

INSURANCE CONDITIONS FOR GROUP ACCIDENT AND TRAVEL INSURANCE

1. RECITALS

These insurance conditions apply to accident insurance (section A), travel insurance (section B) and critical illness insurance (section C). The specific scope of insurance is defined by the particular *insurance contract*.

Individual types of insurance hereunder apply to the insured events defined below, provided that all terms and conditions specified in the *insurance contract* and herein are met, and provided that no exclusions under the general or the relevant specific part hereof apply thereto. The insurance conditions and the *overview* define the amount of indemnity that the *insurer* is obliged to provide if any of the insured events occur.

In the case of contradictions between the provisions of the *insurance contract* or the *overview* and the provisions hereof, the relevant provisions of the *insurance contract* or the *overview* prevail. In the case of contradictions between the provisions of the *insurance contract* and the *overview*, the relevant provisions of the *insurance contract* prevail.

2. GENERAL DEFINITIONS

Words in *italics* that are used in the *insurance contract*, the *overview* or herein have a specific meaning defined in this article hereof, unless they are defined specifically for the relevant insurance policy.

Accumulated indemnity limit

The amount specified in the *insurance contract* as the upper limit of indemnity for insured events that occur with more than one *insured* as a result of the same cause.

Assistance service

A company authorised by us in case of an insured event that provides assistance in emergency situations during the trip.

Common sports

Common or recreational sports that are played as leisure time activity during which the *insured* does not put him/herself at a direct risk are included without any increase of the basic rates. *Sports activity classification* is attached as an appendix hereto.

Taking of hostages

The *insured* being seized by a third party threatening to kill, injure or detain the insured for a prolonged period of time for the purpose of forcing a state, an organisation or a person to act or refrain from acting in a certain manner.

Valuables

Photographic, audio, electronic equipment including mobile phones, laptops, tablets, e-readers, CD, DVD and audio carriers, telescopes and binoculars, antiques, jewellery, watches, furs, silk, gemstones, objects made of gold, silver or platinum; any other devices for the exercise of one's profession; dioptric and sun glasses and other similar material objects and weapons.

Trip

Any trip outside the territory of the Czech republic or the *country of permanent residence* that starts during the term of the insurance policy and spans the maximum of 180 days, unless agreed otherwise.

Daily income

For *employees* with monthly wages, the daily income is calculated by dividing the *annual income of the insured* by 365.

Time deductible

The initial period of an insured event the length of which is specified in the *overview* that commences at the moment of the occurrence of the insured event and during which the right to indemnity does not arise.

Child

A child of the *insured*, either own or adopted, or a child living in a common household with the *insured*, who is not married and is under the age of 18.

Insurance validity period

Time during the *insured period* defined in the *overview* and specified below during which the insurance policies agreed in the *insurance contract* apply to the *insured*.

Temporary incapacity to work

A condition that prevents the *insured* from performing their job, carrying on business or performing any other gainful activities as a result of an accident or an illness, a certificate of work incapacity is issued to the *insured* in compliance with the applicable regulations, and only provided that the *insured* provably does not perform their job or any other gainful activity during such period of *incapacity to work*.

Hospitalization

Admission of the *insured* to an inpatient ward of a hospital or another medical facility that provides inpatient care, with the exception of facilities excluded hereinbelow, as an admitted patient for at least 24 hours.

Theft

An appropriation of a thing by an offender who overcomes obstacles that protect the thing against theft.

Physician

A registered physician who is licensed to practice medicine and who is not:

- a) the *insured*;
- b) a relative or another person close to the *insured*;
- c) an *employee of the policyholder* or an *employee of the insured*.

Indemnity limit

Maximum amount of indemnity from indemnity insurance specified in the *overview* or herein.

Act of violence

An uprising, revolution, insurrection or unrest that reaches the extent of an uprising or a military coup.

Illness

Illness that occurs randomly, not as a result of a condition or a disorder, in connection with which the *insured* was recommended to undergo a treatment during 9 months preceding the commencement of the relevant insurance policy.

Uninsurable sports

Sports and adrenaline activities specified in the *Sports activity classification* that are marked as uninsurable sports and sports with a similar level of risk. The sport classification is attached as an appendix hereto.

Civil Code

Act no. 89/2012 Sb., Civil Code, as amended.

Life insurance beneficiary

A person who is entitled to the benefit in the event of death of the *insured*, determined in accordance with the provisions of the *Civil Code*.

Beneficiary

A person who is entitled to receive the indemnity if an insured event occurs. Beneficiary in the event of the death of the *insured* is called *life insurance beneficiary* (in Czech: *obmyslený*). Unless stated otherwise in the *insurance contract* or herein, the *insured* is the beneficiary.

Money

Coins, banknotes, cheques, credit, debit or payment cards, telephone cards, traveler's cheques, tickets (air tickets) belonging to the *insured* or held by the *insured*, if they are designated for travelling, boarding, accommodation and personal expenses.

Insurer

Colonnade Insurance S.A., with its registered office at L-2350 Luxembourg, rue Jean Piret 1, the Grand Duchy of Luxembourg, registered in Registre de Commerce et des Sociétés in Luxembourg, registration no. B61605, acting through Colonnade Insurance S.A., branch office, with its registered office at Na Pankráci 1683/127, 140 00 Prague 4, Czech Republic, identification no. 044 85 297, registered in the Commercial Register administered by the Metropolitan Court in Prague, section A, file 77229.

Insured amount

The amount of indemnity specified in the *overview* for the individual types of insurance as a fixed amount or as a multiple of the *annual income*.

Insured period

Period, for which the insurance is made and which is specified in the *overview*.

Insurance contract

Insurance contract made between the *insurer* and the *policyholder* for the insurance policy hereunder.

Insurance period

A period of time agreed in the *insurance contract* for which regular premium is paid; unless the *insurance contract* determines otherwise, the insurance period is one year. The first insurance period commences on the date of the commencement of the insurance.

Policyholder

A legal entity or an individual specified as the *policyholder* in the *insurance contract*.

The insured

Any legal entity or individual specified in the *overview* as the *insured*. The *policyholder* may also be the *insured*.

Burn

Damage to the integrity of skin caused by contact with a source of heat, chemical substances or a source of very low temperature.

Regular flight

A flight that begins or ends at an internationally recognized airport in accordance with a released timetable of an airline or a travel agency.

Privacy Notice

Principles and rules applied by the *policyholder* in the course of personal data processing as part of the administration of the *insurance contract*, available on the *policyholder's* website.

Professional sports activities

Professional sports activities mean activities of a Registered Athlete carried out based on a written contract and for a consideration.

Overview

Overview of *insured amounts* and other parameters of the insurance policy that is incorporated in the *insurance contract*.

High-risk sports

Sports and activities that entail a higher level of risk as well as *common sports* that are carried out as competitive sports or in various organizations and clubs where the *insured* participates in competitions, matches, races. Most adrenaline activities fall into this category. Any sports that are not included in any of the lists will be assessed based on sports that are most similar to them. Sports activities classification is attached as an appendix hereto.

Annual income

The total annual gross income that does not include any wages for overtime, incentives or bonuses provided by the *policyholder* to the *insured* as at the date on which the *insured* suffered a *bodily injury*.

Business trip

Any *trip* made in connection with the business activities of the *policyholder*, including activities not related to the job during the *trip*.

Deductible

An amount specified in the *overview* as a percentage of the indemnity or a fixed amount to be deducted from the indemnity for each insured event.

Stabilized chronic disease

An *illness* (including post-accident conditions) that existed on the date of commencement of the insurance policy, however within 9 months prior to the date on which the *insured* left on the *trip* the condition had not indicated that during the *trip* the need to seek medical help of a *physician* or to change medication would arise.

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Cancellation fees are fees for the cancellation of a trip that the *policyholder* or *the insured* was obliged to pay to the provider of any services related to the *trip of the insured* for the cancellation of such services, excluding airport taxes and other extra payments that may be cancelled free of charge before the commencement of the *trip*.

Bodily injury

Permanent disability as a result of an accident, total permanent disability, loss of a limb and loss of a sense.

Terrorism

Acts including threats or the actual use of force or violence, by any person or a group of persons acting independently or jointly with any organisation or government, committed for political, religious, ideological or ethnic motives or reasons with the intention to influence any government and/or intimidate the public or any part thereof.

Permanent disability

Permanent separation of a part of the body, including a limb or a part thereof, an organ or a sense, or a complete and permanent loss of their function and incurable mental diseases or another similar permanent disability.

Hijacking

An unlawful seizure or illegitimate taking control over a means of transport in which *the insured* is travelling.

Kidnapping

An abduction, detaining, seizure of one or more *insured* by a third party by force or a trick, without the consent of *the insured* and without a lawful reason, with the exception of *children*, if such an act is committed by their parents, adoptive parents, guardians or curators.

Total permanent disability

A physical condition preventing *the insured* completely from doing their usual work for the *policyholder* that will, with all probability, continue for the rest of the life of *the insured*.

If *the insured* is not an employee, *total permanent disability* is a physical condition preventing *the insured* from engaging in any gainful activities and that will most probably continue for the rest of their life.

Accident

A sudden, unexpected and unforeseen event caused by external forces or one's own physical force, independently on the will of *the insured* which occurs during the term of the relevant insurance policy.

War

Any activity arising from the use of military force, or an attempt to participate in the use of military force, among nations, a civil war, a revolution and invasion, uprising, use of military force or a violent takeover of government or military power, an intentional use of military force to stop, prevent or mitigate any established or suspected act of *terrorism*.

Common carrier

Transport services operated under transport and tariff conditions determined and announced in advance that is accessible to anybody.

Employee

Any individual working for the *policyholder* or a company insured by the *policyholder* specified in the *insurance contract* or the *overview* under an employment agreement relationship or under any agreement for the performance of work outside employment or based on a temporary allocation by an employment agency; a member the statutory body of the *policyholder* or the procurator of the *policyholder* are considered as employees.

Race and competition

An organized form of sports competition where the competitors try to achieve a particular goal within the shortest time possible or to overcome hurdles or meet a particular criterion where individual or groups compete to achieve the best results.

Country of permanent residence

A country where *the insured* lived or has been living for at least six months during the previous 12 months or a country where *the insured* is a participant in the public health insurance system.

Fracture

A disrupted integrity of a bone.

Loss of a limb

In the case of lower limbs:

- a) a loss caused by a permanent physical separation in the ankle or above the ankle; or
- b) a permanent and complete loss of the function of the whole foot or leg.

In the case of upper limbs:

- a) a loss through a permanent physical separation of four fingers in or above metatarsal joints (where the fingers are attached to the palm of the hand); or
- b) a permanent and complete loss of the function of the whole arm or hand.

Loss of speech

A complete and permanent loss of speech.

Loss of hearing

A complete and permanent loss of hearing.

Loss of a sense

Loss of vision, loss of hearing or loss of speech.

Loss of vision

A permanent and complete loss of vision:

- a) in both eyes, if it is clinically confirmed that *the insured* is blind;
- b) in one eye, if the sharpness of vision after correction remains 3/60 or lower on the Snellen chart.

3. GENERAL EXCLUSIONS

The insurance hereunder does cover any loss event or damage caused as a result of or in connection with:

- a) any *accident* or consequences thereof or *illness* that existed prior to the commencement date of the insurance; in the case of travel insurance prior to the date of departure, with the exclusion of a *stabilised chronic disease*;
- b) during the first 30 days of the term of insurance for each *insured*, this applies only to section A, unless it is agreed as part of a travel insurance policy;
- c) an *illness* (with the exception of grave illness) that did not occur as a result of an *accident*; this exclusion, however, applies only to accident insurance under section A, unless stipulated otherwise in the insurance contract;
- d) an *illness* or an *accident* that provably occurred under the influence of alcohol and/or other narcotic substances or drugs that were not prescribed by a physician and/or if the drugs prescribed by a physician were used contrary to the instructions of the manufacturer;
- d) an *accident* resulting from the ingestion of solid or liquid substances; this exclusion does not apply to children up to the age of nine, but only if the poisoning is not caused by food;
- f) an *illness* or an *accident* resulting from the addiction to alcohol or illegal drugs;
- g) AIDS/HIV, or other sexually transmitted diseases, directly or indirectly;
- h) post-traumatic stress disorder; psychological or mental disease or disorder that is not directly caused by an *accident* and any other psychological problems, regardless of their classification;
- i) in connection with any treatment and stay in facilities providing long-term care, in particular retirement homes, health resorts, long-term care hospitals, convalescent centres, rehabilitation institutes, fertility centres, detox centres etc.;
- j) any naturally occurring condition or degenerative process or another prolonged cause;
- k) active participation in any *high-risk* or *uninsurable sport*, unless agreed otherwise;
- l) flying of any kind, with the exception of transport as a paying passenger on a regular flight or a charter flight;
- m) *professional sports activities* (races, competitions, including preparation and training sessions), and during organized professional sports events;
- n) participation in a race or a competition of motor vehicles on land, water or in the air, including training rounds;
- o) service or training with any military, police, paramilitary organization or militia, unless agreed otherwise;
- p) intentional self-inflicted injury, suicide or attempted suicide, crime or attempted crime; that does not apply to accidents under section A hereof;
- q) *trips* to countries where the Ministry of Foreign Affairs of the Czech Republic does not recommend to travel because of serious safety issues posing risk to the life and health of citizens, unless agreed otherwise in the contract;
- r) costs of dental care and other related procedures, that applies to section A unless stated otherwise in the insurance contract;
- s) ionizing radiation or radioactive contamination from any nuclear fuel or nuclear waste from burning nuclear fuel;
- t) radioactive toxic explosive or other hazardous device of any explosive nuclear device or a nuclear component thereof;
- u) spreading, use or discharge of pathogenic or toxic biological or chemical substances;
- v) *terrorism*, unless agreed otherwise;
- w) *war* (declared or undeclared), or violent events; unless agreed otherwise;

If it is agreed in the *insurance contract* that any of the exclusions will not apply, the validity of the remaining exclusions is not prejudiced. In the *insurance contract*, other exclusions may be agreed or the exclusions listed herein may be amended.

4. INSURANCE VALIDITY PERIOD

Accident insurance under section A and travel insurance under section B apply only to insured events that occur during the *insurance validity period* defined in the *overview* and specified in this article hereof.

4.1

Accident insurance

OP1 - 24 hours

Any time.

OP2 - During the performance of work.

During the time when the insured performs work for the policyholder.

OP3 - During the performance of work and on the way to and from work

During the time when the insured performs work for the policyholder.

- b) At any time when *the insured* is in the place of business of the *policyholder*.
- c) During the time when *the insured* travels between their home and the place where the insured performs work for the *policyholder*.
- d) During the time when *the insured* travels between the places where they perform work, if the trip is paid by the *policyholder*.

OP4 - During the performance of work, including business trips

In the case of a *business trip* the *insurance validity period* under OP2 and OP3 is extended by the time between the departure from the home of *the insured* at the beginning of the *business trip* and the return home at the end of the *business trip*.

OP5 - During the time of performance of work outside the place of business

- a) During the time when *the insured* performs work for the *policyholder* outside the *policyholder's* place of business.
- b) During the time when *the insured* travels between their home and the place where the insured performs work for the *policyholder*.
- c) During the time when *the insured* travels between the places where they perform work, if the trip is paid by the *policyholder*.

OP6 - 24 hours in the case of assault

At any time if the insured event occurs as a direct result of an unprovoked intentional assault on *the insured* committed by another person.

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4.2	<p>OP7 - Driving At any time when <i>the insured</i> gets in and out of a motor vehicle, travels by a motor vehicle, loads and unloads a motor vehicle, carries out necessary repairs during the journey and refuels the motor vehicle; this applies also to motor vehicles that are owned, hired or leased by the <i>policyholder</i> or to other motor vehicles that serve as a temporary replacement.</p> <p>OP8 - 24 hours in the case of a robbery During the time when <i>the insured</i> performs work for the <i>policyholder</i> if the insured event occurs as a direct result of a robbery or an attempted robbery committed against the assets of the <i>policyholder</i> or <i>the insured</i>.</p> <p>OP9 - Transport During the time when <i>the insured</i> travels as a paying passenger by any land, marine or aerial means of transport licensed to carry paying passengers.</p> <p>Travel insurance</p> <p>OT1 - Business trip outside the Czech Republic In the case of a <i>business trip</i> outside the Czech Republic, from the moment of departure from home or the place of performance of work of <i>the insured</i> in the Czech Republic, depending on which occurs later, until the return home or to the place of performance of work of <i>the insured</i> in the Czech Republic, depending on which occurs earlier.</p> <p>OT2 - Business trip outside the country of permanent residence In the case of a <i>business trip</i> outside the <i>country of permanent residence</i>, from the moment of departure from home or the place of performance of work of <i>the insured</i> in the country of permanent residence, depending on which occurs later, until the return home or to the place of performance of work of <i>the insured</i> in the <i>country of permanent residence</i>, depending on which occurs earlier.</p> <p>OT3 - All trips outside the Czech Republic <u>For business trips:</u> In the case of a <i>trip</i> outside the Czech Republic, from the moment of departure from home or the place of performance of work of <i>the insured</i> in the Czech Republic, depending on which occurs later, until the return home or to the place of performance of work of <i>the insured</i> in the Czech Republic, depending on which occurs earlier. <u>For private trips:</u> In the case of a <i>trip</i> outside the <i>Czech Republic</i>, from the moment of crossing the border of the <i>Czech Republic</i> until the return to the <i>Czech Republic</i> - crossing the border.</p> <p>OT4 - All trips outside the country of permanent residence <u>For business trips:</u> In the case of a <i>trip</i> outside the <i>country of permanent residence</i>, from the moment of departure from home or the place of performance of work of <i>the insured</i> in the <i>country of permanent residence</i>, depending on which occurs later, until the return home or to the place of performance of work of <i>the insured</i> in the <i>country of permanent residence</i>, depending on which occurs earlier. <u>For private trips:</u> In the case of a <i>trip</i> outside the <i>country of permanent residence</i>, from the moment of crossing the border of the <i>country of permanent residence</i> until the return to the <i>country of permanent residence</i> - crossing the border.</p>	<p>insurance, and it has further rights in connection with the breach of the obligation to inform about a change in the insurance risk determined by the Civil Code.</p> <p>5.5 Termination of insurance The insurance terminates:</p> <ol style="list-style-type: none"> a) unless stated otherwise in the insurance contract, on the day on which the insured reaches 70 years of age or ceases to be the employee of the policyholder, if relevant, depending on which occurs earlier; b) by the expiry of the insured period, however only if the insurer or the policyholder inform the other party at least six weeks before the expiry of the insured period in writing that they are not interested in the continuation of the insurance; in the opposite case, the insurance is extended under the same conditions for the same insured period; c) by an agreement between the <i>insurer</i> and the <i>policyholder</i>; d) by the expiry of the insurable interest, the expiry of the insurance peril, on the day of the death of <i>the insured</i> or the day of the refusal to provide indemnity; e) by a notice of termination by any of the parties in cases set down by the <i>Civil Code</i>, in particular within two months after the date of execution of the <i>insurance contract</i> or within three months after the date of notification of an insured event, or at the end of the <i>insured period</i> by a notice of termination delivered to the other party at least six weeks before such a dated; f) by withdrawal in cases specified in the <i>Civil Code</i>; g) by the lapse of a time limit specified in the <i>insurer's</i> reminder to pay outstanding premium; h) in other cases determined in the <i>Civil Code</i>. <p>For the avoidance of doubt, however, if any of the reasons for the termination of insurance applies only to a particular <i>insured</i>, only the relevant insurance policy terminates and only in relation to the relevant <i>insured</i>.</p> <p>5.6 Consequences of breach If a lower premium has been agreed as a result of a breach of an obligation by the <i>policyholder</i> or <i>the insured</i> during the negotiations leading to the execution of the insurance contract or a change thereto, the <i>insurer</i> is entitled to decrease the benefit by the ratio of the premium it received to the premium it was entitled to receive. If a breach of an obligation by the <i>policyholder</i>, <i>the insured</i> or another person, who is entitled to the indemnity, had a substantial influence on the occurrence of the insured event, its development, an increase of the extent of the consequences thereof or on establishing or determining the amount of the indemnity, the <i>insurer</i> is entitled to decrease the indemnity proportionately to the impact of the breach on the extent of the <i>insurer's</i> obligation to provide indemnity. The <i>insurer</i> may refuse to provide indemnity under the <i>insurance contract</i> if the cause of the insured event was a fact about which the <i>insurer</i> learnt only after the emergence of the insured event and which it was unable to find out about before the insurance or any change thereto was agreed as a result of the fact that any written questions were answered in a false or incomplete way, either deliberately or by negligence, and provided that the <i>insurer</i> would not have made such an <i>insurance contract</i> had it been aware of such facts or made the contract under different terms and conditions.</p> <p>5.7 Fraudulent submission of claim If, when submitting a claim, the <i>policyholder</i>, <i>the insured</i> or a <i>beneficiary</i> consciously state any false or grossly misrepresented information concerning the extent of the insured event or if they withhold any relevant information concerning the event, the <i>insurer</i> may refuse to provide indemnity.</p> <p>5.8 Information about trips Under section B, the <i>policyholder</i> is obliged to inform the <i>insurer</i> within 14 days after the expiry of each insurance period of a travel insurance (or earlier, if requested by the <i>insurer</i>) about the total number of days spent by its employees abroad, categorized in accordance with the specifications defined in the <i>overview</i>.</p> <p>5.9 Governing law and jurisdiction The <i>insurance contract</i> and the insurance are governed by the law of the Czech Republic and any disputes arising from it will be submitted to Czech courts.</p> <p>5.10 Form of legal acts and delivery Legal acts, the result of which is to be a formation or termination of insurance, must be made in writing. Legal acts, the result of which is to be a change in the insurance, or any announcements or notices may be made in another text form (e.g. by electronic mail); however, the <i>insurer</i> is entitled to request that the relevant act, announcement or notice be additionally submitted in writing. Legal acts and notices must be sent to the <i>insurer</i> to the following address or to another address announced by the <i>insurer</i> to the <i>policyholder</i> at a later point: Colonnade Insurance S.A., branch office Na Pankráci 1683/127, 140 00 Praha 4 All notices to the <i>policyholder</i> will be sent to the address specified in the insurance contract or to another address announced by the <i>policyholder</i> to the <i>insurer</i> at a later point. The <i>policyholder</i> is obliged to inform the <i>insurer</i> about any change in the delivery address without undue delay. Any failure to notify about such a change is considered for the purpose of delivery as hindering of delivery and the relevant notice will be deemed duly delivered on the third day after being mailed (or on the fifteenth day, if the delivery address is outside the Czech Republic). Any announcement or notice to be delivered to the <i>policyholder</i>, <i>the insured</i> or a <i>beneficiary</i> will be deemed delivered at the moment, at which the recipient thereof actually accepts it or at the moment at which the recipient refuses to accept the delivery, or in other cases that are considered as due delivery under the <i>Civil Code</i>.</p> <p>5.11 Other insurance The <i>policyholder</i> is obliged to inform the <i>insurer</i> without undue delay about the arrangement of any insurance related to the same or similar insured events, to which the insurance policies or <i>insurance contracts</i> relate that are arranged as indemnity insurance; the <i>insurer</i> must be informed about the existence of such insurance if a claim is made.</p>
5.	<p>GENERAL CONDITIONS</p> <p>5.1 Assignment Neither the <i>insurance contract</i> nor the rights and obligation arising from the contract may be assigned without a prior written consent of the <i>policyholder</i>.</p> <p>5.2 Exclusion of provisions concerning adhesion contracts If the <i>policyholder</i> is an entrepreneur, the provisions of the <i>Civil Code</i> regarding adhesion contracts are not applicable.</p> <p>5.3 Insurable interest The insurance policy may be taken out only if there is a continuing insurable interest on the part of the <i>policyholder</i>, i.e. if the <i>policyholder</i> has a legitimate need of protection against the effects of an insured event. Should the <i>policyholder</i> knowingly insure a non-existent insurable interest but the <i>insurer</i> did not and could not know about that, the <i>insurance contract</i> is invalid; however, the <i>insurer</i> is entitled to a fee corresponding to the premium until the <i>insurer</i> finds about the invalidity. The <i>policyholder</i> and <i>the insured</i> are obliged to inform the <i>insurer</i> without undue delay in writing about the termination of the insurable interest. At the moment of the termination of the insurable interest the insurance policy terminates as well; however, the insurer is entitled to premiums until the moment at which the insurer learnt about the termination of the insurable interest. Should any benefit from any insurance policy be provided hereunder to the <i>policyholder</i> instead of <i>the insured</i> or the <i>life insurance beneficiary</i>, the <i>policyholder</i> must prove to the insurer that the insured has given his/her consent to the procedure latest on the date on which the insured event occurs; for the avoidance of doubt, the insurance does not terminate by the expiry of three months after the date of making of the <i>insurance contract</i> if the consent is not proven to the <i>insurer</i>. If the consent is not proved, the benefit will be provided to <i>the insured</i> or, if <i>the insured</i> dies, to the <i>life insurance beneficiary</i> determined under the <i>Civil Code</i>.</p> <p>5.4 Change of insurance risk Neither the <i>policyholder</i> nor <i>the insured</i> are allowed to do anything that would increase the insurance risk in any way without the <i>insurer's</i> consent or enable a third party to do so. The <i>policyholder</i> is obliged to inform the <i>insurer</i> without undue delay in writing any change of the insurance risk, including, but not limited to, any substantial change in its business activities during the insured period, including establishing a new company or a transfer or acquisition of a share in a company. If the insurance risk is increased, in accordance with the relevant provisions of the <i>Civil Code</i>, the <i>insurer</i> is entitled to suggest an increase of the premium or to terminate the</p>	

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If there is such an insurance, the indemnity from indemnity insurance will be provided in accordance with the rules applicable to multiple insurance, with the exception of retraining expenses insurance, insurance against funeral expenses and wheelchair expenses.

5.12 Premium

The *policyholder* is obliged to pay premium specified in the *overview* within the maturity period specified in the *overview*, unless the *policyholder* and the *insurer* agree otherwise. Premium or a premium instalment is deemed to be paid on the date, on which it is credited to the account of the *insurer* specified in the *insurance contract* unless agreed otherwise in the *insurance contract*.

For travel insurance under section B premium is paid as deposit premium and the amount will be settled in accordance with the rules below. The minimum amount of the premium is determined as one half of the deposit premium specified in the *overview*. The minimum premium is non-refundable, i.e. the *insurer* is not obliged to return such premium to the *policyholder* even if there is an overpayment in accordance with the relevant settlement.

Premium is usually calculated after the end of each *insurance period*, based on the difference between the anticipated number of travel days, i.e. days spent by the *insured* on *trips* (based on which the premium for the travel insurance was determined in accordance with section B specified in the *overview*) and the actual number of such travel days in accordance with the *policyholder's* information multiplied by daily premium for the relevant category of employees specified in the *overview*.

The *policyholder* is obliged to pay to the *insurer* any premium in arrears under the previous paragraph within thirty days after receiving the statement for the relevant period.

The *insurer* is obliged to return to the *policyholder* any overpayment on premium determined in accordance with the previous paragraph within thirty days after the statement for the relevant period is prepared.

5.13 Prevention obligation

The *policyholder* and each *insured* must take all reasonable measures in order to prevent the occurrence of an insured event or mitigate its impact and must exercise best endeavours that may be reasonably required of them, in order to recover any lost or stolen property to which any insurance applies.

5.14 Reporting a loss event and necessary co-operation

The *policyholder*, the *insured*, and the *beneficiary* are obliged to:

- a) inform the *insurer* about any loss event without undue delay; submit to the *insurer* in a form required by the *insurer* and at their own expense all documents evidencing the entitlement to indemnity, in particular the documents specified below, documents specified for the relevant insurance above or other necessary documents requested by the *insurer*:
 - (i) the *insurer's* form for reporting a loss event;
 - (ii) relevant medical report in the case of an *accident* or an *illness* from which the nature and extent of the consequences of the *accident* or the *illness* arise as well as the exact diagnosis;
 - (iii) concerning the medical expenses - all invoices and documents that enable the *insurer* to determine the total amount of medical and other expenses incurred by the *insured*;
 - (iv) in the event of death - the original death certificate or declaration of death (or an authenticated copy thereof) and an official document confirming the identity of the *life insurance beneficiary*;
 - (v) any police reports or any other official reports and records.
- b) provide the *insurer* with any other information and co-operation necessary for the investigation of the loss event.
- c) The *insured* is obliged to submit to a medical examination upon the *insurer's* call by a *physician* appointed by the *insurer*; the costs of the examination are paid by the *insurer*.

6. PERSONAL DATA PROTECTION

6.1 Privacy Notice

In the course of administration of the *insurance contract*, personal data are processed. For further information regarding the manner, purpose and period of processing of personal data, including all rights that may be exercised in this respect, please refer to the following link on the website of the *insurer*: <https://www.colonnade.cz/ochrana-osobnich-udaju/>.

6.2 Informing the life insurance beneficiary, beneficiary and the insured about the rules of personal data protection

Should the *policyholder* be different from the *life insurance beneficiary*, *beneficiary* and/or the *insured*, the *policyholder* is obliged to inform them about the *rules of personal data protection* within one month after the date on which the *policyholder* provided the *insurer* with their personal data, and inform them that the current version of the *rules of personal data protection* available on the website of the *insurer*.

7. COMPLAINTS

The *insurer* will exercise best endeavours in order to provide the *policyholder* and the *insured* with good quality services. However, should the *policyholder* or the *insured* be dissatisfied with the *insurer's* services, they may turn to:

- a) the insurance broker through whom the *insurance contract* was made, or

b) Colonnade S.A., branch office
 Na Pankráci 1683/127, 140 00 Praha 4
 e-mail: client@colonnade.cz

The *insurer* will attempt to settle any issue directly with the *policyholder* or the *insured*, however should the *insurer* be unable to accommodate them, the *policyholder* or the *insured* may turn to the Czech National Bank.

SECTION A - ACCIDENT INSURANCE

Insurance under section A applies to the insured events specified below that occur as a result of (i) an accident suffered by the insured during the term of the insurance and at the same time during the *insurance validity period* in relation to the particular *insured* and in the cases specified below, as well as (ii) a result of an illness that the insured is diagnosed with for the first time during the term of the insurance and at the same time during the *insurance validity period* in relation to the particular *insured*. The insurance applies to insured events that occur anywhere in the world, unless specified otherwise in the *overview*.

A1. ACCIDENTAL DEATH INSURANCE

If the *insured* dies as a result of an *accident* within two years after the date of the occurrence of the *accident*, the *insurer* will provide the *life insurance beneficiary* with a benefit in the amount of the relevant *insured amount*, unless specified otherwise in this article hereof.

The benefit from such insurance will be provided also if the *insured* is declared dead if the date which the *insured* apparently did not survive stated in such a declaration, occurs during the term of the insurance and at the same time during the *insurance validity period* in relation to the relevant *insured*; the benefit will be provided with a condition subsequent in case that after the benefit is provided, it transpires that the *insured* was still alive on or before the last day of the term of the insurance or the last day of the *insurance validity period*, or that the *insured* did not die as a result of an *accident*.

If the *insured* had *children* at the moment of death, the benefit from the insurance will be increased by two percent per each *child*, however by ten percent maximum.

The benefit for the death of the *insured* who is a *child* is CZK 200,000; however, this restriction does not apply if the age of the *insured* was between 16 and 18 at the moment of the *accident* and they were an *employee*.

The insurance is an insurance of agreed sum.

A2. INSURANCE AGAINST BODILY INJURY

A2.1 Total permanent disability

If the *insured* becomes *completely and permanently disabled* as a result of an *accident*, the *insurer* will provide the *insured* with a benefit in the amount of the relevant *insured amount*.

The insurance is an insurance of agreed sum.

A2.2 Loss of a limb

If the *insured* loses a limb as a result of an *accident*, the *insurer* will provide the *insured* with a benefit in the amount of the relevant *insured amount*.

The insurance is an insurance of agreed sum.

A2.3 Loss of a sense

If the *insured* loses a sense as a result of an *accident*, the *insurer* will provide the *insured* with a benefit in the amount of the relevant *insured amount*.

The insurance is an insurance of agreed sum.

A2.4 Permanent disability

If the *insured* suffers a *permanent disability* as a result of an *accident*, the *insurer* will provide the *insured* with a benefit in the amount of a percentage of the relevant *insured amount* specified below.

VALUATION TABLE FOR PERMANENT DISABILITY

PERMANENT DISABILITY AS A RESULT OF AN ACCIDENT:	% OF THE INSURED AMOUNT
loss of vision in both eyes	100 %
loss of both arms or both legs	100 %
loss of 100 % of hearing in both ears caused by trauma	100 %
amputation of the mandible	100 %
loss of speech	100 %
loss of one arm and one leg	100 %
loss of one arm and one foot	100 %
loss of one hand and one foot	100 %
loss of one hand and one leg	100 %
loss of both legs	100 %
loss of both feet	100 %
Head	
Loss of full thickness of bone tissue of the skull on the area of at least 6 cm ²	40 %
Loss of full thickness of bone tissue of the skull on the area of at least 3 cm ² to 6 cm ²	20 %
Loss of full thickness of bone tissue of the skull on the area of up to 3 cm ²	10 %

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Partial removal of the mandible, the whole elevator or one half of the jawbone	40 %	
Complete loss of hearing in one ear	30 %	
Loss of vision in one eye	40 %	
Upper limbs The values specified below apply to right-handers, for left-handers the opposite valuation applies.	Right	Left
Loss of one arm or one hand	60 %	50 %
Substantial loss of bone tissue in one arm (final and incurable injury)	60 %	50 %
Complete paralysis of an arm (incurable damage to nerves)	65 %	55 %
Complete paralysis of the circumflex nerve	20 %	15 %
Ankylosis of the shoulder	40 %	30 %
Ankylosis of the elbow in favourable position (15 degrees around the right angle)	25 %	20 %
Ankylosis of the elbow in unfavourable position	40 %	35 %
Extensive loss of bone tissue in two bones in the forearm (final and incurable injury)	40 %	30 %
Complete median nerve palsy	45 %	35 %
Complete radial nerve palsy	40 %	35 %
Complete radial nerve palsy in the forearm	30 %	25 %
Complete radial nerve palsy in the hand	20 %	15 %
Complete ulnar nerve palsy	30 %	25 %
Ankylosis of the wrist in favourable position (direct and flexed position)	20 %	15 %
Ankylosis of the wrist in unfavourable position (in bent or in flexed or resting position)	30 %	25 %
Complete loss of the thumb	20 %	15 %
Partial loss of the thumb (last digit)	10 %	5 %
Complete ankylosis of the thumb	20 %	15 %
Complete amputation of the index finger	15 %	10 %
Complete loss of two digits of the index finger	10 %	8 %
Complete loss of the last digit of the index finger	5 %	3 %
Complete loss of the thumb and the index finger	35 %	25 %
Complete loss of the thumb a finger other than the index finger	25 %	20 %
Complete loss of two fingers other than the thumb or the index finger	12 %	8 %
Complete loss of the other three fingers except the thumb and the index finger	20 %	15 %
Complete loss of four fingers including the thumb	45 %	40 %
Complete loss of four fingers except the thumb	40 %	35 %
Complete loss of the middle finger	10 %	8 %
Complete loss of a finger other than the thumb, the index finger and the middle finger	7 %	3 %
Lower limbs		
Loss of the whole leg	60 %	
Loss of a leg from the middle of the thigh	50 %	
Loss of a leg below the knee	45 %	
Partial loss of a foot (separation below the cruro-tarsal joint)	40 %	
Partial loss of a foot (in the transverse tarsal joint)	35 %	
Partial loss of a foot (in the tarsometatarsal joint)	30 %	
Complete leg paralysis (incurable damage to nerves)	60 %	
Complete paralysis of the sciatic nerve	40 %	
Complete peroneal nerve paralysis	20 %	
Complete tibial nerve paralysis	30 %	
Ankylosis of a hip joint	40 %	
Ankylosis of a knee	35 %	

Loss of bone tissue in the femur or fibula and radius (incurable condition)	60 %
Loss of bone tissue in a patella with significantly split parts and significant movement difficulties when flexing the leg	40 %
Loss of bone tissue in a patella with movement preserved	20 %
Shortening of a leg by at least 5 cm	30 %
Shortening of a leg by 3 - 5 cm	20 %
Shortening of a leg by 1 - less than 3 cm	10 %
Complete amputation of all toes	25 %
Amputation of four toes including the big toe	20 %
Complete loss of four toes	10 %
Complete loss of a big toe	10 %
Complete loss of two toes	5 %
Amputation of a toe other than the big toe	3 %
Ankylosis of fingers (other than the thumb and the index finger) and of toes (other than the big toe) means the entitlement to only 50% indemnity for the loss of the relevant body parts.	3 %
Spine and spinal cord	
Mild permanent handicap (posttraumatic repeated vertebrogenic complaints that did not exist before the accident, intermittent blockages etc.)	10 - 25 %
Moderate permanent handicap (visible deformities of the spine, scoliosis, paravertebral muscle spasms, limited motion of the spine, static pains, paresthesia of limbs etc.)	26 - 40 %
Severe permanent handicap (visible deformities of the spine, gibbus, plegia, pareses of limbs etc.)	41 - 80 %
Internal organs	
Complete loss of one kidney	50 %
Complete loss of both kidneys	100 %
Complete loss of one lung	50 %
Complete loss of the spleen	15 %
Permanent damage to the digestive tract	25 - 80 %
Losses of internal organs are covered by the insurance only if the loss is a direct and sole result of a bodily injury caused by an accident covered by the contract and completely independently on the state of health of the insured.	
Burns on the body	
Third-degree burns of at least 27% of the body surface area	10 % up to 7 % up to 5 % 3 %
Third-degree burns of at least 18% but less than 27% of the body surface area	
Third-degree burns of at least 9% but less than 18% of the body surface area	
Third-degree burns of at least 4.5% but less than 9% of the body surface area	
Scars/burns	
Scars longer than 1 cm	up to 5%
Burns covered by the insurance are defined as damage to the integrity of the skin in the extent of at least 5% of the body surface area caused by contact with sources of heat, chemical substances or sources of very low temperatures.	

When determining the percentage for the calculation of the indemnity for *permanent disabilities* that are not listed in the table above, in particular the nature and severity of the relevant *permanent disability* will be taken into account, compared to percentage determined for the *permanent disabilities* specified herein; for the avoidance of doubt, in determining the percentage, the employment or other gainful or leisure activities of *the insured* will not be taken into consideration.

If as a result of one accident there are more *permanent disabilities*, the indemnity will be provided in the amount of the sum of indemnity amounts (the relevant percentages of the relevant insured amount) for each of them, however up to the maximum of the total amount of the *insured amount*.

If the indemnity for a *permanent disability* in the form of a loss of a *body part*, a *limb*, an organ or a *sense*, is provided, the indemnity for the related loss of their function will not be provided.

The indemnity for ankylosis of fingers (other than the thumb and the index finger) and toes (other than the big toe) is in the amount of 50% of the indemnity for the loss of the relevant finger or toe.

If progressive indemnity is agreed in the *insurance contract* for permanent disabilities, the amount of the indemnity determined under this article hereof will be

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adjusted in accordance with the table for the progressive indemnity that comprises an appendix to the *insurance contract*; however, the indemnity will be provided up to the maximum of the quadruple of the insured amount, unless agreed otherwise in the *insurance contract*.

The insurance is an insurance of agreed sum.

A3. TEMPORARY INCAPACITY TO WORK

If *the insured* suffers a bodily injury or contracts an *illness* as a result of an *accident* that will, separately and independently of any other cause, result in *temporary incapacity to work*, the *insurer* will provide *the insured* with daily allowance in accordance with the item "Insurance against temporary incapacity to work" of the *overview* under the conditions specified below.

If the *illness* of *the insured* results in *temporary incapacity to work*, the *insurer* will provide *the insured* with daily allowance in accordance with the item "Insurance against temporary incapacity to work" of the *overview* under the conditions specified below.

The allowance will be paid for each day of the *temporary incapacity to work* after the expiry of the *time deductible* up to the maximum number of days in accordance with the *overview*.

An *insured* who is not a participant in the public health system and to whom a certificate of temporary incapacity to work is not issued, will prove his/her entitlement to indemnity by a written certificate from a *physician* that replaces the certificate of temporary incapacity to work.

The allowance will be paid for each day of the *temporary incapacity to work* after the expiry of the *time deductible* up to the maximum number of days in accordance with the *overview*.

In the event of a dispute regarding the moment of commencement or termination of the *temporary incapacity to work*, it will be determined based on a medical report issued by a *physician* determined by the *insurer*.

The *insurer* will provide indemnity for a period of time of up to 60 days after the expiry of the *time deductible* if the *temporary incapacity to work* is related to an injury or another damage to the spine and its muscle apparatus, ligaments, cartilage, nerves and veins connected with the spine, that have not been proved by radiodiagnostic or radioscopic methods.

The insurance is an insurance of agreed sum.

The insurer will not provide any indemnity for temporary incapacity to work:

- a) for the first 7 days of the *temporary incapacity to work* (*time deductible*), in the case of an *illness*,
- b) for more than 26 weeks of the *temporary incapacity to work* in connection with pregnancy or birth,
- c) in connection with a medical check-up, operation or treatment of purely cosmetic nature or the treatment of obesity, impotence or infertility,
- d) for any period of the *temporary incapacity to work* that is not documented by *the insured* by standard medical documentation issued by a *physician*.

A4. HOSPITALIZATION

If *the insured* is admitted to hospital as a result of an *accident* or an *illness* (whether *the insured* has been diagnosed or not), in accordance with the *overview*, the *insurer* will provide *the insured* with allowance in the amount of the relevant daily *insured amount* for each day of hospitalization starting from the day following the expiry of the *time deductible*, however for 365 days at the most, unless stated otherwise in the *insurance contract* or in the *overview*.

The insurance is an insurance of agreed sum.

The indemnity in the case of *hospitalization* in connection with pregnancy or birth will be provided for the maximum of 10 days (unless the exclusion below applies to the case).

The insurance does not cover cases of *hospitalization*:

- a) for the purpose of treatment of psychological or mental disorders and ailments, their classification notwithstanding;
- b) for the purpose of treatment by rest of any kind and in connection with a stay in facilities providing long-term care, in particular retirement homes, health resorts, long-term care hospitals, convalescent centres, rehabilitation institutes, detox centres etc.;
- c) for the purpose of a medical check-up, surgery or treatment of purely cosmetic nature or the treatment of obesity, impotence or infertility;
- d) in connection with pregnancy or birth, if the patient is hospitalized within 270 days after the first day of *insurance validity period* in relation to a particular *insured*.

A5. HOME TREATMENT

If a *physician* orders *the insured* to complete their treatment at home, the *insurer* will provide *the insured* with allowance in the amount of the relevant *daily insured amount* for each day of such a treatment, from the day immediately following the last day of the *hospitalization* and for the maximum of a treble of the number of days for which the allowance has been provided in connection with the relevant *hospitalization*.

The insurance is an insurance of agreed sum.

A6. UNCONSCIOUSNESS

If *the insured* is unconscious as a result of an *accident*, the *insurer* will provide *the insured* with allowance in the amount of the relevant *daily insured amount* for each subsequent day of being unconscious, however for the maximum of 365 days. The allowance will be provided simultaneously with the allowance provided for the insurance against *hospitalization*.

The insurance is an insurance of agreed sum.

A7. FRACTURES

If *the insured* suffers a *fracture* due to an *accident*, the *insurer* will provide *the insured* with a in the amount in accordance with the percentage of the relevant *insured amount* specified below.

NUMBER	TYPE OF FRACTURE	PERCENTAGE OF THE INSURED AMOUNT
1)	Hip, pelvis (except the tail bone), heel	30 %
2)	Lower part of the leg, collar bone, ankle, elbow, upper or lower part of the arm, wrist, spinal pillar (vertebrae with the exception of the tail bone), mandible	20 %
3)	Shoulder blades, patella, sternum, hand (with the exception of fingers and the wrist), foot (with the exception of toes and the heel)	10 %
4)	Rib or ribs, cheekbone, tail bone, upper jawbone, nose, one or more toes, one or more fingers	8 %

In determining the percentage for the calculation of the benefit for *fractures* not listed in the table, the nature and gravity of the *fracture* will be taken into consideration compared to the percentages for *fractures* listed in the table; for the avoidance of doubt, in determining the percentage, the employment or other gainful or leisure activities of *the insured* will not be taken into consideration. In the case of an open or multiple *fracture*, the indemnity determined in accordance with this article hereof will be doubled.

If more than one *fracture* is caused a result of one *accident*, the indemnity will be provided in the amount of the sum of indemnity amounts (the relevant percentages of the relevant *insured amount*) for each *fracture*, however up to the maximum amount of the relevant *insured amount*.

The insurance is an insurance of agreed sum.

The insurance does not cover:

- a) pathological thin *fractures* (hairline *fractures*);
- b) *fractures* caused by osteoporosis or if osteoporosis was conducive;
- c) correction of a part of the body without anaesthesia.

A8. BURNS

If *the insured* suffers a *burn* as a result of an *accident*, the *insurer* will provide *the insured* with indemnity in the amount in accordance with the percentage of the relevant *insured amount* specified below.

NUMBER	TYPE OF BURN	PERCENTAGE OF THE INSURED AMOUNT
A)	Second-, third- and fourth-degree burns	
1)	27 % and more percent of the body surface area	100 %
2)	18% or more but less than 27% of the body surface area	60 %
3)	9 % or more but less than 18 % of the body surface area	35 %
4)	4.5% or more but less than 9% of the body surface area	20 %
B)	First-degree burns	
1)	0.5 % or more but less than 5 % of the body surface area	1 %
2)	5 % or more but less than 10 % of the body surface area	3 %
3)	10 % or more but less than 20 % of the body surface area	5 %
4)	20 % or more but less than 30 % of the body surface area	7 %
5)	30 % or more but less than 40 % of the body surface area	10 %
6)	40 % or more but less than 50 % of the body surface area	20 %

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7)	50 % or more but less than 60 % of the body surface area	25 %
8)	60 % or more but less than 70 % of the body surface area	30 %
9)	70 % or more but less than 80 % of the body surface area	40 %
10)	80 % or more but less than 90 % of the body surface area	60 %
11)	more than 90 % of the body surface area	80 %
C)	Airway burns	30 %

In determining the percentage of the body surface area afflicted with *burns*, one percent is equal to the surface area of the palm and fingers.
In the case of a *burn* on the head and/or neck the indemnity hereunder will be increased by:

- 5 % if less than 5 % of the body surface area is afflicted with *burns*;
 - 10 % if 5 % to 10 % of the body surface area is afflicted with *burns*;
- In the case of *burns* in the area of perineum, the benefit will be increased by 10 %.
If *the insured* is diagnosed with a *burn* shock in connection with a *burn*, the indemnity will be increased by 20 %.
The insurance is an insurance of agreed sum.

A9. MEDICAL EXPENSES

If the condition of *the insured* caused by an *accident* requires that the treatment is commenced within 24 hours after the moment when the accident occurs, the *insurer* will provide *the insured* with indemnity in the form of reimbursement of the medical expenses on the related treatment minus the *deductible*, however up to the amount of the relevant *indemnity limit* for each insured event as a result of one *accident* or a series of related *accidents*.

For the purpose of the insurance, medical expenses mean usual and reasonable expenses on medical, surgical or other health care or treatment provided or prescribed by a *physician* and all fees paid to hospitals, sanatoriums and emergency medical services, including, but not limited to:

- services of *physicians*;
 - using an operating theatre in a health-care facility and the stay in a health-care facility;
 - anaesthesia (including the administration thereof), X-ray examinations or treatment and laboratory tests;
 - emergency medical services;
 - drugs and medicines, materials, devices and other items;
 - physiotherapeutic treatment.
- The insurance is an indemnity insurance.

A10. RETRAINING EXPENSES

If an *insured* who is an *employee* is provided with indemnity based on an insurance against *total permanent disability*, due to which *the insured* is not able to continue doing his or her existing job for the *policyholder*, the *insurer* will provide the *policyholder* with indemnity in the form of a reimbursement of reasonable expenses on the retraining of *the insured* for a suitable alternative job, up to the maximum amount of CZK 50,000 for each insured event as a result of one *accident* or a series of related *accidents*.

The insurance is an indemnity insurance.

A11. FUNERAL COSTS

If the *life insurance beneficiary* is provided with a benefit based on an accidental death insurance, the *insurer* will provide the *life insurance beneficiary* also with indemnity in the form of a reimbursement of reasonable costs provably expended by the *life insurance beneficiary* on the funeral of *the insured*, however up to the maximum amount of CZK 50,000 for each insured event resulting from one *accident* or a series of related *accidents*.

The insurance is an indemnity insurance.

A12. COSTS OF A WHEELCHAIR

If indemnity is provided based on the insurance against *total permanent disability* or *permanent disability* and *the insured* needs a wheelchair due to the *permanent disability*, the *insurer* will provide *the insured* with additional indemnity in the form of a compensation of the costs of acquiring a wheelchair, however up to the maximum amount of CZK 50,000 for each insured event resulting from one *accident* or a series of related *accidents*. The insurance is an indemnity insurance.

A13. SURGERY DURING HOSPITALIZATION

If *the insured* is hospitalized as a result of an *accident* or an *illness*, depending on what is specified in the *overview*, and they undergo an invasive surgery specified below and carried out by a *physician*, the *insurer* will provide the insured with

indemnity in the amount of a percentage of the insured amount listed below, after deducting any *deductible*.

NUMB ER	TYPE OF SURGERY	PERCENTAGE OF THE INSURED AMOUNT
A)	Abdominal cavity	
1)	Appendectomy	50 %
2)	Bowel resection	70 %
3)	Stomach resection	70 %
4)	Gastroenterostomy	60 %
5)	Gallbladder removal	70 %
6)	Laparotomy for diagnostic or treatment purposes or removing one or more organs not specified herein	50 %
7)	Laparoscopy for diagnostic or treatment purposes	50 %
B)	Abscess	
1)	Removal of one or more superficial abscesses or ulcers	50 %
2)	Treatment of one or more festering inflammations on skin or hypodermis or abscesses requiring hospitalization	10 %
C)	Amputation	
1)	Of one finger or one toe	10 %
2)	Of a hand, forearm or foot in ankle	20 %
3)	Of a leg, arm or thigh	40 %
4)	Of a thigh in hip joint	70 %
D)	Breasts	
1)	Amputation of one or both breasts, substantial with dissection of the axilla	70 %
2)	Amputation of one or both breasts, partial	40 %
E)	Chest	
1)	General plastic surgery of the chest	100 %
2)	Removing a lung or a part thereof	70 %
3)	Examination of the chest cavity for diagnostic or treatment purposes	20 %
4)	Bronchoscopy - diagnostic	10 %
5)	Bronchoscopy - intervention, with the exception of biopsy	20 %
6)	Heart surgery including valve replacement	100 %
7)	Heart surgery including bypass	75 %
8)	Heart surgery including angioplasty	50 %
F)	Ear	
1)	Myringotomy	5 %
2)	Mastoidectomy - radical - one side	50 %
3)	Mastoidectomy - radical - both sides	60 %
4)	Fenestration on one or both sides	100 %
G)	Oesophagus	
1)	Surgery of stricture	40 %
2)	Gastroscopy	10 %
H)	Eye	
1)	Retinal detachment - multiple vision	100 %
2)	Cataract	50 %
3)	Glaucoma	30 %
4)	Eyeball removal	30 %
5)	Removal of pterygium on conjunctiva	20 %
6)	Removal of stye or meibomian gland inflammation	5 %
I)	Fractures	

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1)	Collar bone, shoulder blade or forearm, a single bone	15 %
2)	Tail bone, metatarsal, tarsal or ankle bone	10 %
3)	Femur	40 %
4)	Upper part of the arm or the leg	25 %
5)	Any finger, any toe or a rib	5 %
6)	Forearm - two bones, patella or pelvis without using traction	20 %
7)	Leg, two bones	30 %
8)	Mandible	20 %
9)	Carpal bones, metacarpal bones, nasal bones, ribs (two or more) or sternum	10 %
10)	Pelvis with the use of traction	30 %
11)	Vertebra, each transverse process	5 %
12)	Vertebra, one or more compression <i>fractures</i>	40 %
13)	Wrist	10 %
J) Urogenital system		
1)	Kidney removal	70 %
2)	Fixation of a kidney	70 %
3)	Laparotomy for the purpose of diagnosis and treatment of tumors or kidney stones, urethral stones or bladder stones by invasive surgery	60 %
4)	Laparotomy for the purpose of diagnosis and treatment of tumors or kidney stones, urethral stones or bladder stones by cauterization, endoscopy or lithotripsy	20 %
5)	Urethral stricture - open surgery	30 %
6)	Surgery inside the urethra - by invasive surgery	15 %
7)	Removal of the whole prostate by open surgery - complete operation	70 %
8)	Removal of a part of the prostate - by endoscopy	25 %
9)	Other surgery on prostate involving incision	50 %
10)	Surgical removal of a testicle or a spermatic cord	25 %
11)	Hydrocele or varicocele	10 %
12)	Removal of a fibroid tumor without intervention in the abdominal cavity	20 %
K) Thyroid		
1)	Removal of the whole thyroid or a part thereof, including all the stages of the surgery	70 %
L) Hernia		
1)	Invasive surgery - hernia on one side	20 %
2)	Invasive surgery - hernia on both sides	25 %
3)	Radical surgery, including injection treatment of hernia on one side	40 %
4)	Radical surgery, including injection treatment of hernia on both sides	50 %
M) Joints and dislocation		
1)	Surgical opening of a joint due to an <i>illness</i> or a disorder, if not listed in another part of this table and with the exception of the fixation by a band	15 %
2)	Arthroscopy of the shoulder, elbow, hip joint or knee joint, with the exception of the fixation by a band	40 %
3)	Removal, open fixation, dislocation or arthroplasty of a shoulder, hip joint or spine	75 %
4)	Removal, open fixation, dislocation or arthroplasty of a knee, elbow, wrist or ankle	35 %
5)	Dislocation of any finger or toe	5 %
6)	Dislocation of a shoulder or an elbow, wrist or ankle	15 %
7)	Dislocation of the mandible	5 %

8)	Dislocation of a hip joint or a knee, with the exception of the patella	20 %
9)	Dislocation of a patella	5 %
N) Nose		
1)	Surgery of internal nasal cavities	15 %
2)	Surgery of paranasal sinuses	35 %
3)	Removal of one or more polyps	5 %
4)	Submucosal resection	25 %
5)	Turbinectomy	10 %
O) Paracentesis (fixation by a band)		
1)	Abdominal cavity	10 %
2)	Chest or bladder, with the exception of catheterization	5 %
3)	Ear drum, hydrocele, joints or spine	5 %
P) Rectum and rectoscopy		
1)	Radical resection due to a malignant tumor, all stages including colostomy	100 %
2)	Removal of external hemorrhoids only - complete procedure	10 %
3)	Internal or internal and external hemorrhoids including rectal prolapse, total for the removal or complete injection treatment	20 %
4)	Anal fistula	15 %
5)	Rectal ulcer	5 %
6)	Rectoscopy with or without biopsy	10 %
7)	Colonoscopy with or without biopsy	15 %
8)	Other surgeries involving incision on the rectum	20 %
Q) Skull		
1)	Craniotomy for acute removal of a hematoma	100 %
2)	Craniotomy involving vascular surgery	75 %
3)	Craniotomy for the removal of malignant tumors	75 %
R) Larynx		
1)	Tonsillectomy or tonsillectomy and adenoidectomy in adults and children of 15 years of age and older	15 %
2)	Tonsillectomy or tonsillectomy and adenoidectomy in children under 15	10 %
3)	Using laryngoscope for diagnostic purposes	5 %
S) Malignant tumors (surgical removal)		
1)	Malignant tumors with the exception of tumors of mucous membrane, skin and hypodermis	50 %
2)	Malignant tumors of mucous membrane, skin and hypodermis	25 %
3)	Pilonidal sinus or cyst, surgery involving incision	25 %
4)	Benign tumors of a testicle or a breast	20 %
5)	Node	5 %
6)	Benign tumors, one or more, if not listed in another place in this table	10 %
7)	Varicose veins; complete procedure in all veins by incision surgery or injection treatment - one leg	20 %
8)	Varicose veins; complete procedure in all veins by incision surgery or injection treatment - both legs	30 %

In determining of the percentage for the calculation of the benefit for surgeries not listed herein, in particular the nature and gravity of the surgery will be taken into consideration compared to the percentages for surgeries listed in the table. Two or more surgical interventions made through the same incision in the abdominal cavity are considered as a single surgery for the purpose of determining the amount of the indemnity.

In the case of a an open or multiple *fracture* the indemnity determined hereunder will be doubled, however, up to the maximum of the amount of the *insured amount*. In the case of a fracture requiring an open surgery, including the use of bone grafts

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or joining a bone, the indemnity determined hereunder will be increased by further 50 %, however up to the maximum amount of the relevant *insured amount*.

In the case of a dislocation requiring an open surgery, the indemnity determined hereunder will be doubled, however up to the maximum amount of the relevant *insured amount*.

If during one surgery more than one surgical intervention is carried out, the indemnity will be provided only for the intervention entitled to the highest indemnity hereunder.

The insurance is an insurance of agreed sum.

However, the coverage does not apply to any surgeries even partially related to pregnancy, birth, miscarriage, abortion or any disorder of the female reproductive cycle.

A14. JOINT PROVISIONS OF THE ACCIDENT INSURANCE

If *the insured* dies or suffers a *bodily injury* during the term of the relevant insurance directly caused by adverse weather conditions or other natural disasters, the *insurer* will provide the benefit regardless of whether the death or *bodily injury* of the *insured* were a result of an *accident*

If no accidental death insurance is agreed, the *insurer* will provide indemnity for the case of a *bodily injury* only if *the insured* does not *die* within 13 weeks after the date of the *accident*; the indemnity will be provided after the expiry of this time limit.

If an accidental death insurance is agreed and *the insured* dies within 13 weeks after the *accident*, the *insurer* will provide the benefit only from the accidental death insurance, even if the indemnity from another insurance would be higher; if an

indemnity for a *bodily injury* was provided to *the insured* in such a case and *the insured* dies as a result of the same *accident* after the indemnity is provided, the benefit from the accidental death insurance will only be provided in the amount decreased by the indemnity already provided.

If *the insured* has been provided with a benefit from insurance against a loss of a limb, loss of a sense, and *the insured* suffers a *permanent disability* caused by the same *accident*, the indemnity from this insurance will only be provided in the amount decreased by the amount of the indemnity already provided.

If there is multiple insurance, the indemnity from indemnity insurance will be provided in accordance with the rules applicable to multiple insurance, with the exception of insurance against retraining expenses, insurance against funeral expenses and wheelchair expenses.

The insurer is entitled to decrease the amount of indemnity by up to fifty percent:

a) if *the insured* is injured in a traffic accident during which *the insured* materially breaches the traffic regulations, such as by speeding, jumping the lights, failing to give way etc.;

Indemnity from any insurance under this section A for one and all insured events (*accidents* or *illnesses*) resulting from the same cause (regardless of the number of *the insured* who suffer an *accident* or an *illness*) will be provided up to the maximum amount of the *indemnity limit* for one insured event listed in the *overview*; however, that does not apply to the insurance against retraining costs, funeral costs, costs of a wheelchair and treatment costs insurance where the indemnity will be provided on top of such other indemnity amount up to the amount of the relevant *indemnity limit*.

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SECTION B - TRAVEL INSURANCE

Insurance under section B applies to the insured events below that occur during a *trip* if it was commenced during the term of the insurance and at the same time during the *insurance validity period* in relation to the particular *insured*.

B1. MEDICAL EXPENSES AND TRANSPORT

If *the insured* suffers an *accident* or an *illness* during a *trip*, *the insurer* will provide *the insured* with indemnity in the form of a compensation of medical expenses and the costs of transport specified below that were expended as a direct result of such an *accident* or *illness* within 2 years after the date of the *accident* or the date on which the *illness* was initially diagnosed, up to the amount of the relevant *indemnity limit* for each insured event resulting from one *accident* or *illness* or a series of related *accidents* or *illnesses*, after deduction of any *deductible*.

The insurer will provide the indemnity only if it is not in conflict with any trade or financial sanctions or embargo announced by the European Union, USA or Canada or in conflict with the laws and regulations of the Czech Republic or the European Union.

Medical expenses are usual and reasonable expenses expended outside the Czech Republic or the *country of permanent residence of the insured* on medical, surgical and other health care or treatment provided or prescribed by a *physician* and any fees paid to hospitals, sanatoriums and emergency medical services. Medical expenses include any expenses on emergency dental care if it is necessary as a result of an *accident* or unexpected and sudden pain or simple repairs of dentures in case of damage that occurs during a stay abroad, including the costs of drugs prescribed in connection with the interventions specified above; the indemnity in connection with such dental care will be provided up to the maximum amount of the relevant *indemnity limit* for each insured event resulting from one *accident* or *illness* or a series of related *accidents* or *illnesses*.

The costs of transport are necessary and reasonable costs of (i) the transport of *the insured* and the maximum of two other individuals who need to travel with *the insured* or accompany *the insured*, in economy class, if such transport is necessary as a direct result of an *accident* or an *illness* and (ii) the related accommodation of such individual; with a prior written consent of the *policyholder*, the costs may be compensated also to a dependant or a colleague of *the insured*.

The insurance is an indemnity insurance.

If the consequences of an *accident* or an *illness* require *hospitalization* or transport by emergency medical service, the indemnity will be provided only under the condition that the *policyholder* or *the insured* immediately contact the *assistance service* and proceed in accordance with any directions they receive from the *assistance service*.

The insurance does not cover any loss events resulting from an *accident* or an *illness* if:

- the insured* travels contrary to the recommendations of a *physician*;
- the purpose of the *trip* is to undergo medical treatment or obtain a medical recommendation;
- the bodily injury* or *the illness* are related to pregnancy within the period of one month prior to the expected due date;

B2. COSTS OF TRANSPORT OF THE INSURED

If *the insured* suffers an *accident* or an *illness* during a *trip*, *the insurer* will provide *the insured* with indemnity in the form of a compensation of the costs of transport of *the insured* specified below that were expended as a direct result of such an *accident* or *illness*, up to the amount of the relevant *indemnity limit* for each insured event resulting from one *accident* or *illness* or a series of related *accidents* or *illnesses* after deducting any *deductible*.

The costs of the transport of *the insured* are necessary and reasonable costs of transport by any suitable means of transport to a hospital or other medical facility or the place of residence of *the insured* in the Czech Republic or his or her *country of permanent residence*, based on the recommendation of a *physician* appointed by the *insurer* in co-operation with the local attending *physician*.

The indemnity from this insurance in the case of a birth given by *the insured* will be provided up to the maximum amount of CZK 50,000.

In the event of death of *the insured*, the indemnity will be provided in the form of a compensation of the costs of transport of the body or the ashes and personal belongings back to the Czech Republic or to the *country of permanent residence of the insured* and the costs of the funeral of *the insured* outside the Czech Republic or the territory of the *country of permanent residence of the insured* up to the maximum amount of CZK 500,000.

The insurance is an indemnity insurance.

If the consequences of an *accident* or an *illness* require *hospitalization* or transport by emergency medical service, the indemnity from the insurance will be provided only under the condition that the *policyholder* or *the insured* immediately contact the assistance service and proceed in accordance with the directions received.

If the *physician* appointed by *the insurer*, in co-operation with the local attending *physician*, permits the transport of *the insured* to his or her place of residence in the Czech Republic or the country of permanent residence and *the insured* refuses the transport, the *insurer* is not obliged to pay any medical expenses or other expenses incurred after the date on which the transport was to be implemented.

The insurance does not cover any loss events resulting from an *accident* or an *illness* if:

- the insured* travels contrary to the recommendations of a *physician*;
- the purpose of the *trip* is to undergo medical treatment or obtain a medical recommendation;
- is related to a pregnancy within the period of one month prior to the expected due date;

B3. ASSISTANT SERVICES

If *the Insured* needs medical care during a *trip*, they are obliged to contact the non-stop emergency line of the *assistance service*. *The insured* may use other *assistance services* listed below as well. *The insurer* will provide a compensation of reasonable costs of the telephone calls to the emergency line if it provides indemnity from any insurance subsequently in connection with the relevant event consulted, up to the amount of CZK 2,000 for each insured event resulting from one *accident* or *illness* or a series of *accidents* or *illnesses*.

The following information must be given to the *assistance service*:

- the name of *the insured* and the number of the *insurance contract*;
- e-mail address or telephone number where *the insured* can be reached;
- the address of *the insured* abroad;
- the nature of the *bodily injury* or *the illness*;
- identification of the *policyholder*

Consulting and finding a physician

The insured may use the *assistance service* also for the following purposes:

- telephone medical consultations regarding their medical condition;
- information regarding general practitioners and hospitals and other medical facilities in the world;
- arranging for an examination of *the insured* by a general practitioner;
- arranging for admitting *the insured* to a hospital or another medical facility.

Direct charging

If possible, upon request by *the insured*, the *assistance service* will arrange for a direct payment of the costs of the treatment of *the insured* in a hospital or in another medical facility by *the insurer* so that *the insured* does not have to pay for the services him- or herself.

Repatriation

The assistance service will arrange for the repatriation or transport of *the insured* to a hospital or another medical facility by suitable means of transport, depending on the circumstances, and, if necessary, with the attendance of a fully equipped medical team. Upon return, *the insured* will be transported to a hospital or another medical facility or the place of his or her residence in the Czech Republic or the *country of permanent residence* in a suitable manner.

Providing medication in emergency

The assistance service will help with finding and sending the necessary medication or alternative medicaments if they are not available in the place of the *trip of the insured*.

Other assistance services

Beside the medical and related services described above, the *assistance service* provides help in the following areas:

- Visas and vaccination**
The *assistance service* provides information regarding visa and vaccination requirements abroad.
- Consulting in the case of a loss of luggage, passport and travel documents**
In the case of a loss or theft of luggage, passport, documents or tickets (air tickets) of *the insured* during a *trip*, the *assistance service* will provide *the insured* with information regarding possible solutions to such situations.
- Informing the family of the insured**
In the case of emergency or *hospitalization*, the *assistance service* will inform the immediate family of *the insured*. The *assistance service* will continue to help mediate the necessary communication between *the insured* and his or her immediate family.
- Finding a hotel**
The *assistance service* will provide *the insured* with information regarding hotels, their services and prices; the service will be provided in order to arrange for the accommodation of a replacement *employee* or a family

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member of *the insured* who comes to provide help to *the insured*. In such cases, the *assistance service* will also book a hotel room.

- e) **Arranging for a visit**
The *assistance service* will arrange a return air ticket for one relative or friend of *the insured* for the purpose of visiting *the insured* who is hospitalized during a *trip* outside the Czech Republic or the *country of permanent residence* for more than five days.
- f) **Arranging for the return of minors**
The *assistance service* will arrange for the return of minors to the Czech Republic or the *country of permanent residence* if, as a result of the insured event under any insurance cover, they are left without supervision.

B4. LEGAL COSTS

If a third party causes an *accident* or an *illness of the insured* during a *trip*, the *insurer* will provide *the insured* with indemnity in the form of a compensation of the legal costs specified below expended by *the insured* in exercising the right to a compensation for the related harm against such third party, up to the amount of the *indemnity limit* for any legal costs in connection with one *accident* or *illness*, if they are approved by the *insurer* in writing in advance. The *insurer* will decide whether to grant the consent to expending the legal costs based on the standpoint of the attorney of *the insured* and the legal consultants of the *insurer*.

- a) Legal costs are any necessary and reasonable costs of legal services and legal representation of *the insured* by an attorney approved by the *insurer* in judicial or other similar proceedings (at the court of the first, alternatively of the second instance), including the costs of possible expert opinions;
- b) in connection with amicable settlement of the dispute.

The legal costs also include the costs of legal representation of the counterparty in a dispute that *the insured* is obliged to pay based on a decision of a court or other similar authority; however, legal costs do not include court fees that *the insured* is obliged to pay if he or she does not succeed in the proceedings.

The insurance is an indemnity insurance.

For the purpose of this insurance, one insured event is a dispute regarding the compensation of a loss arising from a single cause (an *accident* or *illness*), regardless of the form or instance of the proceedings or any out-of-court settlement of the dispute.

If *the insured* succeeds in any dispute, in connection with which the *insurer* has provided indemnity from this insurance, *the insured* and the *beneficiary* (including the life insurance beneficiary) are obliged to return such indemnity.

The insurance does not cover any legal costs expended in connection with any:

- a) judicial or other proceedings conducted against *the insured*;
- b) proceedings regarding any crime committed by *the insured*; for the avoidance of doubt, this insurance does not cover any pecuniary penalty or other sanctions imposed in criminal proceedings;
- c) exercise of a right against a travel agency, the *insurer*, the *policyholder* or any person that provided *the insured* with any services in connection with the insurance conditions hereunder;
- d) a dispute that commences two years or later after the date of the event, based on which the right to a compensation for damage is exercised.

B5. LEGAL PROTECTION INSURANCE AND INSURANCE AGAINST BAIL IN CASE OF A TRAFFIC ACCIDENT

For the purpose of article B5, an *insured event* is a traffic accident in which *the insured* is a participant, after which *the insured* has been detained by the relevant authorities or provably is in danger of being detained.

- a) In the event of an insured event, the *assistance service* will arrange for emergency legal aid, pay the costs thereof as well as secure the cash for furnishing the bail.
- b) *The insured* is obliged to return the amount corresponding to the amount of the bail to the *insurer* as soon as it is released by the relevant authority, however latest within 30 days after his or her return to the Czech Republic or the *country of permanent residence*.

B6. LIABILITY INSURANCE

The *insurer* will provide compensation for any damage caused by *the insured* during the *trip* either to the property or health of a third party that *the insured* is obliged to compensate in accordance with the applicable laws and regulations up to the amount of the relevant *indemnity limit* for one and all insured events under this section hereof that occur during each *insured period*.

The *insurer* will provide indemnity in the form of a compensation of the costs of legal representation in connection with the defence of *the insured* against a claim covered by the insurance, if the *insurer* approves expending such costs in writing.

Without a written consent of the *insurer* *the insured* may not acknowledge the obligation to provide compensation for any damage, make an amicable settlement regarding any claim or provide any compensation.

The insurance is an indemnity insurance.

If a loss occurs, *the insured* is obliged to:

- a) inform the *assistance service* without undue delay immediately after they learn about any cause that may lead to a legal claim being filed against *the insured*, and provide the *insurer* with the related documents;
- b) proceed in accordance with the instructions of the *insurer*; at its own discretion, the *insurer* may assume the control in the dispute through a legal representative selected by the *insurer* and *the insured* is obliged to provide the *insurer* with the necessary cooperation for the purpose thereof.
- c) enable the *insurer* to conduct and supervise the defence of *the insured* against any claim filed and to conduct negotiations regarding the damages claimed;
- d) provide the *insurer* with the necessary cooperation for the purpose of exercising the right to a compensation for damage that passed to *the insured* by the provision of the indemnity against any third party, and for this purpose provide the *insurer* with all the information, documents and the necessary co-operation.

The insurance does not cover the liability to provide compensation for any harm:

- a) to the health of an *employee of the policyholder* or *the insured* if such harm occurs in connection with work performed for the *policyholder* or a company insured by the *policyholder* specified in the *insurance contract* or the *overview*;
- b) to any motor or non-motorized means of transport, trailer, semitrailer, vessel or aircraft or any harm in direct or indirect connection with the operation thereof;
- c) caused intentionally;
- d) directly or indirectly related to the ownership, possession or use of land; carrying out commercial or business activities or occupation; any competition activities;
- e) to assets the owner or legitimate possessor or user of which is the *policyholder*, *the insured*, their *employee* or another relative or next of kin of *the insured*;
- f) on borrowed items;
- g) arising from a contract in an extent exceeding the statutory duty to provide a compensation for damage;
- h) to which another insurance taken out by the *policyholder* or *the insured* applies or to which the statutory duty of *the insured* to take out an insurance policy applies;
- i) if *the insured* is mentally ill at the time of the occurrence of the loss event or if the loss event is caused by *the insured* under the influence of drugs (other than medication prescribed and used in accordance with the *physician's* instructions), alcohol, addictive substances or solvents;
- j) in connection with the ownership, maintenance or use of weapons, the performance of military service, police service or as a pilot or game keeping activities or during preparation for any of those activities;
- k) in connection with any fines, penalties and other sanctions or exemplary or otherwise increased compensation for damage.
- l) if *the insured* negotiated or made a settlement agreement or acknowledged or denied any claim without a prior written consent of the *insurer*.

B7. LUGGAGE AND TRAVEL DOCUMENTS

If a loss, theft or damage to the personal belongings and luggage of *the insured* occur during a *trip*, the *insurer* will provide *the insured* with a compensation of the costs of acquiring replacement items/luggage as well as the content thereof or of the transport thereof up to the amount of the relevant *indemnity limit*.

If *the insured* loses a passport, ID (e.g. identity card), driving licence, a certificate of roadworthiness of a vehicle or other necessary travel documents or they are damaged, the *insurer* will provide *the insured* with indemnity in the form of the compensation of any necessary and reasonable costs of obtaining replacement documents and the related travel and accommodation costs, up to the agreed amount.

If during the *trip* a *valuable* that *the insured* was wearing or had on him/her gets stolen or he/she is robbed; or it was stolen from a vehicle in connection with a traffic accident that resulted in an injury of *the insured* with subsequent medical care, the *insurer* will provide *the insured* with indemnity, i.e. the current value of the *valuable*, however up to the maximum limit specified in the *insurance contract*.

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If the luggage of *the insured* gets lost temporarily for a period exceeding 4 hours during the transport on the way there or back during a *trip*, the *insurer* will provide indemnity in the amount of the costs of acquiring reasonable and necessary replacements of the items up to the amount of CZK 20,000 for one and all insured events that occur during one *trip*, unless specified otherwise in the *insurance contract* or the *overview*, for each *insured*. If such temporarily missing luggage is not found and consequently the entitlement to indemnity arises, the *insurer* will deduct from the total indemnity amount hereunder the amount already paid for the temporary loss of luggage.

The insurance is an indemnity insurance.

However, the insurance does not cover a loss, theft or damage:

- caused by braking off, scratching or breaking glass, porcelain or other fragile items, unless caused by fire, *theft* or as a result of a traffic accident of a means of transport in which they were transported;
- sports equipment that occurs during the use thereof;
- caused by moths, small insects, wear and tear, atmospheric or climatic conditions or gradual deterioration, a mechanical or electrical failure or malfunction, any process of cleaning, dyeing, renovation, repairs or alteration, loss of *money* or any securities,
- delay, detention or seizure based on the decision of any public authorities;
- on vehicles, any accessories, parts or spare parts thereof;
- a *theft* from a motor vehicle, unless it was entered by obviously violent means and the property was kept in a locked luggage compartment, if it is not a *theft* of items left in a visible place,
- to luggage sent as cargo based on an air waybill, bill of lading or by courier service.
- a *theft* or damage of photographic and filming devices, computers, mobile phones, audiovisual technology, any electronic and optical devices and their appurtenances in the case of a *theft* of luggage by breaking into a motor vehicle, caravan or a vessel, unless there was a traffic accident with subsequent medical care;
- deposited by the *insured* for safekeeping or put into a strongbox in an accommodation facility.

The *insurer* will provide indemnity in the amount of the current value of the individual lost or stolen items, taking into account the age and estimated wear and tear of the items, based on the loss, theft or damage of which the insurance claim is made. In the case of damage to an item, the indemnity will be provided up to the maximum amount of the usual price of a repair of the relevant item.

The *insurer* will provide the indemnity only in the amount in which the loss exceeds the compensation provided by the carrier. *The insured* is obliged to report to the relevant carrier and/or the police authority immediately and in writing any loss, theft or damage that occurred during the transport. The insurance is an indemnity insurance.

The insured must submit the following documents when filing an insurance claim:

- a list of luggage that has been lost, stolen or damaged and of the individual items contained in them, including the date and place of purchase and the purchase price thereof;
- a copy of the report of the loss, theft or damage of luggage filed with the relevant carrier or public authority;
- a copy of the relevant report of the carrier or the police report;
- if lost by the carrier, also the original tickets (air tickets) and luggage slips;
- a document or another certificate evidencing the purchase of the lost, stolen or damaged items; the original of such a document must be always submitted regarding any items bought during the *trip*;
- the relevant document regarding any related compensations provided by the carrier.

B8. MONEY

If during a *trip* a loss or theft of *money* or a credit, debit or payment card abuse occurs, the *insurer* will provide *the insured* with indemnity in the form of a compensation of such lost or stolen money or a compensation of the financial loss suffered by *the insured* as a result of such credit, debit or payment card abuse, up to the amount of the relevant *indemnity limit* or, in the case of money, up to the amount of CZK 5,000 for one and all insured events that occur during one *trip* for each *insured*, unless specified otherwise in the *insurance contract* or the *overview*.

The indemnity for a loss or theft of foreign currency or traveller's cheques will be provided from the moment of their receipt, however earliest 120 hours before departure, until they are deposited to an account, cashed or used, however only until 120 hours after the end of the *trip*.

The insurance is an indemnity insurance.

The insurance does not cover:

- a loss or theft of a credit, debit or payment card, if the *policyholder* or *the insured* did not observe the conditions for the use of the card;
- any loss caused by a seizure or a detention by any public authorities, in error, by omission or a decrease in value.

In order to be entitled to indemnity, *the insured* must:

- report the loss or theft of money or a credit, debit or payment card abuse immediately in writing to the relevant police authority in the place where the loss, theft or abuse occurred;
- submit to the *insurer* a copy of the relevant police report or record.

B9. CANCELLING, SHORTENING AND DELAYING OF A TRIP

Cancelling and shortening

The *insurer* will provide *the insured* with indemnity for the *cancellation fees* if the *trip* had to be cancelled or shortened or changed for the following reasons:

- Death, *accident* or *acute illness* that prevents *the insured* from leaving on the *trip*;
- Death, *accident* or *acute illness* of a *family member*, business partner or a person with whom *the insured* booked the *trip*;
- If *the insured* is summoned to court as a witness (not as an expert witness) or if mandatory quarantine is imposed on them;
- An accident of the vehicle by which *the insured* was planning to travel that occurs within 7 days before the planned departure and as a result of which the vehicle is not roadworthy (this applies to an *insured* who is to drive on the *trip* him/herself).
- If the employment of *the insured* is terminated not by their own fault and they are entitled to receive unemployment benefits under the relevant laws and regulations and if at the moment of booking the *trip*, *the insured* had no reason to expect that their employment would be terminated;
- If within 48 hours before the date of the planned departure there is a *burglary* or a *theft* in the home of *the insured* or if a considerable damage to property occurs due to a natural disaster within 30 days before the planned departure and *the insured* provides evidence that he/she cannot commence his/her *trip*;

The insurance is an indemnity insurance.

B9.2 Return and sending a replacement employee

If the *trip* is shortened after departure as a result of any cause specified in clause B9.1 hereof, the *insurer* will provide the *policyholder* with indemnity in the form of a compensation of necessary and reasonable costs of transport and accommodation for the purpose of:

- the return of *the insured* to the Czech Republic or the *country of permanent residence*;
 - dispatching a replacement *employee* or another person who will complete the duties of *the insured* during the *trip*;
- up to the amount of the relevant *indemnity limit* for one and all insured events that occur during one *trip* for all the *insured* who travel together, unless specified otherwise in the *insurance contract* or the *overview*.

B9.3 Delayed trip

If, as a result of a strike or other protest activities of employees, a traffic accident, adverse weather conditions or mechanical breakdown, there is a delay in the departure on the part of the *public carrier* with whom *the insured* has booked the transport from the Czech Republic or the *country of permanent residence* at the beginning of the *trip* or to the Czech Republic or the *country of permanent residence* at the end of the *trip*, exceeding four hours, the *insurer* will provide *the insured* with indemnity in the form of a compensation of related necessary and reasonable costs expended on food and accommodation up to the amount of the agreed limit for each hour of such a delay, up to the maximum amount of the *indemnity limit* for one and all insured events that occur during one *trip* for all the *insured* travelling together, unless specified otherwise in the *insurance contract* or the *overview*.

The insurer will provide indemnity under clause B9 hereof only:

- for *cancellation fees* that may not be recovered in another manner and after deducting the agreed *deductible*;
- for transport an/or accommodation, without airport taxes and other extra fees that may not be cancelled free of charge before departure; related to the cancellation or shortening of the *trip* of *the insured*;
- up to the *indemnity limit* specified in the *insurance contract*, for one and all insured events that occur during one *trip* and for all *insured* travelling together;
- in the amount of the aliquot part of the *cancellation fees*, if the *trip* is cancelled only by one of *the insured* travelling together;
- if the *trip* is shortened if it is necessary to expend such costs so that *the insured* can continue with the *trip* or return to the Czech Republic or to the *country of permanent residence*.

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If the *employee* terminates his or her employment with the *policyholder* less than 31 days before the reserved *trip*, the *insurer* will provide the *policyholder* with indemnity in the form of a compensation of paid advance payments for the transport and accommodation that had to be expended as a result of cancelling the *trip*, unless they can be recovered in another way.

The insurance against cancelling, shortening or delaying of a trip under clause B9 does not cover:

- a) a decision of *the insured* not to leave or continue with the *trip*;
- b) *cancellation fees* that arise because *the insured* fails to cancel the *trip* immediately with the company organizing the *trip*;
- c) the costs that the *insured* is supposed to claim from the airline under Regulation (EC) no. 261/2004 of the European Parliament and of the Council;
- d) costs incurred due to an *accident* or *illness* of the *insured* connected with a medical condition of *the insured* of which *the insured* was aware prior to arranging the insurance, with the exception of any *stabilized chronic illness*. This exclusion from insurance applies in relation to the *family members*, business partners or individuals with whom *the insured* was to travel;
- e) if *the insured* travels or intends to travel contrary to a recommendation of a *physician* or for the purpose of undergoing treatment;
- f) pregnancy or birth, if the pregnancy at the beginning of the trip had lasted at least for 26 weeks or 22 weeks if the pregnancy is established as multiple pregnancy (unless the pregnancy is confirmed only after the date of issue of the air ticket of *the insured* or after confirming the booking or after the date of effect of the *insurance contract* and it is necessary to cancel the *trip* of *the insured* from the medical standpoint; or an abortion undergone out of one's own will within 3 months before the *trip*;
- g) a failure to comply with the obligation to have the necessary vaccinations, valid passports or visas; to any costs incurred as a result of exchange rate fluctuations;
- h) any damage or costs incurred in cases of payment in the form of any loyalty or similar programme;
- i) a termination of employment of *the insured* by the *policyholder* or a termination after the departure; if the *employee* terminates the employment with the *policyholder* more than 31 days before the booked *trip*;
- j) any financial or commercial reasons on the part of the *policyholder* or *the insured*;
- k) costs resulting from laws and other generally binding regulations and measures of any state or public authority.
- l) costs resulting from a strike or another protest of the employees that commences (or is likely to commence) before the date of booking the *trip*;
- m) if *the insured* fails to check in in accordance with the instructions of the *public carrier* or the *trip* organizer;
- n) a breach of obligation by any *public carrier* or accommodation facility (or its representative) performing work for the *policyholder* or *the insured*;
- o) costs resulting from mechanical breakdowns or other failures of *public transport vehicles* (unless they are caused by a disruption of road or railway traffic resulting from an avalanche, snow or floods, if the departure of the vessel, train or aircraft by which *the insured* is supposed to travel in accordance with a valid reservation is delayed by more than 24 hours.

B10. HIJACKING, KIDNAPPING, TAKING OF HOSTAGES

The *insurer* will provide *the insured* with indemnity in the amount of CZK 6,000 for each whole day *the insured* is violently or unlawfully detained as a result of a *hijacking*, *kidnapping* or *taking of hostages*, up to the amount of the *insured amount*.

The insurance is an insurance of agreed sum.

The insurance does not cover events that occur:

- a) as a result of a crime committed by the *policyholder* or *the insured* or another person to whom the *policyholder* or *the insured* entrusted a ransom;
- b) if any insurance against kidnapping was cancelled or refused to the *policyholder* in the past or if the *policyholder* has been refused indemnity from such an insurance;
- c) as a result of a *hijacking*, *kidnapping* or *taking of hostages* in the Czech Republic or the *country of permanent residence* of *the insured*;
- d) in Afghanistan, Algeria, Myanmar, Chad, Chechnya, Colombia, Congo, Iraq, Iran, Israel (the West Bank and Gaza), Ivory Coast, Nigeria, North Korea, Syria, The Philippines, Yemen, Libya, Saudi Arabia, Somalia or Sudan.

B11. DEDUCTIBLE IN THE CASE OF DAMAGE TO A HIRED VEHICLE

If during the *trip* during the *insurance validity period* and *the insured period*, a *hired vehicle* is damaged or stolen, the *insurer* will provide indemnity in the amount of a deductible paid by *the insured* in accordance with the *lease contract*.

The indemnity under this provision hereof will be provided only up to the amount of CZK 100,000 per one insured event, and the amount of CZK 1,000,000 for all insured events. The indemnity hereunder will be provided only on condition that *the insured* provably checked the *hired vehicle* before accepting it for any existing damage to the *hired vehicle*.

The insurance hereunder however does not apply to any loss and damage:

- a) resulting in connection with the use of the *hired vehicle* contrary to the *lease contract*;
- b) if *the insured* failed to take out an insurance for the hired vehicle;
- c) if it is not clear whether they were caused during the term of the lease under the *lease contract*;
- d) caused intentionally by *the insured* or any other person at the suggestion of *the insured*;
- e) on the tyres of the *hired vehicle*;
- f) resulting from insufficient maintenance of the *hired vehicle* contrary to the instructions

of the manufacturer; usual wear and tear, aging of the vehicle, mechanical or electrical failure that may not be attributed to coincidental damage or damage that existed at the moment of the commencement of the lease.

For the purpose of insurance hereunder, **Lease Contract** means a lease contract made between *the insured* as the lessee and a company licensed to lease motor vehicles as the lessor, the subject of which is the lease of a motor vehicle and which includes collision insurance of the vehicle.

For the purposes of insurance under this provision hereof, a **hired vehicle** is a motor vehicle leased by *the insured* based on a *lease contract* for a period not exceeding 60 subsequent days outside the Czech Republic or the *country of permanent residence* of *the insured* if it is not the Czech Republic.

The insurance is an indemnity insurance.

INSURANCE CONDITIONS FOR GROUP ACCIDENT AND TRAVEL INSURANCE

SECTION C - CRITICAL ILLNESS INSURANCE

If during the term of the insurance under this section hereof *the insured* is diagnosed with any of the critical illnesses specified below (unless the illness or any form thereof is excluded below), *the insurer* will provide *the insured* with indemnity in the amount of the relevant *insured amount*; the indemnity from the insurance under this section hereof will be provided if all of the following conditions are met:

- a) the symptoms of a critical illness manifest for the first time during the term of the insurance;
- b) the diagnoses of the relevant critical illness in the sense and extent specified below is determined by at least two *physicians* who are specialists in the relevant field and evidenced by their reports, unless specified otherwise below, and if the *insurer* requests so, it will be confirmed by a *physician* appointed by the *insurer*;
- c) the diagnosis of the relevant critical illness under the preceding paragraph is determined only after the expiry of the qualifying period specified in the *overview*, commencing on the date of the commencement of the insurance (and in the case of an increase in the insured amount on the date of effect of such an increase; until the expiry of the qualifying period the indemnity will be provided in the amount of the original *insured amount*) and *the insured* does not die during the survival time specified in the *overview*, commencing on the date on which the diagnosis is determined under the preceding paragraph hereof. The indemnity from insurance under this section hereof will be provided only for one critical illness of each *insured* for the whole *insured period*; by providing the indemnity under this section hereof the insurance terminates in relation to the relevant *insured* and the *policyholder* is not obliged to continue to pay the relevant premium from the date of the provision of the indemnity. Any insurance under this section hereof is an insurance for agreed sum.

CRITICAL ILLNESS	SPECIFICATION
Alzheimer's disease Severe dementia	Deterioration or loss of intellectual abilities confirmed by clinical assessment and diagnostic tests, resulting from Alzheimer's disease or an irreversible organic disorder resulting in a significant decrease of mental and social skills, requiring that <i>the insured</i> be under permanent supervision. However, the following conditions are not considered as a critical illness: a) non-organic diseases, such as neurosis or psychiatric disorders; b) stress and depression; c) brain damage caused by alcohol or drug abuse.
Blindness (loss of vision)	Complete and irreversible <i>loss of vision</i> in both eyes as a result of an <i>accident</i> or an <i>illness</i> .
Coronary bypass	Open chest surgery for the purpose of bypassing a narrowing of one or more coronary arteries with vein grafts. The diagnosis must be documented by an angiographic image proving a serious blockage of a coronary artery and the procedure must be assessed as necessary from the medical point of view by a specialist - cardiologist. Such a critical illness, however, is not an angioplasty or any other intravenous techniques based on catheter, "keyhole" surgeries or laser surgeries.
Myocardial infarction	Irreversible damage to a part of heart musculature caused by insufficient blood supply to a particular area. The diagnosis must be confirmed by three or more of the following five criteria occurring during an acute myocardial infarction. a) anamnesis of characteristic pains in the chest; b) fresh changes on the electrocardiogram (ECG) indicating infarction; c) diagnosed increase in the level of CK-MB cardiac enzymes; d) diagnosed increase in the level of troponin (T or I); e) left ventricular ejection fraction is under 50%, measured after the lapse of 3 or more months after the incident.
Heart valve surgery	Open heart surgery for the purpose of replacement or repair of insufficient functioning of a heart valve. The diagnosis of insufficient function of a heart valve must be confirmed by cardiac catheterization or by echocardiogram and the procedure must be assessed as necessary from the medical point of view.
Kidney failure	Chronic and irreversible failure of function in both kidneys requiring regular dialysis or kidney transplantation.
Severe burns	<i>Third degree</i> burns (whole thickness of the skin) covering at least 40% of the body surface area.
Severe types of cancer	A malignant tumor characterized by uncontrollable growth and spreading of malignant cells and their invasion in normal tissue that is destroyed by them. The diagnosis must be confirmed by a histology test determining the existence of a malignant tumor and confirmed by an oncologist or a pathologist. However, the following conditions are not considered as a critical illness: a) tumours showing malignant changes of carcinomas in situ and tumours where the histology shows only early malignant or non-invasive changes, in particular breast carcinoma in situ, cervical

	dysplasia CIN-1, CIN-2 and CIN-3, hyperkeratosis, basocellular and squamous cell carcinomas of skin and melanomas less than 1.5 mm thick in accordance with the Breslow system or smaller than degree 3 according to the Clark system, if there are no metastases; prostate cancer histologically described in accordance with TNM classification as T1a or T1b or prostate cancer of other corresponding or lower categorization, papillary thyroid microcarcinoma T1N0M0 smaller than 1 cm in diameter, papillary bladder microcarcinoma, chronic lymphocytic leukemia in an earlier stage than RAI 3; Hodgkin disease in stage of spreading lower than III; b) all tumours in the presence of HIV or AIDS.
Transplantation of vital organs Bone marrow transplantation	Undergoing a transplantation of: a) human bone marrow using blood-forming stem cells, preceded by a complete removal of bone marrow; or b) a human heart, lung, liver, kidney or pancreas resulting from an irreversible terminal stage of failure of the relevant organ. Other transplantations of stem cells are not considered as a critical illness.
Motor neuron disease	Progressive degeneration of the corticospinal tract and anterior horns of the spinal cord or motor cranial nerve nuclei in bulbar area, amyotrophic lateral sclerosis and primary lateral sclerosis. The diagnosis must be confirmed by a neurologist as progressive and resulting in a permanent neurologic deficit.
Multiple sclerosis	The diagnosis of multiple sclerosis must be confirmed: a) by examinations clearly confirming the diagnosis of multiple sclerosis; b) multiple neurologic deficits manifesting themselves for at least six months; and records of deterioration and decline of the relevant symptoms and neurologic deficits. Other causes of neurologic damage such as SLE and HIV are not considered as a critical illness.
Paralysis (loss of function of the limbs)	Complete and irreversible loss of function of at least two whole limbs resulting from an <i>accident</i> or an <i>illness</i> . The condition must be confirmed by a head neurologist.
Stroke	A stroke, including cerebral infarction, brain embolism and cerebral thrombosis. The diagnosis must be confirmed: a) by a report from a neurologist regarding a permanent neurological damage at least six weeks after the stroke; and b) the results of MRI, computer tomography and other reliable imaging tests confirming a recent stroke. However, the following conditions are not considered as a critical illness: a) transient ischemic attack; b) brain damage resulting from an <i>accident</i> or damage to health, infection, inflammation of veins and inflammatory diseases; c) venous diseases affecting eyes or optic nerves; and d) ischemic disorders of the vestibular system.
Aorta surgery	Surgery for the purpose of remedying an aneurysm, narrowing, blockage or aortic rupture by surgical opening of the chest or the abdominal cavity. For the purpose of this definition, aorta means either the thoracic or the abdominal aorta, not their branches.

The insurance under this section hereof does not cover any *illnesses* or other disorders or medical interventions (including surgeries):

- a) other than those specified in section C hereof;
- b) resulting from a physical or psychological condition that existed prior to the commencement date of the insurance under section C hereof, unless specified otherwise in the *insurance contract*;
- c) if they are congenital;
- d) related to birth or pregnancy;
- e) if they are caused, directly or indirectly, by alcohol or drug addiction.

For the avoidance of doubt, the insurance under this section hereof does not cover any costs of treatment of critical illnesses including the costs of surgeries or other medical interventions, drugs or other medicines.

Classification of sports

Note: Common and winter sports are covered. High-risk sports are subject to a surcharge.

TYPE OF SPORT	COMMON	WINTER	HIGH-RISK	UNINSURABLE
aerial skiing				✓
aerobic	✓			
aerotrim	✓			
aikido, judo, karate, taekwondo, kickbox etc.			✓	
airsoft	✓			
freestyle skiing and snowboarding			✓	
Acrobatic Rock'n'Roll			✓	
alpinism				✓
American football			✓	
aquaerobic	✓			
athletics including pole vaulting and track and field	✓			
badminton	✓			
ballet	✓			
base jump				✓
baseball	✓			
basketball	✓			
running	✓			
cross-country skiing on marked tracks		✓		
biathlon		✓		
bicross	✓			
bobsleigh and sledge (sports) in corridors				✓
bobsleigh and sledge on ice track				✓
bobsleigh and sledge on snow		✓		
boccia	✓			
martial arts and sports			✓	
bouldering	✓			
bowling	✓			
boxing, Graeco-Roman wrestling and other types of wrestling,			✓	
bridge	✓			
ice skating		✓		
snow bublik	✓			
buggykiting	✓			
boomerang	✓			
bungee running	✓			
bungee trampoline	✓			
canyoning				✓
capoiera	✓			
cave diving				✓
curling	✓			
cycling, bicycle tourism, cyclo-cross, cyclo-trial	✓			
motor sports				✓
dragon boats, paddling	✓			
dragster				✓
duathlon	✓			

A - D

TYPE OF SPORT	COMMON	WINTER	HIGH-RISK	UNINSURABLE
fitness and bodybuilding	✓			
floorball	✓			
fly fox	✓			
flyboarding			✓	
footbag	✓			
formula 3000				✓
football	✓			
fourcross				✓
freediving				✓
freeride, freestyle				✓
freeskiing				✓
frisbee	✓			
goalball	✓			
golf, minigolf, discgolf	✓			
gymnastics - rhythmic, artistic	✓			
fire sport + fire brigade drill	✓			
handball	✓			
heliskiing				✓
high jump = cliffdiving				✓
historical fencing (martial)	✓			
ball hockey	✓			
mountain climbing				✓
mountain bike (excl. diving)	✓			
cheerleaders	✓			
in-line skating, in-line hockey	✓			
yachting - ocean yachting				✓
offshore yachting, sea yachting			✓	
half pipe (in-line skating, skateboarding)	✓			
half pipe (skiing)		✓		
banana boat riding	✓			
horse riding except racing	✓			
motor boat riding			✓	
elephant, camel riding	✓			
riding a water scooter / snow scooter			✓	
paddle boat riding	✓			
yoga and exercising for health	✓			
kayaking, canoeing and rafting degree of difficulty WW1, WW2	✓			
kayaking, canoeing and rafting degree of difficulty WW3, WW4			✓	
kayaking, canoeing and rafting degree of difficulty WW5, WW6				✓
cards and other board games, chess	✓			
stunt performers, acrobats, police, military, fire brigade etc.				✓
kickboxing - aerobic	✓			
kiting (kiteboarding, kitesurfing)	✓			
kiting (snowkiting)		✓		
scooter riding, bicycle polo	✓			
horse racing			✓	
korfball	✓			
figure skating			✓	
artistic cycling	✓			
cricket	✓			

E - X

TYPE OF SPORT	COMMON	WINTER	HIGH-RISK	UNINSURABLE
animal taming				✓
billiards, pool	✓			
marbles	✓			
bodybuilding	✓			
ninepin bowling	✓			
quadathlon	✓			
lacrosse	✓			
rope obstacles up to 10 m	✓			
rope obstacles over 10 m			✓	
field hockey	✓			
ice hockey			✓	
air sports (hang gliding, aerobatics)				✓
artificial wall climbing	✓			
icefall climbing, artificial ice wall climbing (icebreaker)				✓
longboarding			✓	
sport hunting (reindeer, elk, wolf, bear etc.)			✓	
sport hunting (roed deer, red deer, partridge etc.)	✓			
exotic game hunting				✓
archery	✓			
backcountry skiing and snowboarding				✓
monoski riding on designated routes		✓		
ice stock sport	✓			
minibike riding			✓	
mogul riding			✓	
go-kart, minikart riding			✓	
motocross				✓
mountainboarding on designated tracks			✓	
mountainboarding outside designated tracks				✓
football tennis	✓			
orienteering	✓			
paintball	✓			
paragliding and hang gliding				✓
parasailing	✓			
parachuting, skydiving, tandem parachuting				✓
petanque	✓			
modern pentathlon			✓	
swimming	✓			
beach volleyball	✓			
dirt track				✓
Pole dance	✓			
ice diving				✓
scuba diving up to 10 meters with an instructor, scuba diving without an instructor only if the insured holds the required certificate (licence) to do so	✓			

K - P

TYPE OF SPORT	COMMON	WINTER	HIGH-RISK	UNINSURABLE
scuba diving up to 40 meters only if the insured holds the required certificate (licence) to do so			✓	
shark diving				✓
powerkiting, landkiting, buggykiting etc.	✓			
mushing / horse team driving	✓			
radio orienteering	✓			
rodeo				✓
rope jumping	✓			
rugby, underwater rugby			✓	
speed skating (ice, inline)			✓	
commercial fishing				✓
deep sea fishing			✓	
freshwater / sea (shore) fishing	✓			
safari			✓	
futsal	✓			
segway	✓			
air tandem jumps				✓
nordic combined				✓
showdown	✓			
powerlifting			✓	
downhill mountain biking			✓	
jump power boots	✓			
skateboarding	✓			
skeleton				✓
skimountaineering				✓
skiathlon		✓		
skibobbing		✓		
extreme skiing				✓
skicross			✓	
skitouring				✓
ski jumping and ski flying, snowboard jumping				✓
diving (depth of the pool 5m plus)	✓			
bungee jumping			✓	
sky surfing				✓
slalom skiing		✓		
ice sledge hockey			✓	
snow scooter - downhill				✓
snowboarding	✓			
snowbungeekayaking			✓	
snowbungeerafting			✓	
snowtrampoline		✓		
snowtubing, snowrafting – on designated tracks		✓		
softball	✓			
speleology				✓
spinning	✓			
model building sport	✓			
shooting sports (target shooting using a firearm)	✓			

P - S

TYPE OF SPORT	COMMON	WINTER	HIGH-RISK	UNINSURABLE
sports involving the use of a motor vehicle				✓
squash	✓			
table football, hockey, tennis	✓			
streetball	✓			
street luge			✓	
swing jumping				✓
synchronized swimming	✓			
fencing (classical)	✓			
darts	✓			
snorkelling	✓			
ballroom dancing	✓			
tennis	✓			
tai chi	✓			
tchoukball	✓			
trampoline, mini trampoline	✓			
trekking	✓			
triathlon	✓			
hiking or trekking on marked trails in easy terrain	✓			
hiking or trekking on marked trails in terrains with the degree of difficulty up to 3 UIAA using gear corresponding with the difficulty degree and/or in altitudes between 3000 and 5000 m			✓	
hiking or trekking with the degree of difficulty over 3 UIAA using gear corresponding with the difficulty degree and/or in altitudes between over 5000 m				✓
rowing	✓			
via ferrata with the difficulty degree A	✓			
via ferrata with the difficulty degree B and C			✓	
via ferrata with the difficulty degree D and E				✓
water skiing	✓			
water polo	✓			
volleyball	✓			
excursions or expeditions to places with extreme climates and natural conditions or vast uninhabited areas (desert, deep sea, polar areas etc.)				✓
weightlifting			✓	
wakeboarding	✓			
wallyball	✓			
windsurfing, surfing	✓			
zorbing – in designated tracks	✓			
ironman	✓			
juggling (diabolo, fireshow, yoyo)	✓			

S - Z

If the listed normal sports are run by Registered Athletes competitively and / or in organized sports competitions within a variety of organizations and clubs, including training and preparation for them, they are considered a risky sport.

In addition to the above-mentioned uninsurable sports, it is uninsurable to engage in any professional sporting activity, unless otherwise specified in the insurance policy.