

Business Travel Insurance



EXPAT & Co

International mobility insurances

essential insurance coverage for business travellers around the world



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Business Travel Insurance

Everything from missing samples for that all-important meeting to lost or stolen travel documents is the stuff of nightmares for the professional traveller. And although we won't be able to personally retrieve your suitcase from the airport's lost-and-found, we can make sure that you are able to replace the travel essentials that allow you to continue your business trip as intended.

Expat & Co's Business Travel Insurance is designed to offer you every security during your travels around the globe. From sending a substitute in case of emergency to over-booked flights and missed connections, we have thought of every type of coverage a professional on the road might need or want.

What makes us so very different from the rest you might ask? Expat & Co's insurance policies have been developed to travel with you around the globe. Health care, assistance abroad, private liability, life insurance, household goods and more are covered assurances in a highly flexible package.

You require a flexible and comprehensive healthcare and lifestyle insurance that will meet all your needs and offer the necessary assurances for yourself and your employees. Expat & Co's Business Travel Insurance policy has been designed to offer peace of mind in all situations.

Discover insurance as colourful as you are.





Why choose Expat & Co?

Expat & Co is the specialist underwriter of insurance for expats, international students and other globally mobile people. We offer some of the best terms on the market at competitive prices and have experience on our side.

Expat & Co insures private individuals as well as multinationals. We have lived the expat life ourselves and know how different you are, how individual your needs can be. So why not find out what makes Expat & Co your perfect match?

About Business Travel Insurance

Our Business Travel Insurance has been designed specifically for those who travel for work. Available in Economy and First versions, Business Travel Insurance - or BTI - incorporates all the important features in a simplified package and offers private insurance coverage at a lower cost.

Frequent travellers will be most interested in our annual policy which allows you unlimited travel throughout the year. Annual policies are available for private individuals as well as for collective underwriting.

Organisations that have various members of staff travelling at less frequent intervals may prefer to take out a Click & Fly policy. Under our Click & Fly programme you can purchase 100 pre-paid travel days which can be used by any member of staff on the road. Simply tell us who is travelling and when (before the trip starts) for their coverage to be in place.

If you run out of travel days before the year's end, you are able to top up the extra days you require in a few clicks. Unused top up travel days roll over into the next year, providing another 100 pre-paid policy days are taken out. Click & Fly is available for collective underwriting only.

2 MODULE CORE PLAN

Module 1 Assistance to Persons

This part of BTI covers you for:

- referral service;
- linguistic assistance;
- repatriation / evacuation in case of illness or disaster;
- compassionate visit;
- sending a substitute*;
- early return of manager in case of severe event at the office*;
- legal assistance;

and more....

* collective underwriting only

Module 2 Medical Treatment Costs

This module covers:

- hospitalisation in case of accident / illness;
- dental surgery following accident;
- urgent dental care;
- ambulance / helicopter transport;
- follow-up treatment;
- physiotherapist, chiropractor, osteopathy;

and more...

2 Versions, 2 Modules, 5 Options

Business Travel Insurance offers you 2 Core Plan modules and 5 additional options in Economy and First versions. Create the insurance package that meets your needs and doesn't have you paying for coverage you don't want.

Assistance to Persons and Medical Treatment Costs form your Core Plan. To this you can add any - or all - of the options you feel are of interest to you.

Choose your version, options and benefits:

2 VERSIONS

ECONOMY

FIRST

5 ADDITIONAL OPTIONS

Option 1 Travel Discomfort

This bit is here to cover you for:

- cancellation, curtailment or diversion to other destination;
- travel delay, flight cancellation, missed connection;
- compensation over-booked train / flight / hotel;

and more..

Option 2 Baggage

We've thought of the goods too:

- loss, theft or damage to personal belongings;
- professional materials (samples, machines);
- purchase of essential clothing in case of baggage delay;
- theft or loss of travel ID / documents.

Option 3 Accidents ****

This option offers you a lump sum in case of:

- permanent disability due to accident;
- temporary disability due to accident;
- death by accident;

**** including winter sports and underwater sports in First version

Option 4 Extra Contractual Liability Private Life

And just to make sure you're covered for absolutely any eventual-ity, we also cover you for:

- physical damage to third parties;
- material damage to third parties;

Option 5 Life & Income Protection

If you are heading to a danger zone you may be reassured to know that this option offers a lump sum for:

- life insurance;
- income protection for family members of insured taken into hostage > 90 days;



Coverage & Benefits of your Core Plan

Module 1 - Assistance to Persons	ECONOMY	FIRST
Referral service concerning hospitals/doctors in host country	YES	YES
Linguistic assistance in case of a covered claim	100%	100%
Repatriation/evacuation due to illness/accident	100%	100%
Repatriation/evacuation in case of natural disaster, terrorist attack, aggression	100%	100%
Repatriation in case of major damage at the home residence	NO	100%
Transport of the mortal remains to the place chosen by the deceased's family	100%	100%
Statutory arrangements and coffin	Coffin max. 1.250 €	Coffin max. 1.500 €
Funeral costs	NO	5.000 €
Compassionate visit of 1 close relative in case the insured person is hospitalized in a critical medical condition, outside the Home Country (*)	Round trip	Round trip
Accompaniment of the repatriated person (*)	100%	100%
Sending a substitute (*)	NO	YES
Return trip to the place of incident after repatriation/evacuation (*)	Ticket	Ticket
Early return in case of death of a family member (*)	Round trip	Round trip
Early return in case of hospitalization of family member (> 2 days in severe condition) (*)	Round trip	Round trip
Early return in case of totally unexpected premature birth (*)	Round trip	Round trip
Early return of the manager in case of a severe event at the office (*)	NO	Round trip
Expenses for extended stay due to illness or accident , natural disaster, terrorist threat (*)	Max. 2.000 €	Max. 2.000 €
Forwarding essential medications /medical appliances	100%	100%
Forwarding urgent messages	100%	100%

continued overleaf...

Module 1 continued...

Module 1 - Assistance to Persons continued	ECONOMY	FIRST
Advance of money for urgent expenses	NO	5.000 €
Search & rescue	5.000 €	5.000 €
Telecommunication costs	NO	125 €
Legal assistance - advance of security deposit	2.500 € 25.000 €	10.000 € 50.000 €
Repatriation of baggage	Max. 200 €	Max. 200 €
Pro-rata reimbursement for unused lift pass following medical incident	NO	125 €
(*) accommodation expenses travel expenses (incl. local transportation)	100 € p.p./day max. 7.500 € economy class	150 € p.p./day max. 7.500 €

Module 2 - Medical Treatment Costs	ECONOMY	FIRST
Hospitalization due to accident or illness	100% (**)	100%
Dental surgery following an accident	100%	100%
Ambulatory treatment costs due to accident or illness (incl. medicines only available on prescription)	100%	100%
Prescribed treatment physiotherapist, chiropractor, osteopathy	6 sessions, max. 1.000 €	12 sessions
Psychological help after trauma	2.500 €	5.000 €
Urgent dental care	250 € / trip	250 € / claim
Ambulance transport	100%	100%
Helicopter transport	NO	100%
Follow-up treatment in the home country after repatriation	max. 4 weeks / 10.000 € (**)	max. 4 weeks / 10.000 €
(**) No Private room		
<input type="checkbox"/> Deductible per trip for outpatient treatments	50 €	-





Coverage & Benefits of the 5 Options

You can add any of the following Options to your Core Plan to suit your personal and professional needs.

OPTION 1 - Travel Discomfort	ECONOMY	FIRST
Cancellation, curtailment, diverting to alternative destination	Max. 2.500 €	Max. 5.000 €
Travel delay, flight cancelation, denied boarding, missed connection (accommodation cost (**))	Max. 250 €	Max. 500 €
Compensation overbooked flight/train/hotel	NO	50 €
Help in finding hotel, in case of overbooked or cancelled flight, or denied boarding	YES	YES

OPTION 2 - Baggage	ECONOMY	FIRST
Personal belongings - Loss, theft or damage (***)	1.500 €	2.500 €
Professional material (samples, machines) – Loss, theft or damage (***)	5.000 €	10.000 €
Purchase of essential clothing and toilet articles in case of a baggage delay of 8h or 1 night	300 €	500 €
Assistance in case of theft / loss of travel and ID-documents	YES	YES
(***) Deductible per claim	125 €	125 €

OPTION 3 - Accidents (****)	ECONOMY	FIRST
Permanent disability due to accident	100.000 €	300.000 €
Temporary disability due to accident (2nd day – 365th day)	-	100 € / day
Death by accident	100.000 €	200.000 €
(****) Including winter sport and underwater sports in the First version	NO	YES
Tailored cover	On demand	On demand

OPTION 4 - Extra contractual liability private life	ECONOMY	FIRST
Physical damage:	2.000.000 €	2.000.000 €
Material damage:	500. 000 €	500. 000 €
Overall cover for the US and Canada is limited to:	1.000.000 €	1.000.000 €
□ Deductible per claim	125 €	125 €

OPTION 5 - Life and Income Protection in Danger Zones	ECONOMY	FIRST
Life insurance	-	Max. 500.000 €
Income protection for the family members of the insured taken into hostage > 90 days	-	Max. 300.000 € over 3 years

The listed benefits and maximum amounts are per person, per annum, unless stated otherwise.

The blue texts are for collective underwriting only. Collective underwriting is where an employer takes out an insurance contract on behalf of his or her employees, irrespective of the number of employees.

How to take out your policy

Taking out your Business Travel Insurance policy couldn't be easier.

Once you've decided which options you would like to include and which type of coverage you'd like to receive, simply fill out the form on our website at www.expatinsurance.eu/business-travel-insurance

To receive personal advice on our modules and options or for your made-to-measure quote, please don't hesitate to contact us; we look forward to hearing from you.

 info@expatinsurance.eu



GLOSSARY & POLICY CONDITIONS

GLOSSARY

This glossary is a guide to your understanding. For the purpose of this contract, the following declarations shall apply:

1) COMPANY:

Unless otherwise mentioned in the Policy schedule, the Underwriting Insurer is XL Catlin Belgium (a branch of XL Catlin SE). Underwritten by XL Catlin Syndicate SJC2003 at Lloyd's, Uitbreidingstraat 10-16 B-2600 Berchem, BELGIUM further called "THE UNDERWRITER", Licensed for branch Accident, Health, Fire, Liability. License number FSMA 2405.

The assistance benefits are insured by XL Catlin Belgium. The organization and the execution of these services have been entrusted to a third party assistance company further called "THE ALARM CENTRE".

The policy and claims are administrated by: Expat & Co BVBA Noordkustlaan 12, 1702 Groot-Bijgaarden (Dilbeek) BELGIUM. Licensed for all branches. License number FSMA 13.633A, and authorized to work in all countries of the European Economic Area (EEA).

Negotiations with service providers networks and individual service providers to contain costs in favour of the insured person and the underwriter, will be done by a Network Manager. For the USA the Network Management has been entrusted to Olympus. For the rest of the world it is done by the Assistance Company.

2) POLICYHOLDER:

The employer or organization who subscribes to the contract, identified as the policyholder in the policy schedule.

3) ELIGIBLE INSURED PERSON:

The person nominated in the policy as insured person, up to the age of 80 years at the time of travel, man or woman (including the eventual foetus that she carries).

The insured persons can be the persons employed by the policyholder, the board members or guests of the policy holder.

4) BENEFICIARY:

The person, identified as the beneficiary in the policy schedule, to whom a benefit is payable on the strength of this insurance.

5) FAMILY MEMBERS:

Spouse/partner, children/parents (-in-law), brothers/sisters, grandparents/grandchildren, other persons with whom the insured person lives at the same address on a permanent basis.

6) THIRD PARTY:

Any other person who is not the insured, one of his/her family members or colleagues, or his/her employer.

7) ACCIDENT:

Any sudden, unexpected force from external origin, affecting or influencing the body of the insured person, and directly causing a medically diagnosable physical injury to the Insured Person.

An accident also includes the following events:

- acute poisoning caused by the sudden and involuntary inhale of gases, vapours, liquid or solid substances, other than medicines, or allergens;
- illness or allergic reaction directly caused by an involuntary fall into the water or into any other substance, or as a result of jumping in, in an attempt to save humans, animals or goods;
- the involuntary and sudden intake of substances or objects in the digestive system, respiratory system, the eyes or the ears, causing internal injury;
- spraining, dislocation and rupture of muscle and tendon tissues provided these injuries have been caused suddenly and their nature and location may be diagnosed medically;

- suffocation, drowning, freezing, sunstroke, heat stroke;
 - exhaustion, starvation, dehydration and sunburn as a result of unforeseen circumstances;
 - complications or aggravation of the injury as a direct result of first aid or medical treatment necessitated after the accident.
 - physical injuries resulting from assaults or attacks on the life of the Insured, unless it is proved that the insured actively participated in the activities of which he/she is the victim, whether as perpetrator or as instigator.
- Are not considered as accidents in the sense of this contract:
- the development and/or the appearance of any form of hernia in whatever way;
 - the contamination of the organism of the insured by the Acquired Immune Deficiency Syndrome (AIDS virus), whatever the consequences are.

8) ILLNESS/DISEASE:

for the purposes of this contract, illness/disease is defined as any involuntary impairment of health that can be medically confirmed.

The following are excluded:

- illnesses, accidents and/or defects (congenital or otherwise) that exist prior to or at the effective date of the contract and of which the Policyholder or the Insured should be aware at that time or of which he/she is likely to have been aware because the symptoms of the illness or defect had already manifested themselves. This provision is also applicable in the event that the contract comes back into force following a period of suspension.
- Nevertheless persons with pre-existing chronic diseases can be covered for medical care following sudden attacks or worsening of the disease, at condition that they can prove, with a report of their treating doctor, prior to effective date of the contract, that they can function normally, while following regularly treatment or therapy. In all cases, this regularly treatment or therapy is not reimbursable. Cover can also be refused if proved that the attack or worsening was due to non-fidelity to the treatment/therapy, doctors' advice, or misuse of the medication.

- aesthetic or similar treatments;
- mental or nervous diseases, neuroses, psychoses, rest cures or similar treatments requiring a stay in a psychiatric institution, in a psychiatric ward of a hospital or in another institution that is mainly a rest home, a convalescent home or a similar institution that is specialized in the treatment of alcoholics, drug addicts, mental diseases or the elderly, with the exception of the exclusions stipulated in module 1.

However, non-permanent and non-chronic mental disorders will be covered;

- professional diseases for which compensation is paid under the terms of the legislation applicable to professional diseases;
- attributable to the infecting of the organism of the Insured by the Acquired Immune Deficiency Syndrome (the AIDS virus), regardless of the consequences;
- diseases for which the treatment can be postponed, with medical justification, until return of the insured to his/her home country.

9) HOSPITAL:

An establishment, which is legally licensed as a medical or surgical hospital/clinic.

10) PHYSICIAN/DOCTOR/THERAPIST:

Physical person suitably qualified and legally licensed to practice medicine in the country where treatment is provided. He/she must be practicing within the scope of his/her license and training.

If the insured calls on the services of persons who are legally licensed to exercise dental medicine in the country where their services were called upon, these people are also considered as physicians.

11) MEDICINES:

Medicines which are only available with a prescription delivered by a physician, dentist or obstetrician, practicing within their scope of license and training. Not eligible for compensation are, for example:

- restorative and nutritional products;
- slimming products;
- tonics, medicinal wines, cod liver and fish oil products;
- vitamin products;

- laxatives;
- cosmetics.

12) BAGGAGE:

Goods, personal effects and professional equipment belonging to, or hired by, the Insured Person or policyholder and accompanying the Insured Person on his/her journey.

Reimbursement for any individual object may never exceed 50% of the insurance sum. The maximum reimbursement for jewellery amounts to 25% of the insurance sum. The insurance sum amounts to the maximum compensation per claim, according to the Benefits List.

13) HOME COUNTRY:

The country of the Insured declared as such on the application form or travel register and of which he/she holds a passport.

14) FOREIGN COUNTRY/ABROAD:

Every country outside the home country.

15) RISK ZONE:

We have 3 risk zones:

- Risk zone 1: countries where Belgian Ministry of Foreign Affairs (BMFA) mentions no problems.
- Risk zone 2: countries where BMFA warns for danger (stay in the country only when necessary).
- Risk zone 3: countries where BMFA encourage the citizens to leave the country.

16) INSURANCE YEAR:

- The period between the effective day of the contract and the first anniversary of this effective day.
- The period between two anniversaries of the effective day;
- The period between the last anniversary of the effective day and the end of the contract.

17) 1st RANK, 2nd RANK INSURANCE

If there are several covers/insurances covering the same risk the 1st rank insurance is the first to be contacted to submit a claim.

Social security health cover and flight carriers' baggage cover are always a 1st rank cover.

If a claim is rejected by the 1st rank insurance, in whole or in part, the 2nd rank insurance shall pay the difference, as far as covered by the general conditions.

CONDITIONS COMMON TO ALL MODULES & OPTIONS

Art. 1. Description of the insurance contract

1.1. Versions and Options

The contract has 2 possible versions of which the policyholder can make a choice: the "Economy" or the "First"-version. The choice of the policyholder will be mentioned on the policy schedule.

The policy can be extended with the optional modules. The options can only be taken out as a supplement of the basic modules "Assistance" and "Medical treatment".

1.2. Extent of cover

This insurance will provide cover to the insured person(s) according to the conditions which are mentioned in the policy schedule, within the extent and limits described in the Benefits List.

1.3 Area of cover

The insurance will provide cover during trips worldwide. The home country is not covered unless specifically mentioned.

Nevertheless there will be special limitations or exclusions for some guarantees in U.S.

1.4 Travel period

The travel period is mentioned in the travel register and may not exceed consecutive 365 days, unless otherwise mentioned.

1.5 Deductibles

The deductibles mentioned in the Benefits List shall

apply per claim, unless otherwise mentioned.

Art. 2. Duration and end of the insurance

2.1. Duration of the insurance

The insurance will be effective from the inception date mentioned in the policy schedule (but not before the date the first premium has been paid) for a period of one year. It will automatically be renewed on the due date, which is the anniversary of the inception date of the contract.

The minimum number of travel days per Click & Fly policy is 100. Upon renewal, the policy must always be renewed with a minimum of 100 days, regardless how many travel days have been transferred from the previous insurance period.

The coverage for the insured person starts at the moment when he/she leaves his/her usual place of residence or work in the home country to make his/her way to his/her destination abroad and ends at his/her return at his/her usual place of residence or work. This all within the period specified on the policy schedule or as much earlier as the return of the insured to his/her home country.

The Underwriter must be notified of the insured's travel dates PRIOR to each trip.

2.2. End of the insurance

The policy can be cancelled as follows:

2.2.1. By the policy holder:

By registered written termination letter from the policy holder:

- On due date with at least 3 months prior notice;
- In connection with a claim, within 30 days after the Underwriter has taken a final position;
- In connection with a premium increase or alteration of conditions;
- If the policy holder has been notified about the increase or alteration at least 4 months before the yearly due date, he/she has the right to cancel the policy with at least 3 months prior notice. The contract ends

then on the due date.

- If the policy holder has been notified about the increase or alteration less than 4 months before the yearly due date, he/she has the right to cancel the policy within a period of 3 months following the mailing date of the notification. By doing so the contract ends one month after the day of notification, date of the receipt or, in case of registered letter, the date of deposition at the post office, but not before the yearly due date.

2.2.2. By the Underwriter:

Unless otherwise mentioned in the General Policy Conditions specific to the different modules and options, by registered letter from the Underwriter:

- On due date with at least 3 months prior notice;
- If in connection with an event the insured person has deliberately given a misrepresentation of facts or failed to notify important information to the Underwriter, of which, if the information was known, never would have led to cover that risk. In this case the insurance will end on the date mentioned in the letter of termination. The Underwriter will observe at least 30 days prior notice.
- in the event of a significant and definitive change in the risk, as set out in article 9 of the present conditions;
- following any declared accident, whether covered or not by the contract, but at the latest 30 days following the payment of the compensation or the refusal by the Underwriter to pay the compensation.
- In case of non-payment in respect with the procedure explained in art. 4.2.

Art. 3. Travel register

The policyholder is held to keep a travel register with following data: date of notifying, identity of the insured traveller, the exact period of travel, the home country and the country of destination. The updated version of this register will be sent to the Underwriter by email before every trip. This travel register is part of the particular conditions of the Policy.

In Risk zone 2 days are counted double, in Risk zone 3 triple. This means one day in zone 2 will be counted as

2 days in zone 1.

Art. 4. Premium payment

4.1. Premium payment in general

Premiums are determined by the Underwriter and will be payable, unless otherwise mentioned, in advance including eventual (local) premium taxes and contributions.

The initial premium is due on the date of commencement as stipulated in the policy schedule.

The premium must be paid within 30 days after its due date.

The Underwriter reserves the right to adjust the premiums once a year starting from the renewal date:

- based on eventual changes in cover ;
- based on the loss experience during the previous calendar year (e.g. because of the increased prices in medical care);
- in case of a fundamental modification in the legislation;
- in case of introduction or modification of a legislation that influences this contract.

This in relation to the modification of the concerned legislation in question and its financial consequences for the Underwriter and after having notified the policy holder.

4.2. Non payment or unpunctual payment

The policyholder will be responsible for punctual payment of the premium. In the event that a premium is not received by the Underwriter or his legal representative on the due date, the Underwriter will send a registered letter 15 days after sending this registered letter the Underwriter has the right to suspend or annul the contract if the premium is still not received. Any policy suspension or annulment for non-payment will start after expiry of above-mentioned period.

The policy holder maintains responsibility for any amount due (premiums, interests and costs). The cover of a suspended policy will only start again when

all amounts due have been received and accepted by the Underwriter, with respect of the provisions of eventual special clauses in the General conditions or the Policy schedule. No right to any benefit will exist for reimbursement of any damage arising in the period the insurance is suspended.

Art. 5. General exclusions

The insurance will not cover damage or expenses caused by, or as a result of:

5.1. Pre-existing conditions

Conditions existing before the effective date of the contract, or which it was reasonable to expect, on the effective date of the contract or before, to be incurred during the period covered by the insurance.

Any illness, injury, bodily infirmity or physical disability and consequences hereof, which have come into existence, or shown symptoms, before each trip abroad.

5.2. War risk/terrorism/military service

Direct or indirect active engagement in (civil) war, invasion, riots, lock-outs, acts of a foreign enemy, hostilities (whether war be declared or not), civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act.

The benefits of the contract are not applicable in case of claims occurred to the insured during military service or reserve call-up.

5.3. Criminal acts

The committal of any criminal act, as perpetrator, co-perpetrator or accomplice, by the insured or by the beneficiary as interested party of the insurance benefits.

5.4. Weapons

The possession and/or the active use of weapons by an insured person or beneficiary as interested party of the insurance benefits.

5.5. Nuclear reactions

- Nuclear accidents as described at the Paris Convention of July 29th, 1960.
- Ionising radiations or contamination by radioisotopes.

An exception will apply when the insured person is exposed to nuclear reactions as result of any medical treatment.

5.6. Alcohol/drugs

The use of alcohol, intoxicants, drugs or medicines (except when the medicines are prescribed and used in accordance with prescription or doctor's advice).

5.7. Sports

Unless otherwise stated following sport will be excluded:

- Practicing sports as a (subsidiary) profession.
 - Practicing dangerous sports such as:
 - Preparation for or participation in speed races with motor vehicles, motor boats or other motorized vehicles;
 - Amateur flying, delta flying, parachuting, base jumping, paragliding;
 - Equestrian competitions;
 - All full contact box, hit, punch and kick sports, free fighting and wrestling.
- Sports as judo, jiu jitsu, aikido, and semi-contact karate are accepted;
- Rugby;
 - Ice-hockey;
 - Speleology;
 - Glacier trips without a guide, climbing, mountaineering;
 - Expeditions, mountaineering and trekking in Antarctica, the North Pole and Greenland.
 - Practice of winter sports or underwater sports. This exclusion shall not apply if the policy states that the "First" version is concluded;
 - Sporting activities done in such circumstances that specialists will be of opinion they must be considered as rash acts, such as non-execution of regulations or measures of safety.

5.8. Other exclusions:

- Wilfulness or consent of the insured or the beneficiary as interested party of the insurance benefits;
- Suicide or attempted suicide. Nevertheless the benefits for funeral costs, coffin and repatriation of mortal remains will be granted in case of death by suicide;
- Reckless act or severe negligence;
- Active engagement in fights or risky ventures in which the insured person endangers his/her life or body.

Art. 6. Claims

6.1. Reporting a claim

Claims should be reported as soon as possible to the Underwriter. For this purpose a claim form should be completed according to the applicable instructions and returned together with the original and detailed bills and all supporting vouchers.

The right to compensation will expire if it is not reported within 3 years after the date on which the damage occurred. As regards to any legal claim by the beneficiary, this period starts from the date on which the beneficiary has taken cognizance of the existence of the agreement, of his/her capacity as beneficiary and of the incident that causes the insurance services to be eligible.

6.2. Complementary intervention

In the event that the damage or expenses are also recoverable from another 1st rank insurance company, or a Social Security Institution (Health Fund), this insurance will only apply to complement the cover in the other policies or schemes up to the given limits in our Benefits List.

6.3. Subrogation

For any payment under this policy, the Underwriter will be subrogated to all rights and demands the insured person may claim concerning recovery against any third party or organization. The insured will be obligated to give his/her full cooperation to secure such rights.

6.4. Dispute and expertise

In case the policy holder or the insured person does not agree with a medical matter, then this should be reported to the Underwriter within 15 days after notification of the decision.

The dispute will be submitted on contradiction to a medical commission of 2 experts-doctors, one designated by the Policy holder and/or the Insured, and one by the Underwriter. If these doctors don't agree, they designate a third expert-doctor, whose role is to provide a decisive answer.

If one of the parties does not designate an expert, or if both experts do not agree about the choice of the third expert, the designation will be done by the Court of First Instance from the head office of the Underwriter, on appeal of the plaintiff.

Every party carries the fees of his/her own expert; the fee of the third expert will be carried by both parties at equal share.

The same principle will apply for the fees of doctors to whom they appeal.

Art. 7. Exchange rates

Premiums should always be paid in the currency mentioned in the Policy schedule. All exchange and bank costs are at the expense of the Policy holder.

Claims will be reimbursed to the insured person, or in the currency mentioned in the policy schedule, or in the currency of the invoice. The date of the exchange will be the date of the invoice. In this case, the eventual difference in exchange rate between the date of reception and the date of payment will be at the expense of the Underwriter.

The used rate will be the official interbank rate.

Art. 8. Obligations of the insured person

The insured person will be obligated to:

- supply the Underwriter with all particulars and documents as soon as possible;
- keep the Underwriter informed of new facts and developments in the case;
- take all reasonable measures and precautions to minimize the damage and the consequences for the Underwriter;
- lend his/her full cooperation to the claim settlement and withhold every action that may harm the Underwriter's interests.

If the insured has not fulfilled these obligations, and this turns out to be a disadvantage to the Underwriter, the previously named will have the right to reduce the compensation amounting to this disadvantage.

The insured person loses any right to reimbursement, taking into account the circumstances under which the event occurred or with respect to any other component of the claim, when he/she:

- has given a misrepresentation of facts or has made an untrue statement;
- withholds information of which he/she could - or reasonably should - know that it might be important to the Underwriter in its assessment.

Art. 9. Notifications

Notifications by the Underwriter to the policyholder will be made regularly to the policy holders' last address known to the Underwriter.

The policy holder and/or the insured person will be obligated to notify the Underwriter of any changes of name or address mentioned in the General Policy Conditions, changes in existing cover with third parties or changes in profession of the different Insured Persons. The Underwriter must also be notified in the event of death of the policy holder or one of the Insured Persons.

The Underwriter cannot be held responsible for the

consequences if the policy holder and/or the insured fails to notify such events.

Art. 10. Change of risk

The Policyholder shall without delay inform the Underwriter of any significant and permanent change to the risk.

In the event that during the contractual period the risk is increased to such an extent that the Underwriter would have insured the risk according to different conditions if this increased risk had existed at the time of the signing of the contract, it must, within a period of one month starting from the day on which it has taken cognizance of the increased risk, propose the modification to the contract with retro-active effect to the date of the start of the increased risk.

In the event that the Underwriter furnishes proof that it would not under any circumstances have insured the increased risk, it is entitled to cancel the contract within a period of one month starting from the day on which it has taken cognizance of the increased risk.

In the event that the proposed change to the contract is rejected by the Policyholder or if, upon expiry of a period of one month starting from the receipt of said proposal, it is not accepted, the Underwriter may cancel the contract within 15 days.

In the event that a claim occurs and the Policyholder has not complied with the obligation set out in paragraph 1 of this article:

- the Underwriter is under an obligation to provide the agreed service if the Policyholder cannot be held responsible for the failure to notify;
- the service to be provided by the Underwriter is reduced in proportion to the difference between the paid-up premium and the premium that the Policyholder would have had to pay if he had properly reported the risk, if the failure to notify can be attributed to the Policyholder.

However, in the event that the Underwriter furnishes proof that it would not under any circumstances have insured the increased risk, it is only under an obligation to refund all premiums paid;

- in the event that the Policyholder has failed to comply with this obligation by deliberate deceit, the Un-

derwriter may reduce its cover. The premiums that have fallen due up to the day on which the Underwriter has taken cognizance of the deliberate omission shall be considered as rightfully belonging to the Underwriter as compensation for damages.

Art. 11. Applicable law, Disputes

The contract and the insurance relationship are subject to English law and practice and to exclusive jurisdiction of the English courts.

Art. 12. Privacy code

The personal data submitted to the Underwriter are intended only for the following purposes: evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portfolio and to prevent fraud or abuse.

Only for these purposes this information can be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion.

All involved persons have the right to look into their own particulars and have them corrected, if necessary.

GENERAL CONDITIONS SPECIFIC TO MODULE 1: ASSISTANCE

Art. 13. Repatriation or medical evacuation of the insured

In case the insured person has been hospitalized as a result of an illness or an accident occurring outside the home country, and the Alarm Centre's medical team considers it necessary to transfer him/her to a better skilled medical centre, or a centre in the Home Coun-

try, the Alarm Centre will organize, at its expense, the repatriation or transportation of the insured person, if necessary under medical surveillance.

In case the insured was transported to a better skilled medical centre abroad, in a second instance, repatriation to the home country can be considered, or a return ticket will be made available by the Underwriter.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centre's consulting physician and this in function of technical and medical importance.

It is made compulsory to have the Alarm Centre's physician's approval for every transport.

The Alarm Centre also takes charge of the organization for transportation of one person while accompanying the repatriated insured person to the place of hospitalization or the home country.

Art. 14. Evacuation/repatriation in case of Natural Disaster, Terrorism Attack, Aggression

The Alarm Centre also takes charge of the organization for evacuation of the insured person in case of a natural disaster, a terrorist attack or serious threat of aggression against the insured person and/or his/her compatriots (recognized by the Ministry of Foreign Affairs in the Insured's' home country).

The decision concerning transport and the means of transport will only be taken by the Alarm Centre.

Art. 15. Repatriation in case of major damage to the home residence

The Alarm Centre takes charge of the organization for repatriation of the insured person in case of major damage to the home residence, where his/her presence is needed.

The decision concerning transport and the means of transport will only be taken by the Alarm Centre.

Art. 16. Statutory arrangements and repatriation of the mortal remains

Option A:

In case of death of an insured person, the Alarm Centre will organize the repatriation of the mortal remains and takes charge of:

- the post-mortem treatment;
- a coffin, limited as mentioned in the Benefits List;
- the transportation or the remains from the place of decease to the place of burial or cremation;
- a round-trip for 1 family member to accompany the remains, in case the insured person stays abroad alone.

Option B:

The family can also opt for burial or cremation on the spot. In that case the Alarm Centre will take charge of:

- the post-mortem treatment;
- coffin, limited as mentioned in the Benefits List;
- a round-trip for the direct family members (partner, child, parent, brother, sister, grandparent or grandchild and/or of those people who lived as a family with the deceased insured) including accommodation during maximum 3 days.

The intervention of the Underwriter is under all conditions limited to the expenses that would have been taken charge of for the repatriation of the mortal remains to the Home Country (Option A).

In both cases the accommodation expenses will be reimbursed, as mentioned in the Benefits List under "Travel and accommodation expenses".

The Underwriter does not take charge of the expenses in relation with any ceremony.

Art. 17. Travel and accommodation expenses

The Alarm Centre organizes the travel and accommodation, as mentioned in the Benefits List, for:

- the early return of an insured person to the Home Country because a close relative (partner, child, parent, brother, sister, grandparent or grandchild) is de-

ceased, or has been hospitalized for more than 2 days in a life threatening or very bad critical condition;

- the early return of an insured person to the Home Country in case of a totally unexpected premature birth of a (grant) son/daughter;
- the necessary presence of maximum one (1) close relative, in case an insured person is hospitalized in a life-threatening or critical medical condition. This service will only be rendered if the insured person has not yet died before the time of departure;
- the necessary presence of one (1) person to accompany an insured person in case of an emergency evacuation;
- the necessary presence of the insured person in relation with major damage to the real property in the Home Country.
- the early return of an insured person to the Home Country office because a severe event with significant material damage and/or injured/hospitalized colleagues, and where his/her presence is needed as a manager or expert. This cover is subject to collective underwriting only;
- the sending of a substitute in case of decease, hospitalization for more than 10 days, or repatriation of an insured person and if the presence of a substitute is indispensable. This cover is subject to collective underwriting only;
- the event that the insured is unable to be transported due an accident or illness, natural disaster or terrorist threat/attack, the Underwriter will compensate the extra expenses for the extended stay up to the amount mentioned in the Benefits List.

The Alarm Centre organizes the transport and eventual accommodation, if needed, as mentioned in the Benefits List under "Travel and accommodation expenses for family members".

The cover can only be applied at presentation of a birth/death certificate, proof of hospitalization or proof of damage.

Art. 18. Forwarding of essential medicines/medical applications

The Alarm Centre will do everything in its power to organize the search and disposal of essential medication or medical appliances, prescribed by a competent medical authority, locally unfindable, but available at the Home Country. It is made compulsory to have the Alarm Centre's medical team's approval for delivery.

The sending depends on availability of means of transport and must be in accordance to the local and international laws. The insured person commits himself/herself to reimburse the Underwriter for the price of the medication or appliances which were put at his/her disposal (except when covered in another cover of this contract), increased with the clearance expenses, and this within a period of 30 days after sending. A surety will be asked.

The Underwriters' medical team shall always give approval first.

Art. 19. Advance of money

In case of a covered incident abroad that forms subject of a request for intervention by the Alarm Centre and, when the occasion arises after reporting to the local authorities, the Alarm Centre will upon request of the insured person do everything in its power to provide him/her the counter value of an amount, as mentioned in the Benefits List. This sum must be reimbursed to the Underwriter within 30 days. A surety will be asked in advance.

Art. 20. Search and rescue costs

The Alarm Centre will organize a trace and rescue operation, as mentioned in the Benefits List, made to save the insured person's life or physical integrity, on the condition that the rescue action is lead by the local authorities or by official relief organizations.

The provision of this service is only applicable in so far

as the destination of the trip was not strongly discouraged by the authorities.

In case of a ski accident (only in the "First" version) with physical injuries on a ski run the Alarm Centre will organize a search and rescue operation to bring the insured back down per sledge or helicopter. The expenses for this operation can be claimed back to the client when this occurs outside the well-defined ski run without a guide recognized by the local authorities.

Art. 21. Telecommunication costs

The Underwriter refunds all the telecommunication costs made to contact The Alarm Centre, in direct relation with an incident guaranteed by the present contract.

The telecommunication costs, in direct relation to a serious incident guaranteed by the present contract, to contact other people, are insured up to the maximum amount stipulated in the Benefits List, per claim.

Art. 22. Forwarding urgent messages

Upon request of the insured person, the Alarm Centre will forward urgent messages to every person in relation with the insured cover and actions set out.

All communications to be sent are subject to justification of the request and must state the message clearly and explicitly, as well as the correct name, address and phone number of the person to be contacted. Every document regarding penal, financial, civil or commercial liability results will be communicated on full responsibility of the author, whose identity must be known. The content must be in accordance with the local and eventual international law and cannot hold any liability against the Alarm Centre or Underwriter.

Art. 23. Assistance in case of loss or theft of travel and ID-documents, cheques, bank cards or credit cards

In case of loss or theft of travel documents and after the insured person reported it to the local authorities,

the Alarm Centre will put the necessary tickets at the disposal of the insured person to continue his/her journey or to return to his/her residence.

The insured person commits himself/herself to reimburse the Underwriter for the price of the tickets which were disposed to him/her (except when covered in another cover of this contract, e.g. baggage), increased with the clearance expenses, and this within a period of 30 days after sending. A surety will be asked.

In case of loss or theft of identity documents, visas, driving licenses, insurance papers, registration documents, and the like, and after the insured person reported it to the local authorities, the Alarm Centre will assist the insured by advising and intervening at the local embassy, consulate and other official bodies for the disposal of the necessary identity certificates, and pay for the travel expenses to and from the embassy/consulate, limited as mentioned in the Benefits List under "Travel and accommodation costs of family members".

In case of loss or theft of cheques, bank cards or credit cards and after the insured person reported it to the local authorities, the Alarm Centre will act towards the financial institutions to take the necessary precautions.

If necessary and when possible the Alarm Centre will perform the functions of interpreter.

Under penalty of decline of cover, the insured person has to report the loss or theft to the local authorities. Under no circumstances can the Alarm Centre, nor the Underwriter, be held liable for incorrect transfer of information provided by the insured person.

Art. 24. Legal assistance abroad

When the private rights or interests of the insured are at risk, due to incidents occurring during the stay of the insured abroad, with the exception of losses as a consequence of the possession, the keeping or the use of a motorized vehicle (except for wheelchairs for

handicapped persons), the insured can claim a reimbursement of the costs incurred for legal assistance, without however exceeding the amount stipulated in the Benefits List, per claim, and only in relation to:

- the recuperation of the material and immaterial loss following a physical injury sustained by the insured person for which a third party is liable based on local legal provisions;
- the legal defence of the insured person in case the insured is sued in court for his/her private liability, under the laws of the country where he/she is, for losses inflicted to third parties, or after being guilty for involuntary offence of local laws.

Are covered the costs for the necessary legal assistance or those incurred by the Alarm Centre, insofar as these are not to be recuperated from a third party, namely:

- the costs linked to the investigation and the handling of the case;
- the costs linked to the calling in of lawyers, bailiffs, witnesses and experts.

In the United States and Canada, the fees of the lawyer are not charged to the Underwriter if the lawyer is treating the case on a "no cure - no pay" basis. In this case it should be considered that the fees are included in the compensation for prejudice;

- in agreement with the Alarm Centre, the costs incurred by the insured for accommodation and travel. Travel costs will be reimbursed following common tariffs for public transport and/or economy class. The accommodation expenses will be reimbursed, as mentioned in the Benefits List under "Travel and accommodation expenses for family members".

On the request of the insured and provided there is sufficient guarantee, the Alarm Centre will provide an advance for a maximum mentioned in the Benefits List for:

- the payment of due legal proceedings and execution costs of the insured and the adverse party, with the exception of money deposited as security, insofar as an irrevocable legal judgement determines that these costs must be borne by the insured;
- the release of the insured if he/she has been placed

under arrest after a traffic accident.

A similar advance or bail will be considered as a loan to the insured, which he/she will reimburse to the Underwriter in totality as soon as the amount of the bail is paid back to him/her in case of the dropping of legal proceedings, a verdict of not guilty or otherwise within 30 days after the date on which the competent tribunal has pronounced the judgement.

Reimbursement to the Underwriter should in any case not occur later than 30 days after that advance has been made or the bail has been posted. A surety will be asked.

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- damage or expenses following cases known – or reasonably should be known – by the insured person prior to the effective date of the contract;
- the cases in which the interest at stake is less than 250,00 EUR;
- the costs (including the costs linked to the calling in of a lawyer or an expert) which are incurred without the prior approval of the Alarm Centre or Underwriter;
- in case of malice, serious culpability or negligence on the part of the insured;
- the costs which are the consequence of omissions or faults of the insured in relation to the treatment of the case.

From the moment when the Underwriter has communicated to the insured that further treatment of the case has no reasonable chance of success, the insured can no longer make any claim for coverage except for the settlement of the dispute as described hereafter.

Settlement of disputes

In case of difference of opinion between the insured and the Underwriter on the result to be expected, or on the way to handle the case, the insured can, after agreement with the Underwriter to charge this to the Underwriter's account, submit the case to 1 lawyer of his /her choice who is expert in the field in question.

This has to be done as soon as possible, and in any case within 1 month after the Underwriter has communicated the insured its opinion on the result to be expected or on the way of handling the case, which is contested by the insured.

Should that lawyer share the Underwriter's point of view, then the insured can only proceed with the case at his/her own expense. Should the result show that the insured is wholly or partially vindicated, then the costs are reimbursed to a maximum of the sum mentioned in the Benefits List.

In the case the insured loses confidence in the designated lawyer who is handling the case, the insured can, at the Underwriter's expense, transfer the case to another lawyer, under condition that the Underwriter can reasonably share the point of view of the insured.

Art. 25. Repatriation of Baggage

The Alarm Centre takes charge of the organization for repatriation of the insured's' baggage, up to the maximum amount stipulated in the Benefits List, after a covered event of :

- evacuation/repatriation of the insured person, or his/her mortal remains;
- finding back of lost or delayed baggage.

The decision concerning transport and the means of transport, will only be taken by the Alarm Centre.

Art. 26. Specific conditions concerning Assistance Services

The assistance benefits are insured by the Underwriter. The organization and the execution of these services have been entrusted to the Alarm Centre.

The implementation by the insured, or by one of his/her family members, of one of the services described above can only give rise to reimbursement if the Alarm Centre has been previously notified and has given its explicit approval for the means to be used,

by opening a file number.

The costs incurred will only be reimbursed after presentation of the necessary supporting documents and within the limits for which the Alarm Centre has committed itself for the organization of the provision of assistance mentioned above.

Only the additional costs, besides those, which the insured would normally incur for his/her return to his/her home country, are taken in charge.

If the Alarm Centre has organized the return trip of the insured and has borne the costs, the Policyholder, the insured and/or his/her beneficiaries are obliged to take the necessary measures to obtain reimbursement of the transport tickets which were not used and to reimburse the Underwriter for that amount within a delay of 30 days maximum. A surety will be asked.

When the Alarm Centre has expressed its approval for the change in the means of transport to be used or in the destination, these become contractually established, its financial participation can never be superior to the amount that had been foreseen for the execution of the original transport contract.

When the costs of hotel accommodation are taken in charge, the Underwriter only intervenes for the actual costs of renting a room, within the limits foreseen in the Benefits List, excluding all other costs.

The Alarm Centre may only intervene within the limits of the agreements, which were granted by the local authorities. It may in no case take the place of local organizations for the provision of first aid services, and therefore would not bear the inherent costs.

The Alarm Centre or the Underwriter cannot be held responsible for the faults or for the wrong execution of its obligations as a consequence of circumstances outside one's control such as civil wars or war with a foreign country revolution, popular rebellion, insurrection, strike, sequestration or constraint by the police and/or by the local authorities, official prohibition, piracy, detonation of explosives, nuclear or radioactive effects, climatic obstructions.

Art. 27. Exclusions relating to Module 1

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- medical assistance in connection with maternity after the 8th month (36th week) of pregnancy and after the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment
- each intervention when a trip is undertaken in order to undergo a (para) medical treatment;
- infractions which the insured commits voluntarily against the laws which are in force abroad;
- transportation which has not been arranged by the Alarm Centre. However, expenses equivalent to the amount which the Alarm Centre would have paid shall be covered;
- contaminations or epidemics which have been placed under the direction of public authorities;
- for the bare issue of medical certificates.

GENERAL CONDITIONS SPECIFIC TO MODULE 2: MEDICAL TREATMENT COSTS ABROAD

Art. 28. Medical care following accident or illness, pregnancy complications

The Underwriter refunds the really indispensable medical costs of treatment, provided to an insured, which are the direct consequence of an accident, an illness or pregnancy complication occurred during the trip abroad:

- hospital stay during a maximum of 365 consecutive days. In the Economy version only semi-private rooms are covered;
- doctors and specialist fees. Supplements related to private rooms are not covered in the Economy version;
- Operation theatre and intensive care room;
- surgical costs;
- the medical costs, costs for treatments and examinations;

- the costs for prescribed medicines or medicines entered on the hospital invoice, for use during the period covered by the insurance;
- costs of the transport in ambulance or helicopter from the place of incident to the nearest hospital, or from one hospital to another hospital on doctor's prescription. No allowance is paid for the costs of public transports such as taxi, train or bus;
- first prostheses which have become necessary, as a consequence of an accident;
- medically necessary and unforeseen costs of pregnancy and totally unexpected premature child birth for mother and child, based on recognized medical and scientific considerations, and prescribed or imposed by a physician.
- the costs for a voluntary abortion carried out in a hospital, in consequence of a rape, happened during covered travel period and reported to the local police station.
- follow-up treatment in the home country after repatriation, during a maximum of 4 weeks after return in the home country and up to 10.000 €. In the Economy version only semi-private rooms are covered.

This Medical cover is always taken out in 2nd rank, the claim should be sent to the 1st insurer or social security institution first. The difference can then be claimed with a copy of the original invoices and the state of reimbursement by this 1st rank insurer.

Art. 29. Physiotherapy and Psychotherapy (after trauma)

The Underwriter refunds the costs of treatment by a physiotherapist, prescribed or imposed by a physician. The compensation will be attributed in conformity with the locally common tariffs, after the doctors' prescription.

For extended treatment, prior written approval should be obtained from the Underwriter.

Not eligible for compensation are:

- speech therapy lessons;
- work and occupational therapy;
- pre- and post natal gymnastics;
- sports massage;

The Underwriter refunds the costs of treatment by a psychotherapist, prescribed or imposed by a physician, after a trauma.

The compensation will be attributed in conformity with the locally common tariffs, after the doctors' prescription.

Art. 30. Costs of provisional pain relieving dental treatment

The Underwriter reimburses the costs of acute medical necessary dental treatment up to the maximum amount stipulated in the benefits list.

Hereby is understood solely:

- the dentists' fees for treatment of a dental injury or infection, a lost filling or broken tooth or denture;
- the eventual X-ray photos, prescribed or imposed by the treating dentist, made in connection with this treatment;
- the medicines, prescribed by a dentist;

The dental surgery costs incurred as a consequence of an accident are insured up to maximum 365 days following the day of the accident.

Art. 31. Exclusions relating to Module 2:

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5) and in the definitions of accident and illness (see Glossary point 7 and 8), there shall be no reimbursement for:

- cost of pregnancies and childbirth, after the 8th month (36th week) of pregnancy and after the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment or when carrying more than 1 baby;
- for the cost of fertility tests and fertility promoting treatments;
- contraception;
- for cosmetic surgery and treatments, unless it is a matter of mutilation as a result of an accident or disease, occurred during the covered trip;

- the development and/or the appearance of any form of hernia in whatever way;
- contaminations or epidemics which have been placed under the direction of public authorities;
- the costs for non-urgent dental care, dental cleaning, dentures, dental treatment which is not pain relieving and provisional and can await the insured's arrival home;
- glasses, contact lenses and hearing aids;
- typical vaccinations which should have been taken before starting the trip;
- medical check-ups, preventative treatment and the bare issue of medical certificates;
- recreational treatment;
- venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV, antibodies (HIV positive);
- induced abortion which is not medically prescribed;
- treatment by naturopaths, naturopathic medicines and other alternative methods of treatment (other than chiropraxy, acupuncture, osteopathy or homeopathy);
- medical treatment and examinations which can await the insured's arrival home;
- any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance;
- treatment performed by an unrecognized physician or facility (cfr. also Glossary point 9 and 10) or by a family member;
- the insured resisting or failing to comply with the medical directions given by the Underwriter's medical consultant and the treating physician,
- the insured resisting medical evacuation/repatriation;

Art. 32. Special obligations in case of admission to a hospital

In case of admission to a hospital, it is necessary to call the Alarm Centre before or, if not possible, as soon as possible after the admission, so that, in agreement with the insured or with his/her representative, and with the treating physician, and eventually with the family doctor, the measures which ensure best the interests of the insured, can be taken.

GENERAL CONDITIONS SPECIFIC TO OPTION 1: TRAVEL DISCOMFORT

Art. 33. Subject

In the case of cancellation or curtailment of the journey, delay to departure and consequently missed connection, flight cancellation, denied boarding, overbooked flight or diverting to alternative destinations, the Underwriter shall pay compensation to the insured up to a maximum amount as mentioned in the Benefits List, bearing the following in mind:

33.1. Insured events concerning cancellation or curtailment

The right to receive compensation shall solely exist as a consequence of one of the following events:

- a. death, serious illness or serious accidental injury on the part of an insured, rendering the trip or making use of the rental object impossible or making it imperative to prematurely terminate the trip or the stay;
- b. death, serious illness or serious accidental injury of a family member, or direct colleague rendering it unreasonable for the insured to make the trip or make use of the rental object, or making it imperative to prematurely terminate the trip or the stay;
- c. being unable, under medical advice, to be vaccinated, which is required by the authorities in order to reach the destination of the trip or to stay there;
- d. relevant damages to goods due to fire, explosion, strike by lightning, storm or flood, which exercises an effect on the property of the insured or of the organization where the insured works or which assigned the trip to the insured and which the insured took on, which event or events urgently require the insured's presence;
- e. an unexpected conscription notice requiring the insured to attend military service for the first time, or go on repeat exercises;
- f. serious damages to the temporary address or the company address where the insured person is posted to, making it impossible for the planned trip to

take place. In that case, compensation shall solely be paid for the pre-paid/reserved tickets for the boat, air or train trip.

33.2. Delay to departure, cancelled flights, missed connections, denied boarding, overbooked flight/train/hotel.

The Underwriter will pay compensation in the case of a delay to departure of at least 8 hours of a boat, bus, train or aircraft, caused by factors outside the control or the will of the insured, as well as pay compensation for the additional travel and accommodation costs (as mentioned in the Benefits List under Option 1) incurred by an insured. This compensation will always be paid in second rank, after inactivation of the transport carriers' or hotel cover.

Art. 34. Validity of the cancellation insurance

Click & Fly Cancellation insurance is solely valid if concluded within 14 days of booking the travel arrangement.

Already paid premiums for cancellation insurance shall not be restituted in case of a cancellation.

No restitution of expenses will be made paid other than in connection with the cancellation of the travel or rental agreement, transport organization or accommodation.

Art. 35. Exclusions relating to Option 1

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- 1) if the illness, injury or the cause of death, which results in the cancellation, has shown symptoms or was present when the trip was booked and/or paid for, and the need for treatment could therefore be expected before the commencement of the trip;
- 2) if the insured has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,

- 3) if the cancellation is due to a change in travel plans, change of mind, changed conditions at the destination;
- 4) if the claim has occurred directly or indirectly due to the insured's intentional actions, gross negligence or omissions, unless it can be proved that the claim has no connection thereto.

Art. 36. Special obligations

Alongside the general obligations as set forth in the general terms and conditions, the following obligations are also in force:

- The insured, or an interested party to this insurance shall be bound to notify the Underwriter immediately of circumstances that might lead to a claim being made for compensation under the terms of this present agreement.
- The insured, or an interested party to this insurance shall be bound to notify the travel agency/airline company immediately. The insurance does not provide cover if cancellation takes place later than the time of departure.
- In case of a medical claim the insured is bound to obtain medical information with a diagnosis from the attending physician and, upon request, to give the Underwriter's medical consultant access to all relevant medical records or reports, including information about previous courses of illness. In case of death the death certificate must be included.
- The insured is also bound, at the request of the Underwriter, to submit authentic proof if compensation is claimed under the terms of this insurance and moreover, they are also bound to cooperate with all that which the Underwriter may require, in all reasonableness, require of them.
- The insured is also bound to submit proof of payment of registration fees and/or all or part of the travel/rental sum.

GENERAL CONDITIONS SPECIFIC TO OPTION 2: BAGGAGE

Art.37. Subject

The object of this section is to cover the insured for the damage occurring to baggage and travel documents, during travel periods, up to the amount stipulated in the Benefits List;

The following risks are covered:

- loss of the insured's goods registered with the travel company;
- theft of all or a part of the insured's goods;
- destruction of or damage to the insured's goods.

Art. 38. Insured baggage

Are insured: baggage, professional material and travel documents belonging to the insured or to the employing company.

Under "baggage" should be understood the objects which the insured has taken along for personal use or which, during the period of validity of the contract, have been dispatched before or after to the destination abroad, as well as the goods which the insured buys for his/her own use during the period of validity of the contract for a maximum sum as mentioned in the Benefits List.

Under "professional material" should be understood the objects which the insured has taken along, or which during the period of validity of the contract, have been dispatched before or after to the destination abroad, for professional use during the period of validity of the contract for a maximum sum as mentioned in the Benefits List.

Under "travel documents" in relation with this section, should be understood passports, visas, travel tickets, driver's licenses as well as documents in connection with vehicles such as insurance papers, registration cards, and the like.

Art. 39. Baggage delay

In case of delay of more than 8 hours (or at least 1 night) of the baggage after arriving at destination in the foreign country the Underwriter covers the expenses for the purchase of the first requisites (necessary clothing and toilet items) up to the limits mentioned in the Benefits List.

Art. 40. Damage compensation

The following values will be used as the basis for the calculation of the compensation:

- Travel documents: the assistance for obtaining the new documents;
 - Personal belongings:
 - the replacement value for objects not older than one year;
 - the actual value for objects older than one year;
 - Professional material:
 - the replacement value for objects not older than one year;
 - the purchase value minus the amortization for objects older than one year;
 - Objects that cannot be replaced by new ones of the same type and quality: the market value;
 - Damaged objects which are reasonably susceptible of being repaired: the repair cost;
- with as upper limit the amount stipulated in the Benefits List.

By "replacement value", it should be understood, the today's price for the acquisition of new objects of the same type and quality.

By "actual value", it should be understood the value of the object at the moment the damage occurred. By "market value", it should be understood the market price for the sale of the objects in the state the objects were in immediately before the damage.

In case of baggage lost, damaged or delayed by the air carrier, the benefit will only be provided if the insured provides original documentation in form of a Property Irregularity Report (P.I.R) from the carrier stat-

ing that baggage was lost, damaged, or did not arrive at scheduled time and date, and indicating the date and time of actual arriving.

For all claims, except for travel documents and replacement of clothing and toilet items, a deductible as mentioned in the Benefits List will be applied.

Art. 41. Exclusions relating to Option 2

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- any item confiscated or detained by customs or police authorities, other than because of a traffic accident;
- prejudices caused by or which are the consequence of imprisonment, confiscation or seizure of the means of transport in which the insured goods are;
- loss or theft of baggage not reported to the authorities within 24 hours of discovery and supported by a written police statement;
- theft of baggage when left unattended, other than locked in an appropriate locked compartment or locked out of sight in the boot of a motor vehicle;
- commercial documents and brochures;
- wear and tear, depreciation, vermin, internal mechanical or electrical breakdown, any gradually operating cause (like humidity, cold or heat) any process of cleaning, repair, restoration or alteration;
- damage caused by insects, worms, maggots, rodents or by any parasite;
- bumps, scratches, stains and other deterioration, unless the damaged object has thereby become unfit for the use for which it was intended;
- china, works of sculpture, paintings, art objects and other breakable objects, unless this damage was the consequence of fire, theft or of an accident of the means of transport used;
- loose of natural pearls and precious stones;
- breakage of strings and ripping of skins on musical instruments;
- stamps, coins and similar collections;
- animals;
- values (cash, money, post or bank payment orders,

travel vouchers, letters of credit or debit).

GENERAL CONDITIONS SPECIFIC TO OPTION 3: ACCIDENT INSURANCE

Art. 42. Accidental death

This cover guarantees payment of benefits mentioned in the Benefit List, in case of death of the insured person by accident covered by the contract, within three years following this accident.

The Underwriter pays to the designated beneficiary or, in his/her absence, to the legal heirs, with the exception of the State, the lump sum stipulated in the Benefits List.

If, with respect to the same accident, a benefit for permanent disability has already been paid out, it will be deducted from the benefit payable for death. There will be no reclamation of benefit already paid out.

In the event that the body of the insured is not found in the wake of a plane crash, a shipwreck, the destruction of a transport vehicle or the disappearance of an aircraft, a ship or a transport vehicle, if there has been no news of the Insured, of other passengers or of crew members within three years following the day of the destruction or disappearance, it will be assumed that the Insured died from the consequences of the accident at the time of the disappearance or destruction.

Art. 43. Permanent disability due to accident

This cover guarantees payment of benefits mentioned in the Benefit List, in case of permanent disability of the insured person by accident.

The Underwriter shall, by joint agreement between the physician appointed by itself and the physician appointed by the Insured, pay a lump sum as stipulated in the Benefits List to the Insured Person, according

to the level of disability determined in accordance with the Official European Scale of Invalidity.

The level of disability is determined from the time of consolidation of the condition of the Insured person and at least following the expiry of a period of 2 years starting from the date of the accident.

No compensation may be granted for a pre-existing disability of the insured person prior to the accident. Any injuries to limbs and organs that were already deficient shall only receive compensation according to the difference in their condition before and after the accident.

The assessment of any injuries to a limb or organ may not be influenced by the already deficient condition of any other limb or organ.

Art. 44. Exclusions/limitations relating to Option 3

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- A pre-existing health condition of the insured person, unless these circumstances are known and were accepted by the Underwriter, as stated in the Policy schedule, or as the result of a prior accident for which the Underwriter already paid, or is due to pay benefits;
- Any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,
- Any intentional act carried out by the insured person such as suicide or attempted suicide, through participation in criminal acts, offences or misdemeanours. However, in case of suicide, laying-out costs, coffin and repatriation of the mortal remains will be reimbursed;
- Accidents relating to the use of a power plane, as member of the crew or if during the flight the insured person carries out a professional activity or any other activity connected with the flight.
- Any accident caused by pre-existing illness;
- If the insured is under the age of 18, compensation in case of death is limited to EUR 2,500;
- If the insured is over the age of 70, the compensation payable in case of death or disablement is limited

to 50% of the insurance sum;

- Lump sums paid out for accidental death and permanent invalidity will be reduced by 50 % in cases of accidents resulting from the use, as a driver of any motor cycle of a capacity greater than 50 cc.
- Practice of winter sports or underwater sports. This exclusion shall not apply if the policy states that the "First" version is concluded;

Art. 45. Obligations of the Insured Person in case of disability due to an Accident

The Insured Person is obliged:

- to seek medical treatment as soon as possible and to do everything that is in his/her power to keep the damage and the consequences of the accident to a minimum;
- to be examined by a medical consultant designated by the Underwriter;
- to transfer all necessary particulars to the Underwriter, or to the experts designated by it, and not withhold any facts or circumstances that may be relevant to the determination of the extent of Permanent Disability.

GENERAL CONDITIONS SPECIFIC TO OPTION 4: PRIVATE AND TENANT LIABILITY

Art. 46. Subject

The object of this Option 4 is to cover the insured against:

46.1. Extra-contractual liability during travel

The Underwriter covers the insured person against the financial consequences resulting from the extra-contractual liability, incumbent on the local legal prescriptions, for the damage caused to third parties, as far as it not covered by the employers' liability insurance or his/her private liability insurance.

46.2. Tenant liability to holiday home/hotel room/meeting room/offices rented by the insured, and the contents, for damage caused by fire, explosion, smoke, water (overflow of recipients or blockage of outlet or waste pipes) and the breakage of glass plates and mirrors, as far as it is not covered by the employers' liability insurance or his/her private property or liability insurance.

By "damage", it should be understood: bodily injury or property damage as well as immaterial damage such as unemployment, loss of profit, deprivation of use or enjoyment, moral damage, under condition that it arises from corporal or material damage covered. Immaterial damages not arising from corporal or material damage are excluded.

The cover is granted with a maximum insured amount mentioned in the Benefits List, per claim and per insurance year. For USA different amounts do apply.

Art. 47. Extent of the guarantees in time

The guarantee covers the damage that has taken place during the effective period of the contract and extends as far as to encompass claims that are introduced after the end of this contract.

Art 48. Specific scope of stipulated risks

a). Is insured any bodily injury or property damage caused by the insured for which he/she is personally liable under the existing laws of the country in which such injury or damage occurs.

b) Real estate and its content

1. Is insured the damage, apart from that mentioned in Point II hereafter, for which the insured person is liable and caused by:

1. The building or the part of the building occupied by the insured person for a temporary stay;
2. The gardens, whether or not bordering on the above mentioned building as far as their surface does not exceed 1 hectare;
3. Insofar as these are part of the above men-

tioned buildings or are situated in the above mentioned gardens: the plantations, the outbuildings and premises, the pathways and the fences, as well as all movable goods fastened by means of permanent attachments, such as antennas;

4. The part of the building occupied by the insured person in a hotel or in a similar lodging house during a temporary or occasional stay for private as well as for professional purposes;

5. A part of the building temporarily occupied by the insured person for private purposes in a hospital, rehabilitation centre or care establishment;

6. The part of the building which does not belong to the insured person but which is temporarily used by the insured person at the occasion of a celebration or a meeting;

7. The contents of the real estate mentioned in Points 1 to 6 above.

II. If the insured person is liable for it, is insured:

1. The damage caused by the effects of water originating in or transmitted by real estate or its content mentioned in Point I above;

2. The bodily injury caused by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, originating in or transmitted by the real estate or its content mentioned in Point I above;

3. The property damage caused by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, originating in or transmitted by the real estate mentioned in Point I, 2, 4, 5 and 6 above;

4. The property damage caused by the effect of water, by fire, by a conflagration, by an explosion or by smoke arising from fire or a conflagration, to the real estate mentioned in Points I, 1 and I, 4 above and its contents that do not belong to an insured person.

c) Means of transport and travel

1. Is ensured the damage for which the insured person is liable and caused:

- in the course of his/her private travel, among others as: owner, holder or user of bicycles and other cycles without engine, wheelchairs for handicapped persons (whether motorized or not);
- as a passenger of a vehicle of whatever type (with

the exception of the cases for which liability is covered by a compulsory liability insurance for motor vehicles);

- as a pedestrian;

Art.49. Exclusions relating to Option 4

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- The damage which falls under the extra-contractual civil liability subject to a legally compulsory insurance;
- claims arising out of or incidental to the insured's business, employment or work;
- The damage for which the insured person is liable in his/her quality of leader, designated person or organizer, as a consequence of the actions of persons for whom he/she is answerable;
- claims arising as a consequence of the insured having incurred, by contract or in any other way, liability which is more extensive than that incurred under the general statutory provisions on non-contractual liability;
- Immaterial damage;
- The damage caused by the use of aircraft which belong to the insured person or have been taken on rental or are used by him/her;
- The damage caused by the use of sailing boats of more than 200 kg and of motor boats which belong to the insured person or are taken on rental or used by him/her.
- The damage caused by the practice of hunting activities as well as the damage to wild animals;
- The damage resulting from an intentional act by the insured person or resulting from the extra-contractual personal liability of the insured person who has reached the age of 16 years and which arises from:
 - a situation where the alcohol content in the blood of the insured person reaches or exceeds the limit set by local law it, or in a similar situation which is the consequence of the use of products other than alcoholic beverages;
 - participating in scuffles;
- The damage caused to animals, other movable goods and real estate property, which the insured

person has under his/her responsibility, without prejudicing to what has been determined in Art. 46;

- The damage caused by lands and by gardens not included in the guarantee of the present contract;
- The damage caused by horses whether harnessed or not;
- The damage caused to horses, ponies and donkeys as well as to their harnesses, which the insured person has rented, borrowed or of which he/she is the depository;
- loss of or damage to valuable collections;
- loss or damage to any family member, member, colleague, employer, or co-traveller of the insured;
- loss or damage caused by the insured's domestic animals;
- claims arising as a consequence of the insured having transmitted a disease to another person via infection or otherwise.

Art. 50. Obligations of the insured person in case of damage

The insured person shall be obliged to:

- Transmit all documents necessary for the administration and all judicial and extrajudicial instruments concerning the damage to the Underwriter immediately after their notification, legal notice or handing over to the insured person;
- Appear at the hearings of the tribunal and submit himself /herself to the requirements of the enquiry decided by the tribunal.

In case the insured person does not comply with the above mentioned obligations, he/she shall compensate the Underwriter for any damage suffered by the Underwriter.

Art. 51. Conduct of the dispute

From the moment the Underwriter is obliged to provide coverage and in so far as it has been appealed to, it shall support the insured person within the limits of the coverage.

With respect to civil rights interests and in so far as the interests of the Underwriter coincide with those of the insured person, the Underwriter has the right to con-

duct all the negotiations with the injured party and the civil lawsuit. The Underwriter can make amends for the injury if there are any grounds for doing so.

These interventions of the Underwriter do not imply any recognition of liability on the part of the insured person and they must not cause him/her any prejudice.

The Underwriter pays for the costs of the civil defence of the insured person.

The final damage compensation or the refusal to compensate shall be communicated to the insured person as quickly as possible.

Art. 52. Intervention in the administration of justice

- A sentence can only be objected to the Underwriter, to the insured person or to the injured party if they were parties in the lawsuit or if they have been called in the case.

Nevertheless the sentence which has been pronounced in a lawsuit between the injured party and the insured person can be objected to the Underwriter if it is established that the Underwriter itself in fact took control of the conduct of the lawsuit.

- When the lawsuit is introduced against the insured person by the criminal court, the Underwriter can be implicated in the case by the injured party or by the insured person and the Underwriter can intervene voluntarily, under the same conditions as if the claim had been brought before a civil court, but the criminal court cannot pronounce a judgement upon the rights which the Underwriter can put forward against the insured person or the insurance taker.
- The Underwriter and the insured person can each intervene voluntarily in a lawsuit that has been brought by the injured party against the insured person or against the Underwriter alone.
- The Underwriter can call upon the insured person in the lawsuit that is undertaken against it by the injured party. The insured person can call upon the Underwriter in the lawsuit that has been brought against him/her by the injured party.
- The policy holder, who is not the insured person, can voluntarily intervene or be called in the lawsuit which

has been brought against the Underwriter or against the insured person.

Art. 53. Personal right of the injured party

The injured party has a personal right against the Underwriter. The compensation for damages owed by the Underwriter is due to the injured party or to his/her beneficiaries, to the exclusion of the other creditors of the insured person.

Art. 54. Opposability of the demurrers, nullity and abandonment of right

The Underwriter can only object the demurrers, the nullity and the abandonment of rights arising from law or the contract to the injured person in so far as these find their origin in an event previous to the damage suffered.

Art. 55. Payment of compensation for damages

The maximum amounts per case of damage, which the Underwriter can be obliged to pay, are determined by the amounts indicated in the Benefits List for each guarantee. All the damages, which can be attributed to one single event causing damages, constitute one and the same case of damage.

The Underwriter pays for the interests on the principal due for compensation, the costs relating to civil proceedings, as well as the fees and expenses of the lawyers and the experts, even if they are above the insured sums, but only in so far as these costs have been made by itself or with its consent or, in case of a conflict of interest which cannot be imputed to the insured person, in so far as these costs have not been incurred unreasonably.

GENERAL CONDITIONS SPECIFIC TO OPTION 5: TERM LIFE INSURANCE AND INCOME PROTECTION IN DANGER ZONES

Art. 56. Subject

This cover guarantees payment of the lump sum mentioned in the Policy Schedule in case of death of the insured person irrespective of the cause.

Also the Underwriter will reimburse the loss of income of the family due to the fact that the Insured is taken hostage. It will be paid out starting as from the 91st day of hostage and up to a maximum of the insured's last full year fix gross income, over a maximum of 3 years.

Art. 57. Exclusions relating to Option 5

Additional to the general exclusions mentioned in the General conditions common to all modules & options (Art.5), there shall be no reimbursement for:

- Death due to a pre-existing illness, known by the insured at date of departure;
- Any intentional act carried out by the insured person such as suicide or attempted suicide, through participation in criminal acts, offences or misdemeanours;
- Accidents relating to the use of a power plane, as member of the crew;
- Unless otherwise stated, accidents happening to an Insured Person as a rider of a motorcycle with a capacity of 50cc or more, if he/she has not yet reached the age of 25;
- the death of a minor;
- mental disorders, regardless what the cause may be;
- payment of ransom;
- costs engaged in order to negotiate the hostage's release.

Art. 58. Reporting a Claim

In case of Accident, the Insured Person, or in case of impossibility the Beneficiary or the Policy holder, is obliged to notify the Underwriter as soon as possible, but at the latest within thirty (30) days after the incident has occurred or is known.

In case of death the Underwriter should be notified at least 48 hours before the burial or cremation to determine the cause of death. Policy Holder and Beneficiary are obliged to give their full cooperation.

WHAT TO DO IF YOU NEED TO CLAIM

Please use the office hours contact details for all your claims and enquiries so as not to tie up the alarm centre with non-urgent requests. We strive to reply to all queries within 24 hours.

E-mail: claims@expatinsurance.eu (office hours GMT +1)
Tel: +32 (0)2 463 0404 (office hours GMT +1)

To get reimbursed for other (medical) expenses, we kindly ask you to complete and send the according claim form to:

Expat & Co, Claims Dept.
Noordkustlaan 12
1702 Groot-Bijgaarden (Dilbeek)
BELGIUM

together with the ORIGINAL bills (no scans, no copies). All claim forms can be found on our website under 'claims'.

Please also note: travel tickets in case of an early return or repatriation **must be bought with Underwriter's or Alarm Centre's pre-approval**. You may run the risk of not being fully reimbursed if you buy the tickets first.

IN CASE OF AN EMERGENCY

If you find yourself needing to claim urgent assistance, or if you are hospitalised, call or e-mail the Alarm Centre for immediate support.

Tel: **+32 (0)2 669 0880** **24/7**
E-mail: **help@expatinsurance.eu** **24/7**
or: claims@expatinsurance.eu (office hours GMT +1)
Tel: +32 (0)2 463 0404 (office hours GMT +1)

Download and save a copy of our
'what to do in case of a claim manual':
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