

INSURANCE TERMS AND CONDITIONS

Travel insurance and assistance service

General insurance terms and conditions

Special terms and conditions

for

Accident insurance

Baggage insurance

Damage liability insurance

Additional assistance services

The insurance of cancellation fees

An overview of limits and the levels of sums insured

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INFORMATION FOR PARTIES INTERESTED IN TRAVEL INSURANCE

Pursuant to Section 66 of Act 37/2004 Coll., on insurance policies, as amended, Allianz pojišťovna, a.s., provides any party interested in taking out insurance the following important information:

Corporate name and legal form

Allianz pojišťovna, a.s., company no. 47 11 59 71, Commercial Register held at the Municipal Court in Prague, section B, file no. 1815

Registered office

Ke Štvanici 656/3, Prague 8, postal code 186 00, Czech Republic

Name and registered office of supervisory body

Czech National Bank, Na Příkopě 28, 115 03 Prague 1, tel.: 224 411 111, fax: 224 412 404, 224 413 708

Complaints procedure

Complaints by policyholders, insured parties and beneficiaries are delivered to the insurer's registered office in written form, unless the policyholder, insured party, beneficiary and insurer agree otherwise. The parties specified also have the right to submit their complaint to the Czech National Bank.

Insurer's assistance service

The assistance service is a contractual partner of the insurer which is authorised to provide assistance services within the framework of travel insurance coverage and is available 24/7 every day of the week.

Insurance policy language

Czech, unless agreed otherwise.

Applicable law and court jurisdiction

The travel insurance policy complies with the legislation of the Czech Republic ("CR"). The general courts

of the CR have jurisdiction in the event of disputes.

Definition of travel insurance

Travel insurance is covered in the Travel Insurance Terms and Conditions ("PPCP"), comprising the General Insurance Terms and Conditions ("VPP"), the Special Insurance Terms and Conditions, and the Additional Insurance Terms and Conditions, as well as the provisions of the insurance policy. The Special Insurance Terms and Conditions ("ZPP") set forth the individual insurance risks which are covered by the travel insurance. Specific travel insurance is provided under the terms of the insurance policy, an integral part of which are the Travel Insurance Terms and Conditions. Travel insurance usually covers the following risks: insurance of medical expenses abroad, accident insurance, baggage insurance, damage liability insurance, and additional assistance services insurance. Coverage of cancellation fees can be taken out separately. Insurance of medical expenses abroad cannot be taken out for travel within the CR.

Duration of insurance policy

Insurance is taken out for a minimum period of 3 days (minimum premium) and a maximum of one year. The minimum premium does not apply to annual and six-monthly premium rates and to insurance of 3 or more persons under one insurance policy, unless agreed otherwise in the policy. The insurance policy is concluded upon payment of the premium.

Insurance for the Czech Republic begins on the date specified in the policy as the commencement of insurance, but at the earliest upon arrival in this country, and ends with departure from this country, but at the latest with the expiry of the day defined in the policy as the insurance termination date. Insurance abroad begins on the date agreed in the policy as the commencement date and ends with the expiry of the day defined as the termination date. Insurance abroad does not relate to claims made for events which took place in the Czech Republic.

Rights under the Travel Insurance Terms and Conditions arise by crossing the border to the closest foreign country or entering the CR, and dissolve under the Travel Insurance Terms and Conditions by crossing the border into the CR or ending the trip in the CR. In the case of air transport abroad rights arise and dissolve at the moment of check-in in the CR.

Premium

Information on the level of the premium is contained in the draft insurance policy. The level of the premium depends on the rate agreed on in the policy. A daily rate (paid for every day spent abroad), half-yearly rate (paid for 6 months, a maximum of 185 days), or an annual rate (paid for 1 year, a maximum of 365 or 366 days), and an annual rate for repeated trips (paid for 1 year, with the proviso that the duration of one trip may not exceed 45 days or 30 days for family insurance), can be agreed on.

Payment of the premium: when and how

Travel insurance involves a single premium payable on the date the policy is signed at the latest, usually in cash. In the case of direct debit the premium is deemed to have been paid upon being credited to the insurer's account, unless stipulated otherwise in the policy. If the premium is not paid, the policy is not concluded.

Methods by which insurance dissolves, including rights to withdrawal from the policy

The dissolution of travel insurance is covered by Article 10 of the VPP and Act 37/2004 Coll., on insurance policies (hereinafter the "Act"). If the travel insurance policy dissolves, all insured risks which form a part thereof also dissolve, with the exception of cancellation fees, and so it is not possible to withdraw from or otherwise terminate the coverage of said risks separately. The insurance of cancellation fees cannot be amended or cancelled during the term of insurance, unless specified otherwise in the policy.

If the policy dissolves prior to the date agreed on as the commencement date therein, the insurer will return the premium, usually reduced by an administrative fee of CZK 120.

The insurer and the policyholder can repudiate an insurance policy under Section 23 of the Act under the following conditions: if the policyholder or insured party give untrue or incomplete answers to the insurer's questions, either deliberately or through negligence, relating to the insurance being taken out, the insurer has the right to repudiate the policy if it would not have concluded the policy had it received truthful or complete replies to its questions. The insurer can apply this right up to two months of the

date on which it ascertained such facts, or the right will lapse. This also applies to an amendment to the policy. The policyholder has the same right to repudiate the policy as the insurer under these conditions if the insurer or its authorised representative untruthfully or incompletely answers its written questions relating to the insurance taken out.

The insurer is obliged to refund the premium paid to the policyholder within 30 days at the latest of the date on which it repudiates the policy, from which it will deduct any settlements made from private insurance, and the policyholder or insured party which is not also the policyholder is obliged to return the amount of the insurance settlement paid out in excess of the premium paid within the same deadline to the insurer.

Repudiation must be carried out in writing and sent to the policyholder's address if the insurer is repudiating the policy, and to the insurer's registered office if the policyholder is repudiating the policy. Upon being repudiated the travel insurance coverage dissolves from the start, on the understanding that the policyholder and insurer return everything which they have received from each other hitherto. If the insurer repudiates the policy, the expenses linked with the establishment and administration of the travel insurance are deducted from the premium paid.

Anyone interested in taking out insurance has the right to request the insurer for the provision of other information relating to the insurance coverage.

Information for anyone interested in taking out travel insurance at a distance is contained in a separate document.

Travel Insurance Terms and Conditions
(PPCP 01052012)
valid as of 1 May 2012
Introductory provisions

1. Private insurance is set forth in Act 37/2004 Coll., on insurance policies, as amended (hereinafter the “insurance” or “travel insurance” and the “Act”) and Allianz pojišťovna, a.s., as the insurer issues these Travel Insurance Terms and Conditions (“PPCP”) in accordance with the Act. If the PPCP or the insurance policy deviates from certain provisions of the Act, where the Act so permits, the provisions specified in these PPCP or in the insurance policy apply. If this deviation is not contained in the PPCP or the policy, the provisions of the Act apply.
2. Under the Act the PPCP form an integral part of the insurance policy, and if in any provision of the Act there is a reference to an insurance policy, the provisions given in these insurance terms and conditions are the same as though they were the insurance policy.
3. Prior to concluding the insurance policy the policyholder must be demonstrably familiarised with the PPCP, which fact they confirm by signing the policy. The PPCP apply for the duration of the coverage taken out in the policy and cannot be changed without the consent of the policyholder.
4. The PPCP are divided into Section I. (**General Insurance Terms and Conditions – “VPP”**), which contains the provisions generally valid for all coverage contained in the travel insurance, and Sections II. to VII. of these PPCP (**Special Insurance Terms and Conditions – “ZPP”**), or the **Additional Insurance Terms and Conditions – “DPP”** and other provisions of the insurance policy.
5. The following types of coverage can be taken out within the framework of travel insurance, further details of which are contained in ZPP:

- a) medical expenses abroad (loss insurance);
- b) accident insurance (capitalised insurance);
- c) baggage insurance (loss insurance);
 - flight delay (capitalised insurance);
 - delayed baggage insurance (capitalised insurance);
 - replacement sports equipment rental insurance (loss insurance);
- d) damage liability insurance (loss insurance);
- e) additional assistance services insurance (loss insurance);
- f) cancellation fees insurance (loss insurance).

6. Travel insurance relates to tourist and business trips specified in VPP, Article 1, Paragraph 1.41 and 1.26.

SECTION I. – GENERAL INSURANCE TERMS AND CONDITIONS

Article 1 **Definition of terms**

For the purpose of insurance taken out under these PPCP the following terms have the meaning ascribed to them below:

- 1.1 **acute illness** refers to a sudden illness which threatens the health or life of the sick person and which requires necessary and immediate treatment;
- 1.2 **assistance services** refers to immediate accessible assistance provided on the basis of authorisation from the insurer to parties who find themselves in difficulties during an insured trip as a consequence of an insurance event;
- 1.3 **travel service price** refers to the total price of the jointly purchases services of all insured parties from which the cancellation fee is calculated; expenses for airport and security fees and taxis and additional fees for fuel can be included in the overall price;
- 1.4 **travel service** refers to a combination of services or an independent service provided to the end

- user in order to satisfy his requirements in the sphere of recreation, tourism, culture and sport outside of his permanent residence;
- 1.5 **valuable items** refers to jewels and items made of precious metals, stones or pearls, watches, fur coats, all antiques and weapons;
- 1.6 **net current price** refers to the price which an item had immediately prior to an insurance event and is stipulated on the basis of the new price of the item, with the proviso that the level of wear and tear or other depreciation is taken into account which took place by virtue of its repair, modernisation or by another means;
- 1.7 **chronic illness** refers to a slowly developing illness (including post-traumatic states) which existed prior to the commencement of the insurance and was not at that time stabilised, i.e. required hospitalisation during the previous 12 months or deteriorated or required a change of medical procedures or the use of drugs;
- 1.8 **theft** refers to the appropriation of an item by an offender in such a way that they appropriate the item by overcoming impediments designed to protect the item from being stolen;
- 1.9 **medical transport** refers to transport by a health service vehicle (not by a private vehicle);
- 1.10 **insurance settlement limit** refers to the upper limit of an insurance settlement agreed on in the insurance policy;
- 1.11 **burglary** refers to the appropriation of an item by an offender using violence or the threat of immediate violence against the insured party;
- 1.12 **replacement employee** refers to an employee who replaces the insured party in the place where they carry out their work and continues to perform their work after agreement with the insurer's assistance service;
- 1.13 **subsequent damage** refers to any damage ensuing from damage to life, health or property, especially loss of earnings and lost profits;
- 1.14 **heir beneficiary** refers to a person specified by the policyholder in the policy as the party which has a right to the insurance settlement from accident insurance in the event of the insured party dying;
- 1.15 **beneficiary** refers to a person who has a right to an insurance settlement as a consequence of an insurance event (e.g. the insured party, heir beneficiary, or the party specified in Section 51 paragraph 3 of the Act);
- 1.16 **next of kin** refers to a closely related person (parent, grandparent, child, grandchild), siblings, and the parents of a spouse or registered partner;
- 1.17 **insurer** refers to Allianz pojišťovna, a. s., registered office at Ke Štvanici 656/3, Prague 8, postal code 186 00, the Czech Republic;
- 1.18 **policyholder** refers to the party which concluded the policy with the insurer and which is obliged to pay the premium under this policy;
- 1.19 **insurance event** refers to an accidental fact more closely described in the PPCP, which gives rise to a duty on the part of the insurer to provide a settlement; an accidental fact is a fact which is possible and regarding which it is not clear whether or when it will take place during the period of the insurance;
- 1.20 **stated-amount insurance** refers to coverage the purpose of which is to receive a sum of money, i.e. the agreed financial amount as a consequence of an insurance event at a level which is independent of the fact that damage has taken place or the extent thereof;
- 1.21 **damage insurance** refers to insurance the purpose of which is to compensate for damage arising as a consequence of an insurance event;
- 1.22 **insured trip** refers to a trip at the time and in the place specified by the insurance policy;
- 1.23 **insured party** refers to a natural person to whose life, health, property, and liability for damage the insurance coverage relates;
- 1.24 **travel service provider** refers to a travel office, travel agent or a party (business) which provides or brokers a travel service;
- 1.25 **insurance administration fee** refers to the insurer's expenses linked with the creation and administration of the insurance;
- 1.26 **business trip** refers to a business trip in accordance with the Labour Code and the Travel Expenses Act, as amended. The activities specified in Paragraph 1.41 can be carried out during these trips;
- 1.27 **professional sport** refers to sports activities undertaken for a payment on the basis of a contract with a sports organisation or which form the main source of a sports person's income;
- 1.28 **reasonable travel expenses** refers to expenses for the acquisition of a second-class train ticket, bus ticket, or, if the trip would otherwise last longer than 8 hours, economy-class flight ticket;

- 1.29 **repatriation** refers to the transport of an injured or sick insured party by ambulance or aeroplane to the Czech Republic ("CR") or the transportation of their remains in the event of their death, organised by the insurer's assistance service;
- 1.30 **group insurance** refers to coverage of a group of insured parties more closely defined in the insurance policy, whose identity is not usually known at such time as this policy is concluded;
- 1.31 **fellow traveller** refers to a person who is travelling jointly with the insured party and is specified on the same insurance policy or travel document;
- 1.32 **deductible** refers to an agreed financial sum by which the insured party participates in the insurance settlement and which is stipulated as a fixed sum, percentage or a combination thereof;
- 1.33 **sports equipment and kit** refers to items used for sports purposes;
- 1.34 **risky sports** refers to acrobatics and ski jumping, acrobatic rock and roll, bobsleighbing on ice runs, tobogganing, martial arts and sports, yachting, figure skating, scuba diving, rafting and similar sports, speed skating on an ice track, bungee jumping, weight lifting, and mountaineering from 3,000 to 5,000 above sea level; the sports referred to an only be insured at an increased basic rate of premium;
- 1.35 **non-insurable sports** refers to rock-climbing, aeronautic sports (hang gliding, aerobatics, etc.), off-piste skiing or snowboarding, motor sports, speleology, sports pursued in extreme conditions and terrains, mountaineering above 5,000 metres above sea level, and other sports activities with a comparable risk;
- 1.36 **state of emergency** refers to a situation in which there is an immediate threat of detriment to life or limb or significant damage or significant increase in the level of damage already suffered and which requires immediate resolution;
- 1.37 **cancellation invoice** refers to a document on the cancellation of a service drawn up by a travel service provided and containing the name of the persons cancelling the service, the date the service was cancelled, and the level of the cancellation fee;
- 1.38 **cancellation fee** refers to a fee billed by the travel service provider for cancellation of the service; the level of the fee is stipulated in accordance with the travel service provider's commercial terms and conditions;
- 1.39 **damage event** refers to a fact from which damage was suffered and could be reason for the right to an insurance settlement;
- 1.40 **terrorism** refers to planned, premeditated and politically or ideologically motivated violence against non-participating persons aimed at attaining a certain objective. The following are deemed examples of terrorism:
- 1.40.1 an attack on human lives which could cause damage to health or death;
- 1.40.2 the kidnapping of persons or the holding of hostages;
- 1.40.3 the destruction of government or public amenities, transport systems, infrastructural facilities, including information systems, public places or private ownership, threatening human lives and causing economic losses;
- 1.40.4 the hijacking of an aircraft, boat or other public means of transporting persons or freight;
- 1.40.5 preparation for the use of and the subsequent use of weapons, explosives or nuclear, biological or chemical weapons with the aim of putting human life and limb at threat;
- 1.40.6 the preparation and release of dangerous substances or starting a fire or flood with the aim of putting human life and limb at threat;
- 1.40.7 disturbing or interrupting supplies of water, electricity, or other basic natural resources with the aim of putting human life and limb at threat;
- 1.41 **tourist trip** refers to recreational and sightseeing trips, study trips, work attachments and the performance of large sports on a recreational level, except risky and uninsurable sports; the insurer decides on the riskiness of sports activities for insurance purposes;
- 1.42 **injury** refers to the unexpected and sudden operation of external forces or a person's own bodily strength independently of the will of the insured party, which takes place during the term of the insurance and which causes damage to the health of the insured party or their death;
- 1.43 **initial age of the insured party** refers to the difference between the insured party's calendar age of the beginning of the insurance and the calendar year of their date of birth;
- 1.44 **baggage** refers to items of personal need and sports equipment and kit of the insured party, which is customary for the purpose, character and duration of the insured trip;
- 1.45 **considerable damage to property** refers to damage of at least CZK 500,000;
- 1.46 **journey interruption** refers to demonstrable conduct on the part of the insured party or other

- beneficiary during the term of the insurance involving the travel service provider no later than the commencement of the journey with the aim of cancelling the journey.
- 1.47 **animal** refers to any species other than human.

Article 2

Scope and territorial validity of the insurance scheme

- 2.1 Travel insurance can be taken out for trips abroad or in the CR; the specific insurance coverage applies to the territory agreed on in the insurance policy (paragraph 2.6.).
- 2.2 The persons explicitly named in the insurance policy are covered, unless agreed otherwise in the policy.
- 2.3 Citizens of the CR or foreign nationals can be insured. A foreign national may only be a policyholder if they have their residence in the CR, unless specified otherwise in the insurance policy.
- 2.4 The insurance of medical expenses abroad does not relate to damage events which take place during the insured party's stay in the CR and the territory of countries whose health insurance system they are participants of.
- 2.5 The insurance abroad does not relate to damage events which take place in the CR.
- 2.6 Insurance taken out for:
- 2.6.1 zone 3 relates to insurance events which take place in the CR;
- 2.6.2 zone 4 relates to insurance events which take place in Slovakia;
- 2.6.3 zone 5 relates to insurance events which take place in the United Kingdom of Great Britain and Northern Ireland and in the Republic of Ireland, and during stays in transit countries (Germany, France, Holland, Belgium and Luxembourg), which may not exceed 48 hours;
- 2.6.4 zone 6 relates to insurance events which take place in Europe (with the exception of the CR) and the following countries: Algeria, Egypt, Israel, Morocco, Tunisia; Portugal, including the Azores and Madeira, Spain, including the Balearic and Canary Islands, Russia in its European part, and Turkey in its European and Asian parts;

- 2.6.5 zone 7 relates to insurance events which take place anywhere in the world apart from the United States of America and the Czech Republic;
- 2.6.6 zone 8 relates to insurance events which take place anywhere in the world apart from the Czech Republic.

Article 3

Taking out and changing insurance coverage, the duration and termination of coverage, confirmation on insurance concluded

- 3.1 The insurance policy must be in written form or it is invalid; the same applies to amendments to the policy.
- 3.2 The insurance policy is concluded upon payment of the premium, which is a condition for the creation of the insurance coverage, unless agreed otherwise in the policy or in the PPCP.
- 3.3 Insurance can be taken out for a minimum of 3 days (minimum premium) and a maximum of one year, unless agreed otherwise in the policy.
- 3.4 The insurer will issue the policyholder with an insurance certificate as confirmation a policy has been concluded if the policy was concluded in the form of a remote transaction.
- 3.5 Insurance abroad includes the following:
- 3.5.1 in the case of daily rates the date specified in the policy as the commencement of insurance, but not earlier than the moment the state border of the CR is crossed into a foreign country;
- 3.5.2 in the case of long-term rates the date specified in the policy as the commencement of insurance, but not earlier than the moment of the first or repeated (in the case of repeated trips during the term of the insurance) crossing of the state border of the CR into a foreign country. If the insurance is taken out at a time when the insured party is abroad, then the condition pertaining to crossing the state border of the CR does not apply;
- 3.6 Insurance abroad lasts until the moment of crossing the state border into the CR, but no later than the date specified in the policy as the end of the insurance coverage. If for reason of restricted transport caused by a sudden strike or civil unrest or sudden climatic or geological changes as a consequence of an earthquake, increase volcanic activities, flooding, unfavourable

meteorological situations and other natural catastrophes, the insured party cannot return to the CR on the originally planned date, the validity of the coverage is prolonged free of charge upon the insured party's request for the period of time necessary for the return to the CR to the same extent as agreed on.

- 3.7 Insurance for the Czech Republic lasts from the moment the trip begins, but from the date specified in the insurance policy as the commencement of insurance at the latest, until the insured party returns, but until the date specified in the policy as the end of insurance coverage at the latest.
- 3.8 If the insurance commencement date given in the insurance policy is identical with the date on which the policy was concluded, the insurance cover is established at the moment the premium is paid to the insurer at the level specified in the policy. In this case the hour and minute that the policy was concluded is specified in the policy. If the hour and minute are not specified in the policy, the insurance cover commences on the day following that on which the policy was concluded.
- 3.9 Insurance of cancellation fees begins with payment of the premium (paragraph 4.1) under the conditions agreed on one day at the latest after payment of a deposit, additional payment, or the total price of the travel service, and terminates on the date given in the insurance policy as the commencement of insurance or the date on which the insurance risk dissolves.
- 3.10 In the event of the travel insurance policy dissolving all the types of insurance coverage agreed on under this policy dissolve. The insurance of cancellation fees cannot be withdrawn from or terminated in any other way independently (with the exception of paragraph 10.3.4 VPP).
- 3.11 The provisions of the Act covering the interruption of insurance if the premium is not paid within 2 months of its maturity do not apply in the case of this insurance scheme.
- 3.12 Insurance with a daily rate can be prolonged on the last day of the duration of the insurance coverage agreed on at the latest. Insurance with a six-monthly and annual rate cannot be prolonged.
- 3.13 Changes to the insurance scheme are effective on the date on which a proposal for a change of insurance scheme was accepted by the insurer or the policyholder, unless agreed otherwise.

Article 4 **Premium and the level thereof**

- 4.1 Travel insurance is an insurance scheme with an agreed single premium. The single premium is payable on the date the insurance policy is concluded and is usually paid in cash. The premium is deemed to have been paid on the date on which the insurer or the insurance broker authorised to take receipt of the premium confirms receipt of the premium in cash, unless agreed otherwise in the PPCP.
The premium is deemed to have been paid upon being credited to the account of the insurer or insurance broker authorised to take receipt of the premium in the case of direct debit, or on the date on which the insurer or insurance broker authorised to take receipt of the premium confirms receipt of the premium in cash.
In the case of direct debit if the insurance commencement date is identical with the maturity date of the premium, payment of the premium refers to the submission of a payment order from the policyholder's account to the account of the insurer or insurance broker authorised to take receipt of the premium.
- 4.2 The level of the premium depends on the age of the insured party when the insurance is taken out, the rate of the premium, the trip zone, duration of the trip, and the character of the insurance risk. The level of the premium is given in the insurance policy and specified in accordance with the insurer's tariff of charges.
- 4.3 If insurance is taken out for children who will be 15 years of age at the commencement of coverage, the daily rate of the premium will be reduced by 50% (children's premium rate) until the end of the calendar year in which they reach this age or until the end of the term of insurance specified in the policy; this does not apply to the insurance of cancellation fees and annual and six-monthly rates of insurance, unless specified otherwise in the policy.
- 4.4 An additional payment of 100% is added to insured parties older than 70 years to the daily, six-monthly and annual rate; this does not apply to the insurance of cancellation fees and supplementary baggage insurance. However, if the coverage commences in a calendar year in which the insured party reaches 70 years of age, the rate without additional charge applies to

them until the end of the calendar year in question or until the end of the term of insurance specified in the policy.

- 4.5 Adults and children up to 15 years of age have the same annual and six-monthly rate of premium.
- 4.6 If the insurance scheme dissolves prior to commencing, the insurer will return the premium, usually reduced by an administrative fee.
- 4.7 A minimum premium does not apply in the case of annual and six-monthly rates of insurance and in the case of daily rates in the event of 3 or more persons being insured under the terms of a single insurance policy.
- 4.8 The insurer has a right to the premium for the duration of the insurance cover, unless specified otherwise in the policy.
- 4.9 The premium is payable in CZK.
- 4.10 The insurance of cancellation fees can be taken out with a premium which is a percentage of the price of the service provided (e.g. excursion, trip, flight ticket, other travel ticket, the rental of a car or yacht). In the case of the travel service being paid for in a foreign currency the insurer uses the exchange rate officially announced by the Czech National Bank on the date the insurance policy was concluded for the purpose of calculating the premium.

Article 5 Rates of premium

- 5.1 The following rates apply to travel insurance, unless agreed otherwise in the insurance policy:
 - 5.1.1 daily – insurance applies only to trips lasting 120 days at most for zones 3, 4 and 6; 90 days for zones 7 and 8;
 - 5.1.2 six-monthly – insurance for 6 months, 185 days at most applies a continuous stay and to repeated short-term trips;
 - 5.1.3 annual – insurance for a maximum of 365, or, as the case may be, 366 days relates according to the insurance scheme in question to:
 - 5.1.3.1 continuous stays and repeated short-term trips;
 - 5.1.3.2 repeated short-term trips, where the duration of one trip may not exceed 45 days, the number of

departures is not restricted;

- 5.1.3.3 family insurance for 2 adults and one to three children aged up to 15 years, where the duration of one trip may not exceed 30 days, the number of departures is not restricted.
- 5.2 Supplementary baggage insurance can be taken out on top of the rates and schemes set forth in this Article with an insurance settlement limit of CZK 50,000, and the supplementary insurance of risky sports, unless agreed otherwise in the policy. Supplementary baggage insurance cannot be taken out for the Czech Republic.

Article 6 Insurance in the event of terrorism

- 6.1 The insurance of terrorism-related risks relates only to medical expenses abroad under Section II. ZPP.
- 6.2 Insurance in the event of terrorism does not relate to persons who in any way participated or participate in the preparation, organisation or implementation of a terrorist attack or persons who travelled into a region affected or threatened by terrorist attack, or remain in such a region despite being warned by state bodies of the Czech Republic, state bodies of other countries, or important international institutions.
- 6.3 A certain restriction on or preclusion of the possibility of offering assistance services may take place as a consequence of a terrorist attack in a certain region. In such a case the insured party will be paid the expenses they purposefully incurred upon their return to the Czech Republic upon submitting original receipts.

Article 7 Rights and duties of parties to the insurance

- 7.1 The policyholder and the insured party are obliged to answer truthfully and fully all the written questions of the insurer relating to the insurance taken out. This also applies if there is a change of insurance scheme. The insurer has the same duty in respect of the policyholder and the insured

- party; the insurance broker can also meet this duty on behalf of the insurer.
- 7.2 In the event of the insurance of a foreign risk the policyholder is obliged to familiarise the insured party/parties with the contents of the insurance policy relating to the insurance coverage of their insurance risk and to submit them the relevant documents drawn up by the insurer.
- 7.3 The policyholder and the insured party are obliged to inform the insurer or its assistance service that they have concluded a different travel insurance or are insured by a different travel insurance scheme for a similar insurance threat and insurance risk and a similar period of time with a different insurer; part of the announcement is a specification of the corporate name of the other insurer and the level of the sum insured.
- 7.4 Upon the request of the insurer or insurance broker the policyholder is obliged to corroborate that it has paid the premium (e.g. by submitting a copy of a bank statement).
- 7.5 If after reporting an insurance event or after payment of a settlement, the policyholder, insured party or beneficiary finds the lost or stolen property to which the insurance event relates, they are obliged to report this fact immediately to the insurer; ownership of the found property is not transferred to the insurer. If a beneficiary has already received a settlement for this property, it is obliged to return it after deducting reasonable expenses which it incurred on repairing damage caused during the period of time during which it could not handle the property.
- 7.6 The insured party is obliged:**
- 7.6.1 during the terms of the insurance to make every effort to ensure that an insurance event does not take place and to take all possible measures to avert the threat of an insurance event or to ameliorate the consequences thereof;
- 7.6.2 during its activities to comply with the relevant safety measures of the relevant country, including the use of functional protective equipment (protective work aids, helmets when riding a bicycle, skiing and snowboarding, a helmet and lifejacket during water sports, etc.);
- 7.6.3 without unnecessary delay to inform the insurer that an insurance event has taken place, to submit a truthful explanation of the cause and scope of the consequences of this event, to submit the requisite originals of documents relating to the damage event, and to proceed by the means agreed in the insurance policy or stipulated by the PPCP; if the insurance event involves the death of the insured party, the beneficiary has this duty;
- 7.6.4 to provide all the necessary cooperation to the insurer during the investigation of the event and to undertake the tasks requested by the insurer without unnecessary delay;
- 7.6.5 upon the request of the insurer to absolve a third party (especially a doctor) from a duty to maintain confidentiality regarding facts related to the insurance event;
- 7.6.6 upon the request of the insurer to have an official translation made at its own cost of the documents essential for investigating the event;
- 7.6.7 upon the request of the insurer to request a statement from the "Statement of the insured person's account" from the health insurance company and to submit it to the insurer;
- 7.6.8 to ensure that the right to compensation for damage caused by an insurance event or other similar right which is established to its benefit in respect of a third party is transferred to the insurer;
- 7.6.9 to submit to a medical inspection with a doctor specified by the insurer in order to verify facts which are important in order to ascertain the insurer's duty to pay a settlement; the duty specified also relates to a fellow traveller;
- 7.6.10 if it was provided an insurance settlement to which it does not have a right under the insurance policy or PPCP, to return the amount paid in full, even after the insurance has lapsed.
- 7.6.11 in the case of insurance of repeated trips, upon the insurer's request to corroborate the date on which the border was crossed from the CR (e.g. by flight ticket, travel document, a stamp in a passport, etc.)
- 7.7 The insurer is obliged:**
- 7.7.1 after the announcement of an event regarding which there is a requirement for a settlement, to commence the investigation necessary to ascertain the extent of its duty to make such a settlement;
- 7.7.2 in the case of an insurance event to provide an insurance settlement to the extent agreed on under the insurance policy;
- 7.7.3 to complete the investigation within 3 months of the damage claim being reported: this deadline can be prolonged by agreement. If the insurer cannot complete the investigation within the deadline specified in the first sentence, it is obliged to inform the party which has the right to an insurance settlement of the reasons why the investigation cannot be completed and to provide it

- a reasonable advance payment upon the request of said party. The deadline specified in the first sentence will not apply if the investigation is made impossible or hampered through the fault of the beneficiary, policyholder or insured party;
- 7.7.4 to pay the insurance settlement within 15 days of the end of the investigation; the investigation is deemed to have been completed as soon as the insurer reports the results thereof to the beneficiary; the insurance settlement is restricted to the upper limit unless agreed otherwise in the insurance policy; the upper limit is specified by the sum insured or by the limit of the settlement; the insurance settlement limits and level of deductibles are given in the PPCP, unless specified otherwise in the insurance policy;
- 7.7.5 In the event of more than one insurance policy being concluded for damage for the same period and risk, only one of these policies will pay a settlement;
- 7.7.6 to pay the insurance settlement to the party specified with their residence or registered office in the CR; in order to calculate a foreign currency the insurer will use the exchange rate officially announced by the Czech National Bank on the date the insurance event took place.

Article 8

Reduction of the insurance settlement as a consequence of a breach of duty

- 8.1 If a breach of duty specified in the Act, the PPCP, or in the insurance policy had a fundamental impact on the fact that the insurance event took place, the course of the event, intensified the extent of its consequences, or impacted on ascertaining or specifying the level of the insurance settlement, or made impossible the submission of documents on the fact that damage took place by virtue of an insurance event in accordance with these PPCP, the insurer may reduce the settlement commensurately to the impact this breach had on the extent of its duty to make a settlement.
- 8.2 If the insured party or beneficiary does not meet its duty and does not submit the insurer the documents necessary to assess the insurance event and the extent thereof, the insurer is not obliged to provide a settlement to the extent which relates to a settlement which cannot be objectively evaluated because of failure to submit documents.

- 8.3 The insurer is also entitled to reduce the insurance settlement in the cases specified in the ZPP and DPP relating to the relevant insurance coverage.

Article 9

General exclusions from the insurance settlement and restriction of the settlement

- 9.1 The insurer is not obliged to provide an insurance settlement in the cases specified in the ZPP and in the cases specified in the following paragraphs.
- 9.2 **The insurer will not provide an insurance settlement in cases where:**
- 9.2.1 the beneficiary caused the damage event deliberately or another party caused it upon the beneficiary's instigation;
- 9.2.2 the damage event could have been anticipated or it was known that it would take place prior to the commencement of the coverage;
- 9.2.3 the damage event caused detriment to health or possessions in connection with the use or consumption of alcohol or the application of addictive substances or products containing addictive substances: this does not apply to accident insurance;
- 9.2.4 the damage event took place in connection with an attempt at suicide, actual suicide, or deliberate self harm on the part of the insured party;
- 9.2.5 the damage event took place during the unauthorised performance of such activities which require special qualifications or certification under the law of the country where the damage event took place;
- 9.2.6 the damage event took place in connection with the deliberate perpetration of a criminal act on the part of the insured party;
- 9.2.7 the damage event took place in connection with the operation of any professional sport;
- 9.2.8 the damage event took place during the driving of a motorised vehicle, boat, aeroplane or balloon for which the insured party did not have the relevant licence or which was undertaken in defiance of official regulations or without the awareness or against the will of the holder or operator of said means of transport;

- 9.2.9 the damage event took place during expeditions to remote places or to an environment featuring extreme social, political or climatic conditions, e.g. polar expeditions, expeditions to deserts, swamps, cave research, trips to extensive uninhabited regions; trips to regions which the state or local authorities or other public body has indicated as a war zone or a zone which is dangerous in another way to life and limb and recommended that trips not be made there;
 - 9.2.10 the damage event took place during the operation of pyrotechnical, potholing, animal taming, the activities of a stuntman, artistic, rescue services, accident services and in deep mines, unless agreed otherwise in the policy;
 - 9.2.11 the damage event took place because of war, invasion, the activities of a foreign enemy, military activities (regardless of whether war was declared or not), civil war, terrorism, uprising, rebellion, revolt, assembly, strike, lockout, civil unrest, military or assumed power, repressive interventions by state bodies and state security services, a group of persons with malicious intent, people acting for a political organisation or linked with it, conspiracy, foreclosure, expropriation for military purposes, destruction or damage on the instructions of the government acting de iure or de facto or of another public body, or whose cause was nuclear radiation from any source or radioactive contamination or the use of biological and chemical weapons; the insurer will provide full coverage if the insured party is exposed to the risk of nuclear radiation within the framework of a medical procedure under medical supervision, unless specified otherwise in the policy. If in the case of the insurance of medical expenses abroad a damage event took place in connection with terrorism, the exclusion will not be applied;
 - 9.2.12 the damage event took place through nuclear radiation, the unauthorised release of radioactive substances or ionising radiation into the environment;
 - 9.2.13 the insured persons in any way participated/participate in the preparation, organisation or implementation of a terrorist attack.
- 9.3 The insurer is not obliged to provide a settlement if the insured party or fellow traveller:**
- 9.3.1 does not exempt the attending physician from confidentiality in respect of the insurer;
 - 9.3.2 does not submit documents or other data to the insurer after an insurance event when a duty to submit is stipulated in these PPCP;

- 9.3.3 refuses to subject themselves to a medical examination;
- 9.3.4 fails to provide an official translation of the submitted documents into Czech at its own cost, if said documents are not drawn up in English;
- 9.3.5 does not provide the insurer truthful information on the cause of the insurance event.

Article 10 Dissolution of insurance

- 10.1 Expiry of term** – Insurance abroad will dissolve with the expiry of the day agreed as the termination of coverage, with the exception of the insurance of cancellation fees. Insurance for the Czech Republic will terminate with the return of the insured party from the insured trip, but with the expiry of the day agreed on in the policy as the end of insurance at the latest.
- 10.2 Failure to pay the premium** – If the premium is not paid on the date it falls due, the insurer may send the policyholder a warning in which it stipulates a deadline for payment of the premium or part thereof. The insurance will dissolve on the date following the expiry of this deadline without action being taken. The insurer's warning must contain a warning of the dissolution of the insurance in the event of failure to pay the premium owed and must be delivered to the policyholder; the deadline under the first sentence can be prolonged prior to its expiry by written agreement.
- 10.3 Agreement** – The insurer and the policyholder may agree on the dissolution of the insurance scheme. This agreement must specify the moment when the insurance coverage dissolves and agree on the method of settling mutual obligations. The agreement must be concluded in writing or it will be invalid; written form is deemed to have been retained if the draft agreement and its acceptance are on different documents.
However, the agreement must be based only on the following principles:
- 10.3.1 if in the case of daily, six-monthly and annual rates the insurance coverage is set to dissolve on the basis of a proposal from the policyholder submitted prior to the commencement of the insurance and the insurer accedes to this proposal, the insurer will refund to the policyholder the paid premium, usually reduced by an administrative fee (paragraph 1.25), unless agreed on otherwise

- in the insurance policy; if the insurance coverage dissolves only in the case of certain persons specified in the policy, the insurer will refund the entire premium for these persons;
- 10.3.2 if the insurance coverage is set to dissolve on the basis of a proposal by the policyholder submitted after the commencement of the insurance and the insurer accedes to this proposal, the insurance coverage may dissolve on the date the draft agreement is delivered to the insurer at the earliest. If the insurance dissolves on the basis of a request by the insured party or policyholder in the case of daily rates of travel insurance with a minimum premium in the first 3 days of the coverage, the insurer will retain the minimum premium for each person specified in the policy who is to be excluded from the coverage. If the dissolution takes place on the 4th and any other day or the policy does not have a minimum premium, the insurer will refund the total unconsumed premium for persons who are to be excluded from the coverage. In the case of six-monthly and annual rates of travel insurance it is possible to submit a proposal within 2 months at the latest of the commencement of the insurance specified in the insurance policy; if in the case of six-monthly rate of travel insurance such a proposal is submitted within 1 month of the commencement of insurance, the insurer will refund the unconsumed premium for 5 months, and if the proposal is submitted within 2 months, the insurer will refund the unconsumed premium for 4 months; if in the case of an annual rate of travel insurance such a proposal is submitted within 1 month of the commencement of insurance, the insurer will refund the unconsumed premium for 11 months, and if the proposal is submitted within 2 months, it will refund the unconsumed premium for 10 months;
- 10.3.3 if a proposal for the dissolution of insurance coverage was submitted by the policyholder prior to or after the initiation of an investigation into an insurance event (paragraph 7.7.1), or after payment of an insurance settlement, and the insurer accedes to this proposal, the policyholder will not have the right to a refund of the premium;
- 10.3.4 the proposal to enter into an agreement on the dissolution of insurance of cancellation fees can be submitted by the policyholder 1 day at the latest prior to its being obliged to pay the travel agency a cancellation fee under the conditions of the travel contract concluded;
- 10.4 the insurance coverage may dissolve for reasons other than those specified in the Act on an insurance policy.

Article 11 Complaints procedure

- 11.1 Complaints are delivered to the insurer's address specified in the insurance policy and dealt with in written form, unless the parties agree otherwise. The complainant also has the right to contact the Czech National Bank with their complaint.

Article 12 The purpose of processing personal data in accordance with Act 101/2000 Coll. on personal data protection, as amended (hereinafter "Act 101")

- 12.1 The name or names, surname, address of residence, birth certificate no. or date of birth, or the corporate name of the policyholder or insured party (hereinafter the "subject of the data") are deemed personal data under the Personal Data Protection Act. However, from Section 4 paragraph 2 of this Act it ensues that the consent of the subject of the data is not necessary for the processing of this personal data by an insurer which is also the administrator and processor of the personal data.
- 12.2 Given the character of travel insurance the insurer may delegate the settlement of an insurance event in full or in part to another personal data administrator (which in this case it is the processor), which is an expert in the sphere in which the insurance event took place, in which case this administrator of personal data acquires the personal data of the subjects of the data. If the subject of the data does not agree with this procedure, it must put its disagreement in writing and deliver it to the insurer.
- 12.3 Section 50 of the Act enshrines a right for the insurer to information on the state of health of the insured party or the cause of death of the insured party in cases in which this is necessary from the point of view of insurance coverage which is part of travel insurance under these PPCP. Information on the state of health of the insured party is deemed sensitive personal data under the Personal Data Protection Act, the processing of which requires the administrator of the data to receive the consent of the insured party (or its statutory representative), since in the case of travel

insurance the purpose of the processing of personal data on the state of health of an insured party is the necessity of confirming the fact that an insurance event took place and the existence of the circumstances under which it took place; the consent of the subject of the data is issued with their signing of the insurance policy, though at the latest with the written application of an insurance claim which is part of the travel insurance under these PPCP. If such consent was not issued or if consent issued earlier is revoked and it was therefore not possible to investigate the insurance event, the deadline specified in paragraph 7.7.3. will not apply.

Article 13 Deliveries

- 13.1 For the purpose of this insurance scheme a consignment will refer to any written material or financial sum which the insurer sends to the policyholder and beneficiaries and the policyholder or beneficiaries send to the insurer. The insurer will send a consignment to the policyholder's last known address and to the address of the beneficiary which it gave the insurer in writing. The policyholder is obliged to inform the insurer of every change of address for the delivery of consignments. Financial sums may be sent by the insurer to the account specified by the policyholder or beneficiaries. The policyholder and beneficiaries send written materials to the registered office of the insurer and financial sums to the accounts which they instructed to by the insurer. The despatch of consignments is carried out by a postal licence holder, but can also be delivered in person. Financial sums can be sent by means of financial institutions.
- 13.2 Written materials intended for the insurer are deemed to have been delivered on the date that the insurer confirms acceptance thereof. The same applies if the written materials were submitted by means of an insurance broker. A financial sum intended for the insurer is deemed to have been delivered on the date it is credited to the insurer's account or the date on which acceptance thereof in cash is confirmed by the insurer.
- 13.3 Written materials from the insurer intended for the policyholder or beneficiary (hereinafter the "addressee") are deemed to have been delivered on the date of their acceptance by the addressee or the date on which the addressee refused acceptance thereof. If the address was not found, the

written materials are stored with the postal licence holder, which requests the addressee to collect them. Written materials are deemed to have been delivered on the date they are stored, even if the addressee did not learn of their storage, or on the date on which they were returned to the insurer as undeliverable because of a change of address which the addressee did not report to the insurer; this will not apply if the addressee demonstrates that it could not have collected the consignment or report a change of address to the insurer because of hospitalisation, a stay at spa facilities, a foreign trip, or for other serious reasons. A financial sum intended for the addressee in the case of a cash-free payment is deemed to have been delivered on the date it is credited to the addressee's bank account, and in the case of payment by means of the postal licence holder at the moment it is handed over by the postal licence holder.

- 13.4 Deliveries under paragraphs 13.2 and 13.3 relate to consignments sent against a delivery docket or for the exclusive personal attention of the addressee. Written materials sent by means of a postal licence holder by regular consignment or registered post are deemed to have been delivered only if the sender can confirm their despatch or the party to which they were intended confirms this delivery.
- 13.5 The despatch of written materials undertaken by telegraph (tele-printer), fax or electronic resources with the effects of delivery under paragraph 13.2 and the first sentence of paragraph 13.3 is possible either on the basis of the agreement of the parties to the insurance scheme on the method of sending written materials and confirmation of the acceptance thereof, or if the addressee confirms the delivery by unimpeachable means (e.g. by electronic signature).
- 13.6 If the policyholder reports a temporary change of address or an address to which it is to be sent consignments for a period of time during which it will not be at its permanent address (e.g. it will be abroad), the insurer will send consignments to these addresses; the insurer will proceed similarly if the announcement of such a change involves a beneficiary. Upon the written request of the policyholder or beneficiary the insurer is obliged to send consignments to the address abroad specified in the request.

Article 14
Final provisions

- 14.1 Insurance claims cannot be transferred or pledged without the explicit consent of the insurer.
- 14.2 The travel insurance taken out on the basis of an insurance policy, part of which are these PPCP, will comply with the legislation of the Czech Republic, and the courts of the Czech Republic have jurisdiction in the event of a dispute arising on the basis of this insurance. The same applies to insured risks abroad, unless the legislation of the country in which the insured risk is located specifies the utilisation of its own regulations.
- 14.3 These PPCP are effective for insurance policies concluded as of 1 May 2012.

**SECTION II . – SPECIAL TERMS AND CONDITIONS FOR
THE INSURANCE OF MEDICAL EXPENSES ABROAD**

Article 1
Basic provisions

- 1.1 The insurance covers the following:
- 1.1.1 appropriate expenses incurred on essential medical, surgical or other health care provided to the insured party outside the Czech Republic and outside the territory of the country whose healthcare insurance system it is a party to;
- 1.1.2 basic assistance services provided to the insured party abroad by the insurer's assistance service in the event of an emergency or in connection with an insurance event.
- 1.2 The insurer will provide an insurance settlement up to the following limits in the event of an insurance claim, unless specified otherwise in the insurance policy:

medical expenses abroad	insurance settlement limits
out-patient medical treatment	no limit
drugs and other healthcare materials	no limit
hospitalisation, including transport to hospital	no limit
treatment, diagnosis and operations	no limit
the transportation of the ill person to the CR, repatriation of their remains to the CR	no limit
transport expenses of the next of kin in the event of repatriation of the insured party	no limit
acute dental treatment	CZK 10,000 for the term of the policy
accommodation expenses of the next of kin in the event of the hospitalisation of the insured party	max. 5 days/CZK 2,000 day
insurance of risks related to terrorism (medical expenses abroad)	CZK 1,500,000
repatriation related to terrorism	CZK 1,500,000

- 1.3 As part of the insurance of medical expenses abroad terrorism-related risks are covered, as opposed to other types of travel insurance.
- 1.4 If the insured party is not able to return to the CR as a consequence of an insurance event during the term of the insurance, and the insurer's assistance service organises for repatriation of the insured party when its state of health so permits, the validity of the insurance of medical expenses abroad is prolonged until the moment the Czech border is crossed.

Article 2
Insurance event

- 2.1 **Within the framework of the insurance of medical expenses abroad the following are deemed to be insurance events:**
- 2.1.1 a change to state of health as a consequence of injury or acute illness linked with emergency medical examination;

- 2.1.2 the death of the insured party which takes place abroad during the term of the insurance;
- 2.1.3 a state of emergency suffered by the insured party abroad during the term of the insurance and as a consequence of which a search is necessary by mountain rescue services and other emergency services, as long as all the binding norms were complied with by the insured party.
- 2.2 **The insurer will pay the following expenses in connection with an insurance event:**
 - 2.2.1 acute dental treatment for the immediate resolution of pain;
 - 2.2.2 the essential medical transportation of the insured party from the site of the insurance event to the nearest first aid facility and back to their place of residence abroad or a place specified by the attending physician;
 - 2.2.3 the examination, treatment and medical services necessary to stabilise the insured party's state of health to such an extent that it is able to continue the planned trip or to be repatriated;
 - 2.2.4 an emergency operation if agreed to in advance by the insurer's assistance service;
 - 2.2.5 drugs and other medical resources necessary for treatment and demonstrably prescribed by the attending physician;
 - 2.2.6 the repatriation of a sick or injured insured party to the CR if their state of health so permits and if it is not possible to use the originally planned means of transport on the original date on the basis of a decision reached by a doctor for health reasons;
 - 2.2.7 the repatriation of remains to the CR in the event of the death of the insured party abroad or expenses for the storage of the physical remains of the insured party or their cremation at the place the insurance event took place;
 - 2.2.8 the activities of the emergency and mountain rescue services.

Article 3 Scope of assistance services

- 3.1 The insurance of medical expenses abroad includes assistance services which are provided by the insurer's assistance service. This involves the submission of information and the organisation of healthcare, payment of expenses on behalf of the insured party, and the organisation of transport.
- 3.2 **The insurer's assistance service submits information and arranges healthcare using the**

following methods:

- 3.2.1 it informs the foreign healthcare centre of the insured party's insurance cover;
- 3.2.2 it holds consultations on the insured party's state of health;
- 3.2.3 it recommends and mediates the appropriate healthcare;
- 3.2.4 it provides ongoing information on the insured party's state of health and monitors the method and course of treatment, and maintains contact with the doctors providing medical care to the insured party;
- 3.2.5 it maintains ongoing contact with the insured party and submits statements to specific friends or family or organises communication between the insured party and the healthcare centre.
- 3.3 **The insurer's assistance service mediates and organises payment of the following expenses:**
 - 3.3.1 for hospitalisation in accordance with and to the extent of the PPCP;
 - 3.3.2 for accommodation of the insured party after its release from hospital if it has missed the means of transport originally planned for its return from the trip because of hospitalisation, but only until the insured party has the possibility of travelling by other means of transport to the CR or is repatriated;
 - 3.3.3 for the accommodation of the next of kin of the insured party in the place where the party is hospitalised up to a limit agreed on in the event of hospitalisation lasting longer than 7 days and the serious state of health of the insured party not allowing for its repatriation to the CR;
 - 3.3.4 for out-patient treatment if requested by the insured party.
- 3.4 **The insurer's assistance service provides transport services as follows:**
 - 3.4.1 it organises for the repatriation of a sick or injured insured party to the CR if its state of health so permits and if it is not possible to use the originally planned means of transport on the original date on the basis of a decision reached by a doctor for health reasons; the repatriation date and type of transport will be selected by the insurer's assistance service, which will also arrange for a qualified escort if necessary (doctor, nurse);
 - 3.4.2 in the event of the death of the insured party abroad it organises for the repatriation of the physical remains of the insured party from the place where they are stored abroad to the Czech Republic or to the country of its last residence, or the storage of the physical remains of the insured party or their cremation in the place the insured party died;

- 3.4.3 on the basis of a recommendation by the attending physician it arranges for the transport of the insured party, including qualified escort, to a better equipped facility of a corresponding level if the originally selected health centre is unsuitable in light of the insured party's state of health; the decision on the date and means of transport will be a matter for the insurer's assistance service, which will take into account all circumstances, above all the state of health of the insured party and the seriousness of the situation;
- 3.4.4 it will organise for the transport of one next of kin of the insured party covered by this insurance to the CR, if the transport originally planned for returning to the CR cannot be used for reasons related to the insurance event;
- 3.4.5 in the event of long-term trips abroad, the insurer's assistance service will arrange for the transport of the insured party to the CR for the purpose of carrying out an operation in the CR and back to the place they were staying abroad, if the operation is a necessary part of the treatment of an injury or illness which took place abroad during the term of the insurance and which, though essential, is not urgent; in this case the reasonable travel expenses for transport of the insured party to the CR and back are paid on condition that the reasonable expenses referred to are lower than the cost of the operation abroad.
- 3.5 Assistance services are provided within the framework of the possibilities of legal regulations and are conditional upon the consent of the competent bodies. The insurer is not responsible for a delay or the impossibility of a task being carried out by the assistance services as a consequence of war, internal unrest, terrorism, the risk of nuclear energy, or any other objective impossibility to act.
- 3.6 If the consequence of a terrorist act is that the provision of assistance services in the area in question is restricted or made impossible, the purposefully incurred expenses will be refunded to the insured party after their return to the Czech Republic upon the submission of the original accounts.
- 3.7 If upon the request of the insured party the assistance service provides assistance in a case regarding which this insurance does not relate, the assistance service or the insurer has the right to compensation of the amounts which it spent in connection with this assistance from the insured party.

Article 4 Exclusions from insurance coverage

- 4.1 The insurer is not obliged to provide an insurance settlement in the cases specified in Article 9 of the VPP and also in cases in which:**
- 4.1.1 the insured trip was taken for the purpose of treatment;
- 4.1.2 the damage event took place during an insured trip which a doctor had not advised or had forbidden the insured party from taking;
- 4.1.3 the insured party refuses the treatment recommended by the insurer's assistance service and attending physician;
- 4.1.4 repatriation or medical transportation of the insured party is possible from a medical point of view but is refused by the insured party: from this moment the insurer's duty to provide a settlement dissolves.
- 4.2 The insurance of medical expenses abroad does not relate to the following:**
- 4.2.1 preventative inoculations, vitamins, subsistence and revitalising products, preventative medical examinations, the issuing of sick notes;
- 4.2.2 prostheses, modification of the jaw, dental crowns and health aids (e.g. glasses, contact lenses, orthopaedic pads, thermometers, etc.);
- 4.2.3 treatment, medical transport or repatriation in connection with a chronic illness suffered by the insured party or complications thereto;
- 4.2.4 treatment, medical transport or repatriation in connection with an injury which took place prior to the term of insurance;
- 4.2.5 treatment, medical transport or repatriation in connection with personality disorders or illness, including depression, unless they demonstrably occurred as a consequence of an injury which is an insurance event under these PPCP;
- 4.2.6 the treatment of sexually transmitted illnesses or AIDS;
- 4.2.7 expenses linked with artificial insemination and any treatment for sterility;
- 4.2.8 anti-conception, verifying pregnancy, pregnancy examinations, abortion;
- 4.2.9 any expenses in the case of a risky pregnancy;

- 4.2.10 expenses linked with normal pregnancy after the end of the 26th week of pregnancy and all of its complications and consequences (including birth);
- 4.2.11 a stay and treatment in spa facilities, sanatoria, convalescence homes, and similar centres;
- 4.2.12 treatment by methods not recognised by the scientific community and the removal of the consequences or complications of such treatment;
- 4.2.13 examinations and treatment undertaken by a family member;
- 4.2.14 expenses incurred after the insured party refuses medical care, refuses recommended hospitalisation, or discharges themselves from hospital without good reason;
- 4.2.15 expenses incurred after the insured party refuses to be transported to another health centre or to the CR recommended by the assistance service and approved by a doctor;
- 4.2.16 cases in which a damage event takes place during the operation of an uninsurable sport or risky sport which is insurable for an increased basic rate, without such a rate having been agreed on.

4.3 The insurer has the right not to provide an insurance settlement if:

- 4.3.1 the insured party or beneficiary does not contact the insurer's assistance service and does not comply with its instructions in cases in which PPCP and the insurance policy instruct it so to do.

4.4. As well as the reasons given in Article 8 of the VPP, the insurer has the right to reduce the insurance settlement if:

- 4.4.1. The consequences of the insurance event deteriorate as a result of the insured party not complying with the relevant safety measures, including the use of protective aids and equipment; in such cases the insurer is entitled to reduce the insurance settlement by up to 50% depending on the seriousness of the breach and its consequences.

4.5 Compensation of expenses

- 4.5.1 If the insured party does not meet the duty laid upon it in Article 5.1.1 of these ZPP to contact immediately the assistance service in the event of its hospitalisation, and as a consequence of this the insurer cannot receive a reduction on the healthcare services provided by the centre where the insured party is hospitalised, the insured party has a duty to compensate the expenses which the insurer incurred through such conduct. The level of the expenses is the difference between the genuinely paid expenses and the expenses which would have been paid had a reduction been offered. This difference can be offset against the insurance settlement.

- 4.5.2 The insurer is not obliged to pay default interest on unpaid invoices for medical expenses from abroad.

- 4.5.3 If the insurer provides an insurance settlement in the form of the payment of expenses to a foreign health centre or the provision of assistance services for reason of urgency, and during the subsequent investigation it comes to light that the insured party did not have a right to the insurance settlement or assistance service, the insured party or that party to whose benefit a service was provided by the insurance company is obliged to return the settlement and to pay all related expenses. This receivable can be offset against the insurance settlement.

- 4.5.4 If the insurer's assistance service organises the services specified in Article 3 of these ZPP and the insured party or other party specified in this Article does not use them, this party is obliged to compensate the insurer the costs linked with the provision of said service. This receivable can be offset against the insurance settlement.

**Article 5
Rights and duties**

5.1 The insured party, beneficiary or fellow traveller is obliged:

- 5.1.1 to contact the insurer's assistance service immediately and abide by its instructions in the following cases:
 - 5.1.1.1 hospitalisation, where it is obliged to inform the assistance service immediately after acceptance to a hospital (if its state of health so permits);
 - 5.1.1.2 a more complex diagnostic examination using specialised appliances (with the exception of regular X-ray and sonographic examinations and blood tests) to ascertain the state of health in the case of out-patient treatment prior to its being undertaken;
 - 5.1.1.3 planned physiotherapy or chiropractic treatment, rehabilitation procedures and treatment demonstrably prescribed by the attending physician;
 - 5.1.1.4 the death of the insured party;

- 5.1.1.5 an urgent medical operation in which it is obliged to inform the assistance service prior to its being undertaken;
- 5.1.2 to inform the insurer that an insurance event has taken place immediately, but within 14 days at the latest of the insurance event, even if no expenses were involved in connection with treatment;
- 5.1.3 in the case of an insurance event connected with a traffic accident or criminal act, to contact the police immediately and to procure and submit to the insurer a police protocol;
- 5.1.4 to submit the originals of accounts or documents related to the insurance event immediately to the insurer, along with other documents requested.

Article 6
Application of a claim to an insurance settlement

- 6.1 The insured party applies a claim for the compensation of expenses incurred linked with out-patient treatment with the insurer immediately by submitting the completed form Damage Event Report (Insurance of Medical Expenses Abroad) in written or electronic form (www.allianz.cz), and attaches the following to the form:
 - 6.1.1 a medical report from the attending physician giving the diagnosis;
 - 6.1.2 medical prescription for drugs purchased;
 - 6.1.3 the original of the account for treatment or drugs;
 - 6.1.4 a police report in the event of a traffic accident or criminal act.
- 6.2 The insured party is obliged to submit other documents corroborating its claim for an insurance settlement to the insurer upon the latter's request.

SECTION III. – SPECIAL TERMS AND CONDITIONS FOR ACCIDENT INSURANCE

Article 1
Basic provisions

- 1.1 The subject of the insurance is daily compensation for the period of essential treatment of an injury, the permanent consequences of an injury to the insured party, or the death of the insured

party as consequence of the injury.

- 1.2 The insurer will provide a settlement from accident insurance at the level specified in these ZPP if the injury to the insured party takes place during the term of insurance in territory covered by the insurance scheme.
- 1.3 Accident insurance is agreed on for the following risks and sums insured, unless specified in the insurance policy otherwise:

accident insurance	sum insured
death as a consequence of an accident	CZK 200,000
permanent consequences of an accident, relative settlement from the sum insured	CZK 400,000
for the period of essential treatment	CZK 100 per day

Article 2
Insurance event

- 2.1 An insurance event under the terms of accident insurance is an accident suffered by the insured party by the unexpected and sudden operation of external forces or its own physical strength, independently of its will, which takes place during the term of the insurance and which causes detriment to the health of the insured party or its death. The insurer will make a settlement for damage to health caused by the following:
 - 2.1.1 sickness caused exclusively by the consequences of the accident;
 - 2.1.2 local suppuration after the intrusion of infectious terms into an open wound caused by the accident;
 - 2.1.3 infection by tetanus or rabies during an accident ;
 - 2.1.4 diagnostic, medical and preventative measures undertaken in order to treat the consequences of the accident;
 - 2.1.5 unexpected and uninterrupted operation of high or low exterior temperatures, gases, steam, electrical current and poisons (with the exception of microbiological and immunotoxic substances).

Article 3
Exclusions from insurance coverage

- 3.1 The insurer is not obliged to provide a settlement in the cases specified in Article 9 of the VPP and in the following cases:**
- 3.1.1 during the operation of any of the sports specified in the VPP paragraph 1.34, unless an additional premium has been paid;
 - 3.1.2 during the operation of any of the sports specified in the VPP paragraph 1.35, unless specified otherwise in the insurance policy;
 - 3.1.3 cases connected to cosmetic measures or interventions.
- 3.2 The insurer does not have a duty to provide an insurance settlement for:**
- 3.2.1 the incidence and deterioration of hernias, tumours of all kinds and origin, the incidence and deterioration of aseptic inflammations of the tendon sheath, enteropathy, bursitis and epicondylitis, a stroke;
 - 3.2.2 injuries to the spine, apart from injuries involving damage to the spinal cord or broken vertebrae;
 - 3.2.3 infectious disease, even though they were caused by an injury;
 - 3.2.4 sickness and occupational sickness;
 - 3.2.5 deterioration or incidence of sickness as a consequence of an accident;
 - 3.2.6 personality disorders and changes of psychological state regardless of how they were caused, unless there is organic damage done to the central nervous system by the accident;
 - 3.2.7 an accident which takes place as a consequence of an epileptic fit, personality disorder or unconsciousness, a stroke or other episode of convulsions;
 - 3.2.8 pathological broken limbs, including broken limbs as a consequence of osteoporosis;
 - 3.2.9 an accident which takes place as a consequence of poisoning after the consumption of solid or liquid substances; this exclusion does not relate to children up to the age of ten, unless the poisoning was caused by foodstuffs;
 - 3.2.10 pathological interruption or degeneratively changed muscles, sinews, ligaments or sockets caused by the development of internal muscle strength;
 - 3.2.11 the twisting of sinews, muscles, ligaments or sockets.

- 3.3 The insurer does not have to provide a settlement in the case of an insurance event in which the insured party:**
- 3.3.1 does not demonstrate by credible means that the accident took place during an insured trip;
 - 3.3.2 does not immediately seek health care during the insured trip or does not respect the advice and recommendations of the doctor, and the consequences of the insurance event deteriorate as a consequence.
- 3.4 The insurer has the right to reduce the insurance settlement by up to one half:**
- 3.4.1 if the accident took place as a consequence of the consumption of alcohol or the application of addictive substances or products containing addictive substances by the insured party and the circumstances under which the accident took place bear this out; however, if such an accident causes the death of the insured party, the insurer will only reduce the settlement if the accident took place in connection with the conduct of the insured party which caused severe detriment to health or the death of a third party; this does not apply if the substances under the first sentence contained drugs which the insured party was using in accordance with the method prescribed by the doctor, and if it had not been warned by the doctor or drug manufacturer that it was not possible to carry out activities during such time as these drugs were being taken, as a consequence of which the accident took place;
 - 3.4.2 in the event of an injury suffered by the insured party during a traffic accident during which the insured party was in serious breach of the highway code, e.g. travelling at an unreasonable or forbidden speed, driving through lights, not giving way where necessary, etc.;
 - 3.4.3 if the accident took place while the insured party was involved in conduct for which it was convicted for the criminal act of negligence;
 - 3.4.4 if the insured party reports the accident more than one month after the completion of treatment.

Article 4
Insurance settlement

- 4.1 Insurance settlement of daily compensation for a reasonable period of treatment of the consequences of an accident**

- 4.1.1 The right to an insurance settlement of daily compensation for a reasonable period of treatment of the consequences of an accident will apply if the genuine period of essential treatment of the consequences of an accident is at least 8 days. In such a case the insured party is paid an insurance settlement corresponding to the daily compensation multiplied by the average period of treatment specified for the physical injury in question in the evaluation table for the average period for treating the consequences of an accident (hereinafter the “evaluation table”), which the insured party has the right to inspect at the insurer’s. The insurer reserves the right to supplement and change the evaluation table depending on the development of medical science and practice, if as a consequence of this development there is a significant change to the average time for the treatment of any of the physical injuries specified in the evaluation table. The level of the insurance settlement is specified by the insurer in accordance with the evaluation table valid at such time as the accident is reported.
- 4.1.2 If the physical injury caused by the accident is not specified in the evaluation table, the insurer will specify the period of treatment for which it will provide a settlement according to that physical damage specified in the evaluation table which is commensurate to the type and scope of physical injury being applied.
- 4.1.3 If the insured party suffered several physical injuries of various types caused by the one accident, it will be provided a settlement for the injury whose average period of treatment is longest in the evaluation table.
- 4.1.4 The insurance settlement for the average period of treatment consisting of the dislocation of a joint will only be provided if the dislocation (repositioning, remedying) is carried out by a doctor.
- 4.2 Insurance settlement for the permanent consequences of an accident**
- 4.2.1 If the accident suffered by the insured party leaves permanent consequences, the insurer is obliged to pay that percentage of the sum insured which corresponds to the extent of the permanent consequences for individual physical injuries according to the table for the evaluation of permanent consequences (the “table”), which the insured party has a right to inspect at the insurer’s. The insurer will not provide a settlement for other permanent consequences which are not given in the table. The extent of permanent consequences is assessed after they have been stabilised. If they have not been stabilised within three years of the accident, the insurer will pay the sum corresponding to the percent of damage at the end of this period.
- 4.2.2 If the table stipulates a percentage range, the insurer will specify the level of the settlement in such a way that the settlement corresponds to the character and extent of the physical injury caused by the accident within the framework of the range in question. The insurer may supplement and change the table depending on the development of medical science or practice. The insurer will specify the level of the settlement in accordance with the table valid at such time as the permanent consequences of an injury are reported.
- 4.2.3 The levels of the restricted movement of joints are stipulated in relation to normal physiological extent of movement as follows:
- low level – a restriction in movement of from 10 % – 33 % of the norm in all planes of movement;
 - medium level – a restriction in movement of from 34 % – 66 % of the norm in all planes of movement;
 - high level – a restriction in movement above 66 % of the norm in all planes of movement.
- 4.2.4 The insured party is entitled every year, but up to three years at most of the insurance event, to request anew the stipulation of the extent of the permanent consequences of an accident in the event of a deterioration of its condition. If it is acknowledged that the permanent consequences of the accident are worse than had been thought, the insurer is obliged to pay the increased settlement within 15 days.
- 4.2.5 The insurer will corroborate the extent of the permanent consequences by means of healthcare documentation, and the insurer is entitled to verify said documentation by means of a medical examination carried out by a doctor it specifies.
- 4.2.6 If the permanent consequences of an accident relate to part of the body or an organ which had been damaged prior to the accident, the insurer will reduce the settlement by the percentage corresponding to the preceding damage specified in accordance with the table.
- 4.2.7 The total settlement provided by the insurer to the insured party for the permanent consequences of one accident will correspond at most to the extent of 100 % under the table.
- 4.2.8 If the consequence of an accident is the loss of a limb or part thereof which requires a prosthetic replacement, or the loss of a limb or part thereof or such paralysis of the body which requires use

of a wheelchair, the amount of the settlement acknowledged for the permanent consequence of an accident will be increased by 10 %; the right to this increase will be corroborated by the confirmation of a specialist health centre to the effect that the need for a prosthetic replacement or wheelchair has been recognised from a medical point of view.

4.2.9 If individual consequences after one or more accidents relate to the same limb, organ or part thereof, the insurer will evaluate these as a whole by the highest percentage stipulated in the table for the anatomical or functional loss of the relevant limb, organ or part thereof.

4.2.10 If the insured party dies within one year of the day on which the accident took place for causes which do not relate to the accident, or if it dies within three years of the expiry of one year of the injury for any reason whatsoever, and if there is a right to a settlement for the permanent consequences of an accident which has not yet been applied, the amount is paid which corresponds to the extent of the permanent consequences of the accident at the time of the insured party's death.

4.2.11 If the insured party dies as a consequence of an accident within one year of the day on which the accident took place, the right to a settlement for permanent consequences will not apply. The amount of the settlement already paid or the advance payment for the settlement for permanent consequences of this accident will be deducted from the settlement for death as a consequence of an accident.

4.3 Insurance settlement for death as a consequence of an accident

4.3.1 If the insured party dies as a consequence of an accident within one year of the day on which the accident took place, a right will be established to a settlement at the level of the sum insured in the event of death as a consequence of an accident. The amount of the settlement or advance payment for the settlement for the permanent consequences of this accident will be deducted from the settlement.

4.3.2 If the insured party dies within one year of the day on which the accident took place for causes which do not relate to the accident, or if it dies after the expiry of one year of the accident for any reasons whatsoever, there will be no right to an insurance settlement.

Article 5

Duties of the insured party in the event of a damage event

5.1 The insured party is obliged to seek a medical examination immediately after the accident and to abide by the instructions of the attending physician.

5.2 The insured party is obliged to subject itself to an examination by a doctor authorised by the insurer upon the insurer's request.

Article 6

Application of the right to an insurance settlement

6.1 The insured party will apply its right to an insurance settlement of **daily compensation** with the insurer immediately by submitting the completed form Damage Claim Report (Accident) in written or electronic form (www.allianz.cz). It will attach the following to the form:

6.1.1 healthcare documentation on the course of treatment and rehabilitation;

6.1.2 a discharge report from the hospital in the event of hospitalisation of the insured in connection with the accident;

6.1.3 a police report if the accident took place in connection with a traffic accident or criminal act.

6.2 **Permanent consequences of an accident** will be reported by the insured party to the insurer on the form Permanent Consequences of an Accident Report.

6.3 **In the event of the death** of the insured party as a consequence of an accident, the beneficiary will submit the following to the insurer:

6.3.1 a copy of the death certificate of the insured party;

6.3.2 an officially verified copy of the beneficiary's ID pass and birth certificate;

6.3.3 a police report if the police investigated the circumstances of death.

6.4 The insured party (beneficiary) is obliged to submit other documents upon request to corroborate its right to an insurance settlement.

SECTION IV. – SPECIAL TERMS AND CONDITIONS FOR BAGGAGE INSURANCE

Article 1 Basic provisions

- 1.1 The subject of the insurance is travel luggage and the personal items of the insured party regularly used from the point of view of the length, character and purpose of the insured trip, as well as items which the insured party demonstrably acquired during the insured trip. Baggage insurance also relates to sport equipment and kit.
- 1.2 Baggage insurance includes flight delays and delayed baggage and the rental of replacement sports equipment and kit.
- 1.3 If an insurance event takes place, the insurer will provide one insured party an insurance settlement to the level of the following limits, unless specified otherwise in the insurance policy:

baggage insurance	limits of insurance settlement and sum insured
all damage to the insured party's luggage	20 000 CZK
damage to one item	10 000 CZK
all damage to valuable items	10 000 CZK
to one valuable item	5 000 CZK
all damage caused by breaking and entering a vehicle	10 000 CZK
to one item taken from a vehicle	5 000 CZK
for a delayed flight from the 7 th hour	CZK 200 /hour, max. 5 000 CZK
for delayed luggage from the 7 th hour	CZK 200 /hour, max. 5 000 CZK
the rental of replacement sports equipment and kit	Max. CZK 1 000/day, max. CZK 5 000

- 1.4 Supplementary baggage insurance can be taken out on top of the baggage insurance with an increase of the sum insured as follows.

supplementary baggage insurance	limits of insurance settlement
all damage to the insured party's luggage	50 000 CZK
damage to one item	25 000 CZK
all damage to valuable items	25 000 CZK
to one valuable item	10 500 CZK
all damage caused by breaking and entering a vehicle	25 000 CZK
to one item taken from a vehicle	7 000 CZK

Article 2 Insurance event

- 2.1 An insurance event under the terms of baggage insurance is deemed to be:
- 2.1.1 theft of baggage;
- 2.1.2 burglary and appropriation of baggage;
- 2.1.3 damage, destruction and loss of baggage
- caused by a natural disaster, i.e. fire, explosion, lightening, hurricane, hailstorm, overflow, flood or earthquake; during a traffic accident the consequence of which involved injuries to insured parties which required immediate medical treatment;
 - in connection with an injury suffered by the insured party which requires immediate medical treatment;
- 2.1.4 theft of luggage by breaking and entering into a motorised vehicle or caravan only if
- the theft took place between 7am and 10pm local time, and
 - the luggage was stored in a locked luggage space of the vehicle, in a locked compartment, in a locked roof box, or in a caravan in such a way that it was not visible from outside, and
 - the vehicle or caravan was completely locked and all windows were completely closed;
- 2.1.5 the appropriation of properly checked in luggage;
- 2.1.6 theft or burglary of valuable item:
- which the insured party was wearing or had on their person;
 - taken from a vehicle in connection with a traffic accident, the consequence of which was an

- injury suffered by the insured party which required immediate medical treatment;
 - stored by the insured party in custody or in a safe in an accommodation facility.
- 2.1.7 When stipulating the level of the insurance settlement the insurer will base its calculation on the net current price of the item. If that price cannot be stipulated, the insurer will estimate the price. In the event of luggage being damaged the reasonable expenses incurred on its repair will be paid, but to a maximum of its net current price.
- 2.2 **An insurance event due to flight delay or delayed luggage refers to:**
- 2.2.1 a delay to a regular flight reserved by the insured party lasting longer than 6 hours for reason of unexpected strike, operating reasons, bad weather or technical failure: in this case the insurer will make a settlement to the insured party for each complete hour of the delay of CZK 200 and a maximum of CZK 5,000;
- 2.2.2 a demonstrable and justified delay in delivering the luggage of a regular flight reserved by the insured party by more than 6 hours: in this case the insurer will make a settlement to the insured party for each completed hour of the delay of CZK, and a maximum of CZK 5,000.
- 2.3 An insurance event under the coverage of the rental of replacement sports equipment and kit refers the following:
- 2.3.1 delayed delivery of properly checked in baggage with the insured party's sports equipment and kit by a flight operator by more than 6 hours for legitimate and demonstrable reasons after arrival at target destination;
- 2.3.2 the destruction, damage or loss of the insured party's sports equipment or kit at the time it was submitted for flight transport.
- In these cases the insurer will pay the insured party the expenses for the rental of replacement sports equipment and kit to a maximum of CZK 1 000 for each day, a total maximum of CZK 5 000.

Article 3 Exclusions from insurance coverage

- 3.1 **The insurer is not obliged to provide an insurance settlement in the cases specified in Article 9 of the VPP, and if damage took place:**
- 3.1.1 by theft from a tent or another structure with unstable sides or ceiling made of canvas;
- 3.1.2 by theft of an item left in public unsupervised;
- 3.1.3 by theft from an automatic storage cupboard;
- 3.1.4 by theft of baggage from the freight space of a vehicle and from all types of freight trailers;
- 3.1.5 by a pickpocket;
- 3.1.6 by damage to the luggage during transportation by forwarding companies;
- 3.1.7 by theft, burglary and damage of motorised vehicles, the equipment of motorised vehicles and other motorised means of transport and their accessories, all types of trailer, including caravan, motorised vessels and motorised water resources, all motorised and non-motorised flight transport and aeroplanes of all types, and all types of parachute and sports kites, including the accessories thereto.
- 3.2 **Insurance of flight delays and delayed luggage does not relate to:**
- 3.2.1 delayed baggage upon arrival in the CR;
- 3.2.2 delayed baggage or flights caused by a strike or other reasons which were already known on the date the flight was reserved;
- 3.2.3 baggage which was not properly checked in at the airport;
- 3.2.4 financial loss caused to the insured party by the delayed luggage;
- 3.2.5 a case in which the insured party or fellow traveller missed the departure through their own fault.
- 3.3 **The insurance does not cover:**
- 3.3.1 documents, passes and certificates of all type, obligations, shares, payment and magnetic cards, SIM cards, travel tickets, flight tickets, money, securities, valuable items and keys;
- 3.3.2 data storage devices/records (e.g. films, video cassettes, CDs, DVDs, diskettes, memory cards) and the material stored on them;
- 3.3.3 works of art, antiques, collectable items and cult items, unless agreed otherwise in the insurance policy;
- 3.3.4 glasses, contact lenses, drugs, prostheses of all type and other healthcare appliances, preparations, materials and aids, apart from wheelchairs;

- 3.3.5 foodstuffs, tobacco, smoker's requisites and alcohol;
- 3.3.6 the loss or theft of or damage to animals; items and equipment acquired for business activities and held in accounts;
- 3.3.7 items and equipment (apart from sports equipment and kit) acquired for business activities and held in the accounts of a legal entity;
- 3.3.8 items whose acquisition is not properly corroborated with original receipts or other original documents on acquisition;
- 3.3.9 theft of or damage to photographic and film appliances, computers, mobile telephones, audiovisual technology appliances, all electronic and optical appliances and their accessories in the case of the theft of luggage by breaking and entering a motorised vehicle or caravan, unless a traffic accident took place with subsequent medical treatment.

Article 4 Rights and duties

- 4.1 The insured party is obliged:**
 - 4.1.1 to report the damage to the police immediately at the place closest to the place where the damage event took place and to request a police report;
 - 4.1.2 in the event of the theft of luggage during transport to request a damage record to be drawn up by the transport company's authorised representative;
 - 4.1.3 to firstly apply a right to compensation for damage from the public entity (operator of accommodation facility, transport company) at which the damage took place and to submit to the insurer a document on the application of a right, including a calculation of the compensation provided by the entity;
 - 4.1.4 if the stolen or lost baggage is found, to accept it back and to inform the insurer in writing immediately. In such a case the insurer will compensate only damage for still missing items.
- 4.2. The insurer is entitled to request other documents if required, and the insured party is obliged to provide them.
- 4.3. The insurer has a right not to provide a settlement for items which are not specified in the police

- record or public transport company record.
- 4.4. In the event of an insurance settlement for baggage intended for business activities and held in the accounts of a self-employed person, the insurer has the right to deduct the appropriate rate of VAT from the depreciated value.

Article 5 Application of a right to an insurance settlement

- 5.1 The insured party applies a claim to an insurance settlement under baggage insurance immediately with the insurer by submitting the completed form Damage Claim Report (Baggage Insurance) in written or electronic form (www.allianz.cz):
 - 5.1.1 In the event of an insurance settlement arising from baggage insurance the following is attached to the form:
 - 5.1.1.1 a police report on the damage, including a detailed list of items with their acquisition date and price;
 - 5.1.1.2 a record on damage suffered and a document on the application of a right to compensation for damage or a calculation of the compensation provided from the public entity at which the damage took place;
 - 5.1.1.3 the original receipts for the items being claimed, including a translation into Czech;
 - 5.1.1.4 a medical report from a doctor or health centre which provided the first treatment in connection with the insurance event;
 - 5.1.1.5 photo-documentation of the insurance event and damaged items;
 - 5.1.1.6 a copy of the vehicle rental agreement if its rental relates to the insurance event;
 - 5.1.1.7 a document on the repair of the vehicle (or part thereof), if luggage was stolen from the vehicle;
 - 5.1.1.8 other documents corroborating the legitimacy of the claim for an insurance settlement or required by the insurer.
 - 5.1.2 **In the event of an insurance settlement because of a delayed flight or delayed luggage the following will be attached to the form:**
 - 5.1.2.1 a document on the delay or cancellation of the flight issued by the airline company showing the time of the planned flight, the reason it was delayed, and the departure time of the following or

- replacement flight;
- 5.1.2.2 confirmation from the airline company of the delayed delivery of the luggage, with the date and time of the planned and actual delivery of the luggage or confirmation of non-delivery of the luggage;
- 5.1.2.3 a flight ticket or confirmation of flight reservation showing the date the reservation was made;
- 5.1.2.4 the luggage ticket.
- 5.1.2.5 other documents corroborating the entitlement to an insurance settlement or requested by the insurer.
- 5.1.3 In the event of an insurance event because of the rental of replacement sports equipment or kit, the following will be attached to the form:
 - 5.1.3.1 a document on the delayed delivery of sports equipment or kit issued by the flight company;
 - 5.1.3.2 a flight ticket or flight reservation confirmation;
 - 5.1.3.3 baggage ticket;
 - 5.1.3.4 a document on ownership of the delayed sports equipment and kit;
 - 5.1.3.5 a sports equipment and kit rental agreement;
 - 5.1.3.6 a document on payment of the rental of sports equipment and kit;
 - 5.1.3.7 other documents corroborating the entitlement to an insurance settlement or requested by the insurer.

SECTION V. – SPECIAL TERMS AND CONDITIONS FOR DAMAGE LIABILITY INSURANCE

Article 1 Basic provisions

- 5.1 The subject of the insurance is the insured party's liability for damage to health, death or to items, which it causes a third party if a claim for compensation for damage is applied against the insured party.
- 5.2 In the event of an insurance event the insurer will provide compensation for damage to an extent which the insured party corroborates, but to the level of the following limits at most per one

premium, unless specified otherwise in the insurance policy:

damage liability insurance	limits of insurance settlement	limit for all insurance events
damage to health or death	2 000 000 CZK	10 000 000 CZK
to one item	1 000 000 CZK	5 000 000 CZK
subsequent damage	100 000 CZK	500 000 CZK
damage caused by cat or dog to life or limb or to property	CZK 20 000	CZK 100 000
deductible	5000 CZK /PU	5000 CZK /PU

- 1.3 The insurance settlement will also include, with the prior consent of the insurer, the expenses incurred on civil court proceedings or out-of-court negotiations regarding the claims to compensation for damage ensuing from the insurance event.
- 1.4 Only the insured party can apply a claim for an insurance settlement. The injured party does not have the right to apply a claim for an insurance settlement from the insurer.

Article 2 Insurance event

- 2.1 An insurance event involves damage being done to the life, limb or items of a third party, which is caused by the insured party during normal civic life and for which the insured party is legally liable under the legislation of the country in which the damage was caused, if a claim for compensation for damage is lodged against the insured party.
- 2.2 More than one claim for compensation for damage ensuing from one or more causes which relate in respect of time, place or otherwise, independently of the numbered of injured parties, is deemed to be one insurance event.
- 2.3 If the insured party's liability for the damage caused by an insurance event is also covered under different insurance, the insurer will compensate the damage only if the insured party applies the

claim for compensation for damage from such insurance.

Article 3 **Exclusions from insurance coverage**

3.1 The insurer is not obliged to provide an insurance settlement in the cases specified in Article 9 of the VPP and for damage:

- 3.1.1 accepted by the insured party contractually or over and above the framework stipulated by legal regulations;
- 3.1.2 caused to the items of its next of kin, fellow traveller or colleague;
- 3.1.3 caused in connection with the use of any motorised vehicles and resources, caravans, trailers, any vessels or aeroplanes, all types of parachutes and sports kite, including all the accessories thereof (used for sports purposes);
- 3.1.4 to items for which the insured party is liable as tenant or operator;
- 3.1.5 caused in connection with the ownership, maintenance or use of weapons, military operations, police or flight profession or hunting rights, or preparations for these activities;
- 3.1.6 caused during the performance of a job, business activities or other earning activities, unless specified in the insurance policy otherwise, or to items purchased and used for these purposes;
- 3.1.7 regarding which there is a statutory duty on the part of the insured party or injured party to take out insurance;
- 3.1.8 caused by unauthorised provision or breach of patent rights, copyright or trademarks, samples or corporate name;
- 3.1.9 caused in connection with the use, sale, production, delivery, maintenance and other handling of substances which are banned under the legislation of the country where the insured party is staying;
- 3.1.10 caused by the destruction, damage or loss of recordings from audio, visual and data storage devices;
- 3.1.11 caused in connection with a work injury or occupational illness;
- 3.1.12 caused as a consequence of psychological disorder or sickness, including depression;

- 3.1.13 caused by animals which the insured party is responsible, with the exception of dogs and cats;
 - 3.1.14 caused by animals which the insured party uses for sports purposes or business activities;
 - 3.1.15 caused by the spread or expansion of an infectious disease affecting people, animals or plants;
 - 3.1.16 caused by the environment;
 - 3.1.17 caused by the operation of services on an internet and telecommunications network;
 - 3.1.18 caused during the operation of any of the sports specified in VPP, paragraph 1.34, if the premium plus additional payment has not been paid;
 - 3.1.19 caused during the operation of any of the sports specified in VPP, paragraph 1.35, unless specified otherwise in the insurance policy.
- #### **3.2 The insurance does not cover:**
- 3.2.1 fines and compensation in the form of sanctions;
 - 3.2.2 compensation for mental and moral detriment;
 - 3.2.3 non-proprietary detriment and damage which takes place through an unauthorised intervention in the right to protection of personal rights.

Article 4 **Rights and duties**

4.1 The insured party is obliged to inform the insurer's assistance service of a damage event immediately and:

- 4.1.1 to describe the circumstances leading to the damage event;
 - 4.1.2 to specify the names and addresses of the injured parties and any possible witnesses, and to submit their written declarations;
 - 4.1.3 to give a written opinion of its liability for the damage, the compensation for damage requested and the level thereof;
 - 4.1.4 to obtain a police report and submit it to the insurer;
 - 4.1.5 to obtain other relevant documents corroborating the cause and extent of the damage.
- #### **4.2**
- The insured party is obliged to provide the insurer cooperation in connection with the insurance event, to obtain and submit to the insurer proof and declarations, and to participate at legal

- proceedings and other proceedings, if the insurer so requests.
- 4.3 The insurer is not entitled to make any settlement or acknowledgement of any right of a third party (injured party) on its own behalf or that of the insurer, without the prior written consent of the insurer or the assistance service.
- 4.4 The insured party is obliged to discuss in advance with the insurer or assistance service the use of legal services, to abide by their instructions, and to inform the insurer of the course and results of the proceedings.
- 4.5 If the insured party does not meet the duties specified in paragraph 4.1 or is in breach thereof, the insurer is entitled to reduce the insurance settlement commensurately (Article 8 VPP).
- 4.6 If the insured party knowingly misleads the insurer in respect of basic circumstances relating to the legitimacy of the claim for compensation for damage or the level thereof, the Insurer has the right to refuse to provide compensation for damage.
- 4.7 If the duty of the insured party to compensate for damage is being decided in proceedings before the courts or other authorised body, the insurer is entitled to hold back from providing compensation for damage until such time as it receives a final verdict which lays a duty on the insured party to compensate for damage.
- 4.8 The insurer is entitled to ascertain information on the state of health or cause of death of the injured party in connection with an investigation of an insurance event relating to damage liability. If the death of the injured party is not involved, the consent of the injured party will be necessary to ascertain its state of health. If the injured party does not give its written consent and without this consent the scope of the insurer's duty to provide compensation for damage cannot be ascertained, the deadline will not begin within which the insurer is otherwise obliged to provide an insurance settlement (paragraph 7.7.3 of the VPP).

Article 5
Application of a right to an insurance settlement

- 5.1 The insured party will apply the right to compensation for damage from the insurer by submitting the completed form Damage Claim Report (Liability Insurance) in written or electronic form (www.allianz.cz). He will attach the following to the form:
- 5.1.1. a police report or other document on the circumstances of the event and scope of the damage;
- 5.1.2 a written declaration by the insured party, the injured party and witnesses describing the circumstances and mechanism by which damages occurred;
- 5.1.3 the insured party's opinion regarding its liability for the damage caused and the level thereof;
- 5.1.4 photo-documentation of the damage caused;
- 5.1.5 original receipts for the damage caused, payment of which is being requested by the insured party;
- 5.1.6 a medical report or evaluation by a specialist corroborating the damage to the health of the injured party;
- 5.1.7 other documents corroborating the legitimacy of the right to an insurance settlement or which are requested by the insurer.

Section VI. – SPECIAL TERMS AND CONDITIONS FOR ADDITIONAL ASSISTANCE SERVICES

Article 1
Basic provisions

- 1.1 The subject of the insurance are additional assistance services provided to the insured party abroad by the insurer's assistance service in the event of emergency or in connection with an insurance event under the insurance of medical expenses abroad, baggage and liability.
- 1.2 In the event of an insurance event the insurer will provide a settlement to a maximum of CZK 35 000, unless specified otherwise in the insurance policy. The following are the maximum limits for individual assistance services:

additional assistance services	limits of insurance settlement
all damages from additional assistance services	35 000 CZK
legal assistance abroad	35 000 CZK
replacement employee	35 000 CZK
custodian	35 000 CZK
loss, theft, destruction of documents	5 000 CZK
basic technical assistance in the event of damage to property at place of residence	5 000 CZK

Article 2 Insurance event

- 2.1 **As far as the insurance of additional assistance services is concerned an insurance event refers to the following:**
- 2.1.1 the loss of theft of personal or travel documents, money or payment cards;
- 2.1.2 hospitalisation or the death of the insured party's next of kin;
- 2.1.3 hospitalisation or the death of the insured party's representative at work or business;
- 2.1.4 extensive damage being done to the insured party's property in the place of residence during the period of the insured trip;
- 2.1.5 an interruption of the insured business trip for the following reasons:
- the insured party falls seriously ill and must be hospitalised or repatriated;
 - the insured party dies while on the insured business trip;
- 2.2 In connection with one or more insurance events the insurer will pay the costs of:
- 2.2.1 the additional assistance services;
- 2.2.2 legal assistance;
- 2.2.3 basic technical assistance;
- mediated by the insurer's assistance service.

Article 3 Scope of additional assistance services

The insurance of additional assistance services includes the assistance services provided by the insurer's assistance service.

- 3.1 **In the event of the loss or theft of personal or travel documents, money, or payment cards the insurer's assistance service will:**
- 3.1.1 provide the insured party the information needed to resolve the situation and minimise the losses;
- 3.1.2 arrange for the cancellation or blocking of the lost or stolen documents with financial institutions, transport companies, etc.;
- 3.1.3 arrange transport for the insured party to the nearest Czech embassy and back, if this is essential in order to obtain a replacement document and will pay reasonable travel expenses;
- 3.1.4 will pay the fees charged for drawing up the replacement document.
- 3.2 **In the event of the hospitalisation or death of the insured party's next of kin or business representative the insurer's assistance service will:**
- 3.2.1 organise for the premature return of the insured party from the business trip to the CR and pay the related reasonable travel expenses;
- 3.2.2 organise for the transport of one replacement employee to the interrupted business trip and pay the related reasonable travel expenses.
- 3.3 If as a consequence of hospitalisation of the insured party a child younger than 15 years of age remains abroad without the supervision of an adult, the assistance service will organise for the **transport** of one adult/**custodian**, who will escort the child to their place of residence and pay the reasonable travel expenses related thereto.
- 3.4 **In the event of extensive damage being done to property**, the assistance service, upon being requested by the insured party, will provide the necessary basic technical assistance in order to ameliorate the consequences or avert the possibly spread of the damage already done.
- 3.5 If an insurance event takes place, the assistance service will procure **legal assistance abroad** for the insured party which finds itself in an emergency.

Article 4
Exclusions from insurance coverage

- 4.1 **The insurer is not obliged to provide an insurance settlement in the cases specified in Article 9 of the VPP and also for:**
- 4.1.1 additional assistance services which were not provided by the insurer's assistance service;
- 4.1.2 the mediation of legal assistance abroad in connection with:
- the operation of a motorised vehicle;
 - the performance of the insured party's profession or business activities;
 - the insured party being accused of deliberately committing a criminal act, including an accusation of the possession or handling of addictive substances;
 - the insured party being accused of participation in a political, religious, or other similar movement;
- 4.1.3 the depositing of bail, unless agreed otherwise in the insurance policy.

**Section VII. – SPECIAL TERMS AND CONDITIONS FOR
THE INSURANCE OF CANCELLATION FEES**

Article 1
Basic provisions

- 1.1 The insurance covers non-refundable expenses which the insured party incurs when being billed cancellation fees by the travel service provider as a consequence of an insurance event.
- 1.2 The insurance of cancellation fees begins with payment of a premium under the conditions agreed on one business day at the latest after payment of the travel service. If the insurance is taken out any later, there will be no coverage even though the premium has been paid.
- 1.3 The insurance of cancellation fees cannot be changed or cancelled during the course of the insurance, unless specified otherwise in the insurance policy.
- 1.4 When making an advance payment for a travel service it is possible to insure the amount of the

advance payment or the total price of the travel service. When making an additional payment it is possible to insure only the additional payment.

- 1.5 The level of cancellation fees complies with the business terms and conditions of the travel service provider valid at such time the insurance is taken out.
- 1.6 Deductibles of 20 % apply to the insurance settlement.

Article 2
Insurance event

- 2.1 **As far as the insurance of cancellation fees is concerned an insurance event is deemed to be the following:**
- 2.1.1 the insured party or its next of kin suffering an acute illness or accident which takes place during the term of the insurance and as a result of which there is a change to their state of health preventing them from going on the trip to the extent and on the dates agreed on according to the attending physician;
- 2.1.2 the death of the insured party;
- 2.1.3 the death of the insured party's next of kin which takes place during the term of the insurance but 60 days at most prior to the beginning of the trip;
- 2.1.4 acute illness, injury or death of the fellow traveller, unless the insurer has to go on the business trip itself;
- 2.1.5 extensive damage to the insured party's or fellow traveller's property which takes place during the term of the insurance which was caused by a natural disaster or criminal act committed by a third party, if the insured party or fellow traveller corroborate that they cannot go on the insured trip for this reason;
- 2.1.6 the submission of an application for divorce on the part of a married couple or a proposal for the annulment of a registered partnership on the part of the registered partners, unless specified otherwise in the insurance policy;
- 2.1.7 missing the departure of a means of transport from the CR abroad for the following reasons:
- a transport accident to a vehicle or train on which the insured party travelled to the place intended

- for departure;
 - cancellation or a reduction in public transport routes because of a strike not announced in advance;
 - a natural disaster which damages the means of transport or which takes place to the transport route and makes it impossible to continue the journey;
 - the insured party being laid off from work by their employer because of organisational changes.
- 2.1.8 unexpected layoff of the insured party by his employer because of organisational changes
- 2.2 The provision of an insurance settlement is dependent on cancellation of the trip with the travel service provider by the beneficiary by the time the trip is due to commence at the latest.
- 2.3 If for reason of the facts arising as specified in Article ZPP the trip is cancelled of only one or more participants and the rest undertake the trip, the cancellation fees are paid relating to the trip of those participants whose trip was cancelled. In the case of a joint price for one of the services, an aliquot part is paid.

Article 3 Exclusions from insurance coverage

- 3.1 **The insurer is not obliged to provide an insurance settlement in the cases specified in Article 9 of the VPP and also in the event of a trip being cancelled for the following reasons:**
- 3.1.1 chronic illness;
 - 3.1.2 an illness which already existed at the time the insurance was taken out, even though it was not being treated at that time and there were no complications related to it;
 - 3.1.3 the consequences of injury which took place prior to the insurance being taken out even though it has not yet been treated;
 - 3.1.4 cosmetic or plastic surgery and any complications thereto;
 - 3.1.5 planned operations and examinations;
 - 3.1.6 changes to state of health which took place under the influence of psychological disorder or illness, including depression;

- 3.1.7 related to the consumption of alcohol or addictive substances;
 - 3.1.8 pregnancy and the deliberate interruption of pregnancy, assisted reproduction and complications thereto;
 - 3.1.9 a deteriorating or unstable geopolitical, climatic, ecological or epidemiological situation in the target country;
 - 3.1.10 notice being given by the insured party and resignation by agreement.
- 3.2 The insurer is not obliged to make a settlement if the trip is cancelled by an insured party or fellow traveller who is also the owner, co-owner or employee of the travel service provider or are the next of kin of the insured party and fellow traveller.
- 3.3 The insurance does not cover and the insurer will not provide a settlement for the paid costs of all types of insurance, visa fees, tickets for sports and cultural events, even if these expenses are part of the cancellation fees.

Article 4 Rights and duties

- 4.1 The insured party is obliged to demonstrably cancel the travel service with the provider immediately upon learning that a fact specified in Article 2.1. of these ZPP has taken place. If it does not act in this way, the insurer has the right to pay only those expenses which would have arisen if it had cancelled the trip in good time.
- 4.2 If the insured party cancels the trip because of acute illness, injury or death of the parties specified in paragraph 2.1, it is obliged to submit to the insurer all the medical and other documentation necessary to investigate the insurance event.
- 4.3 If the insured party cancels the trip for the reason given in Article 2.1.4 of these ZPP, it is obliged to submit to the insurer all the documents corroborating the fact that the insurance event took place and its claim for a settlement.
- 4.4 The insured party and the fellow traveller are obliged to submit to a medical examination in connection with verifying the state of health specified in Article 2.1, which does not allow them to take a trip of the scope and on the dates envisaged in the opinion of the attending physician.

Article 5
Application of the right to an insurance settlement

- 5.1 The insured party applies its claim to an insurance settlement immediately with the insurer by submitting the completed form Damage Claim Report (Insurance of Cancellation Fees) in written or electronic form (www.allianz.cz). Depending on the character of the damage event they will attach the following to the form:
 - 5.1.1 a medical report drawn up by the attending physician, who may not be the next of kin of the insured party or fellow traveller, prior to the planned commencement of the trip, a release medical report in the event of hospitalisation or other ordinary medical documentation documenting the reason why the travel service is being cancelled;
 - 5.1.2 a travel contract and a document on payment of the travel service (original income document, bank statement, etc.);
 - 5.1.3 a cancellation invoice (credit note) drawn up by the travel service provider;
 - 5.1.4 corroboration of the inability to work of the party because of which the travel service is being cancelled;
 - 5.1.5 a verified copy of the death certificate in the event of the travel service being cancelled because of death;
 - 5.1.6 a verified copy of the birth certificate or wedding certificate or other certificate corroborating the relationship between the insured party and next of kin;
 - 5.1.7 confirmation by the relevant authority of extensive damage to property if this is the reason the travel service is being cancelled (from the police, fire service, municipal authorities);
 - 5.1.8 officially confirmed application for a divorce or proposal for the cancellation of a registered partnership;
 - 5.1.9 a copy of the notice served confirmed by the employer's HR department;
 - 5.1.10 a police record of a transport accident;
 - 5.1.11 written confirmation by a public transport company of the reason for a duration of a delay or reduction in public transport routes;

- 5.1.12 other documents corroborating the legitimacy of the claim for an insurance settlement or requested by the insurer.

Travel insurance – an overview of limits and the levels of sums insured

Section II, ZPP for the insurance of medical expenses abroad

medical expenses abroad	limits of insurance settlement
out-patient medical treatment	no limit
drugs and other healthcare materials	no limit
hospitalisation, including transport to hospital	no limit
treatment, diagnosis and operations	no limit
the transport of the ill person to the CR, the repatriation of remains to the CR	no limit
transport expenses of next of kin during repatriation of the insured party	no limit
acute dental treatment	CZK 10 000 during the term of the policy
accommodations expenses of next of kin during hospitalisation of the insured party	max 5 days/CZK 2 000 per day
insurance of risks related to terrorism (medical expenses abroad)	CZK 1 500 000
repatriation related to terrorism	CZK 1 500 000

Section III, ZPP for accident insurance

accident insurance	limits of insurance settlement
death as a consequence of an accident	CZK 200 000
permanent consequences of an accident, relative settlement from the sum insured	CZK 400 000
for the duration of essential treatment	CZK 100 per day

Section IV, ZPP for baggage insurance and supplementary insurance

baggage insurance	limits of insurance settlement
all damage to the insured party's baggage	CZK 20 000
damage to a single item	CZK 10 000
all damage to valuables	CZK 10 000
to one valuable	CZK 5 000
all damage caused by car burglary	CZK 10 000
to one item stolen from a car	CZK 5 000
to a flight delay from the 7 th hour	CZK 200/hour, max CZK 5 000
to delayed baggage from the 7 th hour	CZK 200/hour, max CZK 5 000
the rental of replacement sports equipment and kit	max. CZK 1 000/day, max. CZK 5 000

baggage insurance	limits of insurance settlement
all damage to the insured party's baggage	CZK 50 000
damage to a single item	CZK 25 000
all damage to valuables	CZK 25 000
to one valuable	CZK 10 500
all damage caused by car burglary	CZK 25 000
to one item stolen from a car	CZK 7 000

Section V, ZPP for damage liability insurance

damage liability insurance	limits of insurance settlement	Limit for all insurance events
to life or limb	CZK 2 000 000	CZK 10 000 000
To one item	CZK 1 000 000	CZK 5 000 000
subsequent damage	CZK 100 000	CZK 500 000
damage caused by dog or cat to life or limb or property	CZK 20 000	CZK 100 000
deductibles	CZK/PU 5 000	CZK/PU 5 000

Section VI, ZPP for additional assistance services

additional assistance services	limits of insurance settlement
all damage from additional assistance services	CZK 35 000
legal assistance abroad	CZK 35 000
replacement employee	CZK 35 000
custodian	CZK 35 000
loss, theft, destruction of documents	CZK 5 000
basic technical assistance during damage to property at place of residence	CZK 5 000

Section VII, ZPP for cancellation fees insurance

additional assistance services	limits of insurance settlement
deductibles	20%