

**INSURANCE
FOR PAYMENT CARDS**



Please fill in this card according to the printed form. The card serves for your identification in case of an insured event. When traveling abroad, please have your card as well as this booklet always with you.

k. č. 700 146 ver. 0108



Připraveno ve spolupráci s

ČSOB Pojišťovna

www.csobpej.cz

ČSOB

**Cestovní pojištění
držitele platební karty**

www.csob.cz

Vyplňte tuto kartičku.

Kartička slouží pro vaši identifikaci v případě pojistné události.

Při svých cestách do zahraničí ji noste vždy spolu s touto brožurkou u sebe.

Cestovní pojištění / Travel Insurance

pojistná smlouva č. / Insurance Contract No.: 7100000167

jméno a příjmení / name and surname



RČ / date of birth

platnost karty (MM/RR)
validity of the card (MM/YY)

tel. / phone: +420 272 101 077

ČSOB Pojišťovna

Držitel této karty je v případě škodní události pojištěn u ČSOB Pojišťovny, a. s., člena holdingu ČSOB. Cestovní asistence je prováděna ve spolupráci se společností AXA Assistance CZ. V případě onemocnění nebo úrazu v zahraničí se spojte s pracovníky NON-STOP servisu ČSOB Pojišťovna Assistance.

The cardholder's insurer is ČSOB Pojišťovna, a. s., member of ČSOB Holding. Travel assistance is provided in co-operation with AXA Assistance CZ. In case of emergency while you are abroad call the ČSOB Pojišťovna Assistance NON-STOP Service.

Kodáňská 25,
101 00 Praha 10

Phone: +420 272 101 077
Fax: +420 272 101 001
E-mail: info@axa-assistance.cz

Uveďte následující údaje:

- * jméno pojištěného
- * rodné číslo pojištěného
- * země a město vašeho pobytu
- * telefonní číslo pro zpětné volání

To report an event please specify:

- * the insured's name
- * the insured's date of birth
- * the country and city of your stay
- * your telephone number to call you back

TRAVEL INSURANCE

for Holder of Payment Card of Československá obchodní banka, a.s.,

issued pursuant to the Insurance Policy on Insurance of Payment Card no. 7100000167 Holders

concluded by and between

Československá obchodní banka, a.s., having its registered office at Radlická 333/150, 150 57 Prague 5, ID No. 00 00 13 50, incorporated in the Commercial Register kept by the Municipal Court in Prague, Part BXXXVI, Insert 46,

and

ČSOB Pojišťovna, a. s., a member of ČSOB Holding, having its registered office at Zelené předměstí, Masarykovo nám. 1458, 532 18 Pardubice, Czech Republic, ID No. 45534306, Tax ID No. 248-45534306, incorporated in the Commercial Register kept by the Regional Court in Hradec Králové, Part B, Insert 567.

Card Holder:

Name and surname:.....

DOB Reg. No.:.....(in the case of foreigners, DOB only)

The Policy concluded with ČSOB Pojišťovna, a.s., a member of the ČSOB Holding (hereinafter referred to as the “Insurer” only), is governed by the Insurance Policy for the coverage of debit cardholders No. 7100000167 (hereinafter referred to a the “Insurance Policy” only), General Insurance Terms for Travel Insurance (hereinafter referred to as “VPP CP 2006” only), special parts (hereinafter referred to as VPP LV 2006, VPP U 2006, VPP ODC 2006, and VPP ZAV 2006 only), Additional Insurance Terms Covering Services of Assistance (hereinafter referred to as “DPP AS 2006” only), and the relevant generally applicable provisions of legal regulations.

1. Duration of the Policy

From To (as per the payment card validity)

2. Concluded Travel Insurance Plan:

- I. STANDARD
- II. STANDARD FAMILY
- III. EXCLUSIVE
- IV. EXCLUSIVE FAMILY
- V. GOLD
- VI. GOLD FAMILY

3. Personal identification, if the Standard Family, Exclusive Family, or Gold Family type is selected

Family member's name and surname
Birth Number (Date of birth for foreigners)
Family member's name and surname
Birth Number (Date of birth for foreigners)
Family member's name and surname
Birth Number (Date of birth for foreigners)
Family member's name and surname
Birth Number (Date of birth for foreigners)

4. Description of the Travel Policy Plans:

I. STANDARD, II. STANDARD FAMILY

Medical expenses, including Assistance Service- Limit of indemnity CZK 750 000,-

Third party insurance

- Limit of indemnity for damage to human health CZK 300 000,-
- Limit of indemnity – compensation for damaged assets CZK 100 000,-

II. EXCLUSIVE, IV. EXCLUSIVE FAMILY

Medical expenses, including Assistance Service- Limit of indemnity CZK 2 000 000,-

Third party insurance

- Limit of indemnity for damage to human health CZK 1 000 000,-
- Limit of indemnity – compensation for damaged assets CZK 500 000,-

Accident insurance - Permanent injuries

- Indemnity sum CZK 200 000,- (coverage from 10%)

- Accidental Death

- Indemnity sum CZK 200 000,-

V. GOLD, VI. GOLD FAMILY

Medical expenses, including Assistance Service- Limit of indemnity CZK 2 000 000,-

Third party insurance

- Limit of indemnity for damage to human health CZK 1 000 000,-
- Limit of indemnity – compensation for damaged assets CZK 500 000,-

Luggage insurance

Accident insurance - Permanent injuries

- Limit of indemnity CZK 20 000,-
- Indemnity sum CZK 200 000,- (coverage from 10%)

- Accidental death

- Indemnity sum CZK 200 000,-

5. Premium Billing

When the Travel Insurance Plan is changed or concluded subsequently (outside the payment card validity period), the premium is billed in full, according to the required cover. The fee is billed consequently at the anniversary of the payment card validity. The insurance policies are valid in accordance with the payment card validity period.

6. Policy territorial validity:

The cover of medical expenses, third party insurance, baggage insurance, and Assistance Service are valid worldwide, with the exception of the Czech Republic and the country, of which the Insured is a citizen. The accident cover is valid worldwide, including the Czech Republic.

7. Scope of the benefit claims:

7.1 The above-described Policy covers holders of debit cards issued by the Československá obchodní banka, a.s. (hereinafter referred to as the “Bank” of the “Insurant” only), or his/her family members under the condition that their identity data have been filled in, according to the provision No. 3 (hereinafter referred to as the “Insured” only).

7.2 The family members are covered only if some of the Family Plans was selected and if they travel together with the cardholder. The family members are (besides the cardholder): one adult person (e.g. husband, wife, or a partner spouse) and three children younger than 18.

7.3 The cardholder, and in the case of the Family Plan also his/her family members are considered the insured persons and, at the same time, the entitled persons.

7.4 The cover comes into effect by taking over the debit card, and, in the case of consequently concluded Policy, at 00.00 o'clock on the day following the conclusion.

7.5 The cover of medical expenses concluded within the Insurance Policy includes also the cover of necessary costs occurring in the result of a work accident or work related illness of the Insured. The cover of medical expenses excludes events related directly or indirectly to duties performed

within the active military service, or activities by armed security, rescue or emergency service (VPP CP 2006, Article VIII).

- 7.6 The cardholder, or his/her family members, according to the provision 7.1, is covered during the entire debit card validity period.
- 7.7 The Policy is valid together with the debit card. The validity of the Policy is automatically renewed, when the debit card is automatically renewed. When the debit card is reported lost/stolen, the Policy remains valid until the next debit card validity anniversary, i.e. until the last day of the validity expiry month marked on the lost/stolen debit card. The Policy terminates especially by the permanent validity limitation of the debit card (unless a replacement card with the original validity period is issued within three months), or by the termination of the contractual relation between the cardholder and the Bank.
- 7.8 The premium and the indemnity limits depend on the selected variant of the Travel Insurance. In the case of the Family Plans, the indemnity limit applies for each insured person separately.
- 7.9 When the insured person concluded more policies on the basis of an authorised holding of several cards, the coverage can be extended - after utilising the cover related to one card - with the cover related to another policy, but only up to the level of damages incurred by the Insured. In the case of permanent injury damage or accidental death, the payable indemnity sum will be multiplied, according to the number of valid policies (according to the number of debit cards with the relevant policy plan).
- 7.10 Scope of the cover of medical expenses:
- Medical treatment and medicine
 - Hospital stays
 - Transport to the nearest medical facility
 - Calling a guardian – the indemnity limit on calling a guardian is CZK 10,000
 - Repatriation cost
 - Emergency dental treatment relieving the pain in the following countries:
Europe, Egypt, Israel, Canary Islands, Morocco, Tunisia, and Turkey up to the limit of CZK 5000 and USA, Canada, Australia, and the rest of the world up to the limit of CZK 7500.
 - Transport of mortal remains
 - Funeral or cremation
- The indemnity limit related to the treatment of teeth resulting from an accident is identical to the indemnity limit applicable to medical expenses, according to the relevant Travel Insurance Plan.
- 7.11 The Policy duration for the insured persons is arranged for a period of time from taking over any of the issued card to its expiry. Within a single journey, the continuous length of the stay abroad is max. 90 days for the Standard and Exclusive Plans, including the Family Plans, and 120 days for the Gold Plan, including the Gold Family Plan. The conclusion of more insurance plans to a single payment card is not acceptable.
- 7.12 The Travel Insurance covers tourism journeys organised for a rest, for business travels, recreational sports like, for example, skiing, snowboarding, swimming, tennis, etc. The so-called hazardous sports and activities defined in Article XII, Provision 13 in VPP CP 2006 are excluded.

8. Instructions for the Insured:

8.1 Do not forget to take this brochure with the Insurance Terms with you, when travelling abroad. Please, fill in the card on its cover and save it separately, for example, in your purse. When an insured event takes place, turn to the Assistance Service over the phone. The Assistance Service is at your disposal anywhere in the world, throughout the year, 24 hours a day with a Czech speaking operator. When you reach only the answering machine of the Assistance Service, please, leave your data and your telephone number, on which the Assistance Service could call you back. After leaving your message, the Assistance Service will call you back within 15 minutes. In the case of the concluded Family Cover, add the legible copy of 1st page of the brochure Travel Insurance for debit cardholders issued by the Československá obchodní banka, a.s. to the report on the insured event. Your insured event cannot be properly processed without receiving the required documents.

What to do, when an insured event takes place

When you get ill or injured

- Contact the Assistance Service unless you wish to cover your expenses in cash.
- If you have to cover all your expenses in cash, please, save all your original bills and the medical report for compensation later, after your return back to the Czech Republic.

When your baggage is damaged or lost

- Report the theft of your baggage immediately to the Police and ask for a Police Protocol.
- Document the circumstances of the event (photo documentation).

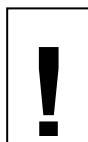
Third party insurance cases

- Do not recognise your liability without the consent of your Insurer. Do not compensate, even partly, for any damage, do not sign any documents the contents of which you do not understand.
- Inform the third party about your insurance and give him/her the contact data of your Insurer.
- Try to get a written declaration by the third party and by any possible witnesses.
- Document the circumstances of the event (photo documentation).

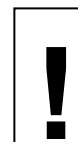
Report on the insured event

- Fill in properly all parts of the form – it will speed up the processing of the insured event.
- Never forget to add the original copies of all documents necessary for the processing of the insured event.

When the event relates to an injury or an illness, please, ask the doctor abroad for the complete filling in of the form Atestatio Medici (Litteris versalibus), which makes an appendix to this brochure. The insured event cannot be investigated without the filled in form.



Your expenses cannot be reimbursed unless these instructions are observed!



9. Assistance Service:

9.1 The Assistance Service makes a part of the cover of medical expenses. The Assistance Service, according to the Additional Insurance Terms – see Table (hereinafter referred to as “DPP AS 2006” only) – is automatically included in the price of the plans EXCLUSIVE, EXCLUSIVE FAMILY, GOLD, and GOLD FAMILY.

9.2 The Insured has at his/her disposal the Assistance Service organised by the Insurer:

AXA Assistance CZ

- 9.3. Assistance Service available throughout the year, 24 hours a day.
- 9.4. When an insured event occurs, the Insured must contact the Assistance Service.
- 9.5 The Assistance Service will provide the Insured, who finds himself/herself abroad in a critical situation, for an advice and information and recommends local doctors or specialists in the place, where the Insured stays at that moment.
- 9.6 The Assistance Service looks after good care after the Insured and controls the costs and duration of the treatment or hospital stay.

Policy scope, insurance threats and the scope of the coverage within the plans EXCLUSIVE, EXCLUSIVE FAMILY, GOLD, and GOLD FAMILY

PREMATURE RETURN		
in case of a serious family event (death of a close relative)	ORG ^{*)}	compensation up to the limit of CZK 50,000 ¹⁾
if it is not possible to return to the Czech Republic by fault of a travel agency or carrier	ORG	
unforeseen circumstances: burglary into the flat, natural disaster		
(fire, flood, explosion)	ORG	
DELAYED FLIGHT		

<i>If flight is delayed 4 - 8 hours</i>		
entry into the airport relaxation lounge	ORG	
preparation of an alternative flight plan	ORG	
change in air-ticket reservations	ORG	
alternate overland transport	ORG	a)180 EURO b) up to the limit of 50 EURO ²⁾
delivery of notices of delay to family members	ORG	
delivery of notices of delay to trading partners	ORG	
<i>If flight is delayed more than 8 hours</i>		
entry into the airport relaxation lounge	ORG	
preparation of an alternative flight plan	ORG	
change in air-ticket reservations	ORG	
alternate overland transport	ORG	
delivery of notices of delay to family members	ORG	
delivery of notices of delay to business partners	ORG	
one-time transfer of a cash deposit for the purchase of items for personal use	ORG	
information about the general level of the medical care abroad, when compared with the Czech Republic	ORG	
MEDICAL INFORMATION		
necessary inoculation	ORG	
addresses of immunologist facilities in the ČR and the target country	ORG	
occurrence of epidemics in the target country	ORG	
non-recommended medical facilities in the target country	ORG	
specific health risks in demanded localities	ORG	
INFORMATION FOR TOURISTS		
information about currency exchange rates	ORG	
local objects of cultural interest	ORG	
special tourist attractions of the demanded destination	ORG	
restaurants and catering facilities	ORG	
level of general safety in the target country	ORG	
risks relating to the performance of job in the target country	ORG	
risks relating to dangerous sports activities	ORG	
risks relating to war conflicts in the target country	ORG	
advice on travelling in uninhabited areas	ORG	
contacts to service providers in the target country	ORG	
INFORMATION OF ADMINISTRATION AND LEGAL NATURE		
information about documents necessary for entering the target country	ORG	
embassies and consulates	ORG	
visa and inviting obligations for the target country	ORG	
financial amount required for entering the target country	ORG	
appeal against denial of entry into the target country	ORG	
procedures applied in handling applications for visa and other documents	ORG	

EMERGENCY CALL HELP		
advice and information on how to deal with emergencies	ORG	
Police check-ups	ORG	
deportation	ORG	
dealing with authorities	ORG	
looking for a lawyer	ORG	
reporting an insured event to the insurer	ORG	
INTERPRETING AND TRANSLATION SERVICES		
interpreting via phone while dealing with the Police	ORG	
provision of interpreting services during customs proceedings at the cross-border point	ORG	
when dealing with authorities and healthcare facilities	ORG	
translations via phone and advice regarding completion of documents	ORG	
provision of an interpreter in the course of Police investigations or court proceedings	ORG	
ASSISTANCE RELATING TO WORK STAYS		
information about rights and duties in the country of stay	ORG	
procedures when travel documents are withheld	ORG	
procedures and risks of deportation	ORG	
possible defence against deportation	ORG	
procedures necessary for the stay extension	ORG	
addresses and tel. numbers, opening hours of relevant authorities	ORG	
organising delivery of relevant printed forms and requests	ORG	
help in completing printed forms and requests	ORG	
RELATIONS TO LOCAL POLICE BODIES		
information about proceedings in the event of loss/theft of travel documents or assault	ORG	
accident declaration (help in completing the Police report)	ORG	
services of a legal representative	ORG	
arrangements for the provision of the Police report (if drawn but not handed over)	ORG	
return of documents withheld abroad	ORG	
organisation of witnesses and testimonies	ORG	
organisation of reports for consulates (lost passports, work permits, detention)	ORG	
organisation of visits by the consulate representative after accidents or in detentions	ORG	
RELATIONS TO CONSULATES ABROAD		
the issuing of replacement vehicle documents	ORG	max. up to the limit of CZK 4,000 ³⁾
driver licences or passports	ORG	
SENDING A FAMILY MEMBER TO THE HOSPITAL		

in case of urgent hospitalisation of the Insured lasting more than 10 days, sending a family member to the hospital	ORG	max. CZK 100,000 and accommodation ⁴⁾ at the place 5 days / EUR 60/day
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***)ORG = The Assistance Service will organise the activity (the costs are covered by the Insured) – when there is the indemnity limit mentioned, the costs are covered up to the mentioned limit**

1) The coverage of the return air-ticket in the economic class, bus tickets, 2nd class train tickets up to the max. limit of CZK 50 000

2)a) To cover replacement accommodation until the replacement departure up to the max. limit of EUR 180

b) Two-way transport of the Insured to the place of replacement accommodation up to the max. limit of EUR 50

3) The coverage of costs related to the issuance of a replacement travel document

4) The coverage of costs related to the travelling in both directions (the return air-ticket in the economic class, bus tickets, 2nd class train tickets up to the max. limit of CZK 100 000 and accommodation in the place of hospital for the max. of 5 days/EUR 60/day.

Assistance Service contact

ČSOB Pojišťovna Assistance
the travel assistance is provided in co-operation with AXA Assistance CZ
Kodaňská 25, 101 00 Praha 10

Tel.: +420 272 101 077
Fax: +420 272 101 001
E-mail: info@axa-assistance.cz

Reverse charge calls AXA ASSISTANCE

Procedure for reverse charge calls from abroad

- client should dial a telephone number for the country, in which he is staying (see the List of the Country Codes)
- a Czech speaking operator will answer the call
- client should tell his name and ask for a collect call for the telephone number: **+420 272 101 077** (operator should be informed about the number orally)
- then client will be put through to Assistance Services representative.

Explanations for the List of Country Codes

- *When calling from a public telephone, it is necessary to insert coins or a local phone card into the slot to activate it – the coins are returned back as soon as the call ends and there is no impulse withdrawn from the card.*
- ▼ *The service access is charged by the local operator at the level of 1 impulse, calls from public coin or card telephones are not possible.*
- x *The access from public telephones is not guaranteed.*
- ▲ *The access to the service is charged by the local operator at the level of 1 impulse.*
- *The access to the service is charged, when coin telephones or private telephones are used (1 impulse), but they are free, when a card telephone is used.*
- ⌘ *The access to the service is charged, when you call from a public telephone.*
- 1. *The access to the service is charged. When calling from a public telephone, you must use a local phone card.*
- 2. *Calls from public telephones are possible from the sets by TeleDanmark only.*

List of the Country Codes

Country		Access number
	Australia	1 800 881 420
x	Belgium	0 800 700 42
▼	Bulgaria	00800 0420
2.	Denmark	800 142 42
x	Finland	0 800 110 420
	France	0 800 99 0421
	Hong Kong	800 960 420
	Croatia	0 800 220 420
x	Ireland	1 800 550 220
•	Italy	800 172 422
	Israel	1 800 9494 420
•	Japan	00 539 420
•	South Africa	0 800 99 0012
	Canada	1 800 233 5612
	Korea	007 22 420
	Cyprus	800 900 42
	Lithuania	8 800 900 42
	Luxembourg	800 2 0042
	Hungary	06 800 04201
	Germany	0800 0800042
x	Netherlands	0 800 022 0242
⊖	Norway	800 199 42
▲	Poland	00 800 420 1122
	Portugal	800 800 420
•	Austria	0 800 250 298
■	Greece	00 800 4221
	Slovakia	0 800 00 4201
1.	United Arab Emirates	800 11 420
	Spain	900 990 420
⊖	Sweden	020 799 042
•	Switzerland	0 800 55 50 59
	Turkey	00 800 420 1177
	USA – AT&T	1 800 883 0042
	USA – SPRINT	1 800 609 4690
	USA – WorldCom	1 800 422 9324
	United Kingdom	0 800 890 042

10. Final provisions:

10.1 Provisions contained in Articles 1 – 9 shall prevail over provisions contained in individual General Insurance Terms and Conditions.

**General Insurance Terms of the Travel Insurance
– General Part –
VPP CP 2006, Valid from 1 November 2006**

ARTICLE I

Introductory provisions

1. These General Insurance Terms of the Travel Insurance – General Part – VPP CP 2006 establish the basic scope of rights for the Policy participants, who are the Insurer and the Policyholder in the roles of contractual parties, but also other people, for whom a right or a duty arises from this Policy.
2. In addition to the General Insurance Terms of the Travel Insurance – General Part – VPP CP 2006 (hereinafter referred to as “VPP CP 2006” only), the Travel Insurance is also subject to the relevant provisions in the Act No. 37/2004 Coll. on insurance policies and changes in the related laws (the Insurance Policy Act) as amended (hereinafter referred to as the “Insurance Policy Act” only) and provisions in the related legal regulations, the related special parts of the General Insurance Terms for individual Policy Plans concluded within the Travel Insurance, and possibly also additional Policy terms and provisions in the Insurance Policy.
3. VPP CP 2006 makes an inseparable part of the Insurance Policy.

ARTICLE II

Insurance Plans

1. The insurance is concluded for the coverage of necessary costs incurred because of an injury or an illness resulting from an accident or an acute illness occurring during travels (hereinafter referred to as the “coverage of medical expenses” only).
2. The insurance can be concluded also to cover:
 - a) Injuries,
 - b) Third party insurance,
 - c) Damage, destruction, or a theft of baggage, which takes place during travels.
3. Other insurance can be concluded in accordance with the Insurance Policy.

ARTICLE III

Insured event

1. The insured event is an event occurring accidentally and in more details described in the Insurance Policy, or in a special legal regulation referred to in the Insurance Policy, connected with the obligation of the Insurer to provide for the insurance coverage.
2. The insured event is not an event of damage caused by the deliberate behaviour of the Policyholder, the Insured, an entitled person, or any other person initiated by any of them.
3. The insured events covered by individual insurance plans could be more closely determined in special parts of the General Insurance Terms, or possibly in Additional Insurance Terms or in provisions of the Insurance Policy.

ARTICLE IV

Obligations of the Insured, Policyholder, and the Insurer

1. When an insured event takes place, the Insured is obliged to contact the Assistance Service of the insurer without any unnecessary delay.
2. In addition to the obligations established in the generally applicable legal regulations, the Insured is also obliged:
 - a) To take care in order to prevent the occurrence of an insured event. Especially, he/she must not breach his/her duties designed for the prevention or minimising threats, which have been imposed by legal regulations, or on their basis and which he/she promised to observe by the conclusion of an Insurance Policy. He/she also cannot allow third parties to breach these obligations. When an insured event has already taken place, the Insured is obliged to undertake provisions preventing further extension of the occurring damage,

- b) To report in writing to the Insurer, after his/her returning back to the Czech Republic without any unnecessary delay, but not later than within 15 days, that the insured event took place. He/she must truthfully explain the occurrence and the scope of consequences,
 - c) To present to the Insurer any original documents, which the Insurer asks for and which are necessary for making the decisive findings for the assessment of claims' occurrence related to the insurance cover and for the evaluation of the level of losses. He/she must allow the Insurer to make copies of these documents and allow the Insurer, or persons authorised by him to do any necessary investigations. When the insured event was reported to the Insurer in some other way than in writing, he/she must prepare a written report subsequently, according to the Insurer's instructions,
 - d) When the Insurer asks for it, the Insured must organise, on his/her own expense, official translations of the documents necessary for investigations of the insured event,
 - e) If there is a suspicion of an offence of a criminal offence in connection with the insured event, the insured must report the insured event to the Police or to any other relevant public authority without any unnecessary delay,
 - f) To behave in such a way that the Insurer can apply his rights for the coverage of losses against someone else, or to utilise some other similar rights resulting from the insured event,
 - g) To report to the Insurer, without any unnecessary delay, that he/she had concluded another insurance covering the same losses with some other insurer and to inform the Insurer about the commercial name of that insurer and about the level of coverage or the indemnity limit,
 - h) When passbooks, chequebooks, debit cards, etc. were destroyed or lost, the Insured must immediately start any relevant procedures,
 - i) To fulfil other obligations undertaken in special parts of the General Insurance Terms, in possible Additional Insurance Terms, and in the Insurance Policy,
 - j) To report to the Insurer, without any unnecessary delay, that the lost item related to the insured event or any other insured loss has been recovered,
 - k) To observe generally binding legal regulations and all bans, orders, and limits established in some other way than in the generally binding legal regulations (e.g. ban signs in transport vehicles, mountain areas, etc.) in all countries to which the Policy relates.
3. In addition to the obligations established in the General Insurance Terms, the Policyholder is also obliged:
- a) To pay the premium properly and in time,
 - b) To correctly and fully answer written questions of the Insurer relating to the concluded Policy or to changes in the Policy,
 - c) To report to the Insurer, without any unnecessary delay, in writing all changes in the data presented in the Insurance Policy,
 - d) To inform the Insured about his/her rights and obligations resulting from the concluded Policy,
 - e) To report to the Insurer, without any unnecessary delay, that the Insured had concluded another insurance covering the same losses with some other insurer and to inform the Insurer about the name of that insurer and about the level of coverage or the indemnity limit.
4. In addition to obligations established in the generally binding legal regulations, the Insurer is obliged:
- a) To inform the Insured about results of the negotiations necessary for the finding about the scope and level of the cover,
 - b) To return back to the Insured any documents, which he/she asked for, with the exception of original accounting documents on the basis of which the cover has been provided,
 - c) To truthfully and fully answer all written questions of the Policyholder and the Insured,
 - d) To allow the Insured to inspect materials, which the Insurer has collected during investigations of the insured event, and to make their copies.

ARTICLE V

Conclusion, changes and termination of Policy

1. The insurance is established on the basis of a concluded Insurance Policy. The insurance commences on the first day following the day of conclusion of the Insurance Policy, unless stated in the Policy otherwise.
2. The insurance is concluded for the period written in the Insurance Policy (the insured period).

3. Changes in the Insurance Policy could be implemented on the basis of an agreement of both contractual parties.
4. The cover does not interrupt during the insured period because of the non payment of the premium, according to the Insurance Policy Act.
5. In addition to other reasons described in generally binding legal regulations, the Policy terminates:
 - a) By the expiry of the insured period,
 - b) By a written agreement of the contractual parties – the agreement must determine the moment of the Policy termination and the way of mutual settlement of undertakings,
 - c) By termination or by the end of use of own or someone else's insured item (e.g. by its liquidation, loss, full destruction, etc.), by the end of the insured risk, by the death of the insured natural person, with the exception of the cases described in Article V, paragraphs 7 to 9,
 - d) On the day following the in vain expired period established in the reminding notice by the Insurer informing about the necessity to pay the premium, or its part delivered to the Policyholder,
 - e) By the withdrawal of the Policyholder or the Insurer from the Insurance Policy, according to the Insurance Policy Act,
 - f) By the rejection of a cover by the Insurer in accordance with the Insurance Policy Act,
 - g) By some other way described in special parts on the insurance terms or in the Insurance Policy.
6. The Policy also terminates by a written termination notice by the Policyholder or the Insurer:
 - a) The Policy could be terminated within two months from the conclusion of the Insurance Policy. The day of delivery of the termination notice starts the eight-month termination period after the expiry of which the Policy terminates,
 - b) The Policy or Insurance Contract could be terminated after every insured event. That can take place within three months from the delivery of the report informing the Insurer about the occurrence of an insured event. The day of delivery starts the one-month termination period after the expiry of which the Policy terminates.
7. When the joint assets of a married couple terminated by death or by the declaration of death of one of the spouses, who concluded the Insurance Policy covering items belonging among the joint assets of the couple, the surviving spouse replaces him/her in the Policy, but only when he/she remains the owner of a co-owner on the items.
8. If the joint assets of spouses terminated in any other way than because of the reasons described in Article V, paragraph 7, the Policy terminates with the expiry of the insured period.
9. In the case of death of the Insured, the Policy does not terminate, according to the paragraph 5, letter c), and the heir of the Insured replaces him/her until the end of the insured period.

ARTICLE VI

Premium

1. The level of premium is described in the Insurance Policy. The Insurer is entitled to verify the correctness of data decisive for the establishment of the premium level at the Policyholder.
2. The Insurer has got the right to get the premium related to the insured period, unless the Insurance Policy states otherwise.
3. When an insured event had occurred, on the basis of which the Policy terminated, the Insurer has the right to keep the premium related to the entire period for which the Policy had been concluded.
4. When the Policyholder is in delay with the premium payment, he/she is obliged to pay the Insurer the interest on the delay at the level of generally binding legal regulations.
5. All individual covers concluded within the Insurance Policy in accordance with the provision in § 3, letter y), in Insurance Policy Act, are concluded with a waiting period. The waiting period for all individual covers concluded within the Insurance Policy starts on the commencement day and lasts until the day of the proper payment of premiums covering all individual covers concluded within the Insurance Policy, but it must not exceed 3 months from the Policy commencement day.
6. In deviation from the provision in § 567, paragraph 2, in the Act No. 40/1964 Coll. – Civil Code, as later amended, the premium related to the Insurance Policy is considered paid at the moment, when the Policyholder orders the transfer of the premium sum to the Insurer through a banking institution or an operator of postal services.

ARTICLE VII

Provision for benefits by the Insurer

1. The Insurer is obliged to finalise investigations of the insured event within three months from reporting of the event. The investigations must commence without any unnecessary delay after receiving of the report on the event accompanied with a claim of benefits. If the investigations cannot be finalised within three months from receiving the report on the insured event, the Insurer is obliged to inform the person, who might have the right for the benefits, the reasons why the investigations could not be finalised and he must provide for an appropriate advance, when he is asked for it in writing. This period is not running, when the investigations cannot take place, or are made difficult because of reasons on the side of the entitled person, the Policyholder, or the Insured. The benefits are due within fifteen days from the finalisation of investigations necessary for the assessment of the scope of the benefits provided for by the Insurer.
2. The cover is concluded with the subtraction participation, unless the Insurance Policy states implicitly the non subtraction participation or no participation.
3. Unless the Insurance Policy states otherwise, when the Insured had received the benefit related to an insured item lost in connection with an insured event, which was recovered in accordance with the Insurance Policy Act, the Insured is obliged to return the benefit lowered by the appropriate costs of repairs, if the insured item was damaged during the time from the insured event occurrence to the time of its recovery. The insured is obliged to return the benefit at the level equal to the value of remains, when the item was destroyed during the period.
4. The Insurer can refuse the provision of benefits in accordance with the Insurance Policy Act, when the cause of the insured event was something that he learned about only after the occurrence of the insured event and which he could not know at the time of conclusion of the Policy, or its change because of deliberately or negligently answered written questions and if he would not conclude the Policy knowing the facts, or he would conclude it under different terms. The Insurer can also refuse the provision of benefits, when the entitled person presented, when enforcing his/her rights related to the Policy, deliberately untrue or significantly distorted information related to the scope of the insured event, or he/she did not disclose substantial information related to it. The Policy terminates on the date of delivery of the notice about the refusal of the cover.

ARTICLE VIII Exclusions

1. The Insurer is not obliged to provide for cover in the following situations:
 - a) The insured event was caused by the entitled person (disregard to the fact if he/she is the Policy participant) or by a person, who would not be entitled to get the benefit, but who acted on initiation by any of the Policy participants in the way considered by the Act No. 140/1961 Coll. – Criminal Act as amended (hereinafter referred to as the “Criminal Act” only), to be a deliberate criminal offence and when the criminal proceedings related to the activity:
 - Terminated the preparatory procedure by filing the indictment or filing the suggestion to punish the person. It has been concluded, at the same time, that this insurance exclusion becomes ineffective, when this person is consequently acquitted within the criminal proceedings on the basis of a legally valid decision.
The Insurer is, in such a case, obliged, without an unnecessary delay, to renew investigations of the insured event after this fact was reported to him; or when
 - It was validly decided on the conditional stopping of the prosecution for a criminal offence of the person as a suspect, or
 - It was validly decided on the permitted settlement and the stopping of the prosecution for a criminal offence of the person as a suspect,
 - b) When the insured event took place in direct or indirect connection with a war conflict, fighting or war actions, revolts, uprisings, or insurgencies,
 - c) When the insured event took place in direct or indirect connection with activities by state administration,
 - d) When the insured event took place in direct or indirect connection with terrorists’ activities. This does not apply, when it comes to the cover of medical expenses,
 - e) When the insured event was caused by radioactive radiation caused by an explosion of a defect in a nuclear facility of instruments, or by the negligence of responsible people, institutions, or authorities during transport, warehousing, or handling of radioactive materials,
 - f) When the insured event was caused by the chemical or biological contamination,
 - g) When the insured event took place in direct or indirect connection with the execution of rights and obligations performed within the active military service, or similar activities by armed security, rescue or emergency service personnel.

ARTICLE IX Indemnity limits

1. The Insurer is authorised to appropriately lower the indemnity in the following situations:
 - a) The insured event effected the Insured while he/she was under the influence of alcohol or some other intoxicating, toxic, psychotropic, or other drugs effecting his/her control or recognition abilities or his/her social behaviour,
 - b) When the Policyholder of the Insured breached, while concluding the Policy or its change, some of the obligations mentioned in these General Insurance Terms, or some of the obligations described in the Policy, or established in generally binding legal regulations, and because of that breach there was a lower premium determined,
 - c) When the deliberate breaching of the obligations described in these General Insurance Terms or in the Policy or established in the generally binding legal regulations had a substantial influence on the occurrence of the insured event, its duration, or the increase in its scope of consequences, or on the finding or determination of the level of benefits.
2. The Insurer is authorised to appropriately lower the indemnity resulting from the Policy also in other situations described in the Insurance Policy.

ARTICLE X Territorial validity of the Policy

1. The territorial validity of the cover relates to the territory described in the Insurance Policy.
2. The indemnity does not relate to:
 - a) The territory of the country of which the Insured is a citizen, unless the Insurance Policy states otherwise,
 - b) The territory of the Czech Republic, unless the Insurance Policy states otherwise.

ARTICLE XI

Common provisions

1. Legal actions and information related to the insurance must be done in writing, unless the Insurance Policy states otherwise.
2. The written documents prepared by the insurance participants become effective on the day of their delivery. When written documents by the Insurer are not delivered to the insurance participant because he/she refused to accept them, they are considered delivered on the day in which their acceptance was refused. When the mail is returned by the Post back to the Insurer after the expiry period for taking over them by postal terms of the postal licence holder, the last day of the determined period is considered the day of delivery.
3. The Insurance Policy and the indemnity agreed on in it are governed by the Czech legal code.

ARTICLE XII Definitions

1. **Alpinism** means the activity done in rocky areas and terrains, on névés, glaciers, secured routes (via ferrata, klettersteig), in the mountains, and in the big mountains. There are climbing techniques used for the overcoming more difficult sections and mountaineering equipment is used to ensure security.
2. **Assistance Service** is the aid provided to people, who got into difficulties during their travels or during stays outside their permanent address. The Assistance Service is organised by a contractual partner of the Insurer within the travel insurance.
3. **Acute illness** is a suddenly occurring and fast progressing illness, which directly endangers life of health of the Insured and which requires an immediate medical treatment.
4. **Valuables** is money (the valid domestic or foreign bills, banknotes, and coins) and items, which are, despite their relatively small size and low weight, very valuable, e.g. jewels (the items having very high value and serving mostly for decoration purposes), products made of precious metals, gems, pearls, valuable postal stamps, coins, etc. This includes also other valuables like, for example, valid postal stamps, duty stamps, lottery tickets, oil or petrol cards, telephone cards, freeway coupons, and other items, which can be exchanged for money. The Insurer does not consider wedding rings and watches as jewels, unless the watches are decorated with gems.
5. **Time (actual) price**, i.e. the sum established on the basis of the price of the new item, while the wear level or some other decrease or increase in the value, which took place by its repair, upgrading, or in some other way, is considered.

6. **Documents issued by the Insurer** are the information brochure about the travel insurance (including VPP CP 2006, special parts, Additional Insurance Terms, and the forms for reporting insured events) and certificates of the Travel Insurance (including the form for reporting an insured event) and the Travel Insurance Card.
7. **Mountaineering** means the activity during which a larger part of the climb is based on the technique of 3 or 4 firm points (i.e. the necessity to secure the body by three or four limbs, the equipping with technical aids is not important).
8. **One-time cover** means the insurance established for the entire period, for which the insurance has been concluded.
9. **Hail storm** means the phenomenon, during which ice pieces created in the atmosphere and of different shape, size, weight, and density fall on an item and damage it, or destroy it.
10. **Theft by a burglary** means the appropriating of items in a locked space.
11. **Theft by hold-up or an assault** means the appropriating of items in such a way that the perpetrator used violence or the threat of immediate violence against the Insured.
12. **Avalanche** means the phenomenon, during which a huge amount of snow, ice, or stones fall on slopes down to a valley.
13. **Hazardous sports and activities** – the so-called adrenaline sports and other activities, which differ in their characteristics from the recreational performance of usual sports and, at the same time, do not belong among the non insurable sports and activities, are considered hazardous for the purpose of insurance. They are especially the sports like sky diving, bungee jumping (the jumps with a rubber rope), mountaineering of all kinds up to 5 000 m above the sea level (including), the high mountain tourism up to 5 000 m above the sea level (including), alpinism up to 5 000 m above the sea level (including), snow rafting, ski-alpinism up to 5 000 above the sea level (including), ski jumping, rafting up to the 3rd difficulty level (including), while there is no increase in the water flow, other white water canoeing up to the 3rd difficulty level (including), while there is no increase in the water flow, water motor sports, canyoning with the appropriate equipment and with the participation of an expert instructor, yachting and sailing, skin diving with the use of independent breathing apparatus down to the depth of 40 m (including), speleology, performance of stunts, cycling down difficult terrains, martial arts, and other sports or activities of the comparable risk.
14. **Non insurable sports and activities** – They are sports and activities, for purposes of insurance, of any kind performed within publicly organised competitions and preparations for them, any professionally performed sports, including preparations, motor sports (both cars and motor bikes) of any kind, motorless flying of any kind, mountaineering of all kinds above 5 000 m above the sea level, high mountain tourism above 5 000 m above the sea level, alpinism above 5 000 m above the sea level, ski-alpinism above 5 000 m above the sea level, expeditions to places with extreme climatic or natural conditions, skin diving with the use of independent breathing apparatus deeper than 40 m, rafting or some other canoeing of white water rivers above the 3rd level of difficulty at not increased water flows, and all sports and activities during which the Insured breaches generally binding legal regulations.
15. **New price**, i.e. the sum, which must be paid for the repeated acquisition of an item of the comparable kind, quality and value of use.
16. **Evaluation tables**, i.e. the document by the Insurer, which contains principles for the Insurer's performance related to the injury indemnity, according to the terms concluded in the Insurance Policy. The evaluation tables are at disposal in all commercial places of the Insurer. The Insurer keeps the right to change the evaluation tables, or supplement them in accordance with the development in the medical science and practice. The level of indemnity is determined by the Insurer, according to the evaluation tables valid at the time of the occurrence of an insured event.
17. **Responsibilities extending the framework established by legal regulations** are the responsibilities for damages at larger scale than that established by the valid and effective legal regulation, the responsibilities accepted, when this is not required by the valid and effective legal regulation, or the responsibilities for damages resulting from breaching an undertaking accepted above the framework required by a legal regulation.
18. **Entitled persons** are people, who get the right for benefits on the basis of an insured event. The entitled person is the Insured, unless the Insurance Policy states otherwise.
19. **Fallen trees**, posts or other items mean moves of objects having the character of free falls.
20. **Undermining** means the human activity of excavation of underground tunnels, shafts, adits, and other similar underground constructions.
21. **The Insurer** is ČSOB Pojišťovna, a.s., a member of the ČSOB Holding.
22. **The insured period** is the time for which insurance has been concluded. The insured period is described in the Insurance Policy.

23. **The Policyholder** is a natural or legal person, who concluded with the Insurer an Insurance Policy and who is obliged to pay a premium. The Policyholder does not have to be the Insured.
24. **Insurance/indemnity/cover** is a legally binding relation established on the basis of an Insurance Policy.
25. **The Insured** is a natural or legal person, to whose assets, responsibilities for damage or other values within the insurance interest the insurance relates.
26. **Damaged items** mean the changed state of items, which can be objectively removed by a repair, or such a change in the state of items, which cannot be removed by a repair, but the items can still be used for the original purpose.
27. **Floods** mean the inundation of land areas with water, which got out of water flows or reservoirs, or which broke through banks or dams, or the flooding was caused by a sudden and accidental narrowing of the flow profile of a water course.
28. **Fire** means the fire in the form of a flame accompanying burning, which occurred outside a determined fireplace or which got out of a fireplace and spreading by itself, or because of activities of a culprit. However, the fire does not mean glowing or smouldering with the limited access of oxygen, or the effects of a usable flame and its heat. Fire does not also mean the effects of heat created by an electrical short-circuit (in a facility), unless the flame occurring because of the short-circuit spreads further. The insurance concluded for such a case of this threat covers also damages caused by extinguishing agents used against the fire and the damages caused by fire fumes.
29. **The item accessory** means the item belonging to the owner of the main item, which has been determined for the permanent use with the main item.
30. **Professional sport** means the achievement of a sport result for a pay.
31. **Recreational performance of usual sports** – This is the individual or collective performance of usual sport activities (e.g. aerobics, badminton, bowling, golf, roller skating, skiing, or snowboarding on marked and publicly accessible ski slopes and routes, including their access roads, swimming, table tennis, “snorkelling”, tennis, tourism, water skiing, or other sports of the comparable risk, unless they belong to the categories of hazardous sports and activities or non insurable sport and activities).
32. **The family member** is a relative in the direct line, a sister or brother, spouse, or a partner; other people – family relatives are considered the people mutually close – in one of them suffers, the other one justly feels it as if he/she was suffering as well.
33. **Serial insured event** stands for more mutually related insured events resulting directly or indirectly from the same cause, e.g. the source, event, circumstance, defect, etc.
34. **Down settling of soil** means the lowering of the land surface in direction of the Earth Centre because of effects of natural forces or human activities.
35. **Soil sliding** means moving minerals from higher slope positions down to lower ones caused by gravitation or human activities disturbing the slope balance.
36. **Cycling difficult terrains** means, for insurance purposes, all running on unpaved roads (not surfaced by human activities; this means any runs down tracks, which do not have, for example, the bitumen, concrete, or paved surface) requiring higher physical effort (up the hill) or which achieves higher speed, thanks to the gravitation (down the hill) and asks for an increased care.
37. **Fellow travellers** are people, who purchased the tour together with the Insured and who are described in the same Travel Insurance Policy.
38. **Participation** means the agreed on financial sum, with which the Insured shares the coverage of an insured event. It is determined as a fixed sum, a percentage, or in combination of both.
39. **Non subtracting participation** is not deducted from the benefit, but the cover is not provided up to its level.
40. **Subtracting participation** is always deducted from the total level of the benefit and the cover is not provided up to its level.
41. **Stabilised chronic illness** means the illness, which existed before the indemnity commencement, but the health situation of the Insured did not show, during 12 months prior the indemnity commencement, any signs that there could be the need to look for medical attention.
42. **Insured event** means the situation, during which damage occurred and which might become the basis for the establishment of the right for a benefit/cover/indemnity.
43. **Tourism** means ascents of terrains up to 3 500 m above the sea level, including the marked and publicly accessible routes and places, during which the technique of the three fixed points (i.e. the necessity to fix the body with three limbs, e.g. hand holding of a rocky outcrop) is used only seldom.
44. **Injury** means an unexpected and sudden effect of outside forces or the effects of own body strength independently on the will of the Insured, which took place during the insured period and which caused harm to the health of the Insured, or his/her death.

45. **Use of an item** means the situation, when the Insured legally uses and is authorised to utilise (not in the ownership) the usable features of a tangible or intangible asset (however, not the right to use space inside properties).
46. **Publicly organised competition** is the competition organised by any natural or legal person and includes also all preparations of the activity.
47. **General Insurance Terms – Special Part** – are the terms containing more detailed descriptions of individual indemnity kinds provided for by the Insurer.
48. Items of a historical value are only the items the value of which relates to history or historical personalities, whose existence relates to some event in the history (the fact that the item is old is not enough). They are, for example, weapons, clothes, vehicles, dishes, furniture, musical instruments, etc.
49. Items of an artistic value are only the items the value of which relates mostly to artistic qualities – not the manufacturing qualities characteristic for other items (products). They are in most cases, for example, paintings, statues, etc., but ceramic or porcelain and glass products, tapestries, embroidery, woodworkers' works, and other similar items are not usually the items of artistic value. The artistic quality is decisive and that is given by its author.
50. A storm means dynamic affects of the air mass, which moves at the speed of at least 20.8 m/s (75 Km/h). When the speed cannot be determined in the place of the occurrence of an insured event, the Insured must prove that the air movements caused damages around the place of the occurrence of the insured event on properly maintained buildings or some other items resistant at the same level, or that the damage on the perfectly sound building or other construction, in which items existed, could result only because of the storm.
51. The explosion is a sudden damaging effect of pressure force based on the expansion of gases or vapours. The explosion of a pressure vessel (a boiler, piping, etc.) with pressurised gas or steam means the breaking of walls of the vessel in the scale, which suddenly balanced the pressures inside and outside the vessel. The explosion is also a sudden balancing of negative pressure (implosion). For purposes of these terms, the explosion is not a reaction inside combustion chambers of engines, in weapon barrels, and in other facilities utilising the explosion energy.
52. High mountain tourism means ascents of terrains above 3 500 m above the sea level on marked and publicly accessible tracks and places, during which the technique of the three fixed points (i.e. the necessity to fix the body with three limbs, e.g. hand holding of a rocky outcrop) is used only seldom.
53. A secured route means the route in a rocky terrain secured with fixed ropes, chains, ladders, crams, and pitons. It can be usually followed without the use of ascent securing ropes. Self-security is used when progressing.
54. The flooding means the creation of a continuous water surface, which stays in place or flows for a certain time in the insured place.
55. Baggage space is the place determined only for the transport of luggage, i.e. the place separated from the space for the transport of passengers.
56. The earthquake means the shaking of the earth surface caused by movements in the earth crust reaching at least the 6th grade on the scale, according to the macroseismological scale MSK-64 characterising effects of earthquakes.
57. Destruction of items means the changed state of assets, which cannot be objectively removed by an economically viable repair, the price of which would not exceed the upper limit of indemnity/cover.

ARTICLE XIII

Rescue costs

1. Rescue costs mean the reasonably and purposefully used costs for:
 - a) The prevention of the occurrence of an immediately threatening insured event,
 - b) Minimising of consequences of the already occurred insured event,
 - c) Removal of damaged insured assets or their remains, when this must be done because of hygienic, ecological, or security reasons.
2. The insurer will cover:
 - a) The rescue costs incurred when rescuing human life or health of people, up to the max. level of 30%,
 - b) Other rescue costs up to the max. level of 30% always of the upper indemnity limit established for the relevant individual Policy Plan.
3. The level of paid compensation for rescue costs is not included into the cover limited with its upper level.

ARTICLE XIV
Special provisions

1. All payments made in connection with the insurance by any Policy participant, and also any financial values mentioned in the Insurance Policy (e.g. the indemnity limits) are described and paid in the Czech currency and they are payable in the Czech Republic.
2. Also, all documents related to the Policy must be presented by the Policy participants in the Czech language. When these documents were issued in a foreign language, there must be an officially verified Czech translation enclosed.
3. All disputes resulting from the Travel Insurance, or in connection with it, will be resolved at courts in the Czech Republic, according to the Czech legislature, unless an amicable solution is reached.

Article XV
Final Provisions

1. The contractual parties can agree on the adjustment of mutual rights and obligations differently from VPP CP 2006, if this is not implicitly banned by VPP CP 2006.
2. These VPP CP 2006 become effective on 1 November 2006.

**General Insurance Terms for the Travel Insurance
– Special Part –
Cover of medical expenses VPP LV 2006 valid from 1 November 2006**

ARTICLE I

Introductory Provisions

1. The General Insurance Terms for the Travel Insurance – Special Part – Cover of medical expenses VPP LV 2006 (hereinafter referred to as “VPP LV 2006” only) extend the General Insurance Terms for the Travel Insurance – General Part – VPP CP 2006 (hereinafter referred to as “VPP CP 2006” only) and describe in more details the rights and obligations of participants in the coverage of medical expenses.
2. The Policy concluded in accordance with these VPP LV 2006 is the unvalued cover, unless the Insurance Policy states otherwise.
3. VPP LV 2006 are the inseparable part of the Insurance Policy.

ARTICLE II

Insured risks and the scope of the Policy

1. The Policy is concluded for the indemnity of necessary medical expenses occurring in the result of an injury or an acute illness of the Insured. These medical expenses are the costs of the following:
 - a) Medical treatment,
 - b) Hospital stays (hospitalisation),
 - c) Medicine prescribed by a doctor in connection with medical treatment. The Insurer does not consider nutritional, strengthening, or vitaminic preparations, preparations used for prevention and addictive and cosmetic preparations the medicine, even if they have been prescribed by a doctor and they include healing agents,
 - d) Transport, i.e. the transport to the nearest medical centre and back to the place of stay of the Insured abroad,
 - e) Repatriation, i.e. the transport of the Insured back to the Czech Republic in the case that he/she is not able, because of the health reasons, to use the originally planned transport means. The Insurer maintains his right to decide, with the consent of the treating doctor, on the way of repatriation of the Insured,
 - f) The transport of the body remains of the Insured, in the case of his/her death, back to the Czech Republic. In the case of persons, who are not the Czech citizens, the Insurer maintains his right to decide on the coverage of the costs of the transport of the remains to the country, the Insured was the citizen of, or to the Czech Republic,
 - g) The funeral or cremation of the Insured in the country, where he/she died, when the local law does not permit the transport of body remains,
 - h) Calling a minder. The Insurer maintains his right to decide on the entitlement of calling a minder.

ARTICLE III

Exclusions

1. The Insurer is not obliged to provide for benefits related to the cover of medical expenses in the following cases:
 - a) When the insured event took place while driving a motor vehicle, vessel, or aircraft, for which the Insured did not have the proper driving licence, or which happened during fights in an aircraft the pilot of which or the aircraft did not possess the relevant official permits, and the Insured knew about that, or during flights done in breach of official regulations, or without the knowledge or the will of the aircraft owner,
 - b) When the medical expenses relate to the treatment of an injury or illness, which took place, or the signs of which showed before the departure of the Insured for the journey abroad, with the exception of the stabilised chronic illness,
 - c) When the medical treatment was not necessary and urgent, from the medical point of view,
 - d) Chronic illness, including the case when it developed from an acute illness,
 - e) When the Insured committed a suicide, or attempted a suicide, or willingly harmed his/her health,
 - f) When the injury or illness resulted in connection with the performance of a hazardous sport or activity described in VPP CP 2006, Article XII, paragraph 13. This does not apply, when the Insurance Policy has got written in its part “Travel kind” the variant “Hazardous sports”,

- g) When the injury or illness resulted in connection with the performance of a non insurable sport or activity described in VPP CP 2006, Article XII, paragraph 14,
 - h) In connection with pregnancy, termination of pregnancy, miscarriage, or childbearing and their complications. The exception is the medical treatment in unexpected acute complications during the first six months of pregnancy (with the exception of a risk one),
 - i) In connection with the treatment of infertility or sterility (e.g. the artificial insemination) and the examination finding about pregnancy,
 - j) Treatment of teeth and connected services. The exception is the treatment resulting from an accident or the treatment of acute toothache up to the indemnity limit described in the Insurance Policy,
 - k) Costs related to mental illness or behaviour defect of the Insured (the diagnoses F00 to F99, according to the International Statistical Classification of Illnesses),
 - l) Costs of the psychoanalytical and psychotherapeutic care,
 - m) The performance of treatment outside medical centres, which were not done by a doctor or healthcare personnel with the relevant qualifications, or the treatment, which has not been scientifically or medically recognised,
 - n) Preventive examinations, control examinations, and medical examinations and treatments, which do not relate to an acute illness or injury,
 - o) Rehabilitation, physical and spa treatments in specialised medical institutions,
 - p) Chiropractic activities, training therapy, or the training of self-sufficiency,
 - q) Contagious sexual diseases of the HIV virus, or when the insured event was caused directly or indirectly by the attained immunity deficiency syndrome (AIDS),
 - r) Costs of the manufacturing or repairs of prostheses (orthopaedic, tooth), braces, spectacles, contact lenses, or earpieces,
 - s) Costs of cosmetic treatments.
2. The Insurer is also not liable to cover the following:
- a) When the Insurer cannot, for whatever reasons on the side of the Policy participants, or independently to their will (e.g. the Insured does not provide the Insurer for an authority to find out or examine the health situation, or to ask for reports from the treating doctors and by the medical centres, the Insured is not examined by the doctor specified by the Insurer, etc.), find out about or examine the health situation of the Insured or the causes of death of the Insured for purposes of the investigation necessary for the finding out about the scope of the Insurer's obligation to provide for the benefits,
 - b) When the Insured makes it impossible for the Insurer's doctor to contact the treating doctor.
3. Also, the Insurer is not obliged to provide for cover in other situations, which have been described in the Insurance Policy.

ARTICLE IV

Insurer's provision for benefits

1. Benefits by the Insurer have got their upper limit. The upper limit is determined by the indemnity limit.
2. The indemnity limit established on suggestion by the Policyholder in the Insurance Policy equals the limit of benefits related to one or all insured events of the Insured taking place during the insured period.

ARTICLE V

Final Provisions

1. The contractual parties can agree on the adjustment of mutual rights and obligations differently from VPP LV 2006, if VPP LV 2006 do not implicitly ban this.
2. These VPP LV 2006 become effective on 1 November 2006.

**General Insurance Terms for the Travel Insurance
– Special Part –
Injury cover VPP U 2006 valid from 1 November 2006**

ARTICLE I

Introductory Provisions

1. General Insurance Terms for Travel insurance – Special Part – Injury cover VPP U 2006 (hereinafter referred to as "VPP U 2006" only) extend the General Insurance Terms for Travel

Insurance – General Part – VPP CP 2006 (hereinafter referred to as “VPP CP 2006” only) and describe in more details the rights and obligations of participants in the injury cover.

2. The Policy concluded in accordance with these VPP U 2006 is the amount policy.
3. VPP U 2006 make an inseparable part of the Insurance Policy.

ARTICLE II

Insured risks and the scope of the cover

1. The Policy is concluded for the following cases:
 - a) Accidental death,
 - b) Permanent injury consequences,
 - c) Necessary treatment of bodily harm in the result of an accident (the daily compensation).

ARTICLE III

Exclusions

1. The Insurer is not obliged to provide for benefits based on the injury cover in the following cases:
 - a) When the insured event took place while driving a motor vehicle, vessel, or aircraft, for which the Insured did not have the proper driving licence, or which happened during flights in an aircraft the pilot of which or the aircraft did not possess the relevant official permits, and the Insured knew about that, or during flights done in breach of official regulations, or without the knowledge or the will of the aircraft owner,
 - b) When the Insured committed a suicide, or attempted a suicide, or willingly harmed his/her health,
 - c) When the insured event took place in connection with the performance of a hazardous or non insurable sport or activity described in VPP CP 2006, Article XII, paragraphs 13 and 14,
 - d) When the consequences of the insured event worsened because of the deliberate non seeking of medical care by the Insured, or the deliberate non respecting of the doctor's advice and recommendations,
 - e) When the insured event was caused by microbial toxins or immunotoxic agents,
 - f) When the insured event caused the occurrence or worsening of hernia, varicose ulcers, diabetic gangrenes, tumours of any kind and origin, the occurrence and worsening of aseptic tenosynovitis, inflammation of muscles, bursae, and epicondylitis,
 - g) Infectious diseases, even if transmitted by the injury,
 - h) When the insured event was caused directly or indirectly by the attained immunity deficiency syndrome (AIDS),
 - i) The consequences of diagnostic, treatment and prevention actions, which were not performed for the purpose of the treatment of consequences of the insured event,
 - j) When the insured event worsened, as a consequence, the existing illness, or when the insured event took place because of an illness,
 - k) The coronary thrombosis, cerebrovascular accident, or epilepsy and the consequences of the insured event, which took place because of these conditions,
 - l) When the consequences of the insured event are disc and alginic spine syndromes and slipped discs by non accidental actions and by microtrauma,
 - m) When the consequence of the insured event is a broken bone caused by the inborn bone refractiveness or by metabolic defects or by pathological or fatigue fracture or a dislocation caused by inborn defects or disorders,
 - n) When the insured event took place in the result of an inappropriate effort by the Insured.
2. The Insurer does not have to provide for benefits:
 - a) When the Insurer cannot, for whatever reasons on the side of the Policy participants, or independently to their will (e.g. the Insured does not provide the Insurer for an authority to find out or examine the health situation, or to ask for reports from the treating doctors and by the medical centres, the Insured is not examined by the doctor specified by the Insurer, etc.), find out about or examine the health situation of the Insured or the causes of death of the Insured for purposes of the investigation necessary for the finding out about the scope of the Insurer's obligation to provide for the benefits,
 - b) When the Insured makes it impossible for the Insurer's doctor to contact the treating doctor.
3. Also, the Insurer is not obliged to provide for cover in other situations, which have been described in the Insurance Policy.

ARTICLE IV

Insurer's cover/benefits

1. Benefits by the Insurer have got their upper limit. The upper limit is determined by the indemnity limit.
2. The indemnity sum equals the upper limit of benefits provided for by the Insurer and related to one or all insured events of the Insured taking place during the insured period.
3. The scope of the cover is determined in the Insurance Policy.

Cover of death as a result of an injury

4. If the Insured died as a result of an injury not later than three years from the occurrence of the injury, the Insurer pays the beneficiary the cover agreed in the Policy, concluded before the occurrence of the injury, for the case of death as a result of an injury.
5. However, when the Insured died as a consequence of the injury and the Insurer had already paid the benefit for permanent consequences of this injury, the Insurer pays only the difference between the cover of death as a result of the injury agreed on in the Policy concluded before the occurrence of the injury and the already paid cover of the permanent consequences of the injury.

Cover of permanent consequences of an injury

6. When an accident caused permanent consequences to the Insured, the Insurer pays to the Insured the percentage of the cover of permanent consequences of an injury agreed in the Policy concluded before the occurrence of the injury, which equals the percentage in the Evaluation Table B – Scope of permanent consequences after they have stabilised. When the consequences did not stabilise within three years from the day of the injury, the percentage equals the situation at the end of this period. However, the condition on the payment of the benefit is that the scope of the permanent consequences caused to the Insured by a single accident reached at least the minimum described in the Evaluation Table B and agreed on in the Policy (the limit of permanent consequences of an injury) concluded before the occurrence of the injury.
7. When the Insurer cannot provide for the benefit in accordance with the previous paragraph – because the permanent consequences of the injury are not stable after six months from the day of the injury, the Insurer is obliged to provide the Insured for an appropriate advance on the basis of a written application by the Insured, but it is the case only when the Insured proved to the Insurer with a medical report that at least a part of the permanent consequences corresponds with the minimal percentage evaluation established in the Policy concluded before the day of the injury and including the obligation of the Insurer to pay the benefit and that the consequences are of the permanent character.
8. When permanent consequences of an injury relate to a part of the body or an organ, the function of which had been decreased already before the injury, the percentage evaluation is established in accordance with the Evaluation Table B in the way that the total percentage is decreased by the number of per cent corresponding with the previous damage also established with the Evaluation Table B.
9. The level of the benefit paid for permanent consequences is determined by the Insurer on the basis of the report on the result of the medical examination of the Insured done by the doctor determined by the Insurer. He supports the assessment also with the opinion of the doctor, who provides him with professional advisory activities.
10. The Insurer organises the medical examination finding about the scope of permanent consequences of the injury at the doctor determined by the Insurer on his own expense, when, according to the report of the doctor, who treated - the Insured, supplemented, when needed, with the extract from medical records of the Insured requested by the insurer, or organised for him by the Insured from other doctors or medical centres, it implies that the scope of the permanent consequences of the injury might reach the minimal limit of permanent consequences of an injury agreed on in the Policy concluded before the day of the injury in the period of three years from the date of the injury.
11. In serious cases, in which the Insurer decides that the scope of permanent consequences of the injury cannot be determined in accordance with the provisions in paragraphs 9 and 10 in this Article, the Insurer determines the level of the benefit, according to the medical documentation of the Insured.
12. When the Insured asks for an additional control examination, he/she is obliged to cover any costs of it. When the Insurer provides for additional benefit on the basis of the control examination, he will cover the costs of this examination to the Insured. The Insurer maintains his right to determine the doctor, the medical centre respectively, which executes the examination. In the case to the contrary, the Insurer does not have to respect and accept results of the control examination.
13. The cover of permanent consequences of an injury is determined in accordance with the Evaluation Table B – at the percentage level of the indemnity sum related to permanent consequences of an injury agreed in the Policy concluded before the date of the injury determined with the percentages described for individual bodily harms. When the Evaluation Table B presents the percentage range, the Insurer determines the percentage evaluation in the way that the

percentage evaluation, within this range, corresponds with the nature and scope of the bodily harm.

14. When some bodily harm is not described in the Evaluation Table B, the Insurer is authorised to determine the benefit by himself or in coordination with the doctor determined by him. For the establishment of the benefit, he will analogically utilise values described in the Evaluation Table B for bodily harms, which are the closest in their nature to the subject bodily harms.
15. When a single injury causes several permanent consequences of different kinds to the Insured, the total injury consequences of the accident are evaluated with the sum of percentage evaluations of individual consequences. However, when the permanent consequences relate to the identical limb, organ, or their parts, they are assessed as a unit up to the percentage established in the Evaluation Table B for the anatomical or functional loss of the relevant limb, organ, or their part.
16. The Insurer is obliged to cover permanent consequences of an injury caused by a single accident the benefit at the level of maximum 100% of the cover agreed on permanent consequences of an injury in the Policy concluded before the occurrence of the injury.
17. When a limit has been established in the Policy concluded before the occurrence of the injury on permanent consequences of an injury, the Insurer provides for the benefit related to the permanent consequences of an injury in accordance with provisions in this Article only in the situation that their scope, according to the Evaluation Table B, reached, after their stabilisation, at least the limit for the permanent bodily harm concluded in the Insurance Policy.

Cover of the necessary treatment period

18. The Insured gets the right for the benefit for the period of a necessary treatment of a bodily harm in consequence of an injury (the daily compensation), when he/she suffered an injury and the period of the necessary treatment, supported by a medical certificate, reaches at least the limit for the daily compensation agreed in the Policy concluded before the occurrence of the injury. In the case of bodily harm, where the Evaluation Table A indicates "not covered", the Insurer is not obliged to provide for the benefit of the daily compensation, even if the condition was fulfilled.
19. The Insurer pays to the Insured the daily compensation for the period, which is determined from the day of the given limit for the cover of the daily compensation agreed in the Policy concluded before the occurrence of the injury to the end of the necessary treatment documented by a medical certificate. However, this applies only when the period does not exceed the number of days established for individual bodily harms in the Evaluation Table A. The Insurer is not obliged to provide for the benefit for the days exceeding the total period of the necessary treatment of a bodily harm caused by an injury.
20. When the necessary treatment of the bodily harm caused by an injury takes place with the incapacity to work and the Insured is authorised to get sick allowance, he/she utilises it and, according to regulations of the social security, he/she gets issued a document on his/her incapacity to work (hereinafter referred to as the "incapacity to work" only) and the length of this incapacity to work exceeds the number of days established for individual bodily harms in the Evaluation Table A, the Insurer is obliged to pay the daily compensation for the period determined from the day given by the limit of the daily compensation agreed on in the Policy before the occurrence of the injury to the end of the incapacity to work, but only when it does not exceed the number of days determined for individual bodily harms in the Evaluation Table A by more than 20%. The Insurer is not obliged to pay for the days exceeding the limit for the total period of incapacity to work extended by 20%.
21. The Insurer is not obliged to provide for the benefit for the period of the necessary treatment of a bodily harm caused by an injury, when the period exceeds 365 days from the time of the occurrence of the injury.
22. When the Insured suffers just of another injury during the period of necessary treatment of a bodily harm caused by an injury covered by the daily compensation paid by the Insurer, the maximal number of days covered by the Insurer is established as the sum of days presented in the Evaluation Table A for both bodily harms. The period, during which the treatment of both injuries overlaps, is counted only once.
23. When consequences of an injury are treated in parallel to an illness, which did not occur as a result of the injury, the Insurer pays the compensation up to the number of days presented for individual bodily harms in the Evaluation Table A.
24. When the Insured suffers of several bodily harms during a single injury case, the number of days covered by the Insurer's compensation is determined in accordance with the bodily harm, which has got the highest number of days assigned in the Evaluation Table A.
25. When any bodily harm is not included in the Evaluation Table A, the Insurer is authorised to determine the benefit by himself or in coordination with the doctor determined by him. For the

establishment of the benefit, he will analogically utilise values described in the Evaluation Table A for bodily harms, which are the closest in their nature to the subject bodily harms.

26. The level of the daily compensation is determined by multiplying the number of days established in accordance with the principles described in this Article by the amount of the daily compensation agreed in the Policy.

ARTICLE V Final Provisions

1. The contractual parties can agree on the adjustment of mutual rights and obligations differently from VPP U 2006, unless VPP U 2006 do not implicitly ban this.
2. These VPP U 2006 become effective from 1 November 2006.

General Insurance Terms for Travel Insurance
– Special Part –
Third Party Insurance VPP ODC 2006 valid from 1 November 2006

ARTICLE I

Introductory Provisions

1. General Insurance Terms for Travel Insurance – Special Part – Third Party Insurance VPP ODC 2006 (hereinafter referred to as “VPP ODC 2006” only) – extend the General Insurance Terms for Travel Insurance – General Part – VPP CP 2006 (hereinafter referred to as “VPP CP 2006” only) and describe in more details the rights and obligations of participants in the Third Party Insurance.
2. The insurance concluded in accordance with these VPP ODC 2006 is the unvalued insurance.
3. VPP ODC 2006 make an inseparable part of the Insurance Policy.

ARTICLE II

Insured risks and the scope of the cover

1. The cover is concluded for the cases of third party damage caused by the Insured, according to legal regulations, during his/her travels because of his/her activities, or in normal life:
 - a) On health or killing,
 - b) On an item by its damaging, destruction, or loss.
2. The Policy covers also the costs of medical treatment incurred by the Health Insurance Company in relation to the medical care after a third party, when this claim to cover these costs occurred in accordance with generally binding legal regulations in the result of activities by the Insured and when the responsibility for health harm, to which the costs relate, creates the right for the benefits agreed in accordance with these VPP ODC 2006.

ARTICLE III

Insured event

1. An insured event is defined with the following factual, time and local limits.
2. The factual limits of an insured event: An insured event means an occurrence of the legal right for the Insurer's obligation to cover for damages, for which the Insured is legally responsible, according to generally binding legal regulations, and the Insurer must cover the damage under the prerequisite that the obligation to provide for the indemnity has occurred for him.
3. The time limits for an insured event: The moment of the occurrence of an insured event is, for the indemnity concluded in accordance with these VPP ODC 2006, the day on which occurred the damage, for which the Insured is responsible, according to generally binding legal regulations, and which he/she must pay for. The level of the cover is limited by the limit of the indemnity, which is valid and effective at the time of the damage occurrence.
4. The local limits for an insured event: The place of the occurrence of an insured event is the place, where the damage occurred, not the place, where was the cause of the damage occurrence.
5. The condition on the establishment of the right for the indemnity is that the damage occurrence took place within the duration of the insurance concluded with the Insurer.
6. When the right of the injured party against the Insured is disputable and subject to the decision by the authorised body, the investigations by the Insurer are necessary for the finding about the scope of his obligation to cover, but that finishes on the day, on which the Insurer learns in a verifiable way that the decision by the authorised body has become legally valid.
7. The Insurance Policy allows also for the agreement on other prerequisites on the occurrence of the indemnity right.

ARTICLE IV

Exclusions

1. The Policy does not cover responsibilities for damages caused by:
 - a) The taking over responsibilities above the framework established by legal regulations, the non performance of the obligations to prevent the damage and to prevent the further spread of the occurring damages,
 - b) The use of a vehicle, when the right for the coverage occurred on the basis of the third party insurance related to the use of the vehicle,
 - c) Activities, for which a legal regulation creates the obligation to enter the relevant insurance (the obligatory insurance),
 - d) The settling down or sliding soil, erosion, because of the undermining, or an industrial blast,
 - e) The nuclear energy, radiation of any kind, or the radioactive contamination,

- f) Effects of heat, gases, vapours, humidity, fly ash, smoke, waste of all kinds, and the contamination of water, minerals, soil, air, flora, or fauna, tangible and intangible items, other damages on the environment, and other damages in causality with the contaminated environment; The Insurer also does not cover any costs connected with the cleaning or decontamination,
 - g) On items, which have not been in the ownership of the Insured, but which the Insured handled, not according to a law, as if they were his/her own,
 - h) On items, which have not been in the ownership of the Insured, but were lent to him/her, or he/she used them because of a different legal reason,
 - i) Work related injury of a job related illness,
 - j) Formaldehyde, asbestos, glass wool, toxic moulds,
 - k) During professional sport or any other organised sport activity, including the preparation for these activities,
 - l) Transfer of the HIV virus,
 - m) Performance of services on the Internet,
 - n) Destruction, damage or missing records on sound, image, and data carriers,
 - o) Delay in the performance of contractual obligations,
 - p) Spread of an infectious disease of humans, animals, or plants,
 - q) In connection with the ownership, possession or use of weapons,
 - r) On transported items, when it comes to the responsibility resulting from shipping and forwarding contracts,
 - s) On items, which have been taken over by the Insured for the purpose of performance of ordered activities,
 - t) Defamation of character, gossip or unauthorised provision or breach of patent rights, copyrights, or the rights for trademarks, samples or commercial names,
 - u) Other way than on health of killing or on an item by its damage, destruction, or missing (i.e. the financial loss).
2. The cover does not relate to responsibilities for damage, which is the responsibility towards:
 - a) The spouse, sister or brother, relatives in direct line, and persons, who live with the Insured in one household,
 - b) Partners (members of bodies) or their spouses, sisters and brothers, and relatives in direct line, or persons, who live with a partner (a member of the body) in one household.
 3. The cover does not provide for indemnity in the case of any compensation of damages imposed by a court of the United States of America or Canada, or in the case of any damage compensation assigned on the basis of the jurisdiction of the United States of America or Canada, unless the Policy does not state otherwise.
 4. The Policy can include the agreement that the cover does not relate to responsibilities for damages caused in some other way than described in the previous paragraphs within this Article.

ARTICLE V

Obligations of the Insured

1. In addition to obligations described in VPP CP 2006, the Insured is also obliged:
 - a) To report to the Insurer without any unnecessary delay the occurrence of any insured event and to report that the injured party has enforced against the Insured the right for damage compensation. The Insured must comment on his/her responsibility for the damage, on the requested compensation, and on its level,
 - b) To report in writing to the Insurer without any unnecessary delay that there were proceedings started against him/her by a state authority or within arbitration proceedings. He/she must report the name of his/her legal representative and the Insure must inform the Insurer about results of this proceeding,
 - c) To report in writing to the Insurer without any unnecessary delay that the injured party enforces his/her right for the damage compensation at the relevant authority,
 - d) In the case of the damage compensation within an insured event, the Insured must undertake steps in accordance with the Insurer's instructions. Especially, the Insured must not undertake to cover statute-barred claims without the consent of the Insurer and he/she must not agree on the court settlement without the consent of the Insurer. The Insured is obliged to appeal in time against any decision of the relevant authorities related to the cover of damages, unless a different procedure was agreed with the Insurer within the appeal period.

ARTICLE VI

Indemnity by the Insurer

1. The indemnity related to a single insured event (including the costs described in Article VII in these Insurance Terms, or any other costs described in the Policy) must not exceed the indemnity limit established in the Insurance Policy. This applies also for the sum of all benefits related to a serial insured event. The Insured participates in the cover of serial insured events only once, with disregard to the number of insured events in the series.
2. The sum of benefits paid in relation to insured events occurring during the insured period must not exceed, in the case of one Insured, the indemnity limit established in the Policy, unless the Insurance Policy states otherwise.
3. The Insurer pays damage compensation to the injured party. However, the injured party does not have the right for the compensation from the Insurer, unless a special legal regulation or the Policy state otherwise. When the Insured compensates the damages, for which he/she is responsible, directly to the injured party, he/she can claim the amount with the Insurer up to the level, at which the Insurer would pay the compensation to the injured party.
4. When determining the level of damage related to items, the Insurer uses the value of the item at the time of its damage.

ARTICLE VII

Special cases of cover

1. When the Insured followed instructions of the Insurer during the proceedings related to the compensation for damage, the costs of these proceedings incurred by the Insured will be covered by the Insurer.

ARTICLE VIII

Final Provisions

1. The contractual parties can agree on the adjustment of mutual rights and obligations differently from VPP ODC 2006, unless VPP ODC 2006 do not implicitly ban this.
2. These VPP ODC 2006 become effective on 1 November 2006.

General Insurance Terms for Travel Insurance
– Special Part –
Baggage Insurance VPP ZAV 2006 valid from 1 November 2006

ARTICLE I

Introductory Provisions

1. General Insurance Terms for Travel Insurance – Special Part – Baggage Insurance VPP ZAV 2006 (hereinafter referred to as “VPP ZAV 2006” only) – extend the General Insurance Terms for Travel Insurance – General Part – VPP CP 2006 (hereinafter referred to as “VPP CP 2006” only) – and describe in more details the rights and obligations of participants in the Baggage Insurance.
2. The insurance concluded in accordance with these VPP ZAV 2006 is the unvalued insurance.
3. VPP ZAV 2006 make an inseparable part of the Insurance Policy.

ARTICLE II

Insurance risks and the scope of the cover

1. This insurance is concluded for sudden damage or destruction of the insured subject by an accident caused by the insurance risk:
 - a) Fire,
 - b) Explosion,
 - c) Lightning,
 - d) Impact or a fall of a piloted aircraft, its parts or load,
 - e) Storm,
 - f) Hailstorm,
 - g) Settling down of soil, falling rocks or soil, unless it happened in connection with industrial or construction traffic,
 - h) Avalanche,
 - i) Falling trees, posts, or some other items, when they do not make a part of the damaged or destroyed subject of insurance,
 - j) Earthquake,
 - k) Impact of a vehicle, smoke, a supersonic wave (the sonic boom),
 - l) Flooding or floods,
 - m) Accident of transport equipment,
 - n) Theft of the insured item during burglary,
 - o) Theft of the insured item during a hold-up.
2. When an insured event is caused by the insurance risk listed in the paragraph 1, letter n), the Insurer provides for cover only when the insured items were in a locked space or in the luggage compartment of a transport vehicle during the occurrence of the insured event.

ARTICLE III

Subject of the insurance

1. The subjects of insurance are the tangible items for the usual personal use during travels within the ownership of the Insured, which the Insured took with him/her, or which he/she verifiably purchased during his/her travels.
2. Subjects of insurance are not:
 - a) Motor vehicles, trailers, motorcycles, motorbikes, aircrafts, hang-glidings, and motor-driven vessels, including their accessories,
 - b) Documents, credit and other magnetic cards, tickets, air-tickets, money, cheques, securities, duty stamps, vouchers, and passports,
 - c) Valuables,
 - d) Items of the artistic value, items of the historical value, collectables, and antiques,
 - e) Data carriers (e.g. films, video cassettes, CDs, diskettes) and record saved on them,
 - f) Items serving for the performance of professions or profit-making activities,
 - g) Prostheses of all kinds and other healthcare instruments,
 - h) Animals.

ARTICLE IV

Exclusions

1. The cover does not relate to damage caused by:
 - a) Atmospheric precipitations, humidity, fungi or moulds, rain water from drainpipes and troughs, and washing water,

- b) Penetration of underground water or by rising liquids from sewerage or waste water pipes, with the exception of cases, when the damage was caused in causal connection with the insurance risk of flooding or floods,
- c) Scorching occurring in other ways than fire, an explosion, or lightening,
- d) Exposure of the item to usable flame or heat,
- e) Penetration of rain, hail, snow or contaminants through not properly closed windows, doors, or other openings, unless these openings occurred because of the insured event,
- f) Nuclear energy, radiation of any kind and radioactive contamination, or wear,
- g) Theft of the item from a tent,
- h) During the air transport.

ARTICLE V

Indemnity by the Insurer

1. Benefits by the Insurer have got their upper limit. The upper limit is determined by the indemnity limit.
2. The indemnity limit established on suggestion by the Policyholder in the Insurance Policy equals the limit of benefits related to one or all insured events of the Insured taking place during the insured period.
3. When the insured item was destroyed, got stolen, or was damaged, the entitled person has the right to get from the Insurer the following, unless it is not agreed further otherwise:
 - a) In the case of destruction or theft – the sum corresponding with the appropriate costs of new acquisition of the insured item,
 - b) In the case of damage – the sum equal to the appropriate costs of repairs of the insured item. The Insurer pays the lower of these sums further lowered by the value of any remains.
4. The Insurer provides for the cover at the maximal level of the in time value of the insured item, when the Insured does not prove his/her ownership of the insured item by producing the acquisition document.

ARTICLE VI

Final Provisions

1. The contractual parties can agree on the adjustment of mutual rights and obligations differently from VPP ZAV 2006, unless VPP ZAV 2006 do not implicitly ban this.
2. These VPP ZAV 2006 become effective on 1 November 2006.

**Additional Insurance Terms for the insurance of the assistance services
– DPP AS 2006 (valid from 1 November 2006)**

ARTICLE I

Introductory Provisions

1. The Additional Insurance Terms for the insurance of the assistance services – DPP AS 2006 (hereinafter referred to as “DPP AS 2006” only) – extend the General Insurance Terms for Travel Insurance – General Part – VPP CP 2006 (hereinafter referred to as “VPP CP 2006” only) – and describe in more details the rights and obligations of participants in the Insurance of assistance services.
2. The insurance concluded in accordance with these DPP AS 2006 is the unvalued insurance.
3. DPP AS 2006 make an inseparable part of the Insurance Policy.

ARTICLE II

Conclusion of the insurance

1. This insurance is concluded under the condition that the concluded Insurance Policy includes the cover of medical expenses with the minimal indemnity limit of CZK 2 500 000.

ARTICLE III

Insurance risks and the scope of the cover

The insurance is concluded within the following scope:

1. **Medical information** – the information about the general level of the medical care abroad, when compared with the Czech Republic, the necessity of inoculation, when going to the country of destination, addresses of immunologic facilities in the Czech Republic and in the country of destination, the occurrence of epidemics in the country of destination, the not recommended foreign medical facilities in the country of destination, and specific health risks in the questioned localities.
2. **Tourism information** – the information about the currency exchange rates, local places of the cultural interest, tourism specialities in the country of destination, restaurants and catering facilities, the level of general security in the country of destination, the risks connected with the performance of work in the country of destination, the risks connected with hazardous sport activities, the risks connected with war conflicts in the country of destination, advice for travels in not inhabited areas, and contacts to service providers in the country of destination.
3. **Administration-legal information** – the information about documents necessary for the entry to the country of destination, representation offices and consulates, visa and invitation requirements for the country of destination, the financial amount necessary for the entry into the country of destination, the appealing against the entry refusal into the country of destination, advice how to prevent the refusal of the entry into the country of destination, and procedures when organising visa and other document applications.
4. **Emergency aid over the phone** – the advice and information about solutions of emergency situations, Police controls, the expulsion, negotiations with the administration, the finding of a lawyer, and reporting of an insured event to the Insurer.
5. **Interpreting and translations** – the interpreting over the phone when dealing with the Police, the organisation of interpreting during customs procedures at border crossings, during negotiations with the administration or medical facility, over-the-phone interpreting and advice when filling in documents, and the organisation of an interpreter for Police investigations or for court proceedings.
6. **Assistance in connection with work stays** – the information about the rights and obligations in the country of stay, the procedure when the passport was withheld, the procedures and risks of an expulsion, the possibilities within the defence against an expulsion, the procedures necessary for stay extensions, addresses, telephone numbers, working hours of the relevant authorities, the organising of supplies of the relevant forms and applications, and the help with the filling in of forms and applications.
7. **Relations with the local Police authorities** – the information about the procedure, when documents were lost or stolen, and in the case of a hold-up, accident declarations (the help with the filling in of the protocol), the services of a legal representative, the organising of the receiving of protocol (when it was prepared, but not presented), the return of in abroad withheld documents, and the organisation of witnesses and their testimonies.
8. **Relation with the representation offices abroad** – the organisation of reports to consulates (the loss of a passport, work permit, detention), organising of visits by the consulate representative after an accident or in detention.
9. **Premature return** – when there is:

- a) A serious family event (the death of a family member),
- b) The impossibility of returning back to the Czech Republic caused by the travel agency or the transport company,
- c) Unforeseeable circumstances like: burglary into an apartment or a natural disaster (e.g. a fire, flooding, floods, and an explosion) confirmed by the relevant state administration authorities or the local self-government and of the scope, which could endanger assets of the Insured.

10. Late flight

- a) When the departure of the Insured by a confirmed registered international flight is late, when compared with the flight schedule, by more than 4 hours and less than 8 hours, the Insurer organises for the Insured: The entry into the restroom at the airport, the preparation of a replacement flight plan, changes in air-tickets' bookings, possible overland replacement travel, transfer of messages about the possible lateness of the Insured to his/her family members or commercial partners,
- b) When the departure of the Insured by a confirmed registered international flight is late, when compared with the flight schedule, by more than 8 hours, the Insurer organises for the Insured: The entry into the restroom at the airport, the preparation of a replacement flight plan, changes in air-tickets' bookings, possible overland travel, transfer of messages about the possible lateness of the Insured to his/her family members or commercial partners, the one-time transfer of cash deposit to the Insured for the purpose of coverage of personal needs.

11. Lost documents – When documents have been lost, the Insurer organises the issuance of replacement documents for a vehicle, the driving licence, or passport.

12. Sending of a family member to the hospital – In the case of urgent hospitalisation of the Insured, lasting longer than 10 days, the Insurer organises the sending of one family member to the hospital.

ARTICLE IV

Indemnity by the Insurer, the upper indemnity limit

1. The indemnity by the Insurer is limited with the upper limit. The upper limit is determined in accordance with the indemnity limit.
2. The indemnity limit established on the suggestion of the Policyholder in the Policy is the indemnity limit for one Insured and for one and all insured events occurring during the insured period.
3. The cover within the scope of indemnity described in Article III, provisions 1 to 8, means the free of charge provision of information and organisation of the described services.
4. In the case of a premature return, because of a serious family event (the death of a relative in direct line) or impossibility of the return caused by the travel agency or the transport company, the Insurer provides for the coverage of costs of the return air-ticket in the economy class, bus tickets, train tickets in the 2nd class, up to the maximal limit of CZK 50 000 per Insured to the place of his/her address in the Czech Republic. In the case of a premature return because of other important reasons (e.g. the burglary into the apartment, a fire, flooding, floods, an explosion, etc.), the Insurer provides for the coverage in the form of the organisation of transport of one Insured to the place of his/her permanent address in the Czech Republic.
5. When the departure of the Insured by the confirmed registered international flight is late, when compared with the information in the flight schedule by more than 8 hours, the Insurer provides for the following cover:
 - a) Costs of a replacement accommodation until the time of the replacement flight, up to the maximum of EUR 180,
 - b) Two-way transport of the Insured to the place of the replacement accommodation, up to the maximum of EUR 50.
6. In the case of a lost travel document, the Insurer pays the benefit covering the costs connected with the issuance of a replacement travel document up to the max. limit of CZK 4 000 and organises its delivery to the place of stay of the Insured. In the case of the lost vehicle documents or the driving licence, the Insurer provides for the cover in the form of organisation of help with the receiving of replacement documents and their delivery to the place of stay of the Insured.
7. In the case of sending of a family member to the hospital, the Insurer provides for the cover of costs connected with the travelling there and back (the return air-ticket in the economy class, the bus tickets, the train ticket for the 2nd class travel) up to the maximum of CZK 100 000 and the accommodation in the place of hospitalisation up to the maximum of 5 days/EUR 60/day.
8. In the case of a premature return, the Insurer will not provide for benefits, when the Insured organised his/her air-ticket or ticket by himself/herself without the knowledge and consent of the Insurer.
9. In the case of a late flight, the Insurer will not provide for benefits, when:

- a) The Insured did not properly register himself/herself at the entry counter in the airport, unless that was impossible because of a strike or operating reasons,
 - b) The lateness was caused by a strike or operating reasons existing or announced before on the day or before the day of the registration,
 - c) The lateness was caused by a cancellation of the flight because of an order by the office of civil aviation or a similar authority in any country,
 - d) The Insured decided on the cancellation of the journey before his/her departure,
 - e) The Insured organised his/her accommodation by himself/herself without the knowledge and consent of the Insurer,
 - f) The Insured organised the two-way transport to the place of accommodation by himself/herself without the knowledge and consent of the Insurer.
10. The Insurer will not cover the sending of a family member to the hospital in the following cases:
- a) When the family member or some other person organised the air-ticket or the ticket by himself/herself without the knowledge and consent of the Insurer,
 - b) When the family member or some other person organised the accommodation by himself/herself without the knowledge and consent of the Insurer.

ARTICLE V

Final Provisions

1. The contractual parties can agree on the adjustment of mutual rights and obligations differently from DPP AS 2006, unless DPP AS 2006 do not implicitly ban this.
2. These DPP AS 2006 become effective on 1 November 2006.

Please, separate in here and send it together with the copy of Page 1

REPORT ON THE INSURED EVENT		Policy No.: 7100000167	
Name and Surname:	DOB Reg. No.:	Citizenship:	Phone number:
Address: Post code:	Date of departure: Date of return :	Organiser of the journey (the travel agency, the company, individually):	
Description of the occurrence of the insured event:*)	Send the benefit to : <input type="checkbox"/> Account No .:/..... <input type="checkbox"/> Address:	Mark the activities related to your insured event : <input type="checkbox"/> Transport <input type="checkbox"/> Treatment <input type="checkbox"/> Medicines <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Injury <input type="checkbox"/> Responsibility for damages <input type="checkbox"/> Call of a minder <input type="checkbox"/> Repatriation <input type="checkbox"/> Luggage <input type="checkbox"/> Other*)	
Date of the insured event:	The place of the occurrence of the insured event:		Country :
How did the payment take place: <input type="checkbox"/> cash <input type="checkbox"/> foreign partner was contacted <input type="checkbox"/> not paid	The currency, in which the payment took place:	I can present originals of the documents providing the damage <input type="checkbox"/> Yes <input type="checkbox"/> No	

I declare that all my answers of the written questions by the insurer presented on this form are true and full. I am aware of consequences of false answers with regard to the obligation of the Insurer to provide for benefits. I agree, according to the Protection of Private Data Act No. 101/2000 Coll. as amended (hereinafter referred to as the "Act" only), that my private data, including the information about my health status (the information about the health status related to the underage person, of whom I am the legal representative respectively), can be processed by the Insurer within the insurance activities and activities related to the insurance in accordance with the Insurance Act No. 363/1999 Coll. as amended. I agree with this for the period necessary for the performance of rights and obligations resulting from the contractual relation. I declare that I have been properly informed, in accordance with the Act, about the processing of my personal data (the data related to the underage person respectively), about my rights and about the obligations of the parties processing my data. All provided information will be processed by the Insurer or the processing party registered in accordance with § 16 in the Act with the Office for the Protection of Private Data. I enable the relevant administration of the social security to provide the Insurer for information. I also enable the Insurer to ask for any information and necessary medical documentation, related to my health status (the health status of the underage person respectively) for the purpose of investigation of an insured event and I undertake to organise this medical documentation, when the Insurer will need it. I enable the doctors, institutes and medical centres to prepare medical reports and extracts from the medical documentation required by the Insurer or to lend it to him. I herein indemnify the doctors, institutes and medical centres, which are asked for the described information by the Insurer. I exempt them from the confidentiality duty.

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Signature

Date of sending

*) Fill in on a separate page, when needed

Vyplní lékař! • Ausgefüllt vom Arzt! • Physician should fill in! • Remplire par médecin!

ATESTATIO MEDICI (Litteris versalibus)

Nomen aegroti		natus
Diagnosis		
Therapia		
Hospitalisatio in usque ad diem	a die	usque ad diem
Aegrotus domo in lectu affixus	a die	usque ad diem
Die	Sigillum, nomen medici	