

Imagine you are safe to travel.

**General Terms and
Conditions of Insurance**

Supertravel travel insurance



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GTCI FORM

Information prepared in accordance with Article 17 (1) of the Act of 11 September 2015 on Insurance and Reinsurance Activity (ustawa z dnia 11 września 2015 r. o działalności ubezpieczeniowej i reasekuracyjnej).

Type of information	The provisions of the GTCI where you will find this information
Conditions for payment of indemnity and other benefits or the surrender value	Insurance clause for medical expenses and immediate assistance: § 2, § 3, § 4, § 5, § 6 Personal accident insurance clause: § 1, § 4 Luggage insurance clause: § 2 Insurance clause for delay in delivery of luggage: § 1 Flight delay insurance clause: § 1 Private Liability Insurance clause: § 1 Sports liability insurance clause: § 1 “Winter Package” clause: § 1 Rental vehicle deductible insurance clause: § 2 Sports equipment insurance clause: § 2 Insurance clause for medical expenses in Poland: § 2 Insurance clause for costs of rehabilitation in Poland: § 2 Insurance clause for hospital stay in Poland: § 1 Taking into account the definitions contained in Appendix No. 1 – Definitions Subject to the limits contained in Appendix No. 2 – Table of insurance options

Type of information	The provisions of the GTCI where you will find this information
Limitations and exclusions of insurer's liability entitling it to refuse to pay indemnity or other benefits or to reduce them	<p>GTCI: § 17, § 18, § 24 (4)</p> <p>Insurance clause for medical expenses and immediate assistance: § 7, § 8 (3)</p> <p>Personal accident insurance clause: § 2</p> <p>Luggage insurance clause: § 3, § 4 (3), § 5</p> <p>Luggage delay insurance clause: § 2</p> <p>Flight delay insurance clause: § 2</p> <p>Private Liability insurance clause: § 2, § 3, § 4 (5)</p> <p>Sports liability insurance clause: § 2, § 3, § 4 (5)</p> <p>"Winter Package" clause: § 1</p> <p>Rental vehicle deductible insurance clause: § 3</p> <p>Sports equipment insurance clause: § 3, § 4 (3); § 5</p> <p>Insurance clause for medical expenses in Poland: § 3</p> <p>Insurance clause for costs of rehabilitation in Poland: § 3</p> <p>Insurance clause for hospital stay in Poland: § 2</p> <p>Subject to the limits contained in Appendix No. 2 – Table of insurance options</p>

CHAPTER I

General Provisions

§ 1

1. These General Terms and Conditions of Supertravel Travel Insurance, hereinafter referred to as GTCI, shall apply to insurance contracts concluded between UNIQA Towarzystwo Ubezpieczeń S.A., hereinafter referred to as the Insurance Company, and natural persons, legal entities or unincorporated entities, but having legal capacity, with respect to travel insurance covering travel risks outside the territory of Poland.
2. With the consent of the Parties, provisions additional to or different from those contained in the GTCI may be introduced into the insurance contract. The introduction of such provisions, as well as amendments to the insurance contract, requires written form.

§ 2

1. The provisions of the GTCI apply to all risks that the insurance contract may cover.
2. The various types of insurance that may be covered by the insurance contract are regulated in the Clauses to the GTCI.
3. The appendices to the GTCI, which are an integral part thereof, are:
 - 1) Definitions of certain terms used in the GTCI and Clauses – Appendix No. 1;
 - 2) Table of insurance options – Appendix No. 2;
 - 3) Clauses for individual insurance – Appendix No. 3;
 - 4) List of sports activities by category – Appendix No. 4.

CHAPTER II

Subject matter and insurance options

§ 3

1. The insurance contract may include insurance of:
 - 1) medical expenses and immediate assistance;
 - 2) accidents;
 - 3) luggage;
 - 4) delayed delivery of luggage;
 - 5) flight delays;
 - 6) civil liability in private life;
 - 7) civil liability related to sports activities and sports equipment;
 - 8) winter sports risks – “Winter Package”;
 - 9) deductible on a rented vehicle (except for insurance variants: group and unnamed group);
 - 10) medical expenses in Poland;
 - 11) rehabilitation costs in Poland;
 - 12) hospital stay in Poland.
2. The subject matter and scope of the individual insurance, the Insurance Company’s benefits and exclusions of its liability, as well as the rules of conduct in the event of an insurance event are described in the Clauses attached as Appendix No. 3 to the GTCI.
3. The subject and scope of a given insurance contract is indicated in the insurance policy.

§ 4

1. The insurance contract can be concluded in Basic, Extended, Optimal or Maximum variants, differing in the scope of insurance, the sums insured and guaranteed and their sub-limits.
2. The scope of insurance, the amount of sums insured and guaranteed and their sub-limits in individual insurance variants are indicated in the Table of insurance options, attached as Appendix No. 2 to the GTCI.
3. The table of sports and sports activities is attached as Appendix No. 4 to the GTCI.
4. The variant of the insurance contract in question is indicated in the insurance policy.

§ 5

1. Insurance coverage is provided only for events that occurred within the territorial scope of insurance.

2. The territorial scope of a given insurance contract is indicated in the insurance policy.

CHAPTER III

Conclusion and termination of the insurance contract

§ 6

1. The insurance contract may be concluded in the form of:
 - 1) individual named policy for any period not exceeding 12 months;
 - 2) individual named policy for a period of 6 or 12 months – for all trips of the Insured Party during the term of the insurance contract, regardless of their number, provided that each trip does not last longer than 90 days;
 - 3) named group policy (for at least 11 people);
 - 4) unnamed group policy (with at least 100 person-days); the number of person-days means the product of the number of days of coverage and the number of people traveling abroad.
2. The conclusion of an insurance contract in one of the forms listed above depends on how the Insurance Company distributes the insurance. The form of conclusion of the insurance contract is decided by the Insurance Company at the request of the Policyholder.
3. The contract in named group form covers the Insured Parties with equal insurance coverage, using the same premium and sums insured and sum assured and their sub-limits.
4. The insurance contract in the form of unnamed group (with a limit of person-days) is concluded for a maximum period of 1 year and can be concluded for no less than 100 person-days.
5. The application for insurance in the form of unnamed group should include:
 - 1) name or company name and address of the Policyholder;
 - 2) duration of the insurance contract;
 - 3) insurance option;
 - 4) insurance coverage, including additional risks;
 - 5) number of person-days of coverage during the term of the insurance contract;
 - 6) registration numbers of vehicles used for business (for the purpose of confirming insurance coverage);
 - 7) application of persons for insurance (sample notification is attached as Appendix No. 5 to the GTCI).
6. In the case of insurance concluded in the form of an unnamed group, the application of persons for insurance, unless otherwise agreed, should be delivered to UNIQA no later than on the day of departure of the Insured Parties. The application must be delivered to the Insurance Company through the online application provided by the Insurance Company, or in case of application failure – by courier service.

§ 7

The insurance contract cannot be concluded for the account of persons who were over 70 years of age at the time of conclusion of the contract and are traveling to the US, Canada or Australia.

§ 8

The insurance contract is concluded for a period of not less than 1 day and not more than 12 months.

§ 9

1. The insurance contract is concluded on the basis of the Policyholder’s application. The conclusion of the contract occurs after the Insurance Company approves the application.
2. The insurance contract is concluded upon payment of the insurance premium. If the premium is not paid, the insurance coverage will not begin.
3. The conclusion of an insurance contract shall be confirmed by the Insurance Company with an insurance document called an insurance policy.

§ 10

1. In the case of conclusion of an insurance contract for the account of a third party, the Policyholder shall notify the Insured Party of his rights and obligations under the insurance contract, and the Insured Party may request the Insurance Company to provide him

with information about the provisions of the insurance contract insofar as they relate to his rights and obligations.

2. The Insurance Company may raise allegations affecting its liability against the Insured Party as well, but a claim for payment of premium is available only against the Policyholder.

§ 11

1. If the insurance contract is concluded for a period longer than 6 months, the Policyholder shall have the right to withdraw from the insurance contract within 30 days, and if the Policyholder is an entrepreneur – within 7 days from the day of conclusion of the contract. Where the Company has failed to inform the Policyholder who is a consumer at the latest at the time of conclusion of the contract about the right to withdraw therefrom, the 30-day time-limit shall run from the date on which the Policyholder who is a consumer became aware of this right.
2. In the event of withdrawal from the insurance contract, the contract shall terminate on the date of receipt by the Insurance Company of the Policyholder's written statement to this effect.
3. In the case of an insurance contract concluded for the account of a third party, the Insured may resign from coverage at any time by submitting a written statement to the Company or the Policyholder.
4. Termination of the insurance contract does not relieve the Policyholder from the obligation to pay the insurance premium for the period during which the Insurance Company provided coverage.
5. The Policyholder is entitled to a refund of the insurance premium for the period of unused coverage. Reimbursement shall be made in PLN.

CHAPTER IV

Insurance Period

§ 12

1. The insurance period is indicated in the insurance policy.
2. Insurance coverage for the named form referred to in § 6 (1) (2) applies during all trips of the Insured Party during the term of the insurance contract, regardless of their number, provided that each trip does not last longer than 90 days. For trips of more than 90 days, coverage applies for the first 90 days.
3. Extension of the insurance period requires the conclusion of a new insurance contract, except as provided in paragraph 4. In case of renewal of the insurance period of the Insured Party residing outside Poland or in the country of residence before the end of its term, the grace period referred to in § 13 (3) shall not apply.
4. If the Insured Party's return to Poland or the country of residence is delayed due to the below-mentioned fortuitous reasons beyond the control of the Insured Party, the insurance coverage is automatically extended until the Insured Party's possible return to Poland or the country of residence, but no longer than 72 hours, without the obligation to pay an additional premium:
 - 1) failure of the means of transportation;
 - 2) fortuitous event: fire, hurricane, flood, driving rain, hail, avalanche, direct lightning strike, earthquake, collapse or landslide, explosion or fall of an air vehicle;
 - 3) rescue operation conducted in connection with the events described in point 2);
 - 4) cancellation or delay of public transportation due to bad weather conditions;
 - 5) accident in land, water or air communication.

§ 13

1. The insurance coverage only covers events that occurred during the time the Insurance Company provided coverage.
2. Subject to paragraph 3, the Insurance Company's liability shall commence and end in accordance with the rules set forth in paragraphs 1) and 2):
 - 1) insurance for medical expenses and immediate assistance, third party liability in private life, sports liability, sports equipment, Winter Package, deductible in a rented vehicle, luggage, delay in delivery of luggage, flight delay – begins from the moment the Insured Party crosses the border of Poland or the country of residence, and ends at the moment the Insured Party crosses

the border of Poland or the country of residence, but no later than 11:59 p.m. on the day indicated as the end of insurance coverage;

- 2) insurance for accidents, medical expenses in Poland, rehabilitation expenses in Poland and hospital stay in Poland – begins at the time the Insured Party leaves his/her place of residence in Poland or country of residence to travel abroad, and ends at the time the Insured Party returns to his/her place of residence in Poland or country of residence, but no later than 11:59 p.m. on the day indicated as the date of termination of coverage.
3. The Insurance Company's liability shall commence 3 hours after the payment of the insurance premium, but not earlier than the date and time indicated in the policy as the beginning of insurance coverage, unless the person for whose account the insurance contract is concluded is abroad. In the event that the insurance contract concluded applies to a person who is abroad at the time of conclusion of the contract, the liability of the Insurance Company with respect to him/her shall commence after the expiration of 3 days from the date of payment of the insurance premium (grace period). The premium shall be charged by the Insurance Company only for the period of protection provided.

CHAPTER V

Sums insured and guaranteed and insurance premiums

§ 14

1. The sum insured or the sum insured and their sublimits shall constitute the upper limit of the liability of the Insurance Company with respect to a given insurance or insurance events for which they have been established with respect to one Insured Party.
2. The sum insured and the sum insured, as well as their sublimits, are determined for all insured events during the insurance period and are reduced by the amounts of paid claims and benefits.
3. The sum insured and the sum guaranteed of a given insurance contract are indicated in the insurance policy.
4. In insurance contracts in the form of named or unnamed group insurance with a limit of person-days of the Insured Parties, the same coverage and the same sums insured apply.

§ 15

1. The premium shall be calculated on the basis of the Insurance Company's premium schedule in effect at the time of conclusion of the insurance contract. The premium is set in zlotys and is payable to the bank account indicated in the policy.
2. In insurance contracts in the unnamed group form (i.e., with a limit of person-days), the premium is set at the same amount for all Insured Parties.
3. The amount of the premium depends on the options of insurance, the period of insurance, the scope of insurance, the amount of sums insured and sums guaranteed and their sub-limits.

§ 16

Coverage of extreme sports risks results in coverage of high-risk sports as well, without the need to pay an additional premium, and in the case of combining additional sports risks (SWR, SE codes), the highest premium increase covers all sports risks covered by the lower increase.

CHAPTER VI

General exclusions of the liability of Company

§ 17

1. The Insurance Company shall not be liable for events arising from intentional or grossly negligent acts or omissions of the Insured Party, unless payment of the benefit under the circumstances is equitable.
2. The Insurance Company's coverage does not apply to events resulting from:
 - 1) acts of war, acts of terrorism, martial law or the Insured Party's participation in riots, disturbances, strikes, protest actions, roadblocks and brawls, subject to paragraph 4;
 - 2) activities occurring under circumstances warned against by the Ministry of Foreign Affairs of the Republic of Poland, in "Travel Warnings" with the following content: "The MFA advises

against all travel” concerning the dangers of war or civil war if the Insured Party travels to or stays in any of these countries;

- 3) betting;
 - 4) alcoholism of the Insured Party and its consequences;
 - 5) the Insured Party’s use of drugs or other intoxicants and medications not recommended by a physician or used contrary to a physician’s recommendations;
 - 6) driving a vehicle without the necessary authorization required by the law of the country, or attempting or committing an act by the Insured Party that meets the statutory elements of a crime;
 - 7) driving under the influence of alcohol;
 - 8) participation in motor vehicle and motorboat races, driving on sections designed for high-speed driving, rallies, as well as other motor vehicle driving where competition is involved;
 - 9) accidents suffered by the Insured Party while participating in events as a driver or passenger of a motor vehicle, including the accompanying exercises or trainings aimed at reaching top speeds;
 - 10) airplane accident, if the Insured Party was the driver or passenger of an aircraft of an unlicensed airline;
 - 11) participating in any type of expedition in the Himalayas and Karakorum, to practice any type of trekking or mountain climbing in the Himalayas and Karakorum;
 - 12) the Insured Party’s active service in the armed forces;
 - 13) suicide or attempted suicide, self-harm by the Insured Party.
3. The Insurance Company shall not be liable if the payment of a benefit or the provision of a service under an insurance contract could expose the Insurance Company to sanctions, prohibitions or restrictions under United Nations resolutions or to any commercial or economic sanctions under the laws of the European Union, the United Kingdom of Great Britain and Northern Ireland, the United States of America, or the Republic of Poland.
 4. Insurance coverage exists for a period of 7 days from the commencement of hostilities or the imposition of a martial law in the territory of the country where the Insured Party is traveling abroad, and covers their effects and the effects of acts of terrorism, including the effects of the use of atomic, biological, or chemical weapons, however, the liability of the Insurance Company does not exist when the foreign trip takes place to a country on which territory hostilities are already in progress or a martial law has been imposed. The above exclusion of liability shall not apply if there is no causal connection between the event and acts of war, martial law imposed, acts of terrorism, excluding the effects of nuclear, biological or chemical weapons.

§ 18

If the Insured Party intentionally or due to gross negligence failed to fulfill any of his/her obligations under the insurance contract, and this affected the scope of the Insurance Company’s liability or the amount of service or indemnity, the Insurance Company may refuse to pay indemnity or benefit to the extent that the failure to fulfill these obligations contributed to the increase of damage or the amount of the Insurance Company’s benefit or prevented the Insurance Company from determining the circumstances and consequences of the insured event.

CHAPTER VII

Determination and payment of compensation and benefits

§ 19

1. Determination of the validity of the claim and the amount of the benefit or indemnity shall be made on the basis of full documentation, as specified in the GTCI and Clauses or indicated by the Insurance Company, submitted by the Insured Party, the Entitled Person or a third party.
2. Upon receipt of a notice of the occurrence of an insured event covered by insurance protection, within 7 days from the date of receipt of such notice, the Insurance Company shall inform the Policyholder or the Insured Party, if they are not the persons submitting the notice, and shall take proceedings to determine the facts of the insured event, legitimacy of claims and the amount of service or

compensation, and shall inform the person submitting the claim, in writing or in another manner to which the person consented, what documents are necessary to determine the Insurance Company’s liability or the amount of service or compensation, if it is necessary for further proceedings. In the case of an insurance contract concluded for the account of a third party, notification of the occurrence of a fortuitous event may also be submitted by the Insured Party or his/her heirs. In this case, the heir is treated like the beneficiary under the insurance contract.

3. The provisions of paragraph 1 and paragraph 2 shall not apply to assistance insurance (provision of assistance for the benefit of persons who have fallen into difficulties during travel or while away from their place of residence), if the benefit is provided immediately after the report of the insured event or without conducting proceedings to determine the facts of the event, the validity of the claims made and the amount of the benefit.

§ 20

1. The Insurance Company shall pay the benefit or indemnity within 30 days, counting from the date of receipt of notice of the incident covered by the insurance. If it is impossible to clarify the circumstances necessary to determine the right to provide benefit or indemnity or the amount thereof within the period specified in the preceding sentence, the Insurance Company shall pay the service or indemnity within 14 days, counting from the day when clarification of these circumstances was possible when exercising due diligence.
2. If it is not possible to pay the benefit or indemnity within the time limits specified in section 1, the Insurance Company shall notify in writing the person filing a claim and the Insured Party (in case of insurance contract concluded for someone else’s account and in case the Insured is not the person filing a claim) of the reasons why their claims cannot be satisfied in whole or in part, and shall pay the undisputed part of the benefit or indemnity.
3. The benefit or indemnity shall be paid on the territory of Poland in PLN, according to the average exchange rate from the last table of the National Bank of Poland on the day of the event, except for costs reimbursed directly abroad to service contractors and cash benefits covered by assistance services or medical expenses, as well as benefits or indemnities paid abroad under civil liability.

§ 21

1. If the benefit or indemnity is not due or is due in a different amount than that specified in the reported claim, the Insurance Company shall inform the person making the claim in writing and the Insured Party, in the case of an insurance contract concluded for the account of a third party, if he is not the person making the claim, indicating the circumstances and the legal basis justifying the total or partial refusal to pay the benefit or indemnity. This information includes an instruction on the possibility of pursuing claims through the courts.
2. If the person claiming a benefit or indemnity does not agree with the Insurance Company’s determination as to the denial of the claim or the amount of the benefit or indemnity, he/she may, within 30 days from the date of receipt of the notice, submit an appeal in writing to the Insurance Company. An appeal may also be filed in accordance with the procedure described in § 25 (4).
3. In the event of the death of the Insured Party after the Insured Party has acquired the right to payment of compensation for covered events, the Insurance Company will pay this compensation to his heirs.

CHAPTER VIII

Obligations of the parties to the insurance contract

§ 22

In the case of an insurance contract concluded for the account of a third party, provided that the consent of the Insured Party is necessary to provide insurance coverage or the Insured agrees to finance the cost of the insurance premium, the Policyholder shall provide the interested persons, prior to entering into the insurance contract, in writing or, if the interested person agrees, in another durable medium, the GTCI with all attachments.

§ 23

The Insurance Company is obligated to:

- 1) deliver to the Policyholder and the Insured Parties in writing or – if the interested person agrees – on another durable medium the GTCI and other documents necessary for the conclusion of the insurance contract before the insurance contract is concluded;
- 2) provide the Policyholder with a policy or a document confirming the conclusion of the insurance contract;
- 3) properly and timely fulfil the obligations under the insurance contract and provided for by law.

CHAPTER IX

Final provisions

§ 24

1. As of the date of payment of compensation by the Insurance Company, the Insured Party's claims against the third party responsible for the loss shall be transferred to the Insurance Company up to the amount of compensation paid.
2. No claim of the Insured Party against persons with whom the Insured Party remains in a common household shall be transferred to the Insurance Company, unless the perpetrator caused the damage intentionally.
3. In the event of an insured event, the Insured Party is obliged to secure the possibility of pursuing compensation claims against those responsible for the damage.
4. If the Insured Party, without the consent of the Insurance Company, waived a claim against the person responsible for the damage or improperly performs the duties listed in paragraph 3, the Insurance Company shall be relieved from the obligation to provide performance to the extent that this prevented the assertion of recourse claims against the person responsible for the damage. If this was disclosed or took place after the indemnity was paid, the Insured Party shall, at the request of the Insurance Company, reimburse such portion of the indemnity paid from which the Insurance Company would have been relieved in accordance with the rules set forth in the preceding sentence.

§ 25

1. In each case, a natural person being the Policyholder, the Insured Party or a person entitled under an insurance contract, as well as a legal entity or a company without legal personality being the Policyholder, the Insured Party or a party seeking insurance cover, may file a complaint.
2. In the case of natural persons, a complaint shall mean a submission, including objections and grievances, addressed to the Insurance Company as a financial market entity and containing reservations regarding the services provided by the Insurance Company, except for submissions made by natural persons who are customers of an insurance broker or customers of an insurance agent or supplementary insurance agent performing agency activities for more than one insurance company within the same insurance branch in accordance with the Annex to the Act of 11 September 2015 on insurance and reinsurance activity (załącznik do ustawy z dn. 11 września 2015 r. o działalności ubezpieczeniowej i reasekuracyjnej), containing reservations concerning these entities to the extent not related to the insurance cover provided.
3. In the case of legal entities or companies without legal personality, a complaint shall mean a submission, including objections and grievances, addressed to the Insurance Company and containing reservations related to the services provided by the Insurance Company, except for submissions concerning insurance brokers, insurance agents or supplementary insurance agents performing agency activities for more than one insurance company within the same insurance branch in accordance with the Annex to the Act of 11 September 2015 on insurance and reinsurance activity, containing reservations concerning these entities to the extent not related to the insurance cover provided.
4. The complaints referred to above may be filed as follows:
 - 1) electronically – to the e-mail address: obslugareklamacji@uniqa.pl;

- 2) in writing – in person, at the customer service unit or the headquarters of the Insurance Company, or by mail to the following address: 00-867 Warszawa, Poland, Chłodna 51, or to the electronic delivery address referred to in the Electronic Delivery Act of 18 November 2020, entered in the database of electronic addresses as a public register kept by the minister responsible for digitization, i.e. AE:PL-71235-46013-CSHSF-26;
 - 3) orally – by phone at +48 22 599 95 22 (the cost of the call in accordance with the operator's tariff) or in person during a visit to a unit of the Insurance Company.
5. Complaints shall be submitted to the Management Board of the Insurance Company. A complaint may be filed at any of the Insurance Company's branch providing customer service.
 6. The Insurance Company's response to a complaint will be provided in paper form or through another durable medium or, in the case of a complaint filed by an individual, by e-mail, if the individual filing the complaint requests a response in this form. In addition, at the request of the person filing the complaint, the Insurance Company shall confirm that the complaint has been filed in writing or in another agreed manner.
 7. Filing a complaint as soon as any reservations appear will facilitate and speed up its fair handling.
 8. In the event that the Company does not have contact information for the person making the complaint, the following data must be provided when making a complaint: first name, last name, mailing address, e-mail address (if such form of contact is chosen), and additionally in the case of legal persons or unincorporated companies – the company name.
 9. The Insurance Company shall respond to a complaint without undue delay, no later than within 30 days from the date of its receipt.
 10. In particularly complicated cases, which make it impossible to consider the complaint and respond within 30 days, the Insurance Company will send information about the reason for the delay and indicate the circumstances that need to be established to consider the case within this period. In such a case, the Insurance Company shall respond to the complaint no later than within 60 days from the date of its receipt.
 11. If an individual filing a complaint does not agree with the Insurance Company's position expressed in its response to the complaint, he/she may request the Financial Ombudsman to review the case, and in addition, he/she may file a lawsuit against the Society in a common court of law according to the jurisdiction specified in § 26.
 12. Pursuant to Article 31 of the Act of 23 September 2016 on out-of-court resolution of consumer disputes (ustawa z dnia 23 września 2016 r. o pozasądowym rozwiązywaniu sporów konsumenckich), we inform you that the entity authorized for the Company to conduct proceedings on out-of-court resolution of disputes with consumers within the meaning of this Act is the Financial Ombudsman (ul. Nowogrodzka 47A, 00-695 Warszawa, Poland; www.rf.gov.pl).
 13. A customer being a consumer may also request assistance from the locally competent District (Municipal) Consumer Ombudsman.
 14. Entities which do not have the right to file a complaint in accordance with par. 1–3, shall have the right to file a plaint or grievance. The provisions of sections 4–9 and 13 shall apply accordingly to plaints and grievances filed by these entities, provided that in particularly complicated cases making it impossible to handle a plaint or grievance and respond to them within 30 days, the Insurance Company shall, within this time limit, inform the person filing the plaint or grievance on the reason why handling them is impossible, and in such a case, the Insurance Company shall respond to the plaint or grievance no later than within 90 days from the date of their receipt.
 15. The Insurance Company is supervised by the KNF Board.

§ 26

1. An action involving a claim arising from the insurance contract may be brought in accordance with the provisions on general jurisdiction or before the court having jurisdiction over the place of residence or registered office of the Policyholder, the Insured or a Person Entitled under the insurance contract.

2. An action for a claim under the insurance contract may be brought in accordance with the rules of general jurisdiction or before the court having jurisdiction over the place of residence of the Insured Party's heir or the Insured's beneficiary's heir.

§ 27

1. All notices and declarations in connection with the conclusion and execution of the insurance contract shall be made in writing, unless the GTCI provide otherwise.
2. In matters not regulated in the GTCI, the relevant provisions of law shall apply.

3. An integral part of the terms and conditions of insurance is the Form to the GTCI, i.e. information prepared in accordance with Article 17 (1) of the Act of September 11, 2015 on Insurance and Reinsurance Activities.

§ 28

The GTCI were approved by a resolution of the Board of Directors dated October 24, 2023 and come into effect on November 16, 2023.

APPENDIX NO. 1 – DEFINITIONS

Whenever the following terms are used in the GTCI or Clauses, they shall be understood to mean:

- 1) **act of terrorism** – planned and organized actions of individuals or groups resulting in a violation of the existing legal order, undertaken to create chaos or to coerce state authorities and the public with specific behavior or services;
- 2) **amateur summer and winter sports** – recreational practice of sports in summer or winter conditions in designated places (slopes, trails, bodies of water), the list of which is indicated in the table constituting Appendix No. 4 to the GTCI in column A;
- 3) **outpatient clinic** – an open-access facility where medical assistance for diagnosis and treatment is provided using a qualified team of physicians and nurses; the term does not include a nursing home, hospice, addiction treatment center, sanatoriums and spas, convalescent homes, or rehabilitation centers and facilities;
- 4) **luggage** – items owned by the Insured Party or in his lawful possession during a foreign trip for personal use; luggage also includes individual items carried as a gift, as well as a baby carriage;
- 5) **air ticket** – a travel document issued by or on behalf of an air carrier, containing the terms of the contract of carriage on an international route, notices and sections relating to the journey and the passenger; if the ticket is purchased electronically, the travel document is a confirmation containing the ticket number and its price;
- 6) **Emergency Center** – an organizational unit that organizes and provides assistance services to the Insured Party and settles claims on behalf of the Insurance Company;
- 7) **malignancy** – a condition involving the uncontrolled growth of tissue of a particular organ; the condition may be chronic, it may also manifest itself with acute symptoms appearing suddenly;
- 8) **chronic disease** – a disease in the course of which, according to current medical knowledge, there is a long-lasting, constant or recurrent occurrence of symptoms or abnormalities in additional examinations and which was diagnosed, treated or gave symptoms in a period of not more than 24 months preceding the date of conclusion of the insurance contract;
- 9) **mental illness** – an illness classified in the International Statistical Classification of Diseases and Health Problems as a mental or behavioral disorder (ICD-10);
- 10) **tropical disease** – disease caused by pathogenic organisms characteristic of subtropical and equatorial zones;
- 11) **torrential rain** – rain with a coefficient of performance of at least 4, as determined by the Institute of Meteorology and Water Management (IMIiGW), and in the absence of the possibility of obtaining relevant information from the IMIiGW, the occurrence of torrential rain is determined on the basis of the actual state and extent of damage at the place of origin or in the immediate vicinity;
- 12) **medical records** – documentation of the Insured Party's treatment, prepared in accordance with the record-keeping requirements of the country;
- 13) **expedition** – an organized expedition aimed at completing set tasks of a sporting or scientific nature;
- 14) **hail** – precipitation consisting of ice chunks;
- 15) **group form of insurance** – an agreement concluded by the Policyholder for a minimum of 11 persons (named group form) or at least 100 person-days (unnamed group form);
- 16) **hospitalization** – treatment in a hospital for a continuous period of at least 24 hours, resulting from the aftermath of a sudden illness or accident;
- 17) **hurricane** – a wind with a speed of not less than 24 m/s, as determined by the Institute of Meteorology and Water Management, the effect of which causes mass damage, and in the absence of the possibility of obtaining relevant information from the IMIiGW, the occurrence of driving rain is determined on the basis of the facts and extent of damage at the place of origin or in the immediate vicinity;
- 18) **tourist event** – a tourist event within the meaning of the provisions of the Tourist Events and Related Travel Services Act;
- 19) **natural catastrophe** – an event related to the actions of natural forces, causing drastic changes in the environment and caused by natural factors: seismic shocks, volcanic eruptions, fires, droughts, floods, hurricanes, tsunamis, ice phenomena on rivers, seas, lakes and other bodies of water, prolonged occurrence of extreme temperatures, landslides, mass occurrence of pests, plant and animal diseases;
- 20) **medical expenses** – medically necessary and documented expenses of an Insured Party who had to undergo treatment for a sudden illness or accident during a foreign trip;
- 21) **theft** – the taking of the Insured Party's property;
- 22) **burglary** – carrying out or attempting to carry out the taking of the Insured Party's property, after forcibly removing the security or opening the entrance using tools or a forged or matched key or an original key, the possession of which the perpetrator came into possession as a result of burglary of another premises or as a result of robbery;
- 23) **country of residence** – a country other than the Republic of Poland, which is the Insured Party's place of permanent or temporary residence and where the Insured Party conducts his/her professional or personal life, and where the Insured Party resides continuously for a period of at least one year immediately preceding the conclusion of the insurance contract, with the proviso that the country of residence is not the country where the person stays for the purpose of education or to which he/she is delegated for work;
- 24) **avalanche** – the violent sliding or rolling away of masses of snow, ice, mud, rocks or stones from slopes in mountainous or undulating areas;
- 25) **outpatient treatment** – provision, by legally acting providers, of healthcare services to persons who do not require 24-hour or day-long treatment;
- 26) **conservative dental treatment** – treatment of caries, treatment of necrotic lesions, root canal treatment, replacement of damaged fillings, treatment of gum disease (periodontitis, tartar removal);
- 27) **sudden illness** – a medical condition arising suddenly and unexpectedly, threatening the life or health of the Insured Party, requiring immediate medical attention; an exacerbation of a cancerous, mental or chronic illness is also considered a sudden illness;
- 28) **accident** – a sudden event caused by an external cause, as a result of which the Insured Party, regardless of his will, suffered permanent bodily injury, disorder of health or died;
- 29) **close person:**
 - a) spouse, cohabitant, children (including adopted), siblings, parents, parents-in-law, grandparents, grandchildren and adoptees, daughter-in-law, son-in-law,
 - b) other adults traveling together with a minor (child), provided that there is a relationship between them and the child;
- 30) **accompanying person** – a person who travels with the Insured Party and is designated thereby to accompany them during treatment or transportation;
- 31) **person summoned to accompany** – a close person indicated by the Insured Party, residing in Poland or the country of residence, who, in the absence of a companion, will come to the place of the event and accompany the Insured Party during treatment;
- 32) **persons for whom the Insured Party is responsible** – own or adopted children of the Insured Party, own or adopted children of the Insured Party's spouse, grandchildren of the Insured Party;
- 33) **hospital stay** – treatment in a hospital lasting continuously for at least 24 hours;
- 34) **foreign trip** – the Insured Party's stay outside Poland and the country of residence, which begins from the moment the Insured Party crosses the border of Poland or the country of residence and ends when the Insured Party returns to Poland or the country of residence;
- 35) **flood** – inundation of land as a result of rising water levels in flowing or standing waterbodies or inundation of land due to torrential rain;
- 36) **physical work** – undertaking or performing activities by the Insured Party for gainful purposes regardless of the legal basis of employment, with the exception of the work of bus drivers and drivers of

- delivery trucks and vans (including unloading and activities related to securing the transported cargo) and mental work; physical work also includes non-profit activities, such as volunteering, apprenticeship in a workshop or factory; if the Insured Party's work has the character of physical work and mental work at the same time, it is assumed that the Insured Party is performing physical work;
- 37) **portable electronic equipment** – cell phone, camera equipment, camcorders, laptop, audio playback and recording equipment, electronic games;
- 38) **robbery** – the taking of property with the use of physical violence or the threat of its immediate use against the Insured Party or with bringing him to unconsciousness or defenselessness;
- 39) **premium** – the amount that the Policyholder is obliged to pay to the Company under the insurance contract;
- 40) **extreme sports** – sports practiced regularly and intensively through participation in training, competitions and conditioning camps as part of membership in sports clubs, as well as deriving income from the sport practiced, as well as participation in expeditions to places characterized by extreme climatic or natural conditions or in expeditions; sports listed in the table constituting Appendix No. 4 to the GTCI in column C are also considered extreme sports;
- 41) **high-risk sports** – sports, the list of which is indicated in the table constituting Appendix No. 4 to the GTCI in column B;
- 42) **sports equipment** – equipment that is owned by the Insured Party, related to the sport that the Insured Party will practice during the trip abroad; the following are considered sports equipment: skis for all varieties of skiing with boots and poles, a board for snowboarding and all its varieties with boots, a board for surfing and all its varieties with a sail (windsurfing) or kite (kitesurfing), a wake-board, a bicycle, specialized equipment used for diving with equipment, golf equipment (clubs with a cart and bag);
- 43) **Parties** – UNIQA Towarzystwo Ubezpieczeń S.A. with its registered office in Warsaw and the Policyholder;
- 44) **sum insured or guaranteed** – the upper limit of the Insurance Company's liability set for particular risks;
- 45) **hospital** – an inpatient care facility operating in accordance with relevant laws and regulations, the purpose of which is to provide round-the-clock medical care, treatment and surgical procedures by qualified nursing and medical staff; within the meaning of the GTCI, a hospital is not considered to be an assisted living facility, a mental health facility, a hospice, an alcohol, drug, medication or other addiction treatment facility, a sanatorium, a resort, a spa or a rehabilitation center;
- 46) **Insurance Company** – UNIQA Towarzystwo Ubezpieczeń S.A. with its registered office in Warsaw, Poland;
- 47) **permanent health impairment** – permanent damage to the Insured Party's body caused by an accident, where permanent damage to the body is understood as permanent loss of structure and function of an organ or limb;
- 48) **Policyholder** – a natural person, legal entity or organizational unit without legal personality, but with legal capacity, concluding an insurance contract and obliged to pay a premium;
- 49) **Insured Party** – an individual for whose account the insurance contract was concluded;
- 50) **lightning strike** – a strong electrostatic discharge in the atmosphere;
- 51) **insurance contract** – an insurance contract concluded between the Policyholder and the Company;
- 52) **Beneficiary** – a person entitled to receive a benefit in the event of the Insured Party's death, designated by name by the Insured Party; if there are no Beneficiaries at the time of the Insured Party's death or all Beneficiaries have forfeited their right to the benefit, the persons entitled to receive the benefit are listed below in the following order:
- a) spouse – in full, and in the absence thereof
 - b) children – in equal shares in the absence of a spouse, and in their absence
 - c) parents – in equal shares in the absence of a spouse and children, and in their absence
 - d) siblings – in equal shares, in the absence of a spouse, children and parents, and in their absence
 - e) heirs – in the parts in which they inherit from the Insured Party, in the absence of a spouse, children, parents, and siblings;
- 53) **congenital defect** – arising during intrauterine life and present at birth, internal or external morphological abnormality;
- 54) **exacerbation of a malignant, mental or chronic disease** – an aggravation (exacerbation) or complication of a malignant, mental or chronic disease with an acute course, requiring immediate medical attention, due to which there was a need for the Insured to undergo treatment before the end of the foreign trip;
- 55) **territorial coverage of insurance:**
- a) **zone A** – Europe (Republic of Albania, Principality of Andorra, Republic of Austria, Republic of Belarus, Kingdom of Belgium, Bosnia and Herzegovina, Republic of Bulgaria, Republic of Croatia, Republic of Cyprus, Czech Republic, Kingdom of Denmark, Republic of Estonia, Republic of Finland, French Republic, Hellenic Republic, Kingdom of Spain including Canary Islands, Ireland, Republic of Iceland, Republic of Kosovo, Principality of Liechtenstein, Republic of Lithuania, Grand Duchy of Luxembourg, Republic of Latvia, Republic of Macedonia, Republic of Malta, Republic of Moldova, the Principality of Monaco, the Kingdom of the Netherlands, the Kingdom of Norway, the Portuguese Republic, the Russian Federation (European part), the Federal Republic of Germany, Romania, the Republic of San Marino, the Republic of Serbia, the Republic of Montenegro, the Slovak Republic, the Republic of Slovenia, the Swiss Confederation, the Kingdom of Sweden, the Republic of Turkey, the Vatican City State, Ukraine, the Republic of Hungary, the United Kingdom of Great Britain and Northern Ireland, the Italian Republic), excluding the territory of Poland and the country of residence,
 - b) **zone B** – the whole world, excluding the territory of Poland and the country of residence;
- 56) **insured event:**
- a) in insurance of medical expenses and immediate assistance and hospital stay in Poland – sudden illness or accident and events indicated in GTCI, which obligate the Insurance Company to organize and provide immediate assistance,
 - b) in accident insurance, medical expenses in Poland and rehabilitation expenses in Poland – mishap,
 - c) in luggage and sports equipment insurance – random events indicated in the GTCI and other events resulting in damage, destruction or loss of baggage or sports equipment, as well as delay in delivery of baggage in the Extended, Optimum and Maximum options,
 - d) in private life liability insurance and sports liability insurance – an act or omission that constitutes a tort.

APPENDIX NO. 2 – TABLE OF INSURANCE OPTIONS

The scope of insurance, the amount of insurance and guarantee sums and their sub-limits have been given in PLN.

If no sum insured, sum guaranteed or their sub-limits are indicated in the table of options for a given risk, the specified insurance option does not cover that risk.

Scope of Insurance	Sums insured and guaranteed and their sublimits for each Insured Party			
	Basic option	Extended option	Optimal option	Maximum option
Insurance for medical expenses and immediate assistance, subject to the following sub-limits	250,000	750,000	1,250,000	2,500,000
Information on sub-limits				
costs of treating exacerbations of cancer, mental illness and chronic diseases	250,000	750,000	1,250,000	2,500,000
rescue costs	250,000	750,000	1,250,000	2,500,000
costs of dental treatment of sudden inflammation and pain	2,500	2,500	2,500	2,500
the cost of repairing or purchasing eyeglasses, dental prostheses and aids	5,000	5,000	5,000	5,000
the cost of purchasing a coffin or the cost of cremation and purchase of an urn	6,000	6,000	6,000	6,000
costs of accommodation, meals and transportation of the Insured Party's companion	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)
costs of transport and stay of the person called to accompany	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)	500 per day / max. up to 7 days (accommodation and meals) 5,000 (transport)
costs of continuing a planned trip	2,500	2,500	2,500	2,500
food and accommodation costs for convalescence	500 per day / max. up to 7 days	500 per day / max. up to 7 days	500 per day / max. up to 7 days	500 per day / max. up to 7 days
transportation costs of loved ones	–	5,000	5,000	5,000
costs of transportation and care of underage children	–	5,000	5,000	5,000
assistance costs in case of early return of the Insured Party to Poland or the country of residence	–	5,000	5,000	5,000
legal aid costs	–	12,500	12,500	12,500
refund of the cost of treating an animal abroad	1,500	1,500	1,500	1,500
isolation assistance	5,000	5,000	5,000	5,000
quarantine assistance	5,000	5,000	5,000	5,000
Personal accident insurance	30,000	50,000	75,000	150,000
Luggage insurance	2,000	3,000	5,000	7,500
Luggage delay insurance	–	500	750	1,000
Flight delay insurance	–	500	750	1,000
Liability insurance in private life with the following sub-limits	–	250,000	500,000	1,000,000

Scope of Insurance	Sums insured and guaranteed and their sublimits for each Insured Party			
	Basic option	Extended option	Optimal option	Maximum option
personal injuries	–	250,000	500,000	1,000,000
material damage	–	125,000	250,000	500,000
Insurance of costs of continuation of treatment in Poland	–	500	750	1,000
Insurance of rehabilitation costs in Poland	–	500	750	1,000
Benefit for hospital stay in Poland (max. up to 10 days stay)	–	PLN 125 per day	PLN 125 per day	PLN 125 per day
Amateur summer and winter sports activities	yes	yes	yes	yes
With payment of an additional premium				
Rental vehicle deductible insurance*	4,000*	4,000*	4,000*	4,000*
Sports-related liability insurance and sports equipment insurance with the following sublimits				
personal injuries	500,000	500,000	500,000	500,000
material damage	250,000	250,000	250,000	250,000
sports equipment	5,000	5,000	5,000	5,000
Winter Package (comes only with sports-related liability insurance and sports equipment insurance)				
ski lift ticket reimbursement	1,250	1,250	1,250	1,250
daily benefit in case of closure of ski slopes	100 per day for one person (max. 10 days)	100 per day for one person (max. 10 days)	100 per day for one person (max. 10 days)	100 per day for one person (max. 10 days)
reimbursement of the cost of renting ski or snowboarding equipment	100 per day for one person (max. 10 days)	100 per day for one person (max. 10 days)	100 per day for one person (max. 10 days)	100 per day for one person (max. 10 days)

* the sum insured for the deductible of the hired vehicle determines the upper limit of the Insurance Company's liability per policy

APPENDIX NO. 3 – CLAUSES

Insurance clause for medical expenses and immediate assistance

Subject and Scope of Insurance

§ 1

The following costs incurred as a result of a sudden illness or accident of the Insured Party occurring during a foreign trip are covered:

- 1) medical costs;
- 2) transportation costs to Poland or the country of residence;
- 3) costs of burial abroad or transportation of the remains to a burial site in Poland or the country of residence;
- 4) costs associated with the organization and provision of immediate assistance;
- 5) rescue costs.

Cost of treatment

§ 2

1. The subject of insurance shall be the medically necessary and documented expenses of the Insured Party who had to undergo treatment for a sudden illness or accident while traveling abroad.
2. The Insurance Company will cover the documented costs:
 - 1) medical consultations including the physician's travel from the nearest healthcare facility, in case the Insured Party's health condition requires it;
 - 2) transportation of the Insured Party from the place of the accident or sudden illness to the nearest hospital or health care facility, as well as transportation from the hospital or health care facility to the place of stay abroad;
 - 3) transportation of the Insured Party to another hospital or health care facility, if the hospital or health care facility where the Insured Party is treated does not provide medical care adapted to his/her condition, as prescribed in writing by the treating physician;
 - 4) examinations and outpatient treatments, as well as medications (except vitamins, strengthening agents, conditioners, ointments and beauty creams) and dressings prescribed by the treating physician and aids, if medically necessary and prescribed by the treating physician (orthoses, crutches);
 - 5) hospital stays, i.e., treatments, procedures and surgeries that could not, due to the state of health, be postponed until return to Poland or the country of residence; The Emergency Center selects the hospital that best suits the Insured Party's condition, arranges transportation to the hospital by means of sanitary transport, informs the hospital of the terms of payment, and remains in constant contact with the hospital;
 - 6) dental treatment for sudden pain and inflammation requiring immediate medical attention;
 - 7) repair or purchase of eyeglasses, dental prostheses (excluding dental implants) and aids, in case their damage was related to the accident (orthosis, crutches);
 - 8) incurred for a decompression chamber in medically justified cases, provided that the premium is paid to include the insurance premium for scuba diving with an air apparatus (high-risk sports – code SWR) or freediving (extreme sports – code SE).

Transportation costs to Poland or country of residence

§ 3

1. The subject of the insurance is the necessary and documented costs of medical transport of the Insured Party to Poland or the country of residence – to a health care facility or the Insured Party's place of residence, in connection with a sudden illness or accident, if required by the Insured Party's health condition, as recommended by the treating physician.
2. Also covered are the necessary and documented costs of transporting the Insured Party to Poland or the country of residence after the end of treatment, in case the Insured Party cannot continue the trip or return to the country by the previously planned means of transportation, as recommended by the doctor in charge of treatment.

3. The Insurance Company shall cover costs referred to in section 1 and section 2, provided that in case the cost of transportation to the country of residence of the Insured Party exceeds the cost of transportation to Poland, the limit of the Insurance Company's liability shall be the amount of cost of transportation to Poland.

Costs of burial abroad or transporting the remains to a burial site in Poland or the country of residence

§ 4

If the Insured Party dies during a trip abroad, and the death occurred as a result of an accident or sudden illness, the Insurance Company, in consultation with the Insured Party's relatives, organizes all formalities and covers the costs of:

- 1) burial abroad or transportation of the Insured Party's remains to a burial place in Poland or the country of residence;
- 2) purchase abroad of a coffin or purchase of an urn and cremation abroad.

Costs related to the organization and provision of immediate assistance

§ 5

As part of organizing and providing immediate assistance, the Company guarantees the following services and benefits:

- 1) **24-hour Emergency Center on duty**
- 2) **Information services**

The Emergency Center will provide the Insured Party with information on: customs and visa regulations, documents required for entry and during stay in the country, recommended vaccinations, car rental, accommodation base, weather and climatic conditions.

- 3) **Assistance in case of theft or loss of documents**

In case of theft or loss of credit cards belonging to the Insured Party during foreign travel, the Emergency Center shall provide assistance in blocking the personal account by providing the Insured Party with the appropriate phone number to the bank maintaining the Insured Party's bank account or by providing the bank maintaining the Insured Party's bank account with information about the theft or loss that has occurred. The Company shall not be responsible for the efficiency or correctness of the bank's execution of the process of blocking the account, nor for the resulting damage.

In case of theft, loss, or damage of documents necessary for the Insured Party during travel abroad, the Emergency Center shall provide information on the steps to be taken to obtain replacement documents.

- 4) **Costs of accommodation, food and transportation of the person accompanying the Insured Party on the trip**

If the Insurance Company covers the costs of the Insured Party's stay in the hospital due to an accident or sudden illness, and this stay extends beyond the Insured's originally scheduled return date to Poland or the country of residence, the costs of accommodation, meals and transportation of one person accompanying the Insured Party are additionally covered. The Insurance Company will also cover the cost of an economy class air ticket, train ticket or bus ticket – whichever takes the shortest time. If the ticket is paid for by the person accompanying the Insured Party, the Insurance Company will reimburse the costs incurred up to the amount determined in accordance with the preceding sentence.

- 5) **Costs of food and accommodation of the Insured Party abroad for convalescence**

If the Insurance Company covers the costs of the Insured Party's stay in the hospital, arising in connection with a personal accident or sudden illness, and the Insured Party's transportation to Poland or the country of residence cannot take place immediately after the end of the hospital stay, the costs of the Insured Party's board and lodging abroad for the purpose of convalescence are additionally covered, in accordance with the written recommendation of the treating physician.

- 6) **Travel expenses of the person called to accompany**

If the Insurance Company covers the costs of the Insured Party's stay in the hospital and no adult person accompanies the Insured on the trip, the costs of round-trip transportation of one person called to

accompany, residing in Poland or the country of residence, are additionally covered. The Insurance Company will also cover the cost of an economy class air ticket, train ticket or bus ticket – whichever takes the shortest time. In addition, the Insurance Company covers the person's accommodation and food costs for a maximum of 7 days. If the ticket is paid for by the person called to accompany the Insured Party, the Insurance Company will reimburse the costs incurred up to the amount determined in accordance with the preceding sentences.

7) Continuation of planned trip

In the event that the Insured Party's state of health, after completion of hospital treatment related to a sudden illness or accident, allows the Insured Party to continue the trip, the Insurance Company shall, at the request of the Insured Party, organize and pay the costs of transporting the Insured Party from the place of hospitalization to the next stage of the scheduled trip to allow the Insured Party to continue the trip.

8) Transportation costs of relatives

If the Insurance Company organizes medical transport of the Insured Party or transport of the deceased to Poland or the country of residence, we will additionally organize and pay the costs of transportation to Poland or the country of residence (costs of economy class air ticket, train ticket or bus ticket – whichever is the shortest) of each member of the Insured Party's family covered under the same insurance contract as the Insured Party, provided that the originally provided means of transportation cannot be used.

9) Care and transportation of underage children

In the event of the death of the Insured Party, or if the Insurance Company covers the costs of hospitalization of the Insured Party who traveled with underage children and was not accompanied by any other adult, transportation shall additionally be arranged and the costs of transporting the children to Poland or the country of residence shall be covered (costs of an economy class air ticket, train ticket or bus ticket – whichever is the shortest) for each child covered under the same insurance contract as the Insured Party, provided that the originally provided means of transportation cannot be used. Transportation of children is carried out under the supervision of a representative of the Emergency Center.

10) Assistance in case of early return of the Insured Party to Poland or country of residence

If the Insured Party is forced to make a sudden, early return to Poland or the country of residence, and the originally scheduled means of transportation cannot be used, the Insurance Company will also cover the cost of an economy class air ticket, train ticket or bus ticket – whichever takes the shortest time. This benefit is provided only in the case of:

- a) a documented sudden serious illness or accident resulting in hospitalization, or death of a person close to the Insured Party,
- b) a documented occurrence at the Insured Party's place of residence of a fire or flooding of the Insured Party's apartment, or burglary of the Insured Party's apartment, making it necessary to perform legal or administrative actions, at which the presence of the Insured Party is necessary.

11) Legal aid

If the Insured Party, while traveling abroad, needs legal assistance in criminal and misdemeanor cases in the country where he/she is located, the Insurance Company shall, at the Insured Party's request, pay the lawyer's fees and arrange and pay the interpreter's fees. In the event that the proceedings conducted against the Insured Party reveal intentional behavior of the Insured Party, which resulted in his legal problem, the Insured Party shall be obliged to reimburse the costs of legal assistance (attorney's fees, translator's fees) to the Insurance Company. Insurance coverage does not include matters related to the Insured Party's work, his business, his driving of a motor vehicle.

12) Isolation assistance

In the event that the Insured Party is required to undergo isolation due to a COVID-19 emergency while abroad in accordance with the regulations of the country in which the Insured Party is staying, the Emergency Center will arrange and pay the additional costs associated with the mandatory isolation if the isolation cannot take

place at the Insured Party's current place of accommodation or the duration of the isolation exceeds the scheduled duration of the stay as part of the foreign trip. In such a case, the Emergency Center will arrange and pay for additional costs of accommodation and meals at a standard not higher than that previously stipulated by the travel-related contract, excluding the cost of alcoholic beverages, up to a maximum of PLN 5,000 per person.

13) Quarantine assistance

In the event that the Insured Party is required by local sanitary services to undergo quarantine for COVID-19 while abroad in accordance with the regulations of the country in which the Insured Party is staying, the Emergency Center will arrange and pay the additional costs of the mandatory quarantine if the quarantine cannot take place at the Insured Party's current place of accommodation or the duration of the quarantine exceeds the scheduled duration of the stay as part of the foreign trip. In such a case, the Emergency Center will arrange and pay for additional costs of accommodation and meals at a standard not higher than that previously provided for by the agreement related to the trip, excluding the cost of alcoholic beverages, as well as the cost of return transportation to Poland or the country of residence, if they exceed the originally envisaged travel time, up to a maximum of PLN 5,000 per person.

14) Refund of the cost of treating an animal abroad

If, while traveling abroad, the Insured Party is accompanied by his/her dog or cat and the animal suffers an accident or sudden illness that results in the need for assistance at a veterinary facility, the Emergency Center will reimburse the necessary costs of providing such assistance upon return to Poland or the country of residence. A prerequisite for reimbursement of the cost of treating an animal abroad is the submission of documentation of treatment at a veterinary facility, indicating the diagnosis and detailing the procedures performed, as well as proof of payment.

The amount indicated in the Table of Insurance Options – Appendix No. 2 to the GTCI, is the upper limit of the Insurance Company's liability and applies to a maximum of one event during a foreign trip.

Rescue costs

§ 6

1. The subject matter of the insurance is the necessary and documented costs incurred for rescue or search operations (rescue costs) carried out by specialized rescue services in order to save the life or health of the Insured Party who suffers an accident (which does not have to result in permanent injury) or sudden illness during any sports activity while abroad in Poland or the country of residence.
2. The Insurance Company will pay the costs of salvage, by which is meant:
 - 1) search costs from the report of loss until found by specialized rescue services;
 - 2) costs of providing emergency medical assistance at the scene;
 - 3) costs of transportation by specialized services from the place of the accident to the nearest medical care center required by the Insured Party's condition, using specialized means of transport, such as, but not limited to, sled, helicopter, toboggan, motorboat.

Limitations of the Insurance Company's liability

§ 7

1. The Insurance Company shall not be liable for damages incurred during a foreign trip if the purpose of the trip is for the Insured Party to undertake medical treatment, and for costs resulting from medical contraindications existing prior to the trip and documented for the Insured Party to travel abroad.
2. Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for costs arising from:
 - 1) treatment unrelated to medical assistance provided following a sudden illness or accident;
 - 2) treatment, hospital stay or accommodation, in case the Insured Party refused to return to Poland or the country of residence against the decision of the treating physician;

- 3) treatment, hospital stay or accommodation, in case the start of treatment can be postponed until the Insured Party's return to Poland or the country of residence;
- 4) treatment that exceeds the scope of medical services necessary to restore the Insured's state of health enabling the Insured Party's return to Poland or the country of residence;
- 5) sanatorium treatment, treatments in rest homes or addiction treatment centers, stays in spa resorts and hotels;
- 6) treatment of illnesses or consequences of accidents that were diagnosed or occurred before the insurance contract was concluded;
- 7) to obtain medical certificates and perform preventive vaccinations, conduct examinations that are unnecessary for the diagnosis or treatment of illness and follow-up examinations, except for 1 follow-up visit after an illness that began during a foreign trip;
- 8) plastic surgery or cosmetic procedures;
- 9) treatment of birth defects, venereal diseases and AIDS, even when not previously treated;
- 10) special nutrition of the Insured Party, massages, baths, inhalations, therapeutic gymnastics, light therapy (even when recommended by a physician), and other rehabilitation and physical therapy procedures;
- 11) pregnancy removal procedure;
- 12) childbirth that occurred after the 32nd week of pregnancy;
- 13) artificial insemination, any other fertility treatment, as well as the purchase of contraceptives;
- 14) use of non-standard services during a hospital stay: rooms with higher standards, use of radios, televisions, use of hairdressing or beauty services;
- 15) conservative and prosthetic dental treatment, except for emergency inflammation and pain;
- 16) treatment with drugs not recognized by conventional medicine;
- 17) trip abroad to seek medical advice, planned treatment and complications of this treatment;
- 18) failure to comply with the recommendations of the treating physician;
- 19) engaging in high-risk sports, unless an additional premium has been paid (code SWR);
- 20) engaging in extreme sports, unless an additional premium has been paid (code SE);
- 21) engaging in any sports activities during expeditions planned to reach altitudes above 6,000 meters above sea level, regardless of the altitude level at which the incident occurred or its consequences occurred;
- 22) performing manual labor abroad, unless an additional premium has been paid (code PF).

Obligations of the Insured Party in the event of an insured event

§ 8

1. The Insured Party shall prevent, as far as possible, the increase of the damage and limit its consequences.
2. In the event of an insured event, the Insured Party or the person acting on their behalf shall:
 - 1) before taking any action on your own and immediately – no later than within 48 hours of the event resulting in liability of the Insurance Company – report by telephone a request for assistance to the Emergency Center, except for a single dental visit related to the treatment of acute inflammation or pain, limited to 1 tooth, or a single outpatient visit, if the Insured selects the dentist or doctor himself and pays the costs of the visit;
 - 2) carefully explain to the employee of the Emergency Center the situation of the Insured Party, what kind of assistance the Insured Party needs, and provide the necessary insurance information, i.e. the policy number, the name of the Insured and the telephone number where the Emergency Center can contact the Insured Party or his representative;
 - 3) allow Emergency Center physicians to access all medical information concerning the Insured Party, to the extent necessary;

- 4) follow the recommendations of the Emergency Center, providing information and necessary powers of attorney;
- 5) allow the Emergency Center to perform the actions necessary to establish the circumstances of the damage, the validity and amount of the claim, and provide assistance and explanations for this purpose.

3. In the event of a willful or grossly negligent violation of the obligations set forth in paragraphs 1 and 2, the benefit will be reduced to the extent that the violation contributed to the increase of the damage or prevented the Insurance Company from determining the circumstances and consequences of the accident.
4. In case the Insured Party or a person acting on his behalf failed to fulfill the obligations referred to in section 1 or section 2 for reasons beyond their control, and in case the Insured Party incurred expenses at the place of event related to medical expenses or immediate assistance, the Insured Party shall report a claim to the Insurance Company, in writing, within 7 days from the date of return to Poland or country of residence. The claim submission should include:
 - 1) policy number;
 - 2) detailed description of the circumstances of the incident;
 - 3) medical report describing the type and nature of the injury, including an accurate diagnosis and recommended treatment;
 - 4) all invoices, bills, hospital certificates, proofs of payment that will enable the Insurance Company to determine the total medical expenses incurred by the Insured.

Emergency Center

§ 9

1. The Emergency Center shall organize assistance services and cover their costs and other costs covered by the Insurance Company.
2. For medical expenses and immediate assistance, contact the Emergency Center.
3. The Emergency Center is in constant contact with the treating physician and the hospital to agree on the type and scope of assistance services to be provided to the Insured Party.
4. The Emergency Center shall agree with the Insured Party's relatives on the method of burial abroad or transportation of the Insured's remains to the burial place in Poland or the country of residence.

Personal accident insurance clause

Subject and Scope of Insurance

§ 1

1. The subject of insurance is the life and health of the Insured Party while traveling abroad.
2. The Insurance Company undertakes to pay the following benefits:
 - 1) in case of death of the Insured Party as a result of a personal accident that occurred during a trip abroad – benefits in the amount of 100% of the sum insured for personal accidents, provided that death occurred within 12 months from the date of the personal accident;
 - 2) in case of permanent health impairment of the Insured Party, resulting from an accident that occurred during a trip abroad – a benefit determined as the product of the sum insured of the consequences of accidents and the percentage of permanent health impairment specified in the table of the degree of permanent health impairment attached to this clause.

Limitations and exclusions of the Insurance Company's liability

§ 2

Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable when the mishap or its consequences are the result of:

- 1) the Insured Party undergoing procedures of a medical nature, unless the performance of such procedures was related to the treatment of the consequences of accidents and was ordered by a physician;
- 2) poisoning by solid or liquid substances that have ingested orally;

- 3) occupational disease and other diseases, even those occurring suddenly or manifesting themselves after the occurrence of an accident;
- 4) birth;
- 5) the Insured Party driving a vehicle or other means of transport by without required licenses;
- 6) congenital defects, tropical diseases;
- 7) infections, with the proviso that coverage exists if the Insured Party has been infected with a pathogenic virus or bacteria as a result of wounds sustained in a personal accident, whereby wounds sustained in an accident do not include minor abrasions of the epidermis and mucous membranes; the consequences of viral or bacterial infections resulting from abrasions at the time of the personal accident or subsequently are not covered, but rabies and tetanus are excluded from this limitation;
- 8) abdominal hernias or inguinal hernias, intervertebral disc damage;
- 9) bleeding from internal organs, but coverage exists if the cause of the aforementioned damage was an accident;
- 10) cerebral hemorrhages, heart attacks, strokes;
- 11) engaging in high-risk sports, unless an additional premium has been paid (code SWR);
- 12) extreme sports, unless an additional premium has been paid (code SE);
- 13) engaging in any sports activities during expeditions planned to reach altitudes above 6,000 meters above sea level, regardless of the altitude level at which the incident occurred or its consequences occurred;
- 14) performing manual labor abroad, unless an additional premium has been paid (code PF).

Obligations of the Insured Party in the event of an insured event

§ 3

1. In the event of an accident, the Insured shall:
 - 1) obtain medical documentation stating the medical diagnosis;
 - 2) notify the Company of the accident within 7 days from the date of return to Poland or the country of residence, by providing:
 - a) completed accident report form, with special attention to the circumstances of the accident,
 - b) documents necessary to determine the validity and amount of the benefit, including medical documentation from the place of the accident, confirming the circumstances of the accident and the type of injury, and in the absence of such documentation – other evidence, confirming that the accident occurred during a foreign trip, a document authorizing to drive a vehicle, originals of paid bills.
2. In the event of the death of the Insured Party, the Named Insured's beneficiary is required to submit, in addition to the documents specified in paragraph 1, an identity document and a copy of the death certificate, and in the absence of a named beneficiary, the family member applying for payment of benefits is required to submit documents proving kinship or affinity with the Insured Party.
3. The Insured Party, at the request of the Company, shall:
 - 1) undergo medical or diagnostic examination, with minimal risk, excluding genetic tests, to determine the state of health or to determine the degree of permanent health impairment; the costs of conducting these tests shall be borne by the Company;
 - 2) make available the results of tests or medical documents concerning the course of treatment, or to give permission for the Company to apply to relevant persons or institutions for access to such data or documents;
 - 3) to give written permission to the Insurance Company to apply to the entities that provided healthcare services to the Insured Party in order to obtain information related to the verification of the data provided by the Insured Party about their health condition, to determine the right to a benefit under the insurance contract and the amount of this benefit, and to release these entities from the obligation of secrecy related to the provided health services.

Determination of insurance benefits

§ 4

1. Only those types of impairments listed in the table of the degree of permanent impairment annexed to this clause shall be considered permanent health impairment.
2. The types and amount of benefits to be paid shall be determined once it is determined that there is a causal connection between the sudden event caused by an external cause and death or permanent health impairment.
3. Determination of the degree of permanent health impairment shall be made by doctors appointed by the Insurance Company, on the basis of medical records. In disputable situations, the Insurance Company reserves the right to refer the Insured Party to a medical board.
4. The degree of permanent health impairment should be determined immediately after the completion of treatment, taking into account the recommended improvement treatment, but no later than within 24 months from the date of the accident. A ruling can be made earlier, if the degree of permanent health impairment is beyond doubt.
5. In case of loss or damage to an organ, body or system, the functions of which were already limited due to illness or disability before the occurrence of the accident, the degree of permanent health impairment shall be determined in the amount of the difference between the degree of permanent impairment applicable to the organ, body or system after the accident and the degree of permanent impairment existing before the accident.
6. The total degree of permanent health impairment shall be equal to the sum of the percentages established for each type of permanent health impairment, except that their total value shall not exceed 100%.
7. If the Insured Party suffered a permanent injury as a result of a personal accident and then died as a result of the same personal accident, the Insurance Company shall pay only the death benefit. If the Insurance Company has paid a permanent injury benefit before the Insured Party's death, the amount of the death benefit shall be the difference between 100% of the sum insured for the consequences of accidents and the amount of the permanent health injury benefit already paid.

Table of degree of permanent health impairment

Item	Type of injury	Degree of permanent health impairment in %	
		right*	left*
1	Skull fracture:		
a	bones of the skull	1–20	
b	facial bones – jaw, zygomatic bone	1–20	
2	Fracture of the mandible	1–15	
3	Nasal bone fracture	1–10	
4	Tooth loss (per tooth)		
a	loss of the crown (at least ½ of the crown)	0,5	
b	loss of crown with preservation of root	1	
c	total loss of tooth with root	2	
5	Spinal fracture:		
a	cervical	1–40	
b	thoracic	1–25	
c	lumbar	1–35	
6	Sternal fracture	1–10	
7	Rib fracture	1–5	
8	Fracture of the bones forming the pelvis (excluding the tailbone):		
a	in the anterior segment (pubic bone, ischium)	5–15	

Item	Type of injury	Degree of permanent health impairment in %	
		right*	left*
b	in the anterior and posterior segments (Malgaigne type)	10–35	
9	Fracture of the femur (within the proximal epiphysis, neck or shaft)	5–55	
10	Fracture (intra-articular) of the distal epiphysis of the femur or proximal epiphysis of the tibia	1–30	
11	Fracture of the tibia	5–40	
12	Fracture of the fibula	1–5	
13	Fracture of the patella	5–40	
14	Fracture of the tibia and fibula (both shank bones)	5–40	
15	Fracture of the heel bone	1–25	
16	Fracture of the ankle bone	1–20	
17	Fracture of the tarsal bone	1–15	
18	Fracture of the metatarsal bone	1–15	
19	Toe fracture	1–12	
20	Fracture of the toes of the foot from II to V (for each toe)	1–3	
21	Total loss of the lower limb within:		
a	hip	75	
b	thigh	70	
c	knee joint	65	
d	lower thigh	50	
22	Total loss of foot	40	
23	Total loss of the toe I of the foot (in case of partial loss – 16 values for each phalanx)	6	
24	Total loss of toe II to V in the foot (in case of partial loss – 1/3 of the value for each phalanx)	2	
25	Fracture of a scapula	1–40	1–35
26	Collarbone fracture	1–15	1–10
27	Fracture of the proximal epiphysis of the humerus	1–30	1–20
28	Fracture of the shaft of the humerus	5–45	5–40
29	Fracture (intra-articular) of the distal epiphysis of the humerus, or of the proximal epiphysis of the radius bone, or of the proximal epiphysis of the elbow bone	1–25	1–20
30	Fracture of the shaft of the elbow bone or the shaft of the radius bone	1–30	1–25
31	Fracture (intra-articular) of the distal epiphysis of the elbow bone or the distal epiphysis of the radius bone	1–25	1–20
32	Fracture (intra-articular) of the distal epiphyses of the radius and ulna (both bones of the forearm)	1–35	1–30
33	Fracture of the wrist and metacarpal bones	1–25	1–20
34	Fracture within the thumb	1–20	1–15
35	Fracture of the index finger	1–15	1–12
36	Fracture in the fingers of the hand from III to V (for each finger)	1–10	1–7
37	Dislocation of the acromioclavicular joint or sternoclavicular joint		
a	first degree	1,5	
b	second degree	3	
c	third degree	4,5	

Item	Type of injury	Degree of permanent health impairment in %	
		right*	left*
38	Dislocation of the shoulder joint except habitual dislocations	6,5	
39	Dislocation of the elbow joint	5	
40	Dislocation of the wrist bone	5,5	
41	Dislocation of the interphalangeal or metacarpophalangeal joints	1,5	
42	Dislocation of the hip joint	20	
43	Damage to one collateral or cruciate ligament as a result of a knee sprain	5	
44	Damage to two collateral or cruciate ligaments as a result of a knee sprain	8	
45	Damage to three or more collateral or cruciate ligaments as a result of a knee sprain	12	
46	Total dislocation of the knee joint	12–20	
47	Ankle sprain	3	
48	Total dislocation of the ankle joint	10	
49	Total dislocation of the joints of the foot excluding metatarsophalangeal joints and toe joints	6	
50	Total loss of the upper limb within:		
a	shoulder	75	65
b	arm	70	60
c	forearm	65	55
d	wrist	55	45
51	Total loss of thumb (in case of partial loss – 1/3 of the value for each phalanx)	20	15
52	Total loss of index finger (in case of partial loss – 1/3 of the value for each phalanx)	15	10
53	Total loss of fingers of the hand from III to V (in case of partial loss – 1/3 of the value for each phalanx)	5	4
54	Total loss of vision in both eyes	100	
55	Total loss of vision in one eye	40	
56	Total loss of vision in one eye without loss of an eye	35	
57	Total loss of the auricle	10	
58	Total loss of hearing in both ears	60	
59	Total loss of hearing in one ear	20	
60	Complete loss of speech	100	
61	Total loss of tongue	40	
62	Total loss of the nose (including the nasal bones)	15	
63	Total loss of smell	10	
64	Total loss of lung	30	
65	Total loss of kidney	35	
66	Total loss of stomach	20	
67	Total loss of spleen	15	
68	Total loss of the uterus	40	
69	Complete loss of the mammary gland	25	
70	Total loss of an ovary or testicle	20	
71	Total penile loss	35	
72	Four limb palsy – permanent	100	

Item	Type of injury	Degree of permanent health impairment in %	
		right*	left*
73	Palsy of two limbs – permanent	80	
74	Concussion	5	
75	Brain contusion	10	
76	Second-degree burn up to 1% of body surface area	1–5	
77	Second-degree burn from 1 to 15% of the body surface area	6–20	
78	Second-degree burn from 16 to 30% of the body surface area	21–35	
79	Second-degree burn over 30% of the body surface area	36–100	
80	Third-degree burn up to 5% of body surface area	1–20	
81	Third-degree burn from 6 to 10% of the body surface area	21–50	
82	Third-degree burn over 10% of the body surface area	51–100	
83	Respiratory burn treated in hospital	1–100	
84	Frostbite of the second degree or higher (for each finger of the hand or foot)	5	
85	Frostbite of the second degree or higher – more than one finger of the hand or toe of the foot	15	
86	Frostbite of the second degree or higher – nose or ear	20	
87	Damage to facial coatings (scars and cavities)	1–20	
88	Scars of the chest coating	1–20	
89	Scars of the abdominal coating	1–20	
90	Scars of the coatings of the upper limb, lower limb	1–15	

* impairments for left-handed people are determined according to the percentages specified for the right side

Luggage insurance clause

Subject and Scope of Insurance

§ 1

- The subject of insurance is the Insured Party's luggage and portable electronic equipment during a foreign trip.
- Coverage is provided for luggage and portable electronic equipment under the direct care of the Insured Party and for luggage or equipment that has been:
 - entrusted to a professional carrier on the basis of the relevant transport document;
 - handed over to a storage facility against a relevant receipt;
 - left in a locked individual luggage storage at a train station or hotel;
 - left in a locked room in the Insured Party's accommodation (excluding a tent);
 - left in a locked motor vehicle trunk or in a locked overhead storage cabinet, or in a carpark against a relevant receipt;
 - left in a locked cabin of caravan or watercraft;
 - left in the locked cabin of the truck.

§ 2

- The Insurance Company will indemnify the Insured Party for loss, destruction or damage to the Insured Party's luggage during a foreign trip when this occurred due to:
 - fire, hurricane, flood, driving rain, hail, avalanche, direct lightning strike, earthquake, collapse or landslide;

- rescue operation carried out in connection with the random events listed in item 1);
 - accident in land, water, or air traffic;
 - theft by burglary from the premises listed in § 1 (2), as well as from a locked trunk of a motor vehicle (including a roof rack in the form of a locked container) or from a locked luggage compartment, or robbery;
 - accident or sudden illness, as a result of which the Insured Party was deprived of the opportunity to take care of their luggage and secure it;
 - loss, if the luggage was in the care of a professional carrier, based on a relevant transport document;
 - damage to suitcases, bags, luggage trunks or backpacks due to documented theft of part or all of their contents.
- The Insurance Company will indemnify the Insured Party for the loss of portable electronic equipment during a foreign trip due to burglary or robbery.

Limitations of the Insurance Company's liability

§ 3

- Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for damages:
 - involving damage or theft of motor vehicle equipment;
 - resulting from loss or leaving items behind;
 - consisting exclusively of damage or destruction of luggage containers (suitcases, trunks, etc.), subject to § 2 (1) (7);
 - resulting from defects in the insured object;
 - consisting of damage, destruction or loss of an item due to wear and tear, spontaneous combustion, self-destruction or leakage, and in the case of breakable or glass-packaged items – also breakage or loss of value of the damaged item;
 - caused in electrical apparatus and equipment due to their defects or the action of electric current during operation, unless the action of electric current caused the fire;
 - caused by emission, leakage, or other form of release of any substance into the air, water or ground;
 - resulting from detention, destruction, or confiscation by customs or other authorities;
 - arising during any sports activities in the course of expeditions planned to reach heights above 6,000 meters above sea level, regardless of the level of altitude at which the incident occurred or its consequences occurred.
- In addition, insurance shall not cover:
 - silver, gold, platinum in scrap and bars;
 - means of payment (payment cards, money, checks), travel tickets, vouchers, passbooks and savings certificates, securities or keys;
 - jewelry, watches, works of art, antiques, or collectibles;
 - sports equipment;
 - floating equipment;
 - weapons of all kinds and hunting trophies;
 - propellants, automobile accessories, and equipment for caravans and boats;
 - items for commercial, service or manufacturing activities;
 - cars, trailers, caravans or other means of transportation;
 - medical equipment, medicines, prostheses;
 - fur items;
 - food, alcohol, cigarettes.

Obligations of the Insured Party in the event of an insured event

§ 4

- The Insured Party is obliged to prevent damage and, in particular, to exercise due diligence in guarding the property.
- In the event of a loss, the Insured Party shall be obligated to:
 - prevent the increase of damage;
 - secure evidence of damage, both in case of loss, destruction and damage to luggage;

- 3) secure the damaged or destroyed items so that they can be inspected by a representative of the Insurance Company;
 - 4) immediately, but no later than within 12 hours of the incident, notify the police of any incident of burglary, robbery or loss of insured items and obtain written confirmation of this fact, specifying the lost items (type, quantity) and stating their value;
 - 5) notify the competent carrier or the management of the hotel, vacation home, campground, boarding house or other place of recreation of any damage that occurred in a public means of transportation or place of accommodation, and to obtain a written confirmation of this notification detailing the lost items (type, quantity) and stating their value;
 - 6) in case of loss or total or partial destruction of objects due to a fortuitous event or rescue operation – obtain from the relevant authorities a written confirmation of the damage that occurred, specifying the lost objects (type, quantity).
3. In case of violation of the obligations set forth in section 2 by willful misconduct or gross negligence, the Insurance Company may reduce the compensation to the extent that the violation contributed to the increase of damage or prevented the Insurance Company from determining the circumstances and consequences of the insured event.
 4. The claim submission should include:
 - 1) policy number;
 - 2) detailed description of the circumstances of the incident;
 - 3) inventory of damaged or lost items, specifying their value and year of acquisition;
 - 4) evidence of loss, destruction or damage to travel luggage or portable electronic equipment;
 - 5) in case of damage to luggage – bills for its repair.

Determination of compensation

§ 5

1. In determining the extent of the damage, no account is taken of:
 - 1) scientific, collector, antique, or commemorative value of items;
 - 2) costs incurred for decontamination of damage residues.
2. The amount of compensation shall be determined on the basis of market prices in effect on the date of the incident, taking into account the degree of wear and tear.
3. The amount of compensation paid may not exceed the value of the actual damage suffered or include damage previously caused, including the degree of natural wear and tear.

Insurance clause for delay in delivery of travel baggage

Subject and Scope of Insurance

§ 1

1. The subject of insurance is the delay in the delivery of luggage by airlines outside Poland and the country of residence.
2. In the event of a delay in the delivery of travel luggage by at least 5 hours, the Insurance Company shall pay a benefit in the amount indicated in the Table of Insurance Options, attached as Appendix 2 to the GTCI.
3. The period of delay shall be counted from the time of reporting to the carrier of the delay in the delivery of the luggage and receipt of the document confirming the delay until the luggage is delivered to the Insured Party's place of residence and made available to the Insured Party.

Limitations of the Insurance Company's liability

§ 2

1. Insurance coverage is not provided if the Insured is located in Poland or the country of residence.
2. Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for damages:
 - 1) resulting from the confiscation, detention or destruction of the luggage by customs or other state authorities;

- 2) resulting from the delay in the delivery of luggage in the event of the Insured Party's return to Poland or the country of residence.

Obligations of the Insured Party in the event of an insured event

§ 3

1. In the event of a loss, the Insured Party is obliged to report the delay in the delivery of the luggage to the carrier and to obtain from the carrier documents confirming the delay of the luggage and the moment of its recovery at the Insured Party's place of stay.
2. The claim submission should include:
 - 1) policy number;
 - 2) detailed description of the circumstances of the incident;
 - 3) evidence of delayed delivery of luggage;
 - 4) evidence of receipt of delayed luggage.

Flight delay insurance clause

Subject and Scope of Insurance

§ 1

1. In the event of a delay of at least 5 hours of a foreign scheduled flight organized by a professional carrier, for which the Insured Party has a valid ticket, the Insurance Company shall pay a benefit in the amount indicated in the Table of Insurance Options, attached as Appendix No. 2 to the GTCI.
2. Cancelled flights that did not depart within 5 hours of the originally scheduled departure date and time are treated as delayed flights.

Limitations of the Insurance Company's liability

§ 2

1. Insurance does not cover charter flights.
2. Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for damages:
 - 1) which were not confirmed at the airport;
 - 2) resulting from flight delays within Poland or the Insured Party's country of residence;
 - 3) resulting from natural disasters;
 - 4) resulting from the fact that the flight was canceled even before the date and time of the originally scheduled departure, and the Insured Party was informed of this fact before the date and time of the originally scheduled departure;
 - 5) resulting from the temporary or long-term withdrawal of the aircraft by the airport authority, civil aviation authority or authorized authority of any country;
 - 6) resulting from strikes, lockouts, riots, civil unrest.

Obligations of the Insured Party in the event of an insured event

§ 3

1. In the event of a loss, the Insured Party is obliged to obtain a document confirming the fact of flight delay or cancellation from the air carrier, in which the carrier should specify the flight number, the scheduled date and time of departure, and the date and time of the Insured's notification.
2. The claim submission should include:
 - 1) policy number;
 - 2) the date and place of the damage and a description of the circumstances of the damage;
 - 3) evidence of flight delay or cancellation.

Private Liability Insurance Clause

Subject and Scope of Insurance

§ 1

The subject of the insurance is the civil liability of the Insured Party in private life for personal injury (causing death, bodily injury or health disorder) or property damage (damage or destruction of property), caused

by a tortious act to third parties during a foreign trip, which the Insured is obliged to repair under the laws of the country in which he is staying.

Limitations of the Insurance Company's liability

§ 2

1. The Insurance Company shall not provide coverage for damages not exceeding the equivalent of PLN 500 with respect to each event occurring during the duration of the Insurance Company's liability, and the benefit and compensation payable to the injured party for each of the above events shall be reduced by such amount.
2. Insurance coverage does not include damage resulting from the possession of dogs, horses, wild and exotic animals, as well as chopping weapons, stabbing weapons and firearms, as well as their use for sport or self-defense.

§ 3

Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for damages:

- 1) caused to relatives;
- 2) caused intentionally by persons with whom the Insured Party stands in a common household;
- 3) for which compensation is due under compulsory liability insurance;
- 4) resulting from owning, driving, using or operating motor vehicles, aircraft or vessels;
- 5) resulting from the transmission of disease to another person;
- 6) caused by normal operation of an object or due to technical wear and tear;
- 7) resulting from contractual liability (for non-performance or improper performance of an obligation);
- 8) arising from activities related to the Insured Party's performance of any type of work, profession or business;
- 9) arising in the territory of Poland or the country of residence;
- 10) resulting from the loss of or damage to property belonging to the Insured Party or used by the Insured Party under a contract (however, this does not apply to the rental of a room in a hotel, vacation home, lodging or room in a boarding house);
- 11) related to amateur summer and winter sports;
- 12) related to high-risk sports;
- 13) arising during the practice of any sports activities during expeditions planned to reach heights above 6,000 meters above sea level, regardless of the level of altitude at which the incident occurred or its consequences occurred;
- 14) related to extreme sports;
- 15) caused by the Insured Party being under the influence of alcohol, unless this did not affect the occurrence of the insurance event.

Obligations of the Insured Party in the event of an insured event

§ 4

1. The Insured Party is obliged to prevent, as far as possible, the increase of the damage and limit its consequences.
2. In the event that the Insured Party has received information that a lawsuit has been filed against them, they shall notify the Company of this fact, even if they have already reported the occurrence of an insured event.
3. The Company shall not be liable for costs resulting from the Insured Party's failure to agree to the Company's settlement with the injured party or to settle their claims.
4. After any event resulting in the Insured Party causing damage, the Insured Party:
 - 1) shall immediately notify the Emergency Center, but no later than within 7 days from the date of the occurrence of the event that may incur civil liability, and comply with the recommendations of the Emergency Center;
 - 2) shall not, without the approval of the Emergency Center, recognize or settle the claims of the injured party, or enter into any agreement or settlement with the injured party regarding the claims made by the injured party;

- 3) shall grant power of attorney to a person designated by the Emergency Center to conduct a case or appeal to a civil court, if the injured party has taken legal action against him, if such a request is made by the Emergency Center;
- 4) shall forward to the Emergency Center immediately upon receipt any summons, lawsuit and any other court writings.
5. In case of violation of the obligations set forth in par. 4 by willful misconduct or gross negligence, the Insurance Company may reduce the benefit to the extent that the violation contributed to the increase of the damage or prevented the Insurance Company from determining the circumstances and consequences of the accident.

Determination of insurance benefits

§ 5

Within the limits of its liability, the Insurance Company shall:

- 1) investigate the validity of claims made against the Insured Party;
- 2) cover reasonable costs to prevent an increase in the extent of the damage;
- 3) cover the costs of opinions of experts appointed with the approval of the Insurance Company to determine the circumstances or extent of the damage;
- 4) pay the compensation that the Insured Party is obliged to pay to the injured party for covered damages on the basis of a settlement, recognition or final court decision concluded or approved by the Insurance Company;
- 5) to cover the cost of hiring a defense attorney to represent the Insured Party's interests during a trial, if selected by or with the consent of the Company.

Sports liability insurance clause

Subject and Scope of Insurance

§ 1

The subject of the insurance is the civil liability of the Insured Party while practicing sports covered by the insurance contract for personal injury (causing death, bodily injury or health disorder) or property damage (damage to or destruction of property), caused by a tortious act to third parties during a foreign trip and practicing sports, which the Insured is obliged to repair under the laws of the country in which he is staying.

Limitations of the Insurance Company's liability

§ 2

1. The Insurance Company shall not provide coverage for damages not exceeding the equivalent of PLN 500 with respect to each event occurring during the duration of the Insurance Company's liability, and the benefit and compensation payable to the injured party for each of the above events shall be reduced by such amount.
2. Insurance coverage does not include damage resulting from the possession of dogs, horses, wild and exotic animals, as well as chopping weapons, stabbing weapons and firearms, as well as their use for sport or self-defense.

§ 3

Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for damages:

- 1) caused to relatives;
- 2) intentionally caused by persons with whom the Insured Party is in a common household;
- 3) for which compensation is due under compulsory liability insurance;
- 4) resulting from owning, driving, using or operating motor vehicles, aircraft or vessels;
- 5) resulting from the transmission of disease to another person;
- 6) caused by normal operation of an object or due to technical wear and tear;
- 7) resulting from contractual liability (for non-performance or improper performance of an obligation);
- 8) arising from activities related to the Insured Party's performance of any type of work, profession or business;
- 9) arising in the territory of Poland or the country of residence;

- 10) resulting from the loss of or damage to property belonging to the Insured Party or property of another person used by the Insured Party under a rental, lease, use, storage or other similar agreement (however, this does not apply to the rental of a room in a hotel or guesthouse);
- 11) related to high-risk sports, unless an additional premium has been paid (code SWR);
- 12) related to extreme sports, unless an additional premium has been paid (code SE);
- 13) arising during the practice of any sports activities during expeditions planned to reach heights above 6,000 meters above sea level, regardless of the level of altitude at which the incident occurred or its consequences occurred;
- 14) caused by the Insured Party being under the influence of alcohol, unless this did not affect the occurrence of the insurance event.

Obligations of the Insured Party in the event of an insured event

§ 4

1. The Insured Party is obliged to prevent, as far as possible, the increase of the damage and limit its consequences.
2. In the event that the Insured Party has received information that a lawsuit has been filed against them, they shall notify the Company of this fact, even if they have already reported the occurrence of an insured event.
3. The Company shall not be liable for costs resulting from the Insured Party's failure to agree to the Company's settlement with the injured party or to settle their claims.
4. After any event resulting in the Insured Party causing damage, the Insured Party:
 - 1) shall immediately notify the Emergency Center, but no later than within 7 days from the date of the occurrence of the event that may incur civil liability, and comply with the recommendations of the Emergency Center;
 - 2) shall not, without the approval of the Emergency Center, recognize or settle the claims of the injured party, or enter into any agreement or settlement with the injured party regarding the claims made by the injured party;
 - 3) shall grant power of attorney to a person designated by the Emergency Center to conduct a case or appeal to a civil court, if the injured party has taken legal action against him, if such a request is made by the Emergency Center;
 - 4) shall forward to the Emergency Center immediately upon receipt any summons, lawsuit and any other court writings.
5. In case of violation of the obligations set forth in par. 4 by willful misconduct or gross negligence, the Insurance Company may reduce the benefit to the extent that the violation contributed to the increase of the damage or prevented the Insurance Company from determining the circumstances and consequences of the accident.

Determination of insurance benefits

§ 5

Within the limits of its liability, the Insurance Company shall:

- 1) investigate the validity of claims made against the Insured Party;
- 2) cover reasonable costs to prevent an increase in the extent of the damage;
- 3) cover the costs of opinions of experts appointed with the approval of the Insurance Company to determine the circumstances or extent of the damage;
- 4) pay the compensation that the Insured Party is obliged to pay to the injured party for covered damages on the basis of a settlement, recognition or final court decision concluded or approved by the Insurance Company;
- 5) to cover the cost of hiring a defense attorney to represent the Insured Party's interests during a trial, if selected by or with the consent of the Company.

Sports equipment insurance clause

Subject and Scope of Insurance

§ 1

1. The subject of insurance is sports equipment owned by the Insured Party and in the possession of the Insured Party during a trip abroad.
2. Coverage is provided for sports equipment under the direct care of the Insured Party and for equipment that has been:
 - 1) entrusted to a professional carrier on the basis of the relevant transport document;
 - 2) handed over to a storage facility against a relevant receipt;
 - 3) left in a locked individual luggage storage at a train station or hotel;
 - 4) left in a locked room in the Insured Party's accommodation (excluding a tent);
 - 5) left in a locked trunk or cabin of a motor vehicle or in a locked luggage compartment, or in a parking lot with a receipt;
 - 6) left in a locked cabin of caravan or watercraft.

§ 2

The Insurance Company will pay compensation for loss, destruction or damage to the Insured Party's sports equipment during a foreign trip only if it occurred due to:

- 1) fire, hurricane, flood, driving rain, hail, avalanche, direct lightning strike, earthquake, collapse or landslide;
- 2) rescue operation carried out in connection with the random events listed in item 1);
- 3) accident in land, water, or air traffic;
- 4) theft by burglary from the premises listed in § 1 (2), as well as from a locked trunk of a motor vehicle (including a roof rack in the form of a locked container) or from a locked luggage compartment, or robbery;
- 5) accident or sudden illness, as a result of which the Insured Party was deprived of the opportunity to take care of their luggage and secure it;
- 6) accident during sports covered by the insurance contract, confirmed by medical documentation;
- 7) loss, in case the sports equipment was in the care of a professional carrier, based on the transport document;
- 8) damage to suitcases, bags, luggage trunks, backpacks in which sports equipment was stored, exclusively as a result of documented theft of part or all of their contents.

Limitations of the Insurance Company's liability

§ 3

Notwithstanding the general exclusions of the Insurance Company's liability referred to in Chapter VI of the GTCI, the Insurance Company shall not be liable for damages:

- 1) resulting from lost or left unattended sports equipment;
- 2) consisting only of damage or destruction of luggage containers (suitcases, trunks, etc.) subject to § 2 item 8);
- 3) resulting from defects in sports equipment;
- 4) involving damage, destruction or loss of sports equipment due to wear and tear;
- 5) arising during the practice of any sports activities during expeditions planned to reach heights above 6,000 meters above sea level, regardless of the altitude level at which the incident occurred or its consequences occurred;
- 6) resulting from detention, destruction, or confiscation by customs or other authorities.

Obligations of the Insured Party in the event of an insured event

§ 4

1. The Insured Party is obliged to prevent damage and, in particular, to exercise due diligence in guarding the property.
2. In the event of a loss, the Insured Party shall be obligated to:
 - 1) prevent the increase of damage;

- 2) securing evidence of damage, both in case of loss, destruction and damage to sports equipment;
 - 3) secure the damaged or destroyed items so that they can be inspected by a representative of the Insurance Company;
 - 4) immediately, but no later than within 24 hours of the incident, notify the police of any incident of burglary, robbery or loss of insured items and obtain written confirmation of this fact, specifying the lost items (type, quantity) and stating their value;
 - 5) notify the competent carrier or the management of the hotel, vacation home, campground, etc. of any damage that occurred in a public means of transportation or place of lodging, and obtain written confirmation of this notification, specifying the lost items (type, quantity) and stating their value;
 - 6) in case of loss or total or partial destruction of objects due to a fortuitous event or rescue operation – obtain from the relevant authorities a written confirmation of the damage that occurred, specifying the lost objects (type, quantity).
3. In case of violation of the obligations set forth in section 2 by willful misconduct or gross negligence, the Insurance Company may reduce the compensation to the extent that the violation contributed to the increase of damage or prevented the Insurance Company from determining the circumstances and consequences of the insured event.
 4. The claim submission should include:
 - 1) policy number;
 - 2) detailed description of the circumstances of the incident;
 - 3) inventory of damaged or lost items, specifying their value and year of acquisition;
 - 4) evidence of loss, destruction or damage to sports equipment;
 - 5) proof of purchase of sports equipment.

§ 5

1. In determining the extent of the damage, no account is taken of:
 - 1) scientific, collector, antique, or commemorative value of items;
 - 2) costs incurred for decontamination of damage residues.
2. The amount of compensation is determined on the basis of market prices in effect on the date of the event (market value of the sports equipment), taking into account the degree of wear and tear, where 15% of the market value of the sports equipment is deducted for each year of wear and tear.
3. The amount of compensation paid may not exceed the value of the actual damage suffered or include damage previously caused, including the degree of natural wear and tear.

“Winter Package” clause

Subject and Scope of Insurance

§ 1

1. Ski lift ticket reimbursement

Insurance covers the cost of a pass that entitles you to use the ski lifts and participate in ski or snowboarding school activities. The Insurance Company shall reimburse the cost of the unused pass in connection with a sudden illness or accident of the Insured Party covered under the GTCI. Refunds are made for full days of inability to use the pass, upon presentation of the unused pass.

2. Benefit in case of closure of ski slopes

In the event of closure of all marked ski slopes located in the ski area within a radius of 30 km from the Insured's place of accommodation due to adverse weather conditions occurring during the period of insurance, as a result of which the Insured Party was deprived of the opportunity to practice skiing or snowboarding, the Insurance Company will pay the daily benefit indicated in the insurance contract for each day of inability to practice these sports. The condition for payment of the benefit is that the routes are closed at the time the Insurance Company provides coverage between December 15 and March 30, but not earlier than the date of departure of the Insured Party on the trip.

3. Reimbursement of the cost of renting ski or snowboarding equipment

The Insurance Company shall reimburse the Insured Party for the cost of renting ski or snowboarding equipment, corresponding to

the type of lost or damaged equipment, in the amount indicated in the insurance contract for each day of rental, in the following cases:

- 1) accident or sudden illness confirmed by a medical diagnosis, as a result of which the Insured Party was deprived of the ability to take care of sports equipment;
- 2) loss of sports equipment that was in the custody of a professional carrier, based on a shipping document, or was returned to a storage facility with a receipt;
- 3) damage or destruction of sports equipment while skiing or snowboarding, if it occurred as a result of an accident during the period of insurance coverage, confirmed by a medical diagnosis.

Insurance clause for medical expenses in Poland

Subject and Scope of Insurance

§ 1

1. The subject of insurance is the health of the Insured Party.
2. Coverage includes accidents during the Insured Party's travel abroad.

Insurance benefits

§ 2

1. The Insurance Company will reimburse the Insured Party for medical expenses incurred by the Insured Party in Poland for the consequences of an accident occurring during a trip abroad regardless of whether the Insured Party suffered permanent health impairment or disability.
2. Medical expenses shall be reimbursed on the basis of original bills or invoices issued by name to the Insured Party within 12 months from the date of the accident occurring during the trip abroad.

Limitations of the Insurance Company's liability

§ 3

Notwithstanding the general exclusions referred to in Chapter VI of the GTCI, medical expenses are not covered if they arise as a result of:

- 1) treatment unrelated to medical assistance provided following an accident;
- 2) sanatorium treatment, treatments in rest homes or addiction treatment centers, stays in spa resorts and hotels;
- 3) psychoanalytic and psychotherapeutic treatment;
- 4) treatment of the consequences of accidents that occurred before the conclusion of the insurance contract;
- 5) plastic surgery or cosmetic procedures;
- 6) treatment of mental disorders or depression, even if they are a consequence of an accident;
- 7) special nutrition of the Insured Party, massages, baths, inhalation, therapeutic gymnastics or radiation (even when recommended by a doctor) and other rehabilitation and physical therapy treatments;
- 8) treatment with drugs not recognized by conventional medicine.

§ 4

1. In the event of an accident, the Insured shall:
 - 1) obtain medical documentation stating the medical diagnosis;
 - 2) notify the Company of the accident within 7 days from the date of return to Poland or the country of residence, by providing:
 - a) completed accident report form, with special attention to the circumstances of the accident, and enclosing receipts for medical expenses incurred in Poland,
 - b) documents necessary to determine the legitimacy and amount of the benefit, including medical documentation from the place of the accident, confirming the circumstances of the accident and the type of injury, and in the absence of such documentation – other evidence, confirming that the accident occurred during a foreign trip.
2. The Insured Party, at the request of the Company, shall:
 - 1) undergo medical or diagnostic tests, with minimal risk, excluding genetic tests; the cost of conducting these tests shall be borne by the Insurance Company;

- 2) make available the results of tests or medical documents concerning the course of treatment, or to give permission for the Company to apply to relevant persons or institutions for access to such data or documents;
- 3) to give written permission to the Insurance Company to apply to the entities that provided healthcare services to the Insured Party in order to obtain information related to the verification of the data provided by the Insured Party about their health condition, to determine the right to a benefit under the insurance contract and the amount of this benefit, and to release these entities from the obligation of secrecy related to the provided health services.

Insurance clause for costs of rehabilitation in Poland

Subject and Scope of Insurance

§ 1

1. The subject of insurance is the health of the Insured Party.
2. Coverage includes accidents during the Insured Party's travel abroad.

Insurance benefits

§ 2

1. The Insurance Company will reimburse the Insured Party for the costs of rehabilitation in Poland of the consequences of an accident occurring during a foreign trip, regardless of whether the Insured Party suffered permanent health impairment or disability.
2. Reimbursement of rehabilitation costs shall be made on the basis of original bills or invoices issued by name to the Insured Party within a period of up to 12 months from the date of the accident occurring during the trip abroad.

Limitations of the Insurance Company's liability

§ 3

Notwithstanding the general exclusions referred to in Chapter VI of the GTCI, insurance coverage is not provided for rehabilitation costs, if they arise as a result of:

- 1) rehabilitation unrelated to the medical assistance provided as a result of the accident;
- 3) psychoanalytic and psychotherapeutic treatment;
- 4) rehabilitation of the consequences of accidents that occurred before the conclusion of the insurance contract;
- 5) plastic surgery or cosmetic procedures;
- 6) treatment of mental disorders or depression, even if they are a consequence of an accident.

§ 4

1. In the event of an accident, the Insured shall:
 - 1) obtain medical documentation stating the medical diagnosis;
 - 2) notify the Company of the accident within 7 days from the date of return to Poland or the country of residence, by providing:
 - a) completed accident report form, with special attention to the circumstances of the accident, and enclosing receipts for medical expenses incurred in Poland,
 - b) documents necessary to determine the legitimacy and amount of the benefit, including medical documentation from the place of the accident, confirming the circumstances of the accident and the type of injury, and in the absence of such documentation – other evidence, confirming that the accident occurred during a foreign trip.
2. The Insured Party, at the request of the Company, shall:
 - 1) undergo medical or diagnostic tests, with minimal risk, excluding genetic tests; the cost of conducting these tests shall be borne by the Insurance Company;
 - 2) make available the results of tests or medical documents concerning the course of treatment, or to give permission for the Company to apply to relevant persons or institutions for access to such data or documents;
 - 3) to give written permission to the Insurance Company to apply to the entities that provided healthcare services to the Insured

Party in order to obtain information related to the verification of the data provided by the Insured Party about their health condition, to determine the right to a benefit under the insurance contract and the amount of this benefit, and to release these entities from the obligation of secrecy related to the provided health services.

Insurance clause for hospital stay in Poland

Subject and Scope of Insurance

§ 1

1. The subject of the insurance is the Insured Party's stay in hospital in Poland as a consequence of an accident or sudden illness that occurred during the Insured Party's travel abroad.
2. Coverage includes the Insured Party's stay in the hospital, which will last more than 2 days.
3. The Insurance Company will pay the Insured Party a benefit in the amount indicated in the Table of Insurance Options, attached as Appendix No. 2 to the GTCI.
4. Entitlement to the benefit is determined on the basis of medical records from the foreign trip and the card of hospital treatment in Poland.

Limitations of the Insurance Company's liability

§ 2

Notwithstanding the general exclusions referred to in Chapter VI of the GTCI, the insurance coverage does not apply to hospitalization as a result of an accident or sudden illness that occurred prior to the conclusion of the insurance contract.

Deductible insurance clause on the rented vehicle

Definitions used in rented vehicle deductible insurance

§ 1

1. **Traffic collision** – any traffic incident that results only in property damage. We speak of a collision when a vehicle comes into contact with other road users, animals or objects as a result of a failure to exercise due care.
2. **Vehicle** – rented under contract:
 - 1) passenger car with a permissible total weight not exceeding 3.5 tons;
 - 2) motorcycle;
 - 3) scooter (a type of moped or motorcycle).
3. **Traffic accident** – a traffic incident resulting from an unintentional violation of traffic safety rules, in which a vehicle was damaged and during which bodily injury, disorder or death of a participant in the incident occurred.

Subject and Scope of Insurance

§ 2

1. The subject of the insurance is the costs incurred by the Insured Party in connection with damage to the vehicle as a result of a road accident or traffic collision during a trip abroad.
2. Coverage includes reimbursement of costs up to the deductible, which the Insured Party is obligated to pay on the basis of a written vehicle rental agreement, concluded with a company based outside Poland, providing vehicle rental services, and to the extent not covered by the insurance contract for the vehicle in question.

Limitations of the Insurance Company's liability

§ 3

1. Notwithstanding the general exclusions referred to in Chapter VI of the GTCI, costs are not covered if they arise as a result of:
 - 1) driving a rented vehicle by the Insured Party under the influence of alcohol, under the influence of intoxicants, psychotropic substances or substitutes within the meaning of the Act on Counteracting Drug Addiction;

- 2) use of the vehicle as an instrument of crime or attempted crime by the Insured Party;
 - 3) self-harm, suicide or attempted suicide by the Insured Party;
 - 4) use of the vehicle contrary to its intended use and without the required authorization;
 - 5) stay in areas, where movement is prohibited;
 - 6) test drives, rallies, races, workouts, competitions or the use of the vehicle as a prop;
 - 7) active participation in protest actions and roadblocks by vehicle;
 - 8) natural disasters;
 - 9) strikes, lockouts, riots, civil unrest;
 - 10) use of the vehicle to transport goods or passengers for a fee.
2. In addition, insurance shall not cover:
- 1) refueling the wrong fuel;
 - 2) loss, misplacement or snapping of keys or devices used to open and start the vehicle;
 - 3) natural wear and tear of vehicle components;
 - 4) damage or contamination of the interior of the vehicle;

- 5) theft of the vehicle or vehicle parts;
- 6) damage to vehicle wheels and components that are part of the wheel.

Obligations of the Insured Party in the event of an insured event

§ 4

In the event of an incident covered by the deductible in a rented vehicle, the Insured Party shall deliver to the Emergency Center:

- 1) a vehicle rental agreement;
- 2) a document that specifies the deductible, or confirmation of the blocking of funds on the payment card, which will document the deductible that the Insured Party bears in the event of an insured event;
- 3) confirmation from the police of the occurrence of a traffic collision or accident or a report prepared by the car rental service company and signed by the Insured Party when returning the rented vehicle;
- 4) confirmation of payment of the Insured Party's deductible.

APPENDIX NO. 4 – LIST OF SPORTS ACTIVITIES BY CATEGORY

A	B	C
AS – amateur summer and winter sports in the standard scope of the policy	SWR 100% – high risk sports	SE 300% – extreme sports
aerobics	canoeing	abseiling
aqua aerobics	canyoning	ski and snowboard stunts
orienteering	tightrope walking	cyclotrial
cross-country running	artistic gymnastics	downhill
fitness	sports gymnastics	freediving
gymnastics	skiing off designated trails	freerun
field hockey	snowboarding off designated trails	American football
horseback riding	kayaking (WWI-WWV scale)	Gaelic football
skateboarding	mountain biking	halfpipe
scooter riding	archery	heliboarding
skating	amateur marathons over 10 km, ironman, spartan race, ultramarathon, polyathlons	heliskiing
water skiing	hunting	hydrospeed
rollerblading	scuba diving with air apparatus over 30 m deep	trough riding
cycling	parkour	hang gliding
snowmobiling	pole dance	motorgliding
water scooter riding	rafting	mountainboarding
elephant riding	skitouring	paragliding
camel riding	shooting	parasailing
jeep safari	trekking with specialized equipment up to 3,500 meters above sea level.	piloting an aircraft
jogging	rowing	rugby
kitesurfing and its variations (kiteboarding, snowkitesurfing, snowkiteboarding, landkiting, snowkiting)	climbing up to an altitude of 3,500 meters above sea level (mountain, high altitude, rock, cliff, ice, wall climbing)	ski mountaineering
basketball	sailing (if you are a helmsman)	water jumping
balloon flight		bungee jumping
amateur marathons up to 10 km		ski jumping
skiing (including snow park without stunts)		parachute jumping
Nordic walking		jumping from tall buildings
scuba diving with air apparatus to a depth of 30 m		jumps from high rocks
soccer		caving
swimming		motor sports: motoskiing, motocross, off-road motor rallies, go-karts
kayaking (ZWA, ZWB and ZWC scale)		defense sports and martial arts: MMA, boxing, kickboxing, karate, aikido, taekwondo, tai chi, capoeira, fencing, wrestling, judo, tricking, ju-jitsu
swimming on a water banana		gliding
SUP board swimming		trekking above an altitude of 3,500 meters above sea level.
pedal boat riding		tyrolean lift

A	B	C
AS – amateur summer and winter sports in the standard scope of the policy	SWR 100% – high risk sports	SE 300% – extreme sports
sailing		climbing above an altitude of 3,500 meters above sea level (mountain, high altitude, rock, rock climbing, ice climbing, wall climbing)
polo		ocean sailing and sailing more than 12 nautical miles offshore
volleyball		
beach volleyball		
skateboarding		
skibobs		
snorkeling		
snowboarding (including snowpark without stunts)		
snowtubing		
sports practiced as part of teambuilding activities: paintball, zorbing, segway, rope park, ATV riding		
squash		
streetball		
surfing		
tennis		
table tennis		
trekking without the use of specialized equipment up to 3,500 meters above sea level		
wakeboarding		
fishing		
windsurfing		
sailing (if you are a crew member)		

APPENDIX NO. 5 – TEMPLATE FOR APPLYING PEOPLE FOR INSURANCE

(applies to insurance contracts concluded in unnamed group form)

No	First name	Last name	Date of birth

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