

DOCUMENTS TO THE PROOF OF INSURANCE

Comprehensive

COVERAGE	WHEN IT APPLIES: COVERAGE SUMMARY	MAXIMUM BENEFIT
Travel Cancellation Coverage	You have to cancel <i>your trip</i> before you depart. Deductible: 10 % of the reimbursable loss; with a minimum of 25 € per loss event per person or property.	5,000 €
Travel Interruption Coverage	Your travel plans are interrupted while you are on your trip.	5,000 €
Travel Delay Coverage	Your travel plans are delayed while you are on your trip. Maximum reimbursement per 24-hour period of delay (minimum required delay: 4 hours)	250 €
Baggage Coverage	Your baggage is lost, damaged, or stolen while on your trip.	3,000 €
Baggage Delay Coverage	Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip. Minimum Required Delay: 24 hours	300 € per person
Emergency Medical/Dental Coverage	You have to pay for emergency medical or dental treatment while on your trip. -Medical expenses -Dental expenses	300,000 € 300 €
Emergency Transportation Coverage	Transportation is needed following a medical emergency while on your trip. -Maximum for search & rescue costs:	At cost 1,500 € per person per insured event
Travel Liability Coverage	You are financially liable for damage you cause to a third party or their property while on your trip.	1,000,000 €
Travel Accident Coverage	You suffer a death or disability as a result of a travel accident during your trip.	10,000 €
Collision Damage Waiver (CDW) – for Passenger Cars	You are charged an excess by your rental car company if your rental car is damaged or stolen while on your trip. The sum insured must be commensurate with the agreed deductible for the collision damage insurance of your rental car agreement.	3,500 €
Travel Assistance	24/7 assistance in case of personal emergencies during your trip and information services during the term of your insurance contract	service without cost coverage

The above is only a brief description of the coverage available under *your policy*. Terms, conditions, and exclusions apply to all coverages. Please carefully review *your policy* for complete details. The definitions of the terms in the Definitions section of the *policy* will also apply to this Coverage Summary.

Important Notices and Definitions

- **Insurer:** AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel are your insurer. Our main business activity is the insurance of goods and services, including travel insurance.
- **Mode of travel:** valid for all modes of travel.
- If not otherwise specified the benefit limits shown apply per named insured.
- **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation. The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return); a maximum of **180** days is possible.
- **Notes on the conclusion of insurance:** The insurance is only valid for the booked travel as described in the travel confirmation. The insurance cover begins at the time of commencement of the insured travel, and ends at the agreed point in time. The insurance cover will end at the very latest with the completion of the insured travel. In the following case, the insurance cover will be extended beyond the agreed point in time: if *you* have insured the entire planned *trip*, and the end of the *trip* is delayed for reasons outside of *your* control.
- **PLEASE NOTE: If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if you, as the policyholder, are not at fault for the non-payment of the premium. You are required to prove this to us.**

For customer service, please:

call: +31 10 79 88 717 (8:00-16:00 CET, Mon.-Fri.)

e-mail: claims.awpeurope@allianz.com

For emergency assistance during your trip, please:

call: +31 10 79 88 717

To file a claim, please:

visit: www.allianz-protection.com

e-mail: claims.awpeurope@allianz.com

GENERAL CONDITIONS

WHO WE ARE

We are a Dutch branch of AWP P&C S.A., which has its registered office in Saint-Ouen, France. We also operate under the trading name Allianz Assistance and/or Allianz Travel.

Our business address is:
Poeldijkstraat 4
1059 VM Amsterdam
The Netherlands

Our postal address is:
PO Box 9444
1006 AK Amsterdam
The Netherlands

AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel, is an insurer licensed to act in all EEA countries and operating in freedom of services, with corporate identification No 33094603, and registered at the Dutch Authority for the Financial Markets (AFM) No 12000535.

AWP P&C S.A., which has its registered office in 7 rue Dora Maar, Saint-Ouen, France, is authorized by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09.

ABOUT THIS POLICY

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

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

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

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

Your policy consists of three parts:

1. The Specific Conditions document,
2. Coverage Summary
3. This General Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this policy.

NOTE:

Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Conditions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

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DEFINITIONS

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

Abroad	A <i>trip abroad</i> is a <i>trip</i> to a country where <i>you</i> do not have a permanent residence or where <i>you</i> did not stay longer than three months per year during the last three years.
Accident	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
Accommodation	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
Adoption proceeding	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
Baggage	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
Cyber Risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none">1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>;2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> .
Epidemic	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.

Family member	<p><i>Your:</i></p> <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; and 10. Paid, live-in caregivers.
First responder	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.
High-altitude activity	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
High value items	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
Hospital	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
Medical escort	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.

Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
Permanent Disability	A definitive total loss, confirmed by a <i>doctor</i> , of a person's functional capability resulting from an unexpected <i>accident</i> .
Policy	This travel insurance contract. The <i>policy</i> includes this General Conditions document and the Specific Conditions document.
Political risk	Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> • Nationalization; • Confiscation; • Expropriation (including Selective Discrimination and Forced Abandonment); • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Civil commotion assuming to proportion of or amounting to an uprising; • Military and usurped power.
Pre-existing medical condition	An <i>injury</i> , illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i> : <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
Primary residence	<i>Your</i> permanent, fixed home address for legal and tax purposes.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.

Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
Rental Car	An automobile or other vehicle designed for use on public roads that <i>you</i> have rented for the period of time shown in a <i>rental car agreement</i> for use on <i>your trip</i> .
Rental car agreement	The contract issued to <i>you</i> by the rental car company that describes all of the terms and conditions of renting a <i>rental car</i> , including <i>your</i> responsibilities and the responsibilities of the rental car company.
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Terrorist event	An act carried out by an organized terrorist group recognized by the government authority and applicable law of <i>your</i> country of residence that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
Traffic Accident	An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
Traveling companion	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
Trip	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> . It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 180 days.
Uninhabitable	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.

We, Us, or Our

AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel

You or Your

All persons listed as insureds in the Specific Conditions.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance. *Your policy's* coverage effective date and coverage end date are indicated in *your* proof of insurance. The *policy* is effective at 00:00 on the day we receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before the *departure date*.

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

Except for one-way and same-day return trips, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when we calculate the duration of *your trip*. *Your policy* ends on the coverage end date listed in your proof of insurance. However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, *your coverage end date* will be the scheduled return date for *your trip*, as shown on *your* travel documents (not exceeding 180 days from the *departure date* shown on *your* travel documents). Additionally, *your policy* will end on the earliest of:

1. when *you* cancel *your trip*; or
2. when *you* cancel *your policy*, if *your policy* has Travel Cancellation coverage and the *policy* coverage period is longer than one month; or
3. when *you* end *your trip* (if *you* end *your trip* early); or
4. when *you* arrive at a medical facility for further care (if *you* end *your trip* due to a medical reason); or
5. At 23:59 on the 180th day of the *trip*

However, if *your* return travel is delayed due to a *covered reason*, we will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

A. TRIP CANCELLATION COVERAGE

If *your trip* is cancelled or rescheduled for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable trip payments, deposits, cancellation fees, and change fees (less available *refunds*), up to the maximum benefit for trip cancellation coverage listed in *your* Coverage Summary. Please note that this coverage only applies before *you* have left for *your trip*.

Also, if *you* prepaid for shared *accommodations* and *your travelling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees *you* are required to pay.

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a *serious illness, injury, or medical condition* prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* cancel *your trip* (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

The following conditions applies:

A doctor advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

The following condition applies:

The illness, injury, or medical condition must be considered life threatening by a doctor, or require hospitalization.

3. *You, a traveling companion, family member, or your service animal* dies on or after *your policy's* Coverage Effective Date and before *your trip*.
4. *You* or a *traveling companion* is *quarantined* before *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic or pandemic*; or
 - b. An *epidemic or pandemic* (such as COVID-19), but only when the following conditions are met:

- i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
- ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

5. *You* or a *traveling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

- a. *You* or a *traveling companion* need medical attention; or
- b. *Your* or a *traveling companion's* vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:

- A. A *natural disaster*; or
- B. *Severe weather*;

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to *your policy's* trip cancellation coverage maximum benefit:

- i. The necessary cost of the alternative transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

9. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least 12 continuous months.

10. *You* or a *travelling companion* secures new employment, after *your policy's* purchase date, for at least twenty hours a week after having been unemployed and receiving unemployment benefits. The new employment must require *your* or the *travelling companion's* presence at work during the originally scheduled *trip dates*.

11. *You or a traveling companion's primary residence* is permanently relocated by at least 150 kilometers due to a transfer by *you or a traveling companion's* current employer. This coverage includes relocation due to transfer by *your spouse's* current employer.
12. *You or a travelling companion* serving as a first responder is called in for duty due to an accident or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
13. *You or a traveling companion* receive a legal notice to attend an *adoption proceeding* during your *trip*.
14. *You, a traveling companion, or a family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
15. *You or a traveling companion* is medically unable to receive an immunization required for entry into a destination.
16. *Your or travel companion's* travel documents required for the *trip* are stolen.
This only applies if *you* provide evidence of *your* efforts to obtain replacement documents that would allow *you* to keep the originally scheduled *trip* dates.

B. TRIP INTERRUPTION COVERAGE

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, we will reimburse *you*, less available *refunds*, up to the maximum benefit for trip interruption coverage listed in *your* Coverage Summary, for:

- i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Necessary transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
 - We will reimburse *you* either for the return *travel carrier* ticket to *your primary residence* or for the non-refundable portion of *your* original return ticket, but not both.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. **There is a per policy maximum of €100 per day for 5 days.**

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You or a traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such

as COVID-19).

The following conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
 - b. *You* must not have travelled against your home country's government advice or against local authority advice at your trip destination.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.

3. *You*, a *traveling companion*, *family member*, or *your service animal* dies during *your trip*.
4. *You* or a *traveling companion* is *quarantined* during *your trip* due to having been exposed to:
- a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
5. *You* or a *traveling companion* is in a *traffic accident*.

One of the following conditions must apply:

- a. *You* or a *traveling companion* needs medical attention; or
 - b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.
8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
- A. A *natural disaster*; or
 - B. *Severe weather*.

However, if you can get to your original destination another way, we will reimburse you for the following, up to your policy's maximum trip interruption coverage maximum benefit:

- i. The necessary cost of alternate transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by your delayed arrival, less available *refunds*.

The following condition applies:

Alternate transportation arrangements must be in a similar or lower class of service as you were originally booked with your travel carrier.

9. You or a travelling companion serving as a first responder is called in for duty due to an accident or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
10. You or a traveling companion is a traveler on a hijacked aircraft, train, vehicle, or vessel.
11. You, a traveling companion, or a family member serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
12. You miss at least 50% of the length of your trip due to one of the following:
 - A. A travel carrier delay (this does not include a travel carrier's cancellation prior to your departure date);
 - B. A strike, unless threatened or announced prior to the purchase of your policy;
 - C. A natural disaster;
 - D. Roads are closed or impassable due to severe weather;
 - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of your trip;
 - i. You must make diligent efforts and provide documentation of your efforts to obtain replacement documents
 - F. Civil disorder, unless it rises to the level of political risk.
13. A travel carrier denies you or a traveling companion boarding based on a suspicion that you or a traveling companion has a contagious medical condition (including an epidemic or pandemic disease such as COVID-19). This does not include your refusal or failure to comply with rules or requirements to travel or of entry to your destination.

C. TRAVEL DELAY COVERAGE

If your or a traveling companion's trip is delayed for one of the covered reasons listed below, we will reimburse you for the following expenses, less available *refunds*, up to the maximum benefit shown in your Coverage Summary for travel delay:

- i. Your lost prepaid trip expenses and additional expenses you incur while and where you are delayed for meals, accommodation, communication, and transportation, subject to a daily (24 hours) limit listed in your Coverage Summary.
- ii. If the delay causes you to miss the departure of your cruise or tour, necessary transportation expenses to either help you rejoin your cruise/tour or reach your destination.

- iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary and due to one of the following *covered reasons*:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to your *departure date*);
2. A strike, unless threatened or announced prior to the purchase of *your policy*
3. *Quarantine* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking, except when it is a *terrorist event*;
7. Civil disorder, unless it rises to the level of *political risk*; or
8. A *traffic accident*.
9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

D. BAGGAGE COVERAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for baggage coverage in *your* Coverage Summary:

- i. Cost to repair the damaged *baggage*; or
- ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in case of theft of any one or more *high-value items*;
- d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item.

For items without an original receipt or a proof of purchase, we will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item; and

- e. You must report theft or loss of a cellular device to *your* network provider and request to block the device

The following items are not covered:

1. Animals, including remains of animals;
2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
4. Hearing aids, prescription eyewear, and contact lenses;
5. Artificial teeth, prosthetics, and orthopedic devices;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or brittle items;
13. Firearms and other weapons, including ammunition;
14. Intangible property, including software and electronic data;
15. Property for business or trade;
16. Property *you* do not own;
17. *High value items* stolen from a car, locked or unlocked;
18. *Baggage* while it is:
 - a. Shipped, unless with *your travel carrier*;
 - b. In or on a car trailer;
 - c. Unattended in an unlocked motor vehicle; or
 - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;
19. *Baggage* that is misplaced, forgotten, or lost while in *your* possession.

E. BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for baggage delay.

The following condition applies:

Your baggage must be delayed for at least the Minimum Required Delay listed under baggage delay in *your* Coverage Summary.

F. EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip* abroad for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical/dental coverage in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip abroad*, you have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an epidemic or pandemic disease such as COVID-19).
2. While on *your trip abroad*, you have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If you need to be admitted to a *hospital* as an inpatient, we may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

IMPORTANT: Please note that this is secondary coverage. If you have health insurance, you must submit your claim to that provider first. If you do not have health insurance or it is known that your health insurance does not provide coverage in the geographical area where your medical emergency is treated, please submit your claim directly to us. Any payment you receive from any other insurance provider or any other entity will be deducted from your claim.

The following conditions and additional exclusions apply:

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

G. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

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

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

If you become seriously ill or *injured* or develop a medical condition (including being diagnosed with an epidemic or pandemic disease such as COVID-19) while on *your trip*, we will pay for local emergency

transportation from the location of the initial incident to a local *doctor* or local medical facility. If we determine that the local medical facilities are unable to provide appropriate medical treatment:

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

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

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

Medical Repatriation (Getting you home after you receive care)

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

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *Your primary residence*;
 - b. A location of *your* choice in *your* country of residence; or
 - c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;

- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.
- f. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

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

If *you are* told by the treating *doctor* that *you* will be hospitalized for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.
- b. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Return of Dependents (Getting minors and dependents home)

If *you* die or are told by the treating *doctor* *you* will be hospitalized for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or are dependents requiring *your* full-time supervision and care to one of the following:

1. *Your primary residence*; or
2. A location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents.
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.
- c. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Repatriation of Remains (Getting your remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
- b. The death must occur while on *your trip*.

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

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

H. PERSONAL LIABILITY COVERAGE

IMPORTANT:

If *you* are hiring or using a motorised or mechanical vehicle or machinery while on *your trip*, *you* must make sure that *you* get the necessary insurance from the hire company or owner. *We* do not cover this under this *policy*.

If *you* are legally liable for something *you* do that results in one of the following, *we* will pay up to the amount shown in the Coverage Summary, plus any other costs *we* agree to in writing:

1. Bodily *injury* to any person, except *you*, a *family member* or a *travelling companion*.
2. Loss of or damage to property which *you* do not own and which *you* or a *family member* have not hired, loaned or borrowed.
3. Loss of or damage to the *accommodation* *you* are using on *your trip* that does not belong to *you* or a *family member*.

The following cover exclusions apply:

1. Any liability for something which:
 - a. is suffered by anyone employed by *you* or a *family member* and is caused by the work they are employed to do;
 - b. is caused by something *you* deliberately did;
 - c. is caused by something *you* deliberately did not do, but should have;
 - d. is caused by *your* employment (while *you* are working or not) or the employment of a *family member*;
 - e. is caused by *you* using any firearm or weapon;
 - f. is caused by any animal *you* own, look after or control; or
 - g. *you* agree to take responsibility for, if *you* would not have otherwise been held responsible for it.

2. Any contractual liabilities.
3. Any liability for bodily *injury* suffered by *you*, a *family member* or a *travelling companion*.
4. Compensation or other costs caused by *accidents* arising from *you* owning, hiring or using:
 - a. any land or building (except for *you* staying in the accommodation *you* are using on *your* trip);
 - b. motorised or mechanical vehicles and any trailers attached to them; or
 - c. aircraft, motorised watercraft or sailing vessels.

The following conditions apply:

1. *You* must give *us* a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).
2. *You* must give *us* any writ, summons or other correspondence *you* receive from a third party. (Please note that *you* should not admit liability, offer to make any payment or correspond with any third party without *our* permission in writing.)
3. *You* must give *us* full details of any witnesses and any written statements, if possible.

I. TRAVEL ACCIDENT COVERAGE

If *you* have an *accident* during *your* *trip* that causes physical bodily injury to *you*, we will pay *you* or *your* heirs or to a beneficiary designated by *you* up to the amount shown in the Coverage Summary if the accident results in one of the following:

1. Your death within one year of the accident; or
2. Your *permanent disability* within one year after the accident.

IMPORTANT:

Compensation under this cover will not be paid to beneficiaries who either caused the *accident* or are convicted in court for *your* murder or for causing your *permanent disability*.

In addition to the general program exclusions that apply to all covers, this *policy* will not provide coverage for accidents directly or indirectly caused by the following:

1. Operating motorcycles with 125 cm³ or bigger engine displacement;
2. Performing manual labour as a part of *your* occupation; or
3. Participation in military exercises.

J. COLLISION DAMAGE WAIVER (CDW)

IMPORTANT: This insurance does not replace the legally required motor vehicle liability insurance for personal *injury* and property damage. There is no insurance coverage for liability damage with this insurance. Furthermore, damage which is not covered by the existing (primary) collision damage insurance of the rental car company is not insured.

If *your* *rental car* is stolen or damaged during the scheduled rental period and while on *your* *trip*, we will pay *you* up to the maximum benefit listed for the Collision Damage Waiver (CDW) in *your* Coverage Summary:

The specified excess, deductible or damage liability fee *you* are liable to pay under *your* *rental car* *agreement*. This does not include VAT, provided that the rental car company is entitled to deduct input tax.

The following conditions apply:

- a. If the *rental car* is damaged while being operated, the driver at the time the damage occurs must be listed on the *rental car agreement*.
- b. *You* must file a report with the rental car company, either within 24 hours of the loss or damage or when you return the *rental car* (whichever comes first).
- c. If the *rental car* is stolen, *you* must promptly notify the police.

Rental cars do not include:

1. Vehicles used for peer-to-peer car sharing
2. Trucks or moving vans
3. Campers, trailers, or recreational vehicles
4. Motorcycles, motorbikes, snowmobiles, kit-cars
5. Vehicles when driving on roads that are not allowed to be driven on according to the vehicle *rental agreement* or the respective
6. Applicable road traffic regulations
7. Vehicles that are more than ten years old
8. Vehicles that seat more than nine persons, including the driver
9. Vehicles that do not have to be licensed or are not legal where used
10. Vehicles that are rented for commercial or for-hire purposes, including limousines
11. Vehicles that have a manufacturer's suggested retail price of more than 75,000 €

You are not covered for any loss that results directly or indirectly from any of the following specific exclusions:

1. Any obligation *you* assume under any agreement, (e. g. *you* pay for the rental car company's supplemental insurance), except a collision or comprehensive *deductible* for *your* primary insurance
2. Violating the *rental car agreement*
3. Leases or rentals for more than 90 consecutive days
4. *Rental car's* loss of value
5. *Mechanical breakdown* or ordinary wear and tear

K. TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, we are available 24 hours a day. With *our* global reach and multi-lingual staff, we are here to help *you*.

Finding a *Doctor* or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are traveling, we can assist *you* in finding one.

Monitoring Your Care

If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*. We can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

Emergency Language Translation

We can assist *you* with translation services in the event *you* need help in a foreign country.

Emergency Cash Assistance

If your travel is delayed or interrupted and you need extra money to pay for unexpected expenses, we can assist in arranging the transfer of funds from your family or friends.

Lost Travel Documents Assistance

If *your* passport or other travel documents are lost or stolen, we can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

Legal Referrals

We can help *you* find local legal advice if *you* need it while *you* are traveling.

Emergency Message Delivery

We can assist *you* in getting an urgent message to someone back home.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth, except when and to the extent that normal, complication-free pregnancy or childbirth is expressly referenced in and covered under trip interruption coverage;
5. Fertility treatments or elective abortion;
6. A mental or nervous health disorder, such as Alzheimer’s disease, anxiety, dementia, depression, neurosis, psychosis, or their related physical symptoms. This exclusion applies only to trip interruption coverage;
7. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
8. Acts committed with the intent to cause loss;
9. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
10. Participating in or training for any professional or semi-professional sporting competition;
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting
 - b. Bungee jumping
 - c. Caving, rappelling, or spelunking
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter
 - e. *Climbing sports* or free climbing
 - f. Any *high-altitude activity*
 - g. Personal combat or fighting sports
 - h. Racing or practicing to race any motorized vehicle or watercraft
 - i. Free diving
 - j. Scuba diving at a depth greater than 20 meters or without a dive master
12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, a *family member*, or *your service animal* is the victim of such act;
13. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under trip interruption coverage, travel delay coverage, or emergency medical/dental coverage;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under trip Interruption coverage, or travel delay coverage;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;

17. War (declared or undeclared) or acts of war;
18. Military duty, except when and to the extent that *military duty* is expressly referenced and covered under trip interruption coverage;
19. *Political risk*;
20. *Cyber risk*;
21. Civil disorder or unrest, except when and to the extent that civil disorder or unrest is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
22. *Terrorist events*, except when and to the extent that *terrorist events* are expressly referenced in and covered under trip interruption coverage, or travel delay coverage.
23. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under trip interruption coverage;
24. Any travel supplier's complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
26. Ordinary wear and tear or defective materials or workmanship;
27. An act of gross negligence by *you* or a *traveling companion*; or
28. Travel against the orders or advice of any government or other public authority

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

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The travel dates in your proof of insurance do not represent your actual travel dates (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on *your* trip.

CLAIMS INFORMATION

To make a claim, please visit the website at www.allianz-protection.com. This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by:

- phoning +31 10 79 88 717
- sending an email to claims.awpeurope@allianz.com;

You should fill in the claim form and send it to us as soon as possible with all the information and documents we ask for. You must give us as much detail as possible so we can handle your claim quickly. Please keep copies of all the information you send us.

You will need to obtain some information to support your claim. Below is a list of actions you will need to take and documents we will need in order to deal with your claim. Further information and/or evidence may be required by us after your claim has been submitted. If this is the case, we will inform you as quickly as possible.

For all claims

- Your original *trip* booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses you have to pay.
- Original bills or invoices you are asked to pay.
- Details of any other insurance you may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support your claim.

Trip Cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the **treating doctor. A certified copy of the death certificate is required in the event of death.**
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip Interruption

- Your original booking invoice(s) showing your revised time and *date of departure* and detailing whether any *refunds* can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- If your claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing you to miss your departure together with supporting evidence from the public transport provider or *accident* / breakdown authority attending the private vehicle you were travelling in.

- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or accommodation manager and ask for a written report.
- For delays, losses and damage whilst in the care of a *travel carrier*, report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged baggage.
- Keep any damaged items as we may need to inspect them. If we make a payment or we replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.

Baggage Delay

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Emergency Medical/Dental Coverage abroad and Transportation Coverage

- Always contact our 24-hour emergency medical service when you are hospitalised, require repatriation or where medical fees are likely to exceed €500.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

Personal Liability

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party. Please note that you should not admit liability, offer to make any payment or correspond with any third party without our written consent.
- Full details of any witnesses, providing written statements where available.

Travel Accident

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Medical certificate initially indicating the nature and probable consequences of the injuries.
- Take all measures to limit the consequences of the accident.

Collision Damage Waiver (CDW)

- Please check the rental car for any pre-existing damage and make sure that it is adequately documented. Please report theft and other criminal offences as well as accidents on the road immediately to the rental car company and the nearest police station.
- Get a copy of the police report, including the police accident report, if applicable, or at least a confirmation that you have raised a claim. In case of damage, please send us the following documents:
 - The complete rental car agreement and / or booking confirmation.
 - The rental car company's settlement statement for the deductible, including evidence of the amount of the loss (cost estimate / repair bill).
 - Your own description of the damage and / or the certificate of reporting to the police, if available
 - Records of hand-over and return.

GENERAL PROVISIONS AND CONDITIONS

Withdrawal information

You have 14 days to review your *policy*. If, during this 14-day period, you are not completely satisfied for any reason, you may cancel your *policy* and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated.

Email: contract.awpeurope@allianz.com

Means of compensation

We provide compensation for damage or loss by means of

- provision of a service, and/or
- replacement of the insured item, or
- provision of financial compensation.

How is damage and loss determined and compensated?

- We will let you know as soon as possible if you are eligible for compensation and for what amount.
- Your claim must be complete and truthful. Then we can correctly determine the amount of the damage.
- If we compensate you for damage to an insured object, we may ask you to transfer ownership of it to us.

What are your obligations in the event of damage (general obligations)?

You are obliged to:

- Limit the loss or damage as much as possible and avoid unnecessary costs;
- Notify us immediately and describe the insured event (e.g. event and extent).
- Provide us truthfully with all information necessary to clarify the facts and enable us to verify the cause and amount of the claim made. You must provide proof of the damage in the form of original invoices and documents.

When do we try to recover compensation paid?

- If a third party is liable for the damage you have suffered, we are entitled to recover the compensation we have paid from that third party.
- We can ask you to pay back any amounts we have paid out to you, which are not covered by this *policy*.

When is the *policy* invalid?

- We only insure people who live in a country where our licence is valid. This means that you have to actually live in the country of your *primary residence* during the entire term of the *policy*.
- The *policy* is invalid if we have informed you beforehand that we do not wish to insure you or no longer wish to do so. In that case, we will refund the premium paid by you.
- If you have not paid the premium due in full and on time.

What is the limitation period of your claim for compensation?

Your claim for compensation expires after three years. The limitation period begins at the end of the year in which the claim was filed and you were aware of the circumstances justifying the claim, or should have been aware of such circumstances.

Which law applies?

The law of the country of your *primary residence* applies to *your policy*.

What should you do if you have a complaint?

We aim to provide *you* with a first class service.

E-Mail: claims.awpeurope@allianz.com

Telephone: +31 10 79 88 717

However, there may be times when *you* feel *we* have not done so. If this is the case, please tell *us* about it so that *we* can do *our* best to solve the problem. If *you* make a complaint, *your* legal rights will not be affected. In the first instance, please contact *us* as specified below.

Please supply *us* with *your* name, address and *claim* number, and enclose copies of relevant correspondence, as this will help *us* to deal with *your* complaint, in the shortest possible time.

If *you* are not satisfied with *our* final response, *you* can refer the matter to the Ombudsman of your country of residence for independent arbitration:

Klachteninstituut Financiële Dienstverlening, Postbus 93257, 2509 AG Den Haag,

www.kifid.nl,

tel. 070-333 8 999

PRIVACY NOTICE

We care about your personal data

AWP P&C S.A. Dutch branch trading as Allianz Assistance and/or Allianz Travel (“we, “us” “our”), a part of Allianz Partners Group, is the **Dutch** authorised branch of **AWP P&C SA**, an insurance company authorized under *French law* , providing insurance products and services [on a cross-border basis]. Protecting your privacy is a top priority for us. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

1. Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

AWP P&C S.A. Dutch branch is, as defined by relevant data protection laws and regulations, the Data Controller in regard to the personal data that we request and collect from you for the purposes detailed in this privacy notice.

2. What personal data will be collected?

We will collect and process various types of personal data about you as follows:

During the purchase process of our products, we will request you, the following personal details:

Personal Information of the policyholder:

- Surname, first name
- Gender
- Identification Document number (Identity card number, passport number,..)
- Age/Date of birth
- Contact details (address, email address, phone number)
- Residency
- Nationality
- IP address
- Bank account details

Personal details of the Insured Persons:

- Surname, first name
- Identification Document number (Identity card number, passport number,..)
- Age/Date of birth

If any of the events covered by the policy occurs and you or any of the insured people submit a claim to Us, We can request, collect and process additional personal information when relevant to the claim, as well as documents supporting it, such as:

- Details of the claim (e.g. travel booking details or references, details of expenses, visa details, etc)
- Phone number and contact details if not provided previously
- Details of a third person to contact with in case of emergency
- Nationality
- Occupation
- Previous and/or current employment or business activities
- Location data
- Signature
- Voice
- Family details (e.g. marital status, dependants, spouse, partner, relatives,...)
- IP address of the claimant if the claim is submitted by our available portals

Depending on the claim submitted, We could also collect and process "sensitive personal data" about you, rest of insured persons, even third parties concerned by the event covered, for example:

- Medical conditions (physical or psychological)
- Medical history and reports
- Medical claims history
- Documentation justifying sick leaves and duration
- Death certificates
- Criminal convictions and offences (e.g.in case of requiring legal assistance)
- Results of Criminal checks relating to prevention of fraud and/or Terrorist Activities
- Bank account details
- Tax code

⚠️ By purchasing this insurance policy, you commit to give the information contained in this Privacy Notice to any third party whose personal information you may provide to Us (e.g. other insured persons, beneficiaries, third parties involved in the claim, third persons to contact in case of emergency, etc), and you accept not to provide that information otherwise.

3. How will we obtain and use your personal data?

We will collect and use the personal data that you provide to us and that we receive about you (as explained below) for a number of purposes and with your express consent unless applicable laws and regulations do not require us to obtain your express consent, as shown below:

Purpose	Is your express consent required?
<ul style="list-style-type: none"> • Insurance contract quotation and underwriting 	<ul style="list-style-type: none"> • No, to the extent these processing activities are necessary to perform the insurance contract to which you are party and to take the necessary steps previous to enter in this contract

Purpose	Is your express consent required?
<ul style="list-style-type: none"> Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc) 	<ul style="list-style-type: none"> We will request your express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences <p>However, we will be entitled to process these data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner of the data is not physically or legally capable to give the consent (e.g emergency situations)</p> <ul style="list-style-type: none"> If the handling of the claim does not require the processing of those categories of data, we will not be required to collect your consent, to the extent that they are necessary to comply the obligations We undertake in the insurance contract.
<ul style="list-style-type: none"> To conduct quality surveys about the services provided, with the purpose to assess your level of satisfaction and to improve them. 	<ul style="list-style-type: none"> We have a legitimate interest to contact you after handling a claim or after providing assistance to ensure we have complied our obligations under the contract in a satisfying way for you. However, you have the right to object by contacting us as explained in section 9 below.
<ul style="list-style-type: none"> To meet any legal obligations (e.g. those arisen from Laws on insurance contracts and insurance business activities regulations on tax, accounting and administrative obligations) 	<ul style="list-style-type: none"> No, to the extent these processing activities are expressly and legally authorized.
<ul style="list-style-type: none"> Fraud prevention and detection, including, when appropriate, for example, comparison of your information with previous claims, or checking of common insurance claims filing systems. 	<p>No, it is understood that the detection and prevention of fraud is a legitimate interest of the Controller, therefore We are entitled to process your data for this purpose without collecting your consent.</p>
<ul style="list-style-type: none"> Audit purposes, to comply with legal obligations or internal policies 	<ul style="list-style-type: none"> We can process your data in the framework of internal or external audits either required by law, or by internal policies. We won't

Purpose	Is your express consent required?
	<p>request your consent for these processing to the extent that they are legitimated by the applicable regulations or our legitimate interest. However, we will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality.</p> <p>Internal Audits are usually conducted by our holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France)</p>
<ul style="list-style-type: none"> To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate 	<ul style="list-style-type: none"> If we carry out any of these processing activities, we will do in by aggregating and anonymizing data. After this process, the data are not considered "personal" data anymore and your consent is not required
<ul style="list-style-type: none"> To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk) 	<ul style="list-style-type: none"> No when the processing of your data , even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also our legitimate interest.
<ul style="list-style-type: none"> To inform you, or permit Allianz Group companies and selected third parties to inform you, about products and services we feel may interest you in accordance with your marketing preferences, <p>You can change these at any time by the links we will make available in every communication to unsubscribe, by mean of the options in your client portal, where available, or by contacting us as specified in section 9 below.</p>	<ul style="list-style-type: none"> We will process your personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal authorizations) or by collecting your express consent after providing you information about criteria we use to make the profiles and the impact/consequence and benefits of such profiling for you.
<ul style="list-style-type: none"> To personalize your experience on our websites and portals (by presenting products, services, marketing messages, offers, and content tailored to you) or by using computerised technology to assess which products might be most suitable for you. 	<ul style="list-style-type: none"> We will ask for your consent

Purpose	Is your express consent required?
<p>You will be able to modify these processing activities by using the options available in your browser (e.g. in the case of use of cookies and similar devices) or by contacting us as specified in section 9 below.</p>	
<ul style="list-style-type: none"> For automated decision making, i.e., to make decisions that (1) are <i>based solely on automated processing</i> and (2) <i>that may have legal or significant effects to you</i>. <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting your rights under the insurance contract, etc</p> <p>Example of automated decisions resulting in similar significant effects are those that affect to your financial circumstances like an automated denial of an insurance policy, or those affecting your access to our health assistance services.</p>	<ul style="list-style-type: none"> We will collect your consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) If no special categories of personal data are concerned and these decisions are in order to underwrite your insurance and/or process your claim we will not need to obtain your express consent.
<ul style="list-style-type: none"> To redistribute risks by means of reinsurance and co-insurance 	<ul style="list-style-type: none"> We can process and share your personal information with other insurance or reinsurance companies with whom we have signed or we will sign co-insurance or re-insurance agreements. <p>Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them.</p> <p>Reinsurance is the "subcontracting" of the coverage of part of the risk in a third reinsurance Company. However, this is an internal agreement between Us and the reinsurer and you don't have a direct contractual relationship with the latter.</p> <p>These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law</p>

Purpose	Is your express consent required?
	(including the sharing of personal data <i>strictly necessary</i> for it)

As mentioned above, for the purposes indicated above, we will process personal data we receive about you from business partners, providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers,...), healthcare assistance services or contact persons you authorize, fraud prevention agencies, advertising networks, analytics providers, search information providers, surveyors, lawyers, finance companies

We will need your personal data if you would like to purchase our products and services. If you do not wish to provide this to us, we may not be able to provide the products and services you request, that you may be interested in, or to tailor our offerings to your particular requirements.

4. Who will have access to your personal data?

We will ensure that your personal data is processed by our staff confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, your personal data may be disclosed to the following parties who operate as third party data controllers:

Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services (such as healthcare services and professionals, travel agencies, airlines, taxi companies, repairers, fraud investigators, lawyers), independent experts, etc.

For the stated purposes, we may also share your personal data with the following parties who operate as data processors, i.e., processing the data under our instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this Privacy Notice.

Other Allianz Partners or Allianz Group companies, or third companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing claims handling services, postal providers, document management providers), technical consultants, surveyors (claims, IT, postal, document management);

Advertisers and advertising networks to send you marketing communications, as permitted under local law and in accordance with your communication preferences. We do not share your personal data with non-affiliated third parties for their own marketing use without your permission.

Finally, we may share your personal data in the following instances:

- In the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in any insolvency or similar proceedings; and
- To meet any legal obligation, including to the relevant ombudsman if you make a complaint about

the product or service we have provided to you.

5. Where will my personal data be processed?

Your personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. We will not disclose your personal data to parties who are not authorized to process them.

Whenever we transfer your personal data for processing outside of the EEA by another Allianz Group company, we will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html>. Where Allianz' BCR do not apply, we will instead take steps to ensure that the transfer of your personal data outside of the EEA receives an adequate level of protection as it does in the EEA. You can find out what safeguards we rely upon for such transfers (for example, Standard Contractual Clauses) by contacting us as detailed in section 9 below.

6. What are your rights in respect of your personal data?

Where permitted by applicable law or regulation, and within the scope therein defined, you have the right to:

- Access your personal data held about you and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw your consent at any time where your personal data is processed with your consent;
- Update or correct your personal data so that it is always accurate;
- Delete your personal data from our records if it is no longer needed for the purposes indicated above;
- Restrict the processing of your personal data in certain circumstances, for example where you have contested the accuracy of your personal data, for the period enabling us to verify its accuracy;
- Obtain your personal data in an electronic format for you or for your new insurer; and
- File a complaint with us and/or the relevant data protection authority.

You may exercise these rights by contacting us as detailed in section 9 below providing your name, email address, account identification, and purpose of your request.

7. How can you object to the processing of your personal data?

Where permitted by applicable law or regulation, you have the right to object to us processing your personal data, or tell us to stop processing it (including for purposes of direct marketing). Once you have informed us of this request, we shall no longer process your personal data unless permitted by applicable laws and regulations.

You may exercise this right in the same manner as for your other rights indicated in section 6 above.

8. How long do we keep your personal data?

We will retain your personal data only as long as they are necessary for the purposes informed in this Privacy Notice, and deleted or anonymized when no longer required. Here below we inform you some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware of , sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on prescription periods for legal claims can be interrupted and stat to run again

Personal information to obtain a quotation (when necessary)	During the validity period of the quotation provided
Policy Information (underwriting, claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes,...)	<p>We will keep the personal information of your Insurance Policy during the validity period of your Insurance contract and the prescription period determined by the local applicable laws on insurance contracts.</p> <p>In case We realize of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment We are aware of it.</p>
Claims Information (claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)	We will retain the personal information you provide to us or we collect and process according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.
Marketing information and related profiling	<p>We will keep this information whilst you insurance policy period is still valid, and one additional year, unless you withdraw your consent (when required), or you object (e.g. in the event of marketing activities authorized by law you don't want to receive).</p> <p>In these cases we will no longer process your data for these purposes, although we may be legitimated to keep some information to prove the previous processing activities were lawful.</p>
Debt Recoveries	We will retain those of the personal that we need to claim and administer debt recoveries, and that you have provided to us, or we may have collected and processed in accordance with this Privacy

	<p>Notice, for a minimum term determined by the prescription periods set up by applicable laws.</p> <p>As a reference, for civil actions, we will keep your data for a minimum of 7 years</p>
Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting	We will process in these documents the personal data you provide to us, or we collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and during a minimum of 10 years from the first day of the relevant tax year

We will not retain your personal data for longer than necessary and we will hold it only for the purposes for which it was obtained.

9. How can you contact us?

If you have any queries about how we use your personal data, you can contact us by email or post as follows:

AWP P&C S.A. Dutch branch

Data Protection Officer
 PO Box 9444
 1006 AK Amsterdam
 The Netherlands

Email: dataprivacy.fos.nl@allianz.com

You can also use these contact details to exercise your rights, or to submit your queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which we may have shared your personal data. We will address them your request and support their handling and answer to you in our local language.

10. How often do we update this privacy notice?

We regularly review this privacy notice and we will tell you directly when there's an important change that may impact you. This privacy notice was last updated on **25th of May 2018**.