

**DOCUMENTS TO THE PROOF OF INSURANCE FOR POLICY NO: DE410001875**

Valid only in combination with the insurance premiums and descriptions of benefits indicated on the insurance certificate or the travel / booking confirmation. The agreed insurance is documented on the insurance certificate and / or the travel / booking confirmation.

**Cancellation Full Protection for one trip AVB 22**

- Travel Cancellation Insurance
  - Travel Interruption Insurance
  - Travel Delay Insurance
  - Sports & Activity Insurance
  - Travel Assistance
- **Rate optionally with or without deductible**
  - **Mode of travel:** valid for all modes of travel – including business travel
  - **Area of application:** world incl. USA / Canada
  - **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation.  
The insurance policies are valid for one *trip*. The *trip* may last a maximum of 999 days (from commencement of the *trip* to the time of return).

**Complete Protection incl. Travel Health Insurance for one trip AVB 22**

- Travel Cancellation Insurance
  - Travel Interruption Insurance
  - Travel Delay Insurance
  - Baggage Insurance
  - Baggage Delay Insurance
  - Travel Health Insurance incl. Medical Return Transport
  - Travel Liability Insurance
  - Travel Accident Insurance
  - Sports & Activity Insurance
  - Travel Assistance
- **Rate without deductible**
  - **Mode of travel:** valid for all modes of travel – including business travel
  - **Area of application:** world incl. USA / Canada
  - **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation.  
The insurance policies are valid for one *trip*. The *trip* may last a maximum of 56 days (from commencement of the *trip* to the time of return).

COVERAGE	WHEN IT APPLIES: COVERAGE SUMMARY	MAXIMUM BENEFIT
Travel Cancellation Insurance	<p><b>You have to cancel <i>your trip</i> before you depart.</b></p> <p>In Complete Protection: Incl. cancellation in case of terrorist attacks Deductible (only for rates with a deductible): With rates that include a deductible <i>you</i> will personally bear 20 % of the reimbursable loss; at least 25 € per person.</p>	see Proof of Insurance
Travel Interruption Insurance	<p><b>Trip Curtailment Coverage: You have to end <i>your trip</i> early and need to recover unused <i>trip</i> costs.</b></p> <p>In Complete Protection: Incl. curtailment or interruption in case of terrorist attacks Deductible (only for rates with a deductible): With rates that include a deductible <i>you</i> will personally bear 20 % of the reimbursable loss; at least 25 € per person.</p> <p><b>Early Return Coverage: You have to end <i>your trip</i> early and need to recover transportation cost for return home.</b></p> <p>In Complete Protection: Incl. early return in case of terrorist attacks Deductible (only for rates with a deductible): With rates that include a deductible <i>you</i> will personally bear 20 % of the reimbursable loss; at least 25 € per person. Telephone charges: up to 50 € per person and insured event if <i>you</i> contact <i>our</i> assistance for the organization of the return journey</p> <p><b>Trip Continuation Coverage: <i>Your trip</i> is interrupted / extended and <i>you</i> incur additional costs for its continuation.</b></p> <p>In Complete Protection: Incl. change of travel plans in case of terrorist attacks Deductible (only for rates with a deductible): With rates that include a deductible <i>you</i> will personally bear 20 % of the reimbursable loss; at least 25 € per person. Telephone charges: up to 50 € per person and insured event if <i>you</i> contact <i>our</i> assistance for the organization of the onward journey</p> <p><b>Extended Stay Coverage: <i>Your</i> travel plans are interrupted and <i>you</i> need to recover additional costs for accommodation or local transport <i>you</i> have incurred.</b></p> <p>Maximum of 500 € per day for 10 days Telephone charges: up to 50 € per person and insured event if <i>you</i> contact <i>our</i> assistance for the organization of the return journey</p>	<p>see Proof of Insurance</p> <p>corresponding to the type and quality of the original booking</p> <p>corresponding to the type and quality of the original booking</p> <p>5,000 € per person</p>

<b>Travel Delay Insurance</b>	<b>Your travel plans are delayed while you are on your trip.</b> Maximum reimbursement per 24-hour period of delay (minimum required delay: 4 hours): No Receipts Daily Limit: 200 € per person or per family / couple With Receipts Daily Limit: 300 € per person or per family / couple	<b>1,500 € per person, 3,000 € per family / couple</b>
<b>Baggage Insurance</b>	<b>Your baggage is lost, damaged, or stolen while on your trip.</b> Maximum benefit for all high value items: 50 % of the insured sum	<b>3,000 € per person, 6,000 € per family / couple</b>
<b>Baggage Delay Insurance</b>	<b>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</b> Minimum Required Delay: 6 hours No Receipts Sublimit: 100 € (outbound only) per insured event and per person or per family / couple	<b>150 € per person, 300 € per family / couple per insured event</b>
<b>Travel Health Insurance incl. Medical Return Transport</b>	<b>You have to pay for emergency medical or dental treatment while on your trip.</b>  <b>Transportation is needed following a medical emergency and Medical Return Transport while on your trip.</b> Telephone charges: up to 50 € per person and insured event for telephone charges event if you contact our assistance for the organization of the Medical Return Transport  <b>Search, Rescue and Recovery: You are reported missing or need to be rescued from a physical emergency while on your trip.</b>	<b>unlimited for medical / dental emergency treatment</b>  <b>unlimited for emergency and Medical Return Transport</b>  <b>10,000 € per person and per insured event</b>
<b>Travel Liability Insurance</b>	<b>You are financially liable for damage you cause to a third party or their property while on your trip.</b> Maximum benefit in case of damage to movable property of the host parents: 10,000 € per person and per insured event	<b>500,000 € per person, 1,000,000 € per family / couple</b>
<b>Travel Accident Insurance</b>	<b>You suffer death or disability as a result of an accident during your trip.</b> Maximum benefit in case of death: 10,000 € per person Maximum benefit in case of permanent invalidity: 30,000 € per person	<b>30,000 € per person</b>
<b>Sports &amp; Activity Insurance</b>	<b>You miss a pre-booked activity during your trip.</b> Maximum benefit per activity: 100 € per person or per family / couple  <b>Sporting Equipment Insurance: Your sporting equipment is lost, damaged, or stolen while on your trip.</b>  <b>Sporting Equipment Rental Insurance: You need to rent sporting equipment when your personal sporting equipment is lost, damaged, or stolen while on your trip.</b>  <b>Search, Rescue and Recovery: You are reported missing or need to be rescued from a physical emergency while on your trip.</b>	<b>500 € per person / family / couple</b>  <b>500 € per person, 1,000 € per family / couple</b>  <b>500 € per person, 1,000 € per family / couple</b>  <b>5,000 € per person and per insured event</b>
<b>Travel Assistance</b>	<b>24/7 assistance in case of personal emergencies during your trip and information services during the term of your insurance contract</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 this Coverage Summary.

#### Important Notices and Definitions

- **Insurer:** We, AWP P&C S.A., Branch office Germany, Bahnhofstraße 16, D – 85609 Aschheim (near Munich) are *your* insurer. *Our* main business activity is the insurance of goods and services, including travel insurance.
- **Insurance premium for one person:** each valid for one person
- **Insurance premium for families / couples:** Valid for up to two adults (irrespective of the family relationship and common place of residence) and children up to their 21st birthday. Any number of own children can be insured. Otherwise a maximum of six children may be insured. All insured persons must be listed by name.
- **Notes on the conclusion of insurance:** All travel cover containing travel cancellation insurance, should be purchased at the time of booking the travel. Travel cover may be subsequently arranged up to 30 days prior to commencement of travel. If there are 29 days or less between booking and commencement of travel *you* must purchase the cover immediately, but no later than within the next three days. 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.
- **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. You are required to prove this to us.**
- To make *your* documents easier to read, we use the masculine form when referring to people. *We* always mean all genders.

## OUR PROMISE TO YOU

### Answers to your questions and cancellation advice in case of illness

You can find detailed information about travel and travel insurance online at [www.allianz-reiseschutz.de/Hilfe-und-Service](http://www.allianz-reiseschutz.de/Hilfe-und-Service). For quick answers to many concerns and questions about your insurance benefits, our chatbot is also available there at any time. Alternatively, you can use one of the contact forms provided there to send us your request directly.

Use our cancellation advice if you fall ill and do not know whether you have to cancel immediately or can still wait. You can provide all the information we need for the consultation here: [www.allianz-reiseschutz.de/Stornoberatung](http://www.allianz-reiseschutz.de/Stornoberatung). If you follow the recommendation of our doctors, we will bear the risk of any higher cancellation costs.

### Registering a claim

Quite simply and quickly online at [www.allianz-reiseschutz.de/versicherungsfall](http://www.allianz-reiseschutz.de/versicherungsfall) or via letter

### Assistance in an emergency

In the case of an emergency, we are there to assist you. Our **24-hour Emergency Service** will provide you with fast, expert assistance around the clock, anywhere in the world!

#### Please have the following information ready:

- the exact address and telephone number of your current whereabouts
- the names of the persons with whom you are in contact (e.g. your doctor, the hospital, the police)
- an exact description of the situation
- all other necessary information (e.g. start and / or end of travel, the tour operator and the insurance certificate number)

**Telephone: +49.89.6 24 24-245**

**Email: [notfall-reise@allianz.com](mailto:notfall-reise@allianz.com)**

## COMPLAINTS, APPLICABLE LAW, CONTRACTUAL LANGUAGE, AND WITHDRAWAL

### How you can lodge a complaint

It is our aim to offer you first-class services. Engaging with your concerns is equally important to us. If, at any time, you are not completely satisfied with our products or our service, please do not hesitate to inform us.

You can use any means of communication to inform us of your complaints concerning contractual or claims-related issues:

by telephone: +49.89.6 24 24-460

by email: [beschwerde-reise@allianz.com](mailto:beschwerde-reise@allianz.com)

by letter addressed to AWP P&C S.A., Beschwerdemanagement, Bahnhofstraße 16, D – 85609 Aschheim (near Munich)

Further details about our complaints handling process is available at [www.allianz-reiseschutz.de/beschwerde](http://www.allianz-reiseschutz.de/beschwerde)

You can also contact the insurance ombudsman with your complaint regarding all insurance policies (with the exception of travel health insurance):

Versicherungsombudsmann e. V., post office box 08 06 32, D – 10006 Berlin

Telephone: 0800.3 69 60 00, Fax 0800.3 69 90 00

Email: [beschwerde@versicherungsombudsmann.de](mailto:beschwerde@versicherungsombudsmann.de)

You can find further information at: [www.versicherungsombudsmann.de](http://www.versicherungsombudsmann.de)

For complaints about any insurance line, you can also contact the competent supervisory authority:

Bundesanstalt für Finanzdienstleistungsaufsicht / German Federal Financial Supervisory Authority (BaFin), Graurheindorfer Straße 108, D – 53117 Bonn ([www.bafin.de](http://www.bafin.de)).

Please note that this does not affect your right to take legal action.

### Applicable law

The contractual relationship, including our pre-contractual relationship, is subject to German law, unless this is precluded by international law. Lawsuits arising from the insurance agreement may be raised by the policyholder and the insured person before the court which holds jurisdiction over the location in which the company or its branch office has its registered address. If the policyholder or the insured person is a natural person, lawsuits may also be raised before the court which holds jurisdiction over the location in which the policyholder or the insured person is domiciled at the time the action is filed or, if he / she has no domicile, over the location in which he / she has his/her habitual residence.

### Contractual Language

We will conduct our correspondence with you in German. As an offer, we provide some of our documents and website information in English. However, these are for information purposes only, the respective German version remains legally binding.

## Instruction Regarding Revocation

### **Part 1: Right of Revocation for Contracts With a Term of One Month Or More, Consequences of Revocation and Special Notices**

#### **Right of Revocation**

You may revoke this contractual agreement within 14 days in text form (e.g. letter, fax, email) without having to state any reason. The revocation period shall begin at such time as *you* receive the following documents in text form:

- the insurance policy,
- the terms of contract, including the general terms and conditions of insurance, these in turn including the tariff regulations,
- this Instruction Regarding Revocation,
- the Insurance Product Information Document,
- and the further information listed hereafter in part 2.

Timely dispatch of the revocation shall suffice for compliance with the time limit. The revocation notice should be addressed to:  
AWP P&C S.A., Branch office Germany  
Bahnhofstraße 16  
D – 85609 Aschheim (near Munich)  
Fax +49.89.6 24 24-244  
Email: [service-reise@allianz.com](mailto:service-reise@allianz.com)

#### **Legal consequences of revocation**

If *you* have effectively exercised *your* right of revocation, the insurance cover shall end. In this case the following applies: If *you* agreed that the insurance cover commences prior to the end of the revocation period, *we* shall reimburse *you* for that part of the insurance premiums attributable to the time after *your* revocation notice was received. *We* will be entitled to retain the portion of the premium which corresponds to the period of time up to the receipt of the revocation notice. It will be calculated on a pro rata basis per day, based on the amount of the insurance premium shown in the insurance policy for the entire insured period. The duty to reimburse shall be fulfilled without undue delay, at the latest 30 days after receipt of the revocation. If the insurance cover did not commence prior to the end of the revocation period, the effect of a revocation notice will be that any benefits received must be reimbursed and any advantage derived therefrom (e.g. interest) must be handed over.

#### **Special Notices**

*Your* right of revocation shall cease to apply if the contract has been wholly fulfilled by both sides at *your* explicit request before *you* have exercised *your* right of revocation.

### **Part 2: List of further information required for the commencement of the time limit**

With regard to the "further information" mentioned in part 1 sentence 2, the information obligations are listed in detail below:

*We* must provide *you* with the following information:

1. *Our* identity and that of the branch, if any, through which the contract is to be concluded. Furthermore, the commercial register with which the legal entity is registered and the corresponding register number have to be specified.
2. *Our* address for service and any other address relevant to the business relationship between *us* and *you*. In the case of legal persons, associations of persons or groups of persons, the name of a person authorised to represent them must also be stated. If this communication is made by means of the transmission of the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form.
3. *Our* main business activity
4. The essential characteristics of the insurance benefit, in particular information on the type, scope and due date of *our* benefit
5. The total price of the insurance, including taxes, and other price components. If the insurance relationship is to comprise several independent insurance contracts, the insurance premiums must be quoted separately. If an exact price cannot be stated, *we* must provide information on the basis of the calculation of the premium to enable *you* to verify the price.
6. Details regarding payment and performance, in particular as to the payment of the insurance premium
7. Details of how the contract will come into existence, in particular the commencement date of the insurance and the insurance cover, as well as the duration of the period during which *you*, as the applicant, are to be bound by the application
8. The existence or non-existence of a right of revocation as well as the conditions, details of the exercise, in particular the name and address of the person to whom the revocation is to be declared, and the legal consequences of the revocation, including information on the amount *you* may have to pay in the event of revocation. If this communication is made by means of the transmission of the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form.
9. Information on the duration of the contract
10. Information on the termination of the contract, in particular on the contractual termination conditions. If this communication is made by means of the transmission of the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form.
11. The Member States of the European Union whose law *we* use as a basis for establishing relations with *you* prior to the conclusion of the insurance contract
12. The law applicable to the contract, a contractual clause on the law applicable to the contract or on the court of competent jurisdiction
13. The languages in which the terms and conditions of the contract and the preliminary information listed in this Part 2 will be communicated and the languages in which, with *your* consent, *we* will communicate with *you* during the term of this contract
14. A possible access for *you* to an out-of-court complaint and redress procedure and, where applicable, the conditions for such access. It shall be expressly stated that this does not affect the possibility for *you* to take legal action.
15. The name and address of the competent supervisory authority and the possibility of lodging a complaint with this supervisory authority

End of Instruction Regarding Revocation

## DATA PROTECTION POLICY

In accordance with Art. 13 and 14 of the General Data Protection Regulation (GDPR), we are informing *you* about how *your* personal data is processed by AWP P&C S.A., Niederlassung für Deutschland (Germany Branch), and about the rights to which *you* are entitled under data protection law. Please make all co-insured individuals (e. g. *your* spouse) aware of this policy.

### I Who is responsible for processing *your* personal data?

Responsibility for processing *your* personal data rests with

AWP P&C S.A., Branch office Germany  
Bahnhofstraße 16  
D - 85609 Aschheim (near Munich).

The Data Protection Officer can be contacted by standard mail at the aforementioned address, using the suffix "Data Protection Officer", or by email at [datenschutz-azpde@allianz.com](mailto:datenschutz-azpde@allianz.com)

### II For what purpose is *your* data processed, and on what legal basis does this take place?

#### 1. What applies to all categories of personal data?

We process *your* personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (BDSG), the provisions of the German Insurance Contract Act (VVG) relevant to data protection law, as well as all other applicable laws.

When *you* apply for insurance cover, we will require the information provided by *you* at this point in order to arrange the contract and to estimate the risk assumed by *us*. If the insurance contract comes into being, we will process this data for the implementation of the contractual relationship, such as for invoicing purposes. We require information about loss or damage in order to be able to assess whether an insured event has occurred and determine the extent of this loss or damage.

**It is not possible to arrange and implement the insurance contract without processing *your* personal data.**

Art. 6 (1) b) GDPR constitutes the legal basis for the processing of personal data for pre-contractual and contractual purposes.

Alongside that, Art. 6 (1) a) and c) – f) GDPR contain other legally defined situations in which we are entitled to process personal data.

We will process *your* data in order to fulfil a legal obligation in accordance with Art. 6 (1) c) GDPR, such as to review claims for settlement, if another insurer seeks recourse from *us* due to the existence of multiple insurance policies.

We will also process *your* data in order to uphold *our* legitimate interests or the legitimate interests of others, Art. 6 (1) f) GDPR. This may be the case particularly:

- for ensuring IT security and IT operations
- for marketing *our* own insurance products, and for conducting marketing surveys and opinion polls
- for the prevention and investigation of criminal activities (in particular, we employ data analyses to detect possible indications of insurance fraud).

As a rule, we only process that data that we have received directly from *you*. In certain cases we may also receive such data from other sources (such as if another insurer seeks recourse from *us* due to the existence of multiple insurance policies).

We also process *your* personal data in order to fulfil other statutory obligations, such as regulatory requirements, as well as data retention obligations imposed by commercial and tax law. In these cases, the legal basis of the data processing is provided by the relevant statutory regulations in conjunction with Art. 6 (1) c) GDPR.

We may also process *your* data in accordance with Art. 6 (1) d) GDPR in order to protect *your* vital interests, or if *you* have consented to the data processing, Art. 6 (1) a) GDPR.

If we wish to process *your* data for any purpose other than those specified above, we will notify *you* in advance within the frame-work of the statutory regulations.

#### 2. What applies to special categories of personal data, especially health data?

There are special safeguards on the processing of special categories of personal data, of which health data is one. As a rule, processing is permitted only if *you* have consented to the processing in accordance with Art. 9 (2) a) GDPR, or if this is a case of one of the other situations defined by law, Art. 9 (2) b) – j) GDPR.

##### a) Processing of *your* special categories of personal data

In many cases, in order to review the benefit entitlement, we require personal data belonging to a special category (sensitive data). This includes health data, for example. If, in connection with a specific insured event, *you* provide *us* with such data together with a request to review and process the claim, *you* are explicitly permitting *us* to process *your* sensitive data necessary in order to process the insured event. We will again remind *you* specifically of this fact in the claim form.

*You* may withdraw *your* consent at any time, with future effect. However, we explicitly inform *you* that it may in that case no longer be possible to review *our* indemnity obligation in connection with the insured event. If the review of the claim is already concluded, there may be statutory retention obligations that mean the data cannot be erased.

We may also process *your* sensitive data if this is necessary to protect *your* vital interests, and if *you* are physically or legally incapable of giving consent, Art. 9 (2) c) GDPR. This may be the case if *you* suffer a serious accident while travelling, for example.

In the case of multiple insurance policies, if another insurer seeks recourse from *us* or if we seek recourse from another insurer, we may process *your* sensitive data in order to assert and defend the statutory claim for settlement, Art. 9 (2) f) GDPR.

##### b) Requesting health data from third parties for review of the indemnity obligation

In order to review *our* indemnity obligation, it may be necessary for *us* to review information about the state of *your* health, as provided by *you* for the substantiation of claims, or which is contained in the documents submitted (e.g. invoices, prescriptions, medical reports) or statements, such as from a doctor or other member of the healthcare profession.



For this purpose, we will require *your* consent, including a confidentiality waiver covering *us* and all agencies subject to a duty of confidentiality, and which are required to provide information for review of the indemnity obligation.

We will notify *you* in each specific case about what persons or institutions require information for what purpose. *You* may then decide in each case whether *you* consent to *us* collecting and using *your* health information, and whether to release the named persons or institutions and their employees from their duty of non-disclosure, and if *you* agree to the communication of *your* health data to *us*, or if *you* want to personally provide the necessary documentation.

### III To what recipients will we communicate your data?

Recipients of *your* personal data may include: selected external service providers (e.g. assistance service providers, benefit processors, transport service providers, technical service providers, etc.), other insurers (e.g. in the case of multiple insurance coverage).

We also insure some of the risks that we cover with specialist insurance companies (re-insurers). To this end, it may be necessary to send *your* contract and, where relevant, *your* claims information to a re-insurer, to enable it to form its own opinion of the risk or the insured event.

If *you* join a group insurance contract as an insured person, (e.g. when acquiring a credit card), we may disclose *your* personal data to the policyholder (a bank for example), if it has a legitimate interest in knowing this information.

In addition, we may also communicate *your* personal data to other recipients, such as public authorities for the fulfilment of statutory duties of notification (e.g. finance authorities or criminal investigation agencies).

The forwarding of data is a form of data processing, and is likewise performed within the framework of the principles set out in Art. 6 (1) and Art. 9 (2) GDPR.

### IV How long will we retain your data?

We will retain *your* data for the period during which claims may be made against *our* company (statutory limitation period of 3 to 30 years). We will also retain *your* data if we are under a legal obligation to do so, e.g. according to the provisions of the German Commercial Code, the German Fiscal Code or the German Money Laundering Act. The relevant retention periods range up to ten years.

### V Where will your data be processed?

If we should transfer *your* data to service providers located outside of the European Economic Area (EEA), the transfer within the Allianz Group will be performed on the basis of "Binding Corporate Rules", which have been approved by the data protection authorities. These form part of the "Allianz Privacy Standard". These Corporate Rules are binding on all companies within the Allianz Group, and they ensure an appropriate level of protection for personal data. The "Allianz Privacy Standard" and the list of Allianz Group companies bound by this standard, can be viewed here: <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html>.

In those cases in which the "Allianz Privacy Standard" does not apply, the transfer of data to third countries will take place in accordance with Art. 44 – 50 GDPR.

### VI What are your rights?

*You* have the right to be informed about all of the information retained by *us*, and to demand that incorrect data be rectified. Under certain conditions, *you* also have the right to the erasure of data, the right to object to processing, the right to the restriction of processing and the right to data portability.

#### Right of objection

***You may object to the processing of your data for direct marketing purposes. If we process your data in order to protect legitimate interests, you may object to this processing for reasons pertaining to your particular situation.***

If *you* have any objections concerning the handling of *your* data, *you* may contact the aforementioned Data Protection Officer in this connection. *You* are also entitled to lodge an objection with a data protection supervisory authority.

## INFORMATION FOR CONTRACTS IN ELECTRONIC COMMERCE

**If *you* have purchased *your* insurance contract electronically (e.g. via an online portal), the following information applies:**

### I Can entries that have been made be changed before the insurance is concluded?

If *you* are unsure whether *you* have entered correct information everywhere, *you* can check and change *your* details at any time before concluding the insurance. *You* can also use the "Back" button to edit previous steps.

### II Which technical step leads to the conclusion of the contract?

We will guide *you* step by step to the online conclusion. On the page "payment" *you* will see a summary of *your* details in the right-hand column. Please check that all data is correct. The insurance policy itself is only arranged when *you* click on the button "Pay XX,XX EUR". With this *you* conclude a binding contract with *us* and the data is transmitted to *us*.

### III Will your contract data and the text of the contract be stored after the conclusion of the contract?

The contract data *you* entered and the text of the contract will be stored by *us*. *You* will receive the insurance certificate with the essential elements of the contract by email after the insurance has been arranged.

### IV Which languages are available?

We provide *our* offer in German language.

## INSURANCE INFORMATION AND CONDITIONS

### WHO WE ARE

The contractually agreed insurance benefits are provided by AWP P&C S.A. in accordance with the following insurance conditions. Verbal agreements are invalid. The insurance tax is included in the insurance premiums. Fees are not charged. The insurance premiums and service descriptions documented in the insurance *policy* or in the travel / booking confirmation are decisive for the scope of insurance.

#### **AWP P&C S.A.**

**Branch Office Germany**

**Bahnhofstraße 16**

**D - 85609 Aschheim (near Munich)**

CEO: Carsten Staat

Registry Court: Munich HRB 4605

USt.-IdNr.: DE 129274528

AWP P&C S.A.

Joint Stock Company under French Law

Location: Saint-Ouen (France)

Commercial Register: R.C.S. Bobigny 519 490 080

Chairman of the Board: Tomas Kunzmann

### ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, please do not hesitate to contact *us*. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

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

### WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

*Your policy* consists of three parts:

1. Proof of insurance (e. g. insurance certificate, travel confirmation, booking confirmation);
2. Documents of the Proof of Insurance with the Data Protection Policy and the Insurance Information and Conditions;
3. Insurance Product Information Document.

#### 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 Provisions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

## WHAT'S INSIDE

DEFINITIONS	3
WHEN YOUR COVERAGE BEGINS AND ENDS	6
DESCRIPTION OF COVERAGES	6
A. TRAVEL CANCELLATION INSURANCE	6
B. TRAVEL INTERRUPTION INSURANCE	8
C. TRAVEL DELAY INSURANCE	10
D. BAGGAGE INSURANCE	11
E. BAGGAGE DELAY INSURANCE	12
F. TRAVEL HEALTH INSURANCE INCL. MEDICAL RETURN TRANSPORT	12
G. TRAVEL LIABILITY INSURANCE	14
H. TRAVEL ACCIDENT INSURANCE	15
I. SPORTS & ACTIVITY INSURANCE	16
J. TRAVEL ASSISTANCE	17
GENERAL EXCLUSIONS	18
CLAIMS INFORMATION	19
GENERAL PROVISIONS	20



## DEFINITIONS

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

<b>Abroad</b>	A <i>trip abroad</i> is a <i>trip</i> to a country where <i>you</i> do not have a permanent residence or where <i>you</i> did not stay longer than three months per year during the last three years.
<b>Accident</b>	An unexpected and unintended external event that causes <i>injury</i> , property damage, or both. A different definition of " <i>accident</i> " is used in the Travel Accident Insurance section. Please refer to the Travel Accident Insurance section of this document, if applicable, for details.
<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>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>Cohabitant</b>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<b>Computer System</b>	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<b>Covered reasons</b>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<b>Cyber Risk</b>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> <li>1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>;</li> <li>2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;</li> <li>3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or</li> <li>4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.</li> </ol>
<b>Departure date</b>	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> proof of insurance.
<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> , or the sick or <i>injured</i> person's <i>family member</i> .
<b>Epidemic</b>	A contagious disease recognized or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<b>Family member</b>	<i>Your</i> : <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings and stepsiblings;</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;</li> <li>10. Paid, properly licensed and / or registered caregivers.</li> </ol>
<b>First responder</b>	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
<b>High-altitude activity</b>	An activity that includes, or is intended to include, going above 4,500 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 (as the crow flies).
<b>Mechanical breakdown</b>	A mechanical issue, which prevents the vehicle from being driven normally, including a flat tyre, or running out of fluids (except fuel).
<b>Medical escort</b>	A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
<b>Medically necessary</b>	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.

<b>Natural disaster</b>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, avalanche, landslide, or volcanic eruption.
<b>Pandemic</b>	An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<b>Policy</b>	The travel insurance coverage purchased. The <i>policy</i> includes the proof of insurance (e. g. insurance policy), the Documents of the Proof of Insurance with the Coverage Summary, the Data Protection Policy and the Insurance Information and Conditions as well as the Insurance Product Information Document.
<b>Political risk</b>	Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ol style="list-style-type: none"> <li>1. Nationalization;</li> <li>2. Confiscation;</li> <li>3. Expropriation (including Selective Discrimination and Forced Abandonment);</li> <li>4. Deprivation;</li> <li>5. Revolution;</li> <li>6. Rebellion;</li> <li>7. Insurrection;</li> <li>8. Civil commotion assuming to proportion of or amounting to an uprising;</li> <li>9. Military and usurped power.</li> </ol>
<b>Pre-existing medical condition</b>	Pre-existing conditions are illnesses or health complaints that existed before <i>you</i> took out the insurance. <i>You</i> knew or had to expect that treatments would be necessary. Pre-existing conditions are not insured. In the Travel Cancellation and Travel Interruption Insurance, insurance coverage is only provided for unexpected serious illnesses. <i>We</i> distinguish between physical and mental illnesses: <ol style="list-style-type: none"> <li>1. Unexpected physical illness in the Travel Cancellation Insurance. It occurs for the first time after conclusion of the insurance. Or: An already existing illness has not been treated in the last six months prior to conclusion of the insurance. The illness worsens after the conclusion of the insurance. Regular examinations performed for monitoring or precautionary purposes do not constitute treatment.</li> <li>2. Unexpected physical illness in the Travel Interruption Insurance. It occurs for the first time after the <i>trip</i> has started. Or: An already existing illness has not been treated in the last six months prior to the commencement of the <i>trip</i>. The illness worsens after commencement of the <i>trip</i>. Regular examinations performed for monitoring or precautionary purposes do not constitute treatment.</li> <li>3. Unexpected mental illness in the Travel Cancellation Insurance. It occurs for the first time after conclusion of the insurance. Or: In the case of a chronic mental illness <i>we</i> consider the episode or the deterioration to be pre-existing under certain conditions. It is considered pre-existing if the most recent treatment took place within three years prior to the conclusion of the insurance. Regular examinations performed for monitoring or precautionary purposes do not constitute treatment.</li> <li>4. Unexpected mental illness in the Travel Interruption Insurance. It occurs for the first time after the <i>trip</i> has started. Or: In the case of a chronic mental illness <i>we</i> consider the episode or the deterioration to be pre-existing under certain conditions. It is considered pre-existing if the most recent treatment took place within three years prior to the commencement of the <i>trip</i>. Regular examinations performed for monitoring or precautionary purposes do not constitute treatment.</li> <li>5. A mental illness is serious if in-patient treatment is required. It is also serious if it is certified by a consultant psychiatrist before the <i>trip</i> is cancelled (Travel Cancellation). It is also serious if outpatient psychotherapy is approved by your health insurer.</li> </ol>
<b>Primary residence</b>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<b>Quarantine</b>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
<b>Reasonable and customary costs</b>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts / materials /supplies / equipment and the availability of appropriately-skilled and licensed service providers.
<b>Refund</b>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
<b>Service dog</b>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. The crime deterrent effects of an dog'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>Sporting equipment</b>	Equipment or goods used to participate in a sport.
<b>Terrorist event</b>	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of <i>your</i> country of residence, and is committed for political, religious, ethnic, ideological or similar purposes, including but not limited to the intention to influence any government and / or to put the public, or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, <i>political risk</i> , or acts of war.
<b>Traffic accident</b>	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.

<b>Travel carrier</b>	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator;</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 dog</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. School teachers leading group class <i>trips</i> are not considered group or tour leaders.
<b>Trip</b>	<i>Your</i> travel to, within, and / or from a location away from <i>your primary residence</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 56 days.
<b>Uninhabitable</b>	A <i>natural disaster</i> , fire, flood, burglary, storm, explosion, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<b>We, Us, or Our</b>	AWP P&C S.A., Branch Office Germany.
<b>You or Your</b>	All persons listed as insureds in the insurance <i>policy</i> or the proof of insurance.

## 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 proof of insurance. The policy is effective the day 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 proof 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 scheduled return date for your trip, as shown on your travel documents (not exceeding 56 days from the departure date shown on your travel documents). Additionally, your policy will end on the earliest of:

1. When you cancel your trip; or
2. When you cancel your policy, if your policy has Travel Cancellation coverage and the policy coverage period is longer than one month; or
3. When you end your trip (if you end your trip early); or
4. When 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 56<sup>th</sup> day of the trip.

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

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 refer to the General Exclusions section of this document for exclusions applicable to all coverages under your policy and to the General Provisions section, where you can read about your duties (obligations), among other things.**

### A. TRAVEL CANCELLATION INSURANCE

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 costs to rebook your transportation (less available refunds), up to the maximum benefit for Travel Cancellation coverage listed in your Coverage Summary. Please note that this coverage only applies before you have left for your trip.

Also, if you pre-booked shared accommodation 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 (obligation):** You must notify all of your travel suppliers within 48 hours of discovering that you will need to cancel your trip (this includes being advised to cancel your trip by a doctor) in order to keep the cancellation costs as low as possible. This also applies to illnesses or injuries that should have healed by the time of travel, given the usual course of healing. 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 48-hour period, you must notify them as soon as you are able.

If you contact our medical service (cancellation advice) immediately when the insured event occurs, they will advise you. If they recommend that you wait and see and you follow this advice, there is no breach of obligation.

**The consequences of a breach of obligation can be found in the General Provisions section.**

#### 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. 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:

- 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 dog 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.
  - ii. The quarantine does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel, 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.
- 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:

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

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

8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:

- a. *A natural disaster*;
- b. *Severe weather*;
- c. *Strike*, unless threatened or announced prior to the purchase of *your policy*;
- d. Government-mandated shutdown of airline or train operations. This does not include travel alerts / bulletins or prohibitions by any government or public authority.

However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy's* Travel Cancellation Insurance maximum benefit:

- a. The necessary cost of the alternative transportation, less available *refunds*; and
- b. The cost of any lost pre-booked *accommodation* caused by *your* delayed arrival, less available *refunds*.

The following conditions apply:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
- b. Coverage for a strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.

9. *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);
- c. The employment must have been for at least 12 continuous months.

10. *You* or a *traveling companion* secures permanent, paid employment subject to social security contributions, after *your policy's* purchase date, that requires presence at work during the originally scheduled *trip* dates.

11. *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.

12. *You* or a *traveling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

13. *You* or a *traveling companion* receive a legal notice to attend an *adoption proceeding* during *your trip*.

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

15. *You* or a *traveling companion* is medically unable to receive an immunization required for entry into a destination.

16. *Your* or *travel companion's* travel documents required for the *trip* are stolen.

The following condition applies:

- a. *You* must provide evidence of *your* efforts to obtain replacement documents that would allow *you* to keep the originally scheduled *trip* dates.

17. *You* or a *traveling companion* is refused a tourist visa by the authorities of the destination or transit country.

18. *You* find out *you* are pregnant after purchasing this *policy*.

19. *You* need to attend the birth of a *family member's* child.

20. *Your* destination becomes *uninhabitable*.

21. 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.
22. 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.

23. *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.

24. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* on the way to the departure point of *your trip*.
25. *Your* or a *traveling companion's* primary vehicle intended for transporting *you* or the *traveling companion* to the point of *your trip's* departure or intended to be the primary mode of transportation during *your trip* is stolen.
26. *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.
27. *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-booked, non-refundable cost of *accommodation* for and transportation to and from the cancelled multi-day tour or multi-day event.

28. A *terrorist event* happens within 30 days of *your departure date* within 100 kilometers of any city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

- a. A *terrorist event* must not have occurred within 40 kilometers of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

29. *You* or a *traveling companion* become ill or *injured*, or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) disabling enough to prevent *you* or the *traveling companion* from participating in the activity that is the main purpose of *your trip*.

The following condition applies:

- a. A *doctor* advises *you* not to participate in the activity before *your departure date*. If that isn't possible, a *doctor* must either examine or consult with *you* within 48 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.

## B. TRAVEL INTERRUPTION INSURANCE

### Trip Curtailment

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

**IMPORTANT (obligation):** *You* must notify all of *your travel suppliers* within 48 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 48-hour period, *you* must notify them as soon as *you* are able.

NOTE: We will not reimburse *you* for the non-refundable portion of *your* original return ticket under Trip Curtailment coverage if we have paid or reimbursed *you* for the new return *travel carrier* ticket to *your primary residence* under Early Return coverage.

The consequences of a breach of obligation can be found in the General Provisions section.

### Early Return

If *you* have to end *your trip* early 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*, the new return *travel carrier* ticket to *your primary residence*, up to the maximum benefit for Early Return Coverage listed in *your* Coverage Summary.

NOTE: We will not pay or reimburse *you* for the new return *travel carrier* ticket to *your primary residence* under Early Return coverage if we have reimbursed *you* for the 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:

1. 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;
2. 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 *accommodation* 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 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 *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 dog* 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*.
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel, 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:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).
7. *Your primary residence* becomes *uninhabitable*.
8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
  - a. A *natural disaster*;
  - b. *Severe weather*;
  - c. Strike, unless threatened or announced prior to the purchase of *your policy*;
  - d. Government-mandated shutdown of airline or train operations. This does not include travel alerts / bulletins or prohibitions by any government or public authority.

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to *your policy's* Travel Interruption Insurance maximum benefit:

- a. The necessary cost of alternate transportation, less available *refunds*; and
- b. The cost of any lost pre-booked *accommodation* caused by *your* delayed arrival, less available *refunds*.

The following conditions apply:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*;
- b. Coverage for a strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.



9. *You* or a *traveling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
10. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.
11. *You*, a *traveling companion*, or a *family member* serving in the armed forces during the originally scheduled trip dates is reassigned or has personal leave status changed, except because of war or disciplinary action.
12. *You* miss at least 50 % of the length of *your trip* due to one of the following:
  - a. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
  - b. A strike, unless threatened or announced prior to the purchase of *your policy*;
  - c. A *natural disaster*;
  - d. Roads are closed or impassable due to *severe weather*;
  - e. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*; the following condition applies:
    - i. *You* must provide evidence of *your* efforts to obtain replacement documents;
  - f. Civil disorder.
13. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to your destination.
14. *You* need to attend the birth of a *family member's* child.
15. *Your* destination becomes *uninhabitable*.
16. 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.
17. 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.
18. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip*, which results in the vehicle being unable to be driven safely.
19. *Your* or a *traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip*, is stolen.
20. A *terrorist event* happens within 100 kilometers of any city *you* are traveling to during *your trip*, as indicated on *your* original itinerary from *your travel supplier*.  
The following condition applies:
  - a. A *terrorist event* must not have occurred within 40 kilometers of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

## C. TRAVEL DELAY INSURANCE

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

1. *Your* lost pre-booked *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and local transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary:
  - a. If *you* provide receipts, the With Receipts Daily Limit applies.
  - b. If *you* do not provide receipts, the No Receipts Daily Limit applies.
2. 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.
3. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

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

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

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

3. *Quarantine* during *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*;
  - 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*.
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel, or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. A *natural disaster*.
5. Lost or stolen travel documents.
6. Hijacking, unless it is a *terrorist event*.
7. Civil disorder, unless it rises to the level of *political risk*.
8. A *traffic accident*.
9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

## D. BAGGAGE INSURANCE

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

1. Cost to repair the damaged *baggage* or
2. Cost to replace the lost, damaged, or stolen *baggage* at the current market price for the same or similar item, reduced by 20 % for each full year of use since the original purchase date, up to the maximum of 70 % reduction.

If the sum insured is lower than the current value (under-insurance) when the insured event occurs, we will not reduce the indemnity (under-insurance waiver).

The following conditions (obligations) apply:

1. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
2. *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;
3. *You* must file and retain a copy of a police report in case of theft of *high-value items*;
4. *You* must provide original receipts or another proof of purchase for the lost, damaged, or stolen items. **For items without an original receipt or a proof of purchase, we will cover up to 50 % of the cost to replace the lost, damaged, or stolen item with the same or similar item.**
5. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device.

The consequences of a breach of obligation can be found in the General Provisions section.

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. **Hearing aids, prescription and non-prescription eyewear with dioptries, and contact lenses;**
4. **Artificial teeth, prosthetics, and orthopedic devices;**
5. **Wheelchairs and other mobility devices;**
6. **Consumables, medicines, medical equipment / supplies, and perishables;**
7. **Tickets, passports, deeds, blueprints, stamps, and other documents;**
8. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travel cheques, securities, bullion, and keys;**
9. **Rugs and carpets;**
10. **Antiques and art objects;**
11. **Fragile and brittle items;**
12. **Firearms and other weapons, including ammunition;**
13. **Intangible property, including software and electronic data;**
14. **Property for business or trade;**
15. **Property *you* do not own;**
16. ***High value items* stolen from a car, locked or unlocked;**
17. ***Baggage* while it is:**
  - a. **Shipped, unless with *your travel carrier*;**
  - b. **In or on a car trailer;**
  - c. **Unattended in an unlocked motor vehicle;**
  - d. **Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;**
18. ***Baggage* that is misplaced, forgotten, or lost while in *your* possession.**

## E. BAGGAGE DELAY INSURANCE

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 and substantiated with receipts until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for Baggage Delay.

The following conditions apply:

1. *Your baggage* must be delayed for at least the Minimum Required Delay listed under Baggage Delay in *your* Coverage Summary.
2. 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. TRAVEL HEALTH INSURANCE INCL. MEDICAL RETURN TRANSPORT

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 the Travel Health Insurance in *your* Coverage Summary:

1. While on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition (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* Travel Health Insurance.

*Your* children prematurely born before the end of the 36th week of pregnancy during *your trip abroad* are eligible for full coverage under the Travel Health Insurance.

**IMPORTANT:** If *you* are insured by a statutory health insurance (SHI), *you* may have claims against them under certain circumstances if *your medically necessary* treatment takes place *abroad*. Whether *you* have a claim or not depends, in particular, on whether *you* are travelling to an EU country, to a country with a relevant social security agreement, or to a country without such an agreement. *Our* obligation to pay benefits under this insurance contract exists alongside that of *your* SHI. If *you* claim with *us* first, we will provide the full benefit. We may claim compensation from *your* SHI, provided that this does not result in any disadvantage for *you*.

The following conditions and exclusions apply:

1. 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;
2. This coverage will not pay for any care provided after *your* coverage ends.
3. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip abroad*;
4. This coverage will not pay for non-emergency care or services in general and the following care and services in particular:
  - a. Elective cosmetic surgery or care;
  - b. Annual or routine exams;
  - c. Long-term care;
  - d. Allergy treatments (unless life threatening or in case of very severe allergy symptoms);
  - e. Exams or care related to or loss of / damage to hearing aids, dentures, eyeglasses, and contact lenses;
  - f. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
  - g. Experimental treatment;
  - h. Any other non-emergency medical or dental care;

### MEDICAL RETURN TRANSPORT

#### IMPORTANT:

1. If *your* emergency is immediate and life threatening, seek local emergency care at once.
2. We are not, and shall not be deemed to be, a provider of medical or emergency services.
3. 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;
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:

1. *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.

**This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**

2. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
3. *You* must comply with the decisions made by *our* assistance and medical teams. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
4. 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 enough for a return transport and that repatriation is medically advisable and justifiable, *we* will:

1. Arrange and pay for *you* to be transported via a commercial transportation carrier in the same class of service that *you* originally booked, unless otherwise *medically necessary* for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
  - a. *Your primary residence*;
  - b. A location of *your* choice in *your* country of residence;
  - 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:

1. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel);
2. *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. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section;**
3. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
4. *You* must comply with the decisions made by *our* assistance and medical teams. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
5. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to *your* chosen destination;

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

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

The following condition applies:

1. *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.  
**This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**

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

If *you* die or are told by the treating *doctor* *you* will be hospitalized for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or dependents requiring *your* full-time supervision and care to one of the following:

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

*We* will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

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

The following conditions apply:

1. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or dependents;
2. *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.  
**This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**

#### 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:

1. 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.  
**This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
2. 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, Rescue and Recovery

If *you* are reported missing and need to be searched for during *your trip*, because it is feared that something has happened to *you*, or if *you* need to be rescued or recovered from a physical emergency, the following applies: *We* will pay the cost of search, rescue, and recovery activities by a professional rescue team, up to the maximum benefit listed for search, rescue and recovery coverage in *your* Coverage Summary.

### G. TRAVEL LIABILITY INSURANCE

*We* provide insurance cover for liability risks in everyday life up to the maximum insurance benefit specified for this purpose in *your* Coverage Summary. The insurance covers *you* if a third party makes a claim against *you* for damages due to a damaging event on the basis of statutory liability provisions under private law.

The following conditions apply:

1. The loss event must have occurred during the *trip*.
2. The loss event has caused, or is alleged to have caused, personal *injury* or property damage that has directly caused damage to a third party.

How do *we* protect *you* against liability claims? To what extent will *we* indemnify *you*?

1. *We* will verify liability, defend against unjustified claims and indemnify *you* against justified claims. A claim is considered justified if:
  - a. *We* acknowledge the obligation to indemnify;
  - b. *We* approve *your* acknowledgement of the claim;
  - c. *We* agree or approve a settlement;
  - d. A judicial ruling has been issued.

If *you* issue an acknowledgement or agree a settlement without *our* approval, *we* will only be bound by this if the claim would have stood regardless of the acknowledgement or settlement.

2. *We* will make all declarations *we* deem appropriate to settle or defend the claim on *your* behalf. *We* are authorized to do so.
3. If the *injured* party or his or her legal successor asserts a liability claim in court, *we* will conduct the legal action at *our* own expense on *your* behalf.

The following are not covered:

1. Liability claims that exceed the scope of *your* statutory liability as a result of contractual or other commitments;
2. Liability claims which *you* or *your travel companion* and / or accompanying *family members* claim among themselves;
3. Liability claims by the policyholder against the insured person;
4. Liability claims due to the transmission of an illness by *you*;
5. Liability claims due to loss and damage arising from professional activities;
6. Liability claims for salary, pension, wage or other defined sources of income, subsistence, medical treatment in case of incapacity and welfare claims;
7. Liability claims for performance of contracts, supplementary performance, arising from self-help, rescission, price reduction, or for compensation for loss or damages instead of benefits, for replacement of pecuniary loss on account of a delay in benefit or on account of other compensation payments occurring in lieu of performance. This is also applicable in the case of statutory claims.
8. Liability claims from hunting activities;
9. Liability claims for loss or damage resulting from participating in horse racing, cycle races or racing with motorised vehicles, boxing matches or wrestling bouts and preparations for such events;
10. Liability claims for loss of or damage to articles belonging to third parties, which *you* have (a) hired or borrowed (b) acquired as a result of unlawful action or (c) which *you* took into *your* care;  
Exception: cover is provided for damage to rooms within buildings, particularly to rented holiday apartments and hotel rooms or to the *accommodation*. Furniture and fittings are not insured;  
If *you* are staying with host parents, insurance cover is also provided for liability claims based on damage to movable items of the host parents up to a maximum of € 10,000.00 per insured person and insured event. Claims for wear and tear or excessive strain or use are not insured;
11. Liability claims against *you* as the owner, possessor, keeper or driver of a motor vehicle, aircraft or motor-driven watercraft; any damage caused by the use of such a vehicle this is not insured;
12. Liability claims against *you* as the owner and keeper of animals;
13. Liability claims that are directly connected to the wilful commission of a criminal offence.

**Important: What are your obligations in the event of a claim (special obligations)?**

1. Within one week, *you* must notify *us*: of the insured event and when a claim for damages is raised against *you*.
2. *You* must notify *us* immediately of the initiation of preliminary proceedings or the issuance of a penalty order or a default summons. This also applies if *we* are already aware of the insured event.
3. *You* must notify *us* without delay if a claim has been asserted against *you* involving judicial or state assistance.
4. *You* are obliged to follow *our* instructions and, in particular, to acknowledge or satisfy a liability claim or agree to a settlement if *we* request that *you* do so.
5. If the liability claim results in a legal action, *you* must entrust *us* with conducting the proceedings, grant power-of-attorney to the legal counsel appointed or designated by *us*, and provide the legal counsel or *us* with all requested information.
6. *You* shall raise objections within the relevant time limit or seek the necessary legal remedies against orders for payment of damages issued by the courts or by the state. *You* shall do so without awaiting any instructions in this regard from *us*.
7. If *you* acquire the right to demand the cancellation or reduction of a payable annuity as a consequence of altered circumstances, the following applies: *you* are obliged to inform *us* immediately upon becoming aware of such circumstances and allow *us* to exercise this right on *your* behalf.

The consequences of a breach of obligation can be found in the General Provisions section.

## H. TRAVEL ACCIDENT INSURANCE

If an *accident* during *your trip* results in *your* permanent disability or death, *we* will provide coverage up to the maximum benefit specified in *your* Coverage Summary for this purpose.

An *accident* is deemed to have taken place if any sudden external occurrence has an effect on *your* body that results in involuntary damage to *your* health. An *accident* is also deemed to have taken place if increased physical exertion causes *you* to dislocate a joint, or to strain or tear muscle, tendons, ligaments or capsules.

### Benefit in case of death

The *accident* results in *your* death within one year: *We* will pay the agreed amount of the death benefit to *your* heirs or to a beneficiary designated by *you*.

### Permanent invalidity

If the *accident* results in a permanent impairment of *your* physical or mental capacity (disability), the following conditions apply:

1. The invalidity must have occurred within one year of the *accident*;
2. The invalidity must be established by a *doctor* and reported to *us* within a deadline of an additional three months.

*We* will provide no more than the maximum insurance benefit shown in *your* Coverage Summary for Travel Accident Insurance:

1. If the case of total invalidity, *we* shall pay the entire agreed sum insured for invalidity. In the case of partial invalidity, *we* will pay the commensurate proportion of the sum insured. The amount of the benefit shall be based on the degree of invalidity.
  - a. The following degrees of invalidity apply without exception: for the physical loss, or loss of function of;
    - an arm: 70 %
    - a hand: 55 %
    - a thumb: 20 %
    - a finger: 10 %
    - a leg: 70 %
    - a foot: 40 %
    - a toe: 5 %
    - an eye: 50 %
    - hearing in one ear: 30 %
    - sense of smell or taste: 10 %In the event of only a partial physical loss or partial loss of function of the parts of the body or sensory organs listed here, *we* will provide indemnity up to the corresponding proportion for the specified level of invalidity;
  - b. If the *accident* affects parts of the body or sensory organs that are not covered under (a) above, the following applies: The extent to which normal physical or mental performance is impaired is decisive for *our* benefit. Only medical aspects will be taken into account;
  - c. If several physical or mental functions are impaired as a result of the *accident*, the following applies: The degrees of disability resulting from no. (a) and (b) are added together. In total, *we* will pay a maximum of 100 %;
  - d. If the *accident* affects a physical or mental function that was already permanently impaired beforehand, the following applies: *We* will make a deduction in the amount of this previous disability. *We* assess this according to (a) to (c);
  - e. If illnesses or infirmities have contributed to the health impairment caused by the *accident* or its consequences, the following shall apply: *We* shall reduce the benefit accordingly if this proportion is at least 25 %;
  - f. Within one year after the *accident*, *you* can only claim disability benefits up to the amount of the sum insured agreed for death if the healing process has not yet been completed.
2. If the claim for disability benefits under (1.) had already arisen but the degree of disability had not yet been finally determined, the following applies: If *you* die within one year of the *accident* from a cause unrelated to the *accident*, or if *you* die more than one year after the *accident* from whatever cause, *we* will pay benefits according to the degree of disability that would have been expected on the basis of the most recent medical findings.
3. *We* require proof of the cause and consequences of the *accident*. In the case of disability benefits, *we* also require proof of the completion of the healing process, insofar as this is necessary for the assessment of the degree of disability. *We* are obliged to declare within one month whether and to what extent *we* accept a claim. In the case of disability benefits, the deadline is three months from the date on which *we* receive the documents.

**Important:** *You* and *we* are entitled to have the degree of invalidity medically re-assessed up to three years after the *accident*. This right must be exercised prior to the expiry of the time limit. If the final assessment results in a higher disability benefit than what *we* have already paid, *we* shall apply interest of 5 % per year to the additional amount.



The following are not covered:

1. **Accidents** caused by mental or cognitive disorders, by strokes, and by seizures, that affect the whole body of the insured. This also applies if the condition is attributable to drugs or alcohol;
2. **Accidents** that befall *you* as a consequence of the wilful commission of a criminal offence;
3. **Accidents** that befall *you* as the pilot of an aircraft (including aviation sport craft) or as another member of the crew of an aircraft;
4. Impairments to health caused by curative treatment or other procedures performed on *your* body;
5. Impairments to health caused by radiation, infections and poisoning (exception: these were occasioned by an *accident*);
6. **Injuries** to intervertebral discs, bleeding from internal organs and cerebral haemorrhage (exception: the *accident* was the predominant cause);
7. Pathological disorders due to psychological or mental reactions, irrespective of their cause;
8. Disability claims arising from *accidents* if death occurs within one year as a result of the *accident*. In this case, we will pay the benefit agreed for the case of death.

**Important: What must you do in the event of an *accident* (special obligations)?**

1. *You* are obliged, to allow *yourself* to be examined by the *doctors* appointed by *us*. We will pay the costs necessary for the examination, including any loss of income that may result;
2. *You* are obliged, to release the *doctors* applying treatment or performing examinations, other insurers, social insurance agencies and authorities from their non-disclosure obligations.

Further consequences of a breach of obligation can be found in the General Provisions section.

## I. SPORTS & ACTIVITY INSURANCE

### Missed Activity

If *you* cannot participate in one or more of *your* pre-booked activities during *your trip* for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable costs that *you* paid for the activities, less available *refunds*, up to the maximum benefit for Missed Activity coverage. Please note that this coverage only applies before the start of the activity.

#### Covered reasons:

1. *You*, a *traveling companion*, or a *family member* who is participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
- b. A *doctor* advises *you*, a *traveling companion*, or a *family member* not to participate in the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you*, the *traveling companion*, or the *family member* within 48 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.

2. *Your family member* who is not participating in the activity becomes ill or *injured*, or develops a medical condition.

The following condition applies:

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

3. *Your* or a *traveling companion's* death.
4. The death of *your family member* or *your service dog* on or within 30 days prior to the scheduled start date of the activity.
5. *Your* pre-booked activity is canceled by the supplier of the activity due to *severe weather*.
6. *Your* ski resort closes 75 % or more of its ski lifts due to lack or excess of snow.

The following condition applies:

- a. The closure is for at least 50 % of the normal operating hours on the calendar day *you* intend to use the lift tickets.

### Sporting Equipment Insurance

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

1. Cost to repair the damaged *sporting equipment*; or
2. Cost to replace the lost, damaged, or stolen *sporting equipment* with the same or similar item, reduced by 20 % for each full year of use since the original purchase date, up to the maximum of 70 % reduction.

If the sum insured is lower than the current value (under-insurance) when the insured event occurs, we will not reduce the indemnity (under-insurance waiver).

The following conditions (obligations) apply:

1. *You* have taken necessary steps to keep *your sporting equipment* safe and intact and to recover it;
2. *You* have filed and have 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;
3. *You* must provide original receipts or another proof of purchase for the lost items. **For items without an original receipt or a proof of purchase, we will cover up to 50 % of the cost to replace the lost, damaged, or stolen item with the same or similar item.**

The consequences of a breach of obligation can be found in the General Provisions section.



The following items are not covered:

1. Items other than *sporting equipment*;
2. Animals, including remains of animals;
3. Cars, motorcycles, motors, drones, aircraft, watercraft, and other vehicles and related accessories and equipment;
4. Hearing aids, prescription eyewear, and contact lenses, unless specifically designed for use in a particular sport;
5. Prosthetics, and orthopedic devices, unless specifically designed for use in a particular sport;
6. Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;
7. Intangible property, including software and electronic data;
8. Property for business or trade;
9. Property *you* do not own;
10. *Sporting equipment* while it is:
  - a. Shipped, unless with *your travel carrier*;
  - b. In or on a car trailer; or
  - c. Unattended in an unlocked motor vehicle.

#### **Sporting Equipment Rental Coverage**

If *your sporting equipment* is lost or delayed by a *travel supplier* during *your* outbound travel, or damaged or stolen while on *your trip*, we will reimburse the necessary costs for renting replacement *sporting equipment* to use during *your trip*, up to the maximum benefit listed for Sporting Equipment Rental Coverage in *your* Coverage Summary. This coverage does not include motorized equipment or vehicles.

The following condition (obligation) applies:

1. *You* have filed a report giving a description of the property with the appropriate local authorities, *travel supplier*, hotel, or tour operator within 24 hours of discovery of the loss.

**The consequences of a breach of obligation can be found in the General Provisions section.**

#### **Search, Rescue and Recovery**

If *you* are reported missing and need to be searched for during *your trip*, or if *you* need to be rescued or recovered from a physical emergency, the following applies: We will pay the cost of search, rescue, and recovery activities by a professional rescue team, up to the maximum benefit listed for search, rescue and recovery coverage in *your* Coverage Summary. The maximum benefit listed for this coverage is in addition to any other search, rescue and recovery benefit that this *policy* provides.

## **J. TRAVEL ASSISTANCE**

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*:

#### **Information before the trip**

We inform *you* about the security situation and health risks in the respective travel country and about vaccinations required for the *trip*.

#### **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. We will name suitable contact points where German or English is spoken.

#### **Monitoring Your Care**

If *you* have taken out a Travel Health Insurance and are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*. We can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

#### **Emergency Language Translation**

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

#### **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 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. We will inform *you* about the nearest consulate (address and telephone availability).

#### **Emergency Message Delivery**

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

## GENERAL EXCLUSIONS

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

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

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased (special rules apply to *pre-existing medical conditions* - see the Definitions for details);
2. *Pre-existing medical conditions* - unless specifically covered according to the Definitions;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth, except when normal, complication-free pregnancy or childbirth is expressly referenced in and covered under Travel Cancellation Insurance or Travel Interruption Insurance;
5. Fertility treatments or elective abortion;
6. Mental illness: This exclusion applies only to coverage for Travel Cancellation Insurance and Travel Interruption Insurance, unless specifically covered according to the Definitions. Under the Travel Health Insurance, insurance cover is provided with the exception of psychoanalytical and psychotherapeutic treatment and hypnosis;
7. 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. This exclusion does also not apply to Travel Health Insurance incl. Medical Return Transport;
8. Acts committed with the intent to cause loss;
9. Operating or working as a crew member (including as a trainee or learner / student) aboard any aircraft or commercial vehicle or commercial watercraft;
10. Participating in or training for any professional or semi-professional sporting competition;
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
  - a. Any *high-altitude activity*, BASE jumping, or free climbing;
  - b. Rafting / kayaking above Class V rapids or canoeing above Class III rapids;
  - c. Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;
  - d. Personal combat or fighting sports, Running of the Bulls, or rodeo activities;
  - e. Racing any motorized vehicle or watercraft other than go-karts;
  - f. Free diving at a depth greater than 10 meters or scuba diving at a depth greater than 30 meters or, for uncertified divers, diving without a certified dive master.

For high-risk sports and activities that are not expressly excluded to be covered, they must be:

- a. Arranged as part of *your trip*.
- b. Provided by a company that is regulated or licensed where required.
- b. Not otherwise prohibited by law.

**IMPORTANT (obligation):** *You* must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.

The consequences of a breach of obligation can be found in the General Provisions section.

12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
13. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under Travel Cancellation Insurance, or Travel Interruption Insurance, or Travel Health Insurance Incl. Return Transportation;
14. *Natural disaster*, except as expressly covered under Travel Cancellation Insurance, or Travel Interruption Insurance, or Travel Delay Insurance;
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 (declared or undeclared) or acts of war;
18. Military duty, except as expressly covered under Travel Cancellation Insurance or Travel Interruption Insurance;
19. Civil disorder or unrest, except when civil disorder or unrest is expressly referenced in and covered under Travel Interruption Insurance or Travel Delay Insurance;
20. *Terrorist events*, except when *terrorist events* are expressly referenced in and covered under Travel Cancellation Insurance or Travel Interruption Insurance. This exclusion does not apply to Emergency Medical or Emergency Transportation coverage;
21. *Political risk*;
22. *Cyber risk*;
23. Acts, travel alerts / bulletins, or prohibitions by any government or public authority, except as expressly covered under Travel Cancellation Insurance or Travel Interruption Insurance;
24. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment;
26. Ordinary wear and tear or defective materials or workmanship;
27. *Your* intent to receive health care or medical treatment of any kind while on *your trip*;

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 the subject of that order or advice.

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

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

1. *Your travel carrier* tickets do not show travel date(s).
2. The travel dates in *your* proof of insurance do not represent *your* actual travel dates (does not apply to insurance purchased with a one-way booking).

**What must you do in each event of loss or damage?**

You must minimise the damage or loss to the extent possible and provide evidence of the damage or loss sustained. Therefore, please retain appropriate evidence detailing the occurrence of the loss or damage (e. g. confirmation of loss or damage, medical report) and the extent of the loss, damage, or *injury* (e. g. invoices, receipts). You can register your claim quickly and easily online at [www.allianz-reiseversicherung.de/versicherungsfall\\_melden](http://www.allianz-reiseversicherung.de/versicherungsfall_melden).

**What are your obligations if it is doubtful whether you will be able to begin your trip or participate in a booked activity? (This applies if you have concluded a Travel Cancellation Insurance or a Sports & Activity Insurance.)**

If participation in a *trip* or an activity booked in advance is unreasonable or impossible due to an insured event, the following applies: You must cancel the *trip* or activity without delay and inform us.

**PLEASE NOTE:** If the hoped-for healing or improvement in the case of a serious illness or *accidental injury* does not occur and you therefore cancel the *trip* / booked activity at a later stage, the following applies: We will not reimburse the higher cancellation costs incurred due to the delayed cancellation. **Please always contact us - regardless of your doctor's assessment of the prospects of recovery: Contact our medical service (cancellation advice) immediately after the onset of the illness or accidental injury.** If you follow our recommendation as to whether and when the *trip* should be cancelled, the insurance benefit will not be reduced.

In case of an insured event, we will reimburse you for the contractually owed cancellation costs less the agreed deductible and less any reimbursements you receive from elsewhere.

For this we require:

1. The **travel confirmation**. This must contain the booked services and the *trip* price. In addition, the names of all *trip* participants must be listed. This also applies to object bookings;
2. The **proof of insurance**;
3. The **invoice for cancellation costs** as well as the **proof of payment** (in case of cancellation of a vacation apartment or another object, a confirmation of the landlord that it was not possible to sublet);
4. The **proof of loss**:
  - a. In case of illness, *accidental injury*, vaccination intolerance or pregnancy, a medical certificate (with date of birth, start of illness and treatment and findings). You can request a form for a medical certificate from us. We may also require a certificate of incapacity for work;
  - b. In case of death a death certificate;
  - c. In the event of loss of employment, the letter of termination from the employer stating the reasons for termination, etc.

**What do you have to consider if you cannot end your trip as planned or have to start with delay? (This applies if you have concluded a Travel Interruption Insurance.)**

If you end or interrupt your *trip* unscheduled or start it late due to an insured event, please submit the following documents for reimbursement of costs:

1. The **travel confirmation**. This must contain the booked services and the *trip* price. In addition, the names of all *trip* participants must be listed. This also applies to object bookings.
2. The **proof of insurance**;
3. **Receipts** for additional travel or return expenses and a statement from the tour operator for the unused services;
4. **Proof of loss**, e. g. medical certificate from the *doctor* at the place of vacation (with date of birth, start of illness and treatment and findings) or police confirmation of an *accident* or similar.

**What are your obligations if your baggage/ sports equipment is damaged or stolen or arrives late? (This applies if you have concluded a Baggage Insurance or a Sports & Activity Insurance.)**

If your *baggage* / *sports equipment* is damaged or lost during transport or arrives late, please report this immediately to the responsible company. If you discover the damage later (for example when unpacking), you must report this in written form within seven days of acceptance.

**Important:** Most carriers issue damage confirmations that you must submit to us.

In the event of damage that you discover at the vacation destination, the tour guide may help you to obtain **written confirmation of the damage report**. In the event of **theft** or other crimes, please file a report immediately at the nearest police station. Obtain a **copy of the police report** or at least a confirmation that you have filed a report.

**What are your obligations if you become ill or suffer an injury or other emergency while traveling? (This applies if you have concluded a Travel Health Insurance incl. Medical Return Transport.)**

In case of serious *injury* or illness, especially before hospitalization, please contact our medical service immediately so that appropriate treatment or repatriation of the sick can be ensured.

For reimbursement of your expenses incurred during the *trip*, please submit **original invoices and / or prescriptions**.

**Important:** The invoices must show the name of the person treated, the name of the illness, the dates of treatment and the individual medical services with the corresponding costs. Prescriptions must contain details of the prescribed medication, the prices and the pharmacy's stamp.

**What are your obligations when lodging claims under the Travel Accident or Travel Liability Insurance? (This applies if you have concluded a Travel Liability Insurance or a Travel Accident Insurance.)**

Please note down the **names and addresses of any witnesses** who observed the damage. Obtain a **copy of the police report** if the police have been called to investigate. Inform us and submit these documents and information with your claim.

If *you* have concluded the insurance contract with *us*, *you* are the policyholder. *You* owe the insurance premium to *us*. *You* are obliged to provide all insured persons with these Terms and Conditions of Insurance and the Data Protection Policy. As the policyholder, *you* can also be an insured person simultaneously.

As an insured person, *you* benefit from the insurance cover. *You* are named in the proof of insurance, or *you* belong to the group of persons described therein.

*Your* insured travel is protected by insurance cover within the agreed area of application.

### **When do *you* have to pay the insurance premium?**

The premium is due immediately after conclusion of the insurance contract and is payable upon delivery of the insurance *policy*. 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. *You* are required to prove this to *us*.

### **What are *your* obligations in the event of a claim (general obligations)?**

*You* are required to minimise the loss or damage to the extent possible and avoid unnecessary costs.

*You* are obliged to notify *us* immediately and describe the insured event (e. g. event and extent). In doing so, *you* must truthfully provide *us* with all information necessary to clarify the facts, and enable *us* to verify the cause and amount of the claim made. *You* must provide proof of the damage in the form of original invoices and documents.

To enable *us* to assess *our* obligation to indemnify and the scope of indemnity to be provided, *you* must also release *your doctor* from their non-disclosure obligations to the extent that is necessary. If *you* do not issue the release from the duty of confidentiality and have not enabled *us* to perform verification by other means, *we* are not obligated to provide insurance benefits.

### **Consequences of a breach of obligation: What happens if *you* breach an obligation?**

If *you* intentionally breach an obligation, *we* shall be entitled to refuse the insurance benefit. If *you* breach an obligation through *your* gross negligence, *we* may reduce the indemnity to an extent commensurate to the severity of *your* fault. *You* must prove that *you* have not acted in gross negligence.

If *you* prove that the breach of duty did not affect the determination or the scope of *our* indemnity obligation, *we* will be obliged to provide *you* insurance benefits. This does not apply if *you* have acted deceitfully.

### **What is the limitation period for *your* claim to benefits under the insurance contract?**

*Your* claim to insurance benefit shall lapse after three years. The limitation period begins at the end of the year in which the claim was made and *you* had knowledge of the circumstances justifying the claim, or should have had knowledge of such circumstances without gross negligence.

### **When will *we* pay the compensation?**

*We* will pay the compensation within two weeks of conclusively verifying *your* claim. The payment will always be made by bank transfer to an account held at a bank.

### **What applies if *you* have claims for compensation against third parties?**

If *you* have claims against third parties as a result of the loss event, these shall be transferred to *us*. This applies up to the amount of the payment that *you* have received from *us*, provided *you* are not placed at disadvantage as a result. *Your* entitlements to benefits from other private insurance contracts shall take precedence over *our* obligation to indemnify. *We* will extend preliminary indemnity in the event that *you* make *your* claim against *us* first.

The following condition applies:

1. If *your* claims against third parties have been transferred to *us*, *you* must confirm this to *us* in written form by request.

### **In what form must declarations and notifications be issued, and who is entitled to receive them?**

*You* and *we* must submit notifications and declarations of intent in text form (e. g. letter, fax, e-mail). Insurance agents are not authorized to accept notifications or declarations of intent regarding a claim.

### **What court in Germany has jurisdiction? What law applies?**

If *you* wish to file legal actions in connection with this insurance contract, *you* may choose between the following legal venues: Munich or the place in Germany where *you* are resident at the time of filing the action.

If *we* wish to assert claims against *you* before a court of law, the courts of the place in which *you* are resident in Germany at the time of filing the action shall have jurisdiction.

This contract is governed by German law insofar as this is permissible under international law.

**DOCUMENTS TO THE PROOF OF INSURANCE FOR CONTRACT NO: DE410001875 - Part 2**

**Insurance tax information**

insurance packages it is legally required to identify the part of the premium of the travel health insurance separately. Travel health insurance premium is tax-exempted according to § 4 no. 5 VersStG separately. **Travel health insurance premium is tax-exempted according to section 4 no. 5 VersStG (German Insurance Contract).**

Insurance Product	Travel price or travel duration	Insurance premium total	Premium for the health insurance part tax exempted	part of total premium that is taxable	insurance tax included - 19 %
<b>CANCELLATION FULL PROTECTION with deductible Single Tarif</b>	up to 200.00	18.00		18.00	2.87
	up to 400.00	30.00		30.00	4.79
	up to 600.00	37.00		37.00	5.91
	up to 800.00	45.00		45.00	7.18
	up to 1,000.00	50.00		50.00	7.98
	up to 1,500.00	62.00		62.00	9.90
	up to 2,000.00	78.00		78.00	12.45
	up to 2,500.00	115.00		115.00	18.36
	up to 3,000.00	137.00		137.00	21.87
	up to 3,500.00	161.00		161.00	25.71
	up to 4,000.00	184.00		184.00	29.38
	up to 4,500.00	207.00		207.00	33.05
	up to 5,000.00	231.00		231.00	36.88
	up to 6,000.00	260.00		260.00	41.51
	up to 7,000.00	340.00		340.00	54.29
up to 10,000.00	435.00		435.00	69.45	
<b>CANCELLATION FULL PROTECTION with deductible Couple / Family Tarif</b>	up to 400.00	20.00		20.00	3.19
	up to 600.00	40.00		40.00	6.39
	up to 800.00	42.00		42.00	6.71
	up to 1,000.00	57.00		57.00	9.10
	up to 1,500.00	69.00		69.00	11.02
	up to 2,000.00	98.00		98.00	15.65
	up to 2,500.00	117.00		117.00	18.68
	up to 3,000.00	140.00		140.00	22.35
	up to 3,500.00	152.00		152.00	24.27
	up to 4,000.00	192.00		192.00	30.66
	up to 4,500.00	225.00		225.00	35.92
	up to 5,000.00	245.00		245.00	39.12
	up to 6,000.00	281.00		281.00	44.87
	up to 7,000.00	329.00		329.00	52.53
	up to 10,000.00	468.00		468.00	74.72

**DOCUMENTS TO THE PROOF OF INSURANCE FOR CONTRACT NO: DE410001875 - Part 2**

**Insurance tax information**

insurance packages it is legally required to identify the part of the premium of the travel health insurance separately. Travel health insurance premium is tax-exempted according to § 4 no. 5 VersStG separately. **Travel health insurance premium is tax-exempted according to section 4 no. 5 VersStG (German Insurance Contract).**

Insurance Product	Travel price or travel duration	Insurance premium total	Premium for the health insurance part tax exempted	part of total premium that is taxable	insurance tax included - 19 %
<b>CANCELLATION FULL PROTECTION without deductible Single Tarif</b>	up to 200.00	27.00		27.00	4.31
	up to 400.00	35.00		35.00	5.59
	up to 600.00	50.00		50.00	7.98
	up to 800.00	53.00		53.00	8.46
	up to 1,000.00	57.00		57.00	9.10
	up to 1,500.00	89.00		89.00	14.21
	up to 2,000.00	109.00		109.00	17.40
	up to 2,500.00	139.00		139.00	22.19
	up to 3,000.00	172.00		172.00	27.46
	up to 3,500.00	202.00		202.00	32.25
	up to 4,000.00	227.00		227.00	36.24
	up to 4,500.00	269.00		269.00	42.95
	up to 5,000.00	299.00		299.00	47.74
	up to 6,000.00	321.00		321.00	51.25
	up to 7,000.00	375.00		375.00	59.87
up to 10,000.00	538.00		538.00	85.90	
<b>CANCELLATION FULL PROTECTION without deductible Couple / Family Tarif</b>	up to 400.00	32.00		32.00	5.11
	up to 600.00	54.00		54.00	8.62
	up to 800.00	57.00		57.00	9.10
	up to 1,000.00	65.00		65.00	10.38
	up to 1,500.00	94.00		94.00	15.01
	up to 2,000.00	115.00		115.00	18.36
	up to 2,500.00	162.00		162.00	25.87
	up to 3,000.00	186.00		186.00	29.70
	up to 3,500.00	217.00		217.00	34.65
	up to 4,000.00	246.00		246.00	39.28
	up to 4,500.00	291.00		291.00	46.46
	up to 5,000.00	326.00		326.00	52.05
	up to 6,000.00	351.00		351.00	56.04
	up to 7,000.00	411.00		411.00	65.62
	up to 10,000.00	585.00		585.00	93.40

AWP P&C S.A.  
Niederlassung für Deutschland  
Bahnhofstraße 16  
D-85609 Aschheim (bei München)

Hauptbevollmächtigter: Carsten Staat  
Registergericht: München HRB 4605  
USt.-IdNr.: DE 129274528  
VersSt.-Nr.: 802/V90802001910  
www.allianz-partners.de

AWP P&C S.A.  
Aktiengesellschaft französischen Rechts  
Sitz der Gesellschaft: Saint-Ouen (Frankreich)  
Handelsregister: R.C.S. Bobigny 519 490 080  
Vorstand: Tomas Kunzmann (Vorsitz)



**DOCUMENTS TO THE PROOF OF INSURANCE FOR CONTRACT NO: DE410001875 - Part 2**

**Insurance tax information**

insurance packages it is legally required to identify the part of the premium of the travel health insurance separately. Travel health insurance premium is tax-exempted according to § 4 no. 5 VersStG separately. **Travel health insurance premium is tax-exempted according to section 4 no. 5 VersStG (German Insurance Contract).**

Insurance Product	Travel price or travel duration	Insurance premium total	Premium for the health insurance part tax exempted	part of total premium that is taxable	insurance tax included - 19 %
<b>COMPLETE PROTECTION without deductible Single Tarif</b>	up to 200.00	48.00 €	24.00	24.00	3.83
	up to 400.00	57.00 €	28.50	28.50	4.55
	up to 600.00	73.00 €	36.50	36.50	5.83
	up to 800.00	86.00 €	43.00	43.00	6.87
	up to 1,000.00	106.00 €	53.00	53.00	8.46
	up to 1,500.00	117.00 €	58.50	58.50	9.34
	up to 2,000.00	152.00 €	76.00	76.00	12.13
	up to 2,500.00	178.00 €	89.00	89.00	14.21
	up to 3,000.00	208.00 €	104.00	104.00	16.61
	up to 3,500.00	227.00 €	113.50	113.50	18.12
	up to 4,000.00	256.00 €	128.00	128.00	20.44
	up to 4,500.00	297.00 €	148.50	148.50	23.71
	up to 5,000.00	331.00 €	165.50	165.50	26.42
	up to 6,000.00	374.00 €	187.00	187.00	29.86
	up to 7,000.00	427.00 €	213.50	213.50	34.09
up to 10,000.00	625.00 €	312.50	312.50	49.89	
<b>COMPLETE PROTECTION without deductible Couple/Family Tarif</b>	up to 400.00	61.00 €	30.50	30.50	4.87
	up to 600.00	95.00 €	47.50	47.50	7.58
	up to 800.00	101.00 €	50.50	50.50	8.06
	up to 1,000.00	113.00 €	56.50	56.50	9.02
	up to 1,500.00	148.00 €	74.00	74.00	11.82
	up to 2,000.00	181.00 €	90.50	90.50	14.45
	up to 2,500.00	212.00 €	106.00	106.00	16.92
	up to 3,000.00	261.00 €	130.50	130.50	20.84
	up to 3,500.00	283.00 €	141.50	141.50	22.59
	up to 4,000.00	323.00 €	161.50	161.50	25.79
	up to 4,500.00	344.00 €	172.00	172.00	27.46
	up to 5,000.00	371.00 €	185.50	185.50	29.62
	up to 6,000.00	466.00 €	233.00	233.00	37.20
up to 7,000.00	543.00 €	271.50	271.50	43.35	
up to 10,000.00	777.00 €	388.50	388.50	62.03	

AWP P&C S.A.  
Niederlassung für Deutschland  
Bahnhofstraße 16  
D-85609 Aschheim (bei München)

Hauptbevollmächtigter: Carsten Staat  
Registergericht: München HRB 4605  
USt.-IdNr.: DE 129274528  
VersSt.-Nr.: 802/V90802001910  
www.allianz-partners.de

AWP P&C S.A.  
Aktiengesellschaft französischen Rechts  
Sitz der Gesellschaft: Saint-Ouen (Frankreich)  
Handelsregister: R.C.S. Bobigny 519 490 080  
Vorstand: Tomas Kunzmann (Vorsitz)