

TYPE OF INFORMATION	TEXT DIVISION UNIT NUMBER
1. Conditions for the payment of compensation and other benefits:	§3 par. 10, §5, §8, §10, §13, §14, §15, §18, §19, §22, §23, §26, §27, §28, §29, §30, §32, §33, §35, §38, §39.
2. Limitations and exclusions of the insurance company's liability under which the insurance company may refuse to pay compensation:	§5, §8 par. 3 and par. 9, §9 par. 2, § 10 par. 2 items 2), items 3), items 6)-8) and items 10), 13)-16), §12, §15 par. 5, par.6, par. 8, par. 10 and par. 11, §17, §21, §22 par. 7, §24 par. 3, §25, §27 par. 2 and par. 4, §28 item 3), §29 par. 4, §31, §34, §37, §41, §42.

GENERAL TERMS AND CONDITIONS OF TRAVEL PROTECT GROUP TRAVEL INSURANCE FOR DOMESTIC TRIPS

These General Terms and Conditions of Travel Protect Group Travel Insurance – domestic trips, hereinafter referred to as the General Terms and Conditions of Insurance, shall apply to insurance contracts concluded between Colonnade Insurance Société Anonyme Oddział w Polsce, hereinafter referred to as the **Insurance Company** or **Colonnade**, and eSky.pl S.A., hereinafter referred to as the **Policyholder**, for the benefit of natural persons, hereinafter referred to as the **Insured Persons**, for the time of their travel on the territory of their country of permanent residence and to their country of permanent residence.

This insurance is underwritten by Colonnade Insurance S.A., registered in Luxembourg under number B 61605, Head Office: Rue Jean Piret 1, L-2350 Luxembourg, carrying out operations in Poland through Colonnade Insurance S.A. Oddział w Polsce, registered by the District Court for the capital city of Warsaw, 12th Division of the National Court Register, under the number 0000678377, tax identification number (NIP) 1070038451, having its registered office at ul. Marszałkowska 111, 00-102 Warszawa.

These General Terms and Conditions of Travel Protect Group Travel Insurance - domestic trips were approved by the director of Colonnade Insurance Société Anonyme Oddział w Polsce and took effect on 07.09.2021 r.

COMMON PROVISIONS APPLICABLE TO ALL INSURANCE

§ 1 The scope of the insurance

1. The insurance coverage includes:
 - 1) Medical Transportation Costs and Assistance Insurance
 - 2) Accident Insurance
 - 3) Luggage Loss, Theft or Damage Insurance
 - 4) Delayed Luggage Insurance
 - 5) Delayed Flight Insurance
 - 6) Personal Liability Insurance
 - 7) Movable Property Insurance
 - 8) Missed Flight Insurance

SCOPE OF INSURANCE	SUM INSURED
Medical Transportation Costs and Assistance Insurance:	
24/7 Assistance Centre call-duty service +48 22 483 39 71	no limit
Transportation of the Insured Person on the territory of the Insured Person's country of permanent residence	no limit
Transportation of mortal remains of the Insured Person	no limit
Transmission of urgent information	no limit
Transportation of family members accompanying the Insured Person during a trip on the territory of the Insured Person's country of permanent residence in the event of the Insured Person's death	no limit
Transportation of minor children of the Insured Person and covering the cost of their stay	€ 150 per day for a maximum of 7 days
Coverage of costs related to the stay and transportation of a person accompanying the Insured Person in a trip on the territory of the Insured Person's country of permanent residence	€ 100 per day for a maximum of 7 days

Transportation and stay of a family member called to the Insured Person or of another person indicated by the Insured Person	€ 100 per day for a maximum of 7 days
Assistance in the event of the necessary early return of the Insured Person	no limit
Assistance in the event of the necessary prolongation of the Insured Person's trip	€ 100 per day for a maximum of 3 days
Continuation of the Insured Person's planned trip	no limit
Extension of insurance cover in emergency situations (up to 3 days)	not applicable
Quarantine Benefit - covering necessary and documented additional costs for accommodation, food and transport	€ 1 200
Skipass reimbursement	€ 250
Benefit in the event of closure of ski slopes	€ 25 per day for per person
Reimbursement of ski equipment hire costs	€ 25 per day for per person
Accident Insurance - injury	€ 10 000
Accident Insurance – death	€ 10 000
Personal Liability Insurance – personal injury	€ 200 000
Personal Liability Insurance – damage to property	€ 10 000
Luggage Loss, Theft or Damage Insurance	€ 1 000
Delayed Luggage Insurance	€ 250 (a delay in excess of 4 hours)
Delayed Flight Insurance	€ 250 (a delay in excess of 4 hours)
Movable Property Insurance	€ 5 000
Missed Flight Insurance	€ 200
ADDITIONAL RISKS	
Under the Medical Transportation Costs and Assistance Insurance, Accident Insurance and Personal Liability Insurance the cover is also provided for amateur sports	Up to the amount of the sum insured for a given scope of cover
Under the Medical Transportation Costs and Assistance Insurance the cover is also provided for non-manual work	Up to the amount of the sum insured for a given scope of cover

Wherever the Sum Insured is defined in the above table as "no limit" this means that the Insurance Company covers the costs up to the actual amount corresponding to the costs of organizing such transport by the Emergency Centre.

§ 2 Definitions

- Act of terror** – any unlawful actions of individuals or groups conducted with the use of force or violence (or threat of their use) against people or property, organized for the attainment of ideological, economic, political or religious goals and intended to give rise to chaos, intimidate people, and disrupt public life;
- Amateur sport** – the Insured Person's sports activity conducted for recreational and entertainment purposes; in particular: baseball, marathons races, long-distance running, skiing and snowboarding on marked ski/snowboard runs, cross-country orienteering, horse riding, quad riding, jogging, kayaking/canoeing, cycling, basketball, bowling, skating, snorkelling, water skiing, nordic walking, scuba-diving (to the maximum depth of 18m), swimming, trekking, wakeboarding, windsurfing, rowing, high-mountain climbing (up to 5,500 meters above the sea level) without the use of the protection or safety equipment, open-sea and ocean sailing and inland sailing (to places not characterized by extreme climatic or natural conditions);
- Hand luggage** – the luggage which remains in the Insured Person's direct care for the entire duration of the trip;
- Luggage** – suitcases, bags, dressing cases, rucksacks and similar objects inclusive of their contents, i.e. clothes, shoes, cosmetics, perfumes, small appliances (a hair dryer, curling iron, iron, shaver), medicines prescribed by the doctor, blood pressure meters (sphygmomanometers), glucose meters (glucometers), wheelchairs (if the Insured Person's state of health requires their usage), prams and pushchairs, small gifts and souvenirs of a total value of up to €30.
- Emergency Centre** – a business unit indicated by the Insurance Company, to which the Insured Person is obliged to report any insured event;
- Chronic illness** – an illness which, in accordance with the current medical knowledge, is characterized by long-lasting, permanent or recurrent symptoms or deviations in additional medical examinations and which was diagnosed, treated or exhibited its symptoms within 24 months preceding the insurance contract signing date;
- Family member, family** – a spouse, children, parents/parent, legal guardian(s) travelling with a child/children, inclusive of adopted child/children, parents-in-law, siblings, grandparents, grandchildren and adopted persons; the term family members shall also include persons remaining in a common-law marriage, understood as a non-formalized relationship of two adult persons sharing a common household; the term family members shall also include other adult persons

- travelling together with a child/children, provided that there exists a blood relationship between the child/children and the travelling adult person(s);
8. **Torrential rain** – rain characterized by the efficiency coefficient of at least 4 as determined by the Institute of Meteorology and Water Management (IMGW). In the case of unavailability of relevant information for reasons for which the Insurance Company is not liable, the occurrence of a torrential rain shall be determined on the basis of material facts and the extent of the damage in the place of its occurrence or in its immediate vicinity;
 9. **Insurance certificate / document** – a document issued by the Policyholder, confirming providing coverage to the Insured Person under group insurance contract;
 10. **Child** – a person supported by their parents or legal guardians, aged less than 18;
 11. **Hospitalization** – hospital treatment lasting continuously for at least 24 hours, resulting from a sudden illness or an accident;
 12. **Hurricane** – wind whose speed is not lower than 24 meters per second, as determined by the Institute of Meteorology and Water Management (IMGW), and whose activity causes massive damage. In case of unavailability of relevant information for reasons for which the Insurance Company is not liable, the occurrence of a hurricane shall be determined on the basis of material facts and the extent of the damage in the place of its occurrence or in its immediate vicinity;
 13. **Natural disaster** - an event connected with the operation of the forces of nature, causing severe changes in the natural environment and resulting from natural factors such as: seismic quakes, volcanic eruptions, volcanic ash, fires, droughts, floods, hurricanes, tsunami waves, ice phenomena on the rivers, seas, lakes and other bodies of water, long-lasting persistence of extreme temperatures, landslides, massive occurrence of pests, diseases of plants and animals;
 14. **Burglary (and theft)** – wilful taking or attempted wilful taking of the Insured Person's property, on the previous forceful removal of security measures or making entry with the use of tools or a duplicated or specially cut latchkey, or the original latchkey whose possession by the perpetrator results from their performing a burglary into another room or from an assault;
 15. **Insured Person's country of permanent residence** – a country in which the Insured Person has resided for at least one year immediately preceding the execution of the insurance contract and where he/she leads the dominant part of their personal and professional life. The country of permanent residence is not a country in which a given person is staying for educational purposes or to which he/she has been delegated to work;
 16. **Movable property** – the following devices and household objects: audio-visual, photographic, electronic and computer equipment, electrical household appliances and furniture;
 17. **Home** – the place of permanent or registered residence of the Insured Person;
 18. **Sudden illness** – a sudden disorder in the Insured Person's health, which due to its nature poses an immediate threat to life or health of the Insured Person and requires immediate treatment, including contracting COVID-19;
 19. **Accident** – an accidental event of a sudden nature, caused by external factors, which has taken place within the Insurance Company's period of liability, and as a result of which the Insured Person has suffered from, regardless of their will and health condition, physical injuries;
 20. **Insurance period** – a period indicated in the insurance document during which insurance cover is provided;
 21. **Person accompanying the Insured Person** – a person travelling together with the Insured Person;
 22. **Domestic trip** – any movement within the country of permanent residence, including when returning to the country of permanent residence from another country;
 23. **Serious accident** – an external, unpredictable event which cannot be prevented and which occurs irrespective of the Insured Person's will, such as, among others, burglary, fire, the apartment being flooded and hurricane;
 24. **Being under the influence of alcohol** – a condition resulting from the Insured Person's consuming such a quantity of alcohol that the content thereof is or leads to alcohol concentration in the blood of above 0.2‰ of alcohol or the presence of more than 0.1 mg of alcohol in 1 dm³ of exhaled air;
 25. **Physical work** – Performing actions and activities in the form of employment or gainful work, but also actions not resulting from the employment relationship and non-gainful actions:
 - 1) Performing actions involving the use of paints and lacquers, liquid fuels and solvents, technical and exhaust gases, hot technical oils or liquids;
 - 2) Performing work in transportation, while performing activities connected with unloading, handling or loading of goods;
 - 3) Performing work in emergency ambulance services, police forces, city guard and national fire service forces, the armed forces (with the reservation that the scope of cover does not include events related to performing maneuvers under the supervision of military authorities), security or guard services (irrespective of whether the person performing work carries firearms or not);
 - 4) Performing work in the building industry, building tunnels, roads, bridges, operating building machinery, work on the outside of buildings, carrying out finishing work;
 - 5) Performing work in: the gas industry, power industry, metallurgy, mining industry, heavy industry, lumber mills (also by entrepreneurs performing such activities in person);
 - 6) Performing activities involving the use of hazardous tools, such as hammer drills, motor-driven saws, pneumatic hammers, sawing machines, mechanical grinders, machine tools, cranes and construction equipment, road building/repairing machinery;
 - 7) Performing any work at heights above 5 meters;
 - 8) Performing any work on vessels.

The term physical work shall also include performing the following occupations: a transport guard, carpenter, and farmer.
 26. **Non-manual work** – the performance of office work (i.e. work not involving any physical work) by the Insured Person during domestic trip or the Insured Person's participation in conferences and theoretical training courses;
 27. **Portable electronic equipment** – a mobile phone, photographic equipment and video cameras/camcorders, notebooks, laptops, palmtops, tablets, portable computer equipment, equipment used to play or record sound, e-book readers and video games;
 28. **Assault (robbery)** – wilful taking of a person's movable property by any third party with the purpose of appropriation, connected with the use of violence, or threatened immediate use of violence, towards the person in possession of such

- property, or resulting from rendering a person unconscious or defenceless, or making use of the said violent means by the perpetrator immediately following the wilful taking of the property/money, with the purpose of their retaining the possession of the said property/money; for the purposes of Insurance of money drawn from an ATM and lost by the Insured Person as a result of theft or assault during the Insured Person's trip, the following definition shall be used:
- robbery** – any use, or threatened use, of violence towards the Insured Person by third parties, the intention of which is to take away from the Insured Person the money drawn by them from an ATM;
29. **Rules and Regulations** – a set of rules, available on the website of the Policyholder, determining the principles governing the Insured Persons' accessing the insurance;
 30. **Insurance premium** – an insurance fee calculated on the basis of a selected insurance variant, number of days, number of the insured persons, a geographical zone and additional risks, including discounts and increases, if any;
 31. **Extreme sports** – the following shall be deemed extreme sports:
 - 1) aerial sports, piloting any engine-driven aircraft,
 - 2) martial arts, self-defence sports,
 - 3) bungee jumping, jumping, parkour
 - 4) heli-skiing, heli-boarding, mountain, rock and ice climbing, climbing above 5,500 meters above the sea level or requiring protection or safety equipment, speleology,
 - 5) rafting and all its types, mountain canoeing,
 - 6) diving with the use of specialist equipment below the depth of 18 meters, freediving below the depth of 4 meters,
 - 7) motor sports (except for amateur quad and motor scooter driving/riding), motorboating sports (except for amateur jet ski and motorboat sailing),
 - 8) mountain bike riding,
 - 9) participation in survival expeditions to places characterized by extreme climatic or natural conditions, such as deserts, high mountains (above 5,500 meters above the sea level), the bush, the poles, jungle and glacial or snow terrain;
 - 10) skiing and snowboarding outside of the marked ski/snowboard runs.
 32. **Aerial sports** – gliding, ballooning, parachuting, hang-gliding, paragliding, motor-gliding and any other variants thereof, as well as any other disciplines connected with movement in the airspace;
 33. **Sum insured** – an amount indicated in the insurance contract and constituting the top limit of the Insurance Company's liability for damage occurring during the insurance period;
 34. **Hospital** – an inpatients' medical centre operating in accordance with the law, for ill persons who require medical treatment, surgery or diagnosis, providing all-day-round medical care of junior and senior medical personnel. The definition of a hospital shall not cover social care centers, centers for the mentally ill, hospice for cancer patients, centers treating drug, alcohol etc. addictions, sanatoria, rehabilitation and recreational centers;
 35. **Policyholder** - eSky.pl S.A.,
 36. **Insured Person** – an individual who takes out insurance;
 37. **Beneficiary** – a person (or persons), whose name the Insured Person has indicated in writing, authorized to obtain a benefit in the case of the Insured Person's death. The Insured Person may indicate the Beneficiary both on conclusion of the insurance contract, as well as at any time during the insurance contract term. The Insured has the right to change the Beneficiary at any time during the insurance contract term. Such a change shall come into force as of a day following the day of receipt of such information by the Insurance Company. Should the sum of percentage shares of Beneficiaries not add up to 100, it shall be assumed that the shares of such persons in the benefit due are determined subject to mutual proportions indicated by the Insured Person. In the case no Beneficiary is specified, the provisions of § 8 section 6 hereof shall apply;
 38. **Competitive or professional sports** – physical activity consisting in practising a sport:
 - 1) connected with regular training combined with participation in competitions or practice or keep-fit and training events and camps,
 - 2) connected with participation in professional matches/tournaments, whether national or international
 - 3) resulting from one's membership in a sports club and the connected with it participation in professional matches/tournaments, whether national or international
 - 4) by persons entitled on the basis of an employment contract or a civil-law agreement, to receive, in connection with the sport practised, remuneration of any kind, inclusive of scholarships/grants or reimbursement of costs
 39. **Carrying out work** – taking up by the Insured Person during their domestic trip any actions and activities under an employment contract or in order to earn, including non-profit activities, such as being a volunteer, participating in vocational traineeship and training;
 40. **Mental disorder** – an illness classified in the International Statistical Classification of Diseases (ICD 10) as a mental or behavioural disorder (F00-F99);
 41. **Wild and exotic animals** – animals that traditionally do not live with people at home or any other adequate place as people's pets/companions.

§ 3 Concluding an insurance contract

1. The insurance contract is concluded for a specified period of time.
2. The Policyholder and the Insured Person are obliged to notify the Insurance Company about any circumstances that are known to the Policyholder and the Insured Person, and which the Insurance Company enquired about prior to the conclusion of the insurance contract. The Insurance Company is not liable for any consequences of the circumstances that it has not been notified about in violation of the provisions contained in the preceding sentence.
3. The insurance contract and the relations between the Insurance Company and the Policyholder prior to the conclusion of such a contract are governed by the Polish law.
4. The Insured Person's accessing the insurance takes effect when the Insured Person purchases the Policyholder's services – through completing an application in the website service or over the telephone. The procedure of accessing the insurance by the Insured Persons is set out in the Rules and Regulations.

5. The Insured Person's accessing the insurance takes effect upon the Insured Person becoming acquainted with the Rules and Regulations and these General Terms and Conditions of Insurance, which is confirmed by the Insured Person in a statement submitted on the website or during the telephone conversation.
6. Prior to taking out insurance the Policyholder provides these General Terms and Conditions of Insurance to the Insured Person in writing or, upon the Insured Person's consent, on other durable media.
7. Prior to accessing the insurance the Insured Person is obliged to effect, to the benefit of the Policyholder, the payment of the insurance premium due on account of the Insured Person, and possibly other Insured Persons, being insured. The amount of the premium is indicated in the website service maintained by the Policyholder during the process of completing the insurance application by the Insured Person, or during a telephone conversation.
8. The Insured Person's accessing the insurance is confirmed by the insurance certificate, which is immediately delivered to the Insured Person by the Policyholder, along with these General Terms and Conditions of Insurance, upon the Insured Person's accessing the insurance, to the e-mail address indicated by the Policyholder, or – at the Insured Person's request – in another form. The certificate shall indicate the term and the scope of insurance applicable to a particular Insured Person.
9. The insurance document, together with the attachments, if any, and these General Insurance Terms and Conditions shall determine the period and scope of insurance which the Insured Person is covered by.
10. The Insurance Contract may also cover other persons, indicated by the Insured Person in the insurance application completed in the website service maintained by the Policyholder or during a telephone conversation. Prior to covering the said persons with insurance, the Insured Person is obliged to obtain their consent to being covered by insurance and to provide to them a copy of these General Insurance Terms and Conditions. As of the time of issuing the insurance document and on the conditions stipulated therein, those persons become Insured Persons – all of these persons are covered by the same scope of insurance, on the same conditions, with sums of insurance applying to each of those persons individually.
11. The minimum period of insurance for one Insured Person shall be one day (24 hours).
12. By accessing the insurance, the Insured Person discharges their doctors from medical confidentiality (doctor-patient privilege) and expresses their consent to deliver medical documentation to the Insurance Company's medical consultants and Emergency Centre doctors, as well as their representatives.

§ 4 Territorial scope of cover

The insurance cover is granted for the duration of the Insured Person's travel in the country of permanent residence, including the return to the country of permanent residence from another country.

§ 5 Beginning and end of insurance cover

1. Insurance cover under insurance for:
 - 1) costs of medical transportation and assistance, personal liability, luggage, delayed flight, missed flight, personal accident – shall begin when the domestic journey is started, however not earlier than on the day indicated in the insurance document as the commencement date of the insurance coverage and after the premium payment has been made, and shall end upon the Insured Person's return to their place of permanent residence on the territory of the Insured Person's country of permanent residence, however not later than at 23:59 on the day indicated in the insurance document as the ending date of the insurance cover;
 - 2) movable property left in the place of residence - shall commence at the moment of the Insured Person's departure from home in the country of the Insured Person's permanent residence on the day of commencement of the planned travel and shall end at the moment of the Insured Person's return home in the country of the Insured Person's permanent residence, no later, however, than 24 hours after the planned date of the Insured Person's return; the intention to depart must be documented by the Insured Person with the presentation of travel documents, accommodation reservation;
2. The liability of the Insurance Company shall always end:
 - 1) Upon the exhaustion of the sum insured, with respect to a particular Insured Person;
 - 2) Upon the death of the Insured Person – with respect to such Insured Person;
 - 3) At midnight of the last day of the period of insurance.
3. If, at the time of accessing the insurance, the Insured Person has already commenced their domestic trip, the liability of the Insurance Company shall begin not earlier than after the lapse of three days, counted from the day following the day on which the insurance contract was concluded, however not earlier than at the moment of effecting the payment of the insurance premium to the benefit of the Policyholder. The above limitation does not apply in the case of renewals of insurance contracts (taking out the insurance for a subsequent period), on the condition that the renewal takes place prior to the lapse of the insurance period indicated in the insurance document and that the Insured Person pays an additional premium in the appropriate amount to the benefit of the Policyholder.

§ 6 Withdrawal from the insurance contract and termination thereof

1. The Insured Person who has submitted an application for accessing the insurance has the right to withdraw from the insurance at any time prior to the commencement of the insurance cover, submitting a relevant statement of withdrawal in writing, by phone or electronic mail, either to the Insurance Company or to the Policyholder. The withdrawal shall apply to all the persons covered by the same application for accessing the insurance. The withdrawal shall be deemed to have been submitted as of the moment of receiving the Insured Person's withdrawal statement by Colonnade or by the Policyholder.
2. After the commencement of insurance cover it is not possible for the Insured Person to withdraw from the insurance.

§ 7 Insurance Premium

1. The insurance premium shall be paid by the Insured Persons to the benefit of the Policyholder, which shall then make the premium payment to the benefit of the Insurance Company.
2. The insurance premium shall be calculated for a period during which the Insurance Company provides its insurance coverage.
3. The amount of insurance premium depends on the country of permanent residence, the period of insurance and the number of persons indicated in the policy certificate.
4. The premium shall be paid as a one-off payment.
5. The date of the premium payment shall be the day on which an effective transfer is made, i.e. when the required amount is paid via the website service maintained by the Policyholder or to the account indicated by the Policyholder during the telephone conversation.

§ 8 Benefits

1. Legitimacy of the claim and the amount of the benefit shall be determined on the basis of full documentation, defined herein, to be submitted by the Insured Person or a person acting on their behalf.
2. At the Insurance Company's request, the Insured Person or a person acting on their behalf, shall present other documents that the Insurance Company finds necessary to confirm whether the claims are legitimate and to determine the amount of the benefit.
3. Providing by the Insured Person untrue statements about the circumstances or consequences of the insured event or their failure to provide explanations may prevent the Insurance Company from assessing the insured event correctly and may result in a refusal of the payment of the benefit.
4. The right to receive the benefit payable in the event of the Insured Person's death shall be granted to the Beneficiary, upon the production of the Insured Person's death certificate. If the Beneficiary has not been indicated, is no longer alive on the day of the Insured Person's death or has lost the right to the benefit, the benefit shall be payable to the Insured Person's family members in the following order:
 - 1) spouse,
 - 2) children in equal parts (if there is no spouse);
 - 3) parents in equal parts (if there is no spouse and children);
 - 4) siblings in equal parts (if there is no spouse, children and parents);
 - 5) further statutory heirs (if there is no spouse, children, parents and siblings).
5. The Insurance Company shall make the payment of the benefit up to the amount of the sums insured under individual insurance indicated in the insurance document.
6. Benefits payable to the Insured or an authorized person shall be effected in Polish zlotys, American dollars, or euros (at the Insured Person's discretion), as an equivalent of amounts in other currencies, converted into zlotys, dollars or euros at a foreign exchange rate published by the National Bank of Poland in its foreign exchange average rate tables applicable on the day of occurrence of the event giving rise to the insurance liability and shall be in the amounts not exceeding the sums insured defined in the insurance contract.
7. The Insurance Company is obliged to effect the payment of the benefit within 30 days from being notified of an insured event.
8. If it is not possible to clarify the circumstances required to determine the liability or the amount of the benefit within 30 days, the benefit shall be payable within 14 days from the day on which, with due diligence, it has become possible to clarify such circumstances. However, the Insurance Company shall pay any part of the benefit that is undisputable under the documents submitted within the time limit referred to in Section 7 above.
9. The Insurance shall not cover any compensation for harm, pain, and physical or moral suffering.

§ 9 Recourse Claims

1. As of the benefit payment date, the Insurance Company shall take over any claims against a third party responsible for damage up to the amount of compensation paid by the Insurance Company. If the Insurance Company has covered only a part of the loss, the Insured Person shall have the priority in satisfying their claims over the Insurance Company's claims in relation to the remaining part of the loss. The above provision does not apply to Personal Liability Insurance as defined by these General Terms and Conditions of Insurance.
2. If the Insured Person resigns or has resigned from the right to make any claims against a third party or the right to secure claims, without the consent of the Insurance Company, the Insurance Company shall be discharged from its obligation to make the payment of the benefit and neither the Policyholder nor the Insured Person shall not be entitled to a reimbursement of their premium.
3. Claims shall not be taken over by the Insurance Company if a person causing the damage is a member of the Insured Person's household, unless the perpetrator has caused such damage intentionally.
4. The Insured Person is obliged to provide the Insurance Company with all information and documents, and to enable the Insurance Company to conduct the activities required to make efficient recourse claims.

MEDICAL TRANSPORTATION COSTS AND ASSISTANCE INSURANCE

§ 10 Subject and scope of medical transportation costs and assistance insurance

1. The insurance shall cover medical transportation costs incurred by the Insured Person who, during their domestic trip, had to undergo immediate medical transportation due to a sudden illness or an accident and, in accordance with a doctor's

medical recommendations, has had to be subjected to medical transportation to the place of residence or to a medical centre on the territory of the Insured Person's country of permanent residence.

2. Assistance Insurance shall comprise the following services:
 - 1) **24/7 Emergency Centre call-duty telephone service**
The Insured Person can obtain help 24 hours a day, 7 days a week. The Emergency Centre, on the basis of the information obtained from the Insured Person, shall arrange assistance in each and every situation covered by the insurance.
 - 2) **Transportation of the Insured Person**
The Insurance Company shall ensure the arrangement and cover costs of transportation of the Insured Person to a health care unit or the Insured Person's place of residence, if the Insured Person's health condition shall require this, and if the previously planned means of transportation cannot be used. The Insured Person shall be transported by the means of transportation suited to their health condition, after the Insured Person has been provided with indispensable medical assistance, allowing for their transportation. The decision regarding the necessity and feasibility of such transportation, as well as the choice of the destination to which the Insured Person is transported is made by the Emergency Centre, with the approval of the supervising doctor.
In the event of arranging transportation independently by the Insured Person's family members or a third party, the Insurance Company shall reimburse the incurred costs, however, only up to the amount that the Emergency Centre would have incurred when arranging the Insured Person's transportation on the territory of the Insured Person's country of permanent residence.
 - 3) **Transportation of mortal remains of the Insured Person**
Should the Insured Person pass away during a domestic trip as a result of an accident or a sudden illness, the Insurance Company shall arrange for all the formalities and cover the costs of:
 - a) transportation of mortal remains of the Insured Person to the place of burial on the territory of the Insured Person's country of permanent residence.
 - b) purchase of a transportation coffin up to the equivalent of € 1,500.
The manner and means of transportation of mortal remains shall be chosen by the Emergency Centre. The Emergency Centre may also organize and cover the costs of cremation and transportation of the urn (ashes) on the territory of the Insured Person's country of permanent residence.
In the event of the Insured Person's family members or a third party arranging transportation independently the Insurance Company shall reimburse the incurred costs, however, only up to the amount that the Emergency Centre would have incurred when arranging the transportation of the Insured Person's mortal remains on the territory of the Insured Person's country of permanent residence.
 - 4) **Transmission of urgent information**
In the case of an unexpected event occurring, such an event being beyond control of the Insured Person and causing a delay or change in the course of the Insured Person's trip, the Emergency Centre, at the Insured Person's request, shall deliver the necessary information to the indicated person or institution.
 - 5) **Transportation of family members accompanying the Insured Person during a domestic trip in the event of the Insured Person's death**
In the event the Insured Person dies as a result of an accident or sudden illness during a trip on the territory of the Insured Person's country of permanent residence, the Emergency Centre shall arrange and cover the costs of transportation on the territory of the Insured Person's country of permanent residence of their insured family members who accompanied the Insured Person on the day of their death during a domestic trip. The Insurance Company shall cover the costs of transportation of the Insured Person's family members by plane, train or bus, at the Emergency Centre's discretion, provided that the originally planned means of transportation cannot be used.
 - 6) **Transportation of minor children of the Insured Person and covering the cost of their stay**
In case of the Insured Person's hospitalization or death, if these events resulted from an accident or sudden illness, the Emergency Centre shall arrange and cover the costs of accommodation, meals and transportation of a minor child (children) travelling together with the Insured Person, provided that the child has been exclusively under the Insured Person's custody during the trip. The Insurance Company shall cover expenses borne for accommodation and meals of a minor child (children) for up to 7 days, with a daily limit of € 150. The Insurance Company shall cover the costs of transportation of the Insured Person's minor child (children) by plane, train or bus, at the discretion of the Emergency Centre, on the territory of the Insured Person's country of permanent residence, to the place of residence of a person indicated by the Insured Person to take care of the child (children) on the territory of the Insured Person's country of permanent residence. During the transportation, the children shall remain under the custody of the Insurance Company's representative.
 - 7) **Coverage of costs related to the stay and transportation of a person accompanying the Insured Person in a domestic trip**
 - a) If, as a result of a sudden illness or an accident, the Insured Person has to be hospitalized, the Emergency Centre shall arrange and cover the costs of accommodation, meals and return transportation for one person accompanying the Insured Person, provided that the presence of such a person is necessary and recommended in writing by the doctor supervising the Insured Person's treatment or approved by the Emergency Centre. The accompanying person shall be transported from the hospitalization place of the Insured Person to the place of residence of the accompanying person on the territory of the Insured Person's country of permanent residence.
 - b) In the event of the Insured Person's death as a result of a sudden illness or an accident, the Emergency Centre shall arrange and cover the costs of accommodation, meals and return transportation for one person staying with the Insured Person's mortal remains and accompanying them during domestic transportation. The person accompanying the Insured Person's mortal remains on the territory of the Insured Person's country of permanent residence shall be transported to the place of burial or to a relevant institution on the territory of the Insured

Person's country of permanent residence. The choice of such a destination place shall be made at the discretion of the Emergency Centre.

The above costs shall be reimbursed for the maximum of 7 days, with a daily limit of € 100. The Insurance Company shall cover the costs of the person's transportation by plane, train or bus – at the Emergency Centre's discretion.

8) Transportation and stay of a family member called to the Insured Person or of another person indicated by the Insured Person

In the event that the Insured Person is hospitalized on the territory of the Insured Person's country of permanent residence for a period of time exceeding 7 days and is not accompanied during their trip by any adult person, or if the Insured Person's life is at risk, as confirmed by the written opinion of a supervising doctor, the Emergency Centre shall arrange, and cover the costs of, the stay and transportation (including a return to the respective place of residence) to the Insured Person's hospitalization place, of one person called by the Insured Person to accompany them, such a person domiciled on the territory of the Insured Person's country of permanent residence. The Insurance Company shall cover the costs of transportation by plane, train or bus, at the Emergency Centre's discretion. The costs incurred in connection with the stay of a person called to accompany the Insured Person shall be reimbursed for the maximum of 7 days, with the daily limit of € 100.

9) Assistance in the event of the necessary earlier return of the Insured Person

If the Insured Person is forced to make an unexpected, earlier-than-scheduled return from a trip, and the originally planned means of transportation cannot be used, the Emergency Centre shall arrange, and cover the costs of, the Insured Person's transportation on the territory of the Insured Person's country of permanent residence, by plane, train or bus, at the Emergency Centre's discretion. Such a service shall only be provided in the event of:

- a) a sudden illness of the Insured Person's family member resulting in that family member's hospitalization or death,
- b) a burglary, fire or flooding of an apartment or a house at the Insured Person's place of permanent residence on the territory of the Insured Person's permanent residence, requiring taking legal and administrative actions during the period of the planned trip, in the course of which the presence of the Insured Person is indispensable.

The need of the Insured Person's earlier return must be documented and approved in advance by Colonnade Emergency Centre.

10) Assistance in the event of the necessary prolongation of the Insured Person's trip

If the health condition of the Insured Person does not demand hospitalization, the originally scheduled period of the Insured Person's trip has elapsed and the Emergency Centre is not in a position to effect the Insured Person's transportation due to reasons beyond the Insured Person's control, the Emergency Centre shall arrange, and cover the cost of, accommodation and meals for the Insured Person. Additionally, the costs incurred in connection with the stay of a person called to accompany the Insured Person shall be reimbursed for the maximum period of 3 days, with the daily limit of € 100.

11) Continuation of the Insured Person's planned trip

If the health conditions of the Insured Person, after completion of the transportation connected with a sudden illness or an accident, allows them to continue the trip, the Emergency Centre, at the Insured Person's request, shall arrange, and cover the costs of, the transportation of the Insured Person, together with the Insured members of the Insured Person's family accompanying them, the place of their hospitalization to the subsequent stage of the interrupted trip (by plane, train or bus, at the Emergency Centre's discretion), to enable the Insured Person to continue the trip.

12) Extension of insurance cover in emergency situations

The period of insurance shall be extended, without additional premium being paid, by no more than 3 days in the event that the Insured Person's return is delayed for reasons (a) to (f) not attributable to the Insured Person:

- a) breakdown of a means of transport by land, water or air,
- b) fortuitous events: fire, hurricane, flood, torrential rain, hail, volcanic ash,
- c) avalanche, direct lightning, earthquake, collapse or landslide, explosion,
- d) rescue operations carried out in connection with the fortuitous events listed in letter (b) of this point,
- e) cancellation or delay of public transport due to bad weather,
- f) accident in land, water or air transport.

In the case of a threat of prolongation of the trip, the Insured Person shall immediately contact the Assistance Centre. In order for the Insurance Company to pay benefits within the extended emergency cover, the Insured shall evidence the occurrence of the above mentioned events. In case of breakdown of the means of transport the document is the bill for repair or towing of the car or a written confirmation of the breakdown by the carrier.

13) Quarantine benefit

In the event that the Insured Person is forced to prolong their stay due to COVID-19 infection, confirmed by a positive test, or is placed under compulsory quarantine by the local sanitary services as a result of COVID-19 (irrespective of whether a test was carried out), which will not end by the date of the scheduled end of the trip, the Insurance Company shall cover the necessary and documented additional costs of accommodation (in a standard/category not higher than the original stay), food and transport, up to a maximum of €1,200. Within this limit, the Insurance Company shall cover the costs of return transport of the Insured Person to the Insured Person's place of residence in the Insured Person's country of permanent residence provided that it cannot be carried out using the previously scheduled means of transport.

14) Skipass reimbursement

Insurance shall cover costs of a skipass entitling to use ski lifts and to participate in skiing or snowboarding classes. The Insurance Company shall refund the costs of the skipass in case the Insured Person is unable to use the skipass in connection with their health condition caused by a sudden disease or personal accident covered under these GTC. The Insurance Company shall refund the costs of the unused ski pass for a period corresponding to the number of full days of inability to use it, up to a maximum of the equivalent of € 250 per person.

15) Benefit in the event of closure of ski slopes

In the event of closure of all designated ski slopes located in the skiing area in the vicinity of the Insured Person's accommodation within a radius of 30 km, due to adverse weather conditions occurring during the period of insurance

and as a result the Insured Person was prevented from practising skiing or snowboarding, the Insurance Company shall pay compensation amounting to €25 per person for each full day of the slopes closure, however up to the equivalent of €200 per person, provided that the slopes were closed during the period from 15 December to 15 March and no earlier than on the day of the Insured Person's departure on a trip within the duration of the insurance contract.

16) Reimbursement of ski equipment hire costs

In the event that the Insured Person is deprived of the possibility to use the skiing equipment in case of:

- a) an accident or a sudden illness reported to the Emergency Centre and confirmed by a medical diagnosis as a result of which the Insured Person was deprived of the possibility to use it,
- b) loss, when the sporting equipment was in the care of a professional carrier, on the basis of a transport document, or handed over to a storage facility against receipt,
- c) damage to or destruction of sports equipment during sports activities if the damage or destruction was caused by an accident that occurred during a domestic trip of the Insured Person, documented by a medical diagnosis and reported to the Emergency Centre;

The Insurance Company shall reimburse the costs of ski equipment hire corresponding to the type of equipment lost or damaged, in the amount of €25 per person per day of equipment hire, up to a maximum of the equivalent of €200 per person.

§ 11 Sum insured under the medical transportation costs and assistance insurance

1. The sum insured indicated in the insurance document under the medical transportation costs and assistance insurance shall be the sum per each Insured Person.
2. The Insurance Company shall be liable to the maximum amount of the sum insured, as defined in the insurance document, including the limits stipulated in § 10 hereof.
3. The sum insured shall be the sum per incident, which shall mean that any amounts of benefit paid to the Insured Person in connection with the same incident shall not decrease the sum insured applicable to other incidents, unless otherwise provided herein.

§ 12 Exclusions of liability under the medical transportation costs and assistance insurance

1. In addition to the exclusions stated in § 42 hereof, the Insurance Company shall not be liable for medical transportation costs and assistance:
 - 1) if there had been medical contraindications, known to the Insured Person or the Policyholder, against the Insured Person's making a trip, or if there had been recommendations for them to undergo a surgery or hospital transportation;
 - 2) exceeding the amounts required for the Insured Person to make sufficient recovery allowing them to return or to be transported to their place of residence or a health care unit on the territory of the Insured Person's country of permanent residence;
 - 3) resulting from illnesses, diseases or consequences of accidents that occurred outside the insurance period and whose transportation was not finalized;
 - 4) related to illnesses resulting from alcoholism;
 - 5) related to sanatorium transportation, therapies at recreational centres or addiction transportation centres, physiotherapy, heliotherapy, aesthetic operations, plastic surgery and beauty transportations;
 - 6) if, in the opinion of a supervising doctor, the commencement of the treatment may be postponed until the Insured Person returns from the trip;
 - 7) not resulting from a sudden illness or an accident;
 - 8) not required to diagnose or to treat an illness, related to a medical check-up or preventive vaccination;
 - 9) resulting from one's failure to comply with the recommendations of a supervising doctor or doctors of the Emergency Centre;
 - 10) related to a childbirth occurring after the 30th week of pregnancy;
 - 11) related to abortion, unless such abortion has been conducted to save the Insured Person's life or health and is allowed by the law of the country where it has been carried out;
 - 12) related to artificial insemination or infertility transportation, as well as to the purchase of contraceptives;
 - 13) resulting from operations or treatment by unconventional methods;
 - 14) related to repair and purchase of corrective glasses and repair of prosthesis (including denture), medical equipment, medical apparatus and rehabilitation equipment;

§ 13 Procedure for events insured under the medical transportation costs and assistance insurance

1. If an event covered by the insurance occurs, the Insured Person or other persons acting on the Insured Person's behalf shall follow the provisions of this section.
2. If an event covered by the insurance occurs, the Insured Person shall, as far as possible, prevent the escalation of the loss and limit the consequences thereof.
3. Moreover, the Insured Person or a person acting on the Insured Person's behalf, shall, prior to taking up any actions on their own, contact the Emergency Centre by telephone, as indicated in the insurance document, not later than within 24 hours from the occurrence of the event covered by the insurance.
4. When contacting the Emergency Centre, the Insured Person or a person acting on the Insured Person's behalf shall:
 - 1) state the insurance document number and the Insured Person's name;
 - 2) provide to the Emergency Centre consultant an accurate description of the circumstances of the insured event as well as the Insured Person's current situation;
 - 3) define what assistance is needed;
 - 4) provide a telephone number at which the Emergency Centre may contact the Insured Person or a person acting on the Insured Person's behalf;

- 5) provide the Insurance Company's doctors with access to all medical information.
5. The Insured Person or a person acting on the Insured Person's behalf is obliged to:
 - a) comply with the Emergency Centre's recommendations while providing all the indispensable information and authorization;
 - b) allow the Emergency Centre to perform activities required to determine the circumstances of the accident, to confirm whether the claims are legitimate and to determine the amount of the benefit, as well as to provide all the necessary assistance and explanations.
6. The Insurance Company shall investigate claims on the condition of receiving the Insured Person's authorisation, which shall be made in writing to be valid, to consult doctors conducting the treatment and other persons or offices in matters related to the accident to such an extent as is related to loss adjustment procedure, with the exception of death or coma.
8. In the event that, for reasons beyond their control (which shall be adequately evidenced), the Insured Person or a person acting on the Insured Person's behalf does not contact the Emergency Centre in advance to obtain a guarantee that the costs will be covered or reimbursed, he/she shall notify the Emergency Centre of the incurred costs immediately after the cessation of such reasons, however not later than within 7 days from the date when such reasons cease.
9. In the event that the Insured Person or a person acting on the Insured Person's behalf, for reasons beyond their control, which shall be adequately evidenced, did not fulfil the obligation referred to in section 3 above and the Insured Person borne expenses, or if the Insured Person has obtained Emergency Centre's approval to have the incurred costs reimbursed after their return to the territory of the Insured Person's country of permanent residence, he/she shall declare in writing their readiness to take advantage of the guarantees defined in the insurance contract within 7 days from the date of returning to the territory of the Insured Person's country of permanent residence, however not later than within 45 days from the accident date. The notification of a claim for the payment of benefit under the medical transportation costs and assistance insurance shall contain:
 - 1) the insurance document number or other data making it possible to identify the Insured Person;
 - 2) a detailed description of the circumstances of the accident;
 - 3) a medical certificate describing the type and nature of injuries, including an exact diagnosis and the recommended medical transportation;
 - 4) the original bills and payment certificates, documents confirming the costs of medical transportation or related to other costs under insurance, and hospital certificates, which will allow the Insurance Company to determine the total medical transportation costs borne by the Insured Person.

ACCIDENT INSURANCE

§ 14 Subject matter and scope of accident insurance

1. Accident insurance shall cover the Insured Person's health and life.
2. The insurance cover shall apply to consequences of accidents occurring during the term of the insurance contract during the Insured Person's domestic trip.
3. The Insurance Company guarantees the payment of the following benefits:
 - 1) Permanent disability resulting from an accident benefit – payable as a percentage of the sum insured indicated in the insurance document, on the basis of the Table of Benefits, constituting Annex 1 to these General Terms and Conditions of Insurance
 - 2) Accidental death benefit, in the event of the Insured Person's death within 12 months from the date of the accident. The benefit shall be payable at 100% of the sum insured under accident insurance indicated in the insurance document.

§ 15 Determining the benefits under accident insurance

1. The amount of benefit under accident insurance shall be determined after the confirmation that there is a causative relation between the accident and permanent disability/bodily injury or death.
2. The degree (percentage) of permanent disability/injury to health shall be determined immediately after the completion of treatment, taking into account the recommended rehabilitation treatment, however not later than within 24 months from the date of the accident.
3. Permanent bodily injury shall be determined by the Insurance Company, subject to the following provisions:
 - 1) The degree (percentage) of permanent bodily injury is determined on the basis of the Table of Benefits, constituting Annex 1 to these General Terms and Conditions of Insurance in force as of the day of concluding the insurance contract.
 - 2) On the basis of the determined degree (percentage) of permanent bodily injury, the Insured Person is entitled to a benefit payable as a percentage of the sum insured under the permanent bodily injury insurance equalling the degree (percentage) to which the Insured Person was actually injured, however not exceeding the amount defined in the insurance contract;
4. When determining the degree (percentage) of permanent bodily injury, the type of work or activities performed by the Insured Person shall not be taken into account.
5. The combined degree (percentage) of permanent bodily injury shall equal the sum of percentages determined for individual types of permanent bodily injury suffered by the Insured Person, on the condition that the combined value may not exceed 100%.
6. In the event the Insured Person relinquishes further post-accident treatment explicitly recommended by the doctors, the degree (percentage) of permanent bodily injury shall be determined for the health condition which, to the knowledge of a doctor making such a recommendation, would result from such recommended treatment.

7. In the event of a loss of or injury to an organ or system whose functions were already impaired before the accident, the degree (percentage) of permanent bodily injury shall be determined as the difference between a condition after the accident and a condition existing directly prior to the accident.
8. In the event the Insured Person dies as a result of the accident before the lapse of 12 months from the date of the accident, the Insurance Company shall pay to the Beneficiary a one-off benefit equal to the full sum insured in the event of death as determined in the insurance document, provided that no benefit on account of permanent disability/bodily injury was paid earlier. However, if the permanent bodily injury benefit was already paid, the death benefit shall be reduced by the amount previously paid.
9. In the event the Insured Person dies for reasons not related to the accident and the degree (percentage) of permanent bodily injury was not determined earlier, the Insurance Company shall determine the presumable degree (percentage) of permanent bodily injury on the basis of the medical documentation collected.
10. In the event the Insured Person dies after their permanent bodily injury resulting from the accident was determined, but no benefit due to permanent bodily injury was paid, the Insurance Company shall only be obliged to pay the death benefit.
11. In the event of the Insured Person's death after the expiry of 12 months from the date of the accident, the death benefit under the accident insurance shall not be payable.

§ 16 Sum insured under accident insurance

1. The sum insured under accident insurance indicated in the insurance document shall be the sum per capita.
2. The Insurance Company's liability shall not exceed the amount of the sum insured.
3. Any amount of benefit paid to the Insured Person in connection with the same event shall decrease the sum insured.

§ 17 Exclusions of liability under accident insurance

In addition to the exclusions stated in § 42 hereof, the insurance cover shall not apply to the consequences of accidents resulting from:

- 1) Intentional self-mutilation or injury at one's own request or a suicide attempt and consequences of the Insured Person's suicide, irrespective of the Insured Person's sanity;
- 2) The Insured Person's undergoing medical treatment or procedures, except for those that were related to the treatment of consequences of an accident and were recommended by a doctor;
- 3) Unorthodox procedures or treatment, not recognized scientifically or medically;
- 4) Poisoning with solid or liquid substances which entered the Insured Person's organism through respiratory tract, digestive tract or skin;
- 5) An occupational disease and other illnesses, even those appearing abruptly or manifesting themselves after the accident has taken place;
- 6) Pregnancy and childbirth;
- 7) All somatic illnesses;
- 8) Mental disorders
- 9) Events resulting from the Insured Person's taking drugs, intoxicants, psychotropic substances or medicines not prescribed by a doctor or prescribed by a doctor, but not taken as recommended;
- 10) A pathological fracture, i.e. a fracture resulting from prior pathological bone conditions or subperiosteal fracture (the so-called bone rupture).

§ 18 Procedure for incidents under accident insurance

1. In the event of occurrence of an incident covered by the Insurance Company, the Insured Person or other persons acting on the Insured Person's behalf shall follow the provisions of this section.
2. In the event of an incident covered by the Insurance Company, the Insured Person shall, as far as possible, prevent the escalation of loss and limit the consequences thereof, as well as shall remain obliged to:
 - 1) Immediately submit himself/herself to medical care and to take up actions to mitigate the consequences of an accident by following the doctor's recommendations;
 - 2) Secure, at the place of the accident, the documents required to determine the legitimacy of the claim and the amount of the benefit, as well as the description of medical treatment, including the medical examination results (a doctor's diagnosis), justifying the necessity of providing immediate assistance, as well as other documents related to the accident which has taken place (e.g. a police memorandum describing the circumstances of a traffic accident, an industrial safety report in the case of an industrial accident);
 - 3) Submit to the Insurance Company in writing a loss notification, with the use of the form indicated by the Insurance Company or of contents corresponding to the contents of such a form, together with the comprehensive documentation of the accident, within 7 days from the date of return to the territory of the Insured Person's country of permanent residence, however not later than within 45 days from the date of the accident. The loss notification shall contain:
 - a) The insurance document number or other data making it possible to identify the Insured Person;
 - b) A detailed description of the circumstances of loss (the date, place, description of the loss and the actions taken by the Insured Person after the incident);
 - c) Medical documentation confirming the occurrence of the incident and injuries resulting therefrom;
 - 4) Undergo a medical examination (the extent of which shall be determined by the Insurance Company), to be conducted by doctors appointed by the Insurance Company, in order to determine the condition of the Insured Person's health or their bodily injury; the costs of such an examination shall be borne by the Insurance Company.
3. The Insurance Company shall investigate claims on the condition of receiving the Insured Person's authorization, which shall be made in writing to be valid, to consult doctors conducting the treatment and other persons or offices

in matters related to the accident to such an extent as is related to loss adjustment procedure, with the exception of death or coma.

4. In the event of the Insured Person's death, the persons entitled to the benefit, on production of a death certificate, shall be determined in accordance with § 8 section 4 hereof.

PERSONAL LIABILITY INSURANCE

§ 19 Subject matter and scope of personal liability insurance

1. The insurance shall cover the Insured Person's civil liability for damage to person or property resulting from a tortious act against a third party during the Insured Person's domestic trip, in connection to the performance of private life activities.
2. The Insurance Company's liability shall cover damage caused by the Insured Person, as well as by the persons and animals the Insured Person is liable for, if, under the laws of Insured Person's country of permanent residence, the Insured Person is obliged to redress such damage.

§ 20 Sum guaranteed under personal liability insurance

1. The sum guaranteed under personal liability insurance against damage caused to persons and property indicated in the insurance document shall constitute the upper limit of the Insurance Company's liability.
2. The sum guaranteed shall be determined individually per each Insured Person and shall be each time decreased by the compensation paid.
3. Under the sum guaranteed, the Insurance Company shall:
 - 1) Verify whether the claims against the Insured Person are legitimate;
 - 2) Pay the compensation which the Insured Person is obliged to pay to the aggrieved person on account of the damage caused covered by the insurance contract, on the basis of a settlement agreement concluded or approved by the Insurance Company, a recognition issued or approved by the Insurance Company or a legally valid court judgment;
 - 3) Cover the costs of a defence counsel hired to represent the Insured Person's welfare during the trial.

§ 21 Exclusions of liability under personal liability insurance

1. In addition to the exclusions stated in § 42 hereof, the Insurance Company shall not be liable for the damage:
 - 1) Resulting from contractual liability (failure to perform or inadequate performance of an agreement);
 - 2) Caused by the Insured Person to their family members and caused to animals in the charge of the Insured Person;
 - 3) Caused deliberately by members of the Insured Person's household;
 - 4) Resulting from owning wild and exotic animals remaining in the charge of the Insured Person;
 - 5) Resulting from the loss of or damage to property belonging to the Insured Person or the property of another person, used by the Insured Person on the basis of a rental, lease, loan, custody or similar agreement (save for a room rented in a hotel or in a guesthouse);
 - 6) Resulting from ordinary use of an object or due to such object's technical wear and tear;
 - 7) Comprising lost profits;
 - 8) To means of payment, files, documents, plans, archives, stamp and numismatic collections, IT files, irrespective of the type of carrier, and works of art;
 - 9) Resulting from activities not related to the Insured Person's private life,
 - 10) Relating to the violation of copyrights, patents, trademarks and registered names;
 - 11) Resulting from disease transmission;
 - 12) Caused by motor vehicles, vessels, machines or machinery driven or operated by the Insured Person;
 - 13) To the natural environment;
 - 14) Arising from the Insured Person's possession and utilization of any type of weapon, even for self-defence;
 - 15) Resulting from hunting of animals;
 - 16) Resulting from practising aerial sports;
 - 17) Caused by the Insured Person as a result of their alcoholism or events resulting from the Insured Person's being under the influence of alcohol, drugs, intoxicants, psychotropic substances or medicines not prescribed by a doctor or prescribed by a doctor, but not taken as recommended;
 - 18) Whose value does not exceed € 70.
2. The insurance cover shall not apply to compensations (damages) awarded under criminal law, i.e. all financial penalties (mandatory fines), court fines, administrative penalties and taxes.

§ 22 Procedure for incidents under civil liability insurance

1. In the event of occurrence of an incident covered by the Insurance Company, the Insured Person or other persons acting on the Insured Person's behalf shall follow the provisions of this section.
2. In the event of an incident covered by the Insurance Company, the Insured Person shall, as far as possible, prevent the escalation of loss and limit the consequences thereof
3. Additionally, the Insured Person or a person acting on the Insured Person's behalf shall, prior to taking up any actions on their own, immediately contact the Emergency Centre by telephone, not later than within 7 days from the date of the incident which may result in the Insured Person's civil liability, and present the circumstances of the incident, as well as collect, secure and provide the Insurance Company with the evidence necessary to determine the circumstances of the incident.
4. In the case of each incident covered by the civil liability insurance contract, the Insured Person shall enable the Insurance Company to perform activities necessary to define the circumstances in which the loss arose, as well as the legitimacy of a claim and the amount thereof.

5. If the aggrieved person vindicates a claim against the Insured Person, the Insured Person shall without delay notify the Insurance Company thereof.
6. In the case the Insured Person is notified that preparatory proceedings have been instigated or legal action has been taken against them, the Insured Person shall:
 - 1) Without delay, however not later than within 2 days, inform the Insurance Company about such a fact (even if the insured incident has been already reported by them);
 - 2) Provide the Insurance Company with the necessary authorizations to conduct compensative cases, including the warrant of attorney, if the aggrieved person has taken legal action against the Insured Person. The above shall not discharge the Insured Person from their obligation to lodge an objection prior to the relevant time limit, or to take up necessary measures of appeal;
 - 3) Immediately present to the Insurance Company any summons, lawsuit, extrajudicial documentation and court documents addressed to the Insured Person or served on them;
 - 4) Present to the Insurance Company the original documents substantiating the occurrence of the incident.
7. In the event a claim is vindicated, the Insured Person or a person acting on the Insured Person's behalf shall not be entitled to take up any actions with a view to accepting and satisfying such a claim nor shall they attempt to make a settlement with the aggrieved person without the Insurance Company's consent. In the event of a breach of the above provision the Insurance Company shall be discharged from its obligation to pay the benefit, unless, on account of the circumstances of the case, the Insured Person could not have acted differently.

LUGGAGE LOSS, THEFT OR DAMAGE INSURANCE

§ 23 Subject matter and scope of luggage loss, theft or damage insurance, inclusive of electronic equipment insurance

1. The subject matter of insurance is
 - 1) the Insured Person's luggage;
 - 2) portable electronic equipment which belongs to the Insured Person, subject to provisions of Section 4 below.
2. The insurance cover shall apply to luggage which is in direct custody of the Insured Person or if the Insured Person:
 - 1) Entrusts luggage to a professional carrier for transportation on the basis of a relevant transportation document;
 - 2) Deposits luggage at the left luggage office against a receipt;
 - 3) Leaves luggage in a room occupied by the Insured Person at the place of accommodation locked with a mechanical or electronic lock (save for a tent);
 - 4) Leaves luggage in a separate locked luggage room at a railway station or a bus station or at the airport;
 - 5) Places luggage in the locked luggage locker or a mechanically or electronically locked boot of a car kept at an attended car park and the luggage loss is confirmed with a relevant document;
 - 6) Places luggage in a mechanically or electronically locked vessel or car trailer (caravan) cabin kept at an attended site.
3. The Insurance Company shall pay to the Insured Person a compensation for luggage loss, theft, or damage (partial damage or entire destruction) in the case of:
 - 1) occurrences such as a fire, hurricane, flood, torrential rain, hail, avalanche/landslide, being struck with direct lightning, earthquake, land sinking or sliding, explosion or a crash of aircraft, and water leakage out the plumbing installation;
 - 2) Rescue operation carried out in relation to acts of God referred to in item 1) above;
 - 3) A ground, aquatic or aerial traffic accident in which the Insured Person has been involved;
 - 4) A burglary, substantiated by notifying the police, occurring in the rooms specified in section 2. above or a robbery;
 - 5) An accident or sudden illness reported to the Emergency Centre and confirmed by a doctor's diagnosis, as a result of which the Insured Person was not in a position to exercise due care of and to secure their luggage;
 - 6) Loss of, or damage to, luggage, if the luggage was in charge of a professional carrier, on the basis of a carriage document, or was left at the left luggage office against a receipt;
4. The Insurance Company shall pay to the Insured Person a compensation for theft or robbery of portable electronic equipment, if the portable electronic equipment was in direct care of the Insured Person or was placed in hand luggage.

§ 24 Sum insured under luggage loss, theft or damage insurance

1. The sum insured shall constitute the upper limit of the Insurance Company's liability,
2. The sum insured under luggage insurance indicated in the insurance document shall be the sum per each Insured Person.
3. In the cases of theft/robbery of electronic equipment, the upper limit of the Insurance Company's liability shall be 50% of the sum insured under luggage insurance, which shall constitute part of the sum insured under luggage insurance and not its complement.
4. Any amount of benefit paid to the Insured Person shall decrease the sum insured.

§ 25 Exclusions of liability under luggage loss, theft or damage insurance

1. In addition to the exclusions stated in § 42 hereof, the scope of luggage insurance shall also not cover the loss, or damage (partial damage or entire destruction):
 - 1) Caused by the Insured Person, members of the Insured Person's family or persons the Insured Person is liable for;
 - 2) Done to objects left unattended, subject to the provisions of § 23 section 3 item 5) hereof;
 - 3) Resulting from confiscation, forfeiture or damage to luggage by the customs authorities or other public authorities;

- 4) Not reported to the police or to the carrier within 24 hours from the date of discovering the loss covered by the insurance contract, except for the events beyond the Insured Person's control, as a result of which the Insured Person was prevented from doing so;
- 5) Whose value does not exceed € 25.
2. Additionally, the insurance shall not cover any damage (partly damaged or entirely destroyed luggage):
 - 1) Resulting from defects of the insured object or occurring due to ordinary wear and tear or damage (partly damaged or entirely destroyed luggage) to the insured object as an effect of its use;
 - 2) Caused by animals;
 - 3) Resulting from spontaneous combustion, decay, leak of liquids, fats, dyes or caustic substances deposited in the luggage;
 - 4) To fragile objects,
 - 5) To objects made of clay, glass, porcelain or marble;
 - 6) Caused to electrical or electronic apparatus and equipment as a result of defects thereof or the operation of electric current during their use, unless the operation of electric current caused the fire of the luggage.
3. The insurance shall not cover the following objects:
 - 1) Means of payment (payment cards, money etc.), travel tickets, vouchers, savings vouchers and coupons, securities and keys, tickets for cultural events (concert, theatre, or cinema tickets), as well as any documents;
 - 2) Jewellery, things made of precious metals and stones, watches, works of art, antiques, numismatic and other collections, documents and manuscripts, things of scientific and artistic value, trophies and musical instruments;
 - 3) Means of transport, except for prams and wheelchairs;
 - 4) Sports and tourist equipment (excluding tents, sleeping bags, foam mattresses, mattresses), and sailing equipment, such as rubber dinghies, pedal boats, and boats;
 - 5) Electronic equipment not in the direct care of the Insured Person, placed in the main luggage, deposited in the luggage compartment.
 - 6) Medical equipment, rehabilitation equipment, prostheses/artificial limbs, all types of glasses, contact lenses, medical apparatuses, except for blood pressure meters (sphygmomanometers) and glucose meters (glucometers).

§ 26 Procedure for incidents under luggage loss, theft or damage insurance

1. The Insured Person shall comply with the regulations in place in a given country, aimed at counteracting damage and, in particular, shall exercise due diligence in guarding the property.
2. In the event of an incident covered by the Insurance Company's liability, the Insured Person or other persons acting on the Insured Person's behalf shall follow the provisions of this section.
3. In the event of an incident covered by the Insurance Company's liability, the Insured Person shall:
 - 1) Prevent, as far as possible, the escalation of damage and limit the consequences thereof;
 - 2) Notify the police of each case of burglary, robbery or loss of objects covered by the insurance and obtain a written confirmation thereof (a report/protocol), itemizing the lost objects (their type, quantity) and the value thereof;
 - 3) Notify the relevant carrier or the management of the hotel, holiday house, camping site etc. of any damage occurring in the public means of transport or at the place of accommodation and obtain a written confirmation of such damage from a person or company responsible for luggage storing or liable for its damaging, itemizing the lost objects (their type, quantity) and the value thereof;
 - 4) Collect, secure and provide the Insurance Company with evidence for the circumstances of the incident;
 - 5) Secure, until the case is closed, the damaged (partly damaged or entirely destroyed) objects so as to allow for their inspection by the Insurance Company, the police, airport services;
 - 6) Not later than within 7 days from the date of return to the territory of the Insured Person's country of permanent residence, however not later than within 45 days from the date of occurrence of the damage, submit to the Insurance Company a claim notification, which shall contain:
 - a) The insurance document number or other data making it possible to identify the Insured Person;
 - b) A detailed description of the circumstances of the loss (the date, place, description of the loss and actions taken by the Insured Person after the incident occurred);
 - c) A list of damaged or lost objects, drawn up by the Insured Person and confirmed by competent authorities or by the person or company responsible for luggage storing or carriage;
 - d) Documentation confirming the loss or damage to luggage (partial damage or entire destruction);
 - e) Medical documentation confirming circumstances which led to the loss of luggage as a result of events referred to in § 23 section 3 item 5);
 - f) A confirmation of submitting notification of theft, burglary or robbery/assault to the competent authorities;
 - g) The original luggage tickets or receipts;
 - h) The original bills for the repair of damaged luggage and proofs of their payment;
 - i) Documents confirming the purchase or ownership of the destroyed or lost objects (receipts and other documents required by the Insurance Company).

§ 27 Determination of compensation under luggage loss, theft or damage insurance

1. The compensation shall be paid in the part which is not covered by the professional carrier liable for the damage to luggage (partial damage or entire destruction), or its loss.
2. The compensation may neither exceed the value of the actual loss suffered nor cover the damage caused earlier, including the extent of ordinary wear and tear.
3. In the event of luggage damage, the compensation shall be determined at repair costs, and in the case of luggage loss, at the actual value of an object, taking into account its ordinary actual wear and tear. The value of objects shall be

determined on the basis of original receipts of purchase or the value of new objects of identical functional features on the date of the incident.

4. In determining the extent of the loss, the following shall not be taken into consideration:
- 1) Scientific, collector's, antique or commemorative value of objects;
 - 2) Costs borne to disinfect the remains of the loss.

§ 28 Recovery of stolen or lost objects

1. In the event of recovering stolen or lost objects:
 - 1) The Insured Person shall immediately notify this fact to the Insurance Company;
 - 2) If the benefit has not been paid yet, the Insured Person shall collect the recovered objects, on doing which the Insurance Company shall pay the compensation for the damaged or missing luggage, if any, in accordance with the provisions hereof;
 - 3) If the compensation has already been paid, the Insured Person shall return the amount thereof to the Insurance Company or transfer the tenure or ownership rights to the recovered objects to the Insurance Company. The amount of compensation to be returned by the Insured Person shall be decreased by the Insurance Company by the amount of compensation obtained by the Insured Person in respect of any damage or missing items.

DELAYED LUGGAGE INSURANCE

§ 29 Subject matter and scope of delayed luggage insurance

1. The insurance shall cover the costs incurred by the Insured Person in connection with a delay in luggage delivery.
2. The Insurance Company shall, on the basis of original receipts, reimburse the Insured Person the costs up to the equivalent of €250, in the event when, as a result of an evidenced delay in luggage delivery by airlines to the place on the territory of the Insured Person's country of permanent residence by not less than 4 hours, the Insured Person has borne expenses to buy basic necessities, such as foodstuffs, clothes and toiletries.
3. The insurance cover pertaining to a delay in luggage delivery shall be granted provided that the luggage was entrusted to airlines against a receipt.
4. The insurance cover shall not be provided in the event of a delay in luggage delivery occurring outside of the territory of the Insured Person's country of permanent residence.

§ 30 Procedure for incidents under delayed luggage insurance

1. In the event of an incident covered by the Insurance Company's liability, the Insured Person or other persons acting on the Insured Person's behalf shall follow the provisions of this section.
2. In the event of an incident covered by the Insurance Company's liability, the Insured Person shall:
 - 1) Notify the carrier about it and obtain documents confirming a delay in luggage delivery and the time of delivering the luggage by the carrier to the Insured Person's place of stay.
 - 2) Obtain receipts and proofs of payment for the basic necessities.
 - 3) Not later than within 7 days from the date of return to the Insured Person's place of residence on the territory of the Insured Person's country of permanent residence, however not later than within 45 days from the date of occurrence of the damage, submit to the Insurance Company a claim notification, which shall contain:
 - a) The insurance document number;
 - b) The date, place and description of the loss;
 - c) Documentation confirming a delay in luggage delivery;
 - d) The original receipts or invoices for the purchase of basic necessities;
 - e) All the original documents and information confirming the legitimacy of the claim and/or other information required by the Insurance Company in order to determine the entitlement to the compensation or the amount thereof.

§ 31 Exclusions of liability under delayed luggage insurance

In addition to the exclusions stated in § 42 hereof, the scope of luggage insurance shall not cover:

- 1) Delays resulting from confiscation, forfeiture or damage to luggage by the customs authorities or other public authorities;
- 2) Delays in the trip taking place outside of the territory of the Insured Person's country of permanent residence;
- 3) Events occurring as a result of natural disasters;
- 4) Purchase of basic necessities in the event of a delay of less than 4 hours from the moment of the Insured Person's arrival at their destination.

DELAYED FLIGHT INSURANCE

§ 32 Subject matter and scope of delayed flight insurance

1. The insurance shall cover the costs incurred by the Insured Person in connection with a delayed flight.
2. The Insurance Company shall, on the basis of original receipts, reimburse the Insured Person the costs up to the amount of the sum insured indicated in the insurance document, in the event when, as a result of an evidenced flight delay of no less than 4 hours as compared to the scheduled time, the Insured Person incurred necessary expenses for the purchase of basic necessities, such as clothes, toiletries, foodstuffs, and for the reservation of accommodation for an additional night(s), and the transfer to and from the airport.
3. The Insurance Company's liability shall consist in reimbursing the indispensable expenses incurred by the Insured Person and not covered by the professional carrier, in the amount not exceeding the sum insured indicated in the insurance document.

§ 33 Procedure for incidents under delayed flight insurance

1. In the event of an incident covered by the Insurance Company's liability, the Insured Person or other persons acting on the Insured Person's behalf shall follow the provisions of this section.
2. In the event of an incident covered by the Insurance Company's liability, the Insured Person shall:
 - 1) Contact the carrier providing the flight and obtain from the carrier the documents confirming a flight delay ;
 - 2) Obtain from the carrier information in writing on which costs incurred by the Insured Person due to a flight delay shall be covered by the carrier;
 - 3) Obtain receipts and proofs of payment for the basic necessities, for the reservation of accommodation for an additional night(s), and for the transfer to and from the airport incurred due to a delayed flight, unless these expenses are covered by the professional carrier; the documents itemized above shall constitute the basis for the calculation and payment of the benefit;
 - 4) Not later than within 7 days from the date of return to the Insured Person's place of residence on the territory of the Insured Person's country of permanent residence, however not later than within 45 days from the date of occurrence of the damage, submit to the Insurance Company a claim notification, which shall contain:
 - a) The insurance document number or other data making it possible to identify the Insured Person;
 - b) The date, place and description of the loss;
 - c) Documentation confirming the flight delay;
 - d) The original receipts or invoices for the purchase of basic necessities and for the reservation of accommodation for an additional night(s), and the transfer to and from the airport;
 - e) All the original documents and information confirming the legitimacy of the claim and/or other information required by the Insurance Company in order to determine the entitlement to the compensation or the amount thereof.

§ 34 Exclusions of liability under delayed flight insurance

1. In addition to the exclusions stated in § 42 hereof, the scope of insurance shall not cover:
 - 1) A flight delay occurring outside of the Insured Person's domestic trip;
 - 2) A delay of a flight which the Insured Person did not confirm/check-in for, save for the cases in which the Insured Person was prevented from doing so due to a strike or occurrence of Force Majeure;
 - 3) The purchase of basic necessities in the event of a delay of less than 4 hours as compared to the scheduled departure time;
 - 4) A delay resulting from a strike, about which the Insured Person knew prior to the departure;
 - 5) A temporary or permanent withdrawal of an airplane by the airport authorities, civil aviation authorities or a competent authority of any country;
 - 6) Events occurring as a result of natural disasters.
2. The Insurance Company shall not be liable for any losses incurred by the Insured Person as a result of the departure not taking place as scheduled and for the expenses borne by the Insured Person in connection with a delay of a domestic scheduled flight, the covering of which shall be the obligation of the professional aviation carrier subject to the law in force.

INSURANCE OF MOVABLE PROPERTY LEFT AT HOME IN THE INSURED PERSON'S COUNTRY OF RESIDENCE AGAINST BURGLARY DURING THE INSURED PERSON'S DOMESTIC TRIP

§ 35 Subject and scope of insurance of movable property left in the Insured Person's home

1. The subject of the insurance is movable property belonging to the Insured Person, left at home in the Insured Person's country of permanent residence, during a domestic trip, which was damaged, destroyed or lost as a result of burglary.

§ 36 Sum insured for movable property left in the Insured Person's home

1. The sum insured shall be the actual value of the movable property owned by the Insured Person, damaged, destroyed or lost as a result of burglary of the Insured Person's home, up to a maximum of the equivalent of €5,000 per event.
2. The sum insured for movable property indicated in the insurance document shall be the sum for each Insured Person during their domestic trip.

§ 37 Exclusions of liability under insurance of movable property left in the Insured Person's home

Apart from the exclusions set out in § 42 hereof, the Insurance Company shall not be liable for movable property belonging to the Insured and damaged, destroyed or lost as a result of burglary:

- 1) when the damage, destruction or loss of movable property belonging to the Insured Person as a result of burglary occurred outside the period of insurance cover;
- 2) when the damage, destruction or loss of movable property belonging to the Insured Person was caused by events other than burglary;
- 3) when the damage, destruction or loss of movable property belonging to the Insured Person was caused by events resulting from the use of nuclear, biological or chemical weapons.

§ 38 Procedure in the event of an incident within the scope of insurance of movable property left in the Insured Person's home

1. The Insured Person shall notify the Insurance Company in writing of the occurrence of an event of damage, destruction or loss of movable property belonging to the Insured Person as a result of burglary, within 7 days from the date of completion of the trip, and shall provide:
 - 1) a police report detailing the event, issued by the police stating that the event occurred during the period of insurance;

- 2) documents and information confirming the basis of the claim and/or other information requested by the Insurance Company in order to establish the right to compensation or its amount.
2. The Insured Person shall be obliged to inform the police about the damage, destruction or loss of movable property belonging to the Insured Person as a result of burglary as soon as possible after noticing the occurrence of the event, but no later than 24 hours after the scheduled date of completion of the trip.

Missed Flight Insurance

§ 39 Subject and scope of insurance against missed flight

1. The subject of the insurance are the costs incurred by the Insured Person in connection with the Insured Person's missing a flight due to:
 - 1) car breakdown or accident, including taxis, or
 - 2) public transport delays.
2. The Insurance Company shall refund to the Insured Person, on the basis of original invoices, the costs up to the sum insured indicated in the insurance document, if, due to the documented missed flight, the Insured Person incurred necessary expenses for additional travel costs up to the time of the nearest possible departure to the destination of the trip.
3. The Insurance Company's liability is based on the reimbursement of the Insured Person's necessary expenses for additional travel costs not covered by a professional carrier, in an amount not exceeding the sum insured indicated in the insurance document.

§ 40 Sum insured against missed flight

1. The Insurance Company shall be liable no more than up to the sum insured.
2. The sum insured against missed flight indicated in the insurance document is the sum for each Insured Person for the whole stay.

§ 41 Exclusions of liability under insurance against missed flight

1. Apart from the exclusions set out in § 42 hereof, the Insurance Company shall not be liable for costs incurred due to missing a flight due to:
 - 1) war, civil war, political upheaval, revolution, military action, martial law, state of emergency;
 - 2) riots, acts of terrorism;
 - 3) seizure, appropriation, nationalisation, requisition or destruction of the means of transport referred to in § 43(1) carried out on the orders of the competent authorities;
 - 4) ionising radiation or radioactive contamination from any source, including from nuclear fuel or fuel combustion or from any nuclear waste from the fission or fusion process.

FINAL PROVISIONS

§ 42 General exclusions of liability

1. This section deals with exclusions of the Insurance Company's liability relating to all risks covered by the insurance contract.
2. The Insurance Company shall not be held liable if the Policyholder or the Insured Person caused any loss intentionally or as a result of gross negligence, unless the payment of a benefit is equitable in the specific circumstances.
3. The Insurance Company shall not be liable for incidents:
 - 1) resulting from illnesses or consequences of personal accidents that have occurred outside the insurance period
 - 2) resulting from the Insured Person's failure to undergo vaccination or other preventive treatment necessary prior to departing to countries where such treatment is required;
 - 3) resulting from events that took place during travel that does not meet the definition of domestic trip;
 - 4) arising from mental disorders or diseases, neurosis, depression (even if they are consequences of an accident), and for the incidents connected with psychoanalytical or psychotherapeutic treatment;
 - 5) arising from sexually transmitted diseases, AIDS and HIV infection;
 - 6) resulting from the Insured Person's drugs, intoxicants, psychotropic substances or medicines not prescribed by a doctor or prescribed by a doctor, but not taken as recommended, unless this did not affect the insured event occurring;
 - 7) caused deliberately by the Insured Person, self-mutilation, attempted suicide and consequences of a suicide, irrespective of the Insured Person's sanity;
 - 8) resulting from diseases and accidents caused by epidemics (with the exception of COVID-19 cases) or contamination, or any type of radioactive or ionizing radiation;
 - 9) resulting from incidents directly related to social riots and unrest, disturbances, strike, sabotage and coups;
 - 10) resulting from events directly related to local and international war activities;
 - 11) resulting from acts of terror, unless these occurred unexpectedly during the Insured Person's trip; in this case the Insurance Company's liability shall last until the end of the 7th day, counting from the day on which the sudden act of terror transpired; the Insurance Company shall provide insurance cover only with respect to the transportation of the Insured Person to the place of residence on the territory of the Insured Person's country of permanent residence;

- 12) resulting from acts of terror occurring in regions in which acts of terror have taken place during the 60 days preceding the event giving rise to the loss; a region shall be construed as the area within a 200 km radius from the place of the insured event;
 - 13) resulting from the Insured Person's stay in restricted access areas;
 - 14) resulting from actions against the local law and local authorities' bans;
 - 15) resulting from the Insured Person's practising sports in unauthorized places;
 - 16) resulting from the Insured Person's participation in animal hunting;
 - 17) resulting from practising extreme sports;
 - 18) related to aviation accidents, unless the Insured Person was a passenger of licensed airlines;
 - 19) resulting from the failure to respect the commonly accepted safety rules;
 - 20) resulting from the Insured Person's driving a vehicle without a valid and required driving licence or from the Insured Person's driving a vehicle under the influence of alcohol, drugs, toxicants, psychotropic substances;
 - 21) arising from the Insured Person's participation in competitions or races as a driver, a driver's assistant or a passenger of any motor vehicle, including any types of test or trial drives;
 - 22) caused by the Insured Person, or resulting from the Insured Person's complicity, intentionally or as a result of the Insured Person's gross negligence;
 - 23) arising from accidents occurring during the performance of stuntman's duties;
 - 24) arising from participation in any manoeuvres carried out under the supervision of the military authorities, or for the actions of paramilitary organizations;
 - 25) resulting from performing physical work;
 - 26) resulting from practising competitive or professional sports, except for the participation in marathons races.
3. The Insurance Company will not provide coverage, will not be obliged to pay any compensation or benefit under this Insurance Contract to the extent to which provision of such coverage, payment of such compensation or benefit would expose the Insurance Company or its parent company to any penalty, ban/prohibition or restriction pursuant to Resolutions of the United Nations, Great Britain or law of the European Union or the United States of America relating to trade and economic sanctions.

§ 43 General provisions

1. Unless stipulated otherwise herein, any and all notices and representations addressed to the Insurance Company to be valid shall be submitted in writing.
2. All correspondence and contacts with the Insurance Company shall be conducted in Polish, English or Spanish, however medical documentation must be submitted in either the Polish or the English language. The Insurance Company may demand that documents be translated from a foreign language into Polish, in which case the document shall be translated into Polish by a sworn translator.
3. The insurance contract may be complemented with additional provisions or regulations, different from these General Terms and Conditions of Insurance. Such amendments to be valid shall be made in writing.
4. In matters not provided for herein, the provisions of the Polish law shall apply.
5. In the event that the Policyholder, the Insured Person or a person authorized to make claims does not concur with the Insurance Company's decisions concerning a refusal to satisfy the claim, or submits any other complaints or appeals, such persons may apply to the Insurance Company to re-examine a particular case.
6. If the Policyholder/Insured Person or another individual authorized to obtain the benefit under the insurance contract would like to make a complaint to the Insurance Company, this should be done
 - 1) in writing, sending a letter to: Colonnade ul. Marszałkowska 111, 00-102 Warszawa, or
 - 2) by telephone, calling +48 22 528 51 00 or orally for the record during a visit at the Insurance Company's seat, or
 - 3) via e-mail: reklamacje@colonnade.pl.
7. The Insurance Company replies to a complaint in writing within 30 days from the date of its receipt, and in particularly complicated cases, within 60 days from the date of its receipt. A reply to a complaint may be sent via email, if the complaining person has requested so and indicated their e-mail address.
8. Moreover, the Policyholder/Insured Person may complain to:
 - 1) the Financial Ombudsman;
 - 2) the Financial Supervision Authority, which supervises the Insurance Company's operations in Poland;
 - 3) the Municipal and District Consumer Ombudsmen.
9. Irrespective of the provisions of this section, the Policyholder/Insured Person or another person entitled to obtain the benefit may take legal actions in order to pursue their claims.
10. Any disputes arising from the insurance contract will be considered by a court of a competent jurisdiction in accordance with the provisions on general jurisdiction or by a court of a competent jurisdiction for the place of residence or registered seat of the Policyholder, the Insured Person, the Beneficiary under the insurance contract or heirs of the Insured Person or the Beneficiary.
11. The Insured Person is provided with assistance in connection with an incident covered by the insurance contract under state regulations of the country in which it is provided, or under international regulations.
12. The Financial Ombudsman (*Rzecznik Finansowy* (www.rf.gov.pl)) is the entity entitled to conduct out-of-court proceedings related to the resolution of consumer disputes.

Rules for the processing of personal data

The administrator of personal data is Colonnade Insurance S.A., carrying out operations in Poland through its local office (hereinafter: Colonnade or the Administrator). The legal basis and purpose of the processing of personal data is to take action prior to the conclusion and completion of an insurance contract, including the fulfilment of Colonnade's legal obligation to assess an insurance risk and to assess the needs (adequacy of the product offered). In case of collecting the data concerning the state of health, the legal basis for the processing of those data is the person's consent. For persons other than the Policyholder, e.g. the Insured Person, the performance of an insurance contract, which constitutes the legal basis for the personal data processing, shall constitute the justified purpose of the personal data processing.

Personal data may also be processed in order to fulfil the legal obligations incumbent on the Administrator, and the necessity to process them always stems from legal regulations (concerning insurance activity, complaint handling, tax and accounting issues, statistical and actuarial obligations and consumer protection), as well as for purposes arising from the legally justified interests of the Administrator (i.e. reduction of insurance risk through its reinsurance, prevention of Administrator's sustaining damage through counteracting insurance crime, conducting direct marketing of in-house products through conducting analytical activities and contacting the person whom the data concern, ensuring compliance with international sanctions through analyses, and also to for the purpose of asserting or defending against claims arising from the Administrator's activity, including any necessary actions to secure them). Personal data may be disclosed to other entities only in connection with the implementation of the aforementioned objectives and on the basis of a written agreement (including IT service providers, insurance intermediaries, loss adjusters, debt collectors and marketing agencies), as well as to other entities in connection with the justified purpose of the Administrator (including insurance companies, reinsurers, payment operators, entities providing services directly to the benefit of the aggrieved person).

Depending on the purpose, personal data is always processed no longer than provided for by the statute of limitations of claims or legal regulations. Personal data may be transferred to third countries (outside the European Economic Area) only in situations specified by law, in particular if conditions ensuring an adequate level of personal data security are met. In order to comply with established international sanctions, your personal data may be transferred to DXC Technology, a company based in the United States, which has joined the Privacy Shield program, meaning that DXC Technology ensures that appropriate measures are taken to protect and secure personal data as required by European law.

The person whom the data concerns has the right to request access to personal data, to correct it, delete it or limit the processing of it or to object to the processing of it, the right to transfer the data and to lodge a complaint with the data protection supervisory authority (both in Poland and Luxembourg) and the right to withdraw their consent. The provision of personal data is necessary for the conclusion, accession and completion of an insurance contract and for the fulfilment of Colonnade's legal obligations. It is not possible to conclude and access an insurance contract without supplying personal data. Providing a telephone number and an email address is voluntary, unless these are required for the purpose of delivering the insurance documentation. Notwithstanding the above, conducting direct marketing activities by e-mail or by telephone shall not be possible without prior consent, which may be revoked at all times by making contact, as specified in the General Terms and Conditions of Insurance, or on the website: www.colonnade.pl.

The Administrator may make automated decisions, including profiling, regarding the assessment of insurance risk, which may affect the scope of the offered product, the amount of premium or the refusal to conclude an insurance contract on account of the information provided, in particular, concerning age, place of residence, claims number/history, subject-matter of insurance. The person whom the data concerns shall have the right to obtain human intervention from the Administrator, to express their views and to challenge this decision by contacting the Administrator in the manner set out below.

The Administrator may be contacted by writing a letter to Colonnade, calling +48 22 276 26 02 and sending an email to bok@colonnade.pl. For all matters relating to the processing of personal data, in particular exercising your rights in relation to data processing, objection, or data transfer outside the EEA, you may contact the Data Protection Officer at Colonnade (dpo@colonnade.pl) or send a letter to a Colonnade branch at all times.

In particular, the person whom the data concerns shall have the right to object to the processing of the personal data for the purpose of conducting direct marketing campaigns.

**ANNEX 1 – TABLE OF BENEFITS
TO GENERAL TERMS AND CONDITIONS OF TRAVEL PROTECT GROUP TRAVEL INSURANCE – DOMESTIC TRIPS**

Type of permanent disability	Percent of permanent disability
Total loss of sight of both eyes	100
Insanity resulting in complete incapacitation	100
Total deafness	100
Total loss of speech	100
Total loss of at least one arm and one foot	100
Total loss of both legs	100
Total loss of both feet	100

Head

Total loss of one eye	40
Total deafness of one ear	30
Concussion	1
Parenchymal contusion	4
Fractures of cranial bones	2
Facial fractures (jaw, zygomatic bone)	2
Fracture of mandible	1
Loss of permanent teeth (per tooth)	1
Fracture of nasal bones	2
Loss of sight in one eye	35
Loss of auricle	15
Partial loss of tongue	5

Upper limbs

	Right [%]	Left [%]
Loss of at least one arm or one hand	60	50
Total paralysis of the upper limb (incurable lesion of the nerves)	65	55
Total paralysis of the axillary nerve	20	15
Shoulder ankylosis	40	30
Elbow ankylosis:		
- in favourable position (90° ± 15°)	25	20
- in unfavourable position	40	35
Total paralysis of the median nerve	45	35
Total paralysis of the radial nerve at the torsion cradle	40	35
Total paralysis of the forearm radial nerve	30	25
Total paralysis of the hand radial nerve	20	15
Total paralysis of the cubital nerve	30	25
Ankylosis of the wrist in favourable position (straight and in pronation)	20	15
Ankylosis of the wrist in unfavourable position (flexion or strained extension or supine position)	30	25
Total loss of one thumb (I)	20	15
Partial loss of one thumb (ungula phalanx) (I)	10	5
Total ankylosis of one thumb (I)	20	15
Total loss of one forefinger (II)	15	10
Amputation of two phalanges of forefinger (II)	10	8
Total loss of the unguis phalanx of one forefinger (II)	5	3
Total loss of one median finger (III)	10	8
Simultaneous amputation of thumb and forefinger	35	25
Total loss of thumb and finger of one hand, excluding forefinger	25	20
Total loss of two fingers of one hand, excluding thumb and forefinger	12	8
Total loss of three fingers of one hand, excluding thumb and forefinger	20	15
Total loss of four fingers of one hand, including thumb	45	40
Total loss of four fingers of one hand (II – V), excluding thumb	40	35
Total loss of the third/ring (IV) or the fourth/little (V) finger, excluding thumb, forefinger and median	7	3

Upper limb injuries

	Left or right[%]
Fracture of proximal humerus epiphysis	6
Diaphyseal humerus fracture	4
Fracture (intra-articular) of distal humerus epiphysis, or proximal radial epiphysis, or proximal ulnar epiphysis	6
Dislocation of elbow joint	4
Distortion of elbow joint	2
Fracture of ulnar shaft or radial shaft	3
Fracture (intra-articular) of distal radial epiphysis or distal ulnar epiphysis	5
Fracture (intra-articular) of distal radial epiphysis and distal ulnar epiphysis (both forearm bones)	6
Dislocation of elbow joint	6
Distortion of elbow joint	2
Fracture of wrist and metacarpal bones	3
Fracture of thumb	3
Fracture of forefinger	2
Fracture of fingers III - V of the hand, except thumb and forefinger (for each finger)	1

Lower limbs

	Right or left [%]
Amputation of thigh (upper half)	60
Amputation of thigh (lower half) and leg (shank)	50
Total loss of foot (tibio-tarsal disarticulation)	45
Partial loss of foot (sub-ankle-bone disarticulation)	40
Partial loss of foot (medio-tarsal disarticulation)	35
Partial loss of foot (tarso-metatarsal disarticulation)	30
Total paralysis of lower limb (incurable nerve lesion)	60
Complete paralysis of the external popliteal sciatic nerve	30
Complete paralysis of the internal popliteal sciatic nerve	20
Complete paralysis of two nerves (popliteal sciatic external and internal)	40
Anchylosis of the hip	30
Anchylosis of the knee	20
Anchylosis of the ankle	20
Shortening of the lower limb by at least 5 cm	10
Total amputation of all the toes	25
Amputation of four toes including big toe	20
Amputation of four toes	10
Amputation of the big toe	10
Amputation of two toes	5
Amputation of one toe other than the big toe	3

Lower limb injuries

	Left or right [%]
Dislocation of hip joint	10
Distortion of hip joint	1
Fracture of femur	8
Fracture of kneecap (patellar fracture)	4
Dislocation of knee joint	20
Distortion of knee joint	5
Fracture of shin bone (tibia)	5
Fracture of fibula	1
Fracture of tibia and fibula (both bones of shin)	6
Fracture of calcaneal bone	8
Fracture of talus	6
Dislocation of ankle joint	10
Distortion of ankle joint	2
Fracture of tarsal bones	2
Fracture of metatarsal bones	2

Injuries to the chest, torso and internal organs

	[%]
Fracture of cervical spine	8
Fracture of thoraco-lumbar spine section (except coccyx)	8
Fracture of scapula	2
Fracture of clavicle	2
Fracture of sternum	1
Fracture of rib (for each rib)	1
Fracture of pelvic bones	5

Fracture of acetabular fossa	7
Loss of spleen	15
Loss of kidney	30

If the Insured Person is left-handed, the percent values of the benefits provided in the Table of Benefits for the left and right limbs shall be transposed.

TRAVEL PROTECT Group Travel Insurance – Domestic Trips

Document containing information on an insurance product

Company: Colonnade Insurance S.A. registered in Luxembourg carrying out its operations in Poland through its local Office

Policyholder: eSky.pl S.A.

Product: TRAVEL PROTECT Group Travel Insurance– domestic trips

This document constitutes demonstrative material only. Full and binding information regarding the insurance contract can be found in the General Terms and Conditions (GTC) of TRAVEL PROTECT Group Travel Insurance – Domestic Trips of 07.09.2021 (GTC).

What kind of insurance is this?

Comprehensive insurance of certain fortuitous events, as defined in the insurance contract, which can arise during a domestic trip.



What is covered by the insurance?

✓ **Cost of medical transport and assistance** – costs of services related to travel, the full scope of which is defined in the GTC.

- 1) 24-hour on-call service in connection with insurance cover.
- 2) Transport of the Insured Person.
- 3) Transport of the body of the Insured Person.
- 4) Transmission of urgent information.
- 5) Transport of family members accompanying the Insured Person who died as a result of sudden illness or accident.
- 6) Transport and costs of stay (accommodation, meals) of minor children travelling with the Insured Person in the event of the Insured Person's hospitalisation or death.
- 7) Coverage of accommodation and transport costs of one person accompanying the Insured Person.
- 8) Transport and stay of a family member summoned to the Insured Person or of another person indicated by the Insured Person.
- 9) Assistance in case of necessity of the Insured Person's early return, in situations provided for in the GTC.
- 10) Organisation and payment of the costs of accommodation and meals for the Insured Person, in the event that their trip has to be prolonged. Moreover, covering costs related to the stay of a person summoned to accompany them for up to 3 days.
- 11) Continuation of the Insured Person's planned travel after the end of treatment associated with a sudden disease or personal accident and when the Insured Person's state of health allows it.
- 12) Extension of cover up to 3 days in an emergency without paying an additional premium for the cover.
- 13) Ski lift ticket reimbursement in connection with a sudden illness or personal accident of the Insured Person.
- 14) Benefit in the event of closure of all ski slopes within a radius of 30 km from the Insured Person's place of accommodation,.
- 15) Reimbursement of ski equipment hire costs in situations provided for in the GTC.
- 16) Quarantine benefit to cover necessary and documented additional costs for accommodation, meals and transport.

- ✓ **personal accidents** occurring during the period of insurance resulting in permanent health impairment or death of the Insured Person.
- ✓ **personal liability** for personal injury and damage to property caused by a tortious act against third parties in connection with the performance of private life activities and for damage caused by persons and animals for which the Insured Person is liable
- ✓ **luggage**, which is in the direct care of the Insured Person or has been entrusted to other persons indicated in the GTC. Luggage shall be insured against the following risks: loss, theft, destruction or damage.
- ✓ **electronic equipment**, which remains under the direct care of the Insured Person, and is insured against the following risks: theft and robbery.
- ✓ **delay in delivery of luggage** (by at least 4 hours) entrusted to an airline to a place of stay outside the Insured Person's country of permanent residence.
- ✓ **flight delay** (by at least 4 hours), providing reimbursement for necessities, extra accommodation, transfers to and from the airport.
- ✓ **movable property** of the Insured Person, left in their home in the country of permanent residence, during a domestic trip, which has been damaged or destroyed or lost as a result of burglary.
- ✓ **missing a flight** provides for reimbursement of the costs incurred by the Insured Person in connection with their missing a flight due to a breakdown or an accident of an aircraft, a taxi or a delay in public transport.

The sums insured are indicated on the certificate or in the GTC. The liability of the Insurance Company under the insurance contract shall not exceed the limit of liability indicated for the particular risks in the certificate



What is not covered by the insurance?

- ✗ personal liability of the owner of the vehicle in which the Insured Person is travelling;
- ✗ personal liability for damage caused in connection with performance of work;
- ✗ bodily injuries which are not included in the table of benefits contained in appendix no. 1 to the GTC;
- ✗ medical expenses;
- ✗ the costs and arrangements for transporting companion animals;
- ✗ travel cancellation costs;
- ✗ coverage of search and rescue costs in mountains and at sea;



What are the limitations of the insurance cover?

The insurance does not cover:

- ! intentional self-harm, suicide or attempted suicide, offence or attempted offence;
- ! events occurring outside domestic travel;
- ! events resulting from mental disorders and illnesses, depression, neuroses;
- ! events caused by air accidents, except if the Insured Person was a passenger of a licensed airline;
- ! damage caused by the Insured Person being under the influence of drugs, other intoxicants and psychotropic substances or medicines, unless they have been administered or prescribed by a doctor and taken as instructed;
- ! AIDS/HIV or any other sexually transmitted disease;
- ! engaging in professional or competitive sport, with the exception of participation in running marathons;
- ! active participation in extreme sports;
- ! risks involved in carrying out physical work.

Medical transport and assistance costs:

The Insurance Company will not pay the benefit if:

- ! the Insured Person travels against medical advice;
- ! the purpose of the trip is to obtain medical treatment or advice;
- ! the event is caused by an epidemic or pandemic, with the exception of benefits resulting from COVID-19;
- ! the Insured Person has been placed in quarantine and before the date of the planned departure the authorities of the country concerned announced that a quarantine must be followed on arrival;

Personal accidents

The Insurance Company will not pay the benefit:

- ! for bodily injury that occurred before the period of insurance;
- ! for events resulting from the Insured Person's undergoing medical treatment and procedures, unless it was connected with treating the consequences of a personal accident and was ordered by a doctor;
- ! for treatment or therapy not scientifically or medically recognised.

Personal liability:

The Insurance Company shall not pay benefits for claims arising, inter alia, from:

- ! damages awarded on the basis of criminal law;
- ! damage caused by the Insured Person being under the influence of alcohol;
- ! contractual liability;
- ! loss of or damage to property belonging to, entrusted to or under the custody or control of the Insured Person or any of their family members or household members;
- ! damage caused by the Insured Person to members of their family, damage caused by the Insured Person to animals for which they are responsible;

! damage with a value of less than €70.

Hand luggage and electronic equipment:

The Insurance Company shall not pay the benefit for:

- ! damage to means of payment, documents, jewellery, sports equipment, tourist and medical equipment;
- ! luggage delay of more than 4 hours;
- ! damage to items left unattended;
- ! damage with a value greater than €25;
- ! damage due to natural disaster.

Delay in luggage delivery:

The Insurance Company shall not pay the benefit if:

- ! the damage was caused by a natural disaster;
- ! the delay exceeded 4 hours;
- ! damage resulting from action by customs or other authorities.

Flight delay:

The Insurance Company shall not pay the benefit if:

- ! the delay exceeded 4 hours;
- ! The Insured Person did not confirm the flight / did not check in beforehand;
- ! the damage was caused by a natural disaster;
- ! the delay is due to a strike of which the Insured Person was aware before travelling.

Movable property

The Insurance Company shall not pay the benefit if:

- ! theft is not documented by a police report by the local police in the country of residence of the Insured Person;
- ! the damage was caused by an incident other than burglary;
- ! damage to, destruction or loss of movable property belonging to the Insured Person was caused by events resulting from the use of nuclear, biological or chemical weapons.

Missing a flight:

The Insurance Company shall not pay the benefit if:

- ! the flight was missed because of war, civil war, political upheaval, revolution, military action, martial law, state of emergency;
- ! riots or acts of terror occur as a result of which the Insured Person misses their flight.



Where the insurance is valid

The insurance cover is granted for the duration of the Insured Person's travel in the country of permanent residence, including the return to the country of permanent residence from another country.



What do the Insured Person's obligations include?

- To prevent, as far as possible, an increase in the size of the loss and to limit its consequences and to inform the Insurance Company of the incident and to prove that the incident occurred.

- In the case of **insurance of costs of medical transport and assistance** – to make telephone contact with the Emergency Centre before taking any action, at the latest within 24 hours from the occurrence of the event covered by the insurance, and to follow further instructions from the Centre.
- In the case of **personal accident insurance** – to undergo medical treatment without delay.
- In the case of **personal liability insurance** – to call Colonnade Emergency Centre immediately before taking any action.
- To notify the police of incidents involving insured items and obtain a written report detailing the items lost and their value,
- To notify the relevant carrier or the hotel management of any damage that occurred on public means of transport or at the place of accommodation and to obtain written confirmation of the damage from the person or company responsible for the storage or damage to the luggage, specifying the items lost and their value.
- To obtain written confirmation from the operating air carrier of the delay of the flight or the delivery of luggage.
- To provide the Insurance Company with documents, receipts and information in respect of the insured event and to enable the Insurance Company to take the necessary steps to establish the circumstances of the event.
- Before concluding an insurance contract for the benefit of third parties, the Policyholder is obliged to submit these GTC



How and when shall premiums be paid?

As a single payment, on the day of conclusion of the insurance contract at the latest, to the account indicated in the insurance document.



When does the insurance cover begin and end?

The coverage shall begin no earlier than on the date indicated in the insurance document and upon payment of the premium. Moreover, for insurance:

- costs of medical transport and assistance, personal accidents, personal liability, travel luggage and portable electronic equipment, missed flight, flight delays – the cover begins at the time of commencement of travel by air and/or train and/or coach at departure, not earlier, however, than on the day specified in the insurance document as the day of beginning of insurance cover and after the premium has been paid, while it ends at the time of return of the Insured Person to the place of residence in the country of permanent residence, not later, however, than at 11.59 p.m. on the day specified in the insurance document as the day of termination of insurance cover;
- movable property left in the place of residence - cover shall commence at the moment of leaving the home on the day of commencement of the planned travel and shall end at the moment of the Insured Person's return to the country of permanent residence.

The insurance cover ends:

- on the day the sum insured is exhausted;
- on the day of termination of the contract before the expiry of the agreed termination date of the insurance cover, either by mutual agreement or by notice;
- on the day of withdrawal from the insurance contract;
- on the day of death of the Insured Person - with respect to that Insured Person;
- when the Insured Person leaves the territory of the country of permanent residence;
- no later than midnight of the last day of the period of insurance (which must not exceed 4 months, as shown in the document of insurance).

If the Insured Person has already begun travelling in the country of their permanent residence at the time of concluding the insurance contract, the Insurance Company's liability shall commence at the earliest after 3 days, counting from the day following the conclusion of the insurance contract, but no earlier than at the time of paying the insurance premium. The above limitation shall not apply to renewal of insurance contracts, provided that the renewal takes place before the expiry of the insurance period resulting from the previous insurance contract concluded with the Insurance Company.



How to terminate an insurance contract?

The insurance contract as concluded for a definite period of time may not be terminated.

The Insured Person has the right to cancel the insurance at any time before the start of the insurance cover. Once the insurance cover has begun it is not possible to cancel the insurance.