INSURANCE TERMS AND CONDITIONS OF PVZP
TRAVEL INSURANCE 1/26

PVZP

Chráníme to nejcennější

INSURANCE TERMS AND CONDITIONS
OVERVIEW

PRE-CONTRACTUAL INFORMATION
REGARDING THE TRAVEL INSURANCE POLICY

The purpose of this document is to familiarise prospective policyholders with the key features of the *Travel Insurance* product. It only provides the most essential information, which may be generalised for the purposes herein. This document is NOT a replacement for the actual insurance terms and conditions, and neither does it provide their comprehensive summary.

Information about the insurance company

Insurance company: Pojišťovna VZP, a.s.
Legal form: a joint-stock company registered in the Commercial Register maintained by the Municipal Court in Prague under File No. B 9100

Registered office:
Lazarská 1718/3, 110 00 Prague 1, Czech Republic

Contact email and telephone number:
info@pvzp.cz, +420 233 006 311

Data mailbox: 2cbfqmx

Member State: Czech Republic

Company ID No. / Tax ID No.: 27116913 / CZ27116913

Type of entity: non-life insurance company

Main business activity: insurance business

Solvency report:
www.pvzp.cz/cs/o-spolecnosti/informace-o-spolecnosti

Information about the intermediary:
contained in the Minutes of the Negotiations document

Supervising authority:
Czech National Bank, Na Příkopě 28, 115 03 Prague 1

Complaints from customers, insured persons or beneficiaries may be submitted in writing to the insurance intermediaries of Pojišťovna VZP, a.s., or directly to the insurance company; alternatively, complaints may be addressed to the supervising authority for the insurance and reinsurance business and supplementary pension insurance schemes, which is the Czech National Bank.

Customers, insured persons and beneficiaries are entitled to contact the purposes of out-of-court settlement of consumer disputes the Czech Trade Inspection Authority, Central Inspectorate – ADR Department (Česká obchodní inspekce, Ústřední inspektorát – oddělení ADR), Gorazdova 1969/24, 120 00 Prague 2, email: adr@coi.gov.cz; www.coi.gov.cz, or the Office of the Ombudsman of the Czech Insurance Association (registered office) (Kancelář ombudsmana České asociace pojišťoven z.ú.), Elišky Krásnohorské 135/7, 110 00 Prague 1, Company ID: 07462425, phone: +420 602 273 096, email: kancelar@ombudsmancap.cz; www.ombudsmancap.cz.

In connection with the insurance policy being arranged, the insurance intermediary is remunerated in the form of a commission, which is governed by the insurance company's commission scheme. The commission is included in the premium that the client pays to the insurance company.

Key features of the insurance

The travel insurance from Pojišťovna VZP, a.s. offers comprehensive coverage against fortuitous events that may arise when travelling abroad or within the Czech Republic.

The insurance covers medical expenses and accident, liability and property insurance perils.

The insurance is governed by Czech Act No. 89/2012 Coll., the Civil Code, the insurance policy and the insurer's insurance terms and conditions. The client will receive the insurance terms and conditions in printed or electronic form - https://www.pvzp.cz.

It is the client's responsibility to determine the scope of the insurance cover and the cover limits and/or sums insured to best suit their needs.

When does the insurance commence and when (and how) does it cease to exist?

The insurance is taken out for a fixed term (unless otherwise agreed in the insurance contract); the date and time when the cover commences are always specified in the insurance contract as "Policy period – commencement". The minimum duration of an agreed policy period is 1 day; the maximum duration of an agreed policy period is 1 year (unless otherwise agreed in the insurance contract). The end date of insurance is always stated in the insurance contract as "Policy period – end".

Other reasons for expiration include:
- cessation of insurable interest (cessation of the legitimate need for protection against the consequences of an insured event),
- the date of the insured's death,
- the date of rejection of the insurance benefits,
- withdrawal,
- termination by agreement.

A contract concluded by means of distance selling, if concluded for a period of more than 1 month, may be terminated by withdrawing from the contract within 14 days of the date the contract was concluded.

The right of withdrawal from the contract can also be exercised online at https://online.pvzp.cz/klient/auth/login.

Expiration of insurance is defined in the insurance terms and conditions or, where applicable, in the insurance contract.

If travel insurance is taken out as an annual recurring stay, the coverage applies to an unlimited number of travels abroad undertaken during the insurance validity period. The maximum duration of a single continuous stay abroad is 90 days. The insured is obliged, at the insurance company's request, to provide verifiable evidence that, at the time an insured event occurred, their continuous stay abroad did not exceed 90 days

(e.g. by producing a flight ticket, travel document, an employer's or school's confirmation, etc.).

Payment of insurance premium

The premium is a one-off payment, payable on the date on which the policy period commences as specified in the insurance contract, either in cash, by payment card or by bank transfer to the insurance company's account specified in the insurance contract, quoting the VS identifier (the insurance policy number). The premium is deemed to have been paid at the moment the payment is made or the payment order is submitted to the bank.

Territorial scope of the insurance

The travel insurance is only valid at the place of insurance specified in the insurance policy:

- Region E – all European countries, the European part of Russia, Morocco, Algeria, Tunisia, Libya, Turkey, Israel, Jordan, Cyprus,
- Region S – all countries of the world.

Scope of insurance

The following basic travel insurance packages can be taken out:

MINI:

- medical expenses insurance,
- liability insurance,
- assistance insurance Plus.

STANDARD:

- medical expenses insurance,
- liability insurance,
- accident insurance,
- personal effects insurance and insurance for delays,
- assistance insurance Plus.

STANDARD PLUS:

- medical expenses insurance,
- liability insurance,
- accident insurance,
- personal effects insurance and insurance for delays,
- assistance insurance Plus,
- hospitalisation insurance,
- electronics insurance,
- travel plan insurance,
- mountain rescue insurance,
- Sport insurance,
- security risks insurance,
- insurance for selected exclusions

Additional insurance can be taken out as optional extras to the **STANDARD** and **STANDARD PLUS** basic insurance packages, unless it is already included as part of the packages:

- electronics insurance,
- travel plan insurance,
- mountain rescue insurance,
- veterinary care insurance,
- Sport insurance,
- security risks insurance,
- excess/deposit insurance for a hired vehicle,
- Carefree Driving vehicle assistance insurance,
- cancellation fee insurance.

Travel insurance typically includes the following coverage:

Medical expenses insurance

An insured event is a change in the insured's state of health (including a sudden change in a long-standing chronic condition) resulting from a serious illness or accident that occurred during the insured period and at the place of insurance, and which requires the subsequent provision of acute and urgent medical care at the place of insurance.

Necessary and reasonable costs demonstrably incurred for healthcare services provided to the insured at the place of insurance, to the extent of:

a) acute and urgent medical care for the insured, including:
   - the necessary examinations required to establish a diagnosis and determine the course of treatment,
   - necessary standard treatment/necessary hospitalisation of the patient in a shared room with standard facilities,
   - a necessary operation, including the associated essential expenses,
   - essential medicines and medical devices prescribed by a doctor in the quantities required until the person's return to the Czech Republic,
   - medically necessary transport from the location of the insured event to the nearest first-aid facility or hospital,

b) repatriation of an insured who is ill, where this is medically necessary and is carried out, following assessment and approval by the insurance company's medical examiner and with the consent of the attending doctor, by a medical transport organisation approved by the insurance company or by the insurance company's assistance service provider, to a healthcare facility in the Czech Republic determined in the same manner, or, where applicable, to the insured's place of residence in the Czech Republic,

c) subject to prior approval, the insurance company may, in justified cases, also cover the expenses of another person required to accompany the insured,

d) transport of the insured's remains to their place of residence in the Czech Republic, carried out by a specialist organisation approved by the insurance company or by the insurance company's assistance service provider. Subject to prior approval, the insurance company may, in justified cases, also cover other related costs,

e) urgent dental treatment for the insured to relieve sudden pain, with the exception of treatment for periodontitis, the removal of dental plaque and tartar, and the fabrication and repair of dentures, crowns, bridges, fixed dental prostheses and orthodontic appliances.

Liability insurance

An insured event is, subject to agreed exclusions, the insured's liability to compensate for damage or non-pecuniary loss, the cause of which arose during the insured period and at the place of insurance, which the insured caused through activities in the course of normal daily life, and for which they are liable under the law of the country where the damage or non-pecuniary loss occurred. An insured event **DOES NOT** include damage or non-pecuniary loss arising in connection with the insured's gainful employment or while carrying out duties under an employment relationship, or in connection therewith.

Accident insurance
An insured event is, subject to agreed exclusions, any permanent consequences of an accident or an accident resulting in the insured's death, which occurred during the insured period and at the place of insurance.

Personal effects insurance
Subject to agreed exclusions, an insured event is damage to the insured's personal effects arising during the insured period and at the place of insurance by way of:
1. damage to or destruction of the insured property due to:
   a) natural disasters,
   b) aircraft crashes,
   c) the weight of snow or ice,
   d) water flowing out of a water supply system,
   e) vandalism;
2. theft of the insured property by burglary or robbery;
3. damage to or destruction of the insured property in a road traffic accident;
4. loss of the insured property in cases where the insured was prevented from taking care of the property;
5. delays in the delivery of luggage entrusted to the carrier;
6. a delay of a means of transport;
7. missing a means of transport for the reasons enumerated.

Assistance insurance Plus
An insured event is:
   a) damage to a travel document; the insurance also covers the loss of, damage to or destruction of a travel document, whatever the cause,
   b) damage to the insured's permanently occupied immovable property or household caused by a natural disaster, a road traffic accident, burglary or water from a water supply system,
   c) leaving a person under the age of 18 unattended abroad due to death or hospitalisation of the person accompanying them,
   d) funeral expenses in the country where the insured died.

The benefit is provided in the form of assistance services.

Hospitalisation insurance
An insured event is, subject to agreed exclusions, hospitalisation of the insured in a healthcare facility within the place of insurance, commencing during the insured period, as a result of the occurrence of insurance perils during the insured period and within the place of insurance, which are:
   a) an accident,
   b) a serious illness,
   c) pregnancy, excluding childbirth.

If an insured event arises, the insurance company will pay the beneficiary a one-off insurance benefit in the agreed amount.

Electronics insurance
An insured event is damage to the insured property (cameras, including lenses; video cameras; portable media players; mobile phones; portable navigation devices, and laptops) occurring during the insured period and at the place of insurance by way of:
1. damage to or destruction of the insured property due to:
   a) natural disasters,
   b) aircraft crashes,
   c) the weight of snow or ice,
   d) water flowing out of a water supply system,
   e) vandalism;
2. theft of the insured property by burglary or robbery;
3. damage to or destruction of the insured property in a road traffic accident;
4. loss of the insured property in cases where the insured was prevented from taking care of the property.

Travel plan insurance
An insured event is the inability to carry out travel plans for reasons of:
1. hospitalisation due to illness or injury,
2. death of the insured or their relative, or of persons insured under the same insurance policy,
3. loss or damage incurred by the insured due to a natural disaster or a criminal offence committed by a third party, where the amount of the loss or damage is at least CZK 100,000 and the insured provides evidence that their presence at their place of residence is necessary for this reason,
4. the travel destination being designated by the official authorities as a territory posing a threat to health or life during the insured period, for reasons of terrorism or a natural disaster, i.e., fire, flood, inundation, storm, earthquake or volcanic eruption; the condition for payment of insurance benefit is that the insured has actually left such a territory,
5. a call by the Ministry of Foreign Affairs of the Czech Republic to leave the country of stay during the insured period, for any reason, provided that no travel warning had been issued for that country prior to the call to leave being issued; the condition for payment is that the insured has actually left the country.

If an insured event arises, the insurance company will pay the beneficiary a one-off insurance benefit in the agreed amount.

Insurance for selected exclusions
An insured event is the invalidation of the exclusions enumerated in the insurance terms and conditions:
   a) events that have arisen under the influence of alcohol up to a blood alcohol content of 1 ‰,
   b) events that have arisen due to imposition of a preventive quarantine or isolation in connection with medical expenses insurance or cancellation fee insurance,
   c) events arising in connection with the theft of cameras, musical instruments, audiovisual equipment, mobile phones, computers and other similar electronic devices, including their accessories, from a motor vehicle, caravan or luggage box,
   d) events arising in connection with the theft or loss of, or damage to luggage entrusted to the carrier,
   e) events arising in connection with damage caused to property which the insured has borrowed or which has been entrusted to them for their use, or which they are using or have in their possession for any other reason,
   f) events arising in connection with the obligation to pay a cancellation fee for unused services paid directly to the service provider,
   g) events arising in connection with the obligation to pay cancellation fees to the travel service provider, where the insurance was not taken out within the period specified in the insurance terms and conditions.

Cancellation fee insurance
An insured event is the insured's obligation to pay a cancellation fee charged by the service provider, provided that, during the insured period, participation in the tour with the service provider was demonstrably cancelled for the following reasons:

1. a serious illness, injury or death of the insured or their relative, or of persons insured under the same insurance policy,
2. loss of employment through no fault of the insured due to organisational changes,
3. loss or damage incurred by the insured due to a natural disaster or a criminal offence committed by a third party, provided that the reasons arose after the insurance contract was concluded, the amount of the loss or damage is at least CZK 100,000 and the insured provides evidence that they cannot use the travel service for this reason,
4. filing an application for divorce or a petition to dissolve a registered partnership, provided that they are named on the same package tour contract,
5. the target destination being designated by the official authorities as a territory posing a threat to health or life during the insured period, due to a threat of terrorist attacks or natural disasters, i.e. fire, floods, inundations, windstorms, earthquakes or volcanic eruptions.

Insurance benefit limits

For individual insurance policies, these are set out in the insurance contract or, where applicable, in the insurance terms and conditions.

High-risk sports and activities

1. For travels involving high-risk sports activities, it is necessary to take out appropriate additional insurance;
- high-risk sports and activities,
- extreme sports and activities.

For a breakdown of individual high-risk and extreme sports and activities, see https://www.pvzp.cz/wp-content/uploads/2022/06/CPP08_Seznam_sportu-1.pdf

2. Work at height also is included among high-risk activities:
- up to 5 m height – no additional insurance needed
- 5–10 m height – high-risk activities
- 10–30 m height – extreme activities

Exclusions

In particular, the insurance does not cover the following types of loss or damage:

- the cause or symptoms of which arose outside the insured period, or outside the agreed place of insurance (territory),
- which the policyholder, the insured or the beneficiary could have foreseen or of which they were aware at the time the insurance contract was concluded,
- caused by deliberate actions of the policyholder, the insured, the beneficiary or any other person acting at their instigation,
- caused by gross negligence or a gross breach of the insured's obligations,
- arising in connection with a disturbance caused by the insured, or in connection with a criminal offence committed by the insured, or an attempt to commit it,
- arising in the course of the preparation and conduct of activities for which no appropriate insurance had been taken out,
- arising in a territory for which a government authority has, for any reason, issued a notice, recommendation or warning against travelling to or staying in that territory, provided that the travel or stay commenced while such notice, recommendation or warning was in force,
- which occurred as a result of, or in connection with, acts of war and civil war, or acts of violence (including civil unrest and terrorist activity) in which the insured actively participated,
- arising in a territory where the insured was present illegally.

The full text of the insurance exclusions is set out in the insurance terms and conditions or, where applicable, in the insurance contract.

Restrictions on insurance coverage

Insurance coverage is limited in particular:

- by the limit on insurance benefits per single insured event agreed in the insurance policy (as set by the policyholder), which also constitutes the upper limit on the total insurance benefits for all insured events arising during the insured period,
- the excess agreed in the insurance policy,
- in the event of a breach of the obligations of the insured (or the beneficiary) set out in the insurance terms and conditions, in proportion to the extent to which such breach affected the insurance company's obligation to pay out benefits,
- the interpretative provisions of the insurance terms and conditions and the insurance contract.

Further restrictions on insurance coverage are set out in the respective terms and conditions of insurance or, where applicable, in the insurance contract.

The obligations of the policyholder and the insured are, in particular:

- to answer the insurance company's questions fully and truthfully when taking out the insurance and at any time during the term of the policy,
- to notify the insurance company without undue delay of any changes relating to the agreed insurance policy, including any multiple insurance (insurance covering the same insurance peril with another insurer),
- to observe the laws in force in the country of stay,
- to do everything possible to prevent an insured event from occurring and to minimise its consequences,
- if a loss event arises and providing that the policyholder's/insured's health permits, to always immediately contact the insurance company's assistance service provider, and to follow their instructions,
- to notify the insurance company in writing, without undue delay and using the appropriate form, of the occurrence, causes and extent of the loss event (including documentation as evidence), any rights of third parties and any multiple insurance,
- to pay the agreed insurance premium duly and on time.

Further obligations are set out in the respective terms and conditions of insurance or the insurance contract.

INFORMATION FOR CLIENTS OF POJIŠŤOVNA VZP, A.S.
ON THE PROCESSING OF PERSONAL DATA

Pojišťovna VZP, a. s. would like to inform you that this document contains information on how we process personal data in connection with our insurance operations.

Data controller:

Pojišťovna VZP, a.s., Company ID No.: 27116913, with its registered office at Lazarská 1718/3, 110 00 Prague 1, Czech Republic, registered in the Commercial Register maintained by the Municipal Court in Prague under File No. B 9100 (hereinafter also as the "**Data Controller**" or the "**Insurer**").

The Data Controller provides this information on the processing of personal data in accordance with Article 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (hereinafter as the "**Regulation**").

3. What personal data we collect

As an insurance company, we typically need the following personal data from you: first name, surname, date of birth, place of birth, personal identification number (if assigned), your residential address, your ID card number and a copy of your ID card, email address, telephone number, and, where applicable, any other information that enables us to identify you (such as nationality, age, details of tax residence and tax identification number, and business registration number (if you are a natural person). In the same scope, we need personal data of your children or persons for whom you have parental responsibility.
As personal data, we also process data relating to the services and products you use, your communications with us, transaction data (premium payments, insurance benefit payouts), data relating to the settlement of insurance claims, data used to evaluate your needs and assess the suitability of insurance coverage, and other data used in risk valuation when taking out insurance. As sensitive data, we define information relating to health (the nature and scope of such data depend on the nature of the insurance policy being taken out).
Given the contractual nature of our relationship, the provision of personal and sensitive data is voluntary; however, it is prerequisite to the conclusion of an insurance contract.

4. On what grounds do we process personal data and what gives us the right to do so

Whether we require your consent to the processing of personal data depends on the nature of the processing and your relationship with the insurance company – whether you are a prospective policyholder, a policyholder (the person taking out the insurance policy), the insured (the person whose life, health, property or liability is covered by the insurance), a third party (owner, operator), an injured party, or a beneficiary entitled to receive the insurance benefit in the event of a claim being settled.

Accordingly, we process personal data:

a) without your consent, on the basis of the performance of a contract, our legitimate interest or in order to comply with legal obligations;
b) on the basis of your consent.

Processing of personal data without your consent
We will process your personal data when we offer you the opportunity to take out, amend or cancel insurance; in this context, we provide you with draft contracts and also carry out preparatory and analytical work, calculations, modelling, and assessments of risk and your individual situation. The processing of personal data in connection with the performance of a contract also includes assistance with the administration of insurance, the investigation of insurance claims, and the payment of benefits under insurance contracts, including processing carried out prior to contract conclusion, even if the contract is not ultimately concluded. The collection and recovery of insurance premiums also are part of the performance of a contract. When investigating insurance claims, we may also process special categories of data (in particular health-related data) and information relating to criminal matters, pertinent decisions and proceedings. We also process your personal data when you take part in various client programmes, campaigns or competitions, in order to fulfil the obligations we have under such programmes.

We will further process your personal data in order to protect our rights and legitimate interests. That is, for example, to establish, defend and enforce rights arising from insurance. In order to protect our interests, we also record telephone calls so that we can continue to improve our services. We process certain special categories of personal data (in particular, health-related data) after the conclusion of a contract precisely on the grounds that it is necessary for the establishment, exercise or defence of legal claims. We also process personal data for the purpose of analysing and assessing potential risks. This also includes, for example, improving and advancing our services based on an analysis of your behaviour when using them. It also comprises measuring satisfaction with our services, protecting individuals and property, preventing and detecting criminal or unlawful activities, or e.g. client segmentation. Also falling hereunder is direct marketing aimed at our clients, which involves informing them about our new products and services. On the basis of legitimate interest, we also process, without their consent, the identification and contact details of injured parties and beneficiaries for the purposes of settling insurance claims, of owners/operators, representatives of legal entities, statutory representatives, and other persons authorised to represent the policyholder or the insured for the purposes of concluding an insurance contract, assessing insurability, administering and terminating an insurance contract, settling insurance claims, and preventing and detecting insurance fraud.

You may object to processing based on legitimate interests; we will deal with your objection and assess whether the processing in question complies with the regulatory requirements.

We will also process your personal data in order to comply with our legal obligations. This includes, in particular, obligations arising from regulations governing the insurance business, but also general obligations relating to data retention and archiving, administrative duties, and the obligation to cooperate with public authorities. We are also obliged to process your personal data in order to prevent and detect money laundering and the financing of terrorism. For this reason, we carry out identity checks and verification concerning your person.

Processing of personal data with your consent for the purposes of offering services and for marketing purposes
With your consent, we will process your personal data to evaluate your needs and assess the suitability of insurance coverage, as well as to assess the risk at the time of taking out insurance, and to analyse data on your use of our services for the purpose of sending you discounts or other offers of our services (carrying out our own marketing activities). This helps us better understand and identify your needs, carry out

analyses, offer fitting products and services, and improve the quality of our services. We may process your personal data in connection with direct marketing activities at your request (e.g. when you fill in a form asking us to contact you, or when you subscribe to a newsletter). In such cases, providing consent is optional and you may withdraw your consent at any time. However, a withdrawal of consent does not affect the lawfulness of the processing carried out prior to the withdrawal.

Processing of sensitive data with your consent
In some cases, we will require your consent to the processing of sensitive personal data – in particular, data relating to your health – prior to the conclusion of an insurance contract and when investigating loss events. For certain insurance products, consent to the processing of this personal data is prerequisite to taking out an insurance policy or for determining whether, and to what extent, an insured event has occurred. For these reasons, once you have given your consent to the processing of sensitive personal data to the extent necessary, you cannot withdraw that consent over the period of lawful processing of such data by us.

5. What sources do we obtain personal data from

You provide us, as the Data Controller, with the personal data as set out above for processing purposes in your capacity as the policyholder and/or the insured in connection with the conclusion of or amendment to an insurance contract, administration of the insurance contract, and the provision of services relating to the insurance contract (settlement of insurance claims, assistance). The data is provided via our website, contractual documentation or other forms, and through telephone, email or other types of communication. We also process data available from publicly accessible sources (such as the commercial register or insolvency register) and obtained in our own operations (in particular in relation to the services or products you have requested).
As the Data Controller, we may also obtain data from third parties if you have given your consent (e.g. from healthcare providers to assess your state of health prior to taking out insurance), or where required by law (e.g. under the exchange of information between insurance companies according to Czech Act No. 277/2009 Coll., on the insurance sector), or if necessary for the fulfilment of contractual obligations.

6. For how long do we retain your personal data

The retention period of personal data depends on the purpose for which it is processed. The insurance company will retain your personal data for a maximum of full ten calendar years from the date your insurance ends. If no insurance policy has been taken out, the insurance company will retain your personal data until the end of the second calendar year following our last communication with you at the latest. We are required to process (retain) this data over this period in order to comply with our legal obligations as required by the Insurance and Reinsurance Distribution Act, and, where applicable, to protect our legitimate interests.
In the event of judicial, administrative or similar proceedings being initiated, the period shall be extended at least until such proceedings have been finally concluded.
If we process personal data on the basis of your consent, we will retain it only until such time as you withdraw your consent at the longest.

7. Who we share personal data with

Your personal data may be processed (i.e. the data may be provided to the following entities) by our contractual partners, which may include:

- our business partners,
- marketing agencies when using assistance with campaigns and other marketing activities,
- providers of information systems and technical infrastructure (including archiving services),
- insurance intermediaries (processing of personal data for the purposes of modelling, offering and concluding an insurance contract, or administering or terminating a contract, as well as for marketing purposes), reinsurance companies,
- external loss adjusters (for the settlement of insurance claims),
- contracted doctors and healthcare facilities (for the assessment of health status and insurability in connection with the conclusion or amendment of an insurance contract, or the settlement of insurance claims),
- law firms, auditing companies, bailiffs and debt collection agencies,
- companies providing electronic communications services (external call centres, providers of email and SMS solutions).

Recipients of personal data may also include:

- entities to which we are required to disclose such information by law (e.g. courts, law enforcement agencies, the Czech National Bank, the Czech Insurance Association, the Czech Insurers' Bureau, other insurance companies, for the purposes of fulfilling our obligations in the prevention and detection of insurance fraud, etc.).

We use for the processing of personal data processors with which we have a data processing agreement concluded and who provide sufficient safeguards for the protection of your personal data.
Personal data is processed primarily within the EU/EEA. We only process data outside the EU/EEA if appropriate safeguards are in place in accordance with the Regulation.
With your consent or at your request, personal data may also be provided to other entities.

6. How we process your personal data and how we ensure its protection

When processing your personal data for the purpose of concluding an insurance contract or for marketing purposes, we may process the provided personal data both manually and automatically (i.e. using IT and/or information systems).

This is to evaluate certain personal details and assess the suitability of our products, thereby ensuring that our offers best reflect your needs. You have the right to object to automated processing at any time.
At the same time, you have the right not to be subject to a decision based solely on profiling (which means the automated processing of personal data for the purpose of evaluating certain personal details of an individual – such as their financial standing, health, preferences, behaviour, etc.) and which produces legal effects concerning you or other significant effects on you.
We protect personal data to prevent unauthorised or accidental access to it, and also to prevent its transmission, alteration, loss or any other possible misuse. We have modern verification, technical and security mechanisms in place to ensure the maximum possible protection of the data we process against unauthorised access or transmission, loss, destruction or any other possible misuse. Persons who come into contact with personal data in the course of their work or contractual duties are bound by a duty of confidentiality. All client information is also protected by a duty of confidentiality under the act on the insurance sector.

7. Your rights with regard to the processing of personal data

Right of access to personal data
You have the right to obtain confirmation from us, as the Data Controller, as to whether or not we are processing your personal data.
If your personal data is being processed, you also have the right to gain access to it. Upon request, we will also provide you with a copy of the personal data we process. We are entitled to charge a reasonable fee for the second and any subsequent copies, based on the administrative costs involved.

Right to rectification of personal data
This means your right to have any inaccurate personal data corrected by us; you also have the right to have any incomplete personal data completed.

Right to object
You have the right to object at any time to the processing of your personal data based on our legitimate interests, including direct marketing and profiling.

Right to erasure of personal data
You have the right to obtain from us the erasure of your personal data if it is no longer necessary for the purposes for which it was collected, or if you have withdrawn your consent on the basis of which the data was processed and there is no longer any other legal basis for processing it.
You also have the right to erasure if it transpires that our processing was unlawful, or if erasure is necessary to comply with our legal obligations.
However, the right to erasure does not apply if the processing of your personal data is still necessary for us to comply with a legal obligation we are bound by or to establish, exercise or defend legal claims.

Right to restriction of processing of personal data
In certain circumstances, you have the right to obtain from us a restriction of processing of your personal data. This includes, for example, cases where you dispute the accuracy of personal data, or where we are processing your personal data without a sufficient legal basis and you request that the processing be restricted rather than the data being erased.

Right to personal data portability
This means the right to obtain your personal data from us in a structured, commonly used and machine-readable format, and the right to transfer that data to another data controller. You also have the right to obtain from us the transfer of your personal data directly to another data controller, as far as this is technically feasible.

Right to withdraw consent to the processing of personal data
You have the right to withdraw your consent to the processing of your personal data for the purposes of offering goods and services at any time.
You may withdraw your consent in writing, in any form, using the Data Controller's contact details set out below.
Withdrawing your consent does not affect our processing of your data prior to its withdrawal.

Right to lodge a complaint
If you believe that the Data Controller is processing personal data in breach of the Regulation, you may lodge a complaint directly with us, as the Data Controller, formally in writing by post to the following address: Lazarská 1718/3, 110 00 Prague 1, or by email to: dpo@pvzp.cz.
The complaint must clearly specify who is making it and what the complaint is about.
We will deal with your complaint without undue delay, within one month of receiving it at the latest. In exceptional cases, in particular for complicated complaints, we are entitled to extend the period by a further two months. We will inform you of any such extension and the reasons for it.
You may also lodge a complaint with the Office for Personal Data Protection of the Czech Republic (Úřad pro ochranu osobních údajů), with its seat at Pplk. Sochora 27, 170 00 Prague 7, Czech Republic, https://uoou.gov.cz/.

8. How to exercise your rights

To obtain information about the processing of your personal data or to exercise your rights, please contact the Data Controller via our Data Protection Officer (DPO), which is our employee: Mr Ing. Ondřej Fiala, email: dpo@pvzp.cz, phone: +420 233 006 353.

9. Information on the principles and rules of personal data processing and protection

Information on data protection can be found on our website at https://www.pvzp.cz//.

We are committed to complying with the sector-specific regulations set out in the Self-Regulatory Standards for the Application of the General Data Protection Regulation (the Regulation) in the insurance sector. You can find the text of these here.

INSURANCE TERMS AND CONDITIONS
TRAVEL INSURANCE 1/26
effective 20 May 2026

The travel insurance is designed to protect the insured persons when travelling and staying away from their place of residence. The insurance terms and conditions for all insurance policies are set out in the section with common provisions, and, for the individual types of the insurance, in the following sections of these insurance terms and conditions (hereinafter as "following sections"). The types of insurance taken out are set out in the insurance policy.

A. COMMON PROVISIONS

ARTICLE 1 Opening Provisions

1. The rights and obligations of the parties to the travel insurance (hereinafter in this section simply as "insurance") are governed by the laws of the Czech Republic, in particular Act No. 89/2012 Coll., the Civil Code, as amended (hereinafter as the "Code"), these insurance terms and conditions, the provisions set out in the insurance contract and its annexes, and in other documents forming part thereof.
2. Any provisions in the insurance contract that deviate from the Civil Code or these insurance terms and conditions shall take precedence. Any provisions to different effect in the following sections of these insurance terms and conditions shall take precedence over the provisions of this section and the Civil Code, insofar as the wording of the Civil Code permits.
3. The parties are the policyholder on the one hand, and the insurer on the other.

ARTICLE 2 Definitions

For the purposes of the insurance, the following definitions apply:

1. Acute medical care is care intended to prevent a serious deterioration in a person's health or to reduce the risk of such deterioration, so that the facts necessary to set or modify an individual treatment plan can be established in good time, or to prevent the insured from reaching a state in which they would pose a threat to themselves or those around them.
2. Target destination is defined as the territory in which the city, municipality or holiday resort specified in the package tour contract, accommodation booking or on the purchased flight or train ticket is located.
3. 'Abroad' refers to areas outside the borders of the Czech Republic.
4. Third party means a person who has no financial connection whatsoever with the insured and is not a person close to them.
5. Actual cash value is the value an item had immediately before the occurrence of the insured event; it is determined on the basis of the new price of the item taking account of the level of wear and tear or other depreciation and/or appreciation of the item resulting from its repair, overhaul, or otherwise.
6. Insured period is the actual period, within the agreed policy period, during which the insurance was in force.
7. A road traffic accident is an incident that happened or began on a public road and in which a fatality, injury or damage to property occurred in direct connection with the operation of a moving vehicle.
8. A means of transport is a mobile physical object (vehicle, ship, aeroplane, train, etc.) used to transport goods or people. This is a mobile component of transport and logistics.
9. A long-standing chronic condition is a long-lasting and progressive illness (including post-traumatic conditions) which existed prior to the start of insurance and which, during the past 6 months, was stable and did not require hospitalisation, nor had it worsened or led to any changes in treatment or medication.
10. 'Electric bicycle' refers to bicycles and scooters fitted with an auxiliary electric motor with a power output of up to 250 W, which is deactivated when a maximum speed of 25 km/h is reached.
11. 'Hospitalisation' means a status of the insured caused by an insurance peril, during which they receive hospital diagnostic and treatment care that is medically necessary and involves their stay in a hospital bed.
12. A single insured event is an insured event under a policy covering a single person, arising from the same cause, at the same place and at the same time, which encompasses all facts and their consequences between which there is a causal, geographical, temporal or other direct connection.
13. A single premium is a premium set for the entire policy period.
14. A single item is understood to include all its components.
15. Any term or period expressed in days shall always be understood to mean the number of calendar days.
16. Fortuitous event is an event which is possible but uncertain to occur during the insured period or whose time of occurrence is not known.
17. Start of travel is the moment when the insured boards a means of transport in the Czech Republic with the aim of reaching their planned travel destination.
18. Return from travel is the moment when the insured gets off the means of transport at their place of residence in the Czech Republic.
19. Urgent medical care is care intended to prevent or mitigate the onset of sudden conditions which pose an immediate threat to life, or which could lead to sudden death or a serious threat to health, or which cause sudden or intense pain, or sudden changes in the patient's behaviour who as a result endangers themselves or those around them.
20. Fixed-sum insurance is a type of insurance the purpose of which is to obtain a fixed sum - that is, an agreed financial amount - following an insured event, the amount of which is independent of whether damage has occurred or the extent of such damage.
21. Theft of property means:
    a) burglary, where a third party has taken possession of the insured items while demonstrably overcoming

barriers designed to protect such items from theft from closed and locked rooms or from the closed and locked luggage compartment of a motor vehicle, provided that the items were not, or could not have been, visible in any way from the outside. Using the original key or its duplicate is regarded as overcoming a barrier only if a third party has taken possession of the original key through burglary or robbery. Breaking in by means not yet established is not regarded as theft by burglary,

b) robbery, where a third party has taken possession of the insured items by using violence or the threat of imminent violence against a person who was preventing (posing a barrier to) the theft of the insured items.

22. Beneficiary is a person who becomes entitled to the insurance benefit as a result of an insured event.

23. An insurance policy is the written confirmation of the conclusion of an insurance contract, issued by the insurer to the policyholder.

24. Policy period is the period of time for which the insurance is established. This period is not shortened by an early termination/expiration of the insurance.

25. An insured event is a fortuitous event arising from an insurance peril, as separately defined for each type of insurance, which gives rise to the insurer's obligation to pay insurance benefits.

26. An insurance peril is a possible cause of an insured event, as separately defined for each type of insurance (hereinafter referred to as the "cause"). The insurance peril does not cease to exist simply because the insured is not present at the place of insurance.

27. Insurance risk is the degree of probability of occurrence of an insured event caused by an insurance peril.

28. Policyholder is a person who has entered into an insurance policy with the insurer and is obliged to pay the premium.

29. Insurer is a legal person authorised to engage in insurance business under dedicated law.

30. The insured (also as the insured person) is the person whose life, health, property or liability is covered by the insurance.

31. As a service provider for the purposes of cancellation fee insurance, an entity is defined other than the parties to the insurance and the insured's relatives, which provides the service in question (e.g. a tour operator, travel agency, transport company or accommodation provider).

32. Damage to property is damage that can be remedied by repair, provided that the cost of such repair does not exceed the actual cash value of the property.

33. An insured's certificate is a written confirmation of the commencement of insurance, issued by the insurer for the insured's purposes; it is used to claim insurance benefits at the place of insurance.

34. Relative(s) of the insured means their spouse, partner living in the same household, children, parents, grandparents, grandchildren, siblings, parents of their spouse, registered partner, or parents of their registered partner.

35. Excess is the amount agreed in the insurance policy which the beneficiary is required to contribute towards the insurance benefit for each insured event. Excess may be expressed as a fixed amount, a percentage, or a combination of both. The sum insured cannot be reduced by the agreed excess.

36. 'Sports equipment' means the insured's standard sports equipment intended for their personal use, which they took with them on travel or which they demonstrably acquired during the travel. Items that are not used as equipment or tools, such as personal accessories, clothing, helmets, glasses, footwear, binoculars, etc., are not considered to be sports equipment.

37. Cancellation fee is a charge levied by a service provider for cancelling a booking for a tour. It is deemed to be an amount up to the sum specified in the package tour contract or, where applicable, as set out in the service provider's schedule of cancellation fees in force as at the date the package tour contract was concluded.

38. Loss event is a circumstance resulting in loss or damage that may give rise to the right to insurance benefit.

39. Insurance against loss and damage is insurance to indemnify for loss or damage suffered as a result of an insured event. Under insurance against loss and damage, the insurer will provide an insurance benefit which, to the agreed extent, compensates for the loss of property arising as a result of an insured event.

40. Distress is a situation in which the insured's health or life is at risk and they are unable to manage without assistance from others.

41. Permanent consequences are defined as the consequences of an injury that are no longer capable of improvement, i.e. permanent impairment or loss of bodily functions.

42. Party to the insurance refers to the insurer and the policyholder as the parties, and also to the insured and any other person having a right or obligation under the private insurance.

43. Payment for a service means payment for a tour or service, or the first instalment towards it.

44. As accident for the purposes of this insurance, an unexpected and sudden action is referred to of external forces or the insured's own physical force, beyond the insured's control, which occurs during the insured period and which results in injury or death to the insured, including accidents at work. As accident occurrence, the moment is deemed at which external forces or influences acted to cause injury or death to the insured.
An accident is also deemed to be any damage to health caused to the insured by:

a) localised infection following the entry of pathogens into an open wound caused by an accident,

b) tetanus or rabies contracted as a result of an accident, or diagnostic, therapeutic and preventive procedures carried out to treat the consequences of an accident,

c) unexpected and uninterrupted exposure to high or low external temperatures, gases, vapours, electric current (including lightning), radiation, toxic substances and poisons (with the exception of microbial poisons and immunotoxic substances),

d) drowning, including drowning to death,

e) bites and stings, including insect stings.

45. Vandalism means deliberate damage to or destruction of property by a third party.

46. Serious illness is defined as a medically documented sudden and unexpected change in health which endangers the health or life of the insured, independently of their will, and requires acute and urgent medical care.

47. Multiple insurance arises where two or more private insurance policies cover the same insurance risk over the same period, if the total of the sums insured exceeds the insured value of the property or the total of the insurance cover limits exceeds the actual amount of the loss incurred.

48. Water from a water supply system means water, water vapour or any other liquid (such as heating, air-conditioning and fire-extinguishing media) escaping from a water supply system or its components as a result of a sudden failure, a sudden breach of integrity of the water supply system or its

components, or its freezing, directly related to the nature and function of the water supply system or its components.

49. *Supervision of persons in one's care means an activity in which the insured is obliged, by virtue of law, a contract, a mandate, an organisational relationship or a de facto situation, to supervise the behaviour, activities, safety or whereabouts of persons who have been temporarily or permanently entrusted to them, in particular with a view to preventing harm to their health, life or the property of third parties.*

50. A prospective policyholder is a person who is interested in taking out an insurance policy with the insurer.

51. A (package) tour is defined as a travel or stay paid for with a service provider, involving shared or private transport, regardless of the amount of services provided.

52. The luggage compartment is the part of a passenger motor vehicle designated by the manufacturer for the carriage of items, and which forms an integral part of the motor vehicle. The term 'luggage compartment' also comprises a lockable roof box or a lockable box that forms part of a motorcycle.

53. Destruction of property means damage beyond economically reasonable repair, meaning that the item of property can no longer be used for its original purpose.

54. Loss of property only applies where the loss occurred as a result of a natural disaster or an accident, and where the insured can demonstrably prove that, through no fault of their own, they were unable to take care of the item.

55. A natural disaster is a fire, explosion, direct lightning strike, windstorm, hailstorm, flood, inundation, earthquake, a volcanic eruption, rockfall, landslide, mudflow or avalanche, or the fall of a tree or pole.

ARTICLE 3 Scope and Place of Insurance

1. The scope of the cover provided is determined by the insurance terms and conditions and the optional parameters set out in the insurance policy. These parameters are chosen by the policyholder when taking out the insurance policy, based on an understanding of the insured persons' needs.

2. The policyholder shall choose the types of cover to be taken out, the policy period, the maximum cover limit, the territorial scope of the insurance and, taking into account the activities carried out by the insured during the insured period, shall also select the type of stay and any additional insurance for high-risk sports and activities undertaken by the insured during the policy period (hereinafter also as "additional insurance"). Sports and activities for which additional insurance is required are listed in the column of the same name in the annex "List of Sports and Activities" (hereinafter as the "List"), which forms an integral part of the insurance contract and is referred to in the contract header. The List also sets out sports and activities for which no additional insurance is required, as well as sports and activities that cannot be insured. The scope of each individual insurance policy or additional insurance is set out in the insurance contract.

3. The following types of insurance can be taken out:
- a) Medical expenses insurance
- b) Accident insurance
- c) Personal effects insurance
- d) Liability insurance
- e) Cancellation fee insurance
- f) Mountain rescue insurance
- g) Hospitalisation insurance
- h) Veterinary care insurance
- i) Sport insurance
- j) Carefree Driving vehicle assistance insurance
- k) Excess insurance for a hired vehicle
- l) Travel plan insurance
- m) Electronics insurance
- n) Security risks insurance
- o) Assistance insurance Plus
- p) Insurance for selected exclusions

4. Territorial scope
All types of insurance taken out are valid only at the agreed place of insurance. Unless otherwise specified for individual types of insurance in the following sections, the place of insurance are, depending on the agreed territorial scope, the following territories:
- "Region E" – all European countries, the European part of Russia (the eastern limit is defined by the 60° East Meridian), Morocco, Algeria, Tunisia, Libya, Turkey, Israel, Jordan, and Cyprus,
- "Region S" – all countries of the world.
  The territory of a country is understood to include its exclusive economic zone (EEZ).

5. Type of stay
All types of insurance taken out are effective only while carrying out the agreed activities, depending on the agreed type of stay.
If the type of stay agreed is:
- a) "Recurring", the insurance covers events occurring during the insured period and not exceeding 90 days' continuous stay abroad. The insured is obliged to provide verifiable evidence that, at the time the event occurred, their continuous stay abroad did not exceed 90 days,
- b) "Continuous", the insurance covers events occurring during the insured period.

6. Additional insurance for high-risk sports and activities
For travels involving high-risk sports activities, it is necessary to take out appropriate additional insurance. All types of insurance taken out, subject to agreed exclusions, are effective only in connection with the preparations for and pursuit of sports and activities for which the relevant additional insurance has been taken out. If the following additional insurance has been taken out:
- a) "High-risk sports and activities", this insurance covers the pursuit of sports and activities designated in the List as high-risk sports and activities requiring additional insurance. Excluded are the activities listed under point (b) of this paragraph,
- b) "Extreme sports and activities", this insurance covers the pursuit of sports and activities designated in the List as extreme sports and activities and for which additional insurance is required. The insurance also covers the activities listed under point (a) of this paragraph.

Regardless of any additional insurance agreed, the insurance does not cover the preparations for and pursuit of sports and activities designated in the List as sports and activities that cannot be insured.

ARTICLE 4 Insurance Benefit Scope and Payout

1. The insurer shall pay the insurance benefit to the contractually agreed extent as at the date on which the insured event occurred.

2. The amount and scope of the insurance cover are determined by the insurer in accordance with the insurance terms and conditions.
3. The payment of insurance benefits is subject to the occurrence of an insured event and the fulfilment of all conditions and obligations arising from the insurance contract and its annexes.
4. The insurer shall pay the insurance benefit to the beneficiary in the manner set out in the following sections for each type of insurance.
5. Unless otherwise agreed by the parties, the pecuniary benefit is payable in the currency of the Czech Republic and within its territory, and the insurer shall pay it to the person entitled to receive the pecuniary benefit, either by bank transfer to their bank account or by postal order to their name and address.
6. If the insured was entitled to receive a pecuniary benefit which they did not receive during their lifetime, and their death did not constitute an insured event, the unpaid insurance benefit will form part of the succession.
7. In cases where a foreign currency needs to be converted, the insurer shall use the exchange rate of the Czech National Bank in force on the day the insured event occurred.
8. Where an excess has been agreed, the amount is specified in the insurance policy separately for each type of cover.
9. For each type of cover, the insurance benefit is subject to a cap or a sum insured, the amount of which is determined by the agreed cover limit option specified in the insurance policy. If no cover limit has been specified for the agreed option, the word "no limit" is indicated in place of the limit amount.
10. The insurance benefit is payable within 15 days of the conclusion of investigation into the reported event to which the claim relates. The investigation is concluded once its findings are communicated to the person who has made a claim for insurance benefits.
11. If the investigation necessary to establish the insured event, the extent of insurance coverage or the identity of the person entitled to receive the insurance benefit cannot be completed within three months of the date of notification, the insurer shall inform the notifying party why the investigation cannot be completed; if the notifying party so requests, the insurer shall provide the reasons in writing. The insurer shall, upon request, provide the person claiming the insurance benefit with an appropriate advance payment; this shall not apply where there is a reasonable ground for refusing to provide such an advance payment.
12. The insurer is entitled to reduce the insurance benefit:
    a) as a result of compensation which the beneficiary or, in the case of insurance against loss and damage, the injured party has already received by other means,
    b) if, as a result of a breach of duty by the policyholder or the insured during negotiations to conclude or amend the contract, a lower premium was agreed, the insurer is entitled to reduce the insurance benefit by an amount corresponding to the ratio of the premium received to the premium that should have been received,
    c) where a breach of duty by the policyholder, the insured, or any other person entitled to insurance benefits, had a material impact on the occurrence of the insured event, its course, the exacerbation of its consequences, or the assessment or determination of the amount of the insurance benefit, the insurer shall be entitled to reduce the insurance benefit in proportion to the extent to which such breach affected the scope of the insurer's obligation to pay,
    d) in the event that the transfer of rights to the insurer pursuant to Article 20 of this section is prevented,
    e) if it has paid out the insurance benefit in full and subsequently becomes entitled to a reduction in the insurance benefit. The insurer is entitled to claim the difference between the insurance benefit paid out and the reduced amount from the person in whose favour the benefit was paid.
13. The insurer may refuse to pay the insurance benefit if the insured event was caused by a fact
    a) of which it became aware only after the insured event occurred,
    b) which it was unable to ascertain when taking out or amending the insurance policy due to a culpable breach of the obligation laid down in paragraph 1 or 2 of Article 16 of this section,
    c) if, having been aware of the fact at the time of concluding the contract, it would not have concluded it, or it would have concluded it on different terms.
14. The insurer may also refuse to pay the insurance benefit if, when making a claim, the beneficiary knowingly provides false or grossly distorted information as to the extent of the insured event, or withholds material information relating to the event.
15. The insurer is entitled to deduct from the insurance benefit any outstanding insurance premiums or other insurance-related claims.
16. The insurer does not cover fines, penalties, compensatory damages, etc.
17. Further details of the scope of insurance coverage for each type of insurance are set out in the following sections.

ARTICLE 5 Common Exclusions from the Insurance

The following do not constitute insured events:

1. the cause or symptoms of which arose outside the insured period, or outside the agreed place of insurance;
2. which the policyholder, the insured or the beneficiary could have foreseen or which they were aware of at the time the insurance contract was concluded;
3. arising in the course of the preparations for and pursuit of activities for which no appropriate insurance has been taken out within the scope of Article 3 of this section;
4. arising from the practice of freestyle or freeride sports. If a sport designated in this way is indicated in the List under the group of sports and activities for which additional insurance has been arranged, this exclusion shall not apply;
5. arising in the course of the preparations for and pursuit of sports and activities designated in the List as sports and activities that cannot be insured;
6. which the insured caused wilfully (including suicide or attempted suicide) or which were caused by wilful acts of the policyholder or the beneficiary;
7. which were caused to the insured by another person at the instigation of the insured, the policyholder or the beneficiary;
8. caused by gross negligence or a breach of the insured's duties, or a breach of local laws and regulations;
9. arising in connection with a disturbance caused by the insured, or in connection with a criminal offence committed by the insured, or an attempt to commit it;
10. which occurred as a result of, or in connection with, the consumption or the effects of the consumption of alcohol,

medicines, narcotics or other psychotropic or addictive substances by the insured, or the handling thereof;
11. arising from the testing of means of transport;
12. arising from the performance of stunt activities or the taming of predatory animals;
13. arising from activities carried out in places not designated for that purpose;
14. arising in a territory for which a government authority has, for any reason, issued a notice, recommendation or warning against travelling to or staying in that territory, provided that the travel or stay commenced while such notice, recommendation or warning was in force;
15. which occurred as a result of, or in connection with:
    a) the effects of released nuclear energy, chemical or biological weapons,
    b) war events and civil wars,
    c) acts of violence (including civil unrest and terrorist activities) in which the insured actively participated,
    d) the insured's handling of weapons or explosives,
16. arising in a territory where the insured was present illegally.

ARTICLE 6 Insurable Interest

1. Insurable interest is a legitimate need for protection against the consequences of an insured event.
2. The policyholder has an insurable interest in their own life and health. It is understood that the policyholder also has an insurable interest in the life and health of another person if they can demonstrate an interest arising from their relationship with that person, whether based on kinship or on a benefit or advantage derived from continuation of that person's life or the preservation of their health.
3. The policyholder has an insurable interest in their own property. It is understood that the policyholder also has an insurable interest in another person's property if they can demonstrate that, were that property not to exist or be preserved, they would face a direct financial loss.
4. If the insured has given their consent to the insurance, the policyholder's insurable interest is deemed to have been established.
5. If the prospective policyholder had no insurable interest and the insurer knew or ought to have known this at the time the contract was concluded, the contract is void.
6. If the policyholder has knowingly insured a non-existent insurable interest but this was not and could not have been known to the insurer, the contract is void; however, the insurer is entitled to remuneration corresponding to the premium until such time when it became aware of the invalidity.
7. The insurable interest is not extinguished by the insured's absence from the place of insurance, by taking out similar private insurance, or simply because of a lack of interest.
8. A fact that the insurable interest has ceased to exist always needs to be proven to the insurer.

ARTICLE 7 Conclusion of Insurance Contract

1. An insurance contract is concluded upon acceptance of the insurer's offer. The offer is accepted by signature of the parties, unless another method is expressly stated in the offer. If the policyholder has accepted the offer by paying the premium in good time, the written form of the contract shall be deemed to have been observed.
2. The insurance contract is entered into for a fixed term.
3. In addition to the insurance terms and conditions, all agreements, amendments and annexes to the insurance contract (such as valuation tables, the List of Sports and Activities), as well as all documents defining the conditions for the commencement, duration, amendments to and expiration of the insurance (e.g. applications, questionnaires, reports, medical tests and examinations, statements and notices, records of insurance negotiation, and the insurer's information for the prospective policyholder) also are an integral part of the insurance contract.

ARTICLE 8 Commencement of Insurance. Policy Period.

1. The insurance is taken out for a fixed period from the start date of the policy period to the end date of the policy period. The policy period is set out in the insurance contract.
2. Unless a specific start time for the policy period has been agreed, the insurance commences at 00.00 on the day agreed as the start of the policy period. If a specific start time for the policy period has been agreed, the insurance commences at the agreed time on the day agreed as the start of the policy period.
3. Unless otherwise agreed in the insurance contract, cover shall take effect upon payment of the premium prior to the commencement of the policy period or at the time of payment of the premium.

ARTICLE 9 Insurance Period

1. Unless otherwise specified for individual types of insurance in the following sections, the insurance cover shall run from the date of commencement until the actual expiry of the insurance.
2. If, during the insured period, a situation arises in which the insured is unable, through no fault of their own, to return to the Czech Republic before the expiry of the policy period agreed in the insurance contract, the policy period shall be automatically extended, without any increase in the premium, for as long as is strictly necessary until the reasons set out below cease to apply, but by no more than 7 days immediately following the original policy period. The grounds for such an extension are objective circumstances, which may include natural disasters, a strike by a transport operator, a technical fault with a means of transport, acts of terrorism, the declaration of a state of emergency restricting the movement of persons or individuals, or hospitalisation of the insured preventing their return to the Czech Republic.

ARTICLE 10 Amendments to and Termination of the Insurance Contract. Expiry of Insurance

1. Any amendments to the insurance contract must be made in writing by mutual agreement of the parties.

2. The insurance ceases upon expiry of the policy period, at 24.00 hours on the day agreed as the end of the policy period.
3. The insurance also ceases:
   a) on the date of the insured's death,
   b) by cessation of the insurable interest,
   c) on the date of receipt of the insurer's notice of refusal to pay the insurance benefit.
4. The insurer or the policyholder may terminate the insurance in writing:
   a) within 2 months of the date of conclusion of the insurance contract. On the day the notice of termination is served, an eight-day notice period commences; the insurance ceases upon expiry of this period. If the insurance is terminated by the policyholder giving notice, the insurer is entitled to remuneration in the amount of the costs incurred by the insurer in connection with the establishment and administration of the insurance policy,
   b) within 3 months of the date of receipt of notification of an insured event. On the day the notice of termination is received, a 1-month notice period commences, and the insurance ceases upon expiry of that period. If the insurance is terminated by the policyholder giving notice, the insurer is entitled to remuneration in the amount of the costs incurred by the insurer in connection with the establishment and administration of the insurance policy.
5. The policyholder may terminate the insurance with an eight-day notice period:
   a) within two months of the day on which they became aware that the insurer had, in determining the amount of the premium or in calculating the insurance benefit, applied a criterion contrary to the principle of equal treatment,
   b) within one month of the day on which the policyholder received a notification of transfer of the insurance portfolio or a part thereof, or a notification of transformation concerning the insurer,
   c) within one month of the day on which it was published that the insurer was no longer authorised to perform insurance activities.
6. If the policyholder or the insured has, either wilfully or through negligence, breached an obligation set out in paragraph 1 or 2 of Article 16 of this section, the insurer shall be entitled to withdraw from the contract if it can prove that it would not have entered into the contract had their questions been answered truthfully and in full. The policyholder is entitled to withdraw from the contract if the insurer has breached an obligation set out in paragraph 8 or 9 of Article 13 of this section. The right to withdraw from the contract shall lapse if a party fails to exercise it within two months of the date on which it became aware, or ought to have become aware, of a breach of an obligation set out in paragraph 1 or 2 of Article 16 of this section, or in paragraph 8 or 9 of Article 13 of this section.
7. If the insurance contract was concluded for a period of more than one month and was concluded by distance means, the policyholder is entitled to withdraw from the contract without giving any reason within fourteen days of the date of its conclusion or of the date on which the insurance terms and conditions were communicated to them, provided that such communication first took place only at their request after the contract had been concluded.
8. In exceptional circumstances, the insurance contract may be terminated by written agreement of the parties on agreed terms.
9. An insurance policy may only be assigned with the insurer's consent.
10. Where insurance against a third-party risk has been taken out, the insured shall take the place of the policyholder on the date of the policyholder's death or on the date of the policyholder's dissolution without a legal successor; however, if the insured notifies the insurer in writing within thirty days of the policyholder's death or the policyholder's cessation of existence that they have no interest in the continuation of the insurance, the insurance shall cease on the date of the policyholder's death or the policyholder's cessation of existence. The consequences of default with respect to the insured shall not take effect until fifteen days from the date on which the insured learned of their entering into the insurance. However, if there is more than one insured who is party to the insurance, the insurance for all such persons shall cease upon expiry of the period for which the premium has been paid.
11. The insurance does not lapse if the insured person's stay abroad ends before the expiry of the policy period.
12. The insurance contract is terminated upon expiry of cover for all insured persons.

ARTICLE 11 Insurance Premium

1. The insurance premium is the consideration paid for the insurance cover provided. The amount of the premium is set by the insurer per insurance policy. This is a single premium.
2. The insurer's right to the premium arises on the date the insurance contract is concluded.
3. The premium is payable on the date the insurance contract is concluded, in the currency and amount specified in the insurance contract.
4. The premium is deemed to have been paid either when it has been verifiably received in full by the insurer's intermediary, or on payment into the insurer's account.
5. Unless otherwise stated below, the insurer is entitled to the full amount of the single premium.
6. If the insurance lapses due to the insured's death, the insurer shall refund the policyholder the unused portion of the premium, after deducting the costs of insurance benefits and the costs of establishing and administering the insurance.
7. If the insurance contract is terminated by mutual agreement before the date on which the cover commences, the insurer shall, upon the return of all documents evidencing the validity of the insurance, refund to the policyholder the premium received, less the amount of cancellation fee insurance.
8. If the policyholder withdraws from the contract, the insurer shall, within thirty days of the date on which the withdrawal takes effect, refund the policyholder the premiums paid, less any benefits already paid out under the insurance; if the insurer has withdrawn from the contract, it is entitled to set off the costs associated with establishing and administering the insurance. If the insurer withdraws from the contract and the policyholder, the insured or another person has already received an insurance benefit, they shall, within the same period, reimburse the insurer for the amount by which the insurance benefits paid exceed the premium paid.

9. If the policyholder withdraws from the contract in accordance with Article 11, paragraph 7 of this section, the insurer shall refund the premium paid by the policyholder without undue delay, but no later than thirty days from the date on which the withdrawal takes effect; in doing so, the insurer is entitled to deduct any sums already paid out under the insurance. However, if the insurance benefit paid exceeds the amount of the insurance premium paid, the policyholder, or the insured or the beneficiary as the case may be, shall refund to the insurer the portion of the insurance benefit paid in excess of the insurance premium paid.
10. The insurer shall set off its claims for insurance premiums in the order in which they arose, as opposed to the order in which reminders were issued.

ARTICLE 12 Rights and Obligations of the Insurer

1. The insurer is entitled to verify the documents submitted, to request expert opinions, and, as necessary, to consult regarding complex claims healthcare facilities or other competent bodies, including those abroad.
2. Once the insurance contract has been concluded and the premium has been paid, the insurer will issue a policy to the policyholder.
3. In the event of loss, damage to or destruction of a valid insurance policy, the insurer shall, at the policyholder's request, issue a duplicate; the same applies to the issue of a copy of an insurance contract concluded in writing.
4. Before concluding an insurance contract, the insurer shall provide the prospective policyholder with information about the insurer and the insurance cover being arranged.
5. The insurer is obliged to accept due insurance premiums and other insurance-related receivables due also from the policyholder's secured creditor, the beneficiary or the insured.
6. During the term of the insurance policy, the insurer shall communicate information to the policyholder either at the address specified in the insurance policy, or via its website. If the address for written correspondence differs from the address of the registered office or place of residence, it is referred to as correspondence address. The address may also be the contact details provided for electronic communication.
7. The insurer does not return the original documents. If no obligation to pay the insurance benefit has arisen for the insurer, it shall return the original documents on request.
8. If, when concluding a contract, the insurer is aware of any discrepancies between the insurance offered and the prospective policyholder's requirements, it shall point them out to the prospective policyholder. In doing so, account shall be taken of the circumstances and manner in which the contract is being concluded, as well as whether the other party is assisted in concluding the contract by an intermediary who is independent of the insurer.
9. If, during negotiations to conclude a contract, the prospective policyholder, or during negotiations to amend a contract, the policyholder makes a written enquiry to the insurer regarding matters concerning the insurance, the insurer shall answer such enquiries truthfully and in full.
10. If the policyholder requests, in writing, that the insurer provide material information for the performance of the contract, the insurer shall provide such information to the policyholder in writing without undue delay.

ARTICLE 13 Obligations of the Policyholder

The policyholder is obliged to:
1. when taking out an insurance policy, state the first name, surname and date of birth of the insured persons,
2. to pay the insurer the premium,
3. to inform all insured persons in good time of the contents of the insurance contract, including its annexes, and to forward to them all the materials and information for them received from the insurer,
4. if multiple insurance arises, the policyholder shall notify each insurer without undue delay and shall specify in the notification the other insurers and the sums insured or cover limits agreed in the other contracts,
5. to notify the insurer without delay of any change of correspondence address,
6. if the policyholder is also the insured person, they are also subject to all the obligations of the insured.

ARTICLE 14 Obligations of the Insured

The insured person is obliged:
1. if a loss event occurs and providing that the insured's health permits, to always immediately contact the insurer's assistance service provider and to follow their instructions,
2. to do everything possible to prevent an insured event from occurring and to minimise its consequences,
3. at the insurer's request, to release the healthcare provider in writing from their duty of confidentiality and to grant the insurer written authorisation to obtain information that is subject to the duty of confidentiality of healthcare professionals and is necessary for the insurer's investigation in the event of a claim,
4. to undergo treatment or any necessary medical examinations by a doctor designated by the insurer or the insurer's assistance service provider,
5. to always follow the instructions of the attending doctor,
6. to comply with safety measures for the duration of the policy period,
7. to use appropriate protective equipment and gear necessary to ensure the highest possible level of safety when carrying out all activities,
8. to hold the relevant valid authorisation to carry out all activities performed at the place of insurance,
9. to ensure appropriate supervision or accompaniment, where this is customary for the activity being carried out,
10. not to linger in areas designated by the organiser or promoter as unsuitable,
11. to observe the laws and regulations in force in the country of stay.

ARTICLE 15 Other Rights and Obligations of Parties to the Insurance

1. If, during negotiations to conclude a contract, the insurer makes a written enquiry to the prospective policyholder, or during negotiations to amend a contract, to the policyholder, regarding facts that are relevant to the insurer's decision on how to assess the insurance risk, whether to provide cover and under what conditions, the prospective policyholder or the policyholder shall answer these enquiries truthfully and in full. The obligation is

deemed to have been duly fulfilled provided that nothing material has been withheld in the reply.

2. The provisions concerning the policyholder's obligation under paragraph 1 of this article shall apply accordingly also to the insured.
3. If an event occurs in respect of which a person who considers themselves to be a beneficiary is making a claim for insurance benefits, they shall notify the insurer without undue delay, provide a truthful account of the cause, context and extent of the consequences of such an event, any rights of third parties and any multiple insurance; at the same time, they shall submit to the insurer the necessary documents and proceed in the manner agreed in the contract. If the beneficiary is not at the same time also the policyholder and/or the insured, these obligations also apply to the policyholder and the insured.
4. Any person with a legal interest in the insurance benefit may make such a notification.
5. A notification under paragraphs 3 and 4 of this article is deemed to have been received once the insurer:
   I. has been notified of the event using the insurer's duly completed form or via the online reporting functionality at www.pvzp.cz, whereupon the claimant receives an email confirming the receipt of the claim,
   II. has been provided the originals (unless otherwise stated below) of all necessary documents, or documents requested by the insurer.
   The necessary documents are:
   (1) documents evidencing:
      (a) the cause, time, place and circumstances of the insured event, its extent and the direct link between the insured event and the person of the insured, including at least the insured's first name, surname and date of birth,
      (b) a detailed specification of the item to be reimbursed (e.g. medical reports with the diagnosis, a description and the dates of the procedures carried out and the medications prescribed),
      (c) the item to be reimbursed (e.g. bills or invoices issued by a doctor, or bills issued by a pharmacy on the basis of a prescription from the attending doctor) and evidence of the date and amount of the payment (e.g. cash payment receipts, bank statements),
   (2) in the case of an insurance benefit for medicines and medical devices prescribed by a doctor on an outpatient basis, also copies of the prescriptions issued in the insured's name, stating the date of issue, the quantity and a description of the medicines and medical devices, and bearing the issuer's stamp and signature,
   (3) for an insured event investigated by the police, also a copy of the police report or a confirmation of the accident investigation,
   (4) in the event of the insured's death, also a copy of the official death certificate and the medical certificate stating the cause of death,
   (5) in the case of personal effects insurance or liability insurance, also photographic evidence of the damaged or destroyed items or the location where the loss event occurred (e.g. the flooded area, the room or vehicle broken and entered into, or the site of collision between skiers on a ski slope).

   All documents must be made out in the name of the insured and must bear the date of issue and, if stipulated on the document, also a stamp and signature.
6. Upon receipt of the notification according to paragraph 5 of this article, the insurer shall, without undue delay, commence the investigation necessary to determine the existence and extent of its obligation to pay. The investigation is concluded by notifying the person who has made the claim for insurance benefit of the results; at that person's request, the insurer shall provide, in writing, the reasons for the amount of the insurance benefit or, as the case may be, the reasons for its rejection.
7. If the notification contains knowingly false or grossly distorted material information regarding the scope of the reported event, or if information relating to the event is knowingly withheld, the insurer is entitled to reimbursement of the costs reasonably incurred in investigating the facts in respect of which such information was provided or withheld. It is understood that the insurer has incurred the costs in the documented amount and reasonably.
8. If the policyholder, the insured or any other person claiming insurance benefit causes investigation costs to rise or for such costs to increase by breaching their obligations, the insurer shall be entitled to reasonable reimbursement from that person.
9. The policyholder and the insured are obliged:
   a) to notify the insurer in writing, at any time during the term of the insurance policy, of any changes in the details set out in the insurance contract,
   b) to enable the insurer to carry out an investigation into the causes of the loss event and the extent of its consequences, and to cooperate with the insurer in this regard,
   c) in the case of insurance against loss and damage, to provide the insurer with details of all insurance policies in force at the time the loss event occurred, the subject of which is insurance against the same peril.

ARTICLE 16 Delivery of Written Communications

1. Written communications delivered via a postal licence holder (hereinafter as the "post") shall be sent:
   a) to the insurer to the registered office address specified in the insurance contract, or to any other address notified by the insurer to the policyholder;
   b) by the insurer to the correspondence address of the respective person (addressee) as stated in the insurance contract or otherwise notified to the insurer. If no correspondence address is specified in the insurance contract or subsequently notified to the insurer, written communications will be sent to the address specified in the contract or notified to the insurer as the place of residence or permanent residence, or, where applicable, the registered office of that person.
2. Unless otherwise agreed, written communications may also be delivered electronically (for example, via a data box, the insurer's online application or by email message) to the contact details provided for the purpose of consenting to electronic communication. A written communication sent by the insurer electronically to the last contact details provided by the addressee shall be deemed to have been

delivered on the third business day from its dispatch, unless the date of delivery can be ascertained or unless otherwise provided by applicable law.

3. Written communications may also be served by an employee of the insurer or another person authorised by the insurer, in particular at the addresses specified in paragraph 1(b), but also at any other location where the addressee is willing to accept the document. A written communication served in this way is deemed to have been served on the date of its receipt.
4. Parties to insurance are obliged to notify the insurer without undue delay of any changes relating to circumstances relevant to the delivery of correspondence, and to notify one another of their new postal address, data box or telephone number.
5. Unless delivery is effected in accordance with paragraphs 6 to 8 of this article, written communications sent by the insurer by registered post with proof of delivery shall be deemed to have been delivered on the day stated as the date of receipt of the document on the delivery receipt (acknowledgement of receipt), and written communications sent by the insurer by registered post without proof of delivery, or sent by ordinary post, on the third business day from dispatch; and for delivery to an address in a country other than the Czech Republic, on the fifteenth business day.
6. If the addressee prevents delivery of written communications by refusing to accept receipt, the document is deemed to have been duly delivered on the day on which the addressee refused to accept it.
7. If the addressee prevents delivery of written communications by failing to collect a document sent by the insurer by registered post or by registered post with proof of delivery while it is held at the post within the retention period, the document shall be deemed to have been duly delivered on the date it was deposited at the post.
8. If the addressee prevents delivery of written communications in any way other than as set out in the preceding paragraphs (e.g. by failing to label their letterbox with their name and surname, or the name of the organisation), the document shall be deemed to have been duly delivered on the date of its return to the insurer.
9. Written communications sent by the insurer by registered post or registered post with proof of delivery shall be deemed to have been delivered even if accepted by a person other than the addressee (for example, a family member) to whom the post has delivered the consignment in accordance with the laws on postal services.

ARTICLE 17 Form of Legal Acts

1. An insurance contract must be concluded in writing, unless the Civil Code provides otherwise.
2. In the event that the policyholder's acceptance of the offer is deemed invalid due to failure to comply with the requirement for written form or for any other reason, and the policyholder pays the first premium or an instalment thereof in the amount and by the deadline specified in the offer (if no deadline is specified in the offer, within one month of receipt of the offer), the offer shall be deemed to have been accepted upon payment of that first premium or its instalment.
3. Legal acts, notifications and requests must be in writing if they affect:
   a) the duration and termination of the insurance,
   b) changes to insurance premiums,
   c) changes to the scope of cover.
4. A legal act which must be in writing is valid, in particular, if it is signed in hand by the person acting, or if the signature is replaced by mechanical means where this is customary, or if it is made via a data box, provided that it bears a guaranteed electronic signature in accordance with dedicated law, or if it is made via the insurer's secure online client portal.
5. Legal acts, notifications and requests not specified in paragraph 3 of this article may be made in writing, by telephone, email, via the insurer's online application or via a data box, provided that the insurer permits delivery to a data box. This includes in particular the reporting of an insured event, and notifications by the policyholder or the insured regarding changes in their surname, residential address, correspondence address and other contact details specified in the policy. Any legal acts, notifications or requests under this paragraph that are made in a form other than in writing must subsequently be also delivered in writing if the insurer so requires.
6. In matters relating to the insurance relationship, in particular in connection with the administration of insurance and the settlement of claims, the insurer is entitled to contact the other parties to the insurance by electronic or other technical means (e.g. telephone, text message, email, fax, data box), unless otherwise agreed. When choosing the form of communication, the insurer takes into account the obligations laid down by the applicable law and the nature of the information being communicated.
7. Legal acts, notifications and requests are effective towards the other party on delivery to that party.

ARTICLE 18 Rescue Costs

1. If the policyholder has reasonably incurred costs in averting an imminent insured event, in mitigating the consequences of an insured event that has already occurred, or in fulfilling an obligation to remove the damaged insured property or its remains for health, environmental or safety reasons, they are entitled to reimbursement of such costs from the insurer, as well as to compensation for damage incurred in connection with such activities.
2. Reimbursement of rescue costs incurred to save a person's life or health is limited to 30 per cent of the agreed sum insured or the insurance cover limit. Reimbursement of other rescue costs is limited to CZK 150,000 for the duration of the insurance policy, except costs incurred by the policyholder with the insurer's consent.
3. Reimbursement of rescue costs exceeds the agreed sum insured or the insurance cover limit.
4. If rescue costs have been incurred by the insured or another person in excess of the obligations laid down by law, they shall have the same right to reimbursement from the insurer as the policyholder.

ARTICLE 19 Transfer of Rights to the Insurer

1. If, in connection with an impending or actual insured event, for a person entitled to insurance benefit, the insured or a person who has incurred rescue costs, a claim for damages

or any other similar right has arisen against any other person, that claim, including any accessories, security and other rights associated with it, passes to the insurer upon payment of the insurance benefit, up to the amount of the benefit paid by the insurer to the beneficiary. This does not apply if that person has acquired such a right against a person with whom they live in a shared household or who is dependent on them for sustenance, unless they caused the insured event wilfully.

2. The person whose right has passed to the insurer shall provide the insurer with the necessary documents and inform the insurer of everything required to pursue the claim. If the transfer of rights to the insurer is prevented, the insurer is entitled to reduce the insurance payout by the amount it would otherwise have been entitled to receive. If the insurer has already paid out the benefit, it is entitled to reimbursement up to that amount.
3. The beneficiary is obliged to take steps to ensure that the right to compensation for damage, which by law passes to the insurer, is not caught by limitation or does not lapse.
4. The beneficiary must not enter into any agreements with a third party whereby they would waive their right to compensation from a third party in the event that such claims are transferred to the insurer.
5. The beneficiary is obliged to confirm the transfer of rights to the insurer in writing at the insurer's request.
6. If, in connection with the settlement of a claim, the insurer incurs additional costs through fault of the beneficiary, the insurer is entitled to claim these costs from the beneficiary.

ARTICLE 20 Assistance Services

Assistance services are provided to the insured in connection with the insurance policies taken out through the insurer's contracted organisation.

The assistance services are available 24/7.

Phone: +420 272 10 10 10, SMS: +420 606 60 17 55,

fax: +420 272 10 10 01, email: info.travel@axa-assistance.cz

Details of the assistance services provided are available at: https://www.pvzp.cz/asistencni-sluzba/.

ARTICLE 21 Final Provisions

1. Representations and notifications to the insurer are valid only if they are made in writing.
2. The language of communication is Czech.
3. A guardian acts on behalf of persons with limited legal capacity. It is understood that persons who have not attained full legal capacity act with the consent of their legal representative, or that their legal representative acts on their behalf.
4. Where a cash payment is made, the date of payment is the date on which the full amount is credited in favour of the recipient. Where a non-cash payment is made, the time of payment is when the amount is debited from the bank account in favour of the insurer.
5. The insurer's costs associated with the establishment and administration of the insurance policy amount to 20 per cent of the unspent premium.
6. Unless otherwise agreed, or unless an out-of-court settlement is reached, all disputes arising out of or in connection with the insurance shall be resolved before the competent court in the Czech Republic in accordance with Czech law.

B. MEDICAL EXPENSES INSURANCE

If the insured has taken out Medical Expenses Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the coverage shall be governed, in addition to the common provisions in Section A, also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The beneficiary is the insured.
3. The subject of the insurance is the insured's health.
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 3, paragraph 4 of Section A, and regardless of the agreed territorial scope, the insurance does not cover medical services provided or events arising within the territory of the Czech Republic and the country in which the insured is covered by the public health insurance system.

ARTICLE 3 Insured Event

An insured event is, subject to agreed exclusions, a change in the insured's state of health (including a sudden change in a long-standing chronic condition) resulting from a serious illness or accident that occurred during the insured period and at the place of insurance, and which requires the subsequent provision of acute and urgent medical care at the place of insurance.

ARTICLE 4 Scope of Insurance Coverage

1. As loss, the necessary and reasonable costs apply demonstrably incurred for healthcare services provided to the insured at the place of insurance, to the extent of:
   a) acute and urgent medical care for the insured, including:

- the necessary examinations required to establish a diagnosis and determine the course of treatment,
- necessary standard treatment/necessary hospitalisation of the patient in a shared room with standard facilities,
- a necessary operation, including the associated essential expenses,
- essential medicines and medical devices prescribed by a doctor in the quantities required ..... until the person's return to the Czech Republic,
- medically necessary transport from the location of the insured event to the nearest first-aid facility or hospital,

b) repatriation of an insured who is ill, where this is medically necessary and is carried out, following assessment and approval by the insurance company's medical examiner and with the consent of the attending doctor, by a medical transport organisation approved by the insurer or by the insurer's assistance service provider, to a healthcare facility in the Czech Republic determined in the same manner, or, where applicable, to the insured's place of residence in the Czech Republic,

c) subject to prior approval, the insurer may, in justified cases, also cover the expenses of another person required to accompany the insured,

d) transport of the insured's remains to their place of residence in the Czech Republic, carried out by a specialist organisation approved by the insurer or by the insurer's assistance service provider. Subject to prior approval, the insurer may, in justified cases, also cover other related costs,

e) urgent dental treatment for the insured to relieve sudden pain, with the exception of treatment for periodontitis, the removal of dental plaque and tartar, and the fabrication and repair of dentures, crowns, bridges, fixed dental prostheses and orthodontic appliances.

2. The insurer will pay the costs referred to in paragraph 1 of this article, either directly or through the assistance service provider, to the healthcare facility or to another person who can provide evidence of having incurred such costs.
3. Direct payment for damage
   If the insured has made a direct payment to cover damage constituting an insured event, the insurer will subsequently reimburse the reasonable costs upon receipt of the originals of the necessary documents; in other words, it will make a financial settlement. The originals of these documents remain with the insurer and are not returned. If the original document was submitted to a person other than the insurer for payment, a copy will suffice provided that the payments made by that person are recorded and confirmed on the copy in the original form.
4. If an insured event has occurred and the insured's continuous hospitalisation exceeds the insured period, the insurer shall decide on the next course of action as follows:
   a) if the insured's state of health does not permit their repatriation, they will be treated at a healthcare facility designated by the insurer until such time as the insured's health improves sufficiently to allow for their repatriation,
   b) if the insured's state of health permits their repatriation, this may be carried out subject to prior consent of the attending doctor.
5. The upper limit of insurance benefit is determined:
   a) by the agreed cover limit for the costs referred to in points (a) to (e) of paragraph 1 of this article (medical care including repatriation and transport), depending on the cover limit option chosen and specified in the insurance policy for a single insured event and for all insured events,
   b) the partial limit relative to the limit specified in point (a) of this paragraph is the cover limit for expenses according to point (e) of paragraph 1 of this article (urgent dental treatment), depending on the cover limit option chosen and specified in the insurance policy for a single insured event and for all insured events.

ARTICLE 5 Obligations of the Insured

In addition to the obligations set out in Section A, the insured is obliged:

1. to seek medical treatment where necessary and, unless circumstances prevent it, to present their insured's certificate to the healthcare provider;
2. provided that the insured's state of health permits, to undergo repatriation at the insurer's or the insurer's assistance service provider's request;
3. if the insured is required to directly pay for damage constituting an insured event, the insured is obliged:
   a) to pay the eligible recipient for reasonable and verifiable costs,
   b) to collect the originals of the necessary documents and to safely keep them until they are handed over to the insurer,
   c) to provide the insurer with the necessary documents without undue delay.

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall not be regarded as an insured event:

1. childbirth (including preterm birth and the postpartum period), termination of pregnancy, artificial insemination, diagnosis and treatment of infertility, or examinations (including laboratory and ultrasound examinations) to confirm and monitor pregnancy, examinations relating to contraception, including the cost of contraceptives,
2. travel for the purpose of receiving healthcare services,
3. preventative check-ups, vaccinations, follow-up medical examinations and treatment not related to a serious illness or injury,
4. preventive quarantine (isolation), ordered by a doctor or the local authorities on the grounds of a suspected infectious disease or high-risk contact,
5. rehabilitation, physiotherapy, chiropractic treatments, training therapies, independence training,
6. organ transplants, treatment of haemophilia, interferon therapy, insulin therapy (other than as part of first aid), chronic haemodialysis,
7. reimbursement for glasses and contact lenses, hearing aids and for the manufacture and repair of orthopaedic prostheses,
8. mental disorders not associated with another serious illness or injury,
9. procedures and diagnostic methods that are not medically recognised or are not carried out by a qualified healthcare professional, including hospitalisation provided in such facilities,
10. cosmetic procedures,

11. spa and convalescent treatment and stays, treatment at specialist medical institutions (including long-term care facilities, sanatoriums and hospice care) and in facilities providing follow-up inpatient nursing care,
12. acupuncture and homeopathy,
13. complications that may arise during the treatment of illnesses, conditions or injuries not covered by the insurance,
14. diseases for which vaccination is compulsory in that country,
15. examination for and treatment of genital and sexually transmitted diseases including AIDS, from the diagnosis onwards,
16. reimbursement for medicines and medical devices not prescribed by a doctor, i.e. those purchased over the counter without a prescription or the use of which began before the start of the insurance,
17. the treatment of such illnesses and health conditions where the use of healthcare services is appropriate, effective and necessary, but which can be postponed until and provided after the patient's return to the Czech Republic,
18. events and circumstances where the insured refuses to undergo repatriation, treatment or the necessary medical examinations by a doctor designated by the insurer or the insurer's assistance service provider,
19. transport, search, rescue and recovery operations, provided that the insured has not suffered an insured event as a primary cause,
20. events occurring in the territory of the state where the insured is, or should be, covered by health insurance in accordance with local regulations.

C. ACCIDENT INSURANCE

If the insured has taken out Accident Insurance under the insurance policy (hereinafter in this section simply as the "insurance"), the insurance is governed in addition to the common provisions in Section A also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event arises, the insurer will pay the beneficiary a one-off insurance benefit in the agreed amount.
2. The beneficiary is the insured.
   If an insured event occurs under the accident insurance with fatal consequences, the entitlement to the insurance benefit passes to the insured's spouse; if there is no spouse, the entitlement passes to the insured's children. If there are none, the entitlement passes to the insured's parents, and if there are none, to the insured's heirs.
3. The subject of the insurance is the insured's health and life.
4. The insurance is taken out as fixed-sum insurance.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A, cover under the agreed policy period shall commence no earlier than the start of travel and shall end no later than the return from travel.

ARTICLE 3 Insured Event

An insured event is, subject to agreed exclusions, any permanent consequences of an accident, or an accident resulting in the insured's death, which occurred during the insured period and at the place of insurance.

ARTICLE 4 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary.
2. Where entitlement to insurance benefit arises for more than one person, their shares are deemed to be equal.
3. The insurer shall determine the insurance benefit in accordance with the principles set out below, the agreed sum insured and the table for assessing the permanent consequences of an injury, the title of which is stated in the header of the insurance contract (hereinafter referred to as the "valuation table").
4. Insurance benefit for permanent consequences of an accident:
   a) If the accident results in permanent consequences for the insured, the insurer shall pay, in accordance with the valuation table, a percentage of the agreed sum insured corresponding to the extent of the permanent consequences of the accident for each individual physical injury, once these have stabilised. If the extent of permanent consequences of an injury cannot be precisely determined, the key criterion is the extent to which the function of the affected organ is impaired from a medical point of view,
   b) during the first year after the accident, the insurer will only pay the benefit if the final extent of the permanent consequences of the accident can be reliably determined from a medical point of view,
   c) if, on lapse of one year from the accident, it is not possible to reliably determine the percentage of permanent consequences resulting from the accident, but it can be established that a claim for insurance benefits has arisen and, at the same time, the minimum amount of such benefits can be determined, the insurer shall make a reasonable advance payment to the beneficiary upon their written request. In such cases, both the insured and the insurer are entitled to have the extent of the permanent consequences of the accident verified by a doctor annually, for a period of 3 years following the accident,
   d) if, even 3 years after the accident, it is not possible to determine the exact extent of the permanent consequences of the accident, the insurer will determine this on the basis of the extent of the permanent consequences of the accident as at the end of that period,
   e) if the insured person dies as a result of an accident within one year of the accident occurring, no

entitlement to insurance benefit for permanent consequences of the accident arises,

f) if the insured dies within one year of the accident occurring from an unrelated cause, the insurer shall pay the insurance benefit according to the extent of the permanent consequences of the accident, as determined on the basis of the most recent medical finding reports,

g) if a single insured event results in several permanent consequences, the insurer shall pay out an amount equal to the sum of the percentages for the individual consequences, up to a maximum of the agreed upper limit of cover per single insured event,

h) where the individual consequences after one or more accidents relate to the same limb, organ or parts thereof, the insurer shall assess them as a single whole, up to a maximum of the percentage specified in the valuation table for anatomical or functional loss of the respective limb, organ or parts thereof,

i) if the part of the body or organ affected by the permanent consequences of the accident was already damaged prior to the accident, the insurer shall reduce the insurance benefit for the permanent consequences of the accident by a percentage corresponding to the extent of the pre-existing damage,

j) the agreed sum insured depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for each single insured event.

5. Insurance benefit for an accident with fatal consequences:
   a) if the insured dies within 3 years of the date of the accident as a result of the accident, the insurer shall pay the agreed sum insured as a lump sum,
   b) the insurance benefit is doubled to twice the agreed sum insured if death was caused by an injury resulting from an aviation accident,
   c) the insurance benefit for an accident with fatal consequences shall be reduced by the amount of the benefit already paid to the insured for the permanent consequences of that accident. If the insurer has already paid out in respect of permanent consequences resulting from the accident an insurance benefit that exceeds the agreed sum insured for the event of accident with fatal consequences, the insurer is not entitled to claim reimbursement of the difference between these two payments,
   d) the agreed sum insured depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for each single insured event.

ARTICLE 5 Obligations of the Insured

In addition to the obligations set out in Section A, the insured is obliged:

1. to prove to the insurer that the insured event has occurred;
2. following an accident, to seek medical treatment without undue delay and to follow the doctor's instructions;
3. when making a claim for insurance benefits in the event of permanent consequences, to submit together with the claim notification the following:
   a) medical records detailing the course of treatment and rehabilitation, including a medical report issued by the attending doctor once the permanent consequences of the injury have stabilised,
   b) a discharge report, in the event of hospitalisation of the insured in connection with the accident,
   c) a police report, if injury was caused in connection with a road traffic accident or a criminal offence.

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A, medical conditions (e.g. heart attack, stroke, diabetes) are not considered insured events, except medical conditions arising solely as a result of an accident.

D. PERSONAL EFFECTS INSURANCE AND INSURANCE FOR DELAYS

If the insured has taken out Personal Effects Insurance under the insurance policy (hereinafter in this section simply as the "insurance"), the insurance is governed in addition to the common provisions in Section A also by the provisions of this section.

PART I Personal Effects

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The beneficiary is the insured.
3. The subject of the insurance (the insured items) are tangible personal effects belonging to the insured that are customary for the given purpose of travel (e.g. clothing, skis, a bicycle or electric bicycle) and intended for the insured's personal use, which the insured has taken with them on travel or demonstrably acquired during the travel, including the luggage in which these items are stored. The insurance also covers small items of property entrusted to the insured by their employer, which the insured has taken with them on travel and uses in the course of their work, such as a PC, product samples, books, a mobile phone, etc.
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A, cover under the agreed policy period shall commence no earlier than the start of travel and shall end no later than the return from travel.

ARTICLE 3 Insured Event

Subject to agreed exclusions, an insured event is damage to the insured property arising during the insured period and at the place of insurance:

1. damage to or destruction of the insured property due to:
   a) natural disasters,
   b) aircraft crashes,
   c) the weight of snow or ice,
   d) water flowing out of a water supply system,
   e) vandalism;
2. theft of the insured property by burglary or robbery;
3. the theft of a bicycle, skis or a snowboard from a lockable bicycle, ski or snowboard rack fitted to a motor vehicle, provided that it was secured with an integrated lock;
4. damage to or destruction of the insured property in a road traffic accident;
5. damage caused by medical staff, or the destruction of or damage to the insured property resulting from an accident that required immediate medical treatment;
6. loss of the insured property in cases where the insured was prevented from taking care of the property;
7. theft without the perpetrator having to overcome any obstacles in relation to a pram or wheelchair on which the insured is dependent;
8. theft, without the perpetrator having to overcome any obstacles, of personal effects and sports equipment which the insured has left in a designated place for the duration of their visit (e.g. while visiting a healthcare, catering, shopping or sports facility).

ARTICLE 4 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary.
2. If an insured event occurs resulting in damage to the insured item of property, the insurer will pay an amount corresponding to the reasonable costs of repairing the damaged item, up to a maximum of the actual cash value of the item.
3. If an insured event occurs resulting in destruction of the insured item, the insurer will pay an amount corresponding to the actual cash value of the item.
4. If an insured event occurs resulting in theft or loss of the insured item, the insurer will pay an amount corresponding to the actual cash value of the item.
5. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events.

ARTICLE 5 Obligations of the Insured

In addition to the obligations set out in Section A, the insured is obliged:

1. in the event of theft of the insured items or the items becoming subject to vandalism, to report the matter to the locally competent police authority and to provide the insurer with the police report as part of the claim notification. The police report must include the insured's details, the date, cause and circumstances of the loss event, and the loss extent (a list of stolen, destroyed or damaged items). Further also the date of the record, and the signature, stamp and contact details of the registrar;
2. in the event of loss, damage to or destruction of the insured items as a result of a road traffic accident, to obtain the road traffic accident investigation report or certificate of medical treatment and to submit it to the insurer as part of the claim notification;
3. in the event of loss of the insured items while the insured is unconscious, to obtain a doctor's certificate confirming this medical condition of the insured and to submit it to the insurer as part of the claim notification;
4. in the event of theft without the perpetrator having to overcome any obstacles, in accordance with paragraph 7 of Article 3 of this section, to provide a certified record from the operator of the premises designated for short-term storage of items, unless this forms part of the police report;
5. to notify the insurer without undue delay if:
   a) criminal proceedings have been initiated in connection with the loss event, and to keep it informed of the progress and outcome of the proceedings,
   b) an item stolen or lost in connection with an insured event is found, and where the insured has already received insurance payout for that item, to return the payout to the insurer, less any reasonable and demonstrable costs necessary to repair the item, provided that it was damaged during the period from the occurrence of the insured event until the time it was found;
6. to preserve any damaged or destroyed items in their condition as resulting from the incident and allow the insurer to inspect them until the conclusion of the investigation necessary to determine the extent of the insurer's obligation to pay.

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall not be regarded as an insured event:

1. theft of cameras, musical instruments, audiovisual equipment, mobile phones, computers and other similar electronic devices, including their accessories, from a motor vehicle, caravan or luggage box;
2. theft of items from facilities with non-solid walls (e.g. made of tarpaulin);
3. pickpocketing, theft from a rucksack, handbag, suitcase, etc., provided that the insured had these items with them or on their person. The cutting open or tearing of a pocket, rucksack, handbag, etc., which the insured is carrying or wearing, is not considered as overcoming an obstacle within the meaning of these insurance terms and conditions;
4. events caused by a defect which the insured item already had at the time the insurance was taken out and which was, or could have been, known to the policyholder or the insured, regardless of whether it was known to the insurer;
5. indirect losses of any kind (e.g. loss of earnings, loss of profit, fines, deficits, inability to use the insured item, copyright, exceptional value or particular sentimental value) and incidental expenses (e.g. express fulfilment surcharges of any kind, legal representation costs);
6. damage to the following items:
   a) motorised means of transport (excluding electric bicycles), trailers and semi-trailers, including their components and spare parts,
   b) items and luggage entrusted to the carrier,

c) items handed over for the purpose of providing a service,
d) cash, deposit passbooks, payment cards, deposit certificates, telephone cards, securities and other similar documents, passports, driving licences, travel tickets, airline tickets and other documents, cards, certificates and licences of all kinds,
e) weapons, items made of precious metals, collections and items of collectible value, antiques, branded porcelain, works of art, items of special cultural and historical value, and other valuables,
f) food, alcohol and tobacco products,
g) separate data storage media (such as CDs, USB sticks),
h) records on data storage media,
i) sports equipment intended for use in sports other than those for which the insurance was taken out.

PART II Delays

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event arises, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage caused by a delay of the subject of the insurance, up to the agreed limit.
2. The beneficiary is the insured.
3. The subject of the insurance is:
   a) luggage duly checked in for carriage by an air carrier, containing the insured's personal effects customary for the given purpose of travel and intended for the insured's personal use, which the insured has taken with them on travel (hereinafter in this section also as "luggage"),
   b) a delay in or missed departure, take-off or ship setting sail (hereinafter in this section simply as "departure") of the means of transport on which the insured was due to travel in accordance with the travel plan and for which they had purchased a travel ticket in advance (hereinafter in this section also as "means of transport").
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A of the insurance terms and conditions, cover under the agreed policy period shall commence no earlier than the planned start of travel and shall end no later than the actual return from travel. In the case of the subject of the insurance referred to in Article 1, paragraph 3a of this part, the insurance shall remain in force for the agreed policy period, commencing at the earliest from the moment the luggage is handed over to the air carrier for carriage and ending at the latest at the moment the luggage is collected upon arrival at the travel destination.

ARTICLE 3 Insured Event

Subject to agreed exclusions, an insured event is:
a) verifiable expenditure of reasonable costs incurred in purchasing items necessary to meet the insured's basic living needs due to a delay in the delivery of luggage of at least 6 hours, for which the air carrier is liable, or caused by natural forces, which occurred during the insured period and at the place of insurance, subject to the following conditions:
   I. the delay is counted from the time of the insured's arrival and check-in until the moment they collect their luggage at their travel destination,
   II. the insurer does not provide cover for the costs of accommodation, meals, transport and leisure activities,
   III. delayed luggage on return from travel is not an insured event;
b) verifiable expenditure of reasonable costs for meals, storage of luggage and accommodation of the insured due to a delay of a means of transport of at least 6 hours, caused by the carrier or by natural forces, which occurred during the insured period and at the place of insurance, subject to the following conditions:
   I. the delay is counted from the scheduled departure time of the means of transport to the time of its actual departure,
   II. a delay of a means of transport known before the planned departure date does not constitute an insured event;
c) verifiable expenditure of reasonable costs for alternative transport of the insured so as to prevent missing, or verifiable expenditure of reasonable costs for alternative transport in the event that the insured missed the departure of a means of transport, incurred during the insured period and at the place of insurance due to:
   I. a road traffic accident en route to the designated point of departure,
   II. a breakdown of a means of public transport en route to their designated point of departure,
   III. cancellation of public transport due to a strike not announced in advance or caused by a natural disaster.

ARTICLE 4 Scope of Insurance Coverage

1. If an insured event occurs pursuant to paragraph 3a of Article 3 of this part, the insurer shall reimburse the beneficiary for the strictly necessary and reasonable costs demonstrably incurred by the insured for replacing items necessary to meet basic living needs, which serve as substitutes for the items in the delayed luggage.
2. If an insured event arises pursuant to paragraph 3b of Article 3 of this part, the insurer shall reimburse the beneficiary for the strictly necessary and reasonable costs demonstrably incurred by the insured for their meals, storage of luggage and accommodation.
3. If an insured event occurs pursuant to paragraph 3c of Article 3 of this part, the insurer shall reimburse the beneficiary for the strictly necessary and reasonable costs demonstrably incurred by the insured for alternative transport of the insured to the place from which they were

able to continue their travel in accordance with the original plan.
4. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.

ARTICLE 5 Obligations of the Insured

In addition to the obligations set out in Section A of the insurance terms and conditions, the insured is obliged:
1. if an insured event arises pursuant to paragraph 3a of Article 3 of this part, the insured must, together with the written claim notification, also provide the insurer with the originals of the document confirming the handover of the luggage to the air carrier, furthermore a written confirmation from the carrier of the delayed delivery of the insured's luggage, stating when the delay occurred (date and time), the duration of the delay, and the originals of documents confirming the purchase of items necessary to meet basic living needs, including a description of the items, their price and date of purchase,
2. if an insured event occurs pursuant to paragraph 3b of Article 3 of this part, the insured must, together with the written claim notification, also provide the insurer with the originals of the carrier's written confirmation of the delay in the insured's departure, stating when the delay of the means of transport occurred (date and time), the duration of the delay, as well as the travel ticket and the originals of the receipts confirming the costs incurred for meals, storage of luggage and accommodation, including a description, price and date,
3. if an insured event occurs pursuant to paragraph 3c of Article 3 of this part, the insured must, together with the written claim notification, also provide the insurer with the documents confirming the cause of the insured event in accordance with Article 3 of this section (e.g. a police report or a statement or confirmation from the carrier), as well as the ticket for the missed means of transport and the originals of documents confirming the costs incurred for alternative transport, including the price and date.
4. Furthermore, within 3 business days of the insured event occurring, they must notify the insurer's assistance service by telephone or email, stating the date and place of the event, including the carrier's details.

E. LIABILITY INSURANCE

If the insured has taken out Liability Insurance under the insurance policy (hereinafter in this section simply as the "insurance"), the insurance is governed in addition to the common provisions in Section A also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insured is entitled to have the insurer compensate the injured party for any damage or other loss on their behalf, to the extent and up to the limit specified in the insurance policy, provided that the insured is liable to pay such compensation.
2. The beneficiary is the insured.
3. The subject of the insurance is the insured's liability.
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A, cover under the agreed policy period shall commence no earlier than the start of travel and shall end no later than the return from travel.

ARTICLE 3 Insured Event

1. An insured event is, subject to agreed exclusions, the insured's liability to compensate for damage or non-pecuniary loss, the cause of which arose during the insured period and at the place of insurance, which the insured caused through activities in the course of normal daily life, and for which they are liable under the law of the country where the damage or non-pecuniary loss occurred.
2. An insured event does not include damage or non-pecuniary loss arising in connection with the insured's gainful employment or while carrying out work duties under an employment relationship, or in connection therewith.
3. An insured event does not include damage or non-pecuniary loss arising while supervising persons in one's care or while carrying out volunteering activities.
4. Where a court or other competent authority rules on compensation for damage or non-pecuniary loss, the insurer shall not commence its claim investigation until the date on which it receives the final decision of that authority.

ARTICLE 4 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the injured, up to the limit agreed in the insurance policy. The policyholder chooses the insurance cover limit at their own discretion.
2. The injured has no right to a claim against the insurer.
3. In the event of injury to a person's life or health, the insurer shall provide compensation:
   a) for non-pecuniary loss caused by an infringement of the injured party's right to protection of their health (e.g. compensation for pain and suffering, impairment of social functioning),
   b) for consequential financial loss arising as a direct result of damage to a person's health or loss of life (e.g. loss of earnings, loss of profit, medical expenses, funeral costs).
4. In the event of damage to tangible property (hereinafter as "property"), the insurer shall provide compensation:
   a) for damage caused to the property as a result of its damage, destruction or loss,
   b) for consequential financial loss suffered by the owner of the property or by a person lawfully using the property under a contract, as a direct consequence of damage

caused to the property (e.g. loss of profit, costs of disposing of the destroyed property).

5. In the event of damage to a live animal (hereinafter as "animal"), the insurer shall provide compensation:
   a) for damage caused by death, loss or injury of the animal,
   b) for consequential financial loss suffered by the owner of the animal or by a person lawfully using the animal under a contract, as a direct consequence of damage to the live animal; reasonable expenses incurred in connection with medical care for the injured animal shall be reimbursed to the person who can prove that they incurred them.
6. The insurance also covers the insured's obligation to provide:
   a) reimbursement of the costs of covered healthcare services incurred by the health insurance company,
   b) reimbursement of the costs which the insured is obliged to pay to the sickness insurance authority in connection with an entitlement to sickness insurance benefits, provided that such an obligation arose for the insured as a result of harm to a person's health or life.
7. The insurer shall cover the costs necessary to provide the insured with legal defence against a claim which both the insured and the insurer consider to be unfounded.
8. If the insured has compensated an injured party for damage, or non-pecuniary loss as the case may be, for which the insured is liable within the scope of this article, and the insurer has not yet made a financial payment to the injured party, the insured is entitled to reimbursement from the insurer for the amount thus paid, up to the amount which the insurer otherwise would have been obliged to pay to the injured party on behalf of the insured.
9. If the insured causes damage or non-pecuniary loss through conduct influenced by the consumption of alcohol or the use of narcotic or psychotropic substances, the insurer is entitled to reimbursement from the insured for any payments made on their behalf.
10. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.
11. The insurance payout for a single item is further limited to its actual cash value.
12. Damage or injury to health or property is also construed to include damage or non-pecuniary loss caused by cycling, skiing or the use of a wheelchair, or caused by a pet belonging to the insured and accompanying the insured during their travel in accordance with the law (such as a dog or a cat).

ARTICLE 5 Obligations of the Insured

In addition to the obligations set out in Section A, the insured is obliged:

1. to notify the insurer without undue delay of the occurrence of a loss event, of the fact that the injured party has asserted a claim for compensation against them, and to state their position regarding their obligation to compensate for the damage or loss incurred, the compensation claimed and its amount;
2. to notify the insurer without undue delay that proceedings have been initiated against the insured before a public authority or in arbitration in connection with a loss event, and at the same time, to inform the insurer of the identity of their legal representative and to keep the insurer informed of the progress and outcome of the proceedings. In proceedings relating to compensation, the insured shall act in accordance with the insurer's instructions; the costs of the proceedings are carried by the insurer;
3. to provide the insurer with the police report, if the incident was investigated by the police;
4. to provide the insurer with the names and addresses of all injured parties and any witnesses, together with their written statements and documents proving the extent of the damage or non-pecuniary loss incurred;
5. in the event of damage to health of a third party, to submit a medical report containing a detailed diagnosis of that person's injuries or, as applicable, the cause of their death;
6. not to pay, or undertake to pay, a claim or part thereof that is time-barred, without the insurer's consent;
7. not to accept, either in full or in part, a claim arising from liability without the insurer's consent;
8. in proceedings for compensation for damage or non-pecuniary loss brought against the insured:
   a) to keep the insurer informed of the progress and outcome of the proceedings, and to provide the insurer with all documents relating to such proceedings as soon as they are received,
   b) not to enter into any court settlements or settlement agreements without the insurer's consent,
   c) to lodge an appeal against a decision by the courts or other competent authorities, unless the insured receives from the insurer instructions to different effect within the appeal period,
   d) to raise an objection on the grounds of limitation in good time,
   e) to act in such a way as not to give rise to a judgment by default or a judgment by admission.

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the insurance further does not cover the insured's obligation to compensate for damage or non-pecuniary loss:

1. assumed in excess of what is stipulated by law or assumed pursuant to a contract;
2. subsequently recognised by a contract, and which would otherwise not have arisen in the absence of such a contract;
3. caused to items of property which the insured has borrowed or which have been entrusted to them for use, or which they are using or have in their possession for any other reason. This exclusion does not apply to items that are part of the facilities used by the insured for accommodation;
4. arising in connection with an accident at work or an occupational disease;
5. arising in connection with an activity for which Czech or local law imposes an obligation to take out insurance;
6. caused to the environment, including ecological damage (e.g. pollution of water, soil, air, forests or gardens);
7. caused to data and other records;
8. caused by information or advice;
9. arising from product liability;
10. caused in the course of exercising hunting rights;
11. caused while pursuing sports activities for which the insured had not taken out additional insurance covering the respective high-risk activities;

12. caused to items which the insured has taken into their care for the purpose of providing any service (e.g. storage, transport or processing);
13. in the extent of their liability towards their employer, their business partners, their close persons or persons close to their business partners;
14. in the extent of the loss consisting of compensation for the following claims:
    a) for mental distress,
    b) for personal grievance,
    c) for items of particular sentimental value,
    d) in connection with the exercise of a person's right to protection of personality;
15. arising from an infringement of intellectual property rights (e.g. patent rights and copyrights or trademark, design or trade name rights);
16. caused in connection with the operation of a motor vehicle (excluding electric bicycles), a motorised watercraft, an aircraft or other flying apparatus (such as a parachute, hang glider or sport kite);
17. caused to a motor vehicle, motorised watercraft, aircraft or other flying apparatus (e.g. a parachute, hang glider or sport kite) that has been hired or entrusted for use;
18. arising in connection with the ownership, possession, tenancy or management of immovable property;
19. caused by the introduction or spread of a contagious disease affecting humans, plants or animals, including the transmission of the HIV virus;
20. caused by:
    a) an animal exported or acquired for business purposes, or kept for profit-making purposes,
    b) wild and exotic fauna,
    c) a service animal while on duty;
21. in the event of any compensation for damage or non-pecuniary loss awarded by a court in the United States of America or Canada.

F. CANCELLATION FEE INSURANCE

If the insured has taken out Cancellation Fee Insurance (hereinafter in this section simply as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A, also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, in the agreed amount.
2. The beneficiary is the insured.
3. The subject of the insurance is the cancellation of the insured's participation in a package tour or other service (hereinafter as "tour").
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A, cover shall be in force from the time the insurance is taken out until the start of travel, but no later than the agreed start of the policy period.
Once the insurance has been taken out, it takes effect from the time the insurance contract is concluded, regardless of the agreed policy period.

ARTICLE 3 Insured Event

An insured event is, subject to agreed exclusions, the insured's obligation to pay a cancellation fee charged by the service provider provided that, during the insured period, participation in the tour with the service provider was demonstrably cancelled for the following reasons:

1. a serious illness (including a sudden change in a long-standing chronic condition), injury or death of the insured or their relative, or of persons insured under the same insurance policy,
2. loss of employment through no fault of the insured due to organisational changes,
3. damage incurred by the insured due to a natural disaster or a criminal offence committed by a third party, provided that the reasons arose after the insurance contract was concluded, the amount of damage is at least CZK 100,000 and the insured provides evidence that they cannot use the travel service for this reason,
4. filing an application for divorce or a petition to dissolve a registered partnership, provided that they are named on the same package tour contract,
5. the target destination being designated by the official authorities as a territory posing a threat to health or life during the insured period, due to a threat of terrorist attacks or natural disasters, i.e. fire, floods, inundations, windstorms, earthquakes or volcanic eruptions.

The date on which the insured event occurred is the date on which the service provider received notification of cancellation of participation in the tour.

ARTICLE 4 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary.
2. The insurer shall pay insurance benefits up to the amount of the cancellation fee, but not exceeding the price of the package tour specified in the insurance policy, less the agreed excess; the amount of the agreed excess is set out in the insurance policy. The cancellation fee and the package tour price always refer to costs directly relating to the person of the insured.
3. The insurer will pay the insurance benefit if the reason for cancelling the tour arose at a time when it was not possible to cancel the services without incurring a cancellation fee.
4. In the event of a breach of the obligations set out in Article 5 of this section, the insurer is entitled to reduce the insurance benefit accordingly.
5. The insurer will pay out only for a single insured event over the entire policy period.

ARTICLE 5 Obligations of the Insured

If it is clear that the insured's participation in the tour must be cancelled, the insured is obliged, in addition to the obligations set out in Section A:

1. to cancel their booking for the tour with the service provider without undue delay, no later than the next business day after it became clear that they could not take part in the tour,
2. to immediately notify the insurer and subsequently provide evidence of the reason why it was necessary to cancel their participation in the tour, e.g. a medical certificate, a copy of a certificate of incapacity for work or a hospital discharge summary, or any other supporting documentation depending on the reason for cancelling participation in the tour, a copy of the tour booking, proof of payment for the tour and of the amount refunded by the service provider, the service provider's cancellation terms and conditions, and any other documents that the insurer may request.

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall also not be regarded as an insured event:

1. the causes of a mental illness or mental disorder;
2. the consequences of the insured failing to make use of the services booked or paid for directly by them with the service provider (e.g. optional excursions);
3. cases where the insurance was taken out 15 days or less before the planned date of departure. In cases where payment for the service was made 15 days or less before the planned departure date, the insurance must be taken out no later than the date of payment for the travel service;
4. cases where the insured, their relative or a person covered by the same insurance policy has been ordered by a doctor or other authority to undergo preventive quarantine (isolation) on the grounds of a suspected infectious disease or high-risk contact;
5. cases where the insured has not made use of the option to appoint a substitute.

G. MOUNTAIN RESCUE INSURANCE

If the insured has taken out Mountain Rescue Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A, also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The beneficiary is the insured.
3. The subject of the insurance is the insured's obligation to pay the costs of an intervention by mountain rescue service at altitudes of up to 5,000 metres above sea level (hereinafter as "mountain rescue service").
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Insured Event

An insured event is, subject to agreed exclusions, the insured's obligation to pay the costs of a mountain rescue service intervention carried out during the insured period and at the place of insurance, and caused by the insured being in distress at the time of the intervention.

ARTICLE 3 Scope of Insurance Coverage

1. For the purposes of this insurance, the costs of a mountain rescue service intervention are defined as the costs of the technical rescue intervention comprising:
   a) searching for the insured in a mountainous area,
   b) extricating the insured,
   c) rescue operations involving transport by land or air from the scene of the mountain rescue service intervention to the nearest location accessible by ordinary road transport or to the nearest medical facility,
   d) transport of human remains from the scene of the mountain rescue service intervention to the point of collection by a transport service designated for that purpose.
2. The insurer shall pay the costs referred to in paragraph 1 of this article, either directly or through the assistance service provider, to the mountain rescue service or to another person who can provide evidence of having incurred such costs.
3. If the intervention also includes uninsured persons, the insurer shall pay an amount proportional to the ratio of the number of insured persons to the number of uninsured persons.
4. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.

ARTICLE 4 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall not be regarded as an insured event:

1. services which were not carried out within the remit of the mountain rescue service;
2. an intervention outside the mountain rescue service's territorial scope of operations;
3. services covered:
   a) from the public health insurance system,
   b) from insurance arising from international treaties;
4. cases where the insured failed to heed warning or information systems relating to personal safety in mountainous areas;
5. cases where the insured's conduct endangered their own health, property or life, or that of others;

6. events arising as a result of:
   a) deliberate misuse of the mountain rescue service by the insured,
   b) negligence on the part of the insured,
   c) failure by the insured to follow the instructions of the mountain rescue service.

H. HOSPITALISATION INSURANCE

If the insured has taken out Hospitalisation Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A, also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event arises, the insurer will pay the beneficiary a one-off insurance benefit in the agreed amount.
2. The beneficiary is the insured.
3. The subject of the insurance is the insured's health.
4. The insurance is taken out as fixed-sum insurance.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 3, paragraph 4 of Section A, and regardless of the agreed territorial scope, the insurance does not cover events occurring within the territory of the Czech Republic.

ARTICLE 3 Insured Event

An insured event is, subject to agreed exclusions, hospitalisation of the insured in a healthcare facility within the place of insurance, commencing during the insured period, as a result of the occurrence of insurance perils during the insured period and within the place of insurance, which are:
   a) an accident,
   b) a serious illness,
   c) pregnancy, excluding childbirth.

ARTICLE 4 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary in the amount corresponding to the product of the sum insured agreed for this insurance and the number of days of hospitalisation.
2. The length of hospitalisation is always counted from the first day of admission.
3. The first and last days of hospitalisation are counted as a single day.
4. The insurer does not pay out for hospitalisation lasting less than 24 hours.
5. The maximum length of hospitalisation is 30 days for each single insured event.
6. The investigation of the event may be concluded at the earliest once the patient has been discharged or the maximum length of hospitalisation has been reached.
7. The agreed sum insured depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for each single insured event.

ARTICLE 5 Exclusions from the Insurance

In addition to the exclusions set out in Section A, hospitalisation arising solely from the need for nursing and care also is not considered an insured event.

I. VETERINARY CARE INSURANCE

If the insured has taken out Veterinary Care Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A of the insurance terms and conditions, also by the provisions of this section, which shall take precedence over the provisions of the insurance terms and conditions.

ARTICLE 1 Definitions

1. The term 'animal' refers to domestic dogs and domestic cats. A live animal has special significance and value already by the very virtue of representing a sentient being. A live animal is not an item, and the provisions relating to items shall apply to live animals by analogy only to the extent that this does not conflict with their nature.
2. Veterinary care is the treatment of an animal by a veterinarian who is professionally qualified to provide veterinary treatment and preventive care on the basis of a certificate issued in accordance with dedicated law.
3. Notwithstanding Article 2, paragraph 17 of Section A of the insurance terms and conditions, for the purposes of this insurance, an illness is defined as the onset of a condition that endangers an animal's life or health and requires veterinary treatment. The onset of illness is defined as the moment that is medically documented as the onset of the illness.

ARTICLE 2 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The beneficiary is the insured in whose name the animal is identified in the insurance policy.

3. The subject of the insurance is the health of an animal aged between 3 months up to and including 9 years, which is permanently fitted with a microchip and uniquely identifiable by the microchip number specified in the insurance policy. The microchip number must match the number stated in the valid "Pet Passport".
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 3 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 3, paragraph 4 of Section A of the insurance terms and conditions, and regardless of the agreed territorial scope, the insurance does not cover events occurring within the territory of the Czech Republic.

ARTICLE 4 Insured Event

An insured event is, subject to agreed exclusions, a sudden change in the state of health of the insured animal due to an injury or serious illness that occurred during the insured period and at the place of insurance, and which requires the subsequent provision of necessary and urgent veterinary care. The insurance covers only veterinary care provided at the place of insurance. A single claim relates to a single animal.

ARTICLE 5 Scope of Insurance Coverage

1. The insurer shall reimburse the costs demonstrably incurred for veterinary care for the insured animal, less the agreed excess of 20%, subject to a minimum of CZK 500.
2. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of a single insured animal.

ARTICLE 6 Obligations of the Insured

In addition to the obligations set out in Section A of the insurance terms and conditions, the insured is obliged to comply with the applicable provisions of REGULATION (EC) No 998/2003 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL, of Czech Act No. 166/1999 Coll., on veterinary care and amending certain related acts of law, as amended, and Czech Act No. 246/1992 Coll., on the protection of animals against cruelty and amending certain related acts of law, as amended.

ARTICLE 7 Further Obligations of Parties to the Insurance

In addition to the obligations set out in Section A of the insurance terms and conditions, the policyholder and the insured are obliged to:

1. submit the originals of documents proving the cause, time, place and circumstances of the insured event, its extent and the direct link between the insured event and the insured animal, stating at least its microchip number,
2. this insurance is not subject to the obligation set out in point D(II) of paragraph 5 of Article 16 of Section A of the insurance terms and conditions.

ARTICLE 8 Exclusions from the Insurance

1. In addition to the exclusions set out in Section A of the insurance terms and conditions, the following shall also not be regarded as an insured event:
   a) arising as a result of a breach of the Act on the protection of animals against cruelty,
   b) resulting from a hereditary disease or a congenital defect,
   c) resulting from preventive and cosmetic procedures,
   d) relating to death or euthanasia of the animal; this exclusion does not apply to cases arising as a result of an insured event;
2. The insurance does not cover costs incurred for:
   a) hospitalisation and transport of the insured animal, except necessary hospitalisation following veterinary treatment for a maximum of two days,
   b) anti-parasitic medications, including of the preventive type,
   c) elimination of parasites,
   d) interventions for and treatment of dental conditions and other dental procedures,
   e) treatment relating to pregnancy, delivery and abortion/miscarriage,
   f) food for the insured animal, including any dietary food prescribed by a veterinarian, even as part of treatment,
   g) treatment of skin conditions,
   h) non-essential veterinary procedures which are not necessary for the treatment of a condition in the insured animal requiring immediate veterinary treatment,
   i) vaccination or neutering,
   j) treatment of chronic conditions and veterinary care relating to treatment of illnesses or injuries that existed during the period of 12 months prior to the start of the policy period.

J. *SPORT* INSURANCE

If the insured has taken out *Sport* Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the provisions of Sections A and D of the insurance terms and conditions, also by the provisions of this section, which shall take precedence over the provisions of the insurance terms and conditions.

ARTICLE 1 Purpose and Subject of the Insurance, Definitions

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.

2. The beneficiary is the insured.
3. The subject of the insurance is the insured's movable personal property intended for their personal use as sports equipment, which they took with them on travel or demonstrably acquired during the travel, such as a bicycle, skis, diving or golf equipment (hereinafter in this section simply as "sports equipment"), a non-refundable entry fee paid for a match or tournament at the place of insurance, and a deposit for sports equipment provided to a hire service.
4. The insurance is taken out as insurance against loss and damage.
5. For the purposes of this insurance, a storage facility means a space within an accommodation establishment designated for the storage of sports equipment, or a space where members of the public may store sports equipment for a limited period against a fee.
6. A hire service is defined as a trade carried on by a legal or natural person authorised to operate such trade.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A of the insurance terms and conditions, cover under the agreed policy period shall commence no earlier than the start of travel and shall end no later than the return from travel.

ARTICLE 3 Insured Event

If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance at the place of insurance and during the insured period, due to:

1. an insured event involving sports equipment under the conditions set out in Section D; notwithstanding Section D, the following shall also be deemed an insured event:
   a) damage to sports equipment that occurred in a storage facility,
   b) damage to sports equipment caused by the carrier;
2. a delay of at least 6 hours in the transport of sports equipment, provided that at the same time the following conditions are met:
   a) the delay is counted from the point in time at which the insured was due to collect the sports equipment until the point in time at which it was actually possible to collect it in the travel destination,
   b) a delay of sports equipment caused otherwise than in its transport does not constitute an insured event,
   c) a delay of sports equipment following return from travel does not constitute an insured event;
3. forfeiture of an entry fee or starting fee for an organised, prepaid sports match or tournament due to non-attendance at such an event for reasons of:
   a) a serious illness, injury or death of the insured,
   b) a delay of more than 3 hours caused by the carrier, or the cancellation of transport service to the venue of the match or tournament;
4. forfeiture of a deposit paid to a hire service for the hire of sports equipment due to damage to, destruction of or loss of the item as a result of:
   a) an accident which required the insured to receive medical treatment,
   b) theft or vandalism,
   c) natural disasters.

ARTICLE 4 Scope of Insurance Coverage

1. If an insured event occurs pursuant to paragraph 1 of Article 3 of this section, the insurer shall pay the beneficiary insurance benefits to the extent according to Article 4 of Section D, up to the cover limit depending on the cover limit option chosen and specified in the insurance policy, which limits the insurance benefit for a single insured event and for all insured events pursuant to paragraph 5 of this section. A payment of benefits under this insurance policy is without prejudice to the right to benefits under the insurance policy according to Section D.
2. If an insured event occurs pursuant to paragraph 1 or 2 of Article 3 of this section, the insurer shall reimburse the beneficiary for the strictly necessary and reasonable costs demonstrably incurred by the insured in hiring replacement sports equipment:
   a) up to the agreed daily limit specified in the insurance policy,
   b) for up to 10 days' hire of replacement sports equipment per single insured event and for all insured events,
   c) the insurer does not cover the costs of hiring replacement sports equipment outside the period of cover,
   d) the insurer shall not cover the costs of hiring replacement sports equipment which the insured did not take with them on travel or for which they cannot prove that it was acquired during the travel.
3. If an insured event occurs pursuant to paragraph 3, Article 3 of this section, the insurer shall reimburse the beneficiary for the strictly necessary and reasonable costs demonstrably incurred by the insured for an entry fee or starting fee relating to an organised sports match or tournament, up to the cover limit depending on the cover limit option chosen and specified in the insurance policy, which limits the insurance benefit for a single insured event and for all insured events.
4. If an insured event arises pursuant to paragraph 4, Article 3 of this section, the insurer shall reimburse the beneficiary for the costs demonstrably incurred by the insured in paying a deposit to a hire service, up to the cover limit depending on the cover limit option chosen and specified in the insurance policy, which limits the insurance benefit for a single insured event and for all insured events.

ARTICLE 5 Obligations of the Insured

1. If an insured event occurs pursuant to paragraph 1, Article 3 of this section, the insured is obliged, in addition to the obligations set out in Sections A and D of the insurance terms and conditions, to also provide the insurer with the originals of all documents proving that the damage to the sports equipment was caused by the operator of the storage facility or the carrier.
2. If an insured event arises as defined in paragraph 2, Article 3 of this section, the insured is obliged, in addition to the obligations set out in Section A of the insurance terms and conditions, to also provide the insurer with the originals of the carrier's written confirmation of the delayed delivery of the insured's sports equipment, stating when the delay

occurred (date and time), the duration of the delay, and any damage to or destruction of the sports equipment by the carrier; furthermore, a written confirmation of the handover of the luggage to the air carrier, and the originals of documents confirming the hire of replacement sports equipment, including a description of the items, the price and the hire period.

3. If an insured event occurs pursuant to paragraph 3, Article 3 of this section, the insured is obliged, in addition to the obligations set out in Section A of the insurance terms and conditions, to also provide the insurer with the following:
   a) proof of payment of an entry fee or starting fee for the organised sports match or tournament,
   b) a registration form or similar document confirming the insured's planned attendance at the event,
   c) a medical certificate issued by the attending doctor, a discharge report in the event of hospitalisation, or other medical documentation proving the reason for not taking part in the prepaid sports match or tournament,
   d) in the event of a delay of a means of transport, the originals of the carrier's written confirmation of the delay, confirmation of the scheduled and actual departure and arrival times, and the duration of the delay.
4. If an insured event occurs pursuant to paragraph 4, Article 3 of this section, the insured is obliged, in addition to the obligations set out in Section A of the insurance terms and conditions, to also provide the insurer with the following:
   a) proof of payment of the deposit to the hire service,
   b) a medical certificate issued by the attending doctor, a discharge summary in the event of hospitalisation, or other medical documentation proving that medical treatment was received at the time of the insured event,
   c) a police report or other documentation proving theft, vandalism or a natural disaster.

K. CAREFREE DRIVING VEHICLE ASSISTANCE INSURANCE

If the insured has taken out Carefree Driving Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A of the insurance terms and conditions, also by the provisions of this section, which shall take precedence over the provisions of the insurance terms and conditions.

ARTICLE 1 Definitions

1. Assistance services – notwithstanding Article 21 of Section A, the following shall be deemed to constitute assistance services: roadside assistance, towing services, a replacement vehicle, the arrangement of accommodation, the delivery of fuel, and other call centre services provided by the contracted assistance service, provided that the assistance service's call centre is contacted under the telephone number +420 226 294 294 and the instructions given by the call centre's operator are followed.
2. Assistance service's call centre – information service, advice and all assistance services are available to the insured or the beneficiary STRICTLY ONLY via the telephone number +420 226 294 294 and in accordance with the instructions provided by the call centre's operator. Information service is understood to mean interpreting, traffic updates, passing on messages to a close person, and advice in the event of a road traffic accident. The call centre is available 24/7 all year round.
3. Driver error – immobility of the insured vehicle due solely to a flat battery, a tyre puncture, the loss of the vehicle keys, the keys being locked inside the vehicle, damage to the keys or locks of the insured vehicle, or running out of fuel or using a wrong type of fuel.
4. Accident – an accident is defined as a fortuitous event in which, as a result of external factors (e.g. a collision with another vehicle, the vehicle hitting an object, or veering off the road), the insured vehicle is damaged or rendered unroadworthy, as a result of which the vehicle is immobile or unfit for use on public roads in accordance with the applicable regulations.
5. Towing service – towing of a vehicle to the insurer's nearest authorised repair centre, carried out on public roads both within and outside city limits; on private or service roads only if access for the mechanic is arranged by a third party and, at the same time, if access to the vehicle is legally permissible and is not prevented by a legal obstacle. The service includes vehicle recovery. At the same time, the call centre's operator will provide information on the estimated arrival time of the recovery vehicle. Towing must be carried out in accordance with the manufacturer's instructions for the towed vehicle; the vehicle must not be towed using a rope. The service includes towing of the remaining vehicles in a road train.
6. Beneficiary – notwithstanding Article 2, paragraph 23 of Section A of these insurance terms and conditions, 'beneficiary' is understood to mean the driver and any passengers travelling in the insured vehicle, the maximum number of such passengers being determined by the number of seats specified in the vehicle registration certificate. Hitchhikers and persons travelling in the vehicle for a fee are not considered beneficiaries.
7. Insured event – for the purposes of the insurance under this section, an insured event is defined as the vehicle immobility for the reasons set out in Article 3 of this section, in which case the insurance benefit consists of the provision of assistance services exclusively by the contracted assistance provider.
8. The insured (or insured person) – notwithstanding Article 2, paragraph 30 of Section A of these insurance terms and conditions, the term 'insured (or insured person)' refers to a person aged 18 or over.
9. Advice – providing information on what to do in the event of a road traffic accident, supplying contact details of insurance companies, law firms, courts, the police, embassies, etc., as well as telephone translation and interpreting services.
10. Breakdown – a breakdown is defined as a condition in which the insured vehicle is immobile or unfit for use on public roads in accordance with the applicable regulations, due to wear and tear or damage to the vehicle's components caused by the intrinsic operation of individual vehicle parts, faulty assembly or material fatigue. The following do not constitute breakdowns: a systematic overhaul of the vehicle, its maintenance (routine or

otherwise), roadworthiness test, the fitting of additional equipment, or deficiencies in mandatory vehicle accessories.

11. Vehicle repatriation – vehicle repatriation means the transport of an immobile vehicle back to the Czech Republic or the person's place of residence, in cases where the vehicle cannot be repaired at a local car repair shop by the time of the planned return to the home country or place of residence.
12. Roadside assistance – provision of services by a mechanic on public roads both within and outside city limits; on private or service roads only if access for the mechanic is arranged by a third party and, at the same time, if access to the vehicle is legally permissible and is not prevented by a legal obstacle. The service includes notifying the insurer's client of the mechanic's estimated time of arrival and providing the necessary information, in particular regarding the breakdown or the extent of damage to the insured vehicle, the condition of the vehicle and its roadworthiness following the repair; if repair cannot be carried out on site, further arrangements will be made in accordance with the instructions of the insurer's dispatch centre. Under the roadside assistance service, a technician's labour is covered for up to 60 minutes in duration. The roadside assistance service also includes the delivery of fuel. Spare parts, fuel and other materials used to carry out the repair are not covered.
13. Vehicle safekeeping – the storage of a vehicle on a safekeeping basis in a locked or guarded area, with measures in place to protect it from damage or theft. When the insured vehicle is handed over for safekeeping, the assistance service provider is obliged to take photographs documenting the condition of the vehicle's individual parts, any wear and tear or damage, the vehicle's standard or special equipment, any items stored in the vehicle and other relevant details, in order to prevent disputes arising in connection with any complaints regarding the service provided.
14. Vandalism – unlawful acts committed by a third party or parties, as a result of which the vehicle is rendered immobile or unroadworthy under the applicable regulations (e.g. destroyed headlights, punctured tyres, etc.). Vandalism is also deemed to have occurred where the insured vehicle is rendered immobile as a result of theft of parts of it.
15. Courtesy car hire – a courtesy vehicle is always a subcompact car (e.g. Škoda Fabia, Ford Fiesta), including the vehicle delivery. If it is not possible to arrange such delivery, transport of the insured to a car hire service. A courtesy car is provided if the immobile vehicle cannot be repaired within two hours. The courtesy vehicle is provided for the maximum number of passengers according to the insured vehicle's registration certificate. If it is not possible to provide such a vehicle, the assistance service may arrange for several courtesy vehicles. A courtesy vehicle is provided for a maximum of two days or until the planned date of return from abroad to the home country or place of residence. A courtesy vehicle as specified above will also be provided if the loss event involves a two-wheeled vehicle.
16. Natural disaster – notwithstanding Article 1, paragraph 54 of Section A, damage to a stationary vehicle caused by an animal shall also be deemed a natural disaster.

ARTICLE 2 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall provide the beneficiary with insurance benefits in the form of assistance services, in the extent and under the terms and conditions set out in the insurance policy and these insurance terms and conditions.
2. The beneficiaries are the insured and the occupants of the insured vehicle. If the beneficiary is unable to make use of the services, the vehicle owner is deemed to be the beneficiary. Hitchhikers and persons travelling in the vehicle for a fee are not considered beneficiaries.
3. The subject of the insurance is a motor vehicle with two or more wheels weighing up to 3.5 tonnes, as specified in the insurance policy, including any trailer towed by the vehicle (hereinafter also as the "insured vehicle").
4. This insurance and the insurer's corresponding obligation to provide the beneficiary with assistance services if an insured event occurs do not, and cannot, replace the role of the units and services established by law by state and local authorities to carry out emergency medical, fire-fighting, recovery or fact-finding tasks, nor is any financial or other form of compensation provided under this insurance for any interventions by such units.
5. The insurance is taken out as insurance against loss and damage.

ARTICLE 3 Insured Event

Subject to agreed exclusions, an insured event is defined as the insured vehicle being rendered immobile as a result of driver error, vandalism, theft, a breakdown, accident or a natural disaster. An insured event also includes a medical indisposition of the driver that prevents them from continuing their journey and where at the same time, during the insured period and at the place of insurance, there is no other person in the vehicle who is fit to drive.

ARTICLE 4 Territorial Scope

The *Carefree Driving* insurance covers insured events arising within the territory of the following countries: the Czech Republic, Albania, Andorra, Belgium, Belarus, Bosnia and Herzegovina, Bulgaria, Montenegro, Denmark, Estonia, Finland, France, Croatia, Ireland, Iceland, Italy, Liechtenstein, Lithuania, Latvia, Luxembourg, Hungary, Macedonia, Malta, Moldova, Monaco, Germany, the Netherlands, Norway, Poland, Portugal, Austria, Romania, Greece, San Marino, Slovakia, Slovenia, the United Kingdom, Serbia, Spain, Sweden, Switzerland, Ukraine, the Vatican.

ARTICLE 5 Scope of Insurance Coverage

1. If an insured event occurs, the insurer shall provide the beneficiary, through the assistance service provider, with insurance benefits by organising and paying for services to the extent and within the limits set out below in this article.
2. The upper limit of insurance benefit for each individual service is determined by the insurance cover limit per

single insured event as follows:

Basic assistance services	
24/7 call centre service	free of charge
Roadside assistance on site	max. 60 minutes in duration
Towing to the nearest repair centre, including loading and unloading using a hydraulic arm as needed	max. 150 km
Changing a damaged tyre for the spare on the road	free of charge
Fuel delivery (fuel paid for by the insured)	free of charge
Vehicle recovery following an accident	security (costs borne by the insured)
Safekeeping of immobilised vehicle	for up to 5 days

Additional assistance services	
Message to a close person	free of charge
Repatriation of vehicle if repair not possible by the end of the insured travel	free of charge
Individual services at the insured's request	security (costs borne by the insured)
Arranging alternative accommodation	for up to 1 night/CZK 3,000 (EUR 120/person)
or	
Courtesy car hire	for up to 2 days
Alternative transport to the travel destination or home	bus/train ticket (1st class)

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A of the insurance terms and conditions, the insurer will not provide assistance in the following cases:

1. if the loss event occurred during a competition, sporting contest or motor racing event, or while preparing for such events,
2. if the insured vehicle was being driven by a person without a valid driver's licence,
3. if the number of occupants or the total weight of the insured vehicle exceeds the limits stated in its vehicle registration certificate,
4. if the loss event was caused while under the influence of alcohol, psychotropic medications, narcotics or other similar substances, or if the driver refuses to undergo breath or blood tests for these substances at the police request,
5. in the event of a fault in any special additional or auxiliary equipment fitted to the insured vehicle (such as air conditioning in the passenger compartment),
6. if the beneficiary claims reimbursement for assistance services which they have arranged themselves without the insurer's assistance service being aware of this,
7. for spare parts, fuel or other operating fluids used, and for the cost of tolls, motorway charges or other similar fees,
8. if the cause of the loss event is a fault that has already occurred in the same vehicle within the past 12 months, the insurer previously assessed it as an insured event and provided assistance, and the insured has not rectified the fault.
9. if access to the immobilised vehicle is not possible or legally permissible.

ARTICLE 7 Further Obligations of Parties to the Insurance

In addition to the obligations set out in Section A of the insurance terms and conditions, a person making a claim for assistance is obliged to:

1. report the loss event without undue delay to the assistance service's call centre at phone number +420 226 294 294. Should the beneficiary fail to fulfil this obligation, their right to assistance shall lapse.
2. When contacting the assistance service's call centre, and in any other communication, the insured or the beneficiary is obliged to provide the assistance service's call centre staff with the following information:
   a) first name and surname of the insured or the beneficiary,
   b) insurance policy number,
   c) the vehicle registration number,
   d) the location of the immobilised vehicle,
   e) the contact telephone number of the insured/beneficiary,
   f) a brief description of the loss event or the problem that has arisen,
   g) any further information pertinent to the loss event which the staff of the assistance service's call centre may request in detailing the event.

L. EXCESS/DEPOSIT INSURANCE FOR A HIRED VEHICLE

If the insured has taken out Excess Insurance/Deposit Insurance for a Hired Vehicle (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A, also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The subject of the insurance is the obligation to pay the car hire company, in the event of damage to the vehicle, the excess under the motor insurance policy or a security deposit, or its part, provided that this obligation has been

agreed by the insured, as the hirer, in the vehicle hire agreement concluded with the car hire company.
3. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Insured Event

1. Subject to agreed exclusions, an insured event is defined as the insured's obligation to pay the excess under the agreed motor insurance policy, or a deposit (or its part), to the car hire company if damage has occurred to the vehicle:
   a) in a road traffic accident,
   b) by burglary or theft,
   c) by vandalism,
   d) by a natural disaster.

ARTICLE 3 Scope of Insurance Coverage

1. A loss under this insurance policy is the insured's obligation to pay the car hire company the excess under the agreed motor insurance policy, or a security deposit, or its part, as a result of an insured event, providing that:
   a) the vehicle operator is authorised to carry out business in the field of vehicle hire,
   b) the hired vehicle falls into the category of motorcycles and passenger vehicles up to 3.5 tonnes.
2. The insurer shall pay the costs under this article to the beneficiary.
3. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.

ARTICLE 4 Obligations of the Insured

In addition to the obligations set out in Section A, the insured is obliged:
1. in the event of vandalism or burglary involving, or theft of the vehicle, to report the incident to the local police, obtain a police report and submit it to the insurer,
2. in the event of a road traffic accident, to report the incident to the local police and obtain a police report, or have photographs made of the scene of the accident and of the damage to the vehicle, and submit all such documentation to the insurer,
3. in the event of a natural disaster, to provide photographic evidence identifying the hired vehicle; if the event is investigated by the local police or another authority, to provide the respective report; in the event of a claim under the agreed motor insurance, to provide a copy of the letter confirming the conclusion of the claim investigation,
4. to provide the vehicle hire agreement,
5. to provide a report detailing the extent of the damage incurred,
6. to provide proof of the amount of the excess paid or deposit forfeited,
7. to provide photographic evidence showing the extent of the damage,
8. to provide any other documents requested by the insurer.

ARTICLE 5 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall not be regarded as an insured event:
1. incidents involving vehicles hired or leased from a car hire company that does not hold the relevant licences to operate in this field,
2. a road traffic accident, vandalism, burglary or theft, unless the incident was investigated by the local police,
3. a road traffic accident, unless the incident was investigated by the local police or unless photographic evidence from the scene of the incident was provided,
4. a natural disaster where the identity of the hired vehicle has not been established in accordance with Article 4, paragraph 2 of this part,
5. a damage incident where the hire car is an all-terrain vehicle,
6. an incident in which the vehicle was driven by someone else than the insured person,
7. an incident in which the vehicle was driven by a person without a proper driver's licence,
8. an incident in which the vehicle was used for a purpose other than that for which it was hired.

M. TRAVEL PLAN INSURANCE

If the insured has taken out Travel Plan Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A of the insurance terms and conditions, also by the provisions of this section, which shall take precedence over the provisions of the insurance terms and conditions.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event arises, the insurer will pay the beneficiary a one-off insurance benefit in the agreed amount.
2. The beneficiary is the insured.
3. The subject of the insurance is the inability to carry out the travel plans to which travel was undertaken.
4. A travel plan is any travel undertaken for any purpose, the duration of which is limited by the return date specified in the package tour contract, on a train ticket, flight ticket, etc.; if such date cannot be provided, the return date shall be deemed to be the last day of the term of the insurance policy.
5. The insurance is taken out as fixed-sum insurance.

ARTICLE 2 Insured Event

An insured event is, subject to agreed exclusions, the inability to carry out travel plans for reasons of:
1. hospitalisation due to illness or injury,

2. death of the insured or their relative, or of persons insured under the same insurance policy,
3. damage incurred by the insured due to a natural disaster or a criminal offence committed by a third party, where the amount of the damage is at least CZK 100,000 and the insured provides evidence that their presence at their place of residence is necessary for this reason,
4. the travel destination being designated by the official authorities as a territory posing a threat to health or life during the insured period, for reasons of terrorism or a natural disaster, i.e., fire, flood, inundation, storm, earthquake or volcanic eruption; the condition for payment of insurance benefit is that the insured has actually left such a territory,
5. a call by the Ministry of Foreign Affairs of the Czech Republic to leave the country of stay during the insured period, for any reason, provided that no travel warning had been issued for that country prior to the call to leave being issued; the condition for payment is that the insured has actually left the country. For circumstances under this point, the exclusions set out in Article 5(15)(a) and (b) of Section A shall not apply.

ARTICLE 3 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary in the amount corresponding to the product of the sum insured agreed for this insurance and the number of days during which the insured was unable to carry out their travel plans, up to the end of the contractual insurance period or up to the number of days specified in the insurance policy.
2. If an insured event as defined in Article 2(1) of this section occurs and the insured is aged 17 or under, the insurance benefit shall also be payable to one adult insured under the same insurance policy and covered under this section, or to one adult who is a relative of the insured and covered under this section.
3. If an insured event pursuant to Article 2(1) of this section occurs and the insured person is provided repatriation to the Czech Republic, the insurance benefit shall also be payable to all persons insured under the same insurance policy and covered under this section, or to all relatives of the insured person covered against the risks specified in this section; the condition for payment is an actual early return to the place of residence.
4. If an insured event arises in accordance with Article 2(2) and (3) of this section, the insurance benefit shall also be payable to all persons insured under the same insurance policy and covered under this section, or to all relatives of the insured persons covered against the risk under this section; the condition for payment is an actual early return to the place of residence.
5. The insurer will not pay out if the travel plans were not carried out for a period of less than 24 hours.
6. The agreed sum insured depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for each single insured event and for all insured events.
7. Where the term of the insurance policy is 365/366 days, the limit on the number of days is tripled; the multiple of the limit must be at least equal to the corresponding multiple of the number of insured events.

ARTICLE 4 Obligations of the Insured

If an insured event occurs, the insured is obliged, in addition to the obligations set out in Section A, to report and subsequently provide evidence of the reason why they were unable to carry out their travel plans, e.g. a hospital discharge summary, a report confirming the occurrence of damage to property and its extent, proof of leaving the territory or return to their place of residence, or any other confirmation, depending on the reason for the failure to fulfil their travel plans, as requested by the insurer.

N. ELECTRONICS INSURANCE

If the insured has taken out Electronics Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A of the insurance terms and conditions, also by the provisions of this section, which shall take precedence over the provisions of the insurance terms and conditions.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The beneficiary is the insured.
3. The insurance covers cameras including lenses, video cameras, portable media players, mobile phones, portable navigation devices and laptops intended for the insured's personal use, which they have taken with them on their travel or can prove they acquired during the travel. The insurance also covers electronic equipment entrusted to the insured by their employer, which the insured has taken with them on travel and uses in the course of their work.
4. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A, cover under the agreed policy period shall commence no earlier than the start of travel and shall end no later than the return from travel.

ARTICLE 3 Insured Event

Subject to agreed exclusions, an insured event is damage to the insured property arising during the insured period and at the place of insurance:

1. damage to or destruction of the insured property due to:
   a) natural disasters,

   b) aircraft crashes,
   c) the weight of snow or ice,
   d) water flowing out of a water supply system,
   e) vandalism;
2. theft of the insured property by burglary or robbery;
3. damage to or destruction of the insured property in a road traffic accident;
4. loss of the insured property in cases where the insured was prevented from taking care of the property.

ARTICLE 4 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary.
2. If an insured event occurs resulting in damage to the insured item, the insurer will pay an amount corresponding to the reasonable costs of repairing the damaged item, up to a maximum of the actual cash value of the product.
3. If an insured event occurs resulting in destruction, theft or loss of the insured item, the insurer will pay an amount corresponding to the actual cash value of the product.
4. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.
5. If the cover limit has been exhausted, any loss exceeding that limit may be claimed under the Personal Effects Insurance, in accordance with the insurance terms and conditions set out in Section D, provided that that cover has been taken out under the same insurance policy.

ARTICLE 5 Obligations of the Insured

In addition to the obligations set out in Section A, the insured is obliged:

1. in the event of theft of the insured electronics or the electronics becoming subject to vandalism, to report the matter to the locally competent police authority and to provide the insurer with the police report as part of the claim notification. The police report must include the insured's details, the date, cause and circumstances of the loss event, and the extent of the loss (a list of stolen, destroyed or damaged products). Further also the date of the record, and the signature, stamp and contact details of the registrar;
2. in the event of loss, damage to or destruction of the insured electronics in a road traffic accident, to obtain a road traffic accident investigation report and submit it to the insurer as part of the claim notification;
3. in the event of loss of the insured electronics while the insured is unconscious, to obtain a doctor's certificate confirming this medical condition of the insured and to submit it to the insurer as part of the claim notification;
4. to notify the insurer without undue delay if:
   a) criminal proceedings have been initiated in connection with the loss event, and to keep it informed of the progress and outcome of the proceedings,
   b) an item of electronics stolen or lost in connection with the insured event is found, and where the insured has already received insurance payout for that item, to return the payout to the insurer, less any reasonable and demonstrable costs necessary to repair the product, provided that it was damaged during the period from the occurrence of the insured event until the time it was found;
5. to preserve any damaged or destroyed electronics in their condition as resulting from the incident and allow the insurer to inspect them until the conclusion of the investigation necessary to determine the extent of the insurer's obligation to pay.

ARTICLE 6 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall not be regarded as an insured event:

1. theft of items from facilities with non-solid walls (e.g. made of tarpaulin);
2. events caused by a defect which the insured electronics already had at the time the insurance was taken out and which was, or could have been, known to the policyholder or the insured, regardless of whether it was known to the insurer;
3. indirect losses of any kind (e.g. loss of earnings, loss of profit, fines, inability to use the insured electronics, copyright);
4. damage to electronics:
   a) in luggage or handed over to the carrier separately,
   b) handed over for the purpose of providing a service,
5. damage to accessories relating to the electronics insurance, such as separate data storage media (e.g. CDs, USB sticks), records on data storage media, equipment bags, camera accessories (excluding lenses), tripods, etc.

O. SECURITY RISKS INSURANCE

If the insured has taken out Security Risks Insurance (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A of the insurance terms and conditions, also by the provisions of this section, which shall take precedence over the provisions of the insurance terms and conditions.

ARTICLE 1 Definitions

1. Hijacking of a means of transport is the unlawful seizure or unauthorised taking of control of a vehicle in which the insured is travelling.
2. Kidnapping is the abduction, detention or seizure of one or more insured persons by a third party, using force or deception, without the consent of the insured and without lawful grounds.
3. Hostage-taking is the detention of the insured by a third party who threatens to kill, injure or detain the insured over a prolonged period of time, with the aim of compelling a state, organisation or individual to take or refrain from taking any action.
4. A terrorist act is the calculated use of violence or the threat of violence, usually directed against innocent bystanders,

with the aim of instilling fear in order to achieve political, religious or ideological objectives.

ARTICLE 2 Purpose and Scope of the Insurance

1. If an insured event arises, the insurer shall pay the beneficiary insurance benefits corresponding to the extent of the damage incurred or in the agreed amount.
2. The beneficiary is the insured.
3. The insurance covers acts of violence or a threat thereof, or the occurrence or threat of harm to health arising from the above causes.
4. The insurance is taken out as:
   a) insurance against loss and damage, if the insured event falls under paragraph 3 or 4 of Article 4 of this section,
   b) fixed-sum insurance, if the insured event falls under paragraph 1 or 2 of Article 4 of this section.

ARTICLE 3 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 10 of Section A, cover under the agreed policy period shall commence no earlier than the start of travel and shall end no later than the return from travel.

ARTICLE 4 Insured Event

Subject to agreed exclusions, an insured event is an incident occurring during the insured period and at the place of insurance:

1. by the hijacking of a means of transport or the kidnapping of the insured person;
2. by the taking of hostages;
3. by cutting short the insured travel due to a terrorist act or a threat thereof announced by the official authorities in an area within 50 km of the place of stay;
4. by leaving the territory at risk, provided that a central government authority:
   a) recommends evacuation from the place of stay due to an imminent hazard or the occurrence of a natural disaster, a terrorist attack, war, armed hostilities, health-threatening epidemics or the effects of released nuclear energy at the place of stay,
   b) designates the territory in which the insured person is present as a war zone in the list of areas posing an increased security risk.
5. For circumstances under this section, the exclusions set out in Article 5(15)(a) and (b) of Section A shall not apply.

ARTICLE 5 Scope of Insurance Coverage

1. The insurer settles the claim by making a financial payment to the beneficiary.
2.
   a) If an insured event occurs pursuant to Article 4(1) or (2) of this section, the amount shall be the product of the sum insured agreed for this insurance and the number of days of duration of the insured event.
   b) The duration of an insured event is counted from the moment it occurs.
   c) The maximum duration of an insured event is 5 days.
   d) The investigation into the incident may be concluded at the earliest once the insured event or the maximum duration of the insured event has ended.
   e) The agreed sum insured depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for each single insured event.
3.
   a) If an insured event occurs according to Article 4(3) or (4) of this section, the insurer shall reimburse the documented costs of transporting the insured to the nearest safe location abroad or to their home country, together with any associated extraordinary accommodation costs.
   b) The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.

ARTICLE 6 Obligations of the Insured

If an insured event arises, the insured is obliged, in addition to the obligations set out in Section A:

1. to notify the insurer's assistance service immediately, if this is objectively possible,
2. in the event of hijacking, kidnapping or hostage-taking, to present a police report, confirmation from the carrier or other verified official record detailing the occurrence of the insured event and its duration,
3. in the event of curtailing travel or leaving the territory at risk, to provide credible official documentation confirming the occurrence of the insured event, as well as receipts and travel documents for the transport services and/or accommodation used.

ARTICLE 7 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the following shall not be regarded as an insured event:

1. events occurring in territories which the official authorities have designated as posing a risk of such events, or where they have advised against travel to those territories prior to the start of travel,
2. abductions or taking of children as hostages up to and including the age of 17, where this is committed by their parent, adoptive parent, carer or guardian,
3. curtailing travel or leaving the territory at risk, if such an event occurs within 24 hours of the planned return from the travel,
4. curtailing travel or leaving the territory at risk without prior approval from the assistance service,
5. leaving the territory at risk due to an outbreak of an epidemic disease against which the insured is required to be vaccinated in that country.

P. ASSISTANCE INSURANCE PLUS

If the insured has taken out Assistance Insurance Plus (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed, in addition to the common provisions in Section A, also by the provisions of this section.

ARTICLE 1 Purpose and Scope of the Insurance

1. If an insured event occurs, the insurer shall provide the beneficiary with insurance benefits in the form of assistance services to the extent of the damage incurred in relation to the subject of the insurance, up to the agreed limit.
2. The subject of the insurance is:
   a) the insured's passport and identity card (hereinafter in this section also as "travel document"),
   b) the insured's immovable property and household, which they use as their permanent residence,
   c) travel expenses of the carer,
   d) death.
3. The insurance is taken out as insurance against loss and damage.

ARTICLE 2 Geographical and Temporal Scope of the Insurance

Notwithstanding Article 3, paragraph 4 of Section A, and regardless of the agreed territorial scope, the insurance does not cover events occurring within the territory of the Czech Republic.

ARTICLE 3 Insured Event

1. Subject to agreed exclusions, an insured event is:
   a) damage to a travel document arising under the conditions set out in Section D; furthermore, the exclusion relating to passports and identity cards set out in Article 6(5)(d) of Section D shall not apply. Notwithstanding Article 3(3) of Section D, the insurance also covers the loss, damage to or destruction of a travel document for any reason,
   b) damage to the insured's permanently occupied immovable property or household caused by a natural disaster, a road traffic accident, burglary or water from a water supply system,
   c) leaving a person under the age of 18 unattended abroad due to death or hospitalisation of the person accompanying them,
   d) funeral costs in the country where the insured died, or the costs of a return journey in the event of death of a travel companion or a close person in the Czech Republic.

ARTICLE 4 Scope of Insurance Coverage

1. Damage to travel documents means the strictly necessary and reasonable costs demonstrably incurred in order to obtain a replacement travel document at the place of insurance, to the extent of:
   a) the fee for issuing a replacement travel document,
   b) transport to and from the place where the replacement travel document is issued,
   c) accommodation directly related to travel to and from the place where the replacement travel document is issued.
2. Damage to the insured's immovable property or household includes the costs incurred for technical assistance to prevent or mitigate the consequences of an insured event.
3. Travel expense loss for a carer means the necessary costs of travel and accommodation for a carer to accompany an insured person who is left unattended.
4. In the event of death, the loss comprises funeral expenses – the costs reasonably incurred for the insured's funeral abroad, or the costs reasonably incurred for an early return to the home country in the event of death of a travel companion or a close relative who was not travelling with the insured but who died in the Czech Republic.
5. The insurer shall pay the costs under this article to the beneficiary.
6. The agreed cover limit depends on the cover limit option chosen and specified in the insurance policy; it limits the insurance benefit for a single insured event and for all insured events of the insured.

ARTICLE 5 Exclusions from the Insurance

In addition to the exclusions set out in Section A, the insurer is not obliged to pay insurance benefits if the assistance services were not provided by the insurer's contracted assistance service provider.

Q. INSURANCE FOR SELECTED EXCLUSIONS

If the insured has taken out Insurance for Selected Exclusions (hereinafter in this section also as the "insurance") under the insurance policy, the insurance shall be governed by the amended provisions of the insurance terms and conditions set out below.

ARTICLE 1 Arrangements

1. Events in which the insured's blood alcohol content is found to be up to and including 1 ‰ are not excluded from the insurance cover – see Section A, Article 5(10);
2. cases where the insured is ordered to undergo preventive quarantine (isolation) in accordance with the provisions of

Section B, Article 6(4) are not excluded from the insurance cover;

3. not excluded from the insurance cover is theft of cameras, musical instruments, audiovisual equipment, mobile phones, computers and other similar electronic devices, including their accessories, from a motor vehicle, a caravan or a luggage box – see Section D, Part I, Article 6(1);
4. items and luggage entrusted to the carrier are not excluded from the insurance cover; see Section D, Part I, Article 6(5b);
5. events in which the insured's blood alcohol content is found to be up to and including 1 ‰ are not excluded from the insurance cover – see Section E, Article 4(9);
6. damage caused to property which the insured has borrowed, which has been entrusted to them for use, or which they are using or have in their possession for other reasons is not excluded from the insurance cover – see Section E, Article 6(3);
7. not excluded from the insurance cover are the consequences of the insured failing to make use of services booked or paid for directly by them with the service providers (e.g. optional excursions) – see Section F, Article 6(2);
8. cases where the insurance was taken out 15 days or less before the planned date of departure are not excluded from the insurance cover. In cases where payment for the service was made 15 days or less before the planned date of departure, the insurance must be taken out no later than the date of payment for the travel service – see Section F, Article 6(3);
9. cases where the insured, their relative or a person covered by the same insurance policy has been ordered by a doctor or other authority to undergo preventive quarantine (isolation) on the grounds of a suspected infectious disease or high-risk contact are not excluded from the insurance cover – Section F, Article 6(4).

ARTICLE 2 Scope of Insurance Coverage

1. If an insured event occurs according to Article 1, paragraph 2 of this section, the insurer shall cover the costs associated with:
   a) hospitalisation in a healthcare facility,
   b) accommodation at a location designated by a doctor or other authority, including full-board meal costs,
   c) the costs associated with returning from travel, in the event that the preventive quarantine (isolation) ends later than the originally planned date of return.
2. If an insured event occurs pursuant to Article 1, paragraph 2 of this section, the upper limit of insurance benefit is determined by the agreed insurance cover limit for medical expenses as set out in Article 4, paragraph 5a of Section B.

LIST OF SPORTS AND ACTIVITIES 1/26

effective 20 May 2026

With no need for additional insurance		With additional insurance required		Cannot be insured
		High-risk	Extreme	
Aerobics, kickboxing aerobics, aqua aerobics, yoga, fitness training	Rhythmic gymnastics	Acrobatic rock and roll, acro(batic) dance	Aerials	Mountaineering
Aerotrim	Football tennis	American football	Acrobatics in general (e.g. acrobats, performers)	Base jumping
Agility	Orienteering and cross-country running	BMX (bicycle motocross)	Acrobatic water skiing	Buildering
Airsoft	Paddleboard	Martial arts (aikido, jōdō, tai chi, etc.)	Acrobatic winter skiing	Cave diving
Activation programmes	Paintball	Combat sports (capoeira, jujutsu (jiu-jitsu), judo, karate)	Alpine skiing (downhill)	Whitewater rafting (Class 6)
Athletics	Pétanque	Bouldering (on artificial walls)	Racing bobsleigh	Dragster
Badminton	Swimming	Box lacrosse	Combat sports and martial arts including	Extreme skiing
Baseball	Beach and water-based leisure activities (banana boat or paddle boat rides, parasailing, water skiing, water slides, etc.)	Canicross in challenging terrain	allkampf-jitsu, kendo, krav maga, kung fu, taekwondo, sumo, boxing, kickboxing, Thai boxing,	Extreme strength sports (pulling heavy loads, pulling cars with a rope, etc.)
Basketball	City sojourns with no altitude restrictions	Competitive cycling (road, track)	MMA (mixed martial arts)	Freeriding (any type)
Cross-country skiing (on marked trails)	Powerbocking (jumping stilts) (not with saltos)	Cyclo-cross, cycling trials	Bouldering (not on artificial walls)	Heliskiing
Running – jogging, long-distance tracks including marathon, up hill running (not fell running or marathon in the desert)	Field hockey	Whitewater rafting (Classes 3 to 4), e.g. on a kayak or raft	Canyoning	High diving (cliff diving)
Biathlon	Arm wrestling	Quidditch	Whitewater rafting (Class 5), e.g. on a kayak or raft	Rock climbing
Bobsleigh (non-competitive)	Ricochet	Fly fox / zipline	Drifting	Riverboarding (hydrospeed)
Boccia	Fishing and angling, both from the bank and from a boat, on freshwater bodies	Firefighting sport and rescue corps training	Flyboarding	Chinese downhill
Bowling	Race walking	High ropes	Wildlife photography in the wild	Stunt activities
Bridge	Sledge (excluding racing sledge)	Roller hockey (quad)	Fourcross	Animal training
Skating (in-line or roller skates)	Showdown	Fell running/hill running	Ice cross downhill	Climbing icefalls/ice walls
Ice skating (excluding competitive figure skating and speed skating)	River rafting (see whitewater rafting)	Indoor skydiving	Jet-surf	Hunting exotic game
Bublik	Skateboarding	Inline hockey	Jumping (bungee, swing)	Parkour (outside indoor venues and organised clubs)
Boomerang	Skiathlon	Yachting and sailing on sailing boats powered solely by the wind	Kiting (kite buggying, kiteboarding, kitesurfing, power kiting, snowkiting, etc.)	Ice diving, cave diving
Bungee running/trampoline	Skibobbing (non-competitive)	Equestrian sports (e.g. show jumping, polo, (para)vaulting, Western riding, horse racing)	Air sports, including the piloting of sports aeroplanes, autogyros (gyrocopters), gliders, hot-air balloons, paragliders/paragliding, hang gliders, aerobatics, parachuting (including tandem jumps) and skydiving	Diving or scuba diving below 40 metres of depth
Canicross in non-demanding terrain	Diving and synchronised diving (from a springboard or platform)	Riding on a U-ramp (inline skates, skateboard, skis, inline skates, scooter, bicycle)	Rock climbing with belaying up to a height of 60 m, at an altitude of up to 3,000 m above sea level, with a maximum difficulty rating of UIAA VI	Rope jumping
Curling	Snowboarding (on marked routes)	Jöring (bike, inline, ski)	Longboarding (downhill)	Sea kayaking on the open sea
Exercising at the gym	Snow trampoline	Competitive figure skating	Marathon in the desert	Shark diving
Cycling tourism	Snow tubing (on marked routes)	Ice hockey	Mogul skiing (moguls)	Ski mountaineering
Disc golf	Softball	Climbing on artificial walls without belaying	Off-road motorsports (motocross, autocross, enduro, etc.)	Skitouring
Whitewater rafting (Classes 1 to 2), e.g. on a kayak or raft	Spinning	Rock climbing with belaying up to a height of 30 m, at an altitude of up to 3,000 m above sea level, with a maximum difficulty rating of UIAA III	Mountain bike trail/biking (not in a bike park; see "with no need for additional insurance")	Sky surfing
Dragon boats	Squash	Longboarding (excluding downhill)	Mountboarding	Speed riding
Duathlon	Tabletop games	Modern pentathlon	Parkour (indoors or at organised clubs)	Shooting with live ammunition (not shooting at an official shooting range – see shooting sports)
Fitness and bodybuilding	Table tennis	Monoski	Speedway (including on ice)	Fencing with sharp weapons
Floorball	Stretching	Motorsports on non-demanding surfaces (dirt/pit bikes, minibikes, mini karts, go-karts, quad bikes)	Freediving – from 10 m to 20 m deep	Via ferrata grades E–F
Football (association football), footbag, goalball, futsal	Streetball	OCR races (Gladiator, Spartan, etc.)	Diving using a breathing apparatus under 10 m, up to a maximum depth of 40 m	Expeditions to locations with extreme climatic and natural conditions or to vast uninhabited areas (deserts, jungles, the open sea (more than 200 nautical miles off coastal areas), polar regions, etc.)
Frisbee	Firing blank cartridges	Pole dance	Powerbocking with saltos	High-altitude hiking at altitudes above 5,000 metres ASL
Golf	Shooting sports (including live-fire shooting at an official shooting range)	Diving without breathing apparatus – freediving, or scuba diving to a depth of up to and including 10 metres (excluding ice diving)	Rodeo, Western rodeo	Wrestling
Handball	Synchronized swimming	Rugby and underwater rugby	Speed skiing	Testing of vehicles
Hobby horsing	Chess	Roller derby	Racing sledge	
Ball hockey	Fencing – competitive, historical, stage combat, etc., without sharp weapons	Fishing and recreational fishing from a boat on sea	Nordic combined	
Cheerleaders	Darts	Competitive speed skating (on ice or inline)	Snowmobile downhill	
Intercross	Snorkelling	Sandboarding	Skeleton	
Driving vintage motor vehicles	Tai chi	Scootering	Racing skibob	
Mountain biking, including bike park activities (excluding downhill riding)	Dance (ballet, breakdancing, disco, ballroom dancing, competitive dance, Zumba)	Mountain bike downhill, single track	Ski jumping and ski flying	
Snowmobiling (excluding downhill or freestyle)	Tennis	Trampoline jumping without safety equipment	Skydiving	
Animal riding (leisure-style, e.g. horse riding, camel riding, elephant riding)	Tchoukball	Abseiling	Snow (bungee) rafting/kayaking	
Yoga	Triathlon	Sledge hockey	Caving	
Canoeing in calm waters	Hiking and trekking in easy terrain up to 3,000 metres above sea level	Snowboard cross, ski cross	Street luge	
Kickbox aerobic	Rowing	Artistic gymnastics	Medieval full-contact combat	
Cycle-ball	Water skiing	Surfing	Trial (car, motorbike)	
Fitness training (in sports organisations)	Water polo	Hiking in challenging terrain up to 5,000 metres above sea level, including routes secured with chains, ropes or ladders (via ferrata grades A–C) and trekking	Via ferrata grade D	
Horse-drawn team & tying up	Volleyball			
Korfball	Wallyball			
Artistic cycling	Windsurfing			
Cricket	Sled dog racing (dog sled racing)			
Snooker, billiards	Winter swimming			
Bodybuilding	Winter sports in snow park (excluding acrobatics – see extreme sports)			
Nine-pin bowling	Juggling			
Quadriathlon				
Lacrosse				
Hot-air balloon flights (as a passenger)				
Climbing on artificial walls with belaying				
Hunting for sport (not the hunting of exotic game)				
Archery				

Skiing on marked runs, slalom skiing – no altitude restrictions (excluding speed skiing and mogul skiing) Majorettes Bavarian curling (icestock sport) Minigolf Model building for sports	Water sports (boats, jet skis, catamarans, etc.) Water slalom (including on artificial courses) Weightlifting (including powerlifting and bench press) Wakeboarding Working equitation Greco-Roman wrestling Freestyle wrestling Zorbing		

VALUATION TABLE
FOR PERMANENT CONSEQUENCES OF INJURY

Percentages of the sum insured – PC 1/24, effective from 1 May 2024

No. Description of permanent consequences (PC) ...PC (% of the sum insured)

INJURIES TO THE HEAD AND SENSORY ORGANS

001 Complete defect in the cranial vault measuring up to 2 cm^2 ..... 5%
002 Complete defect in the cranial vault measuring up to 10 cm^2 ..... 15%
003 Complete defect in the cranial vault measuring more than 10 cm^2 .....25%
004 Serious neurological brain disorders following a severe head injury, classified by severity ..... up to 80%
005 Traumatic facial nerve disorder ..... up to 10%
006 Facial injury accompanied by mild functional impairment ..... up to 10%
007 Facial injury accompanied by moderate functional impairment .....up to 20%
008 Facial injury accompanied by severe functional impairment .....up to 35%
009 Loss of the entire nose 20%
010 Complete loss of the sense of smell (partial loss not covered) 10%
011 Complete loss of the sense of taste (partial loss not covered) 5%
012 Complete loss of eyesight in one eye 25%
013 Complete loss of eyesight in the other eye 75%
(In the event of total loss of eyesight, the assessment of total PC may not exceed 25 per cent in one eye, 75 per cent in the other, or 100 per cent in both eyes. An exception are cases of permanent damage listed in points 15, 21 and 22, which are valued even above this threshold)
014 Reduced visual acuity .as per the auxiliary reference table
015 An anatomical loss or atrophy of the eye is added to the determined degree of permanent visual impairment 5%
016 Concentric and non-concentric narrowing of the visual field ..... up to 20%
017 Loss of the lens in one eye, including an accommodation disorder, while being able to tolerate contact lenses for at least 4 hours a day..... 15%
018 Loss of the lens in one eye, including an accommodation disorder, while being able to tolerate contact lenses for less than 4 hours a day 18%
019 Loss of the lens in one eye, including an accommodation disorder, while being not able to tolerate contact lenses at all 25%
020 Traumatic disorder of the oculomotor nerves, or a disorder in the balance of extraocular muscles ..up to 25%
021 Obstruction of the tear ducts in one eye 5%
022 Obstruction of the tear ducts in both eyes 10%
023 Loss of one auricle 10%
024 Loss of both auricles 15%
025 Mild unilateral hearing impairment 0%
026 Moderate unilateral hearing impairment .....up to 5%
027 Severe unilateral hearing impairment ..... up to 12%
028 Mild bilateral hearing impairment ..... up to 10%
029 Moderate bilateral hearing impairment .....up to 20%
030 Severe bilateral hearing impairment .....up to 35%
031 Unilateral hearing loss 15%
032 Bilateral hearing loss 45%
033 Unilateral labyrinthine disorder, by severity 10–20%

No. Description of permanent consequences (PC) ... PC (% of the sum insured)

034 Bilateral labyrinthine disorder, by severity 30–50%
035 Conditions following a tongue injury involving a tissue defect or scar-like deformities (only if loss of voice is not already assessed under point 42) 15%
036 Disfiguring scars on the face.....up to 5%

DENTAL DAMAGE (CAUSED BY AN ACCIDENT)

037 Loss of a single tooth (coverage only for tooth loss exceeding 50 per cent)..... 1%
038 Loss of each subsequent tooth 1%
039 Loss or breakage of or damage to milk teeth and dentures 0%
040 Loss of tooth vitality..... 0%

NECK INJURIES

041 Mild narrowing of the larynx or trachea .....up to 15%
042 Moderate to severe narrowing of the larynx or trachea with partial voice loss ..... up to 60%
(It is not possible to assess simultaneously according to point 42 when assessing pursuant to points 43-45)
043 Voice loss (aphonia) 25%
044 Speech loss resulting from damage to the speech apparatus 30%
045 Post-tracheostomy condition with a permanently inserted cannula (cannot be assessed simultaneously according to points 42-44) 50%

INJURIES TO THE CHEST, LUNGS, HEART OR OESOPHAGUS

046 Restricted chest mobility and adhesions between the lungs and the thoracic wall, clinically confirmed (by spirometry), mild in degree ..... up to 10%
047 Restricted chest mobility and adhesions between the lungs and the thoracic wall, clinically confirmed (by spirometry), moderate to severe in degree ..... up to 30%
048 Other consequences of lung injury by severity and extent, unilateral 15–40%
049 Other consequences of lung injury by severity and extent, bilateral (spirometry) 25–100%
050 Cardiovascular disorder (only following direct injury, clinically confirmed, by severity of the injury, ECG examination) 10–100%
051 Mild post-traumatic oesophageal stricture ..... up to 10%
052 Moderate to severe post-traumatic oesophageal stricture 11–50%

INJURIES TO THE ABDOMEN AND DIGESTIVE SYSTEM

053 Rupture of the abdominal wall accompanied by a rupture of the abdominal press .....up to 25%
054 Impairment of digestive system function, by severity of nutritional disorder..... up to 80%
055 Loss of spleen..... 15%
056 Anal sphincter insufficiency by severity ..... up to 60%
057 Rectal stricture by severity..... up to 40%

INJURIES TO THE URINARY AND GENITAL ORGANS

058a Loss of one kidney while the other remains functional 20%

No.	Description of permanent consequences (PC)	PC (% of the sum insured)
058b	Loss of one kidney while the other is not functioning	75%
059	Loss of both kidneys (simultaneous)	100%
060	Post-traumatic consequences of kidney and urinary tract injuries (including secondary infection, by the damage extent)	up to 50%
061	Loss of one testicle (in cases of cryptorchidism, this should be assessed as the loss of both testicles)	10%
062	Loss of both testicles or loss of potency in a person up to 45 years of age (verified by phaloplethysmography)	35%
063	Loss of both testicles or loss of potency in a person between 46 and 60 years of age (verified by phaloplethysmography)	20%
064	Loss of both testicles, or loss of potency in a person over 60 years of age (verified by phaloplethysmography)	10%
065	Loss of the penis or severe deformities before the age of 45	40%
066	Loss of the penis or severe deformities between the ages of 46 and 60	20%
067	Loss of the penis or severe deformities above the age of 60	10%

(If assessed in accordance with points 65–67, the loss of potency according to points
62–64 cannot be assessed at the same time)

068	Post-traumatic deformities of the female reproductive organs	10–50%

SPINE AND SPINAL CORD INJURIES

069	Mild restriction of spinal mobility	up to 10%
070	Moderate restriction of spinal mobility	up to 25%
071	Severe restriction of spinal mobility	up to 55%
072	Post-traumatic damage to the spine and spinal cord or spinal roots of mild degree	10–25%
073	Post-traumatic damage to the spine and spinal cord or spinal roots of medium degree	26–40%
074	Post-traumatic damage to the spine and spinal cord or spinal roots of severe degree	41–100%

PELVIC INJURIES

075	Severe pelvic damage with impaired spinal stability and function of lower limbs in women under the age of 45	30–65%
076	Severe pelvic damage with impaired spinal stability and function of lower limbs in women after the age of 45	15–50%
077	Severe pelvic damage with impaired spinal stability and function of the lower limbs in men	15–50%

INJURIES TO THE UPPER LIMBS

The ratings given below apply to right-handed individuals; for left-handed individuals, reverse rating applies.

Damage to the shoulder and arm

078	Loss of an upper limb at the shoulder joint or in the area between the elbow and shoulder joints on the right	70%
079	Loss of an upper limb at the shoulder joint or in the area between the elbow and shoulder joints on the left	60%
080	Complete stiffness of the shoulder joint in an unfavourable position (full abduction, adduction or similar positions) on the right	35%
081	Complete stiffness of the shoulder joint in an unfavourable position (full abduction, adduction or similar positions) on the left	30%
082	Complete stiffness of the shoulder joint in a favourable position(abduction 50°, flexion 40–45°, internal rotation 20°) on the right	30%
083	Complete stiffness of the shoulder joint in a favourable position (abduction 50°, flexion 40–45°, internal rotation 20°) on the left	25%
084	Mild restriction of shoulder joint mobility (upward stretch with a front raise; front raise not fully extended beyond 135 degrees) on the right	5%
085	Mild restriction of shoulder joint mobility (upward stretch with a front raise; front raise not fully extended beyond 135 degrees) on the left	4%
086	Moderate restriction of shoulder joint mobility (front raise up to 135 degrees) on the right	10%
087	Moderate restriction of shoulder joint mobility (front raise up to 135 degrees) on the left	8%
088	Severe restriction of shoulder joint mobility (front raise up to 90 degrees) on the right	18%
089	Severe restriction of shoulder joint mobility (front raise up to 90 degrees) on the left	15%
090	Post-traumatic habitual dislocation of the shoulder joint on the right (reduced by a doctor on more than three occasions; dislocation verified by X-ray)	20%
091	Post-traumatic habitual dislocation of the shoulder joint on the left (reduced by a doctor on more than three occasions; dislocation verified by X-ray)	16.5%
092	Irreparable sternoclavicular dislocation on the right	3%
093	Irreparable sternoclavicular dislocation on the left	2.5%
094	Irreparable acromioclavicular joint dislocation on the right (Tossy II and III)	6%
095	Irreparable acromioclavicular joint dislocation on the left (Tossy II and III)	5%
096	Pseudoarthrosis of the right humerus	35%
097	Pseudoarthrosis of the left humerus	30%
098	Chronic inflammation of the bone marrow in the humerus only after open injuries or following surgical interventions necessary to treat the consequences of an injury, on the right	30%
099	Chronic inflammation of the bone marrow in the humerus only after open injuries or following surgical interventions necessary to treat the consequences of an injury, on the left	25%
100	Permanent consequences of a long head tendon rupture of the right biceps muscle	3%
101	Permanent consequences of a long head tendon rupture of the left biceps muscle	2.5%

Damage to the area of the elbow joint and forearm

102	Complete stiffness of the elbow joint in an unfavourable position (full extension or full flexion and similar positions) on the right	30%
103	Complete stiffness of the elbow joint in a unfavourable position (full extension or full flexion or similar positions) on the left	25%
104	Complete stiffness of the elbow joint in a favourable position (bending angle 90–95 degrees) on the right	20%
105	Complete stiffness of the elbow joint in a favourable position (bending angle 90–95 degrees) on the left	16%
106	Restricted range of motion in the right elbow joint up to	18%
107	Restricted range of motion in the left elbow joint	up to 15%
108	Complete stiffness of the radioulnar joints with an inability to pronate or supinate the forearm, in an unfavourable position (in maximum pronation or supination) on the right	20%
109	Complete stiffness of the radioulnar joints with an inability to pronate or supinate the forearm, in an unfavourable position (in maximum pronation or supination) on the left	16%

No.	Description of permanent consequences (PC)	PC (% of the sum insured)
110	Complete stiffness of the radioulnar joints in a favourable position (neutral position or slight pronation) on the right	up to 20%
111	Complete stiffness of the radioulnar joints in a favourable position (neutral position or slight pronation) on the left	up to 16%
112	Restricted pronation and supination of the right forearm	up to 20%
113	Restricted pronation and supination of the left forearm	up to 16%
114	Pseudoarthrosis of both bones of the right forearm	40%
115	Pseudoarthrosis of both bones of the left forearm	35%
116	Pseudoarthrosis of the right radius	30%
117	Pseudoarthrosis of the left radius	25%
118	Pseudoarthrosis of the right ulna	20%
119	Pseudoarthrosis of the left ulna	15%
120	Wobbly right elbow joint	up to 20%
121	Wobbly left elbow joint	up to 15%
122	Loss of the right forearm while the elbow joint remains intact	55%
123	Loss of the left forearm while the elbow joint remains intact	45%
124	Chronic inflammation of the bone marrow in the right forearm (only after open injuries or surgical interventions necessary to treat the consequences of an injury)	27%
125	Chronic inflammation of the bone marrow in the left forearm (only after open injuries or surgical interventions necessary to treat the consequences of an injury)	22%

Loss of, or damage to hand

126	Loss of hand at the right wrist	50%
127	Loss of hand at the left wrist	42%
128	Loss of all fingers on one hand including, where applicable, the metacarpal bones, on the right	50%
129	Loss of all fingers on one hand including, where applicable, the metacarpal bones, on the left.	42%
130	Loss of fingers of the hand (excluding the thumb), including the metacarpal bones on the right	45%
131	Loss of fingers of the hand (excluding the thumb), including the metacarpal bones on the left	40%
132	Complete stiffness of the right wrist in an unfavourable position (extreme palmarflexion)	30%
133	Complete stiffness of the wrist in an unfavourable position (extreme palmarflexion), on the left	25%
134	Complete stiffness of the wrist in a favourable position (extreme dorsiflexion), on the right	15%
135	Complete stiffness of the wrist in a favourable position (extreme dorsiflexion), on the left	12.5%
136	Complete stiffness of the wrist in an unfavourable position (dorsiflexion 20–40 degrees), on the right	20%
137	Complete stiffness of the wrist in an unfavourable position (dorsiflexion 20–40 degrees), on the left	17%
138	Pseudoarthrosis of the right scaphoid bone	15%
139	Pseudoarthrosis of the left scaphoid bone	12%
140	Limited mobility of the right wrist	up to 20%
141	Limited mobility of the left wrist	up to 17%
142	Instability of the right wrist (confirmed by X-ray or ultrasound examination)	up to 12%
143	Instability on the left wrist (confirmed by X-ray or ultrasound examination)	up to 10%

Damage to thumb

144	Loss of the distal phalanx of the right thumb	9%
145	Loss of the distal phalanx of the left thumb	7%
146	Loss of the thumb and metacarpal bone on the right hand	25%
147	Loss of the thumb and metacarpal bone on the left hand	21%
148	Loss of both phalanges of the right thumb	18%
149	Loss of both phalanges of the left thumb	15%
150	Complete stiffness of the interphalangeal joint of the right thumb in an unfavourable position (extreme flexion)	8%
151	Complete stiffness of the interphalangeal joint of the left thumb in an unfavourable position (extreme flexion)	7%
152	Complete stiffness of the interphalangeal joint of the right thumb in an unfavourable position (in hyperextension)	7%
153	Complete stiffness of the interphalangeal joint of the left thumb in an unfavourable position (in hyperextension)	6%
154	Complete stiffness of the interphalangeal joint of the right thumb in a favourable position (slight flexion)	6%
155	Complete stiffness of the interphalangeal joint of the left thumb in a favourable position (slight flexion)	5%
156	Complete stiffness of the metacarpophalangeal joint of the right thumb	6%
157	Complete stiffness of the metacarpophalangeal joint of the left thumb	5%
158	Complete stiffness of the carpometacarpal joint of the right thumb in a favourable position (complete abduction or adduction)	9%
159	Complete stiffness of the carpometacarpal joint of the left thumb in a favourable position (complete abduction or adduction)	7.5%
160	Complete stiffness of the carpometacarpal joint of the right thumb in a favourable position (slight opposition)	6%
161	Complete stiffness of the carpometacarpal joint of the left thumb in a favourable position (slight opposition)	5%
162	Complete stiffness of all joints of the right thumb in an unfavourable position	up to 25%
163	Complete stiffness of all joints of the left thumb in an unfavourable position	up to 21%
164	Impaired thumb grip function due to limited mobility of the metacarpophalangeal and interphalangeal joints, on the right	up to 6%
165	Impaired thumb grip function due to limited mobility of the metacarpophalangeal and interphalangeal joints, on the left	up to 5%
166	Impaired thumb grip function due to limited mobility of the carpometacarpal joint, on the right	up to 9%
167	Impaired thumb grip function due to limited mobility of the carpometacarpal joint, on the left	up to 7.5%

Damage to the index finger

168	Loss of the distal phalanx of the right index finger	5%
169	Loss of the distal phalanx of the left index finger	4%
170	Loss of two phalanges of the right index finger	8%
171	Loss of two phalanges of the left index finger	6%
172	Loss of all three phalanges of the right index finger	12%
173	Loss of all three phalanges of the left index finger	10%
174	Loss of the index finger and metacarpal bone on the right hand	15%
175	Loss of the index finger and metacarpal bone on the left hand	12%
176	Complete stiffness of all three joints of the right index finger in full extension or flexion	15%
177	Complete stiffness of all three joints of the left index finger in full extension or flexion	12%
178	Impaired grasping function of the right index finger	up to 10%
179	Impaired grasping function of the left index finger	up to 8%
180	Inability to fully extend any of the interphalangeal joints of the right index finger, while the grasping function remains intact	1.5%
181	Inability to fully extend any of the interphalangeal joints of the left index finger, while the grasping function remains intact	1%
182	Inability to fully extend the metacarpophalangeal joint of the right index finger, with impaired abduction	2.5%

No.	Description of permanent consequences (PC)	PC (% of the sum insured)
183	Inability to fully extend the metacarpophalangeal joint of the left index finger, with impaired abduction	2%

Damage to the middle finger, ring finger and little finger

184	Loss of an entire finger, including the corresponding metacarpal bone, on the right hand	9%
185	Loss of an entire finger, including the corresponding metacarpal bone, on the left hand	7%
186	Loss of all three phalanges, or loss of two phalanges accompanied by stiffness of the metacarpophalangeal joint, on the right hand	8%
187	Loss of all three phalanges, or loss of two phalanges accompanied by stiffness of the metacarpophalangeal joint, on the left hand	6%
188	Loss of two phalanges with preserved function of the metacarpophalangeal joint, on the right hand	5%
189	Loss of two phalanges with preserved function of the metacarpophalangeal joint, on the left hand	4%
190	Loss of the distal phalanx of one of these fingers on the right hand	3%
191	Loss of the distal phalanx of one of these fingers on the left hand	2%
192	Complete stiffness of all three joints of one of these fingers in full extension or flexion (in a position that impedes the function of the neighbouring fingers) on the right hand	9%
193	Complete stiffness of all three joints of one of these fingers in full extension or flexion (in a position that impedes the function of the neighbouring fingers) on the left hand	7%
194	Impaired grip function in a right-hand finger (restricted flexion towards the palm)	up to 8%
195	Impaired grip function in a left-hand finger (restricted flexion towards the palm)	up to 6%
196	Inability to fully extend one of the interphalangeal joints while the finger's grasping function remains intact, left or right hand	1%
197	Inability to fully extend the metacarpophalangeal joint of a right-hand finger, with impaired abduction	1.5%
198	Inability to fully extend the metacarpophalangeal joint of a left-hand finger, with impaired abduction	1%

Traumatic disorders of the nerves of the upper limb

The assessment already takes into account any vasomotor and trophic disorders

199	Traumatic disorder of the right axillary nerve	up to 30%
200	Traumatic disorder of the left axillary nerve	up to 25%
201	Traumatic disorder of the spinal nerve trunk affecting all the innervated muscles on the right	up to 45%
202	Traumatic disorder of the spinal nerve trunk affecting all the innervated muscles on the left	up to 37%
203	Traumatic disorder of the spinal nerve trunk while the triceps muscle on the right remains functional	up to 35%
204	Traumatic disorder of the spinal nerve trunk while the triceps muscle on the left remains functional	up to 27%
205	Traumatic disorder of the right musculocutaneous nerve	up to 30%
206	Traumatic disorder of the left musculocutaneous nerve	up to 20%
207	Traumatic disorder of the ulnar nerve trunk affecting all the innervated muscles on the right	up to 40%
208	Traumatic disorder of the ulnar nerve trunk affecting all the innervated muscles on the left	up to 33%
209	Traumatic disorder of the distal part of the ulnar nerve, with preserved function of the ulnar flexor carpi and part of the flexor digitorum profundus on the right	up to 30%
210	Traumatic disorder of the distal part of the ulnar nerve, with preserved function of the ulnar flexor carpi and part of the flexor digitorum profundus on the left	up to 25%
211	Traumatic disorder of the median nerve trunk affecting all the innervated muscles on the right	up to 30%
212	Traumatic disorder of the median nerve trunk affecting all the innervated muscles on the left	up to 25%
213	Traumatic disorder of the distal part of the median nerve, primarily affecting the thenar muscles on the right	up to 15%
214	Traumatic disorder of the distal part of the median nerve, primarily affecting the thenar muscles on the left	12%
215	Traumatic disorder of all three nerves, or possibly of the entire right brachial plexus	up to 60%
216	Traumatic disorder of all three nerves, or possibly of the entire left brachial plexus	up to 50%

INJURIES TO THE LOWER LIMBS

Damage to the hip, thigh and knee

217	Loss of one lower limb at the hip joint or in the area between the hip and knee joints	50%
218	Pseudoarthrosis of the femur or necrosis of the femoral head	40%
219	Hip replacement (excluded from the restricted joint mobility assessment)	15%
220	Chronic inflammation of the bone marrow in the femur only after open fractures or surgical interventions necessary to treat the consequences of an injury	25%
221	Shortening of one lower limb by up to 1 cm	0%
222	Shortening of one lower limb by up to 4 cm	up to 5%
223	Shortening of one lower limb by up to 6 cm	up to 15%
224	Shortening of one lower limb by more than 6 cm	up to 25%
225	Post-traumatic deformities of the femur (healed fractures) with axial or rotational misalignment, for every whole 5° deviation (confirmed by X-ray) Deviations of more than 45° are classified as limb loss	5%
226	Complete hip joint stiffness in an unfavourable (full adduction or abduction, extension or flexion and similar positions)	40%
227	Complete hip joint stiffness in a favourable position (a slight deviation from the neutral position or a slight bend)	30%
228	Mild restriction of hip joint mobility	up to 10%
229	Moderate restriction of hip joint mobility	up to 20%
230	Severe restriction of hip joint mobility	up to 30%

Knee damage

231	Complete stiffness of the knee in an unfavourable position (full extension or full flexion at an angle of 20° or more)	30%
232	Complete stiffness of the knee in an unfavourable position (flexion at an angle of 30° or more)	45%
233	Complete stiffness of the knee in a favourable position (bend angle up to 20°)	up to 30%
234	Replacement in the knee joint area (excluding the assessment of joint mobility)	15%
235	Mild restriction of knee joint mobility	up to 10%
236	Moderate restriction of knee joint mobility	up to 15%
237	Severe restriction of knee joint mobility	up to 25%
238	Knee joint instability due to insufficiency of one lateral ligament	5%
239	Knee joint instability due to insufficiency of anterior or posterior cruciate ligament	up to 15%
240	Knee joint instability due to insufficiency of anterior and posterior cruciate ligament	up to 25%
241	Permanent consequences following surgical removal of one meniscus (depending on the extent of the removed tissue / at least one third (1/3) of the meniscus, as confirmed by surgical findings)	up to 5%
242	Permanent consequences following surgical removal of both menisci (depending on the extent of the removed	

No.	Description of permanent consequences (PC)	PC (% of the sum insured)
	tissue / at least one third (1/3) of the menisci, as confirmed by surgical findings)	up to 10%
243	Permanent consequences following the removal of the patella, including atrophy of the thigh and calf muscles	up to 10%

Damage to the lower leg

244	Loss of a lower limb at the lower leg, with the knee remaining intact	45%
245	Loss of a lower limb at the lower leg, with a stiff knee joint	50%
246	Pseudoarthrosis of the tibia or both bones of the lower leg	30%
247	Chronic inflammation of the bone marrow in the lower leg, only after open injuries or surgical interventions necessary to treat the consequences of an injury	22%
248	Post-traumatic deformities of the lower leg resulting from the healing of fractures with axial or rotational deviation (such deviations must be verified by X-ray), for every full 5°	5%

Deviations of more than 45° are classified as a loss of the lower leg.

Damage to the area of the ankle joint

249	Amputation of the leg at or below the ankle joint	40%
250	Loss of the foot at the transverse tarsal joint (Chopart's joint)	30%
251	Loss of the foot at or below the Lisfranc joint (tarsometatarsal joint)	25%
252	Complete stiffness of the ankle joint in an unfavourable position (dorsiflexion or plantarflexion exceeding 20°	30%
253	Complete stiffness of the ankle joint in the right-angled position	25%
254	Complete stiffness of the ankle joint in a favourable position (plantarflexion around 5°)	20%
255	Mild restriction of ankle joint mobility	up to 6%
256	Moderate restriction of ankle joint mobility	up to 12%
257	Severe restriction of ankle joint mobility	up to 20%
258	Limited pronation and supination of the foot	up to 12%
259	Complete loss of pronation and supination of the foot	15%
260	Ankle joint instability (X-ray or ultrasound verification required)	up to 20%
261	Flat foot or clubfoot resulting from an injury, and other post-traumatic deformities of the ankle and foot	up to 25%
262	Chronic inflammation of the bone marrow in the tarsus, metatarsus and calcaneus area, only after open injures or surgical interventions necessary to treat the consequences of an injury	15%

Damage to the leg

263	Loss of all toes	15%
264	Loss of both phalanges of the big toe	10%
265	Loss of both phalanges of the big toe, together with the metatarsal bone or its part	15%
266	Loss of the distal phalanx of the big toe	3%
267	Loss of any other toe (including the little toe), for each toe	2%
268	Loss of the little toe, together with the metatarsal bone or its part	10%
269	Complete stiffness of the interphalangeal joint of the big toe	3%
270	Complete stiffness of the metatarsophalangeal joint of the big toe	7%
271	Complete stiffness in both big toe joints	8%
272	Limited mobility of the interphalangeal joint of the big toe	up to 3%
273	Limited mobility of the metatarsophalangeal joint of the big toe	up to 7%
274	Functional disorder of any other toe than the big toe, for each toe	1%

No.	Description of permanent consequences (PC)	PC (% of the sum insured)
275	Post-traumatic circulatory and trophic disorders in one lower limb	up to 15%
276	Post-traumatic circulatory and trophic disorders in both lower limbs	up to 30%
277	Post-traumatic muscle atrophy in the lower limbs with unrestricted range of motion in the joint at the thigh	5%
278	Post-traumatic muscle atrophy in the lower limbs with unrestricted range of motion in the joint at the lower leg	3%

Traumatic disorders of the nerves of the lower limb

The assessment already takes into account any vasomotor and trophic disorders

279	Traumatic sciatic nerve disorder	up to 50%
280	Traumatic femoral nerve disorder	up to 30%
281	Traumatic obturator nerve disorder	up to 20%
282	Traumatic injury to the tibial nerve trunk affecting all the innervated muscles	up to 35%
283	Traumatic injury to the distal part of the tibial nerve with impaired toe function	up to 5%
284	Traumatic injury to the peroneal nerve trunk affecting all the innervated muscles	up to 30%
285	Traumatic injury to the deep branch of the peroneal nerve	up to 20%
286	Traumatic disorder of the superficial branch of the peroneal nerve	up to 10%

OTHER TYPES OF PERMANENT CONSEQUENCES

287	Scars and deformities (other than those referred to in item 36 of these tables) that will not cause any functional damage are	not covered
288	Post-traumatic pigmentation changes are	not covered
289	Post-traumatic pain without functional impairment is	not covered
290	Mental disorders caused by trauma are	not covered

Extensive superficial scarring resulting from burns, chemical burns and other large-area injuries (regardless of any functional impairment)

291	Damage affecting up to 0.5 per cent of the body surface area on the face and neck	up to 5%
292	Damage affecting between 0.5 per cent and 2 per cent of the body surface area on the face and neck	up to 20%
293	Damage affecting up to 0.5 per cent of the body surface area, excluding the face and neck	up to 2%
294	Damage affecting between 0.5 per cent and 2 per cent of the body surface area, excluding the face and neck	up to 4%
295	Damage affecting more than 2 per cent of the body surface area, for each additional 1 per cent of damage to the body surface area	1% each

Any permanent consequences of an injury not included in the valuation table shall be determined by the loss adjuster in consultation with the insurance company's medical assessor, based on a comparison of the degree of severity.

No.	Description of permanent consequences (PC)	PC (% of the sum insured)

No.	Description of permanent consequences (PC)	PC (% of the sum insured)

Auxiliary reference table for assessing the degree of visual impairment when visual acuity is reduced despite optimal corrective lenses

Visus	6/6	6/9	6/12	6/15	6/18	6/24	6/36	6/60	3/60
6/6	0%	2%	4%	6%	9%	12%	15%	18%	25%
6/9	2%	4%	6%	9%	12%	15%	18%	21%	28%
6/12	4%	6%	9%	12%	15%	18%	21%	25%	31%
6/15	6%	9%	12%	15%	18%	21%	25%	29%	35%
6/18	9%	12%	15%	18%	21%	25%	29%	33%	39%
6/24	12%	15%	18%	21%	25%	29%	33%	38%	44%
6/36	15%	18%	21%	25%	29%	33%	38%	43%	49%
6/60	18%	21%	25%	29%	33%	38%	43%	49%	55%
3/60	25%	28%	31%	35%	39%	44%	49%	55%	65%