

TRAVEL INSURANCE

for a holder of a payment card of **Československá obchodní banka, a. s.**,

issued pursuant to the Insurance Policy No. 7100000167 on Insurance of Payment Card Holders concluded by and between

Československá obchodní banka, a.s., having its registered office at Radlická 333/150,150 57 Prague 5, ID No.: 00 00 13 50, incorporated in the Trade Register kept by the Municipal Court of Justice in Prague, Section BXXXVI, File 46,

and

ČSOB Pojišťovna, a. s., člen holdingu ČSOB, having its registered office at Zelené předměstí, Masarykovo náměstí 1458, 532 18 Pardubice, Czech Republic, ID No.: 45534306, Tax ID No.: CZ699000761, incorporated in the Trade Register kept by the Regional Court of Justice in Hradec Králové, Section B, File 567.

Card holder:

First name(s) and surname

Personal ID No.: (date of birth for foreigners)

Insurance effected with ČSOB Pojišťovna, a. s., člen holdingu ČSOB (hereinafter referred to as the Insurer), is governed by the Insurance Policy No. 7100000167 on Insurance of Payment Card Holders (hereinafter referred to as the "Insurance Policy"), the General Policy Conditions for Travel Insurance (hereinafter referred to as "VPP CP 2011"), the special parts (hereinafter referred to as VPP LV 2011, VPP U 2011, VPP ODC 2011, and VPP ZAV 2011), the Complementary Policy Conditions for assistance Services (hereinafter referred to as "DPP AS 2011"), and the applicable generally binding legal regulations.

1. Period of Insurance

from to (pursuant to the payment card validity)

2. Effected travel insurance alternative

- | | |
|---|---|
| <input type="checkbox"/> I. STANDARD | <input type="checkbox"/> II. STANDARD FAMILY |
| <input type="checkbox"/> III. EXCLUSIVE | <input type="checkbox"/> IV. EXCLUSIVE FAMILY |
| <input type="checkbox"/> V. GOLD | <input type="checkbox"/> VI. GOLD FAMILY |

3. Personal identification for alternatives Standard Family, Exclusive Family and Gold Family

first name(s) and surname Family member's
Personal ID No. (date of birth for foreigners)
first name(s) and surname Family member's
Personal ID No. (date of birth for foreigners)
first name(s) and surname Family member's
Personal ID No. (date of birth for foreigners)
first name(s) and surname Family member's
Personal ID No. (date of birth for foreigners)

4. Description of travel insurance alternatives:

I. STANDARD, II. STANDARD FAMILY

Medical expenses, including Assistance Services

Liability insurance

- Indemnity limit: CZK 1,000,000
- Indemnity limit for damage to health: CZK 300,000
- Indemnity limit for property losses: CZK 100,000

III. EXCLUSIVE, IV. EXCLUSIVE FAMILY

Medical expenses, including Assistance Services

Liability insurance

Accident insurance – permanent consequences of injury
– accidental death

Lump-sum indemnification for hospitalization

- Indemnity limit: CZK 2,000,000
- Indemnity limit for damage to health: CZK 1,000,000
- Indemnity limit for property losses: CZK 500,000
- sum insured: CZK 200,000 (coverage from 10% up)
- sum insured: CZK 200,000
- sum insured: CZK 2,000

V. GOLD, VI. GOLD FAMILY

Medical expenses, including Assistance Services

Liability insurance

Luggage insurance

Accident insurance – permanent consequences of injury
– accidental death

Lump-sum indemnification for hospitalization

- Indemnity limit: CZK 2,000,000
- Indemnity limit for damage to health: CZK 1,000,000
- Indemnity limit for property losses: CZK 500,000
- Indemnity limit: CZK 20,000
- sum insured: CZK 200,000 (coverage from 10% up)
- sum insured: CZK 200,000
- sum insured: CZK 2,000

5. Premium billing:

If the travel insurance is effected additionally (not on anniversary of the payment card validity), or in the case of changing the travel insurance alternative, the yearly fee of the required insurance alternative is charged in full. Subsequently, the yearly fees are charged on anniversary of the insurance validity (but not on anniversary of the payment card validity).

6. Territorial validity of the insurance:

- 6.1 Medical expenses insurance, liability insurance, luggage insurance and assistance services apply to the whole world, with the exception of:
- Czech Republic
 - another country (other countries) of which the Insured is a citizen. This provision shall not apply in the case the Insured is a party to the public health insurance in the Czech Republic.
- 6.2 Accident insurance applies to the area of the whole world, including the Czech Republic.

7. Scope of benefits under insurance:

- 7.1 The above Policy covers holders of payment cards issued by Československá obchodní banka, a.s. (hereinafter referred to as the “Bank” or the “Policyholder”), and possibly also his/her family members on condition that their identification data has been filled in in accordance with Provision 3 (hereinafter referred to as the “Insured”).
- 7.2 **The family members are covered only if any of the Family alternatives is selected and if they travel together with the cardholder.** The family members include (besides the cardholder) one adult person (e.g. husband, wife, or an unmarried spouse) and three children up to the age of 18.
- 7.3 The cardholder, and in the case of a Family alternative also his/her family members as the insured persons are, at the same time, the Beneficiaries.
- 7.4 The cover comes into effect by taking over the payment card, and, in the case of additionally effected insurances, at 00.00 hours on the day following the conclusion.

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VPP ODC 2011, and VPP ZAV 2011), the Complementary Policy Conditions for assistance Services
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2. Effected travel insurance alternative

I. STANDARD

II. STANDARD FAMILY

III. EXCLUSIVE

IV. EXCLUSIVE FAMILY

V. GOLD

VI. GOLD FAMILY

3. Personal identification for alternatives Standard Family, Exclusive Family and Gold Family

first name(s) and surname Family member's
Personal ID No. (date of birth for foreigners)
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Personal ID No. (date of birth for foreigners)

- 7.5 Medical expenses insurance effected within the Insurance Policy also applies to the cover of necessary costs incurred in the result of a work accident or an occupational disease of the Insured. The medical expenses insurance does not apply to the insured events related directly or indirectly to the duties performed within the service or similar relationship of a member of the armed forces, the armed security corps, the rescue corps or emergency services (VPP CP 2011, Article VIII).
- 7.6 The cardholder, and possibly also his/her family members in accordance with Provision 7.1, are covered during the entire payment card validity period.
- 7.7 The insurance is valid together with the payment card. The validity of the insurance is automatically renewed together with an automatic renewal of the payment card. If the payment card is reported lost/stolen, the insurance remains valid until the next payment card validity anniversary, i.e. until the last day of the expiration month marked on the lost/stolen payment card. The insurance becomes extinct especially by the permanent validity limitation of the payment card (unless a replacement card with the original validity period is issued within three months), or by termination of the contractual relation between the cardholder and the Bank.
- 7.8 The premium and the indemnity limits depend on the selected alternative of Travel Insurance. In the case of the Family alternatives, the indemnity limit applies to each insured person separately.
- 7.9 In the case the insured person has effected more insurances on the basis of authorised holding of more cards, the insurance coverage can be provided until coverage under one payment card and other effected insurances has been expended, but only up to the level of the property damages incurred by the Insured. In the case of permanent consequences of an injury or accidental death, the payable sum insured will be multiplied in accordance with the number of valid insurances (in accordance with the number of payment cards with the corresponding insurance alternative).
- 7.10 Scope of the medical expenses insurance cover:
- medical treatment and medicine
 - hospital stays
 - transport to the nearest medical facility
 - repatriation costs
 - calling a guardian – the indemnity limit on calling a guardian is CZK 10,000:
 - simple dental treatment to relieve the pain up to the following limits:
Europe: CZK 5,000;
World: CZK 10,000.
 - transport of human remains
 - funeral or cremation
- The indemnity limit related to dental treatment resulting from an accident is identical to the indemnity limit applicable to medical expenses under the relevant Travel Insurance alternative.
- 7.11 Scope of assistance services (under VPP AS 2011):
- Medical expenses insurance in all travel insurance alternatives includes the Basic Assistance Services. Differently from VPP AS 2011, the Basic Assistance Services are provided together with the medical expenses insurance with the indemnity limit up to CZK 1,000,000 inclusive. The extended Assistance Services are a part of the following travel insurance alternatives: EXCLUSIVE, EXCLUSIVE FAMILY, GOLD and GOLD FAMILY. Differently from VPP AS 2011, the Extended Assistance Services are provided with the indemnity limit of medical expenses up to CZK 2,000,000 inclusive.
- 7.12 The insurance period covering the Insured persons is being effected for the period from taking over any of the issued cards until its expiry. Within a single trip, the maximum length of an uninterrupted stay abroad for the alternatives of Standard and Exclusive, including the Family alternatives, is 90 days, and 120 days for the Gold alternative, including the Gold Family alternative. The number of trips abroad is not limited. For all insurances, the period of insurance is automatically prolonged for the reasons specified under VPP CP 2011, Article XVI. Conclusion of more insurances with a one payment card is not acceptable.

7.13 Travel Insurance applies to tourist trips organised for a rest, business trips, recreational sports like skiing, snowboarding, swimming, tennis, etc. The so-called hazardous sports and activities defined in Article XII, Provision 13 of VPP CP 2011 are excluded.

8. Instructions for the Insured:

8.1 Do not forget to take this brochure with the Policy Conditions with you when travelling abroad. Please, fill in the card on its cover and keep it separately, preferably in your purse.

How to proceed in the case of occurrence of a loss-incurring event abroad

– In the case of occurrence of a loss-incurring event abroad, make a phone call to the Assistance Service, which will provide you with all the necessary information, and in the case of an injury or a disease, they should be able to recommend a medical facility in the area of your stay. The Assistance Service is at your disposal from anywhere in the world 24 hours a day, 365 days a year with a Czech speaking operator. If you get through to the answering machine of the Assistance Service only, please, leave your personal data and your telephone number on which the Assistance Service can call you back.

Contact:

ČSOB Pojišťovna asistence

tel.: +420 222 803 442

e-mail: asistence@csobpoj.cz

In the case of illness or an injury

– Ask the doctor abroad to fill in the form ATESTATIO MEDICI (see Form 1) completely.
– Keep the medical report and all the receipts to be refunded when you come back to the Czech Republic.

In the case of liability for loss

– If the loss is small, you can settle it in place. It is necessary to present the Insurer with the receipts and photodocumentation after you come back to the Czech Republic.
– In the case of a bigger loss, contact the Assistance Service immediately, do not admit your liability without consent of the Insurer, do not settle the loss incurred, not even partly, do not sign any document whose contents you do not understand.
– Inform the Injured party of the fact that you have effected liability insurance, and possibly provide him/her with the Insurer's contact information.
– Try to get written statements from the Injured party and any potential witnesses.
– Document the circumstances of the loss (photodocumentation).

In the case of damage to your luggage

– Report the theft of your luggage immediately to the Police in the area of occurrence of the insured event abroad and require a Police Protocol.
– Document the circumstances of the loss.

How to proceed when reporting a claim to the Insurer

– After you come back to the Czech Republic, report the claim to the Insurer without delay, either by phone on +420 800 100 777 or in writing at the following address: **ČSOB Pojišťovna, a. s., Masarykovo náměstí 1458, 532 18 PARDUBICE.**
– Both in the case of telephone and written notification of a claim, send the Insurer a thoroughly filled in form **CLAIM NOTIFICATION** (see Form 2), the original receipts proving payments, the form **ATESTATIO MEDICI** (see Form 1) filled in by the doctor in the case of medical treatment or a stay in hospital, and copies of any other documents as they may be needed to settle the claim.

General Policy Conditions for Travel Insurance

– General Part –

VPP CP 2011, valid from 1 February 2011

ARTICLE I

Introductory provisions

1. These General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 establish the basic scope of rights of the insurance parties, who are the Insurer and the Policyholder in the roles of contractual parties, but also other people for whom a right or a duty arises from this insurance.
2. In addition to the General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 (hereinafter referred to as “VPP CP 2011”), Travel Insurance is also subject to
 - the relevant provisions of Act No. 37/2004 Sb., on the insurance policy and changes in the related laws (the Insurance Policy Act), as amended (hereinafter referred to as the “Insurance Policy Act”)
 - and provisions of the related legal regulations, the related special part of the General Policy Conditions for individual insurance lines effected within the Travel Insurance,
 - and possibly also the Complementary Policy Conditions and the Insurance Policy provisions.
3. VPP CP 2011 makes an inseparable part of the Insurance Policy.

ARTICLE II

Definition of Insurance Lines

1. The insurance is being effected to cover necessary costs resulting from an accident or an acute illness occurring during travels (hereinafter referred to as the “medical expenses insurance”).
2. The insurance can also be concluded to cover:
 - a) an injury,
 - b) liability for loss,
 - c) damage, destruction, or a theft of luggage occurring during trips.
3. Other lines of insurance can be effected under the Insurance Policy.

ARTICLE III

Insured Event

1. The insured event is an event occurring accidentally and is specified in the Insurance Policy or in a special legal regulation referred to in the Insurance Policy, connected with the obligation of the Insurer to provide indemnity.
2. The insured event is not an event of damage caused by deliberate behaviour of the Policyholder, the Insured, the Beneficiary, or any other person acting on the instigation of any of them.
3. The insured events covered under individual insurance lines can be more closely specified in the special parts of the General Policy Conditions, or possibly in the Complementary Policy Conditions or in the provisions of the Insurance Policy.

ARTICLE IV

Obligations of the Insured, Policyholder, and the Insurer

1. In the case of occurrence of an insured event, the Insured is obliged to contact the Assistance Service of the Insurer without any unnecessary delay.
2. In addition to the obligations established in the generally applicable legal regulations, the Insured is also obliged:
 - a) to prevent occurrence of an insured event. Especially, he/she must not breach his/her duties

- aiming to prevent or minimise risks that have been imposed by legal regulations, or on their basis and that he/she promised to observe by conclusion of the Insurance Policy. He/she also cannot allow third parties to breach these obligations. If an insured event has already taken place, the Insured is obliged to take any measures preventing further extension of the damage already occurring,
- b) in writing and without any unnecessary delay, but not later than within 15 days after his/her return to the Czech Republic, notify the Insurer of occurrence of the loss-incurring event. He/she must truthfully explain the circumstances of its occurrence and the scope of its consequences. To present the Insurer with any original documents that are necessary to make decisive findings for assessment of the claim related to the insurance cover and to evaluate the level of losses, and he/she must allow the Insurer to make copies of some of these documents; furthermore, he/she must allow the Insurer, or persons authorised by him, to do any necessary investigations,
 - c) if the Insurer asks for it, the Insured must arrange, at his/her own expense, for official translations of the documents necessary for investigations of the loss-incurring event,
 - d) if there is a suspicion of an offence or a criminal offence in connection with the loss-incurring event, the insured shall report the insured event to the Police or to any other relevant public authority without any unnecessary delay,
 - e) to behave in such a way that the Insurer can apply his right of recourse or any other similar right he has in connection with the insured event,
 - f) to report to the Insurer, without any unnecessary delay, that he/she had concluded another insurance covering the same losses with another insurer and to inform the Insurer about the commercial name of that insurer and about the level of coverage or the indemnity limit,
 - g) to meet other obligations stipulated in the special parts of the General Policy Conditions, in the possible Complementary Policy Conditions, and in the Insurance Policy,
 - h) to report to the Insurer, without any unnecessary delay, that the lost item related to the insured event or the loss-incurring event has been recovered,
 - i) to observe the generally binding legal regulations and all bans, orders, and limits established in another way than in the generally binding legal regulations (e.g. ban signs in transport vehicles, mountain areas, etc.) in all the countries to which the Policy relates.
3. In addition to the obligations established in the generally binding legal regulations, the Policyholder is also obliged:
- a) to pay the premium properly and in time,
 - b) to answer written questions of the Insurer relating to the insurance being effected or to any changes in the insurance truthfully and fully,
 - c) to report to the Insurer, without any unnecessary delay and in writing, all changes in the data presented in the Insurance Policy,
 - d) to inform the Insured about his/her rights and obligations resulting from the effected insurance,
 - e) to report to the Insurer, without any unnecessary delay, that the Insured has concluded another insurance covering the same losses with another insurer and to inform the Insurer about the business name of that insurer and about the level of coverage or the indemnity limit.
4. In addition to the obligations established in the generally binding legal regulations, the Insurer is also obliged:
- a) to inform the Insured about the results of the negotiations necessary to find the scope and level of the cover without any unnecessary delay,
 - b) to answer all written questions of the Policyholder and the Insured relating to the insurance being effected or a change in the insurance truthfully and fully,
 - c) to allow the Insured to inspect materials that the Insurer collected during investigations to the loss-incurring event, and to make copies of them.

ARTICLE V

Inception, Changes and Termination of Insurance

1. The insurance is established on the basis of the concluded Insurance Policy. The insurance commences on the first day following the day of conclusion of the Insurance Policy, unless stated otherwise in the Insurance Policy.
2. The insurance is concluded for the period written in the Insurance Policy (the period of insurance).
3. Changes in the Insurance Policy can be implemented on the basis of agreement of both contractual parties.
4. The cover does not interrupt during the insured period because of failure to pay the premium in accordance with the Insurance Policy Act.
5. In addition to other reasons described in the generally binding legal regulations, the Policy terminates:
 - a) by expiration of the period of insurance,
 - b) by a written agreement of the contractual parties – the agreement must determine the moment of termination of the insurance and the way of mutual settlement of the obligations,
 - c) by extinction or by the end of use of the own or someone else's insured item (e.g. by its liquidation, loss, complete destruction, etc.), by the extinction of the insured risk, by the death of the insured natural person,
 - d) on the day following the futile elapse of the period established in the reminding notice by the Insurer informing about the obligation to pay the premium or its part delivered to the Policyholder,
 - e) by the Policyholder's or the Insurer's withdrawal from the Insurance Policy in compliance with the Insurance Policy Act,
 - f) by the Insurer's refusal to provide indemnity in accordance with the Insurance Policy Act,
 - g) by any other way described in the special parts of the Policy Conditions or in the Insurance Policy.
6. The insurance also becomes extinct by a written notice of cancellation by the Policyholder or the Insurer:
 - a) the insurance can be terminated within two months from the conclusion of the Insurance Policy. The eight-day termination period, after the elapse of which the insurance becomes extinct, starts on the day of delivery of the termination notice,
 - b) the insurance or Insurance Policy can be terminated after each claim within three months from the delivery of the claim notification to the Insurer. The one-month termination period, after the elapse of which the insurance becomes extinct, starts on the day of delivery of the termination notice.

ARTICLE VI

Premium

1. The premium is specified in the Insurance Policy. The Insurer is entitled to verify the correctness of the data decisive for establishment of the premium with the Policyholder. The premium paid for the insurance effected under these VPP CP 2011 conditions is always a lump sum premium, unless stipulated expressly otherwise in the insurance policy.
2. The Insurer has the right to the premium for the period of insurance, unless the Insurance Policy states otherwise.
3. In the case of occurrence of an insured event on the basis of which the insurance has become extinct, the Insurer has the right to keep the premium related to the entire period for which the Policy had been concluded.
4. If the Policyholder is in delay with the premium payment, he/she is obliged to pay the Insurer the interest on the delay in compliance with the generally binding legal regulations.

5. All individual insurances effected under the Insurance Policy in accordance with the provision of § 3y) of the Insurance Policy Act are concluded with a waiting period. The waiting period for all individual insurances effected under the Insurance Policy starts on the commencement day and lasts until the day of proper payment of the premiums covering all individual insurances effected under the Insurance Policy, but it must not exceed the period of 3 months from the Policy commencement day.
6. Differently from the provision of § 567, Sections 2 and 3, of Act No. 40/1964 Sb., the Civil Code, as amended, the premium related to the Insurance Policy is considered paid at the moment the Policyholder orders the transfer of the premium sum to the Insurer through a provider of payment services or consigns it to an operator of postal services for remittance.

ARTICLE VII

The Insurer's Indemnity

1. The Insurer is obliged to finalise investigations of the insured event within three months from the notification of such a claim. The investigations must commence without any unnecessary delay after receiving the report on the event accompanied with a claim for indemnification. If the investigations cannot be finalised within three months from receiving the report on the loss-incurring event, the Insurer is obliged to inform the person who has or will have the right to compensation of the reasons why the investigations could not be finalised and he must provide this person with the appropriate advance if he is asked for it in writing. This period is not running if the investigations cannot take place, or are made difficult because of any reasons on the side of the Beneficiary, the Policyholder, or the Insured. The indemnity is due within fifteen days from the finalisation of investigations necessary for the assessment of the scope of the benefits provided for by the Insurer.
2. Unless stipulated otherwise in the Insurance Policy, the insurance is being effected without a deductible.
3. Unless the Insurance Policy states otherwise, provided that the Insured has received indemnity related to an insured item lost in connection with the insured event and recovered in accordance with the Insurance Policy Act, the Insured is obliged to return the compensation decreased by the reasonable cost of repair if the insured item was damaged during the period from occurrence of the insured event to the time of its recovery. The insured is obliged to return the residual value if the item was destroyed during the period.
4. The Insurer can refuse the provision of benefits in accordance with the Insurance Policy Act if the cause of the insured event was something that he learned about only after the occurrence of the insured event and which he could not know at the time of conclusion of the Policy, or its change, because of deliberately or negligently untruthfully answered written questions and if he would not have concluded the Policy knowing the facts, or he would have concluded it under different terms. The Insurer can also refuse the provision of benefits if the Beneficiary presented, when enforcing his/her rights related to the Policy, deliberately untrue or significantly distorted information related to the scope of the insured event, or he/she did not disclose substantial information related to it. The Policy terminates on the date of delivery of the notice of refusal to provide indemnity.

ARTICLE VIII

Exclusions

1. The Insurer is not obliged to provide indemnity in the following cases:
 - a) the insured event was caused by the Beneficiary (regardless of the fact whether he/she is an insured party) or by a person who would not be entitled to get the benefit, but who acted on the instigation of any of the insurance parties in the way it is considered, as stipulated by Act No. 40/2009 Sb., the Criminal Code, as amended (hereinafter referred to as the "Criminal Code"),

to be a deliberate criminal offence and if the criminal proceedings related to the activity:

- terminated the preparatory procedure by filing the indictment or filing the suggestion to punish the person. It has been agreed, at the same time, that this insurance exclusion becomes ineffective if this person is consequently acquitted within the criminal proceedings on the basis of a legally valid decision. The Insurer is, in such a case, obliged, without any unnecessary delay, to renew investigations of the insured event after this fact has been reported to him; or if
 - it has been validly decided on the conditional stopping of the prosecution for a criminal offence of the person as a suspect, or
 - it has been validly decided on the permitted settlement and stopping of the prosecution for a criminal offence of the person as a suspect,
- b) if the insured event occurs in direct or indirect connection with a war conflict, fighting or war actions, revolts, uprisings, or riots,
 - c) if the insured event occurs in direct or indirect connection with activities of the state administration,
 - d) if the insured event occurs in direct or indirect connection with terrorist activities, with the exception of the cover of medical expenses,
 - e) if the insured event is caused by radioactive radiation caused by an explosion or a defect in a nuclear facility or equipment, or by negligence of the responsible people, institutions, or authorities during transport, warehousing, or handling of radioactive materials,
 - f) if the insured event is caused by chemical or biological contamination,
 - g) if the insured event occurs in direct or indirect connection with execution of the rights and obligations performed within the active military service, or similar activities by the armed security, rescue or emergency service personnel.

ARTICLE IX

Indemnity limits

1. The Insurer is authorised to decrease the indemnity accordingly in the following cases:
 - a) if the insured event affected the Insured while he/she was under the influence of alcohol or some other intoxicating, toxic, psychotropic, or other drugs affecting his/her control or recognition abilities or his/her social behaviour,
 - b) if the Policyholder or the Insured breached, while concluding the Policy or its change, some of the obligations mentioned in these General Policy Conditions, or some of the obligations described in the Policy, or established in the generally binding legal regulations, and because of that breach a lower premium was determined,
 - c) if the breach of the obligations described in these General Policy Conditions or other conditions specified in the Policy or established in the generally binding legal regulations had a substantial influence on occurrence of the insured event, its duration, or an increase in the scope of its consequences, or on finding out about or determination of the level of indemnification.
2. The Insurer is also authorised to decrease the indemnity resulting from the Policy accordingly in other cases specified in the Insurance Policy.

ARTICLE X

Territorial Validity of Insurance

1. The territorial validity of the cover relates to the territory described in the Insurance Policy.
2. The indemnity does not relate to:
 - a) the territory of the Czech Republic,
 - b) the territory of another country (other countries) of which the Insured is a citizen, with the exception of case when the Insured is a party to the public health insurance in the Czech Republic.

ARTICLE XI Common Provisions

1. Legal actions related to the insurance must be done in writing and in Czech language, with the exception stipulated for the form of legal actions in this part of VPP CP 2011 in Article XV.
2. The written documents prepared by the insurance parties become effective on the day of their delivery to the addressee. If any written documents by the Insurer are not delivered to the insurance party because he/she refused to accept them, they are considered delivered on the day on which their acceptance was refused. If the mail is returned by the Post to the Insurer after the expiry period for taking them over stipulated by the postal terms of the postal licence holder, the last day of the determined period is considered the day of delivery. In the case the consignment is returned to the Insurer by post without being deposited for the addressee, the day the consignment is returned to the insurer is considered the day of delivery of the documents.
3. The Insurance Policy and the indemnity agreed on in it are governed by the Czech legal code.

ARTICLE XII Definitions

1. **Alpinism** means the activity done in the rocky areas and terrains, in snow-fields, on glaciers, secured routes (via ferrata, klettersteig), in the mountains, and in the big mountains. They are climbing techniques used for overcoming more difficult sections and mountaineering equipment is used to ensure security.
2. **Assistance Service** is the aid provided to people who got into difficulties during their travels outside the territory of the Czech Republic. The Assistance Service is organised by a contractual partner of the Insurer within the travel insurance.
3. **Acute illness** is a suddenly occurring and fast progressing illness that directly endangers the life or health of the Insured and that requires immediate medical treatment.
4. **Valuables** refer to money (the valid domestic or foreign bills, banknotes, and coins) and items that are, despite their relatively small size and low weight, very valuable, e.g. jewels (items having very high value and serving mostly for decorative purposes), products made of precious metals, gems, pearls, valuable postal stamps, coins, etc. These also include other valuables like, for example, valid postal stamps, duty stamps, lottery tickets, oil or petrol cards, telephone cards, freeway coupons, and other items, which can be exchanged for money. The Insurer does not consider wedding rings and watches as jewels, unless the watches are decorated with gems.
5. **Present (actual) value** is established on the basis of the price of the new item while the wear and tear level or any other decrease and/or increase in the value by its repair, upgrading, or in another way, are considered.
6. **Mountaineering** means the activity during which a larger part of the climb is based on the technique of 3 or 4 support points (i.e. the necessity to secure the body by three or four limbs, equipping with technical aids is not important).
7. **Lump sum premium** means premium stipulated for the entire period for which the insurance has been effected.
8. **Smoke** means immediate (not permanent) effects of smoke that unexpectedly leaks out of combustion, heating, boiling or drying equipment placed in the insurance location.
9. **Hailstorm** means the phenomenon during which ice pieces created in the atmosphere and of different shape, size, weight, and density fall on an item and damage or destroy it.
10. **Theft by burglary** means appropriation of the property in the way the malefactor has overcome obstacles protecting the property against stealing and has taken possession of it by getting into the locked space or to the locked luggage compartment of the means of transport by making it accessible with tools that are not intended for opening it properly, or in another destructive way.

11. **Theft with violence** means appropriation of items in such a way that the perpetrator used violence or threat of immediate violence against the Insured.
12. **Avalanche** is the phenomenon during which a huge amount of snow, ice, or stones fall on slopes down to the valley.
13. **Hazardous sports and activities** – the so-called adrenaline sports and other activities, which differ in their characteristics from the recreational performance of usual sports and, at the same time, do not belong to the uninsurable sports and activities, are considered hazardous for the purpose of insurance. They are especially the sports like sky diving, bungee jumping (jumping with a rubber rope), mountaineering of all kinds up to 5,000 m above the sea level inclusive, high mountain tourism up to 5,000 m above the sea level inclusive, alpinism up to 5,000 m above the sea level inclusive, snow rafting, ski-alpinism up to 5,000 above the sea level inclusive, ski jumping, rafting up to Difficulty Level 3 inclusive, while there is no increase in the water flow, other white water canoeing up to Difficulty Level 3 inclusive, while there is no increase in the water flow, canyoning with the appropriate equipment and with participation of an expert instructor, yachting, surfing, kitesurfing, scuba diving with the use of independent breathing apparatus down to the depth of 40 m inclusive, speleology, performance of stunts, cycling down difficult terrains, martial arts, and other sports or activities of a comparable risk.
14. **Uninsurable sports and activities** – for the purposes of insurance, they are any kinds of sports and activities on the professional level and preparations for them, with the exception of billiards, bowling, curling, pool, skittle, pétanque, fishing sport, chess and darts as performing these sports is not considered as an uninsurable activity. In addition to that, uninsurable sports and activities include automobile and motorcycle sports of all kinds, speedboat and water scooter races, including preparations for them, motorless and motor flying of any kind, mountaineering of all kinds above 5,000 m above the sea level, high mountain tourism above 5,000 m above the sea level, alpinism above 5,000 m above the sea level, ski-alpinism above 5,000 m above the sea level, expeditions to the places with extreme climatic or natural conditions, scuba diving with the use of independent breathing apparatus deeper than 40 m, rafting or some other canoeing of white water rivers above the Difficulty Level 3 in unincreased water flows, and all sports and activities during which the Insured breaches generally binding legal regulations.
15. **Evaluation tables**, i.e. the document by the Insurer that contains principles for the Insurer's indemnity related to an injury in compliance with the terms specified in the Insurance Policy. The evaluation tables are at disposal in all commercial places of the Insurer. The Insurer reserves the right to change the evaluation tables, or supplement them in accordance with the development in the medical science and practice. The level of indemnity is determined by the Insurer according to the evaluation tables valid at the time of the occurrence of the insured event.
16. **Responsibilities extending the framework established by the legal regulations** are responsibilities for damages at larger scale than those established by the valid and effective legal regulation, the responsibilities accepted even though this is not required by a valid and effective legal regulation, or the responsibilities for damages resulting from breaching an obligation accepted above the framework required by a legal regulation.
17. **Beneficiaries** are people who have the right to indemnity on the basis of an insured event. The Beneficiary is the Insured, unless the Insurance Policy states otherwise.
18. **Fallen trees, posts or other items means** moves of objects having the character of free falls.
19. **Undermining** means the human activity of excavation of underground tunnels, shafts, adits, and other similar underground constructions.
20. **Insurer** is ČSOB Pojišťovna, a. s., člen holdingu ČSOB.
21. **Period of insurance** is the period for which insurance has been effected. The period of insurance is specified in the Insurance Policy.
22. **Policyholder** is a natural or legal person who concluded the Insurance Policy with the Insurer and who is obliged to pay premiums. The Policyholder does not have to be the Insured at the same time.

23. **Insurance/cover** is a legally binding relation established on the basis of the Insurance Policy.
24. **Insured** is a natural or legal person to whose assets, responsibilities for damage or other values within the insurance interest the insurance relates.
25. **Damage to items** means such a change in the condition of items that can be objectively removed by repair, or such a change in the condition of items that cannot be removed by repair, but the items can still be used for the original purpose.
26. **Flood** means inundation of land areas with water that has got out of water flows or reservoirs, or that has broken through banks or dams, or such flooding has been caused by a sudden and accidental reduction of the flow profile of a water course.
27. **Fire** means the fire in the form of a flame accompanying burning, which occurred outside a determined fireplace or which got out of a fireplace and spreading by itself, or because of activities of a culprit. However, the fire does not mean glowing or smouldering with the limited access of oxygen, or the effects of a usable flame and its heat. Fire does not also mean the effects of heat resulting from short-circuit in an electric line (a device), unless the flame resulting from the short-circuit spreads further. The insurance effected for such a case of this risk also covers damages caused by extinguishing agents used against the fire and the damage caused by fire fumes.
28. **Natural disaster** refers to some natural processes proceeding so fast and intensively that they cause large material losses leaving deaths behind. Mostly, they are connected with release of a significant quantity of energy and with movements of large volumes of matter (water, air, soil, etc.)
29. **Item accessory** means an item belonging to the owner of the main item that has been intended for permanent use with the main item.
30. **Recreational performance of usual sports** – it is individual or collective performance of usual sports activities, e.g. aerobics, badminton, bowling, golf, roller skating, cycling, skiing, or snowboarding on marked and publicly accessible ski slopes and routes, including their access roads, swimming, table tennis, snorkelling, tennis, tourism, water skiing, windsurfing, water and beach attractions, or other sports of the comparable risk, unless they belong to the categories of hazardous sports and activities or uninsurable sports and activities.
31. **Family members** are relatives in the direct line, a sister or brother, a spouse, or a partner; other people in the family or similar relationships are considered as the people close to each other under the following condition: if one of them suffers, the other one reasonably feels it as if he/she was suffering as well.
32. **Serial insured event** stands for more mutually related insured events resulting directly or indirectly from the same cause, e.g. a source, an event, a circumstance, a defect, etc.
33. **Landslide, collapse of rocks or soils** refers to landslide, collapse of rocks or soils caused by the effects of gravity while the balance of the slope is disrupted because of effects of natural forces or human activities.
34. **Cycling in difficult terrains** means, for insurance purposes, all rides on unpaved roads (not surfaced by intentional human activities; this means any rides on anything that does not have, for example, bitumen, concrete, or paved surfaces) requiring higher physical effort (up the hill) or where higher speed is reached thanks to the gravity (down the hill) and requires increased carefulness.
35. **Fellow travellers** are people, who purchase the trip together with the Insured and who are specified in the same Travel Insurance Policy.
36. **Deductible** means the agreed financial sum with which the Insured shares the coverage of an insured event. It is determined as a fixed sum, a percentage, or in combination of both.
37. **Sport on the professional level** is a sports activity carried out by the Insured for a consideration, regardless of the kind of the legal relationship on the basis of which the Insured's right to the consideration arose (a labour-law relation, a business-law relation, etc.).
38. **Stabilised chronic illness** means the illness, which existed before the indemnity commencement, but the health situation of the Insured did not show, during 12 months prior to the indemnity commencement, any signs that there could be the need to look for medical attention.

39. **Loss-incurring event** is the event during which the damage occurred and which might become the basis for establishment of the right to indemnity.
40. **Tourism** means ascents in the terrains up to 3,500 m above the sea level, including the marked and publicly accessible routes and places, during which the technique of the three support points (i.e. the necessity to fix the body with three limbs, e.g. holding a rock jag with your hand) is used seldom only.
41. **Injury** means an unexpected and sudden effect of outside forces or effects of the own body strength independently on the will of the Insured taking place during the period of insurance and that caused damage to the Insured's health or life.
42. **Locked space** is a constructionally restricted space inside buildings whose all entrance doors are properly closed and locked and whose all windows are properly closed from inside and whose all other openings accessible from outside are properly secured. Individual parts and components of the doors, the windows, window or balcony doors and other construction elements by whose dismantlement the locked space loses its resistance to a breach by a perpetrator must be secured against dismantlement from the outside space with common tools like a screwdriver, pincers, a nut wrench, etc. A luggage space of a properly closed and locked motor vehicle or a trailer is also considered as a locked insurance location.
43. **Territorial validity "Europe"** refers to the following countries and territories:
Albania, Andorra, Belgium, Belarus, Bosnia and Herzegovina, Bulgaria, Montenegro, Denmark (including the Faroe Islands), Egypt, Estonia, Finland (including the Aland Islands), France (including Corsica), Gibraltar, Croatia, Ireland, Iceland, Italy, Israel, Kosovo, Cyprus, Lichtenstein, Lithuania, Latvia, Luxembourg, Hungary, Macedonia, Malta, Morocco, Moldavia, Monaco, Germany, the Netherlands, Norway (including the Spitsbergen), Poland, Portugal (including the Azores and Madeira), Austria, Romania, Russia (only the European part as far as the mountain range of Ural and the river Ural) Greece, San Marino, Slovakia, Slovenia, the United Kingdom of Great Britain and Northern Ireland, Serbia, Spain (including the Canary and Balearic Islands), Sweden, Switzerland, Tunisia, Turkey, Ukraine, the Vatican.
44. **Use of an item** means the situation, when the Insured legally uses and is authorised to utilise (not as the owner) the usable features of movables or immovables (however, not the right to use space inside the immovables).
45. **Items of a historical value** are only the items the value of which relates to history or historical personalities, whose existence relates to an event in the history (the fact that the item is old is not enough). They are, for example, weapons, clothes, vehicles, dishes, furniture, musical instruments, etc.
46. **Items of an artistic value** are only the items the value of which relates mostly to artistic qualities – not the manufacturing qualities characteristic for other items (products). In most cases, they are, for example, paintings, statues, etc., but ceramic or china and glass products, tapestries, embroidery, woodworkers' works, and other similar items are not usually the items of an artistic value. The artistic quality is decisive and is given by its author.
47. **Windstorm** means dynamic effects of the air mass that moves at the speed of at least 20.8 m/s (75 Km/h). If the speed cannot be determined in the place of occurrence of the insured event, the Insured must prove that the air movements caused similar damages around the place of occurrence of the insured event to properly maintained buildings or some other items of similar resistance, or that the damage to the perfectly sound building or another structure where the items were located could only result from the storm.
48. **Water damage** is damage caused by leakage of water out of water-supply or sewerage pipes, including connected installation objects (fittings, water taps, closets, water heaters, etc.), tanks, heating systems and equipment for heating water, by medium from fire-extinguishing equipment.
49. **Water and beach attractions** are attractions and activities available and operated in aquaparks and on beaches (e.g. switchbacks, tubing, parasailing, etc.).
50. **General Policy Conditions – Special Part** – are the terms and conditions containing specification of individual kinds of insurance provided by the Insurer.

51. **Explosion** is a sudden damaging effect of pressure forces based on the expansion of gases or vapours. The explosion of a pressure vessel (a boiler, piping, etc.) with pressurised gas or steam means breaking of walls of the vessel to the extent that the pressures inside and outside the vessel suddenly equalize. The explosion is also sudden equalization of underpressure (implosion). For the purposes of these terms, the explosion is not a reaction inside combustion chambers of engines, in weapon barrels, or in other facilities utilising the energy of explosion.
52. **High mountain tourism** means ascents in the terrains above 3,500 m above the sea level on marked and publicly accessible tracks and places, during which the technique of the three support points (i.e. the necessity to fix the body with three limbs, e.g. holding a rock jag with a hand) is used seldom only.
53. **Secured route** means a route in a rocky terrain secured with fixed ropes, chains, ladders, crams, and pitons. It can usually be followed without the use of ascent securing ropes. Self-security is used for progressing.
54. **Inundation** means creation of a continuous water surface that stays in place or flows for a certain time in the insurance location.
55. **Luggage space** is the place intended for transport of luggage only, i.e. a space separated from the space for transport of passengers.
56. **Earthquake** means shaking of the earth surface caused by movements in the earth crust reaching at least the Grade 6 of the macroseismic scale MSK-64 characterising the effects of earthquakes.
57. **Pollution of the environment** is damage to the environment or its components (e.g. contamination of soil, rocks, air, surface or underground water, living organisms – flora and fauna). Consequential damage arising in causal connection with pollution of the environment (e.g. death of fish and animals, destruction of crops, lost profit) is also considered as a loss caused by pollution of the environment. Contamination refers to contamination, pollution or any other deterioration in quality, value or class of the individual components of the environment.
58. **Destruction** of items means such a change in the condition of items that cannot be objectively removed by an economically reasonable repair, the price of which would not exceed the upper limit of indemnity.
59. **Animals kept for a spare time activity** are, in compliance with Act No. 246/1992 Sb., on protection of animals against maltreatment, as amended, animals where the economic effect is not the main purpose of keeping, and they are kept either in the facilities intended for this purpose or at home, and these animals are kept mainly for the purpose of a human spare-time activity, or for companionship.

ARTICLE XIII **Salvage Costs**

1. Salvage costs are reasonable and purposeful costs related to:
 - a) prevention of occurrence of an immediately threatening insured event,
 - b) minimising the consequences of the insured event that has already occurred,
 - c) removal of damaged insured assets or their remains provided that this must be done for hygienic, ecological, or security reasons.
2. The insurer will cover:
 - a) the salvage costs incurred when rescuing human life or health of people up to 30%,
 - b) other salvage costs up to 30%, always of the upper indemnity limit established for the applicable individual line of insurance to which the salvage costs relate.
3. The volume of the paid compensation for any salvage costs is not included in the insurance indemnity, which is limited by its upper limit.

ARTICLE XIV

Special provisions

1. Unless stipulated expressly otherwise in the Insurance Policy or below in these VPP CP 2011 conditions, all payments made in connection with the insurance by any insurance party, and also any financial values mentioned in the Insurance Policy (e.g. the indemnity limits) are described and paid in the Czech currency and they are payable in the Czech Republic. If the Insurer's indemnification or another payment from the insurance should repair a financial value expressed originally in a foreign currency (e.g. compensation for a loss for which the Insured is liable to the Injured; medical expenses paid by the Insured at a foreign medical facility, etc.), the amount of the insurance indemnity or another payment from the insurance shall always be specified by the Insurer in the Czech currency using the foreign exchange rate announced by the Czech National Bank and valid as at the day of occurrence of the loss-incurring event.
2. Also, all documents related to the Policy must be presented by the insurance parties in Czech language. Provided that these documents were issued in a foreign language, there must be, at the Insurer's request, an officially verified Czech translation enclosed.
3. All disputes resulting from the Travel Insurance, or in connection with it, will be resolved at courts in the Czech Republic, according to the Czech legislature, unless an amicable solution is reached.

ARTICLE XV

Special Provisions for the Form of Legal Acts Relating to Insurance

1. In compliance with:
 - the provision of § 1 Section 2 of Act No. 37/2004 Sb., on the insurance policy and on amendments to the related acts (Insurance Policy Act), as amended (hereinafter referred to as the IPA) and
 - the provision of § 2 Section 3 of Act No. 40/1964 Sb., of the Civil Code, as amendedthe Insurer and the Policyholder have expressly agreed that, differently from the provision of § 7 Section 1 of the IPA, the legal acts relating to the insurance specified in Section 2 of this Article do not have to be in the written form.
2. The legal acts relating to the insurance falling within either of the following two groups do not have to be in the written form:
 - a) Legal acts defined by their contents.

Legal acts whose material content, regardless of their particular grammatical expression, is:

 - notification of a loss-incurring event from the side of the liable insurance party to the Insurer, or exercising the right to the insurance indemnity,
 - the Insurer's notification to the Beneficiary of the results of investigation to the loss-incurring event necessary to find out about the scope of the Insurer's obligation to provide indemnity,
 - the Insurer's notification to the Beneficiary of the reasons for which the investigation of the loss-incurring event necessary to find out about the scope of the Insurer's obligation to pay could not be finished within the period stipulated by the generally binding legal regulation.
 - b) Legal acts of the Policyholder and the Insurer defined by the way of their implementation.

Legal acts of the Policyholder addressed to the Insurer and the legal acts of the Insurer addressed to the Policyholder that are implemented by electronic means through an application (established and operated by the Insurer and accessible to the Policyholder through the Insurer's Internet pages) of a secured Internet access to which the Policyholder has received an activate key from the Insurer (hereinafter referred to as the Internet application). Through the Internet application, the Policyholder and the Insurer can only perform such legal acts relating to the insurance that are technologically enabled by this application at the time of implementation of the legal act. The activate key, for the purposes of the insurance effected under these VPP CP 2011 conditions, is a numeric or alphanumeric code delivered to the Policyholder by the Insurer, whose correct entering is an impassable technological

condition of each individual access to the Internet application. If any legal act addressed to the Insurer is performed through the Internet application using the activate key, this legal act is considered as performed by the Policyholder. The date of delivery of the legal act made by the Policyholder through the Internet application to the Insurer is, for the purposes of the insurance effected under these VPP CP 2011 conditions, displaying the contents of the Policyholder's legal act in the Internet application on the side of the Insurer, which the Insurer shall confirm to the Policyholder electronically through this application.

ARTICLE XVI

Special Provisions of Automatic Extension of the Period of Insurance

If the Insurance Policy expressly stipulates the Insured's right to automatic extension of the period of insurance, the Insurer and the Policyholder have agreed as follows:

1. In the case of the situation that the Insured has to, independently of their will, stay abroad after the elapse of the period of insurance specified in the Insurance Policy (hereinafter also referred to as the original period of insurance) on the basis of any of the objective facts specified in Section 4 of this Article of VPP CP 2011, the original period of insurance shall be automatically extended by the period specified in Section 2 of this Article of VPP CP 2011.
2. In such a case, the original period of insurance shall be extended by the period necessary to arrange return to the Czech Republic, but by not more than 7 successive days immediately following the original period of insurance.
3. All the other rights and obligations of all insurance parties remain unchanged by the above automatic extension of the original period of insurance under this Article of VPP CP 2011.
4. The above automatic extension of the period of insurance under this Article of VPP CP 2011 can be connected with the following objective facts:
 - a) traffic restrictions caused by a natural disaster, a strike, riots, a closing or delay of transport links preventing the Insured from returning to the Czech Republic within the original period of insurance,
 - b) hospitalization of the Insured resulting from an injury or an acute illness of the Insured, but only on condition that the Insured has, at the same time, the right to the Insurer's indemnity from the insurance of medical expenses effected under the General Policy Conditions for Travel Insurance – special part – Insurance of Medical Expenses VPP LV 2011.
5. If the period of insurance is automatically extended for the reasons specified in Provision 4 of this Article, the Insured is, in addition to the obligations stipulated in Article IV of VPP CP 2011, obliged to ensure and provide the Insurer, without any unnecessary delay, with documents proving:
 - a) occurrence of an objective fact that can be connected with automatic extension of the period of insurance under this Article of VPP CP 2011, and
 - b) if this objective fact is a natural disaster, what traffic restrictions this fact implied.

ARTICLE XVII

Final Provisions

1. The contractual parties can agree on adjustment of mutual rights and obligations differently from VPP CP 2011 if this is not explicitly banned by VPP CP 2011.
2. These VPP CP 2011 conditions become effective on 1 February 2011.

General Policy Conditions for Travel Insurance

– Special Part –

Medical Expenses Insurance VPP LV 2011 valid from 1 February 2011

ARTICLE I

Introductory Provisions

1. The General Policy Conditions for Travel Insurance – Special Part – Medical Expenses Insurance VPP LV 2011 (hereinafter referred to as VPP LV 2011) extend the General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 (hereinafter referred to as VPP CP 2011) and specify the rights and obligations of the parties to medical expenses insurance.
2. The insurance effected in accordance with these VPP LV 2011 conditions is insurance against loss or damage, unless the Insurance Policy states otherwise.
3. VPP LV 2011 conditions are an inseparable part of the Insurance Policy.

ARTICLE II

Insured risks and Scope of Insurance

1. The insurance is being effected in case of necessary medical expenses occurring in the result of an injury or an acute illness of the Insured. These medical expenses refer to the costs of:
 - a) medical treatment,
 - b) medicine prescribed by a doctor in connection with medical treatment. The Insurer does not consider nutritional, strengthening, or vitaminic preparations, preparations used for prevention and addictive and cosmetic preparations as medicine even if they have been prescribed by a doctor and they include healing agents,
 - c) hospital stays (hospitalization),
 - d) transport, i.e. transport to the nearest medical centre and back to the place of stay of the Insured abroad,
 - e) repatriation, i.e. transport of the Insured back to the Czech Republic in the case that he/she is not able, for health reasons, to use the originally planned transport means. The Insurer maintains his right to decide, with the consent of the treating doctor, on the way and place of repatriation of the Insured,
 - f) transport of the Insured's remains, in the case of his/her death, back to the Czech Republic. In the case of persons that are not Czech citizens, the Insurer maintains his right to decide on the coverage of the costs of the transport of their remains to the country the Insured was the citizen of, or to the Czech Republic,
 - g) a funeral or cremation of the Insured in the country, where he/she died, in the case the local law does not permit transport of the remains,
 - h) calling a minder. The Insurer maintains his right to decide on the entitlement of calling a minder.

ARTICLE III

Exclusions from Insurance

1. The Insurer is not obliged to provide indemnity from the medical expenses insurance in the following cases:
 - a) if the insured event occurs while driving a motor vehicle, vessel, or aircraft, for which the Insured did not have the proper driving licence, or which happened during flights in an aircraft the pilot of which or the aircraft did not possess the relevant official permits, and the Insured knew about that, or during flights done in breach of official regulations, or without the knowledge or the will of the aircraft holder,

- b) if the medical expenses relate to treatment of an injury or illness, which arose, or the signs of which appeared, before the departure of the Insured for the trip abroad, with the exception of the stabilised chronic illness,
 - c) if the medical treatment was not necessary and urgent, from the medical point of view,
 - d) chronic illness, including the case where it developed from an acute illness,
 - e) if the insured event resulted from the Insured's suicide or an attempt at suicide, or from the Insured's deliberately self-inflicted trauma,
 - f) if the insured event is connected with carrying out a hazardous sport or activity (this does not apply if the tariff Hazardous Sports is stipulated in the Insurance Policy), or in connection with performance of an uninsurable sport or activity specified in VPP CP 2011, Article XII, Sections 13 and 14,
 - g) in connection with pregnancy, termination of pregnancy, miscarriage, or childbearing and their complications. The exception is the medical treatment in unexpected acute complications during the first 24 weeks of pregnancy (with the exception of a risk one),
 - h) relating to treatment of infertility or sterility (e.g. the artificial insemination) and an examination finding about pregnancy,
 - i) dental treatment and connected services. The exception is treatment resulting from an accident or treatment of acute toothache up to the indemnity limit described in the Insurance Policy,
 - j) costs related to mental illness or behaviour defect of the Insured (the diagnoses F00 to F99, according to the International Statistical Classification of Illnesses),
 - k) costs of a psychoanalytical and psychotherapeutic care,
 - l) provision of treatment outside medical centres that was not done by a doctor or the healthcare personnel with relevant qualifications, or treatment that has not been scientifically or medically recognised,
 - m) preventive examinations, check-up examinations, and medical examinations and treatments that do not relate to an acute illness or injury,
 - n) reconditioning, physical and spa treatments in specialised medical institutions,
 - o) chiropractic activities, training therapy, or training of self-sufficiency,
 - p) contagious sexual diseases of HIV virus, or if the insured event was caused directly or indirectly by the attained immunity deficiency syndrome (AIDS),
 - q) costs of manufacturing or repair of prostheses (orthopaedic, tooth), spectacles, contact lenses, or hearing aids,
 - r) costs of cosmetic treatments.
2. In addition, the Insurer is also not obliged to provide indemnity:
- a) if the Insurer cannot, for whatever reason on the side of the insurance parties, or independently of their will (e.g. the Insured does not provide the Insurer with the authority to find out or examine the health situation, or to ask for reports from the treating doctors and by the medical centres, the Insured is not examined by the doctor specified by the Insurer, etc.), find out about or examine the health situation of the Insured or the causes of death of the Insured for the purposes of the investigation necessary for assessment of the scope of the Insurer's obligation to provide indemnity,
 - b) If the Insured makes it impossible for the Insurer's doctor to contact the treating doctor.
3. Also, the Insurer is not obliged to provide indemnity in any other situations specified in the Insurance Policy.

ARTICLE IV

Insurer's Indemnity

1. The Insurer's indemnity is limited by its upper limit. The upper limit is determined by the indemnity limit.
2. The indemnity limit, established as suggested by the Policyholder in the Insurance Policy, is the indemnity limit for one and all insured events occurring to one Insured person during the period of insurance.

ARTICLE V
Final Provisions

1. The contractual parties can agree on adjustment of the mutual rights and obligations differently from VPP LV 2011, if VPP LV 2011 conditions do not explicitly ban this.
2. These VPP LV 2011 conditions become effective on 1 February 2011.

General Policy Conditions for Travel Insurance
– Special Part –
Accident Insurance VPP U 2011 valid from 1 February 2011

ARTICLE I
Introductory Provisions

1. The General Policy Conditions for Travel insurance – Special Part – Accident Insurance VPP U 2011 (hereinafter referred to as VPP U 2011) extend the General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 (hereinafter referred to as VPP CP 2011) and specify the rights and obligations of the parties to accident insurance.
2. The insurance effected under these VPP U 2011 conditions is amount insurance.
3. VPP U 2011 conditions make an inseparable part of the Insurance Policy.

ARTICLE II
Insured risks and Scope of Insurance

1. The insurance is being effected in case of:
 - a) accidental death,
 - b) permanent injury consequences,
 - c) necessary treatment of bodily harm resulting from an accident (daily compensation),
 - d) lump-sum indemnification in the case of hospitalization.

ARTICLE III
Exclusions from Insurance

1. The Insurer is not obliged to provide for benefits based on the injury cover in the following cases:
 - a) if the insured event occurs while driving a motor vehicle, watercraft or aircraft, for which the Insured did not have the proper driving licence, or if the insured event occurred during flights in aircraft the pilot of which or the aircraft did not possess the relevant official permits, and the Insured knew about that, or during flights done in breach of official regulations, or without the knowledge or the will of the aircraft owner,
 - b) if the insured event resulted from the Insured's suicide or an attempt at suicide, or from the Insured's deliberately self-inflicted trauma,
 - c) if the insured event is connected with carrying out a Hazardous sport or activity, or in connection with performance of an Uninsurable sport or activity specified in VPP CP 2011, Article XII, Sections 13 and 14,
 - d) if the consequences of the insured event worsened because of the deliberate non seeking of medical care by the Insured, or the deliberate failure to respect the doctor's advice and recommendations,
 - e) if the insured event was caused by microbial toxins or immunotoxic agents,
 - f) if the insured event caused occurrence or worsening of hernia, varicose ulcers, diabetic gangrenes, tumours of any kind and origin, the occurrence and worsening of aseptic tenosynovitis, inflammation of muscles, bursae, and epicondylitis,
 - g) infectious diseases, even if transmitted by an injury,
 - h) if the insured event was caused directly or indirectly by the acquired immunity deficiency syndrome (AIDS),
 - i) the consequences of diagnostic, treatment and prevention actions, which were not performed for the purpose of the treatment of consequences of the insured event,

- j) if the insured event worsened, as a consequence, the existing illness, or if the insured event resulted from an illness,
 - k) coronary thrombosis, cerebrovascular accident, or epilepsy and the consequences of the insured event resulting from these conditions,
 - l) if the insured event results in disc and alginic spine syndromes and slipped discs by non accidental actions and by microtrauma,
 - m) if the insured event resulted in a broken bone caused by the inborn bone refractiveness or by metabolic defects or by pathological or fatigue fracture or a dislocation caused by inborn defects or disorders,
 - n) if the insured event resulted from inadequate physical strain by the Insured.
2. The Insurer is not obliged to provide indemnity:
- a) if the Insurer cannot, for whatever reasons on the side of the insurance parties, or independently of their will, find out about or examine the health situation of the Insured or the causes of death of the Insured for purposes of the investigation necessary for finding out about the scope of the Insurer's obligation to provide indemnity (e.g. the Insured does not provide the Insurer with the authority to find out or examine their health condition, or to ask for reports from the treating doctors and by the medical centres, the Insured is not examined by the doctor specified by the Insurer, etc.),
 - b) if the Insured makes it impossible for the Insurer's doctor to contact the treating doctor.
3. Also, the Insurer is not obliged to provide cover in any other cases that are specified in the Insurance Policy.

ARTICLE IV

Insurer's Indemnity

1. The Insurer's indemnity is limited by its upper limit. The upper limit is determined by the indemnity limit.
2. The indemnity sum equals the upper limit of the Insurer's indemnity and related to one and all insured events of the Insured occurring within the period of insurance.
3. The scope of cover is specified in the Insurance Policy.

Indemnity for death resulting from an injury

4. If the Insured dies as a result of an injury not later than three years from occurrence of the injury, the Insurer provides the Second Beneficiary with indemnity agreed in the Policy and valid as at the date of the injury in case of death resulting from an injury.
5. However, if the Insured dies as a consequence of the injury and the Insurer has already paid compensation for permanent consequences of this injury, the Insurer pays only the difference between the cover of death resulting from the injury agreed on in the Policy and valid as at the date of the injury and the already paid indemnity for the permanent consequences of the injury.

Indemnity for permanent consequences of an injury

6. If an accident causes permanent consequences to the Insured, the Insurer pays the Insured the percentage of the cover of permanent consequences of an injury agreed in the Policy and valid as at the date of the injury, which equals the percentage in Evaluation Table B – Scope of permanent consequences after they have stabilised. If the consequences do not stabilise within three years from the day of the injury, the percentage equals the situation at the end of this period. However, the right to indemnity arises on condition that the scope of the permanent consequences caused to the Insured by a single accident reaches at least such a percentage according to Evaluation Table B that is specified in the Insurance Policy as at the date of occurrence of the injury as the minimum limit for rise of the Insurer's obligation to provide indemnity (the limit of permanent consequences of an injury).
7. If the Insurer cannot provide indemnity in accordance with the previous paragraph – because the permanent consequences of the injury are not stable after six months from the day

- of the injury, the Insurer is obliged to provide the Insured, at his/her request, with an appropriate advance, but it is the case only if the Insured proves, by a medical report to the Insurer, that at least a part of the permanent consequences corresponds with the minimum scope established in the Policy as at the date of the injury and including the obligation of the Insurer to provide indemnity and that the consequences are of the permanent character.
8. If the permanent consequences of an injury relate to a part of the body or an organ the function of which had been decreased already before the injury, the percentage is established in accordance with Evaluation Table B in the way that the total percentage is decreased by the number of per cent corresponding with the previous damage also specified by means of Evaluation Table B.
 9. The level of the compensation paid for permanent consequences is determined by the Insurer on the basis of the report on the result of the medical examination of the Insured done by the doctor determined by the Insurer. The Insurer shall also take into account the opinion of the doctor that provides him with professional advisory activities.
 10. The Insurer organises the medical examination to find out about the scope of the permanent consequences of the injury by the doctor determined by the Insurer at his own expense, provided that, according to the report of the doctor that treated the Insured, supplemented, if needed, with the extract from medical records of the Insured requested by the insurer, or ensured for him by the Insured from other doctors or medical centres, it implies that the scope of the permanent consequences of the injury might reach the minimum limit of permanent consequences of an injury agreed on in the Policy as at the date of the injury within the period of three years from the date of the injury.
 11. In the serious cases in which the Insurer decides that the scope of permanent consequences of the injury cannot be determined in accordance with the provisions in paragraphs 9 and 10 of this Article, the Insurer determines the level of indemnity according to the medical documentation of the Insured.
 12. If the Insured asks for an additional check-up examination, he/she is obliged to cover any costs of it. If the Insurer provides additional indemnity on the basis of the check-up examination, he will cover the costs of this examination to the Insured. The Insurer maintains his right to determine the doctor, or the medical centre that execute the examination. Otherwise, the Insurer does not have to respect and accept results of the check-up examination.
 13. The indemnity provided for the permanent consequences of an injury is determined in accordance with Evaluation Table B as the percentage of the sum insured related to permanent consequences of an injury agreed in the Policy as at the date of the injury specified for individual bodily harms. If Evaluation Table B specifies a percentage range, the Insurer determines indemnification in the way that the indemnification, within this range, corresponds with the nature and scope of the bodily harm caused to the Insured by the injury.
 14. If a bodily harm is not described in Evaluation Table B, the Insurer is authorised to determine the indemnity by himself or in coordination with the doctor determined by him. For establishment of the benefit, he will analogically use the values described in Evaluation Table B for bodily harms that are the closest in their nature to the bodily harm in question.
 15. If a single injury causes several permanent consequences of different kinds to the Insured, the total injury consequences of the accident are evaluated with the sum of percentages of individual consequences. However, if the permanent consequences relate to the identical limb, organ, or their parts, they are assessed as a unit up to the percentage established in Evaluation Table B for the anatomical or functional loss of the given limb, organ, or their part.
 16. The Insurer is obliged to provide for permanent consequences of an injury caused by a single accident compensation of up to 100% of the sum insured specified in case of permanent consequences of an injury in the Policy as at the date of the injury.
 17. In the case the Insured dies of the consequences of the injury and the Insurer has not provided the indemnity for the permanent consequences of this injury yet, the Insurer shall only pay the sum insured in case of death resulting from an injury stipulated in the Insurance Policy as at the date of occurrence of the injury in compliance with Sections 4 and 5 of this Article.

18. If a limit of permanent consequences of an injury has been established in the Policy as at the date of the injury, the Insurer provides indemnity related to the permanent consequences of an injury in accordance with the provisions of this Article only in the case their scope, according to Evaluation Table B, has reached, after their stabilisation, at least the limit for the permanent bodily harm specified in the Insurance Policy.

Indemnity for the period of necessary treatment

19. The Insured has the right to indemnity for the period of necessary treatment of a bodily harm resulting from an injury (also the daily compensation) if he/she suffers an injury and the period of the necessary treatment of the bodily harm resulting from this injury, supported by a medical certificate, reaches at least the limit for the daily compensation agreed in the Policy as at the date of occurrence of the injury. In the case of bodily harm where Evaluation Table A indicates "up to 28 days", the Insurer is not obliged to provide the daily compensation even if this condition has been fulfilled.
20. The Insurer shall pay the Insured the daily compensation for the period determined from the day of the given limit for the cover of the daily compensation agreed in the Policy as at the date of occurrence of the injury until the end of the necessary treatment of the bodily harm resulting from the injury documented by a medical certificate. However, this applies only if the period does not exceed the number of days established for individual bodily harms in Evaluation Table A. The Insurer is not obliged to provide indemnity for the days exceeding the total period of the necessary treatment of the bodily harm caused by an injury.
21. If the necessary treatment of the bodily harm caused by an injury is connected with the incapacity to work and the Insured is entitled to sick allowances, he/she takes them and, according to the social security regulations, he/she is issued a document on his/her incapacity to work (hereinafter referred to as the "incapacity to work") and the length of this incapacity to work exceeds the number of days established for individual bodily harms in Evaluation Table A, the Insurer is obliged to pay the daily compensation for the period determined from the day given by the limit of the daily compensation agreed on in the Policy as at the date of the injury until the end of the incapacity to work, but only if it does not exceed the number of days determined for individual bodily harms in Evaluation Table A by more than 20%. The Insurer is not obliged to pay for the days exceeding the limit specified for the total period of incapacity to work extended by 20%.
22. The Insurer is not obliged to provide indemnity for the period of necessary treatment of a bodily harm caused by an injury if the period exceeds 365 days from the time of the occurrence of the injury.
23. If the Insured suffers another injury during the period of necessary treatment of a bodily harm caused by an injury covered by the daily compensation paid by the Insurer, the maximum number of days covered by the Insurer is set as the sum of days specified in Evaluation Table A for both bodily harms. The period during which the treatments of both injuries overlap is counted once only.
24. If the consequences of an injury are treated parallel to an illness that did not occur as a result of the injury, the Insurer shall pay compensation up to the number of days specified for individual bodily harms in Evaluation Table A.
25. If the Insured suffers several bodily harms within a single injury case, the number of days covered by the Insurer's compensation is determined in accordance with the bodily harm for which the biggest number of days is specified in Evaluation Table A.
26. If a bodily harm is not included in Evaluation Table A, the Insurer is authorised to determine the benefit by himself or in coordination with the doctor determined by him. For establishment of the benefit, he will analogically use the values described in Evaluation Table A for bodily harms that are the closest in their nature to the bodily harm in question.
27. The level of the daily compensation is determined by multiplying the number of days established in accordance with the principles described in this Article by the amount of the daily compensation agreed in the Insurance Policy as at the date of occurrence of the injury.

28. If the Insurance Policy stipulates, as at the date of the injury, the indemnity limit for daily compensation, and the period of the necessary treatment of the bodily harm resulting from the injury reaches at least the stipulated limit, the Insurer shall pay, in compliance with the other provisions of this Article, the daily compensation in the amount specified in the Insurance Policy as at the date of occurrence of the injury from the first day of this treatment.

Lump-sum indemnification in case of hospitalization

29. The Insurer's obligation to provide indemnity arises if lump-sum indemnification for hospitalization is expressly stipulated in the Insurance Policy and also provided that the Insured's hospitalization resulting from the Insured's injury lasted at least 2 days (1 night), but only on condition that the Insured has, at the same time, the right to the Insurer's indemnification from the insurance of medical expenses effected under the General Policy Conditions for Travel Insurance – Special Part – Medical Expenses Insurance VPP LV 2011. The Insured is obliged to document the period of hospitalization (e.g. by a medical report). The Insurer is not obliged to provide indemnity in the case the obligation to document the period hospitalization is not met.

ARTICLE V
Final Provisions

1. The contractual parties can agree on adjustment of the mutual rights and obligations differently from VPP U 2011, unless VPP U 2011 conditions explicitly ban this.
2. These VPP U 2011 conditions become effective on 1 February 2011.

General Policy Conditions for Travel Insurance
– Special Part –
Liability Insurance VPP ODC 2011 valid from 1 February 2011

ARTICLE I
Introductory Provisions

1. The General Policy Conditions for Travel Insurance – Special Part – Liability Insurance VPP ODC 2011 (hereinafter referred to as “VPP ODC 2011”) – extend the General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 (hereinafter referred to as “VPP CP 2011”) and specify the rights and obligations of the parties to the Liability Insurance.
2. The insurance concluded in accordance with these VPP ODC 2011 is insurance against loss or damage.
3. VPP ODC 2011 conditions make an inseparable part of the Insurance Policy.

ARTICLE II
Insured Risks and Scope of Cover

1. The cover is concluded in case of the Insured's liability for loss, stipulated by a legal regulation, for damage caused to someone else during his/her trips in relation to his/her activities or a relation in normal life:
 - a) to health or life,
 - b) to an item by damaging, destroying or losing it.
2. The insurance also applies to the cost of medical treatment incurred by a Health Insurance Company in relation to the medical care of a third party if this right to compensation for these costs has arisen in accordance with the generally binding legal regulations as a result of the Insured's activities and if the responsibility for damage to health to which the costs relate creates the right to the benefits agreed on in accordance with these VPP ODC 2011 conditions.

ARTICLE III
Insured Event

1. The insured event is defined with the following factual, time and local specifications.
2. The factual specification of the insured event: The insured event means occurrence of the legal obligation of the Insured to compensate for damages for which the Insured is legally responsible in accordance with the generally binding legal regulations and has to settle them on condition that the Insurer's obligation to provide indemnity has arisen.
3. The time specification of the insured event: The moment of occurrence of the insured event is, for insurance effected under these VPP ODC 2011 conditions, the day on which the damage, for which the Insured is responsible in accordance with the generally binding legal regulations and which he/she must pay for, occurs. The level of the cover is limited by the indemnity limit that is valid and effective at the time of occurrence of the damage.
4. The local specification of the insured event: The place of occurrence of the insured event is the place where the damage occurred, but not the place where the cause of the damage arose.
5. The right to indemnity arises on condition that the damage occurs within the existence of insurance with the Insurer.
6. If the right of the Injured party against the Insured is disputable and subject to a decision by the authorised body, the investigations by the Insurer are necessary to find out about the scope of his obligation to indemnify, but that finishes on the day on which the Insurer learns, in a verifiable way, that the decision of the authorised body has become legally valid.
7. The Insurance Policy can also stipulate other prerequisites for rise of the right to indemnity.

ARTICLE IV

Exclusions from Insurance

1. The insurance does not cover liability for loss caused:
 - a) by taking over responsibilities above the framework established by legal regulations, the non performance of the obligations to prevent the damage and to prevent the further spread of the occurring damages,
 - b) by pollution of the environment; also, the Insurer shall not cover the expenses connected with cleaning or decontamination,
 - c) by animals kept for the Insurer's leisure activities causing loss to the animal's owner or keeper,
 - d) to the property that is not in the ownership of the Insured, but that is being handled by the Insured as if it was his own property without a legal right to do so,
 - e) by missing movables that are not in the ownership of the Insured, but that was lent to him/her, or that is being used by the Insured for any other legal reason,
 - f) by damaging or destroying motor vehicles, any watercraft, aircraft, sports flying devices, snow or water scooters that are not owned by the Insured, but that were lent to him/her, or that are being used by the Insured for any other legal reason,
 - g) during a professional sports activity or any preparation for it,
 - h) by damaging, destroying, or missing records on sound, image, and data carriers,
 - i) by spread of an infectious human, animal, or plant disease, by transfer of HIV,
 - j) by use of weapons,
 - k) by performance of the hunting right, including the losses caused by a hunting dog,
 - l) by the Insured as the employer to his/her employee under the labour-law regulations,
 - m) differently from damage to health or life, or to property by damaging, destroying, or missing it (i.e. pecuniary loss),
 - n) by defamation of character, gossip or unauthorised provision or breach of patent rights, copyrights, or the trademark, design or commercial name rights,
 - o) by land settlement, landslide, erosion resulting from undermining or industrial blasting,
 - p) to the property the Insured has delivered to someone else provided that the loss arose as the delivered property was of a defective quality,
 - q) in relation to a contract of carriage,
 - r) by formaldehyde, asbestos, glass wool, toxic moulds,
 - s) by provision of a service through the Internet,
 - t) to the property where the way and scope of damage do not correspond to the description of the mechanism of damage,
 - u) by the Insured as an entrepreneur during his/her entrepreneurial activities
2. The cover does not relate to the liability for loss for which the Insured is liable to a member of his/her family.
3. Insurance does not apply to the liability for loss caused in relation to the Insured's activity, relationship or position where:
 - a) a generally binding legal regulation stipulates the obligation to conclude an insurance policy and effect loss liability insurance (mandatory insurance), regardless of the fact whether this obligation is imposed on the Insured or on another person different from the Insured,
 - b) loss liability insurance arises on the basis of a fact stipulated by a generally binding legal regulation (mandatory insurance), or
 - c) the reparation for the loss caused to the Injured in relation to these activities, relationships or positions is provided by other public-law institutions.
4. The insurance does not imply any right to compensation for damages imposed by a court in the United States of America or Canada, or in the case of any compensation for damage assigned on the basis of the jurisdiction of the United States of America or Canada.

ARTICLE V

Obligations of the Insured

1. In addition to the obligations described in VPP CP 2011, the Insured is also obliged:
 - a) to report to the Insurer, without any unnecessary delay, occurrence of a loss-incurring event and to report that the Injured party has enforced against the Insured the right to compensation for damage. The Insured must comment on his/her responsibility for the damage, on the requested compensation, and on its level,
 - b) to report to the Insurer, in writing and without any unnecessary delay, that proceedings have been started against him/her by a state authority or within arbitration proceedings. He/she must report the name of his/her legal representative and the Insured must inform the Insurer about results of these proceedings,
 - c) to report to the Insurer, in writing and without any unnecessary delay, that the Injured party enforces his/her right to compensation for damage through a relevant authority,
 - d) within the proceedings concerning compensation for damage resulting from an insured event, to undertake steps in accordance with the Insurer's instructions. Especially, the Insured must not undertake to cover statute-barred claims without the consent of the Insurer, and he/she must not agree with the court settlement without the consent of the Insurer. The Insured is obliged to appeal, in time, against any decision of the relevant authorities related to the cover of damages, unless a different procedure has been agreed with the Insurer within the appeal period.

ARTICLE VI

Insurer's Indemnity

1. The indemnity related to a single insured event (including the costs described in Article VII in these Policy Conditions, or any other costs described in the Insurance Policy) shall not exceed the indemnity limit established in the Insurance Policy. This also applies to the sum of all benefits related to a serial insured event. The Insured participates in the cover of serial insured events once only, regardless of the number of insured events in the series.
2. The sum of benefits paid in relation to insured events occurring during the insured period must not exceed, in the case of one Insured person, the indemnity limit established in the Insurance Policy, unless the Insurance Policy states otherwise.
3. The Insurer pays the indemnity to the Injured party. However, the Injured party does not have the right to the compensation paid by the Insurer, unless a special legal regulation or the Insurance Policy state otherwise. If the Insured compensates the damages for which he/she is responsible directly to the Injured party, he/she can claim compensation for the amount from the Insurer up to the amount corresponding with the amount at which the Insurer would pay the compensation to the Injured party.
4. When determining the level of damage to items, the Insurer uses the value of the item at the time of its damage.
5. If the subject matter of insurance is damaged, the Beneficiary is entitled to the Insurer's compensation corresponding with the reasonable cost of repair of the subject matter of insurance reduced by the salvage value of the replaced parts of the subject matter of insurance. The reasonable cost of repair of the subject matter of insurance is the price of repair of the subject matter of insurance or its part, common in the location at the time of occurrence of the insured event, without extra costs of express repair. For machines, machinery and electronic devices, cameras, video or optical devices, sports equipment (including bicycles), and household appliances older than 3 years, the reasonable cost of repair of the subject matter of the insurance shall not exceed its current value. For clothes (including shoes and underwear) older than 1 year, the reasonable cost of repair of the subject matter of the insurance shall not exceed its current value.

ARTICLE VII
Special cases of cover

1. If the Insured follows instructions of the Insurer during the proceedings relating to the compensation for damage, the costs of these proceedings incurred by the Insured will be covered by the Insurer.

ARTICLE VIII
Final Provisions

1. The contractual parties can agree on adjustment of the mutual rights and obligations differently from VPP ODC 2011, unless VPP ODC 2011 conditions explicitly ban this.
2. These VPP ODC 2011 become effective on 1 February 2011.

General Policy Conditions for Travel Insurance
– Special Part –
Luggage Insurance VPP ZAV 2011 valid from 1 February 2011

ARTICLE I
Introductory Provisions

1. The General Policy Conditions for Travel Insurance – Special Part – Luggage Insurance VPP ZAV 2011 (hereinafter referred to as “VPP ZAV 2011”) – extend the General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 (hereinafter referred to as “VPP CP 2011”) – and specify the rights and obligations of the parties to Luggage Insurance.
2. The insurance effected under these VPP ZAV 2011 is insurance against loss or damage.
3. VPP ZAV 2011 conditions make an inseparable part of the Insurance Policy.

ARTICLE II
Insured Risks and Scope of Cover

1. This insurance is effected in case of sudden damage to or destruction of the subject matter of the insurance by an accident caused by the following insured risks:
 - a) fire, explosion, stroke of lightning, impact or fall of piloted aircraft, its parts or load, windstorm, hailstorm, land settlement, collapse of rocks or soils, avalanche, fall of trees, posts, or other objects, earthquake, smoke, water damage, a traffic accident, flood or inundation,
 - b) theft of the subject matter of the insurance by burglary, including its damage or destruction in causal connection with the theft of the subject matter of the insurance, damage to or destruction of the subject matter of the insurance resulting from the activity of the perpetrator leading to theft of the subject matter of the insurance,
 - c) theft of the subject matter of the insurance by theft with violence.
2. In the case of occurrence of an insured event resulting from an insured risk listed in Section 1b), the Insurer shall only provide indemnity if the insured items were located in a locked space or in the luggage compartment of a transport vehicle during occurrence of the insured event.

ARTICLE III
Subject Matter of Insurance

1. The subject matters of the insurance are movable items for usual personal use during trips owned by the Insured that the Insured took with him/her on the trip, or that he/she verifiably purchased during his/her trips.
2. The subject matters of the insurance do not include:
 - a) motor vehicles, trailers, motorcycles, motorbikes, aircrafts, hang-gliders, and motor-driven vessels, including their accessories,
 - b) documents, credit and other magnetic cards, tickets, air-tickets, money, cheques, securities, duty stamps, vouchers, and passports,
 - c) valuables,
 - d) items of the artistic value, items of the historical value, items of the collector value, and antiques,
 - e) data carriers (e.g. films, video cassettes, CDs, diskettes) and recordings saved on them,
 - f) items serving, at the time of occurrence of the insured event, for performance of professions or profit-making activities,
 - g) animals.

ARTICLE IV

Exclusions from Insurance

1. The insurance does not apply to damage caused:
 - a) by penetration of underground water or by rising liquids from sewerage or waste water pipes, with the exception of the cases when the damage was caused in causal connection with the insurance risks specified in Article II Section 1a) of VPP ZAV,
 - b) by scorching occurring in other ways than by fire, explosion, or lightning,
 - c) by exposure of the item to usable flame or heat,
 - d) by penetration of rain, hail, snow or contaminants through not properly closed windows, doors, or other openings, unless these openings occurred in causal connection with the insured risks specified in Article II Section 1a) of VPP ZAV 2011,
 - e) by nuclear energy, radiation of any kind and radioactive contamination,
 - f) by wear and tear,
 - g) by theft of the item from a tent,
 - h) during the air transport.

ARTICLE V

Obligations of the Insured

1. In addition to obligations described in VPP CP 2011, the Insured is also obliged to:
 - a) without any unnecessary delay, notify the police authority in the country of occurrence of the loss-incurring event of occurrence of the loss-incurring event resulting from an insured risk specified in Article II Section 1b) and c) of VPP ZAV 2011,
 - b) request from them a relevant written document proving this notification, and
 - c) submit this document to the Insurer without any unnecessary delay.

ARTICLE VI

Insurer's Indemnity

1. The Insurer's indemnity is limited by its upper limit. The upper limit is determined by the indemnity limit.
2. The indemnity limit established as suggested by the Policyholder in the Insurance Policy corresponds with the indemnity limit relating to one and all insured events occurring to the Insured during the period of insurance.
3. If the insured item is destroyed or stolen, the Beneficiary has the right to get from the Insurer an amount corresponding with the reasonable cost of reinstatement of the subject matter of the insurance. The reasonable costs of reinstatement of the subject matter of insurance are costs of establishment (purchase or production) of a subject matter of insurance of a comparable type, quality and utility value, common in the location at the time of occurrence of the insured event. For machines, machinery and electronic devices, cameras, video or optical devices, sports equipment (including bicycles), and household appliances older than 3 years, the reasonable cost of repair of the subject matter of the insurance shall not exceed its current value. For clothes (including shoes and underwear) older than 1 year, the reasonable cost of repair of the subject matter of the insurance shall not exceed its current value,
4. If the subject matter of insurance is damaged, the Beneficiary is entitled to the insurer's compensation corresponding with the reasonable cost of repair of the subject matter of insurance reduced by the salvage value of the replaced parts of the subject matter of insurance. The reasonable cost of repair of the subject matter of insurance is the price of repair of the subject matter of insurance or its part, common in the location at the time of occurrence of the insured event, without extra costs of express repair. For machines, machinery and electronic devices, cameras, video or optical devices, sports equipment (including bicycles), and household appliances older than 3 years, the reasonable cost of repair of the subject matter of the insurance

shall not exceed its current value. For clothes (including shoes and underwear) older than 1 year, the reasonable cost of repair of the subject matter of the insurance shall not exceed its current value.

ARTICLE VII

Final Provisions

1. The contractual parties can agree on adjustment of the mutual rights and obligations differently from VPP ZAV 2011, unless VPP ZAV 2011 conditions explicitly ban this.
2. These VPP ZAV 2011 conditions become effective on 1 February 2011.

General Policy Conditions for Travel Insurance
– Special Part –
Assistance Service VPP AS 2011 valid from 1 February 2011

ARTICLE I
Introductory Provisions

1. The General Policy Conditions for Travel Insurance – Special Part – Assistance Services VPP AS 2011 (hereinafter referred to as “VPP AS 2011”) – extend the General Policy Conditions for Travel Insurance – General Part – VPP CP 2011 and VPP LV 2011 – and specify the rights and obligations of the insurance parties.
2. VPP AS 2011 make an inseparable part of the Insurance Policy.

ARTICLE II
Definition of Assistance Services

1. If the Insurance Policy stipulates insurance of medical expenses with the indemnity limit of up to CZK 2,500,000 inclusive, the Insurer shall provide the Insured with the basic assistance services (hereinafter referred to as the BAS).
2. If the Insurance Policy stipulates insurance of medical expenses with the indemnity limit exceeding CZK 2,500,000, the Insurer shall provide the Insured with the extended assistance services (hereinafter referred to as the EAS).

ARTICLE III
Scope of the BAS

The basic assistance services are services provided particularly in connection with:

- a) medical treatment,
- b) hospitalization,
- c) transport to a medical facility,
- d) repatriation of the Insured to the Czech Republic,
- e) transport, burial or cremation of the Insured's remains,
- f) organizational assistance in the case of a loss of a travel document, vehicle documents or a driving licence (i.e. contacting the embassy, insurance of an interpreter if it is necessary, insurance of sending new documents to the place of the Insured's stay).

ARTICLE IV
Scope of the EAS

1. **Medical information** – free information about the general level of the medical care abroad compared with the Czech Republic, the necessity of vaccinations in the country of destination, addresses of immunologic facilities in the Czech Republic and in the country of destination, occurrence of epidemics in the country of destination, unrecommended foreign medical facilities in the country of destination, and specific health risks in the questioned localities.
2. **Tourist information** – free information about the currency exchange rates, local places of cultural interest, tourism specialities in the country of destination, restaurants and catering facilities, the level of general security in the country of destination, risks connected with performance of work in the country of destination, risks connected with hazardous sport activities, risks connected with war conflicts in the country of destination, advice for travels in uninhabited areas, and contacts to service providers in the country of destination.

3. **Administration-legal information** – free information about documents necessary for entering the country of destination, representation offices and consulates, visa and invitation requirements for the country of destination, the financial amount necessary for entering the country of destination, the procedures when applying for visa and other document.
4. **Emergency assistance over the phone** – free advice and information when solving emergency, the Police controls, expulsion, negotiations with the administration, finding a lawyer, and reporting an insured event to the Insurer.
5. **Interpreting and translations** – free interpreting over the phone when dealing with the Police, during negotiations with a medical facility, free over-the-phone interpreting and advice when filling in documents, organisation of interpreting during the customs procedures at border crossings, arranging for an interpreter for the Police investigations or for court proceedings.
6. **Assistance related to working stays** – free information about the rights and obligations in the country of staying, the procedure when the passport was withheld, the procedures and risks of expulsion, the possibilities of defence against expulsion, the procedures necessary for stay extension, addresses, telephone numbers, working hours of the relevant authorities, arranging for delivery of the relevant forms and applications, and help with the filling in forms and applications.
7. **Relations with the local Police authorities** – free information about the procedure in the case of lost or stolen documents and in the case of a hold-up, over-the-phone assistance with filling in a protocol of a road accident, arranging for services of a legal representative,
8. **Relation with the representation offices abroad** – organisation of reports to the consulate (loss of a passport, work permit, detention), arranging for a visit by a consulate representative after an accident or in detention.
9. **Premature return**
 - a) in the case of a premature return for the reason of death of a family member or impossibility of returning caused by the travel agency or the transport operator, the Insurer shall refund a return air ticket(s) in the economy class, a bus ticket(s), a second class railway ticket(s), refund a taxi and other ways of transport up to CZK 50,000 for one Insured person to the place of his/her permanent residence in the Czech Republic,
 - b) in the case of a premature return due to a burglary into the Insured's residence, a natural disaster or a natural event confirmed by the appropriate public administration authorities or the local authorities to the extent that could threaten the Insured's property, the Insurer shall arrange for transport of the Insured to the place of his/her permanent residence in the Czech Republic.
10. **Delayed flight**
 - a) If the departure of the Insured on a confirmed registered international flight is delayed, compared with the flight schedule, by more than 4 hours and less than 8 hours, the Insurer arranges for the Insured: entry into the restroom at the airport, preparation of an alternative flight plan, changes in air-ticket bookings, possible overland alternative travel, transfer of messages about a possible delay of the Insured to his/her family members or business partners,
 - b) If the departure of the Insured on a confirmed registered international flight is delayed, compared with the flight schedule, by more than 8 hours, the Insurer arranges for the Insured: entry into the restroom at the airport, preparation of an alternative flight plan, changes in air-ticket bookings, possible overland travel, transfer of messages about a possible delay of the Insured to his/her family members or business partners, a one-time transfer of a cash deposit to the Insured for the purpose of buying necessities. Furthermore, the Insurer shall refund the cost of alternative accommodation until the alternative departure and the cost of both journeys of the transport of the Insured to and from the location of the alternative accommodation up to CZK 10,000.
11. **Lost documents**

In the case of loss of a travel document, the Insurer shall refund the cost related to issue of a substitute travel document up to CZK 4,000, and shall arrange for sending it to the place of the Insured's stay. In the case of loss of vehicle documents or a driving licence, the Insurer shall

arrange for assistance with ensuring substitute documents and for sending them to the place of the Insured's stay.

12. Sending a family member to the hospital

In the case of urgent hospitalization of the Insured longer than 10 days, the Insurer shall arrange for sending one family member to the hospital. The Insurer shall refund the cost related to the fare there and back (a return air ticket in the economy class, a bus ticket, a second class railway ticket) up to CZK 100,000, and in addition to that, the Insurer shall refund the cost of accommodation in the location of the hospitalization up to CZK 7,500.

13. The sum of indemnities provided by the Insurer within the period of insurance under the Extended Assistance Services shall not exceed the limit specified for individual cases in Article III Sections 9 to 12 of VPP AS 2011.

ARTICLE V

Exclusions from the EAS

1. In the case of a premature return, the Insurer shall not refund the air ticket(s) or other tickets if the Insured arranges for them by himself/herself without the knowledge and consent of the Insurer.
2. In the case of a delayed flight, the Insurer shall not refund the cost of alternative accommodation and bidirectional transport:
 - a) if the Insured did not properly register himself/herself at the airport check-in-desk, unless it was made impossible because of a strike or operating reasons,
 - b) if the delay was caused by a strike or operating reasons existing or announced in advance on the day or before the day of the registration,
 - c) if the delay was caused by cancellation of the flight because of an order by the office of civil aviation or a similar authority in any country,
 - d) if the Insured decided on the cancellation of the journey before his/her departure,
 - e) if the Insured organised his/her accommodation by himself/herself without the knowledge and consent of the Insurer,
 - f) if the Insured organised the two-way transport to the place of accommodation by himself/herself without the knowledge and consent of the Insurer.
3. In the case of sending a family member to the hospital, the Insurer shall not refund the cost related to the fare there and back or the cost of accommodation:
 - a) if the family member or any other person arranged for the air-ticket or the ticket by himself/herself without the knowledge and consent of the Insurer,
 - b) if the family member or any other person arranged for the accommodation by himself/herself without the knowledge and consent of the Insurer.

ARTICLE VI

Final Provisions

1. The contractual parties can agree on adjustment of the mutual rights and obligations differently from VPP AS 2011, unless VPP AS 2011 conditions explicitly ban this.
2. These VPP AS 2011 become effective on 1 February 2011.

Form 1:

Vyplní lékař! • Ausgefüllt vom Arzt! • Physician should fill in! • Remplire par médecin! ATESTATIO MEDICI (Litteris versalibus)		
Nomen aegroti	natus	
Diagnosis		
Therapia		
Hospitalisatio in usque ad diem	a die	usque ad diem
Aegrotus domo in lectu affixus	a die	usque ad diem
Die	Sigillum, nomen medici	

CLAIM NOTIFICATION

Policy No.:

7100000167

First name(s) and last name:

Personal ID No.:

Nationality:

Tel. No.:

Address (street, city):

Date of departure:

Organizer of your trip (a travel agent, a company, arranged by yourself):

postcode

Date of return:

Description of occurrence of the claim:*)

Send indemnification :

 to the following account:

..... /

 to the following address:

Mark activities related to your claim:

- | | |
|--|---|
| <input type="checkbox"/> treatment | <input type="checkbox"/> calling a minder |
| <input type="checkbox"/> medicine | <input type="checkbox"/> injury |
| <input type="checkbox"/> hospitalization | <input type="checkbox"/> loss liability |
| <input type="checkbox"/> transport | <input type="checkbox"/> luggage |
| <input type="checkbox"/> repatriation | <input type="checkbox"/> other*) |

Date of claim:

Place of occurrence (country):

Country:

Method of payment:

- cash
 foreign partner was contacted
 unpaid

Country and currency of the payment:

I can present originals of the documents confirming the damage: YES NO

I declare that all my answers to the Insurer's written questions stated in this form are truthful and complete, and that I am aware of the effects untruthful answers would have on the Insurer's obligation to provide indemnity. In compliance with Act No. 101/2000 Sb. on personal data protection and on amendments to some acts, as amended (hereinafter referred to as the Act), I agree with the fact that my personal data, including information concerning my health (or information concerning health of an infant I am a legal representative of) may be processed by the Insurer within the framework of insurance activities and activities related to insurance activities under Act No. 277/2009 Sb. on insurance, as amended (hereinafter referred to as the Insurance Act), for a period necessary to ensure all the rights and obligations arising from the contractual relationship. All the provided data shall be processed by the Insurer or a processor registered under § 16 of the Act by the Office for Personal Data Protection. I declare that I have been properly, in compliance with the Act, informed of the way of processing my personal data, my rights and the obligations of the data processor. I authorize the appropriate social security administration to provide the Insurer with information. Also, I authorize the Insurer to request all information and necessary health documentation concerning my health (or health of an infant) for the purposes of investigation to an insured event, and I undertake to ensure such health documentation in the case the Insurer needs it. I authorize doctors, institutes and medical facilities to issue or lend any medical reports or extracts from health documentation required by the Insurer. Hereby, I also relieve doctors, institutes and medical facilities asked for the above mentioned information by the Insurer of the obligation to maintain confidentiality.

*) Fill in on a separate page, when needed

Insured's signature

Date

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Place of occurrence (country):

Country:

Method of payment:

- cash
 foreign partner was contacted
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Country and currency of the payment:

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I declare that all my answers to the Insurer's written questions stated in this form are truthful and complete, and that I am aware of the effects untruthful answers would have on the Insurer's obligation to provide indemnity. In compliance with Act No. 1017/2000 Sb. on personal data protection and on amendments to some acts, as amended (hereinafter referred to as the Act), I agree with the fact that my personal data, including information concerning my health (or information concerning health of an infant I am a legal representative of) may be processed by the Insurer within the framework of insurance activities and activities related to insurance activities under Act No. 277/2009 Sb. on insurance, as amended (hereinafter referred to as the Insurance Act), for a period necessary to ensure all the rights and obligations arising from the contractual relationship. All the provided data shall be processed by the Insurer or a processor registered under § 16 of the Act by the Office for Personal Data Protection. I declare that I have been properly in compliance with the Act, informed of the way of processing my personal data, my rights and the obligations of the data processor. I authorize the appropriate social security administration to provide the Insurer with information. Also, I authorize the Insurer to seek all information and necessary health documentation concerning my health (or health of an infant) for the purposes of investigation to an insured event, and I undertake to ensure such health documentation in the case the Insurer needs it. I authorize doctors, institutes and medical facilities to issue or lend any medical reports or extracts from health documentation required by the Insurer. Hereby, I also relieve doctors, institutes and medical facilities asked for the above mentioned information by the Insurer of the obligation to maintain confidentiality.

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