

INSURANCE CERTIFICATE 18_5068_5069

Valid only in combination with the insurance premiums and descriptions of benefits indicated on the insurance certificate. The agreed insurance is documented on the insurance certificate and booking confirmation.

YOUR INSURANCE BENEFITS

- **Health Insurance** for stays abroad incl. Medical Return Transport
- **Travel Assistance**
For safety and security, mobility, money, authorities and family
- **Accident Insurance**
Sums insured: € 100,000.00 per person in the event of invalidity from a disability level of 25 % with progression, € 20,000.00 in the event of death, € 10.00 daily allowance for accident-related hospitalisation
- **Liability Insurance**
Sums insured: € 1,000,000.00 per person for personal injury and property damage, including € 10,000.00 for damage to the furniture and movable property of the host par-ents, € 500.00 in the event of loss of third-party private keys to private residences
Deductible: € 25.00 per damage event, € 75.00 per damage event for damage caused to furniture and to movable property or for the loss of keys to private residences

Area of application: worldwide for temporary for stays abroad

Insured duration of travel: The insurance policies are valid for the agreed period of time one month at the minimum, 12 months at the maximum.

HOW TO CONTACT US

Questions about your insurance benefits

Our Service Team is ready to provide you with the information you need (Mon. – Fri. 8.30 am – 7.00 pm and Sat. 9.00 am – 2.00 pm):

Telephone: +49.89.6 24 24-460
Fax: +49.89.6 24 24-244
Email: service-reise@allianz.com
www.allianz-reiseversicherung.de

Assistance in an emergency

In the case of an emergency, we are there to assist you. Our **24-hour Emergency Service** will provide you with fast, expert assistance around the clock, anywhere in the world!

Please have the following information ready:

- the exact address and telephone number of your current whereabouts
- the names of the persons with whom you are in contact (e.g. your doctor, the hospital, the police)
- an exact description of the situation
- all other necessary information (e.g. start and / or end of travel, the tour operator and the insurance certificate number)

Telephone: +49.89.6 24 24-245
Email: notfall-reise@allianz.com

Registering a claim

You can register a claim very easily and quickly by going online to

www.allianz-reiseversicherung.de/schadenmeldung
(or you can send a letter to our Claims Department)

IMPORTANT NOTES

Insurance premium for one person: each valid for one person

Insurance cover is valid only for the insured person(s) listed by name in the insurance certificate or in the travel/booking confirmation.

The Allianz Travel trademark is owned by AWP P&C S.A. The contractually agreed insurance services are offered by AWP P&C S.A. in accordance with the following Terms and Conditions of Insurance. Verbal agreements shall not be valid. Insurance tax is already included in the insurance premiums. No fees are charged. The scope of the insurance is conclusively defined in the insurance certificate or the insurance premiums and service descriptions documented in the travel / booking confirmation.



Olaf Nink, General Representative

AWP P&C S.A.
Niederlassung für Deutschland
(Germany Branch)
Bahnhofstraße 16
D - 85609 Aschheim (near Munich)
Germany

General Representative: Olaf Nink
Registration court: Munich HRB 4605
VAT ID No. DE 129274528
Insurance tax No. 802/V90802001910

AWP P&C S.A.
Public Limited Company incorporated under French law
Registered Office: Saint-Ouen (Frankreich)
Commercial register: R.C.S. Bobigny 519 490 080
Board of Management: Sirma Boshnakova (Chairman), Dan Assouline, Ulf Lange, Claudius Leibfritz, Lidia Luka-Lognoné, Mike Nelson, Sylvie Ouziel, Eric Schneijdenberg

This translation is for information purposes only. In the event of any conflict or inconsistency between the German and the English versions, the German original shall prevail.



TRAVEL SAVE AND HEALTHY – WORLDWIDE

24-hour emergency number /
Please contact in case of emergency:

Tel +49.89.6 24 24-245

Please fill in your policy number:

Allianz  Travel



COMPLAINTS, APPLICABLE LAW AND WITHDRAWAL

How you can lodge a complaint

It is our aim to offer you first-class services. Engaging with your concerns is equally important to us. If, at any time, you are not completely satisfied with our products or our service, please do not hesitate to inform us.

You can use any means of communication to inform us of your complaints concerning contractual or claims-related issues. You can contact us by telephone at +49 89 624 24-460, by email at service-reise@allianz.com or by letter addressed to AWP P&C S.A., Beschwerdemanagement, Bahnhofstraße 16, D - 85609 Aschheim (near Munich). From March 2019 onwards, we will participate in dispute settlement procedures before a consumer arbitration board, according to Section 2 of the Act on Alternative Dispute Resolution in Consumer Matters (Verbraucherstreitbeilegungsgesetz – VSBG). Further details about our complaints handling process is available from www.allianz-reiseversicherung.de/beschwerde.

For complaints about any insurance line, you can contact the German Federal Financial Supervisory Authority (BaFin), Graurheindorfer Strasse 108, D - 53117 Bonn, Germany (www.bafin.de).

The contractual relationship is governed by German law, unless this is precluded by international law. Lawsuits arising from the insurance agreement may be raised by the policyholder and the insured person before the court which holds jurisdiction over the location in which the company or its branch office has its registered address. If the policyholder or the insured person is a natural person, lawsuits may also be raised before the court which holds jurisdiction over the location in which the policyholder or the insured person is domiciled at the time the action is filed or, if he / she has no domicile, over the location in which he / she has his/her habitual residence.

IMPORTANT NOTICES IN THE EVENT OF LOSS OR DAMAGE

What must you do in each event of loss or damage?

You must minimise the damage or loss to the extent possible and provide evidence of the damage or loss sustained. Therefore, please retain appropriate evidence detailing the occurrence of the loss or damage (e.g. confirmation of loss or damage, medical report) and the extent of the loss, damage or injury (e.g. invoices, receipts). You can register your claim quickly and easily online at www.allianz-reiseversicherung.de/schadenmeldung.

What are your obligations if you become ill or suffer an injury or other emergency while travelling?

If you sustain a serious injury or become ill, contact our Emergency **Assistance** service – particularly before any hospital admission – in order that we can ensure proper treatment and arrange return transport if necessary. To ensure the reimbursement of the costs you incurred while on travel, please submit the original invoices **and / or prescriptions**.

Important: The invoices must include the name of the person who received treatment, a description of the illness and the itemised medical services with the relevant costs. Prescriptions must contain information concerning the prescribed drugs, the prices and the stamp of the pharmacy.

What are your obligations when lodging claims under the accident insurance or liability insurance?

Please note the names and addresses of witnesses to the loss event. Ask for a **copy of the police report** if the police were called in to investigate the matter. Notify us and submit these documents and information with your registration of claim.

TERMS AND CONDITIONS FOR INSURANCE COVER OF AWP P&C S.A., GERMANY BRANCH

Terms and Conditions of Insurance for insurance cover during stays abroad

AVB AB-EV 18 ALA

The General Terms and Conditions for your travel insurance for stays abroad apply to the individual policies in addition to the Special Terms and Conditions set out further below. Insurance cover is provided if you have arranged the relevant insurance policy with us.

Section 1 Who is the policyholder?

1. You are the policyholder if you concluded the insurance contract with us. You are required to pay us the insurance premium. Section 5 applies to you. You are obliged to provide the other co-insured persons with these Terms and Conditions of Insurance and the Data Protection Policy.
2. You can be an insured person at the same time.

Section 2 Who is insured?

As an insured person, you benefit from the insurance cover. You are named in the proof of insurance, or you belong to the group of persons described therein. You are subject to all the provisions, except the payment of premium in accordance with Section 5.

Section 3 What travel is insured? Who qualifies for our insurance cover?

1. Your insured travel is protected by insurance cover within the agreed area of application.
2. You can get insurance cover if you are spending a period of time abroad as a language student, student, scholarship holder, doctoral student, visiting researcher or similar.

Section 4 What is the area of application of the insurance?

1. You are insured worldwide for temporary stays abroad (stays outside your home country). In the event of an interruption of the insured stay abroad, insurance cover also exists in your home country for a period of up to six weeks per insurance year.
2. The home country is the country in which you have had your permanent residence for at least three of the previous five years prior to applying for insurance cover. If no residence of this type existed, the home country is declared to be the country in which you had your permanent residence for the longest period of time, including if this period was prior to the previously stipulated five-year period.

Section 5 When do you have to pay the insurance premium?

1. The premium is due immediately upon arranging the insurance contract and upon delivery of the insurance certificate.
2. If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if you, as the policyholder, are not at fault for the non-payment of the premium. You are required to prove this to us.

Section 6 When does the insurance cover begin and end?

1. The insurance cover starts upon commencement of the insured travel, but not before the application is made, not before the border is crossed, and not before any waiting periods have elapsed. Waiting times are calculated from the start of the insurance.
2. The insurance cover ends at the agreed point in time, albeit no later than upon the actual completion of the insured travel.
3. The insurance cover will be extended beyond the agreed point in time, if
 - the insurance was concluded for the entire scheduled travel and
 - the end of the travel is delayed for reasons outside of your control (e.g. because you are not in fit condition for taking transport).

Section 7 In what situations are you not insured (general exclusions)?

1. You are not covered for loss or damages caused by:
 - a) strikes, nuclear energy, actions by a state authority (e.g. refusal of entry)
 - b) wars, civil wars or war-like events, if
 - these events were already ongoing at the time of your entry, or
 - you do not leave the territory/country within 14 days following the outbreak of the events. If you are unable to end your travel for reasons beyond your control, you will be insured beyond this time limit.
 - you actively participate in these events.
 - c) Nuclear, biological or chemical weapons or nuclear, biological or chemical materials.
2. You are not insured for travel within areas for which the Federal Foreign Office of Germany has issued a travel warning at the time of your entry into this area. If you are already at the location when a travel warning is announced, the insurance cover shall end 14 days after the travel warning has been announced. If you are unable to discontinue your travel for reasons in which you are not at fault, you will be insured beyond this time limit.
3. There is no insurance cover for loss or damage caused deliberately by you.
4. You are not insured while on expeditions.
5. No insurance cover exists if
 - a) there are economic, trading or financial sanctions or embargoes declared by the European Union or the Federal Republic of Germany and
 - b) these are directly applicable against you or us, or which prevent the provision of insurance cover.This also applies for economic, trading or financial sanctions or embargoes imposed by the United States of America, insofar as these do not violate European or German legal regulations.

Section 8 What are your obligations in the event of a claim (general obligations)?

1. You are required
 - to minimise the loss or damage to the extent possible and avoid unnecessary costs.
 - to notify us of the loss or damage without delay.
 - to describe and prove the loss or damage to us (event and extent). In doing so, you must truthfully provide us with all information necessary to clarify the facts, and enable us to verify the cause and amount of the claim made.
 - to provide proof in the form of original invoices and documents.
2. To enable us to assess our obligation to indemnify and the scope of indemnity to be provided, you must also release your doctor from their non-disclosure obligations to the extent that is necessary. If you do not issue the release from the duty of confidentiality and have not enabled us to perform verification by other means, we are not obligated to provide insurance benefits.

Section 9 What happens if you breach an obligation?

1. If you intentionally breach an obligation, we shall be entitled to refuse the insurance benefit. If you breach an obligation through your gross negligence, we may reduce the indemnity to an extent commensurate to the severity of your fault. You must prove that you have not acted in gross negligence.
2. If you prove that the breach of duty did not affect the determination or the scope of our indemnity obligation, we will be obliged to provide you insurance benefits. This does not apply if you have acted deceitfully.

Section 10 What is the limitation period for your claim to benefits under the insurance contract?

Your claim to insurance benefit shall lapse after three years. The limitation period begins at the end of the year in which the claim was made and you had knowledge of the circumstances justifying the claim, or should have had knowledge of such circumstances without gross negligence.

Section 11 When will we pay the compensation?

We will pay the compensation within two weeks of conclusively verifying your claim. The payment will always be made by bank transfer to an account held at a bank.

Section 12 What applies if you have compensation claims against third parties?

1. If you have claims against other parties in connection with the loss or damage event, these shall be assigned to us. This applies up to the amount of the payment you have received from us, provided you are not placed at disadvantage as a result.
2. When requested by us, you must provide us with written confirmation of this assignment.
3. Your entitlements to benefits from other private insurance contracts shall take precedence over our obligation to indemnify. We will extend preliminary indemnity in the event that you make your claim against us first.

Section 13 In what form must declarations and notifications be issued, and who is entitled to receive them?

1. Both you and we must issue notifications and declarations of intent in written or textform (e.g. letter, fax, email).
2. Insurance agents are not authorised to accept notifications or declarations of intent relating to a claim.

Section 14 What court in Germany has jurisdiction? What law applies?

1. If you wish to file legal actions in connection with this insurance contract, you may choose between the following legal venues:
 - Munich or
 - the place in which you are resident in Germany at the time of filing the action
2. If we wish to assert claims against you before a court of law, the courts of the place in which you are resident in Germany at the time of filing the action shall have jurisdiction.
3. This contract is governed by German law insofar as is permissible under international law.

Health Insurance for stays abroad incl. Medical Return Transport

AVB RKR 18 ALA_V2

Section 1 What cover do you have for illnesses or accidental injuries in the agreed area of application?

1. We will reimburse you the expenses for medically necessary treatment. This includes:
 - a) out-patient treatment provided by a doctor.
 - b) in-patient treatment provided in a hospital, including urgent operations.
 - c) medically prescribed medicines, dressings and remedies.
 - d) medical aids up to € 500.00 per insured person and insured event.
 - e) prostheses and pacemakers necessary for the first time.
 - f) the following services provided by a dentist:
 - analgesic dental treatment, including simple dental fillings
 - repair of dentures and temporary solutions
 - temporary dentures following accidentsWe will reimburse up to a total of € 500.00 per insured person and insured event, up to a maximum total of € 1,000.00 per year.
2. We will reimburse expenses for examination and treatment methods predominantly accepted by conventional medicine. This also applies to medication. We will also reimburse expenses for methods and medication that are used due to unavailability of conventional methods or medications.
3. We will cover the costs for the medically necessary patient transportation for treatment in the nearest accessible suitable hospital. In the case of out-patient treatment in a hospital, we will reimburse up to a maximum of € 200.00 per insured person and insured event.

This restriction does not apply if the transport is performed by an officially recognised emergency service in response to an emergency call.

4. We also reimburse costs incurred for:

- massages prescribed by a physician, for up to twelve applications in total per insurance year. This also applies if multiple applications are carried out during one treatment appointment.
- medically necessary rehabilitation measures, prescribed by a doctor as follow-up curative treatment.

Section 2 What cover do you have in the case of pregnancy / birth in the agreed area of application?

We will reimburse expenses for

1. medically necessary treatments for unexpected complications in the pregnancy.
2. urgent termination of a pregnancy. This only applies if there is a medical indication for the procedure.
3. delivery of miscarriages and premature births up to the end of the 36th week of pregnancy.
4. medically necessary treatments for the premature baby.
5. pregnancy check-ups up until the 12th week of pregnancy.

Section 3 What other cover do you have in the case of illness or accidental injury in the agreed area of application?

1. We will organise the medically advisable and justifiable medical return transport
 - to the nearest suitable hospital at your place of residence, or
 - to your place of residenceand we will cover the expenses for this purpose. In addition, we will arrange the recovery of your luggage, and cover the costs of this up to € 500.00 per insured person and insured event.
2. On behalf of children under 18 travelling with you, we will arrange:
 - provision of on-site care and
 - return journey,if you are not able to care for them as a result of illness, serious accidental injury or death. We will cover the expenses incurred from these events.
3. If a co-insured child under 18 requires in-patient treatment, we will reimburse the costs for accommodating an accompanying person in the hospital.
4. We will cover the travel costs for a person related to you to visit you and return to their place of residence. This applies if you
 - will have to receive in-patient treatment for a foreseeable period of more than ten days, or
 - you have taken ill and the condition is life-threatening.
5. You suffer an accident. For this reason a search must be carried out for you and you must be rescued or brought to safety. In this case, we will refund the costs of search, rescue and recovery up to € 7,000.00 per insured person and insured event.
6. If the costs of the insured in-patient treatment are reimbursed by another party, we will pay a daily hospital allowance of € 50.00 per insured person and insured event up to a maximum of 45 days.

Section 4 Which services will we provide in the event of your death abroad?

1. If you are deceased during your travel, we will organise the return of your remains at the request of your relatives. We will cover the expenses directly incurred by this event.
2. Alternatively, we will organise
 - the funeral at the relevant location, as well as the
 - return journey of one person to the funeral.We will cover the expenses incurred directly for this purpose up to a total equal to the cost of returning your remains.
3. In addition, we will organise the recovery of your luggage, and cover the costs of this up to € 500.00 per insured person and insured event.

Section 5 When will we issue a declaration of cost coverage?

If you must receive in-patient treatment, once we have performed a preliminary cover assessment, we will issue a declaration of cost coverage for up to € 15,000.00 per insured person and insured event. This will be issued to the

hospital. This does not constitute an acknowledgement of any obligation to provide benefit on our part.

Section 6 What additional assistance will we give you, if necessary?

1. If you receive in-patient treatment, we will cover the costs
 - for visits made by a fellow traveller, or
 - for their overnight accommodation.We will refund up to a maximum of € 50.00 per day, limited to eight days. The limitation applies per insured event.
2. We will provide information about
 - the general medical care in the holiday destination.
 - a German or English-speaking doctor.
 - a hospital with a high medical standard to the best of our knowledge.
 - particular risks of infection.
 - required vaccinations.
 - suitable destinations in the case of particular illnesses.
3. Medical interpreter service: We will explain diagnoses and other medical terminology.
4. You need medication that is not available at your holiday destination: we will investigate which substitute medication is locally available.

Section 7 In what cases will we not provide benefits (special exclusions)?

No insurance cover is provided for:

1. treatments and other medically prescribed measures
 - which you knew to be necessary prior to the start of the insured time period, or
 - which you must have anticipated given the circumstances known to you, or
 - which were the reason for undertaking the travel.These exclusions do not apply if you are travelling due to a death in the family.
2. Acupuncture and wellness treatments, "fango" procedures and lymph drainage.
3. Treatments due to the abuse of alcohol, drugs or medication.
4. Treatment of alcoholism, drug addiction and other addictions.
5. Consequences of attempted suicide.
6. Treatment or accommodation due to necessity for care or being held in custody.
7. Psychoanalytical and psychotherapeutic treatment, as well as hypnosis treatment.
8. Treatment of injuries suffered by you while actively participating in sporting competitions, or while training for such events. This applies if the participation is aimed at gaining income of any kind (prize money for example).
9. Treatment provided by spouses, life partners, parents or children. Proven material expenses will be reimbursed within the scope insured.

Section 8 In what cases will we curtail our indemnity?

1. We may curtail the amount of our indemnity to a reasonable sum, if
 - medical treatment,
 - any other such measure or
 - the mode of return transportexceeds the standard that is medically necessary. This limitation does not apply in the case of return transport organised by us.
2. The invoiced fees and charges may not exceed the standard and reasonable scope generally applicable in the relevant country. Otherwise, we may reduce the reimbursement to the standard rates applicable in that country.

Section 9 What applies if you have statutory health insurance (SHI)?

If you have SHI cover, in certain circumstances (particularly if you are travelling in an EU country, a country with applicable social insurance agreements or a country without such an agreement) you will be able to claim entitlements from this insurance if you need to receive medically necessary treatment while abroad. Our indemnity obligation under this insurance contract applies alongside that of your SHI. If you claim from us first, we will provide the full amount of the indemnity. We may pursue a claim against your SHI to offset our indemnity, provided this does not result in any disadvantage to you.

Section 10 To what extent will we reimburse medical services provided in Germany?

If you receive medical treatment in Germany, or receive any other medical service, we will reimburse you as follows in the absence of other arrangements

- up to a maximum of 2.3 times the rate set out in the Scale of Fees and Charges for Physicians in Germany (GOÄ) for out-patient medical services.
- up to a maximum of 2.3 times the rate set out in the Scale of Fees and Charges for Dentists in Germany (GOZ) for out-patient dental services.
- up to a maximum of 1.8 times the rate for predominantly technical medical services.
- up to a maximum of 1.15 times the rate for laboratory services.
- the relevant applicable standard rate charged by the general statutory health insurance fund (AOK) for the relevant area, for any in-patient treatment you may receive.

Please note: In Germany you will generally be treated as a private patient. In this case the doctor is entitled to agree a higher fee with you. You will be responsible for paying the difference.

Section 11 What are your obligations in the event of a claim (special obligations)?

1. You must contact us
 - in the event you are receiving in-patient medical treatment.
 - prior to payment of the costs of any in-patient treatment.
 - prior to execution of the medical return transport.In these cases we will reimburse your telephone charges up to € 50.00 per insured event.
2. You must provide us with the original invoices. Alternatively, a duplicate from another insurer or a social insurance agency will also suffice. In that case, the benefits received must be confirmed on the duplicate in the original.

Section 12 What happens if you breach an obligation?

1. If you intentionally breach an obligation, we shall be entitled to refuse the insurance benefit. If you breach an obligation through your gross negligence, we may reduce the indemnity to an extent commensurate to the severity of your fault. You must prove that you have not acted in gross negligence.
2. If you prove that the breach of duty did not affect the determination or the scope of our indemnity obligation, we will be obliged to provide you insurance benefits. This does not apply if you have acted deceitfully.

Travel Assistance

AVB RAS 18 ALA_V2

Section 1 How will we help you in the event of a travel curtailment or delayed return journey and which costs will we bear?

1. We will organise your return journey if you are unable to complete your travel as planned due to
 - an unexpected serious illness,
 - serious accidental injury,
 - deathof you or a person close to you.
2. We will refund the additional costs incurred for the return journey in keeping with the mode and quality of the originally booked travel.
3. The exchange programme abroad continues for at least two months after the occurrence of the insured event and you wish to continue your participation in the programme: We reimburse the cost of travel from the home country back to the country in which you were staying for the programme (agreed area of application).
4. You become no longer able to care for accompanying children under 18. We will organise the return journey of the children to the place of residence and / or on-site care at the destination for the children.

Section 2 How will we help you if you lose your travel payment means and travel documents?

1. You are in a financial emergency because your money is lost. In this case,
 - we will contact your local bank, and
 - we will assist it in transferring the available amount of funds.

- If a person related to you, provides you with a sum of money, we will help you with the transfer.
- If your local bank or a related person is unable to help you within 24 hours, we will provide you with a bridging loan of to € 1,500.00 per insured event. You must repay this amount to us within one month of the payout.
- You have lost your credit cards or EC / Maestro cards. We can help you with blocking the cards. We will not assume liability for failure to carry out the blocking properly or for any resulting financial losses.
- We will help you obtain replacement travel documents, if you lose the originals.

Section 3 How we will assist you if you are arrested or threatened with arrest?

We will help you get a lawyer and an interpreter. We will advance the costs for the court, lawyer and interpreter up to € 3,000.00 per insured event. If necessary, we will also advance bail money up to the sum of € 13,000.00 per insured event. You must repay the amounts advanced within one month of receiving them.

Section 4 In what other ways can we assist you before and during the travel?

- We will provide you with information about
 - the security situation in the relevant destination country.
 - the nearest consulate (address and telephone contact details).
 - travel warnings and security advice provided by the Federal Foreign Office of Germany.
- We will assist you in making re-bookings if you are unable to use your booked means of transport as planned (e.g. because it was cancelled).
- We will inform your relatives or your employer of your travel plans change due to an unforeseeable adverse event.
- If necessary, we will organise a breakdown or towing service on your behalf. The costs of this will not be covered by us as part of the Travel Assistance package.
- We will organise care and nursing for your ill or aged family members located within Germany. We work with service providers who specialize in providing care and nursing services. You shall bear the costs of the care or nursing.

Accident Insurance

AVB RUN 18 ALA_V2

Section 1 What is insured? What is an accident?

- We provide insurance cover if an accident taking place during the trip results in your permanent invalidity or your death.
- An accident is deemed to have taken place
 - if any sudden external occurrence has an effect on your body that results in involuntary damage to your health.
 - if increased physical exertion causes you to dislocate a joint, or to strain or tear muscle, tendons, ligaments or capsules.

Section 2 What will we provide in the event of death?

The accident results in your death within one year: We will pay the agreed amount of the death benefit to your heirs or to a beneficiary designated by you.

Section 3 What will we provide in the event of permanent invalidity?

- The accident has resulted in permanent impairment of your physical or mental capacity (invalidity). The invalidity must
 - have occurred within one year of the accident, and
 - be established by a doctor in writing and reported to us within a deadline of an additional three months.
- If the case of total invalidity, we shall pay the entire agreed sum insured for invalidity. In the case of partial invalidity, we will pay the commensurate proportion of the sum insured.
The amount of the benefit shall be based on the degree of invalidity. The following degrees of invalidity apply without exception:

a) for the physical loss, or loss of function of	
an arm	70 %
a hand	55 %
a thumb	20 %
a finger	10 %

- | | |
|-------------------------|------|
| a leg | 70 % |
| a foot | 40 % |
| a toe | 5 % |
| an eye | 50 % |
| hearing in one ear | 30 % |
| sense of smell or taste | 10 % |
- In the event of only a partial physical loss or partial loss of function of the parts of the body or sensory organs listed in No. 2 a), we will provide indemnity up to the corresponding proportion for the specified level of invalidity.
 - For other parts of the body or sensory organs not mentioned above, our indemnity obligation will be based on the degree of invalidity measured by the extent to which the normal physical or mental capacity is impaired overall. Only medical aspects shall be taken into consideration in this regard.
 - If several parts of the body or sensory organs are impaired as a consequence of the accident, then the degrees of invalidity calculated according to Nos. 2 a) to c), will be added together. Our total indemnity is limited to a maximum of 100 %.
 - Your degree of disability is more than 25 %. The disability benefit pursuant to No. 2 a) shall be raised and the compensation payment increased in accordance with the following table:

from %	to %	from %	to %	from %	to %	from %	to %	from %	to %
26	28	41	73	56	130	71	205	86	280
27	31	42	76	57	135	72	210	87	285
28	34	43	79	58	140	73	215	88	290
29	37	44	82	59	145	74	220	89	295
30	40	45	85	60	150	75	225	90	300
31	43	46	88	61	155	76	230	91	305
32	46	47	91	62	160	77	235	92	310
33	49	48	94	63	165	78	240	93	315
34	52	49	97	64	170	79	245	94	320
35	55	50	100	65	175	80	250	95	325
36	58	51	105	66	180	81	255	96	330
37	61	52	110	67	185	82	260	97	335
38	64	53	115	68	190	83	265	98	340
39	67	54	120	69	195	84	270	99	345
40	70	55	125	70	200	85	275	100	500

- If any parts of the physical or mental functions affected as a consequence of the accident were already permanently impaired prior to the accident, then we will reduce the benefit commensurate to the degree of the pre-existing invalidity. This shall be calculated according to No. 2.
- If death occurs within one year as a result of the accident, there shall be no entitlement to invalidity benefit.
- If you die
 - within one year of the accident of a cause unrelated to the accident, or
 - later than one year after the accident, irrespective of the cause of death
 prior to assessment of the invalidity, and the claim to invalidity benefit was already established according to No. 1, we shall pay benefit according to the degree of disability which would have been expected on the basis of the most recent medical reports.

Section 4 What costs do we additionally reimburse in the case of hospitalisation as a result of an accident?

You need to be hospitalized for treatment following an accident. We pay you a € 10.00 daily allowance for accident-related hospitalisation for a maximum of one year from the day of the accident.

Section 5 What costs do we additionally reimburse if your external appearance is permanently impaired as a result of an insured accident?

- As a result of an insured accident event, the outer surface of your body is damaged to such an extent that your physical outer appearance is permanently impaired, despite you having undergone medical treatment following the accident. For this reason, you are undergoing cosmetic surgery. In connection with the operation and the clinical treatment, we, on a one-time basis, bear
 - the costs for physician's fees, medication, bandages and other medically prescribed remedies, and
 - the costs for your accommodation and meals in the hospital or clinic,

- up to a total amount of € 5,000.00, provided these costs are not covered by other service providers.
Front teeth and incisor teeth that are visible when the mouth is open are not deemed part of the body's surface.
- The operation and your clinical treatment must be performed and completed by the end of the third year following the accident.
 - We do not reimburse the costs
 - for food and beverages,
 - for bathing, spa or recreational trips, nor
 - for nursing care in the case where a physician has not prescribed nursing care carried out by specialist nursing staff.

Section 6 In what cases will insurance cover not be available (special exclusions)?

The following cases are not insured:

- Accidents caused by mental or cognitive disorders, by strokes, and by seizures, that affect the whole body of the insured. This also applies if the condition is attributable to drugs or alcohol.
- Accidents that befall you as a consequence of the wilful commission of a criminal offence.
- Accidents that befall you as the pilot of an aircraft (including aviation sport craft) or as another member of the crew of an aircraft.
- Impairments to health caused by curative treatment or other procedures performed on your body.
- Impairments to health caused by radiation, infections and poisoning. Exception: these were occasioned by an accident.
- Injury to intervertebral discs, bleeding from internal organs and cerebral haemorrhage. Exception: the accident was the predominant cause.
- Pathological disorders due to psychological or mental reactions, irrespective of their cause.

Section 7 When is the insurance cover restricted?

Illnesses or ailments have contributed to the impairment of health, or any consequences, caused by an accident: if this proportion amounts to at least 25%, we shall reduce the benefit accordingly.

Section 8 What must you do in the event of an accident (special obligations)?

You are obliged,

- to allow yourself to be examined by the doctors appointed by us. We will pay the costs necessary for the examination, including any loss of income that may result.
- to release the doctors applying treatment or performing examinations, other insurers, social insurance agencies and authorities from their non-disclosure obligations.

Section 9 What happens if you breach an obligation?

- If you intentionally breach an obligation, we shall be entitled to refuse the insurance benefit. If you breach an obligation through your gross negligence, we may reduce the indemnity to an extent commensurate to the severity of your fault. You must prove that you have not acted in gross negligence.
- If you prove that the breach of duty did not affect the determination or the scope of our indemnity obligation, we will be obliged to provide you insurance benefits. This does not apply if you have acted deceitfully.

Section 10 When do we pay indemnity for permanent invalidity?

- We are obliged to declare within one month whether and in what amount we acknowledge a claim. In the case of invalidity benefit, the time limit is three months. These time limits will commence once we have received the following documents:
 - Proof of the circumstances of the accident and its consequences
 - In the case of invalidity claims, additionally proof of the conclusion of the medical and curative treatment inasmuch as this is necessary for the assessment of the disability.
- If the medical treatment has not yet been completed, you may only claim invalidity benefits up to the amount of an agreed death benefit within one year of the accident.

3. You and we are entitled to have the degree of invalidity medically re-assessed up to three years after the accident. This right must be exercised prior to the expiry of the time limit. If the final assessment results in a higher disability benefit than what we have already paid, we shall apply interest of 5% per year to the additional amount.

Liability Insurance

AVB RHP 18 ALA_V2

Section 1 What is insured?

1. We offer insurance cover against everyday liability, where a third party asserts claims against you for compensation in connection with a loss or damage event that
 - occurred during travel, and
 - caused or is said to have caused personal injury or damage to property,
 and the claim is based on statutory liability provisions as defined under private law.
2. Lost-keys risk:
You have third-party keys to private residences in your safe-keeping, and you lose these keys: We reimburse the costs for both the necessary replacement of locks and locking systems as well as for temporary security measures (emergency lock).

Section 2 When does an insured event exist?

An insured event is the loss event that directly causes loss or damage to be sustained by a third-party.

Section 3 How do we protect you against liability claims? To what extent will we indemnify you?

1. We will
 - a) verify the liability.
 - b) defend against unjustified claims.
 - c) indemnify you in respect of justified claims.
2. A claim is deemed justified, if
 - a) we acknowledge the obligation to indemnify.
 - b) we approve your acknowledgement of the claim.
 - c) we agree or approve a settlement.
 - d) a judicial ruling has been issued.
 If you issue an acknowledgement or agree a settlement without our approval, we will only be bound by this if the claim would have stood regardless of the acknowledgement or settlement.
3. We are authorised to issue all declarations that appear expedient to us in settling or defending the claim on your behalf.
4. If the injured party or his or her legal successor asserts a liability claim in court, we will conduct the legal action at our own expense on your behalf.
5. Our maximum indemnity is limited to the agreed sum insured.

Section 4 What risks are not insured (special exclusions)?

No cover is provided for liability claims

1. that exceed the scope of your statutory liability as a result of contractual or other commitments.
2. among and between insured persons travelling together and insured persons and their accompanying relatives.
3. by the policyholder against the insured person.
4. due to the transmission of an illness by you.
5. due to loss and damage arising from professional activities.
6. for salary, pension, wage or other defined sources of income, subsistence, medical treatment in case of incapacity and welfare claims
7. for performance of contracts, supplementary performance, arising from self-help, rescission, price reduction, or for compensation for loss or damages instead of benefits, for replacement of pecuniary loss on account of a delay in benefit or on account of other compensation payments occurring in lieu of performance. This is also applicable in the case of statutory claims.
8. from hunting activities.
9. for loss or damage resulting from participating in horse racing, cycle races or racing with motorised vehicles, boxing matches or wrestling bouts and preparations for such events.
10. for loss of or damage to articles belonging to third parties, which you have
 - hired or borrowed,
 - acquired as a result of unlawful action or
 - which are in your care.
 Exception: For third-party keys to private residences, Section 1 no. 2 applies. Cover is provided for damage to rooms within buildings, particularly to rented holiday apartments and hotel rooms or to the accommodation. Furniture and fittings are not insured.
If you are staying with host parents, insurance cover is also provided for liability claims based on damage to movable items of the host parents up to a maximum of € 10,000.00 per insured person and insured event. Claims for wear and tear or excessive strain or use are not insured.
11. against you as the owner, possessor, keeper or driver of a motor vehicle, aircraft or motor-driven watercraft; any damage caused by the use of such a vehicle this is not insured.
12. against you as the owner and keeper of animals.
13. that are directly connected to the wilful commission of a criminal offence.
14. if you lose keys to movable property (including safe keys and furniture keys), as well as consequential damage resulting from the loss of a key (e. g. a break-in).

Section 5 What are your obligations in the event of a claim (special obligations)?

1. Within one week, you must notify us
 - a) of the insured event, and
 - b) when a claim for damages is raised against you.
2. You must notify us without delay
 - a) of the initiation of criminal investigations, or the issue of a penalty order or payment notice. This applies even if we are already aware of the insured event.
 - b) if a claim has been asserted against you involving judicial or state assistance.
3. You are obliged to follow our instructions and, in particular, to acknowledge or satisfy a liability claim or agree to a settlement if we request that you do so.
4. If the liability claim results in a legal action, you must
 - entrust us with conducting the proceedings,
 - grant power-of-attorney to the legal counsel appointed or designated by us, and
 - provide the legal counsel or us with all requested information.
5. You shall raise objections within the relevant time limit or seek the necessary legal remedies against orders for payment of damages issued by the courts or by the state. You shall do so without awaiting any instructions in this regard from us.
6. If you acquire the right to demand the cancellation or reduction of a payable annuity as a consequence of altered circumstances, you are obliged to allow us to exercise this right on your behalf. The above-mentioned provisions shall apply mutatis mutandis.

Section 6 How much is your deductible?

You are liable to pay a deductible for every claim. The amount is specified in the summary of benefits.

DATA PROTECTION POLICY

In accordance with Art. 13 and 14 of the General Data Protection Regulation (GDPR), we are informing you about how your personal data is processed by AWP P&C S.A., Niederlassung für Deutschland (Germany Branch), and about the rights to which you are entitled under data protection law. Please make all co-insured individuals (e. g. your spouse) aware of this policy.

I Who is responsible for processing your personal data?

Responsibility for processing your personal data rests with

AWP P&C S.A., Niederlassung für Deutschland
Bahnhofstraße 16
D - 85609 Aschheim (near Munich).

The Data Protection Officer can be contacted by standard mail at the aforementioned address, using the suffix "Data Protection Officer", or by email at datenschutz-azpde@allianz.com.

II For what purpose is your data processed, and on what legal basis does this take place?

1. What applies to all categories of personal data?

We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (BDSG), the provisions of the German Insurance Contract Act (VVG) relevant to data protection law, as well as all other applicable laws.

When you apply for insurance cover, we will require the information provided by you at this point in order to arrange the contract and to estimate the risk assumed by us. If the insurance contract comes into being, we will process this data for the implementation of the contractual relationship, such as for invoicing purposes. We require information about loss or damage in order to be able to assess whether an insured event has occurred and determine the extent of this loss or damage.

It is not possible to arrange and implement the insurance contract without processing your personal data.

Art. 6 (1) b) GDPR constitutes the legal basis for the processing of personal data for pre-contractual and contractual purposes.

Alongside that, Art. 6 (1) a) and c) – f) GDPR contain other legally defined situations in which we are entitled to process personal data.

We will process your data in order to fulfil a legal obligation in accordance with Art 6 (1) c) GDPR, such as to review claims for settlement, if another insurer seeks recourse from us due to the existence of multiple insurance policies.

We will also process your data in order to uphold our legitimate interests or the legitimate interests of others, Art. 6 (1) f) GDPR. This may be the case particularly:

- for ensuring IT security and IT operations
- for marketing our own insurance products, and for conducting marketing surveys and opinion polls
- for the prevention and investigation of criminal activities (in particular, we employ data analyses to detect possible indications of insurance fraud).

As a rule, we only process that data that we have received directly from you. In certain cases we may also receive such data from other sources (such as if another insurer seeks recourse from us due to the existence of multiple insurance policies).

We also process your personal data in order to fulfil other statutory obligations, such as regulatory requirements, as well as data retention obligations imposed by commercial and tax law. In these cases, the legal basis of the data processing is provided by the relevant statutory regulations in conjunction with Art 6 (1) c) GDPR.

We may also process your data in accordance with Art 6 (1) d) GDPR in order to protect your vital interests, or if you have consented to the data processing, Art. 6 (1) a) GDPR.

If we wish to process your data for any purpose other than those specified above, we will notify you in advance within the framework of the statutory regulations.

2. What applies to special categories of personal data, especially health data?

There are special safeguards on the processing of special categories of personal data, of which health data is one. As a rule, processing is permitted only if you have consented to the processing in accordance with Art. 9 2) a) GDPR, or if this is a case of one of the other situations defined by law, Art. 9 (2) b) – j) GDPR.

a) Processing of your special categories of personal data

In many cases, in order to review the benefit entitlement, we require personal data belonging to a special category (sensitive data). This includes health data, for example. If, in connection with a specific insured event, you provide us with such data together with a request to review and process the claim, you are explicitly permitting us to process your sensitive data necessary in order to process the insured event. We will again remind you specifically of this fact in the claim form.

You may withdraw your consent at any time, with future effect. However, we explicitly inform you that it may in that case no longer be possible to review our indemnity obligation in connection with the insured event. If the review of the claim is already concluded, there may be statutory retention obligations that mean the data cannot be erased.

We may also process your sensitive data if this is necessary to protect your vital interests, and if you are physically or legally incapable of giving consent, Art. 9 (2) c) GDPR. This may be the case if you suffer a serious accident while travelling, for example.

In the case of multiple insurance policies, if another insurer seeks recourse from us or if we seek recourse from another insurer, we may process your sensitive data in order to assert and defend the statutory claim for settlement, Art. 9 (2) f) GDPR.

b) Requesting health data from third parties for review of the indemnity obligation

In order to review our indemnity obligation, it may be necessary for us to review information about the state of your health, as provided by you for the substantiation of claims, or which is contained in the documents submitted (e.g. invoices, prescriptions, medical reports) or statements, such as from a doctor or other member of the healthcare profession.

For this purpose, we will require your consent, including a confidentiality waiver covering us and all agencies subject to a duty of confidentiality, and which are required to provide information for review of the indemnity obligation.

We will notify you in each specific case about what persons or institutions require information for what purpose. You may then decide in each case whether you consent to us collecting and using your health information, and whether to release the named persons or institutions and their duty of non-disclosure, and if you agree to the communication of your health data to us, or if you want to personally provide the necessary documentation.

III To what recipients will we communicate your data?

Recipients of your personal data may include: selected external service providers (e.g. assistance service providers, benefit processors, transport service providers, technical service providers, etc.), other insurers (e.g. in the case of multiple insurance coverage).

We also insure some of the risks that we cover with specialist insurance companies (re-insurers). To this end, it may be necessary to send your contract and, where relevant, your claims information to a re-insurer, to enable it to form its own opinion of the risk or the insured event.

If you join a group insurance contract as an insured person, (e.g. when acquiring a credit card), we may disclose your personal data to the policyholder (a bank for example), if it has a legitimate interest in knowing this information.

In addition, we may also communicate your personal data to other recipients, such as public authorities for the fulfilment of statutory duties of notification (e.g. finance authorities or criminal investigation agencies).

The forwarding of data is a form of data processing, and is likewise performed within the framework of the principles set out in Art. 6 (1) and Art. 9 (2) GDPR.

IV How long will we retain your data?

We will retain your data for the period during which claims may be made against our company (statutory limitation period of 3 to 30 years). We will also retain your data if we are under a legal obligation to do so, e.g. according to the provisions of the German Commercial Code, the German Fiscal Code or the German Money Laundering Act. The relevant retention periods range up to ten years.

V Where will your data be processed?

If we should transfer your data to service providers located outside of the European Economic Area (EEA), the transfer within the Allianz Group will be performed on the basis of "Binding Corporate Rules", which have been approved by the data protection authorities. These form part of the "Allianz Privacy Standard". These Corporate Rules are binding on all companies within the Allianz Group, and they ensure an appropriate level of protection for personal data. The "Allianz Privacy Standard" and the list of Allianz Group companies bound by this standard, can be viewed here: <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules.html>.

In those cases in which the "Allianz Privacy Standard" does not apply, the transfer of data to third countries will take place in accordance with Art. 44 – 50 GDPR.

VI What are your rights?

You have the right to be informed about all of the information retained by us, and to demand that incorrect data be rectified. Under certain conditions, you also have the right to the erasure of data, the right to object to processing, the right to the restriction of processing and the right to data portability.

Right of objection

You may object to the processing of your data for direct marketing purposes. If we process your data in order to protect legitimate interests, you may object to this processing for reasons pertaining to your particular situation.

If you have any objections concerning the handling of your data, you may contact the aforementioned Data Protection Officer in this connection. You are also entitled to lodge an objection with a data protection supervisory authority.