/consequence and benefits of such profiling for <i>you</i>.</li> </ul>
<ul style="list-style-type: none"> <li>To personalize <i>your</i> experience on <i>our</i> websites and portals (by presenting products, services, marketing messages, offers, and content tailored to <i>you</i>) or by using computerised technology to assess which products might be most suitable for <i>you</i>.</li> </ul> <p><i>You</i> will be able to modify these processing activities by using the options available in <i>your</i> browser (e.g. in the case of use of cookies and similar devices) or by contacting <i>us</i> as specified in section 9 below.</p>	<ul style="list-style-type: none"> <li>We will ask for your consent</li> </ul>
<ul style="list-style-type: none"> <li>For automated decision making, i.e., to make decisions that (1) are based solely on automated processing and (2) that may have legal or significant effects to <i>you</i>.</li> </ul> <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting <i>your</i> rights under the insurance contract, etc.</p> <p>Example of automated decisions resulting in similar significant effects are those that affect to <i>your</i> financial circumstances like an automated denial of an insurance policy, or those affecting <i>your</i> access to <i>our</i> health assistance services.</p>	<ul style="list-style-type: none"> <li>We will collect <i>your</i> consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences)</li> <li>If no special categories of personal data are concerned and these decisions are in order to underwrite <i>your</i> insurance and/or process <i>your</i> claim we will not need to obtain <i>your</i> express consent.</li> </ul>
<ul style="list-style-type: none"> <li>To redistribute risks by means of reinsurance and co-insurance</li> </ul>	<ul style="list-style-type: none"> <li>We can process and share <i>your</i> personal information with other insurance or reinsurance companies with whom we have signed or we will sign co-insurance or re-insurance agreements.</li> </ul> <p>Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them.</p>

	<p>Reinsurance is the "subcontracting" of the coverage of part of the risk in a third reinsurance Company. However, this is an internal agreement between us and the reinsurer and you don't have a direct contractual relationship with the latter.</p> <p>These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law (including the sharing of personal data strictly necessary for it)</p>
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As mentioned above, for the purposes indicated above, we will process personal data we receive directly from you and/or personal data we receive about you from business partners, public data bases, third party providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers,...), healthcare assistance services or contact persons you authorize, fraud prevention agencies and investigators, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, lawyers, finance companies and delegated authorities.

We will need your personal data if you would like to purchase our products and services and make use of the benefits and/or services provide by us. If you do not want to provide this personal data including sensitive personal data to us, we may not be able to provide the products, benefits and/or services you request, that you may be interested in, or to tailor our offerings to your particular requirements.

#### 4. Who will have access to your personal data?

We will ensure that your personal data is processed confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, your personal data may be disclosed to the following parties who operate as third party data controllers:

- Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services such as healthcare services and professionals, including doctors, travel agencies, airlines, taxi companies, repairers, fraud investigators, loss adjusters, lawyers and independent experts, etc.

For the stated purposes, we may also share your personal data with the following parties who operate as data processors, i.e., processing the data under our instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this privacy notice:

- Other Allianz Partners and Allianz Group companies, or third party companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing claims handling services, postal providers, document management providers), technical consultants, surveyors (claims, IT, postal, document management), experts, loss adjustors and service companies to discharge operations; and
- Advertisers and advertising networks to send you marketing communications, as permitted under local law and in accordance with your communication preferences. We do not share your personal data with non-affiliated third parties for their own marketing use without your permission.

Finally, we may share your personal data in the following instances:

- In the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of *our* business, assets or stock (including in any insolvency or similar proceedings); and
- To meet any legal obligation, including to the relevant ombudsman or supervisory authority if *you* make a complaint about the product or service *we* have provided to *you*.

## 5. Where will my personal data be processed?

*Your* personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. *We* will not disclose *your* personal data to parties who are not authorized to process them.

Whenever *we* transfer *your* personal data for processing outside of the EEA by another Allianz Group company, *we* will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html> where Allianz' BCR do not apply, *we* will instead take steps to ensure that the transfer of *your* personal data outside of the EEA receives an adequate level of protection as it does in the EEA. *You* can find out what safeguards *we* rely upon for such transfers (for example, Standard EU Model Contractual Clauses) by contacting *us* as detailed in section 9 below.

## 6. What are *your* rights in respect of *your* personal data?

Where permitted by applicable law or regulation, and within the scope therein defined, *you* have the right to:

- Access *your* personal data held about *you* and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw *your* consent at any time where *your* personal data is processed with *your* consent;
- Update or correct *your* personal data so that it is always accurate;
- Delete *your* personal data from our records if it is no longer needed for the purposes indicated above, subject to regulatory personal data retention requirements;
- Restrict the processing of *your* personal data in certain circumstances, for example where *you* have contested the accuracy of *your* personal data, for the period enabling *us* to verify its accuracy;
- Obtain *your* personal data in an electronic format for *you* or for *your* new insurer;
- Exercise *your* right to data portability; and
- File a complaint with *us* and/or at the Office for the Protection of Personal Data.

*You* may exercise these rights by contacting *us* as detailed in section 9 below providing *your* name, email address, account identification, and purpose of *your* request.

## 7. How can *you* object to the processing of *your* personal data?

Where permitted by applicable law or regulation, *you* have the right to object to *us* processing *your* personal data, or tell *us* to stop processing it (including for purposes of direct marketing). Once *you* have informed *us* of this request, *we* shall no longer process *your* personal data unless permitted by applicable laws and regulations.

*You* may exercise this right in the same manner as for *your* other rights indicated in section 6 above.

## 8. How long do we keep your personal data?

We will retain *your* personal data only for as long as they are necessary for the purposes informed in this Privacy Notice, and deleted or anonymized when no longer required. Here below we inform *you* of some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal *claims* can be interrupted and then start to run again.

Personal information to obtain a quotation (when necessary)	During the validity period of the quotation provided
Policy Information (underwriting, <i>claims</i> handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes,...)	We will keep the personal information of <i>your</i> Insurance Policy during the validity period of <i>your</i> Insurance contract and the prescription period for any legal disputes that may arise from it, by the end of the 10th calendar year from the end of the contractual relationship.  In case we realize of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment we are aware of it.
Claims Information (claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)	We will retain the personal information <i>you</i> provide to <i>us</i> or we collect and process according to this privacy notice for the prescription period by the end of the 10th calendar year from the end of the contractual relationship.
Marketing information and related profiling	We will keep this information whilst <i>your</i> insurance policy period is still valid, and one additional year, unless <i>you</i> withdraw <i>your</i> consent (when required), or <i>you</i> object (e.g. in the event of marketing activities authorized by law <i>you</i> don't want to receive).  In these cases we will no longer process <i>your</i> data for these purposes, although we may legitimately keep some information to prove the previous processing activities were lawful.
Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting	We will process in these documents the personal data <i>you</i> provide to <i>us</i> , or we collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year

We will not retain *your* personal data for longer than necessary and we will hold it only for the purposes for which it was obtained.

## 9. How can you contact us?

If you have any queries about how we use your personal data, you can contact us by email or post as follows:

**AWP P&C Česká republika** - a branch office of a foreign legal entity, Data Protection Officer / Data Protection Employee

Address: Jankovcova 1596/14b, Holešovice, 170 00 Praha

E-mail: [ooou@allianz.com](mailto:ooou@allianz.com)

Telephone: +420 296 849 959

You can also use these contact details to exercise your rights, or to submit your queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which we may have shared your personal data. We will address them your request and support their handling and answer to you in our local language.

## 10. How often do we update this privacy notice?

We regularly review this privacy notice. This privacy notice was last updated on **27<sup>th</sup> October 2022**.