

1. INTRODUCTORY PROVISIONS

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 in the *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 the benefits 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, unless they are defined specifically for the relevant insurance.

Accumulated limit of the benefit

The amount specified in the *insurance contract* as the upper limit of the benefit if an insured event occurs that occurred with more than one insured party because of the same causes.

Assistance service

Colonnade assistance service with emergency number: +420 221 586 687 (non-stop).

Taking of hostages

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

Trip

Any trip outside the territory of the Czech Republic or the *country of permanent residence* that starts during the term of the insurance and lasts for a 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 an insured event and during which the right to a benefit 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 *period insured* 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 physical condition preventing *the insured* completely from doing their usual work for *the policyholder*.

Hospitalization

Admission of *the insured* to an inpatient ward of a hospital or other medical facility providing inpatient care, with the exception of facilities excluded below, as an inpatient for at least 24 hours.

Physician

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

- the insured*;
- a relative or other person close to *the insured*;
- an *employee of the policyholder* or an *employee of the insured*.

Benefit limit

The maximum amount of benefit from indemnity insurance specified in *the overview* or herein.

Act of violence

A rebellion, revolution, insurrection or unrest reaching 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* has been recommended to undergo treatment during the period of 12 months preceding the commencement of the relevant insurance policy.

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 benefit 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 card, telephone cards, traveller's cheques, tickets (air tickets) belonging to *the insured* or in the possession of *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 benefit specified in *the overview* for the individual types of insurance as a fixed amount or as a multiple of the *annual income*.

Period insured

The period for which the insurance is made and which is specified in *the overview*.

Insurance contract

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

Insurance period

The period of time agreed in the *insurance contract* for which a 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 a 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 travel agency.

Privacy policy

Principles and rules applied by the *insurer* in the processing of personal data within the administration of the *insurance contract*, which are available at the *insurer's* website.

Overview

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

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

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

Stabilized chronic disease

An *illness* (including post-accident conditions) that existed at the date of commencement of the insurance policy, however within 12 months before *the insured* left on a trip the condition did not indicate that during the trip the need to seek medical help would arise.

Bodily injury

Permanent disability resulting from an accident, total permanent disability, loss of a limb or 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 due to political, religious, ideological or national 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 other similar permanent disability.

Hijacking

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

Kidnapping

Abduction, detention, seizure of one or more *injured* carried out 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 injured* 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 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.

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 in order to stop, prevent or mitigate any established or suspected act of terrorism.

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 or under any agreement for the performance of work outside employment or based on a temporary allocation by an employment agency; the statutory body of *the policyholder*, a member thereof or the procurator of *the policyholder* is considered as an *employee*.

Country of permanent residence

A country where *the insured* lives or has been living for at least six 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 legs:

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

In the case of arms:

- a) a loss through a permanent physical separation of four fingers at or above metacarpophalangeal 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

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

No insurance hereunder applies to any event or damage caused as a result of or in connection with:

- a) ionizing radiation or radioactive contamination from any nuclear fuel or nuclear waste from burning of nuclear fuel;
- b) radioactive toxic explosive or other hazardous device or any explosive nuclear device or a nuclear component thereof;
- c) spreading, use or discharge of pathogenic or toxic biological or chemical substances;
- d) *war* (declared or undeclared), unless agreed otherwise;
- e) *terrorism*, unless agreed otherwise;
- f) *violent events*;
- g) intentional self-inflicted injury, suicide or attempted suicide, crime or attempted crime;
- h) flying of any kind, with the exception of transport as a paying passenger on a regular flight or a charter flight;
- i) accident that provably occurred under the influence of alcohol and/or 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;
- j) AIDS/HIV, or another sexually transmitted disease;
- k) active participation in any risk sport, including parachuting, gliding, flying a motor glider, flying ultralight and sport aircrafts, ballooning, hand gliding, paragliding, parasailing, skydiving and any aviation sports; climbing, rafting and other white-water activities, skiing and snowboarding outside designated ski slopes, scuba diving, speleology and bungee jumping and other adrenaline/extreme sports, unless agreed otherwise;
- l) professional sports activities (races, competitions, including preparation and training sessions), during organised professional sports events;
- m) participation in a race or a competition of motor vehicles on land, water or in the air, including training rounds;
- n) service or training with any military, police, paramilitary organisation or militia, unless agreed otherwise;
- o) any *accident* or consequences thereof or *illness* that existed prior to the commencement date of the insurance;
- p) an *illness* (with the exception of critical *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*;
- q) post-traumatic stress disorder; psychological or mental disease or disorder, with the exception of incurable mental diseases that occur as a direct result of an *accident*;

- r) 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;
- s) any naturally occurring condition or degenerative process or another prolonged cause. Insurance policies under section A do not apply to any costs of dental care or other related acts, unless stated otherwise in the *insurance contract*. 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.

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

At all times.

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*.

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

OP6 - 24 hours in the case of assault

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

OP7 - Driving

At any time when *the insured* 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 policyholder* or to other motor vehicles that serve as a temporary replacement.

OP8 - 24 hours in the case of a robbery

During the time when *the insured* performs work for *the policyholder* if *the insured* event occurred as a direct result of a robbery or an attempted robbery committed against the assets of *the policyholder* or *the insured*.

OP9 - Transport

During the time when *the insured* travels as a paying passenger by any land, marine or aerial means of transport licensed to carry paying passengers.

4.2 Travel insurance

OT1 - Business trip outside the Czech Republic

In the case of a *business trip* outside the Czech Republic, from the moment of departure from home or the place of performance of work of *the insured* in the Czech Republic, whichever occurs later, until the return home or to the place of performance of work of *the insured* in the Czech Republic, whichever occurs earlier.

OT2 - Business trip outside the country of permanent residence

In the case of a *business trip* outside the *country of permanent residence*, from the moment of departure from home or the place of performance of work of *the insured* in the *country of permanent residence*, whichever occurs later, until the return home or to the place of performance of work of *the insured* in the *country of permanent residence*, whichever occurs earlier.

OT3 - All trips outside the Czech Republic

In the case of a *trip* outside the Czech Republic, from the moment of departure from home or the place of performance of work of *the insured* in the Czech Republic, whichever occurs later, until the return home or to the place of performance of work of *the insured* in the Czech Republic, whichever occurs earlier.

OT4 - All trips outside the country of permanent residence

In the case of a *trip* outside the *country of permanent residence*, from the moment of departure from home or the place of performance of work of *the insured* in the *country of permanent residence*, whichever occurs later, until the return home or to the place of performance of work of *the insured* in the *country of permanent residence*, whichever occurs earlier.

5. GENERAL CONDITIONS

5.1 Assignment

Neither the *insurance contract* nor the rights and obligations arising from the contract may be assigned without a prior written consent of *the policyholder*.

- 5.2 **Exclusion of provisions concerning adhesion contracts**
If *the policyholder* is an entrepreneur, the provisions of the *Civil Code* regarding adhesion contracts are not applicable.
- 5.3 **Insurable interest**
The insurance policy may be taken out only if there is a continuing insurable interest on the part of *the policyholder*, i.e. if *the policyholder* has a legitimate need of protection against the effects of an insured event.
Should *the policyholder* knowingly insure a non-existent insurable interest, but *the insurer* did not and could not know about that, the *insurance contract* is invalid; however, *the insurer* is entitled to a fee in the amount of the premium for the period before *the insurer* finds about the invalidity.
The policyholder and *the insured* are obliged to inform *the insurer* without undue delay in writing about the termination of the insurable interest. At the moment of the termination of the insurable interest the insurance terminates as well; however, *the insurer* is entitled to premium payments until the moment when *the insurer* learnt about the termination of the insurable interest.
Should any benefit from any insurance hereunder be provided to *the policyholder* instead of *the insured* or the *life insurance beneficiary*, *the policyholder* must prove to *the insurer* that *the insured* has given his/her consent to such a procedure at 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 *insurance contract* if the consent is not proved to *the insurer*. If the consent is not proved, the benefit will be provided to *the insured* or, if *the insured* dies, to the *life insurance beneficiary* determined in accordance with the *Civil Code*.
- 5.4 **Change of insurance risk**
Neither *the policyholder* nor *the insured* are allowed to do anything that would increase the insurance risk in any way without *the insurer's* consent or enable a third party to do so. *The policyholder* is obliged to inform *the insurer* without undue delay and in writing about any change in the insurance risk, including, but not limited to, any substantial change in its business activities during the *period insured*, including establishing a new company or a transfer or an acquisition of a share in a company.
If the insurance risk is increased, in accordance with the relevant provisions of the *Civil Code*, *the insurer* is entitled to suggest an increase of the premium or to terminate the insurance, and it has further rights in connection with the breach of the obligation to inform about a change in the insurance risk defined in the *Civil Code*.
- 5.5 **Termination of insurance**
The insurance terminates:
a) unless stated otherwise in the *insurance contract*, on the day on which *the insured* reaches 70 years of age or ceases to be an *employee of the policyholder*, if relevant, whichever occurs earlier;
b) by the expiry of the *period insured*, however only if *the insurer* or *the policyholder* inform the other party at least six weeks before the expiry of the *period insured* in writing that they do not wish for the insurance to continue; in the opposite case, the insurance is extended under the same conditions for the same *period insured*;
c) by an agreement between *the insurer* and *the policyholder*;
d) by the cessation of the insurable interest, the cessation of the insurance risk, on the day of the death of *the insured* or the day of a refusal to provide the benefit;
e) by a notice of termination by any of the parties in cases set down by the *Civil Code*, in particular within two months after the date of the execution of the *insurance contract* or within three months after the date of notification of an insured event, or at the end of an *insurance period* by a notice of termination delivered to the other party at least six weeks before such a date;
f) by withdrawal in cases specified in the *Civil Code*;
g) by the expiry of a time limit specified in *the insurer's* reminder to pay outstanding premium, to no effect;
h) in other cases determined in the *Civil Code*.
For the avoidance of doubt, if any of the reasons for the termination of insurance applies only to a particular *insured*, only the relevant insurance terminates and only in relation to the relevant *insured*.
- 5.6 **Consequences of breach**
If a lower premium has been agreed as a result of a breach of an obligation by *the policyholder* or *the insured* during the negotiations regarding the making of the *insurance contract* or a change thereto, *the insurer* 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 policyholder*, *the insured* or another person who is entitled to the benefit has a substantial influence on the occurrence of an insured event, its development, increasing of the extent of the consequences thereof or on establishing or determining the amount of the benefit, *the insurer* is entitled to decrease the benefit proportionately to the impact of the breach on the extent of *the insurer's* obligation to provide performance.
The insurer may refuse to provide performance under the *insurance contract* if the cause of the *insured* event was a fact about which *the insurer* learnt only after the emergence of the *insured* event and which it was unable to find out about when 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 insurer* would not have made such an *insurance contract* had it been aware of such facts or made the contract under different terms and conditions.
- 5.7 **Fraudulent submission of a claim**
If, when submitting a claim, *the policyholder*, *the insured* or a *beneficiary* 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 insurer* may refuse to provide the benefit.
- 5.8 **Information about trips**
Under section B, *the policyholder* is obliged to inform *the insurer* within 14 days after the expiry of each *insurance period* of a travel insurance (or earlier, if *the insurer* requests it) about the total number of days spent abroad by its *employees*, categorised in accordance with the specifications defined in *the overview*.
- 5.9 **Governing law, jurisdiction and Register of Contracts**
a) The *insurance contract* and the insurance are governed by the law of the Czech Republic and any disputes arising from it will be submitted to Czech courts.
b) If this *insurance contract*, or (hereinafter referred to as the "Contract") is subject to the obligation to publish in the Register of Contracts (hereinafter referred to as the "Register") pursuant to law No. 340/2015 Coll., *The Policyholder* undertakes to publish it in the extent, manner and within the deadlines stipulated by the law.
This does not relieve *the insurer* of the right to publish the contract in the register himself, with which *the policyholder* agrees. If *the policyholder* is different from the insured, *the policyholder* also confirms that the insured person has agreed to the publication of the contract.
When completing the form for publishing the contract in the register, *the policyholder* is obliged to fill in the data about *the insurer* (as a party) and enter the data box in the "Data box" field: 33qanj.
Policyholder further undertakes to provide for the disclosure of non-publicly available information (eg personal data on individuals) prior to sending the contract for publication.
Contracting Parties have agreed that from the date of entry of the contract by its publication in the Register, the effects of the insurance, including the rights and obligations arising therefrom, also apply to the period from the date stated as the beginning of the insurance (or from the date indicated as the beginning of the amendments made by the addendum, if the effects of the amendment are added to the future.
- 5.10 **Form of legal acts and delivery**
Any legal acts the result of which is to be a formation or termination of insurance must be in writing. Any legal acts the result of which is to be a change to the insurance or any announcements or notices may be made in other text form (e.g. by electronic mail); however, *the insurer* is entitled to request that the relevant act, announcement or notice be additionally submitted in writing.
Any legal acts and notices must be sent to *the insurer* to the following address or to another address specified by *the insurer* to *the policyholder* at a later point:
Colonnade Insurance S.A., branch office
Na Pankráci 1683/27
140 00 Prague 4.
All notices to *the policyholder* will be sent to its address specified in the *insurance contract* or to another address specified by *the policyholder* to *the insurer* at a later point. *The policyholder* is obliged to inform *the insurer* about any change to the delivery address without undue delay. Any failure to notify about such a change for the purpose of delivery is considered 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 policyholder*, *the insured* or a *beneficiary* will be deemed delivered at the moment at which the recipient thereof actually accepted 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 *Civil Code*.
- 5.11 **Other insurance**
The policyholder is obliged to inform *the insurer* without undue delay about taking out any other insurance policy related to the same or similar insured events to which the insurance or *insurance contracts* relate that are taken out as indemnity insurance; *the insurer* must be informed about the existence of such insurance whenever a claim is filed. If there is such an insurance, the benefit from an indemnity insurance will be provided in accordance with the rules for 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 any premium specified in *the overview* within the maturity period specified in *the overview*, unless *the policyholder* and *the insurer* agree otherwise. Any premium or 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*.
For travel insurance under section B, the premium is paid as a 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 a premium to *the policyholder* even if there is an overpayment in accordance with the relevant settlement.
The 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 the daily premium amount 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 preceding paragraphs within thirty days after receiving the settlement for the relevant period. *The insurer* is obliged to return to *the policyholder* any overpayment of premium determined in accordance with the previous paragraph within thirty days after the settlement for the relevant period is made.
- 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 harmful event and necessary co-operation

The policyholder, the insured or the beneficiary are obliged to:

- report any harmful event to the insurer without undue delay, within thirty days after the date on which such a harmful event occurred; however, the death of the insured must be notified to the insurer immediately after it occurs;
- submit to the insurer, in a form required by the insurer and at their own expense, all documents evidencing the entitlement to a benefit, in particular the documents specified below, documents for the relevant insurance specified above or other necessary documents requested by the insurer.
 - the insurer's form for reporting a harmful event;
 - relevant medical report in the case of an accident or an illness from which the nature and extent of consequences of the accident or the illness arise as well as the exact diagnosis;
 - 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;
 - in the event of death - the original of the death certificate or the declaration of death (or a verified copy thereof) and an official document confirming the identity of the life insurance beneficiary;
 - any police reports or any other official reports and records.
- provide the insurer with any other information and co-operation that are necessary for the investigation of the harmful event.

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. DATA PROTECTION

6.1 Privacy policy

Within the administration of the insurance contract, personal data are processed. More detailed information on how, for what purpose and how long personal data will be processed, including any rights that may be claimed in respect of this, are available at the insurer's website under the following link: <https://www.colonnade.cz/ochrana-osobnich-udaju/>.

6.2 Familiarisation of the life insurance beneficiary, the beneficiary and the insured with the privacy policy

If the policyholder is a different person than the life insurance beneficiary, the beneficiary and / or the insured, he / she is obliged to familiarise them with the privacy policy within one month of the date when he / she will provide the insurer with personal data of such persons and also disclose them that the current version of the privacy policy can be found on the insurer's website.

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:

- the insurance broker through whom the insurance contract was made or
- Colonnade S.A., branch office**

Na Pankráci 1683/127
140 00 Prague 4
Tel.: +420 234 108 311

The insurer will endeavour to solve any problems directly with the policyholder or the insured, however, if that is not possible, the policyholder or the insured may turn to the Czech National Bank at the address of Česká národní banka, sekce regulace a dohledu nad pojišťovnami, Na Příkopě 28, 115 03 Prague 1, Tel.: +420 224 411 111. It is possible to contact the Czech National Bank directly.

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. INSURANCE AGAINST DEATH CAUSED BY ACCIDENT

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 an 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 the 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 insured was between 16 and 18 at the moment of the accident and was an employee.

The insurance is an insurance of agreed sum.

A2. INSURANCE AGAINST BODILY INJURY

A2.1 Total permanent disability

If the insured becomes totally 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 resulting from an accident, the insurer will provide the insured with a benefit in the amount of a percentage of the relevant insured amount specified below.

BENEFIT RATE TABLE FOR PERMANENT DISABILITY

PERMANENT DISABILITY RESULTING FROM AN ACCIDENT:	% OF THE INSURED AMOUNT	
loss of vision in both eyes	100 %	
loss of both arms or both legs	100 %	
complete loss of hearing in both ears due to an accident	100 %	
removal 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 at least 6 sq. cm area of skull bone tissue in the full thickness	40 %	
Loss of 3 - 6 sq. cm area of skull bone tissue in the full thickness	20 %	
Loss of less than 3 sq. cm area of skull bone tissue in the full thickness	10 %	
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		
Loss of one arm or one hand	Right	Left
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 shoulder	40 %	30 %
Ankylosis of elbow in favourable position	25 %	20 %
Ankylosis of elbow in unfavourable position	40 %	35 %
Extensive loss of bone tissue in two bones in a forearm (final and incurable injury)	40 %	30 %
Complete median nerve palsy	45 %	35 %
Complete radial nerve palsy	40 %	35 %

Complete radial nerve palsy in a forearm	30 %	25 %
Complete radial nerve palsy in a hand	20 %	15 %
Complete ulnar nerve palsy	30 %	25 %
Ankylosis of wrist in favourable position (direct and flexed position)	20 %	15 %
Ankylosis of wrist in unfavourable position (inflexed or in flexed or resting position)	30 %	25 %
Complete loss of a thumb	20 %	15 %
Partial loss of a thumb (last digit)	10 %	5 %
Complete ankylosis of a thumb	20 %	15 %
Complete amputation of an index finger	15 %	10 %
Complete loss of two digits of an index finger	10 %	8 %
Complete loss of the last digit of an index finger	5 %	3 %
Complete loss of a thumb and an index finger	35 %	25 %
Complete loss of a thumb and another finger than the index finger	25 %	20 %
Complete loss of two fingers other than the thumb and 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 crurotarsal 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 in 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 tow 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 an entitlement to only 50% benefit amount for the loss of the relevant body parts.	3 %	3 %

SPINE AND SPINAL CORD	% OF THE INSURED AMOUNT
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 <i>the insured</i> .	
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 benefit 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 the 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 than one *permanent disability*, the benefit will be provided in the amount of the sum of the benefits (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 benefit for a *permanent disability* in the form of a loss of a *body part*, a *limb*, an organ or a *sense*, is provided, the benefit for the related loss of their function will not be provided

The benefit 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 benefit for the loss of the relevant finger or toe.

If progressive benefits are agreed in the *insurance contract* for *permanent disabilities*, the amount of the benefit determined under this article hereof will be adjusted in accordance with the table for the progressive benefits that comprises an appendix to the *insurance contract*; the benefit, however, will be provided up to the maximum of a 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 a *temporary incapacity to work*, *the insurer* will provide *the insured* with a daily benefit 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 a *temporary incapacity to work*, *the insurer* will provide *the insured* with a daily benefit in accordance with the item "*Insurance against temporary incapacity to work*" of the *overview* under the conditions specified below.

The benefit 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 the termination of the *temporary incapacity to work*, it will be determined based on a medical report issued by the *physician* appointed by the *insurer*.

A *temporary incapacity to work* is a physical condition preventing the *insured* completely from doing their usual work for the *policyholder* in all its aspects.

The daily benefit will not be paid to the *insured*:

- (i) for more than 26 weeks of the *temporary incapacity to work*,
- (ii) for the first 7 days of the *temporary incapacity to work (time deductible)*, in the case of an *illness*
- (iii) for any period of the *temporary incapacity to work* that is not documented by the *insured* by standard medical documentation issued by a *physician*.

The *insurer* will provide the benefit 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.

Exclusions applicable to insurance against *temporary incapacity to work*

The *insurer* will not provide any benefits if the *temporary incapacity to work* was caused:

- (i) in connection with any treatment of psychological or mental disorders and ailments, their classification notwithstanding,
- (ii) in connection with pregnancy and birth,
- (iii) during the first 30 days of the term of insurance for each *insured*,
- (iv) as a result of the conduct of the *insured* under the influence of alcohol and/or narcotic substances or drugs that were not prescribed by a *physician* and/or if any drugs prescribed by a *physician* were used contrary to the instructions of the manufacturer,
- (v) in connection with a medical check-up, operation or treatment of purely cosmetic nature or a treatment of obesity, impotence or infertility,
- (vi) in a direct or indirect connection with AIDS/HIV or another sexually transmitted disease,
- (vii) 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, detox centres etc.

If the *insured* who is an *employee* suffers a *temporary incapacity to work* as a result of an *accident* or an *illness*, in accordance with the information specified in the *overview*, the *insurer* will provide the *insured* with a benefit in the amount of the relevant daily *insured amount* for each day of the *temporary incapacity to work* starting from the day following the expiry of the *time deductible* up to the maximum amount of days for which it may be provided, under the *overview* or until the date on which the entitlement to the benefit for *total permanent disability* arises for the *insured*, whichever occurs earlier, unless stated otherwise in the *insurance contract* or in the *overview*.

In the case of a dispute concerning the moment of termination of the *temporary incapacity to work*, the moment will be determined based on a medical report issued by a *physician* appointed by the *insurer*.

The insurance is an insurance of agreed sum.

A4. HOSPITALIZATION

If the *insured* is admitted to a 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 a benefit 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 benefit 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 apply to 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, operation or treatment of purely cosmetic nature or a treatment of obesity; impotence or infertility;
- d) in connection with pregnancy or birth, if the patient is hospitalised within 270 days after the first day of the *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 a benefit 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 benefit 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 a benefit in the amount of the relevant daily *insured amount* for each subsequent day of being unconscious, however for the maximum of 365 days. The benefit from this insurance will be provided simultaneously with the benefit 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 benefit 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 (vertebra 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 benefit determined in accordance with this article hereof will be doubled.

If more than one *fracture* is caused a result of one *accident*, the benefit will be provided in the amount of the sum of benefits (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.

This insurance does not apply to:

- a) pathological thin *fractures* (hairline *fractures*);
- b) *fractures* caused by osteoporosis or if osteoporosis was conducive;
- c) rectification 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 a benefit 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 %

	area	
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 %
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 benefit hereunder will be increased by:

- a) 5 % if less than 5 % of the body surface area is afflicted with burns;
- b) 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 benefit will be increased by 20%.

The insurance is an insurance of agreed sum.

A9. MEDICAL EXPENSES

If the condition of the *insured* caused by the *accident* requires that the treatment is commenced within 24 hours after the moment when the *accident* occurred, the *insurer* will provide the *insured* with a benefit in the form of reimbursement of the medical expenses of the related treatment minus the *deductible*, however up to the amount of the relevant benefit 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 are usual and reasonable expenses on medical, surgical or other health care or treatment provided or prescribed by a *physician* and all fees to hospitals, sanatoriums and emergency medical services, including, but not limited to:

- a) services of *physicians*;
- b) using an operation theatre in a health-care facility and the stay in a health-care facility;
- c) anaesthesia (including the administration thereof), X-ray examinations or treatment and laboratory tests;
- d) emergency medical services;
- e) drugs and medicines, materials, devices and other items;
- f) physiotherapeutic treatment.

The insurance is an indemnity insurance.

A10. RETRAINING EXPENSES

If the *insured* who is an *employee* is provided with a benefit from 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 a benefit in the form of compensation of reasonable expenses on the retraining of the *insured* for a suitable alternative job, up to the amount of CZK 50,000 for each insured event as a result of one *accident* or a series of *accidents*. The insurance is an indemnity insurance.

A11. FUNERAL COSTS

If the *life insurance beneficiary* is provided with a benefit from insurance against death resulting from an *accident*, the *insurer* will provide the *life insurance beneficiary* also with a benefit in the form of compensation 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 a benefit is provided from 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 an additional benefit in the form of 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 undergoes invasive surgery specified below and carried out by a *physician*, the *insurer* will provide the *insured* with a benefit in the amount of the percentage of the *insured* amount listed below, after deducting any *deductible*.

NUMBER	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 styte or meibomian gland inflammation	5 %
I)	Fractures	
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 tumours or kidney stones, urethral stones or bladder stones by invasive surgery	60 %
4)	Laparotomy for the purpose of diagnosis and treatment of tumours 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 tumour 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 tumour, all stages including colostomy	100 %
2)	Removal of external haemorrhoids only - complete procedure	10 %
3)	Internal or internal and external haemorrhoids 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 tumours	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 tumours (surgical removal)	
1)	Malignant tumours with the exception of tumours of mucous membrane, skin and hypodermis	50 %
2)	Malignant tumours of mucous membrane, skin and hypodermis	25 %

3)	Pilonidal sinus or cyst, surgery involving incision	25 %
4)	Benign tumours of a testicle or a breast	20 %
5)	Node	5 %
6)	Benign tumours, 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 benefit.

In the case of an open or multiple *fracture* the benefit 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 or joining a bone, the benefit 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 benefit 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 benefit will be provided only for the intervention entitled to the highest benefit hereunder.

The insurance is an insurance of agreed sum.

The insurance does not apply to any surgeries that are, 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, *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 insurance against death is agreed, *the insurer* will provide a benefit for the case of a *bodily injury* only if *the insured* does not die within 13 weeks after the date of the *accident*; the benefit will be provided after the expiry of this time limit.

If an insurance against death is agreed and *the insured* dies within 13 weeks after the *accident*, *the insurer* will provide the benefit only from the insurance against death, even if the benefit from another insurance would be higher; if a benefit 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 benefit was provided, the benefit from the insurance against death will only be provided in the amount decreased by the benefit 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 benefit from this insurance will only be provided in the amount decreased by the amount of the benefit already provided.

Benefits 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 limit of the benefit 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 benefit will be provided beside such other benefit up to the amount of the relevant *benefit limit*.

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 a 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 a benefit in the form of compensation of medical expenses and 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* is initially diagnosed, up to the amount of the relevant *benefit limit* for each insured event resulting from one *accident* or *illness* or a series of related *accidents* or *illnesses*, after deduction of any *deductible*.

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 urgent dental treatment if it is necessary as a result of an *accident* or unexpected and sudden pain; the benefit in connection with such a dental treatment will be provided up to the maximum amount of the relevant *benefit 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 individuals; 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 benefit 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.

The insurance does not apply to any harmful 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;
- they were diagnosed before *the insured* left on the trip, if the condition of *the insured* indicated that during the trip *the insured* would need to see a *physician*, with the exception of a *stabilized chronic disease*;
- it is a stay in convalescent facilities, sanatoriums, health resorts, convalescent centres, rehabilitation facilities and similar facilities, or physical therapy, chiropractic procedures, irradiation or psychotherapeutic care.

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 a benefit in the form of 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 *benefit 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 benefit 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 benefit will be provided in the form of 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 the permanent residence* of *the insured* up to the maximum amount of CZK 200,000.

The insurance is an indemnity insurance.

If the consequences of an *accident* or an *illness* require hospitalization or transport by emergency medical service, the benefit 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*, however *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 apply to any harmful 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 pregnancy within the period of one month prior to the expected due date;

B3. ASSISTANCE SERVICES

If *the insured* requires medical attention during a *trip*, they are obliged to contact the non-stop emergency line of the *assistance service* immediately. *The insured* may use other *assistance services* listed below as well. *The insurer* will provide compensation of reasonable costs of telephone calls to the emergency line if it provides any benefit 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 consultation 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 other 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 hospital or in other 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 other 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 other 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 above, the *assistance service* provides help in the following areas:

- Visas and vaccinations**
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 the *trip*, the *assistance service* will provide *the insured* with information regarding possible solutions to such situations.
- Information regarding 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 intermediate the necessary communication between *the insured* and his or her family.
- Arranging for hotel accommodation**
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 member of *the insured* who comes to provide help to *the insured*. In such cases, the *assistance service* will make a reservation of a hotel room.
- 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 a visit with *the insured* who was hospitalized during a *trip* outside the Czech Republic or the *country of permanent residence* for more than five days.
- 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 to which any insurance applies, 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 a benefit in the form of compensation of the legal costs specified below expended by *the insured* in exercising the right to

compensation of the related harm against such a third party, up to the amount of the *benefit 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*. Legal costs are necessary and reasonable costs of legal services and legal representation of *the insured* by an attorney approved by *the insurer*:

- a) in judicial and other similar proceedings (at the court of the first or the second instance), including the costs of possible expert opinions;
- b) in connection with an 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 compensate 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 harm arising from a single cause (an *accident or illness*) regardless of the form or instance of the proceedings or any out-of-court solution of the dispute.

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

The insurance does not apply to 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 apply to any pecuniary penalties 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 hereunder;
- d) dispute that is commenced two years or later after the date of the event based on which the right to compensation for damage is exercised.

B5. INSURANCE OF LEGAL AID AND 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 and after which *the insured* is 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 mediate urgent legal aid, pay the costs thereof as well as secure the cash for making a deposit.
- b) *The insured* is obliged to return the amount corresponding with 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 harm caused by *the insured* during the *trip* either to the property or health of a third party that *the insured* is obliged to provide compensation for in accordance with the relevant laws and regulations up to the amount of the relevant *benefit limit* for one and all insured events under this section hereof that occur during each *insured period*.

The insurance is an indemnity insurance.

The insurance does not cover the liability to compensate for 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 motorless means of transport, trailers, semitrailers, vessels or aircraft or any harm caused in direct or indirect connection with the operation thereof;
- c) caused intentionally;
- d) directly or indirectly related to:
 - (i) the ownership, possession or use of land;
 - (ii) the operation of any commercial or business activities or occupation;
 - (iii) any racing activities;
- e) to assets the owner or legitimate possessor or user of which is *the policyholder, the insured, their employee or a relative or another close person of the insured*;
- f) arising from the contract in an extent exceeding the statutory duty to provide compensation for harm;
- g) 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;
- h) if *the insured* is mentally ill at the time of the occurrence of the harmful event or if the harmful event is caused by *the insured* under the influence of drugs (other than medication prescribed and used in accordance with a *physician's* instructions), alcohol, addictive substances or solvents;
- i) caused as a result of acquired immunodeficiency syndrome (AIDS) or any condition related to the syndrome or other sexually transmitted disease of *the insured*;
- j) in connection with any fines, penalties and other sanctions or exemplary or otherwise increased compensations for damage.

The insurer will provide a benefit in the form of compensation of the costs of legal representation in connection with the defence of *the insured* against a claim to which the insurance applies, providing that *the insurer* approves expending such costs in writing.

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

In the proceedings concerning compensation for any harm, *the insured* is obliged to 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.

The insured is obliged to provide *the insurer* with the necessary cooperation for the purpose of exercising the right to compensation for harm that passes to the insured by the provision of the benefit against any third party, and for such a purpose submit to *the insurer* all information, documents and provide *the insurer* with further necessary co-operation.

B7. LUGGAGE AND TRAVEL DOCUMENTS

If a loss, theft or damage to the luggage of *the insured* occur during a *trip*, *the insurer* will provide *the insured* with a benefit in the form of compensation of the costs of acquiring replacement luggage as well as the contents thereof or of the transport thereof up to the amount of the relevant *benefit limit* for one and all insured events that occur during a single *trip* for each insured.

If the luggage of *the insured* is lost temporarily for a period exceeding four hours during the transport on the way there or back during a *trip*, *the insurer* will provide a benefit in the amount of the costs of acquiring reasonable and necessary replacement of 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 a benefit arises, *the insurer* will deduct from the total benefit hereunder the amount already paid for the temporary loss of luggage.

If *the insured* loses a passport, ID (e.g. identity card), driving licence, a certificate of roadworthiness of a vehicle, visa, tickets (air tickets) or other necessary travel documents or if they get damaged, *the insurer* will provide *the insured* with a benefit in the form of compensation of the necessary and reasonable costs of obtaining replacement documents and the related travel and accommodation costs, up to the amount of CZK 20,000 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 insurance is an indemnity insurance.

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

- a) 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;
- b) to sports equipment occurring during their use;
- c) caused:
 - (i) by moths, small insects, wear and tear, atmospheric or climatic conditions or gradual deterioration,
 - (ii) by mechanical or electrical failure or breakdown,
 - (iii) by any process of cleaning, dyeing, renovation, repairs or adaptations,
 - (iv) by a loss of money or any securities,
 - (v) by a delay, detention or seizure based on the decision of any public authorities,
 - (vi) to vehicles, any accessories, parts or spare parts thereof,
 - (vii) by a theft from a motor vehicle, unless it was entered by obviously violent means and the property was kept in a locked luggage compartment, unless it is a theft of items left in a visible place,
 - (viii) to luggage sent as cargo based on an air waybill, bill of lading or by courier service.

The insurer will provide a benefit in the amount of time value of the individual lost or stolen items, taking into account their 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 benefit will be provided up to the maximum amount of the usual price of a repair of the relevant item.

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

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

- a) a list of luggage that has been lost, stolen or damaged and of the individual items contained in it, including the date and place of purchase and the purchase price thereof;
- b) a copy of the report of the loss, theft or damage of luggage filed with the relevant carrier or the police authority;
- c) a copy of the relevant report of the carrier or the police authority;
- d) if lost by the carrier, also the original tickets (air tickets) and luggage slips;
- e) 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*;

- f) 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 a benefit in the form of compensation of such lost or stolen money or compensation of the financial loss suffered by *the insured* as a result of such a credit, debit or payment card abuse, up to the amount of the relevant *benefit limit* or, in the case of money, up to the amount of CZK 10,000 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 benefit 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 leaving on the *trip*, until they are deposited to an account, cashed or used, however maximum until 120 hours after the end of the *trip*.

The insurance is an indemnity insurance.

The insurance does not apply to:

- a) 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;
- b) any harm caused by a seizure or a detention by customs or other public authorities, in error, by omission or a decrease in value.
In order to be entitled to a benefit, *the insured* must:
- c) 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;
- d) submit to *the insurer* a copy of the relevant police report or record.

B9. CANCELLING, SHORTENING AND DELAYING OF A TRIP

The insurance is an indemnity insurance.

B9.1 Cancelling and shortening

If the *trip* must be cancelled, shortened or changed for any reason outside the control of *the policyholder* or *the insured*, *the insurer* will provide *the insured* with a benefit up to the amount of the *benefit limit* below for one and all insured events that occur during one *trip* for each *insured*.

If the *trip* has to be cancelled before departure, *the insurer* will provide a benefit in the form of compensation of paid advance payments for transport and accommodation, unless they may be recovered in another manner. If the *trip* has to be shortened after departure, *the insurer* will provide a benefit in the form of compensation of costs that have been or will have to be expended in connection with the *trip* which cannot be recovered in another manner.

If after departure on a *trip*, the reservations made for the *trip* in advance must be changed, *the insurer* will provide a benefit in the form of compensation of other costs of travelling and accommodation, unless they may be recovered in another way, and they must be expended so that *the insured* can continue with the *trip* or return to the Czech Republic or to the *country of permanent residence*.

B9.2 Return and sending a replacement employee

If the *trip* is shortened after departure as a result of any cause outside the control of *the policyholder* or *the insured*, *the insurer* will provide *the policyholder* with a benefit in the form of compensation of necessary and reasonable costs of transport and accommodation for the purpose of:

- a) the return of *the insured* to the Czech Republic or the *country of permanent residence*;
- b) 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 *benefit limit* for one and all insured events that occur during one *trip* for each *insured*, after deduction of all amounts that may be recovered in another way.

B9.3 Delay

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 of a vessel, train or aircraft in which *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 a benefit in the form of compensation of related necessary and reasonable costs, such as the purchase of food, refreshments or accommodation up to the amount of CZK 1,500 for each hour of such a delay, up to the maximum amount of CZK 10,000 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 insurances do not apply to cancelling, shortening or delaying a *trip* as a result of:

- a) the decision of *the insured* not to leave or continue with the *trip*;
- b) a termination of employment of *the insured* by *the policyholder* or a termination after the departure;
- c) financial or business reasons on the part of *the policyholder* or *the insured*;
- d) a breach of obligation by any operator of a means of transport or an accommodation facility (or its representative) performing work for *the policyholder* or *the insured*;

- c) laws and other generally binding regulations and measures of any state or public authority;
- e) mechanical breakdowns or other failures of 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.

The insurances do not apply to cancelling, shortening or delaying of a *trip* if:

- f) a strike or other protest of the *employees* which commences (or is likely to commence) before the date of making the reservation for the *trip*;
- g) *the insured* travels or intends to travel contrary to a recommendation of the *physician* or for the purpose of undergoing treatment;
- h) the *trip* is cancelled in connection with a delay of a vessel, aircraft or train while:
 - (i) *the insured* fails to check in in accordance with the instructions received, unless the check-in is prevented by a strike or other protest of the *employees*; or
 - (ii) the delay occurs as a result of a temporary or permanent withdrawal of any vessel, aircraft or train from operation upon an order or a recommendation of a maritime, railway or aviation authority.

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 a benefit in the form of compensation of advance payments made for the transport and accommodation that have to be expended as a result of cancelling the *trip*, unless they can be recovered in another way.

B10. HIJACKING, KIDNAPPING, TAKING OF HOSTAGES

The insurer will provide *the insured* with a benefit in the amount of CZK 6,000 for each whole day *the insured* is forcibly 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 apply to 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 a benefit 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.

SECTION C - CRITICAL ILLNESS INSURANCE

If *the insured* is diagnosed with any of the critical *illnesses* specified below during the term of the insurance under this section hereof (unless the *illness* or any form thereof is excluded below), *the insurer* will provide *the insured* with a benefit in the amount of the relevant *insured amount*; the benefit 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 diagnosis 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 is confirmed by a *physician* appointed by *the insurer*;
- c) the diagnosis of the relevant critical *illness* under the preceding paragraph is determined 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 benefit 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 benefit 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 benefit 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 premiums from the date of the provision of such a benefit.
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 irreversible organic disorder resulting in a significant decrease of mental and social skills, requiring that <i>the insured</i> be under permanent supervision. The following conditions are not regarded as such a critical <i>illness</i> : 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 - a cardiologist. An angioplasty or any other intravenous techniques based on catheter, "keyhole" surgeries or laser surgeries are not considered as such a critical <i>illness</i> .
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. d) anamnesis of characteristic pains in the chest; e) changes on the electrocardiogram (ECG) indicating infarction; f) diagnosed increase in the level of CK-MB cardiac enzymes; g) diagnosed increase in the level of troponin (T or I); h) left ventricular ejection fraction is under 50%, measured after the lapse of 3 or more months after the incident.
Heart valve surgery	Open surgery on the heart 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	Third degree <i>burns</i> (whole thickness of the skin) covering at least 40% of the body surface area.
Severe types of cancer	A malignant tumour 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 tumour and confirmed by an oncologist or a pathologist. However, the following conditions are not considered as such a critical <i>illness</i> : 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 1.5mm 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 leukaemia 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 <i>illness</i> .
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 during 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 such a critical <i>illness</i> .
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 of 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. The following conditions are not regarded as such a critical <i>illness</i> : a) transient ischemic attack; b) brain damage resulting from an <i>accident</i> or a 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 treating 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 apply to *illnesses* or other disorders or medical interventions (including surgeries):

- other than those specified in section C hereof;
- 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*;
- if they are congenital;
- related to birth or pregnancy;
- 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 apply to any costs of treatment of critical *illnesses* including the costs of surgeries or other medical interventions, drugs or other medicines.