

DOCUMENTS TO THE PROOF OF INSURANCE

Travel Health Protection AVB 21

LEISTUNG	WANN VERSICHERUNGSSCHUTZ BESTEHT: LEISTUNGS-ÜBERSICHT	MAXIMALE VERSICHERUNGSSUMME:
Travel Health Insurance incl. Medical Return Transport	You have to pay for emergency medical or dental treatment while on your trip. Incl. Real-Time benefits for out-patient treatment costs and medication	unlimited for medical / dental emergency treatment
	Transportation is needed following a medical emergency while on your trip. Maximum benefit for search, rescue and recovery costs: 10,000 € per person	unlimited for Medical Return Transport
Missed Activity (Sports & Activity Insurance)	You miss a prepaid activity during your trip. Maximum benefit per event: 100 € per person / family / couple	500 € per person / family / couple
Sporting Equipment Insurance (Sports & Activity Insurance)	Your sporting equipment is lost, damaged, or stolen while on your trip.	500 € per person, 1,000 € per family / couple
Sporting Equipment Rental Insurance (Sports & Activity Insurance)	You need to rent sporting equipment when your personal sporting equipment is lost, damaged, or stolen while on your trip.	500 € per person, 1,000 € per family / couple
Search, Rescue and Recovery (Sports & Activity Insurance)	You are reported missing or need to be rescued from a physical emergency while on your trip.	5,000 € per person
Travel Assistance	24/7 assistance in case of personal emergencies during your trip and information services during the term of your insurance contract	service without cost coverage

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 are *your* insurer. Our main business activity is the insurance of goods and services, including travel insurance.
- **Mode of travel:** valid for all modes of travel – including business
- **Area of application:** Europe (incl. Russian Federation, Mediterranean coastal states, the Canary Islands, the Azores, and Madeira) or world excl. USA / Canada (yet, on outward and return journeys with transfer connections, this includes a maximum of one overnight stay in USA / Canada) or world incl. USA / Canada
- **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation. The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return); a maximum of 90 days is possible.
- **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:** The insurance may be purchased up to the day of departure. 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

Questions about *your* insurance benefits

Our Service Team is ready to provide *you* with the information *you* need: Mon. – Fri. 8:30 am – 7:00 pm, Sat. 9:00 am – 2:00 pm

Telephone: +49.89.6 24 24-460

Fax: +49.89.6 24 24-244

Email: service-reise@allianz.com

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

Immediate Assistance with Real-Time

If *you* have concluded

- **travel health insurance**, become ill while travelling and have to pay at the doctor's or pharmacy's or
- **baggage delay insurance**, *your* baggage does not arrive and *you* need to make replacement purchases:

We can proactively provide *you* with the amount *you* need with Real-Time. Call *us* to clarify whether the necessary requirements exist.

Telephone: +49.89.2 08 01-6215

Registering a claim

Quite simply and quickly online at www.allianz-reiseversicherung.de/versicherungsfall

or via letter to AWP P&C S.A., Schadenabteilung, Bahnhofstraße 16, D – 85609 Aschheim (near Munich)

Quick answers via chat bot

Our chat bot can also help *you* with many concerns and questions. *You* can reach it around the clock at

www.allianz-reiseversicherung.de

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

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-reiseversicherung.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

You can find further information at: 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).

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

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., Niederlassung für Deutschland
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

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?

This offer is available in German.

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: Jacob Fuest

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: Sirma Boshnakova

ABOUT THIS POLICY

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

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

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

Your policy consists of three parts:

1. 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 / sepa mandate / consultation protocol

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	5
DESCRIPTION OF COVERAGES	5
A. TRAVEL HEALTH INSURANCE INCL. MEDICAL RETURN TRANSPORT	5
B. SPORTS & ACTIVITY INSURANCE	8
C. TRAVEL ASSISTANCE	9
GENERAL EXCLUSIONS	10
CLAIMS INFORMATION	11
GENERAL PROVISIONS	13

DEFINITIONS

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

Abroad	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.
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
Cyber Risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer</i> 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> proof of insurance.
Doctor	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 person's family member</i> .
Epidemic	A contagious disease recognized or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
Family member	<i>Your</i> : <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union) 2. <i>Cohabitants</i> 3. Parents and stepparents 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption 5. Siblings 6. Grandparents and grandchildren 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent 8. Aunts, uncles, nieces, and nephews 9. Legal guardians and wards 10. Paid, live-in caregivers
High-altitude activity	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.
Hospital	An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i> . It must: <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services, 2. Have organized departments of medicine and major surgery and 3. Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers (as the crow flies).
Medical escort	A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, avalanche, landslide, or volcanic eruption.
Pandemic	An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
Policy	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.

Political risk	Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> • Nationalization • Confiscation • Expropriation (including Selective Discrimination and Forced Abandonment) • Deprivation • Revolution • Rebellion • Insurrection • Civil commotion assuming to proportion of or amounting to an uprising • Military and usurped power.
Primary residence	Your permanent, fixed home address for legal and tax purposes.
Pre-existing medical condition	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"> 1. A physical illness is unexpected if it <ul style="list-style-type: none"> * occurs for the first time after conclusion of the insurance (travel cancellation) or after commencement of the <i>trip</i> (travel interruption) or * if an existing illness has not been treated in the last six months prior to conclusion of the insurance (travel cancellation) or in the last six months prior to commencement of the <i>trip</i> (travel interruption). The illness worsens after conclusion of the insurance (travel cancellation) or after commencement of the <i>trip</i> (travel interruption). Regular examinations performed for monitoring or precautionary purposes do not constitute treatment. 2. A mental illness is unexpected if it <ul style="list-style-type: none"> * occurs for the first time after the insurance has been taken out (travel cancellation) or after the <i>trip</i> has started (travel interruption). * in the case of a chronic mental illness, <i>we</i> consider the episode or deterioration to be a pre-existing condition if the most recent treatment took place within three years prior to conclusion of the insurance (travel cancellation) or prior to commencement of the <i>trip</i> (travel interruption). Regular examinations performed for monitoring or precautionary purposes do not constitute treatment. 3. A mental illness is serious if inpatient treatment is required or if it is certified by a consultant psychiatrist before the <i>trip</i> is cancelled (travel cancellation) or if outpatient psychotherapy is approved by <i>your</i> health insurer.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
Service dog	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 a dog's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Sporting equipment	Equipment or goods used to participate in a sport.
Terrorist event	An act carried out by an organized terrorist group recognized by the government authority and applicable law of <i>your</i> country of residence that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies 2. Private or non-commercial transportation carriers 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator 4. <i>Local public transportation</i>
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
Traveling companion	A person or <i>service 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.
Trip	<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 90 days.
We, Us, or Our	AWP P&C S.A., Branch Office Germany.
You or Your	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 at 00:00 on the day after we receive the order and you pay the full premium. The order must be received and the full premium must be paid on or before the departure date.

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

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

Your policy ends on the coverage end date listed in your 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 90 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 90th 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 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.

Instead of you paying out of pocket for outpatient doctor's fees and pharmacy expenses and then filing a claim with us for reimbursement, we can proactively deliver the funds to you. All you have to do is contact us using the contact information listed in the marketing materials that you received with this policy for our Real-Time service and in the Coverage Summary before visiting the doctor, so we can arrive at a preliminary assessment of your medical situation. If, based on the information that you provide, we determine that you are eligible for coverage, we will deliver the funds to you according to the process outlined in the documents that you received when you purchased this policy. **NOTE: You must save original receipts and invoices for the medical expenses that you paid using the funds that we provided and submit these original receipts / invoices to us, if we request you to do so. If we determine that some or all of such expenses are not eligible for coverage, we reserve the right to reclaim the funds from you.**

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:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- c. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip abroad*.
- d. This coverage will not pay for non-emergency care or services in general and the following care and services in particular:
 1. Elective cosmetic surgery or care
 2. Annual or routine exams
 3. Long-term care
 4. Allergy treatments (unless life threatening or in case of very severe allergy symptoms)
 5. Exams or care related to or loss of / damage to hearing aids, dentures, eyeglasses, and contact lenses
 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*)
 7. Experimental treatment
 8. Any other non-emergency medical or dental care
- e. *You* must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

MEDICAL RETURN TRANSPORT

IMPORTANT:

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

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

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, *we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition.
2. *We* will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport.
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply to items 1., 2. and 3. above:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange.
This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice.
- c. *You* must comply with the decisions made by *our* assistance and medical teams. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.
- e. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Medical Repatriation (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable 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:

- a. Special *accommodations* must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice.
- d. *You* must comply with the decisions made by *our* assistance and medical teams. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to *your* chosen destination.
- f. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your* trip.

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

If *you* are told by the treating *doctor* that *you* will be hospitalized for more than 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:

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

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or dependents.
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange. **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:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange. **This is an obligation. The consequences of a breach of obligation can be found in the General Provisions section.**
- b. The death must occur while on *your* trip.

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

Search, 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.

B. 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:

- i. Cost to repair the damaged *sporting equipment* or
- ii. 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:

- a. *You* have taken necessary steps to keep *your sporting equipment* safe and intact and to recover it.
- b. *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.
- c. *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 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:

- a. *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.

C. 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.
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:

- i. Arranged as part of *your trip*.
- ii. Provided by a company that is regulated or licensed where required.
- iii. 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, or Travel Delay 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*.
28. Travel against the orders or advice of any government or other public authority.

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

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

1. *Your travel carrier* tickets do not show travel date(s).
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.

What are your obligations if it is doubtful whether you will be able to begin your trip or participate in a booked activity?

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:

- The **booking confirmation** with details about the booked services, the travel participants and the travel price
- The **proof of insurance**
- 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)
- The **proof of loss**
 - 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.
 - In case of death a death certificate.
 - 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?

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:

- The **booking confirmation** with details of the booked services, the travel participants and the travel price
- The **proof of insurance**
- **Receipts** for additional travel or return expenses and a statement from the tour operator for the unused services
- **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?

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 option do we offer if your baggage does not arrive on the outward journey?

Please report this to the *travel carrier* immediately and contact us to provide us with the incident number / loss confirmation. If the Real-Time conditions are met, we will ensure that you can pay for any necessary replacement purchases directly on site. In this case you no longer have the right to be reimbursed afterwards for further expenses incurred to recover your *baggage* or for any necessary replacement purchases.

What are your obligations if you become ill or suffer an injury or other emergency while travelling?

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 option do we offer for direct on site payment of your bill if you are ill and need medical treatment?

Before you seek treatment for health complaints, you can contact us. We will check whether, according to a preliminary assessment, the requirements for Real-Time cost coverage are met. If this is the case, we will ensure that you can pay your costs directly on site.

What are your obligations when lodging claims under the Travel Accident or Travel Liability 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.

What are your obligations when you lodge a claim under the Cruise Insurance?

Ask the responsible person of the shipping company to issue a confirmation, if a port of call was missed, if the river cruise was interrupted due to high or low water, if the ship's *doctor* has advised *you* not to leave the cabin / not to participate in a shore excursion or if *you* are denied boarding. Submit this documentation and information with *your* claim.

What do you have to consider when handing over the vehicle and in the event of a claim regarding the Collision Damage Waiver (CDW) for cars?

Check the *rental car* for any pre-existing damage and make sure that it is adequately documented. Please report theft and other criminal offences as well as *accidents* on the road immediately to the rental car company and the nearest police station. Get a copy of the police report, including the police *accident* report, if applicable, or at least a confirmation that *you* have raised a claim. In case of damage, please send *us* the following documents:

- the complete **rental car agreement** and / or booking confirmation
- The **rental car company's settlement statement** for the deductible, including evidence of the amount of the loss (cost estimate / repair bill)
- *Your* own **description of the damage** and / or the **certificate of reporting to the police**, if available
- **Records of hand-over and return**

What do you have to do in the event of a breakdown, accident or theft of the vehicle?

Please notify *our* emergency service immediately. In the event of insurance, the latter will take all necessary steps and inform *you* about further steps. Please submit **original invoices** for the reimbursement of *your* expenses incurred during the *trip*.

You are the policy holder if *you* concluded the insurance contract with *us*. *You* are required to pay *us* the insurance premium. *You* are obliged to provide the other co-insured persons with these Terms and Conditions of Insurance and the Data Protection Policy. As policyholder *you* can be an insured person at the same time.

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 policy-holder, 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:

- a. 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.