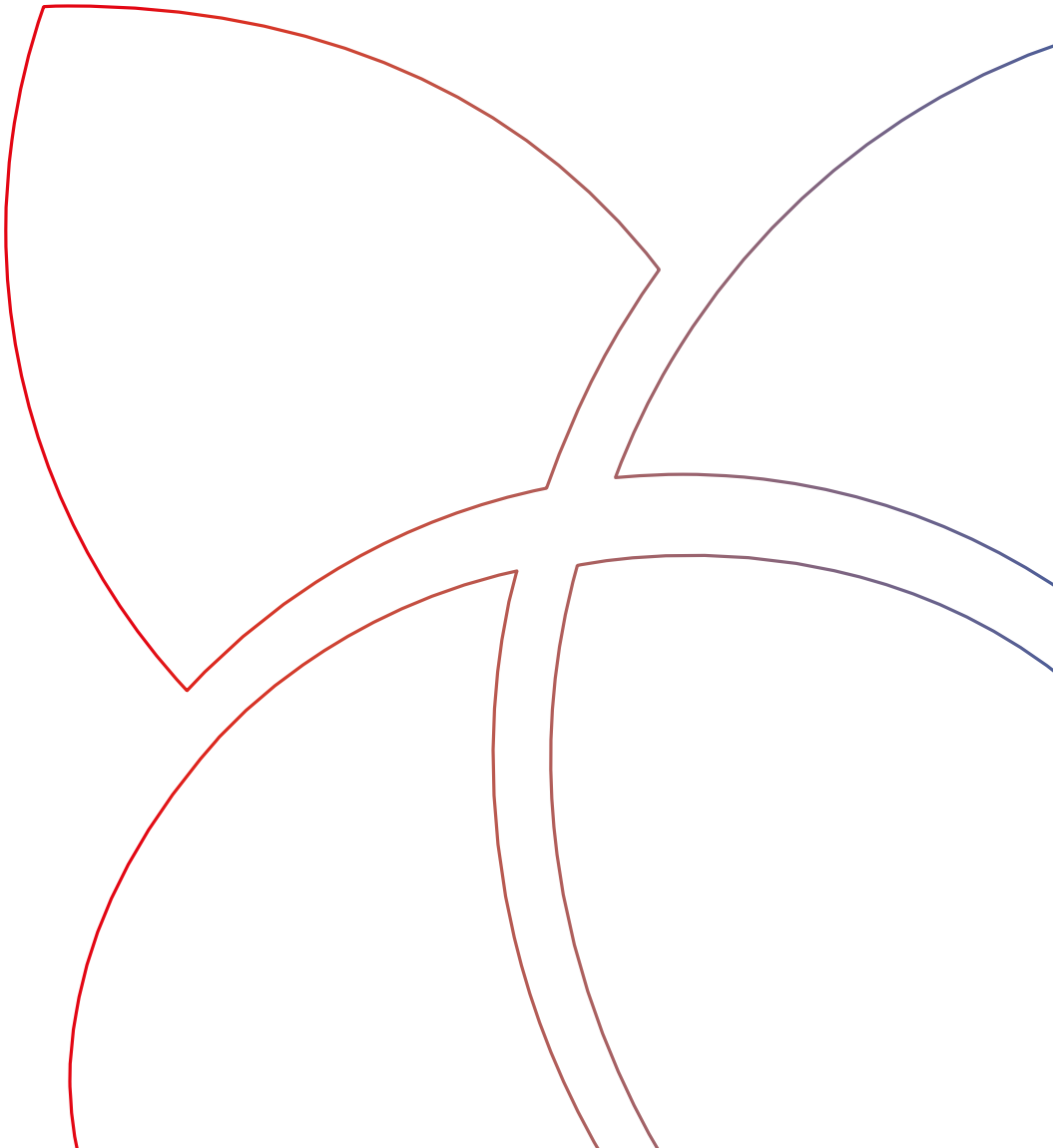
InterRisk
VIENNA INSURANCE GROUP

General terms and conditions of

‘Bon Voyage’

Insurance for Medical Expenses Abroad



Bon Voyage Insurance for Medical Expenses Abroad

Document containing information about the insurance product

Company:	InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Poland, ul. Noakowskiego 22, 00-668 Warsaw, Poland, licence number DU/905/A/KP/93 issued by the Minister of Finance on 5 November 1993
Product:	**Bon Voyage Insurance for Medical Expenses Abroad**

Full information provided prior to the conclusion of the contract and contractual information are provided in other documents, including General Terms and Conditions of Bon Voyage Insurance for Medical Expenses Abroad, approved by Resolution No. 05/06/07/ 2021 of the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group of 6 July 2021.

What type of insurance is this?

Bon Voyage Insurance for Medical Expenses Abroad provides comprehensive insurance coverage for illnesses and accidents that may occur during trips abroad for private (tourist) purposes or for work.

What is covered by the insurance?

✓ In the Basic Option:

- medical expenses resulting from an accident or illness (Clause No. 1)
- costs incurred during a trip abroad, provided by InterRisk through the ASSISTANCE CENTRE, immediate assistance with hospitalisation or transport to Poland (Clause No. 2)

✓ In the Extended Option:

- rescue and search costs (Clause No. 3)
- consequences of accidents (Clause No. 4)
- costs related to the delay in delivery and loss, damage or destruction of the Insured's luggage taken on a trip abroad (Clause No. 5)
- costs related to flight delays (Clause No. 6)
- statutory civil liability of the Insured for personal injury or property damage caused by him/her to the Injured Party through a tortious act (Clause No. 7)

Sum insured:

✓ is determined at the request of the Policyholder separately for each type of insurance and constitutes the upper limit of InterRisk's liability for individual types of insurance, subject to the proviso that in the case of travel luggage insurance, its amount is determined on the basis of the value of the insured property

- Clause No. 1 - from €5,000 to €120,000
- Clause No. 2 - from €1,000 to €50,000
- Clause No. 3 - from €1,000 to €12,500
- Clause No. 4 - from PLN 5,000 to PLN 120,000
- Clause No. 5 - from PLN 1,000 to PLN 4,000
- Clause No. 6 - from PLN 500 to PLN 2,000
- Clause No. 7 - from €5,000 to €120,000

What is not covered by the insurance?

× types of benefits specified in clauses No. 3-7 extending the insurance coverage, if they have not been purchased

What are the limitations of insurance coverage?

InterRisk is not liable in particular for damage:

! in clauses No. 1, 2, 3, 4, including damage resulting from or in connection with the commission or attempted commission of a crime by the Insured

! in clause No. 5, including damage resulting from theft using duplicate keys

! in clause No. 6, including damage resulting from a delay in the departure of an aircraft from the Republic of Poland, the country of which the Insured is a citizen, or the country of permanent or temporary residence of the Insured

! in clause No. 7, including the performance of a profession or business activity

Where is the insurance valid?

✓ worldwide, after the Insured crosses the border of the Republic of Poland or the country of which they are a citizen or their country of permanent/temporary residence

What are the obligations of the insured?

- in the event of damage, the insured should contact the ASSISTANCE CENTRE (the telephone number is provided in the policy)
- if it is not possible to contact the ASSISTANCE CENTRE, the insured should immediately notify InterRisk of the damage

How and when should premiums be paid?

The premium should be paid in the amount, form (cash or bank transfer) and on the dates specified in the insurance contract.

When does insurance coverage begin and end?

An individual/family insurance contract may be concluded for a period of insurance not shorter than:

a) 1 day - for travel abroad to European Union/EFTA countries,

b) 3 days - for travel abroad to other countries, but not longer than 90 days.

A group insurance contract may be concluded for an insurance period not longer than twelve months, unless the parties agree otherwise.

InterRisk's liability begins on the date specified in the contract as the start of the insurance period. Insurance cover expires:

a) on the expiry of the insurance period, withdrawal from the insurance contract or termination of the insurance contract,

b) in the case of payment of the premium in instalments - if, after the instalment payment date, InterRIsk requests the Policyholder to pay it with a warning that failure to pay within 7 days of the date of notice received by the Policyholder will result in the termination of InterRisk's liability, and the next instalment of the premium is not paid within that period - on the expiry of that period,

c) towards the Insured on the date of exhaustion of the sum insured/sum guaranteed as a result of the payment of benefit/compensation or benefits/compensation totalling the sum insured/sum guaranteed specified separately for each type of insurance (clauses No. 1-7),

d) towards the Insured on the date of his/her death,

e) towards the Insured on the date on which he/she was deemed by the Policyholder to have withdrawn from the group insurance,

f) towards the Insured on the date on which InterRisk received a statement of the Insured's withdrawal from the insurance.

How to terminate the contract?

If the insurance contract was concluded for a period longer than six months, the Policyholder has the right to withdraw from the insurance contract within 30 days, and if the Policyholder is an entrepreneur, within 7 days from the date of conclusion of the insurance contract.

The Policyholder may terminate the contract at any time during its term:

- in the case of contracts concluded for a minimum period of 12 months, with effect on the last day of the calendar month, subject to a 30-day notice period,
- in the case of contracts concluded for a period shorter than 12 months, with immediate effect.

A consumer who has concluded an insurance contract at a distance may withdraw from it without giving reasons by submitting a written statement within 30 days from the date of conclusion of the contract or from the date of confirmation of the information referred to in Article 39 of the Consumer Rights Act, if this date is later. The deadline shall be deemed to have been met if the statement is sent before its expiry. In the event of withdrawal from the insurance contract by the consumer, InterRisk shall be entitled only to a portion of the premium calculated proportionally for each day of insurance cover provided by InterRisk.

Information referred to in Article 17(1) of the Act on Insurance and Reinsurance Activities

TYPE OF INFORMATION	NUMBER OF ENTRY IN THE MODEL CONTRACT
1. Conditions for payment of compensation and other benefits or the surrender value of the insurance	§2, §4, §9, §10 of the General Terms and Conditions Clause No. 1 §2, §4, §5 of the General Terms and Conditions Clause No. 2 §2, §4, §5 of the General Terms and Conditions Clause No. 3 §2, §4, §5 of the General Terms and Conditions Clause No. 4 §2, §5, §6, §7 of the General Terms and Conditions Clause No. 5 §2, §4, §5, §6 of the General Terms and Conditions Clause No. 6 §2, §4, §5, §6 of the General Terms and Conditions Clause No. 7 §1 and §2, §4, §5, §6 of the General Terms and Conditions
2. Limitations and exclusions of the insurance company's liability entitling it to refuse payment of compensation and other benefits or to reduce them	§5, §12(2) of the General Terms and Conditions Clause No. 1 §3 of the General Terms and Conditions Clause No. 2 §3, §2(1)(5) of the General Terms and Conditions Clause No. 3 §3 of the General Terms and Conditions Clause No. 4 §4, §7(1)(5) of the General Terms and Conditions Clause No. 5 §3, §6(1)(9), (11) of the General Terms and Conditions Clause No. 6 §3 of the General Terms and Conditions Clause No. 7 §3, §6(5) of the General Terms and Conditions
3. Costs and other charges deducted from insurance premiums, from the insurance assets of capital funds or through the redemption of share units of insurance capital funds	Not applicable
4. Surrender value of the insurance in individual periods of insurance cover and the period during which no claim for payment of the surrender value is due	Not applicable

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INITIAL PROVISIONS

§1

1. These general terms and conditions of 'BON VOYAGE' insurance, hereinafter referred to as 'GTC', apply to insurance contracts concluded by InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Warsaw, ul. Noakowskiego 22, entered in the Register of Entrepreneurs of the National Court Register kept by the District Court for the Capital City of Warsaw in Warsaw, 12th Commercial Division of the National Court Register under KRS number: 0000054136, conducting insurance and reinsurance activities on the basis of the authorisation of the Minister of Finance DU/905/A/KP/93 of 5 November 1993, hereinafter referred to as 'InterRisk', with natural persons, legal persons and organisational units that are not legal persons conducting business activity.
2. The insurance contract may also be concluded on behalf of another person, provided that the Insured is named in the contract (policy) or, depending on the type of insurance contract concluded, is not named in the contract (policy). InterRisk may also raise any objections affecting its liability against the Insured.
3. Additional or different provisions may be included in the insurance contract with the consent of the parties, provided that InterRisk presents the differences between these GTC and the content of the contract to the Policyholder in writing before the conclusion of the contract.
4. All additional or different provisions from those set out in these GTC must be made in writing in the form of an annex or appendix to the insurance contract, otherwise they shall be null and void.
5. All amendments to the insurance contract must be made in writing in the form of an annex to the insurance contract, otherwise they shall be null and void.
6. The insurance contract shall be governed by the applicable provisions of Polish law, including the provisions of the Civil Code and the Act on Insurance and Reinsurance Activities.

DEFINITIONS

§2

For the purposes of these GTC, the following terms used in the GTC or in the application for the conclusion of an insurance contract, in the insurance policy, in other documents confirming the conclusion of the insurance contract, as well as in other letters and statements submitted in connection with the insurance contract, shall have the following meanings:

1) **acts of terrorism** – illegal activities and actions organised for ideological, religious, political or social reasons, individual or group actions carried out by persons acting independently or on behalf of or under the authority of any organisation or government, directed against persons, objects or society, with the aim of influencing the government, causing chaos, scaring the population and disrupting public life through the use of violence or the threat of violence;
2) **amateur skiing, snowboarding, water skiing or windsurfing** – voluntarily undertaken, non-profit form of physical activity of the Insured consisting in skiing, snowboarding, water skiing and windsurfing for the purpose of rest and/or entertainment, not related to taking part in training, competitions, training camps or fitness camps organised by clubs, associations or sports organisations, performed during a trip abroad;
3) **travel luggage** – personal belongings owned by the Insured which the Insured takes on a trip abroad: suitcases, briefcases, bags, backpacks and their contents, which includes only clothing, footwear, personal hygiene items, cosmetics, toiletries, cameras, video cameras;
4) **air ticket** – a document issued by a professional carrier in the name of the Insured, entitling the Insured to use the service of air transport;
5) **fight** – a clash between at least three persons who attack each other and thus act simultaneously as attackers and victims;
6) **ASSISTANCE CENTRE** – an organisational unit designated by InterRisk (address and telephone number provided in the insurance contract (policy)), which, at the request of InterRisk, provides assistance to the Insured in connection with illness or accident during a trip abroad;
7) **illness** – disorders in the functioning of the Insured's organs or body parts, independent of anyone's will, which can be diagnosed by a doctor and require treatment, diagnosis or rehabilitation;
8) **mental illness** – in accordance with the diagnosis of the attending physician, a disease classified in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as mental disorders and behavioural disorders (ICD code: F00-F99);
9) **chronic illness** – a medical condition characterised by slow development and long-term course, treated continuously or periodically before the date of the insured event;
10) **occupational disease** – a disease included in the list of diseases attached to the Regulation of the Council of Ministers of 30 June 2009 on occupational diseases;
11) **foreigner** – a person who does not have Polish citizenship;
12) **torrential rain** – rainfall confirmed by the Institute of Meteorology and Water Management (IMiGW) with a yield coefficient of at least 4 (four) according to the scale used by IMiGW. If it is not possible to obtain an opinion from the IMiGW, the actual condition and extent of damage at the place of insurance, indicating the effect of torrential rain, shall be taken into account;
13) **smoke and soot** – a suspension of particles in the air resulting from combustion, which suddenly escaped from devices located at the place of insurance, operated in accordance with their intended use, with the ventilation and smoke extraction devices functioning properly, or resulting from a fire at the place of insurance or in its immediate vicinity;
14) **business activity** – paid manufacturing, construction, commercial or service activity within the meaning of freedom of economic activity;
15) **conditional franchise** – the amount specified in the insurance contract (policy) up to which InterRisk does not pay compensation; if the amount of compensation exceeds this amount, InterRisk pays it without deducting the specified deductible amount;
16) **deductible franchise** – the value specified in the insurance contract (policy) as a percentage or amount, reducing the total compensation for all damage resulting from a single event;
17) **hail** – atmospheric precipitation consisting of ice pellets. The occurrence of hail is determined on the basis of information obtained from the Institute of Meteorology and Water Management (IMiGW). If it is not possible to obtain an opinion from the IMiGW, the actual condition and extent of damage at the place of insurance, indicating the occurrence of hail, shall be taken into account;
18) **cash** – domestic and foreign means of payment: coins and banknotes;
19) **hospitalisation** – a stay in hospital lasting at least 24 hours as a result of illness or an accident;
20) **sonic boom** – the effect of a shock wave caused by aircraft breaking the sound barrier;
21) **hurricane** – wind speed of at least 17.5 m/s, confirmed by the Institute of Meteorology and Water Management (IMiGW), causing massive damage. If it is not possible to obtain an opinion from the IMiGW, the actual condition and extent of damage at the place of insurance, indicating the effects of a hurricane, shall be taken into account;
22) **burglary** – the act or attempted act of taking property from a locked room, locked car boot or locked luggage compartment, or from a locked car:
    a) after prior removal of security devices by force and with tools, evidenced by traces of burglary or breaking and entering, or opening of security devices with the original key obtained by the perpetrator as a result of burglary of another premises or as a result of robbery (mugging),

    or

    b) by the perpetrator who hid in the premises before they were locked, if the Policyholder/Insured was unable to discover this fact with due diligence and the perpetrator left traces that may constitute evidence of his hiding;
23) **country of permanent or temporary residence** – a country other than the Republic of Poland of which the Insured is a citizen or in which the Insured has obtained the right to reside permanently or temporarily;
24) **avalanche** – a sudden sliding or rolling of masses of snow, ice, rocks, stones or mud down a mountain slope;
25) **outpatient treatment** – medical assistance in the form of a diagnostic test and treatment in an outpatient facility, hospital or other medical institution, lasting no longer than 24 hours, where medical assistance is provided by a qualified team of doctors and nurses. Medical assistance provided in a nursing home, hospice, addiction treatment centre, sanatorium and health resort, preventive care facility and rehabilitation centre/facility is not considered outpatient treatment;
26) **dental treatment** – treatment of tooth decay, necrotic lesions, root canal treatment, replacement of damaged fillings, gum disease, periodontitis;
27) **doctor** – a person with formally confirmed qualifications in accordance with the requirements of the law in force in the country where they provide services, practising their profession within the scope of their authorisation and qualifications, who is not the Policyholder, the Insured or a person close to the Insured;
28) **Assistance Centre doctor** – a doctor employed by or cooperating with the Assistance Centre;

29) **trusted doctor** – a doctor of medicine or dentistry with whom InterRisk has concluded a cooperation agreement for the assessment of health and treatment undertaken.
A trusted doctor who is a person close to the Insured may not assess the state of health and treatment undertaken for the purposes of InterRisk;

30) **explosive materials** – solid or liquid chemical substances or mixtures of substances that can react chemically with the creation of gas at such a temperature and pressure and at such a rate that they may cause damage to the surrounding environment, as well as products filled with explosive material, within the meaning of the Act on the Conduct of Business Activities in the Field of Manufacturing and Trading in Explosives, Weapons, Ammunition, and Products and Technology for Military or Police Use, as amended on the date of conclusion of the insurance contract, as well as the Act on explosives for civil use, as amended on the date of conclusion of the insurance contract;

31) **consequence of a chronic illness** – a sudden intensification (exacerbation) of a chronic illness with an acute course, occurring during a trip abroad, requiring immediate medical attention, as a result of which it was necessary to undergo treatment before the end of the trip abroad;

32) **accident** – a sudden event occurring during the period of insurance cover caused by an external factor, as a result of which the Insured suffered bodily injury, health impairment or death, regardless of their will. A heart attack or stroke is also considered an accident, provided that the heart attack or stroke was diagnosed for the first time in the Insured during the period of insurance cover and the Insured was not over 60 years of age on the date of commencement of insurance cover, and provided that the additional premium referred to in §4(4) of these GTC has been paid;

33) **risk assessment** – a procedure established and applied by InterRisk when providing insurance cover to a natural person or a group of persons, which affects the amount of the premium and the insurance coverage, taking into account: the sum insured, the size of the group, the type of activity/work performed and information on the loss ratio;

34) **insurance cover** – InterRisk's obligation to pay benefits/compensation in the event of an insured event specified in the insurance contract (policy) occurring during a trip abroad for which InterRisk bears insurance liability;

35) **radioactive waste** – radioactive waste: solid, liquid or gaseous waste containing radioactive substances;

36) **compensation** – a sum of money paid to the Insured by InterRisk if a claim for damage resulting from an event covered by InterRisk's insurance liability is accepted;

37) **landslide** – movement of earth on slopes not caused by human activity;

38) **surgery** – an invasive surgical procedure performed under general, nerve block or local anaesthesia by a licensed physician specialising in surgery, carried out during a hospital stay, medically necessary to restore the proper functioning of a diseased organ or body part. Surgery, within the meaning of these GTC, does not include: a procedure performed for diagnostic purposes, an invasive surgical procedure not requiring hospitalisation, or a procedure not resulting from medical indications;

39) **secondary surgery** – any subsequent surgery causally related to the same accident or illness;

40) **close person** – spouse, children, partner, siblings, mother, father, stepfather, stepmother, stepson, stepdaughter, parents-in-law, sons-in-law, daughters-in-law, adoptive parents and adopted children of the Insured, guardians appointed by a guardianship court;

41) **accompanying person** – a person travelling with the Insured and designated by him/her to accompany him/her during treatment or transport;

42) **pandemic** – an epidemic of a given infectious disease occurring at the same time in different countries and on different continents, as defined by the World Health Organisation (WHO);

43) **partner** – a natural person who is in a non-marital relationship with the Insured, who is not related to the Insured by blood or affinity or adoption, who has been living at the same address for at least two years, provided that the Insured and the partner are not married to other persons;

44) **assault** – an active attack by two or more persons on another person or persons, in which there is a clear division of roles between attackers and defenders;

45) **trip abroad** – departure, return and stay of the Insured outside the territory of the Republic of Poland, the country of which he/she is a citizen and the country of permanent or temporary residence, whereby a trip abroad is deemed to commence upon crossing the border of the territory of the Republic of Poland, the country of which the Insured is a citizen and the country of permanent or temporary residence when leaving the above-mentioned territory, and ending at the moment of crossing the border of the Republic of Poland, the country of which they are a citizen and the country of permanent or temporary residence upon return to the above-mentioned territory;

46) **Injured party** – any third party who is not a party to the insurance contract and for whom the Insured is liable for damage caused (applies to Clause No. 7 – civil liability insurance);

47) **search** – the period from the reporting of the Insured's disappearance to the finding or cessation of the search for the Insured by specialised mountain or sea rescue services (applies to Clause No. 3 – insurance of rescue and search costs);

48) **flood** – flooding of an area as a result of a rise in the water level in flowing or standing watercourses due to the following natural phenomena:
   a) atmospheric precipitation,
   b) water runoff from slopes or hillsides in mountainous or undulating areas,
   c) melting of ice floes,
   d) formation of ice jams,
   e) water accumulation caused by strong winds. The occurrence of a flood is determined on the basis of information obtained from the Institute of Meteorology and Water Management (IMiGW). If it is not possible to obtain information from the IMiGW, the actual condition and extent of damage at the place of insurance, indicating the occurrence of a flood, shall be taken into account;

49) **being under the influence of alcohol** – acting while in a state where the alcohol content in the body is 0.2‰ alcohol in the blood or 0.1 mg of alcohol in 1 dm3 of exhaled air;

50) **fire** – an event of burning fire which has spread beyond the hearth or has arisen without a hearth and has spread by its own force;

51) **employee** – a person employed by an employer on the basis of an employment contract, appointment, election, nomination, cooperative employment contract, management contract or other civil law contract whose subject matter is employment. For the purposes of these GTC, membership of the following organisations shall be treated as equivalent to employment: trade unions, sports associations, sports clubs, associations, political parties, where these organisations conclude insurance contracts on behalf of their members. An employee is also considered to be a natural person who is the Policyholder and who is an entrepreneur, a partner in a civil law partnership or a partnership (provided that the insurance contract is concluded on behalf of the employees of a natural person conducting business activity or a company);

52) **professional carrier** – an airline holding all permits authorising it to carry passengers regularly and for remuneration (applies to Clause No. 5 – travel luggage insurance and Clause No. 6 – insurance covering costs related to flight delays);

53) **accession to insurance** – coverage of a natural person reported by the Policyholder for group insurance on the basis of these GTC;

54) **robbery (mugging)** – the act or attempted act of taking property by the perpetrator who, in order to appropriate it:
   a) used physical violence or the threat of its immediate use against the Insured or persons employed by them,
   b) or rendered such persons unconscious or defenceless;

55) **rescue** – medical assistance provided by specialised mountain or sea rescue services from the moment the Insured is found until they are transported to the nearest medical facility required by their state of health (applies to Clause No. 3 – insurance of rescue and search costs);

56) **recreational sports** – a form of physical activity of the Insured, undertaken voluntarily, not for financial gain, consisting in practising a sport for the purpose of rest and/or entertainment, not related to participation in training, competitions, training camps or fitness camps organised by sports clubs, associations or organisations, performed during free time from work;

57) **high-risk sports** – bouldering, rock climbing, ice climbing, mountaineering, alpinism, Himalayan mountaineering, ski mountaineering, trekking, extreme skiing, freestyle, freeride, high-altitude snowboarding, speed snowboarding, ski and snowboard jumping and tricks, rafting, canyoning, hydrospeed, mountain kayaking, gliding, parachuting, hang gliding, paragliding, motor paragliding, ballooning, piloting aeroplanes or helicopters, zorbing, bungee jumping, diving, parkour, freerunning, buggykitting, quad biking, kitesurfing, sailing outside territorial waters at a distance of more than 12 nautical miles from the shore, extreme cycling, mountain biking, caving, bobsleighing, sledging, motor sports, land, water or air vehicle rallies, heliskiing, heliboarding, freefall, downhill, b.a.s.e. jumping, dream jumping and skiing or snowboarding outside designated routes, and sports involving the use of vehicles designed to travel on snow or ice;

58) **psychotropic substance** – any substance of natural or synthetic origin that acts on the central nervous system, specified in the list of psychotropic

substances constituting Appendix No. 2 to the Act on Counteracting Drug Addiction, as amended on the date of conclusion of the insurance contract;

59) **sum guaranteed** – determined in agreement with the Policyholder, the upper limit of InterRisk's liability for all damage arising from events occurring during the insurance period (applies to Clause No. 7 – civil liability insurance);

60) **personal injury** – death, bodily injury or health disorder and losses normally causally related to death, bodily injury or health disorder (applies to Clause No. 7 – civil liability insurance);

61) **property damage** – damage to or destruction of property and losses normally caused by damage to or destruction of property (applies to Clause No. 7 – civil liability insurance);

62) **hospital** – a public or private entity operating in accordance with the laws of the country in which the Insured is staying during their trip abroad, providing health services, whose task is to diagnose, providing 24-hour medical care and treatment in long-term and specially adapted facilities, with diagnostic and treatment facilities and employing qualified medical personnel on a full-time basis. A nursing home, hospice, sanatorium, health centre or any facility whose task is to treat addiction to alcohol, psychotropic substances, intoxicants or substitute substances shall not be considered a hospital;

63) **narcotic substance** – a substance of natural or synthetic origin acting on the central nervous system, specified in the list constituting Appendix No. 1 to the Act on Counteracting Drug Addiction, in the wording in force on the date of conclusion of the insurance contract;

64) **substitute substance** – a substance of natural or synthetic origin in any physical state or a product, plant, fungus or part thereof containing such a substance, used instead of a narcotic drug or psychotropic substance or for the same purposes as a narcotic drug or psychotropic substance, the manufacture and marketing of which is not regulated by separate provisions within the meaning of the Act on Counteracting Drug Addiction, as amended on the date of conclusion of the insurance contract;

65) **benefit** – a sum of money paid to the Insured, and in the event of the Insured's death, a sum of money paid to the Beneficiary by InterRisk if a claim arising from an event covered by InterRisk's insurance liability is accepted;

66) **earthquake** – a disturbance of the earth's equilibrium not caused by human activity, accompanied by ground shaking and tremors;

67) **Policyholder** – one of the entities referred to in §1(1), who concludes an insurance contract and is obliged to pay the insurance premium.

68) **group insurance** – an insurance contract concluded by InterRisk with the Policyholder on behalf of natural persons, with a minimum group of at least 3 persons joining the insurance. In the case of group insurance, the insurance period, sum insured/sum guaranteed and insurance coverage are the same for each Insured and apply to each Insured separately;

69) **individual insurance** – an insurance contract concluded by the Policyholder with InterRisk on behalf of a natural person;

70) **family insurance** – an insurance contract concluded by the Policyholder with InterRisk on behalf of third parties who are close persons within the meaning of these GTC, with a minimum of two persons covered by the insurance under the above-mentioned insurance contract. In the case of family insurance, the insurance period, sum insured/sum guaranteed and insurance coverage are the same for each Insured and apply to each Insured separately;

71) **Insured** – a natural person for whom the Policyholder has concluded an insurance contract, provided that on the date of joining the insurance they have not reached the age of 65;

72) **stroke** – diagnosed by a doctor and classified in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as code: I60-I64;

73) **lightning strike** – discharge of electrical charge from the atmosphere to the ground through insured property;

74) **aircraft crash** – a crash or forced landing of an aircraft, as well as the fall of any part of the aircraft or cargo carried therein;

75) **Beneficiary** – a person or persons designated by the Insured to receive benefits in the event of the Insured's death as a result of an accident. If no Beneficiary has been designated, in the event of the Insured's death as a result of an accident, the Beneficiary shall be deemed to be the Insured's immediate family members in the following order and proportions:
   a) the Insured's spouse, provided that no separation has been decreed,
   b) the Insured's children (in equal shares),
   c) the Insured's parents (in equal shares),
   d) other members of the Insured's immediate family who are heirs of the Insured (in equal shares);

76) **damage to health** – impairment of bodily functions resulting from an accident, consisting of permanent damage to an organ, body part or system that is not expected to improve in the light of current medical knowledge;

77) **congenital defect** – anatomical abnormality classified in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as congenital malformations, deformations and chromosomal aberrations (ICD code: Q00-Q99);

78) **actual value** – the value corresponding to the purchase price, repair costs or the cost of manufacturing a new item of the same type, kind or power and with the same parameters, less the degree of technical wear and tear;

79) **explosion** – a sudden change in the state of equilibrium of a system with the simultaneous release of gases, dust or vapour caused by their propagation properties. In relation to pressure vessels and other containers of this type, an event can only be considered an explosion if the walls of these vessels and containers have been torn to such an extent that the escape of gases, dust, vapour or liquid has resulted in a sudden equalisation of pressure. An implosion consisting of damage to a container or vacuum apparatus by external pressure shall also be considered an explosion;

80) **competitive sports** – a voluntary form of physical activity undertaken by the Insured consisting in practising sports by participating in training sessions, competitions, training camps or fitness camps, with the aim of achieving, through individual or collective competition, maximum athletic results by persons who are members of sports clubs, associations or organisations. For the purposes of these GTC, competitive sports also include sports practised for financial gain;

81) **performance of work** – undertaking and performing the following activities and actions by the Insured during a trip abroad in the form of employment or business activity, as well as in the form of voluntary work, internships or vocational training:
   a) in transport, construction, emergency services, the police, the fire brigade, the municipal police, the army, security and surveillance, convoy services, carpentry, agriculture, road, bridge and tunnel construction, gas, energy, metallurgy, mining, heavy industry, sawmills,
   b) using hammer drills, power saws, pneumatic hammers, chainsaws and power grinders, machine tools, cranes and construction machinery, road machinery,
   c) using paints, varnishes, liquid fuels and solvents, technical and exhaust gases, hot oils or technical liquids,
   d) at a height of more than 1 m,
   e) on floating vessels;

82) **withdrawal from insurance** – a statement by the Policyholder on the termination of the Insured's insurance, submitted to InterRisk in the form of a list of persons referred to in §12(1)(5)(b);

83) **HIV infection** – infection as a result of a blood transfusion or in connection with the profession, which occurred during the period of insurance cover. The obligation to prove that the event occurred during the period of insurance rests with the Insured;

84) **flooding** – damage caused by:
   a) intentional and uncontrolled leak of water, steam or liquids from water supply, sewage, heating or technological systems as a result of a failure of these systems,
   b) backflow of water or sewage from sewage systems,
   c) leaving taps or other valves open in the systems specified in point a),
   d) automatic activation of automatic fire extinguishing systems (sprinklers or sprinkler systems), except in cases resulting from fire, testing, repair, reconstruction or modernisation of the system or building;

85) **land subsidence** – lowering of the ground due to the collapse of natural underground cavities in the ground;

86) **heart attack** – diagnosed by a doctor and classified in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as code: I21-I22.

SUBJECT OF INSURANCE

§3

1. A detailed description of the subject of insurance, depending on the type of insurance, is contained in Clauses from 1 to 7, which constitute Appendices 1-7 to these GTC.

INSURANCE COVERAGE

§4

1. In accordance with the Policyholder's application and based on the provisions of these GTC, the insurance coverage may include:
   1) **in the Basic Option**:
      a) medical expenses - Clause No. 1, constituting Appendix No. 1 to these GTC,

b) travel assistance - Clause No. 2, constituting Appendix No. 2 to these GTC;

2) in the **Extended Option**, covering the types of insurance specified in the Basic Option and, upon payment of an additional premium, any of the following **Clauses No. 3-7**:

a) rescue and search costs - Clause No. 3, constituting Appendix No. 3 to these GTC,

b) consequences of accidents - Clause No. 4, constituting Appendix No. 4 to these GTC,

c) travel luggage - Clause No. 5, constituting Appendix No. 5 to these GTC,

d) costs related to flight delays - Clause No. 6, constituting Appendix No. 6 to these GTC,

e) civil liability - Clause No. 7, constituting Appendix No. 7 to these GTC.

2. At the request of the Policyholder, as well as based on the provisions of these GTC, for an additional premium, the insurance coverage specified in Clause No. 1, Clause No. 2, Clause No. 3, Clause No. 4 may be extended to include the consequences of accidents or illnesses suffered in connection **with competitive sports**.
3. At the request of the Policyholder, as well as based on the provisions of these GTC, for an additional premium, the insurance coverage specified in Clause No. 1, Clause No. 2, Clause No. 3, Clause No. 4 may be extended to cover the consequences of accidents or illnesses, and in the case of Clause No. 7, to cover damage to property or personal injury caused in connection with **amateur skiing, snowboarding, water skiing or windsurfing** that occurred during the period of insurance cover.
4. At the request of the Policyholder, as well as on the basis of the provisions of these General Terms and Conditions, for an additional premium, the insurance coverage specified in Clause No. 1, Clause No. 2, Clause No. 4 may be extended to include the consequences of a heart attack and stroke, provided that the heart attack or stroke was diagnosed for the first time in the Insured during the period of insurance cover and the Insured was not over 60 years of age on the date of commencement of insurance cover.
5. At the request of the Policyholder, and based on the provisions of these GTC, for an additional premium, the insurance coverage specified in Clause No. 1, Clause No. 2 and Clause No. 4 may be extended to include the consequences of accidents or illnesses suffered in connection with the **performance of work**.
6. At the request of the Policyholder, and based on the provisions of these General Terms and Conditions, for an additional premium, the insurance coverage specified in Clause 1, Clause 2 may be extended to include the **consequences of chronic illness** during the period of insurance cover, provided that the Insured has not exceeded the age of 60 on the date of commencement of insurance cover.

EXCLUSIONS OF LIABILITY

§5

1. Detailed specifications of exclusions of liability, depending on the type of insurance, are contained in Clauses 1-7, which constitute Appendices 1-7 to these GTC.
2. InterRisk shall not provide cover or pay benefits to the extent that such cover or payment would expose InterRisk to consequences related to non-compliance with UN resolutions or sanctions regulations, trade embargoes or economic sanctions imposed under the law of the European Union or the United States of America or the law of other countries and regulations issued by international organisations, if applicable to the subject matter of the contract.

SUM INSURED/SUM GUARANTEED AND CONDITIONS FOR ITS CHANGE

§6

1. The sum insured/sum guaranteed shall be determined at the request of the Policyholder separately for each type of insurance (Clauses No. 1-7) and shall constitute the upper limit of InterRisk's liability for each type of insurance, given that in the case of Clause No. 5 (travel luggage insurance), the sum insured is determined on the basis of the value of the insured property.
2. The sum insured/sum guaranteed is determined separately for each Insured and is specified in the insurance contract (policy).
3. The upper limit of InterRisk's liability is the sum insured/sum guaranteed determined separately for each Clause No. 1-7, given that in the case of Clause No. 5 (travel luggage insurance), the upper limit of InterRisk's liability for damage to cameras and video cameras is 50% of the sum insured specified for Clause No. 5.
4. Under each type of insurance (Clauses No. 1-7), the benefit paid or the total amount of benefits paid may not exceed the sum insured/sum guaranteed specified separately for each type of insurance (Clauses No. 1-7).
5. In the case of travel luggage insurance (Clause No. 5), insurance covering costs related to flight delays (Clause No. 6) and civil liability insurance (Clause No. 7), InterRisk shall reimburse, within the limits of the sum insured, the costs incurred by the Policyholder in using the means available to the Policyholder to rescue the insured object and prevent damage or reduce its extent, if such measures were reasonable, even if they proved ineffective.
6. The costs referred to in section 5, together with the agreed compensation, may not exceed the sum insured/sum guaranteed specified in the insurance contract (policy).
7. In the case of civil liability insurance (Clause No. 7), in addition to the compensation due from the Policyholder/Insured, InterRisk shall cover:
   1) the costs of remuneration of experts appointed with the consent of InterRisk to determine the circumstances or extent of the damage;
   2) reasonable costs of proceedings involving the Policyholder/Insured as the defendant in proceedings for compensation for damage covered by the insurance contract, conducted after obtaining the prior written consent of InterRisk to enter into a court dispute.
8. In the case of civil liability insurance (Clause No. 7), the sum insured shall be reduced by the amount of the benefit paid (consumption of the sum insured), subject to the provisions of sections 5 and 7.
9. The costs referred to in section 7(1) and (2) shall not be included in the sum insured, provided that their total amount does not exceed 10% of the sum insured for the consequences of all insured events.
10. At the request of the Policyholder and for an additional premium, the sum insured/sum guaranteed may be supplemented to the original amount or increased during the insurance period. The supplemented or increased sum insured/sum guaranteed shall constitute the upper limit of InterRisk's liability from the day following the payment of the additional premium.

CONCLUSION OF THE INSURANCE CONTRACT

§7

1. The insurance contract is concluded on the basis of a written application from the Policyholder, which should contain at least the following information:
   1) first name, last name (name) and address (registered office) of the Policyholder;
   2) first name, last name and address of the Insured, if the contract is concluded in a named form on behalf of another person;
   3) number of persons covered by the insurance;
   4) insurance option;
   5) subject and insurance coverage;
   6) proposed sums insured for individual Clauses No. 1-6 and the sum insured for Clause No. 7;
   7) period of insurance;
   8) the type of work performed during the trip abroad;
   9) proposed additional provisions or provisions different from those contained in these General Terms and Conditions, if the Policyholder wishes to include them in the insurance contract.
2. InterRisk may make the conclusion of the insurance contract conditional upon obtaining additional information affecting the assessment of the insurance risk, of which it shall inform the Policyholder in writing.
3. If the application does not contain all the data specified in section 1 or section 2, or if it has been drawn up incorrectly or in a manner inconsistent with the insurance terms and conditions, the Policyholder shall, at the request of InterRisk, supplement it or draw up a new application within 14 days of receiving a letter from InterRisk in this regard. Failure to meet the above deadline shall result in the insurance contract not being concluded.
4. The insurance contract shall be concluded for the period specified in the insurance contract (policy).
5. InterRisk confirms the conclusion of the insurance contract with an insurance document (policy).

§8

1. An individual insurance or family insurance contract may only be concluded in a named form.
2. A group insurance contract may be concluded in a named or unnamed form, provided that a group insurance contract in an unnamed form may only be concluded for employees employed by the Policyholder who are travelling abroad.
3. The condition for concluding a group insurance contract in an unnamed form is that 100% of the employees referred to in section 2 are covered by the insurance.

4. The condition for concluding a group insurance contract in a named form is that a named list of persons taking out insurance is attached to the Policyholder's application.
5. Unless otherwise agreed by the parties, the list referred to in section 4 shall include the first name, last name, PESEL [Polish Resident ID No.] (in the case of foreigners, the date of birth) and address of residence.
6. An individual or family insurance contract may be concluded for an insurance period of not less than:
   1) 1 days - for a trip abroad to European Union/EFTA countries;
   2) 3 days - for a trip abroad to other countries, but not longer than 90 days.
7. A group insurance contract may be concluded for a period of insurance not exceeding twelve months, unless the parties agree otherwise.

START AND END OF LIABILITY
§9

1. The insurance contract (policy) specifies the start and end dates of the insurance period.
2. InterRisk's liability under an insurance contract concluded before the start of a trip abroad begins at the moment of crossing the border in order to leave the territory of the Republic of Poland, the country of which the Insured is a citizen and the country of permanent or temporary residence of the Insured, until the moment of crossing the border of the Republic of Poland, the country of which the Insured is a citizen and the country of permanent or temporary residence of the Insured on the return journey, with the following exceptions:
   1) in the case of air travel, the border is crossed at the moment of aircraft departure from the last airport in the Republic of Poland, the country of which the Insured is a citizen and the country of permanent or temporary residence of the Insured, and on the return journey, at the moment of landing at the first airport in the Republic of Poland, the country of which the Insured is a citizen and the country of permanent or temporary residence of the Insured;
   2) in the case of sea transport, the border is crossed at the moment of leaving the port by the ship/ferry from the Polish port, the country of which the Insured is a citizen and the country of permanent or temporary residence of the Insured, and on the return journey at the moment of arrival of the ship/ferry to the Polish port, the country of which the Insured is a citizen and the country of permanent or temporary residence of the Insured, but not earlier than on the day following the payment of the premium or the first instalment of the premium.
3. InterRisk's liability shall cease:
   1) on the expiry date of the insurance period;
   2) on the date of withdrawal from the insurance contract by the Policyholder;
   3) on the date of termination of the insurance contract as a result of the notice referred to in § 10(2)-(4);
   4) in the case of payment of the premium in instalments - if, after the expiry of the instalment payment date, InterRisk calls on the Policyholder to pay it with a warning that failure to pay within 7 days of receipt of the call by the Policyholder will result in the termination of InterRisk's liability, and the next instalment of the premium is not paid within that period - on the date of expiry of that period;
   5) towards the Insured on the date of exhaustion of the sum insured/sum guaranteed as a result of the payment of benefits/compensation or benefits/compensation totalling the sum insured/sum guaranteed specified separately for each type of insurance (Clauses No. 1-7);
   6) towards the Insured on the date of their death;
   7) towards the Insured on the date on which they were reported by the Policyholder as withdrawing from the group insurance;
   8) towards the Insured in a group insurance contract - on the last day of the calendar month in which InterRisk received a statement of withdrawal from the insurance by the Insured. The Insured may withdraw from the insurance at any time.
4. If InterRisk's liability has ceased as a result of exhaustion of the sum insured, InterRisk's liability under the insurance contract shall be resumed by way of an annex to the insurance contract, from the date specified in the annex, but not earlier than after payment of an additional premium for additional insurance.

TERMINATION OF THE INSURANCE CONTRACT
§10

1. If the insurance contract is concluded for a period longer than six months, the Policyholder has the right to withdraw from the insurance contract within 30 days, and if the Policyholder is an entrepreneur, within 7 days from the date of conclusion of the insurance contract.
2. The Policyholder may terminate the contract at any time during its term:
- in the case of a contract concluded for a minimum period of 12 months, with effect on the last day of the calendar month, subject to a 30-day notice period;
- in the case of contracts concluded for a period shorter than 12 months, with immediate effect.
3. In the event of disclosure of circumstances which entail a significant change in the probability of an accident, either party may demand an appropriate change in the premium, starting from the moment when such circumstances occurred, but not earlier than from the beginning of the current insurance period. If such a request is made, the other party may terminate the contract with immediate effect within 14 days.
4. If InterRisk was liable before the premium or its first instalment was paid, and the premium or its first instalment was not paid by the Policyholder on time, InterRisk may terminate the contract with immediate effect and demand payment of the premium for the period for which it was liable. If the insurance contract is not terminated, it shall expire at the end of the period for which the unpaid premium was due.
5. The insurance contract shall expire on the date of ineffective expiry of the period referred to in §9(3)(4) of the General Terms and Conditions.

INSURANCE PREMIUM
§11

1. The amount of the basic insurance premium due for the period of InterRisk's liability is specified in the insurance contract (policy).
2. The amount of the basic insurance premium depends on the following risk assessment factors:
   1) the sum insured/sum guaranteed requested by the Policyholder;
   2) the subject of insurance;
   3) the insurance coverage;
   4) period of insurance;
   5) the number of persons entering into the insurance contract;
   6) information on claims history.
3. In addition, the basic insurance premium shall take into account the costs associated with the conclusion of the insurance contract, its performance and the costs of reinsurance.
4. The basic insurance premium is calculated by multiplying the number of days of travel abroad by the rate applicable to the scope of cover, specified in a foreign currency (EUR), depending on the factors specified in section 2.
5. The amount of the basic insurance premium is calculated according to the premium tariff in force on the date of conclusion (or amendment) of the insurance contract.
6. If the premium tariff does not take into account the insured risk, the amount of the insurance premium is determined on the basis of an individual risk assessment by InterRisk.
7. InterRisk may apply discounts and/or surcharges to the basic insurance premium.
8. The final insurance premium is calculated by applying the surcharges and discounts to the premium.
9. InterRisk may apply surcharges to the premium for:
   1) extending the insurance coverage to include:
      a) consequences of accidents suffered in connection with competitive sports - in the case of Clause No. 1, Clause No. 2, Clause No. 4,
      b) consequences of accidents suffered in connection with amateur skiing, snowboarding, water skiing or windsurfing - in the case of Clause No. 1, Clause No. 2, Clause No. 4,
      c) damage to property or personal injury caused in connection with amateur skiing, snowboarding, water skiing or windsurfing - in the case of Clause No. 7,
      d) consequences of a heart attack or stroke – in the case of Clause No. 1, Clause No. 2, Clause No. 4,
      e) consequences of an accident suffered in connection with the performance of work – in the case of Clause No. 1, Clause No. 2, Clause No. 4,

f) consequences of chronic illness – in the case of Clause No. 1 and Clause No. 2;

2) introduction of additional provisions and/or provisions different from those contained in these GTC, as requested by the Policyholder;

3) high frequency of insured events for which InterRisk has paid benefits.

10. InterRisk may apply premium discounts due to:
    1) the age of persons entering into the insurance contract - applies to persons who were at least 6 years old but not older than 25 years old on the date of entering into the insurance contract;
    2) the number of persons entering into the insurance contract - in the case of group insurance;
    3) the form of insurance - applies to family insurance;
    4) travel to European countries, Egypt, Tunisia, Turkey, Morocco or the Canary Islands;
    5) introduction of additional provisions or provisions different from those contained in these GTC, as requested by the Policyholder.
11. The insurance premium is payable in a single instalment, unless the parties agree otherwise.
12. At the request of the Policyholder, the insurance premium may be paid in instalments. The payment dates and amounts of subsequent instalments shall be specified in the insurance contract (policy).
13. The insurance premium shall be paid on the date of conclusion of the contract, unless the parties to the contract have agreed on a later payment date in the insurance contract (policy). In the case of payment in instalments, the first instalment of the premium is payable on the date of conclusion of the insurance contract, while subsequent instalments of the insurance premium are payable on the payment dates specified in the insurance contract (policy).
14. In the event of withdrawal from the insurance contract or termination of the contract by either party, InterRisk shall be entitled to the premium for the period during which it provided insurance cover.
15. In the event of termination of the insurance contract before the expiry of the period for which it was concluded, the Policyholder shall be entitled to a refund of the premium for the period of unused insurance cover.
16. The amount of the premium to be refunded shall be the product of the premium for one day of travel in the selected insurance coverage and the number of days of the unused insurance period.

RIGHTS AND OBLIGATIONS OF THE PARTIES TO THE CONTRACT

§12

1. The Policyholder shall be obliged to:
    1) prior to concluding the insurance contract, inform InterRisk of all circumstances known to them which InterRisk requested in the application form or in other documents prior to concluding the contract;
    2) notify InterRisk of any changes in the circumstances which the Policyholder informed InterRisk about before concluding the insurance contract, immediately after becoming aware of them;
    3) enable InterRisk to obtain information relating to the circumstances of the accident or illness;
    4) pay the premium or instalments on the agreed date;
    5) provide InterRisk, within the time limit specified in the insurance contract (policy), with all data necessary for the proper performance of the insurance contract, including, in the case of group insurance contracts concluded in a named form:
        a) a list of persons taking out insurance,
        b) a list of persons withdrawing from insurance,
        c) periodic settlement of premiums (on the InterRisk form);
    6) compliance with the obligations set out in these GTC.
2. In the event that the insurance contract is concluded on behalf of another person:
    1) the Policyholder is obliged to deliver the General Terms and Conditions of Insurance to the insured and provide the necessary information regarding insurance coverage;
    2) the Policyholder is obliged to provide the person interested in concluding the insurance contract with the information referred to in Article 17(1) of the Act on Insurance and Reinsurance Activities before that person concludes the insurance contract, in writing or, if the person interested in concluding the insurance contract agrees, on another durable medium;
    3) the Policyholder shall be obliged to inform the Insured, at his/her request, of the method of calculating and paying the insurance premium and to deliver to the Insured the terms and conditions of the contract, in particular the provisions of the contract concerning the rights and obligations of the Insured, before the Insured agrees to finance the insurance premium (if the Insured finances the premium). The information should also include a description of the obligations of the Policyholder and InterRisk towards the Insured;
    4) notwithstanding other provisions of the General Terms and Conditions, in the event of the Policyholder's failure or discontinuation of pursuing a claim against InterRisk, the Insured or his/her heirs shall be entitled to pursue the claim directly.
3. If the group insurance contract was concluded on behalf of the Policyholder's employees or persons performing work under civil law contracts and their family members or on behalf of members of associations, professional associations or trade unions, and the Policyholder receives remuneration or other benefits from InterRisk in connection with offering the possibility of insurance cover or activities related to the performance of the group insurance contract, prior to entering into the group insurance contract, the Policyholder shall provide the person interested in entering into such a contract with information on:
    1) InterRisk and the address of its registered office;
    2) the nature of the remuneration or other benefits received in connection with the proposed accession to the group insurance contract;
    3) the possibility of lodging a complaint, filing a claim and out-of-court dispute resolution.
4. If the Policyholder has not informed InterRisk of the circumstances known to it referred to in section 1(1) or has not fulfilled the obligation referred to in section 1(2), InterRisk shall not be liable for the consequences of such circumstances.
5. InterRisk shall be obliged to:
    1) exercise due diligence when concluding and performing the insurance contract;
    2) provide the Policyholder with the information necessary to conclude and perform the insurance contract, and in the event of a claim, it shall be obliged to promptly settle it;
    3) provide the Policyholder, prior to the conclusion of the insurance contract, with the text of these GTC, as well as other documents and forms necessary for the performance of the insurance contract;
    4) at the request of the Insured, provide the necessary information about the provisions of the concluded contract and the GTC in the scope of the rights and obligations of the Insured;
    5) provide the Policyholder/Insured with the InterRisk Table of Health Impairment Standards as well as the tables and technical wear and tear standards referred to in these GTC, in all organisational units of InterRisk, in such a way that the Policyholder can familiarise themselves with them before concluding the insurance contract. At the request of the Policyholder/Insured, the text of the InterRisk Table of Health Impairment Standards as well as tables and technical wear and tear standards shall be provided to the Policyholder/Insured at the address indicated;
    6) provide the Policyholder, the Insured, the Beneficiary or the Injured Party with information and documents collected for the purpose of determining InterRisk's liability or the amount of the benefit/compensation. The above-mentioned persons may request written confirmation from InterRisk of the information provided, as well as make photocopies of documents at their own expense and have their conformity with the original confirmed by InterRisk;
    7) provide insurance cover for persons who have been reported by the Policyholder and for whom the insurance premium has been paid;
    8) pay the benefits/compensation under the terms and conditions set out in these GTC and the insurance contract (policy);
    9) secure personal data received as a result of the performance of the insurance contract in accordance with the requirements of the Personal Data Protection Act;
    10) inform the person making the claim in writing of the documents required to determine InterRisk's liability or the amount of the benefit/compensation, if this is necessary for further conduct of the proceedings, in accordance with §13(1);
    11) inform the Policyholder or the Insured in writing, if they are not the persons reporting the occurrence of an event covered by insurance, in accordance with §13(1).
6. The Policyholder, the Insured or the Beneficiary shall have the right to inspect the information and documents collected for the purpose of determining InterRisk's liability or the amount of the benefit, to request written confirmation from InterRisk of the information provided and to make copies or photocopies of documents at their own expense and to have them certified as true copies by InterRisk.

GENERAL RULES FOR DETERMINING AND PAYING BENEFITS
§13

1. Upon receipt of notification of an insured event covered by insurance, InterRisk shall, within 7 days of receipt of such notification, inform the Policyholder or the Insured, if they are not the persons making the notification, and shall initiate proceedings to establish the facts of the event, the validity of the claims made and the amount of the benefit, and shall also inform the person making the claim in writing of the documents required to determine InterRisk's liability or the amount of the benefit, if this is necessary for further conduct of the proceedings.
2. If InterRisk obtains new information relevant to the determination of the validity of the claims reported or the amount of the benefit, InterRisk shall, within seven days of obtaining the additional information, inform the Policyholder, the Insured or the Beneficiary under the insurance contract in writing of the additional documents required to determine the benefit.
3. The validity of benefits shall be determined on the basis of the documents submitted, however, InterRisk shall have the right to verify them and consult specialists.
4. InterRisk shall provide the benefit within 30 days of receiving the accident notification.
5. If, within the time limit specified in section 4, it proves impossible to clarify the circumstances necessary to determine InterRisk's liability or the amount of the benefit, the benefit shall be paid within 14 days from the date on which, with due diligence, it was possible to clarify these circumstances. However, InterRisk shall pay the undisputed part of the benefit within 30 days of receiving the accident notification.
6. If, within the time limit specified in section 4, InterRisk fails to pay the benefit, it shall notify the claimant and the Insured, if they are not the claimant, in writing of the reasons for its inability to satisfy their claims in whole or in part within the above time limit.
7. If the benefit is not payable or is payable in an amount other than that specified in the claim, InterRisk shall inform the claimant and the Insured, if they are not the claimant, in writing within the time limits specified in section 4 or 5, indicating the circumstances and legal basis justifying the total or partial refusal to pay the benefit, and shall inform them of the possibility of lodging a complaint or claim with InterRisk or pursuing their claims in court.
8. The benefit shall be paid to the Insured, the Beneficiary or the Injured Party in the territory of the Republic of Poland in Polish zlotys and shall be equivalent to the amounts in foreign currencies converted into Polish zlotys at the average exchange rate set by the National Bank of Poland on the date of the event.
9. Outside the territory of the Republic of Poland, the benefit shall be paid in the appropriate foreign currencies directly by InterRisk or through the ASSISTANCE CENTRE.
10. The benefit may be paid by bank transfer or postal order.
11. Notwithstanding other provisions of the General Terms and Conditions, in the event of abandonment or discontinuation of the above pursuit of benefits from InterRisk by the Policyholder, the Insured or their heirs shall be entitled to pursue the benefits directly.
12. The taxation of amounts received under insurance is governed by the Personal Income Tax Act and the Corporate Income Tax Act.

RECOURSE CLAIMS
§14

1. On the date of payment of the compensation, the claim of the Policyholder or the Insured against a third party liable for the damage shall be transferred under the law to InterRisk up to the amount of the compensation paid. If InterRisk has covered only part of the damage, the Policyholder and the Insured shall have priority over InterRisk's claim for the remaining part.
2. The claims referred to in section 1 shall not pass to InterRisk if the perpetrator of the damage is a person with whom the Policyholder lives in a common household, unless the perpetrator caused the damage intentionally.
3. The Policyholder and the Insured shall provide InterRisk with information and assistance, deliver any documents requested by InterRisk which are in their possession, and enable InterRisk to take all necessary steps to effectively pursue recourse claims against third parties liable for the damage.
4. If the Policyholder/Insured effectively waives, in whole or in part, without the consent of InterRisk, the right to claim compensation to which they are entitled in relation to the person responsible for the damage, InterRisk may refuse to pay compensation in whole or in part. If this fact is disclosed after the compensation has been paid, InterRisk may demand the return of all or part of the compensation paid, in the part in which the Policyholder/Insured has waived the claim. This sanction does not apply to Clause No. 7 (civil liability insurance).

COMPLAINTS AND CLAIMS
§15

1. The person seeking insurance protection, the Policyholder, the Insured, the beneficiary or the person entitled under the insurance contract shall have the right to raise objections to the services provided by InterRisk, including the right to lodge complaints and grievances, hereinafter referred to collectively as complaints.
2. A complaint may be submitted:
   a) in writing - in person, at any InterRisk organisational unit serving customers, via a postal operator or courier, or sent to the electronic delivery address entered in the electronic address database,
   b) verbally - by telephone via InterRisk Contact Person (tel. No.: 22 575 25 25) or in person for the record at any InterRisk organisational unit providing customer service,
   c) in electronic form - by sending an email to: szkody@interrisk.pl.
3. InterRisk shall respond to the complaint without undue delay, but no later than within 30 days of its receipt. To meet the deadline, it is sufficient to send the response before its expiry.
4. In particularly complex cases, where it is impossible to consider the complaint and respond within 30 days of its receipt, the deadline for considering the complaint and responding may be extended to a maximum of 60 days from the date of receipt of the complaint. When informing about the extension of the deadline for responding to a complaint, InterRisk shall indicate the reason for the delay, the circumstances that need to be established and the expected date of the complaint's consideration.
5. InterRisk shall respond to complaints from natural persons in writing and, at the request of the person concerned, by e-mail. InterRisk shall respond to complaints submitted by entities other than natural persons in paper form or on another durable medium.
6. The Policyholder, the Insured, the beneficiary and the person entitled under the insurance contract who is a natural person shall have the right to request that the case be examined by the Financial Ombudsman. Consumers also have the right to seek assistance from municipal and district consumer ombudsmen.
7. InterRisk is subject to supervision by the Financial Supervision Authority.

PROVISIONS APPLICABLE TO DISTANCE INSURANCE CONTRACTS WITHIN THE MEANING OF THE CONSUMER RIGHTS ACT
§16

If an insurance contract is concluded at a distance within the meaning of the Consumer Rights Act, the following provisions shall apply to the contract:

1. A consumer who has concluded an insurance contract at a distance may withdraw from it without giving reasons by submitting a written statement within 30 days of the date of conclusion of the contract or from the date of confirmation of the information referred to in Article 39 of the Consumer Rights Act, if this date is later. The deadline shall be deemed to have been met if the statement is sent before its expiry. In the event of withdrawal from the insurance contract by the consumer, InterRisk shall be entitled only to a portion of the premium calculated proportionally for each day of insurance cover provided by InterRisk.
2. The insurance contract does not involve financial risk arising from its specific characteristics or the nature of the activities to be performed, and the insurance premium does not depend on movements in financial market prices.
3. The consumer shall bear the costs of distance communication in accordance with the consumer's operator's tariff.
4. Disputes arising from contracts concluded between consumers and InterRisk via the website or other electronic means may be resolved by the competent authorities through the European online dispute resolution platform available at: http://ec.europa.eu/ consumers/ odr/.
5. The insurance contract is not covered by a guarantee fund or any other guarantee scheme.
6. The language used in relations between InterRisk and the consumer is Polish.
7. The law applicable to relations between InterRisk and the consumer prior to the conclusion of the contract, as well as the law applicable to the conclusion and performance of the insurance contract, is Polish law.

FINAL PROVISIONS

§17

1. All notifications and statements made by the Policyholder, the Insured or InterRisk in connection with the insurance contract (regarding both the performance and termination or withdrawal from the insurance agreement) shall be made in writing under pain of nullity, except where these entities agree to the forwarding of notifications and statements in electronic form.
2. The parties are obliged to notify each other of any change of registered office or address, depending on whether the party is a legal or natural person.
3. A claim arising from the insurance contract may be brought in accordance with the provisions on general jurisdiction or before the court having jurisdiction over the place of residence or registered office of the Policyholder, the Insured or the Beneficiary under the insurance contract. A claim arising from the insurance contract may be brought in accordance with the provisions on general jurisdiction or before the court having jurisdiction over the place of residence of the heir of the Insured or the heir of the Beneficiary under the insurance contract.
4. Any disputes arising from the insurance contract or in connection with it may be settled by the Arbitration Court at the Polish Financial Supervision Authority. The above provision does not constitute an arbitration clause.
5. InterRisk is obliged, pursuant to the Act on out-of-court resolution of consumer disputes, to resolve disputes with consumers out of court. The entity authorised to resolve disputes between consumers and InterRisk out of court is the Financial Ombudsman (www.rf.gov.pl).
6. The insurance contract concluded on the basis of these General Terms and Conditions shall be governed by Polish law.
7. These General Terms and Conditions of Insurance were approved by Resolution No. 05/06/07/2021 of the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group on 6 July 2021 and apply to Insurance Contracts concluded on or after 22 August 2021.
8. The following appendices form an integral part of these GTC:
   1) Appendix No. 1 - insurance for medical expenses - Clause No. 1,
   2) Appendix No. 2 - travel assistance insurance - Clause No. 2,
   3) Appendix No. 3 – insurance of rescue and search costs – Clause No. 3,
   4) Appendix No. 4 – accident insurance – Clause No. 4,
   5) Appendix No. 5 - travel luggage insurance - Clause No. 5,
   6) Appendix No. 6 - insurance covering costs related to flight delays - Clause No. 6,
   7) Appendix No. 7 - civil liability insurance - Clause No. 7.

Vice-President of the Management Board
Józef Winiarski

Member of the Management Board
Włodzimierz Wasiak

APPENDIX NO. 1
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 1 – INSURANCE FOR MEDICAL EXPENSES

SUBJECT OF INSURANCE
§1

The subject of insurance are medically necessary and documented medical expenses incurred by the Insured during a trip abroad as a result of an accident or illness that occurred during the period of insurance coverage.

INSURANCE COVERAGE
§2

1. The insurance covers the following costs:
   1) outpatient treatment;
   2) hospitalisation;
   3) purchase of medicines and dressings prescribed by a doctor;
   4) dental treatment if it was the result of acute pain requiring immediate assistance, subject to the proviso that liability is limited to EUR 150 for all illnesses requiring immediate medical assistance;
   5) repair or purchase of glasses and repair of prostheses, if their damage was related to an accident covered by InterRisk's liability.
2. InterRisk shall cover the costs referred to in section 1 directly or through the ASSISTANCE CENTRE up to the sum insured specified in the insurance contract (policy) for Clause No. 1.

LIMITATIONS AND EXCLUSIONS OF LIABILITY
§3

1. InterRisk shall not be liable for the costs of:
   1) sanatorium treatment, treatment in rest homes or addiction treatment centres;
   2) psychoanalytic or psychotherapeutic treatment;
   3) plastic surgery or cosmetic procedures;
   4) treatment of sexually transmitted diseases;
   5) termination of pregnancy not related to an accident or illness;
   6) infertility treatment, including artificial insemination, as well as the purchase of contraceptives;
   7) dental treatment, unless it was the result of acute pain requiring immediate assistance;
   8) repair or purchase of glasses or repair of prostheses, except in the case specified in §2(1)(5).
2. InterRisk shall not be liable for the costs of treatment in relation to the Insured if there were medical contraindications to foreign travel.
3. InterRisk shall not be liable for costs whose total amount does not exceed 20 EURO (conditional franchise).
4. Furthermore, InterRisk shall not be liable for events arising as a result of or in connection with:
   1) intentional commission or attempted commission of a criminal offence by the Insured;
   2) suicide or self-harm by the Insured;
   3) bodily injury diagnosed before the date of commencement of the Insured's insurance cover;
   4) illnesses diagnosed before the date of commencement of the Insured's insurance cover;
   5) driving a vehicle by the Insured who is the driver of the vehicle and does not have the legal right to drive the vehicle, unless the lack of the required right did not contribute to the accident;
   6) driving a vehicle by the Insured as the driver of the vehicle if the vehicle was not registered or did not have a valid technical inspection, if the vehicle is subject to registration or periodic technical inspections, unless the lack of registration or the technical condition of the vehicle did not contribute to the accident;
   7) the Insured's participation in competitions, rallies, races, shows, training drives or sporting events as a driver, assistant driver or passenger of a vehicle within the meaning of the Road Traffic Act;
   8) a fight;
   9) assault, except where the Insured acts in self-defence;
   10) occupational disease, mental illness;
   11) congenital defects and their consequences;
   12) competitive sports practised by the Insured; this does not apply to the extension of insurance coverage referred to in §4(2) of these General Terms and Conditions;
   13) amateur skiing, snowboarding, water skiing or windsurfing; does not apply to the extension of insurance scope referred to in §4(3) of these GTC;
   14) heart attack or stroke; does not apply to the extension of insurance coverage referred to in §4(4) of these GTC;
   15) performance of work by the Insured; does not apply to the extension of insurance coverage referred to in §4(5) of these GTC;
   16) chronic illness; does not apply to the extension of insurance coverage referred to in §4(6) of these GTC;
   17) the Insured's participation in high-risk sports;
   18) fainting;
   19) the Insured being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances within the meaning of the Act on Counteracting Drug Addiction, except for cases where such substances were taken in accordance with a doctor's recommendation, provided that the Insured's being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances had an impact on the occurrence of an accident or illness;
   20) radioactive waste or explosive materials;
   21) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
   22) correction of the Insured's vision;
   23) sterilisation and surgical contraception;
   24) jaw surgery, exploratory and experimental surgery;
   25) spontaneous and induced abortion, except in the case of induced abortion when the pregnancy poses a threat to life and health;
   26) infertility treatment;
   27) secondary surgery;
   28) varicose veins;
   29) preventive examinations and examinations not recommended by a doctor;
   30) gender reassignment, plastic and cosmetic surgery;
   31) Acquired Immune Deficiency Syndrome (AIDS) and related opportunistic infections, cancers, neurological disorders and other disease complexes associated with AIDS, except in cases where HIV infection occurred during the period of insurance cover as a result of a blood transfusion or in connection with the Insured's occupation;
   32) arising during the Insured's active service in the armed forces of any country;
   33) resulting from sunburn;
   34) arising as a result of epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;
   35) arising in connection with the Insured travelling as a passenger on an aircraft not belonging to any airline, not registered and not authorised for paid carriage on regular airlines;
   36) a pandemic.

PROCEDURE IN CASE OF AN INSURED EVENT
§4

1. In the event of an incident that may result in InterRisk's liability, the Policyholder/Insured shall contact the ASSISTANCE CENTRE (address and telephone number provided in the insurance contract (policy)) and provide the following information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) brief description of the event and type of assistance required;
   5) contact telephone number of the Insured.
2. At the request of the ASSISTANCE CENTRE, the Insured is obliged to provide the ASSISTANCE CENTRE's doctors with any medical certificates, referrals, sick leave certificates, medical documents, prescriptions, as well as the originals of bills or invoices and proof of payment, to the extent that these documents and information are necessary to determine the scope of InterRisk's liability.

3. If it is not possible to contact the ASSISTANCE CENTRE, upon an event that may give rise to InterRisk's liability, the Policyholder/Insured shall be obliged to:
   1) immediately consult a doctor and follow his/her recommendations;
   2) notify the InterRisk organisational unit of the occurrence of an event covered by insurance, no later than within 14 days from the date of the Insured's return to the Republic of Poland, the country of which he/she is a citizen and the country of permanent or temporary residence, if his/her health condition allows it;
   3) undergo an examination by a doctor designated by InterRisk in order to diagnose the reported injuries. The cost of such examinations shall be covered by InterRisk.
4. The notification of the event referred to in section 3(2) shall contain the following basic information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) the date of the accident and a detailed description of the circumstances in which it occurred;
   5) the date of the onset of the illness;
   6) the first name and last name and address of any witnesses to the event, if known to the claimant.

CLAIM NOTIFICATION

§5

1. In order to determine InterRisk's liability, the Insured is obliged to provide the following basic documents, if they are in the possession of the claimant:
   1) a copy of the police report, if it was filed;
   2) documentation of outpatient treatment, including a description of the medical assistance provided;
   3) medical documentation describing the nature of the injuries sustained and containing a precise diagnosis;
   4) medical certificates describing the course of treatment and containing a precise diagnosis;
   5) hospital information sheet, documents stating the reasons for and scope of medical assistance provided;
   6) original receipts or original proof of payment for medical assistance, emergency medical services or hospitalisation, as well as for purchased medicines and dressings;
   7) documents confirming the period of trip abroad;
   8) other documents specified in additional provisions or provisions different from the GTC included in the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.

APPENDIX NO. 2
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 2 – TRAVEL ASSISTANCE INSURANCE

SUBJECT OF INSURANCE
§1

1. The subject of insurance are costs incurred during a trip abroad for immediate assistance provided by InterRisk, through the ASSISTANCE CENTRE, within the scope specified in §2(1), as a result of an accident or illness that occurred during the period of insurance coverage.
2. The costs of providing immediate assistance shall be covered by InterRisk, provided that liability under the insurance for medical expenses exists (Clause No. 1).

INSURANCE COVERAGE
§2

1. The insurance covers the following costs:
   1) if the Insured needs to be hospitalised or transported to the Republic of Poland due to an illness or accident covered by the insurance, InterRisk shall cover the costs of accommodation and meals for one person accompanying the Insured if their presence is necessary and recommended by the doctor treating the Insured abroad, subject to the proviso that liability is limited to:
      a) a stay of up to 7 days in the amount of up to 100 EUR per day of stay,
      b) the costs corresponding to the costs of return travel to the Republic of Poland, but not exceeding the equivalent of 1,000 EUR;
   2) in the event of the Insured's hospitalisation for a period of at least 7 days or their transport to the Republic of Poland due to an illness or accident covered by the insurance, and when the Insured is not accompanied by a person travelling with them, InterRisk shall cover the travel and accommodation costs of one close relative, if their presence is necessary and recommended by the doctor treating the Insured Person abroad, subject to the proviso that liability is limited to:
      a) a stay of up to 7 days in the amount of up to 100 EUR per day of stay,
      b) the costs corresponding to the costs of travel from the Republic of Poland to the country of hospitalisation of the Insured and return travel to the Republic of Poland, but not exceeding the equivalent of 2,500 EUR;
   3) transport of the Insured abroad from the place of accident or illness to the nearest hospital or medical facility;
   4) transport of the Insured to another hospital if the medical facility where the Insured was hospitalised does not provide medical care appropriate to his/her state of health, in accordance with the written recommendation of the attending physician;
   5) transport of the Insured to a medical facility in the Republic of Poland or to their place of residence in the territory of the Republic of Poland, if required by the Insured's state of health and if the transport was carried out in accordance with the written recommendation of the attending physician. InterRisk reserves the right to limit its liability to the price of an economy class ticket according to the applicable tariffs, the cheapest available means of transport, unless, for medical reasons, another means of transport is required for the transport of the Insured and this has been agreed with InterRisk or the ASSISTANCE CENTRE, unless such agreement with InterRisk or the ASSISTANCE CENTRE was objectively impossible for reasons beyond the control of the Insured;
   6) transport of the Insured's body to the place of burial, subject to the proviso that liability is limited to the costs corresponding to the costs of transporting the body to the Republic of Poland and the transport has been agreed with InterRisk or the ASSISTANCE CENTRE, unless agreement with InterRisk or the ASSISTANCE CENTRE was objectively impossible;
   7) purchase of a coffin.
2. InterRisk shall cover the costs referred to in section 1 directly or through the ASSISTANCE CENTRE up to the sum insured specified in the insurance contract (policy) for Clause No. 2.
3. Transport and accommodation costs specified in section 1(1) and (2) shall be covered by InterRisk if the return could not take place using the previously planned means of transport and accommodation.
4. InterRisk shall cover the transport costs referred to in section 1(1)(b) and (2)(b) up to the cost of an economy class ticket according to the applicable tariffs, using the cheapest means of transport available.

EXCLUSIONS OF LIABILITY
§3

1. InterRisk shall not be liable for events arising as a result of or in connection with:
   1) intentional commission or attempted commission of a criminal offence by the Insured;
   2) suicide or self-harm by the Insured;
   3) bodily injury diagnosed before the date of commencement of the Insured's insurance cover;
   4) illnesses diagnosed before the date of commencement of the Insured's insurance cover;
   5) driving a vehicle by the Insured who is the driver of the vehicle and does not have the legal right to drive the vehicle, unless the lack of such right did not contribute to the accident;
   6) driving a vehicle by the Insured as the driver of the vehicle if the vehicle was not registered or did not have a valid technical inspection, if the vehicle is subject to registration or periodic technical inspections, unless the lack of registration or the technical condition of the vehicle did not contribute to the accident;
   7) the Insured's participation in competitions, rallies, races, shows, training drives or sporting events as a driver, assistant driver or passenger of a vehicle within the meaning of the Road Traffic Act;
   8) a fight;
   9) assault, except where the Insured acts in self-defence;
   10) occupational disease, mental illness;
   11) congenital defects and their consequences;
   12) competitive sports practised by the Insured; this does not apply to the extension of insurance coverage referred to in §4(2) of these General Terms and Conditions;
   13) amateur skiing, snowboarding, water skiing or windsurfing; does not apply to the extension of insurance scope referred to in §4(3) of these GTC;
   14) heart attack or stroke; does not apply to the extension of insurance coverage referred to in §4(4) of these GTC;
   15) performance of work by the Insured; does not apply to the extension of insurance coverage referred to in §4(5) of these GTC;
   16) chronic illness; does not apply to the extension of insurance coverage referred to in §4(6) of these GTC;
   17) the Insured's participation in high-risk sports;
   18) fainting;
   19) the Insured being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances within the meaning of the Act on Counteracting Drug Addiction, except for cases where such substances were taken in accordance with a doctor's recommendation, provided that the Insured's being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances had an impact on the occurrence of an accident or illness;
   20) radioactive waste or explosive materials;
   21) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
   22) correction of the Insured's vision;
   23) sterilisation and surgical contraception;
   24) jaw surgery, exploratory and experimental surgery;
   25) spontaneous and induced abortion, except in the case of induced abortion when the pregnancy poses a threat to life and health;
   26) infertility treatment;
   27) secondary surgery;
   28) varicose veins;
   29) preventive examinations and examinations not recommended by a doctor;
   30) gender reassignment, plastic and cosmetic surgery;
   31) Acquired Immune Deficiency Syndrome (AIDS) and related opportunistic infections, cancers, neurological disorders and other disease complexes associated with AIDS, except in cases where HIV infection occurred

during the period of insurance cover as a result of a blood transfusion or in connection with the Insured's occupation;

32) arising during the Insured's active service in the armed forces of any country;

33) resulting from sunburn;

34) arising as a result of epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;

35) arising in connection with the Insured travelling as a passenger on an aircraft not belonging to any airline, not registered and not authorised for paid carriage on regular airlines;

36) a pandemic.

PROCEDURE IN CASE OF AN INSURED EVENT

§4

1. In the event of reporting an event to the ASSISTANCE CENTRE that may result in InterRisk's liability, the Policyholder/Insured shall provide the following information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) brief description of the event and type of assistance required;
   5) contact telephone number of the Insured.
2. At the request of the ASSISTANCE CENTRE, the Insured is obliged to provide the ASSISTANCE CENTRE's doctors with any medical certificates, referrals, sick leave certificates, medical documents, prescriptions, as well as to present the originals of bills or invoices and proof of payment, to the extent that these documents and information are necessary to determine the scope of InterRisk's liability.
3. If it is not possible to contact the ASSISTANCE CENTRE, upon an event that may give rise to InterRisk's liability, the Policyholder/Insured shall be obliged to:
   1) immediately consult a doctor and follow his/her recommendations;
   2) notify the organisational unit of InterRisk of the occurrence of an event covered by insurance, no later than within 14 days from the date of the Insured's return to the Republic of Poland, the country of which the Insured is a citizen and the country of the Insured's permanent or temporary residence, if his/her health condition allows it;
   3) undergo an examination by a doctor designated by InterRisk in order to diagnose the reported injuries. The cost of such examinations shall be covered by InterRisk.
4. The notification of the event referred to in section 3(2) shall contain the following basic information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) the date of the accident and a detailed description of the circumstances in which it occurred;
   5) the date of the onset of the illness;
   6) the first name and last name and address of any witnesses to the event, if known to the claimant.

CLAIM NOTIFICATION

§5

1. In order to determine InterRisk's liability, the Insured is obliged to provide the following basic documents, if they are in the possession of the claimant:
   1) a copy of the police report, if it was filed;
   2) medical documentation describing the nature of the injuries sustained and containing a precise diagnosis;
   3) medical certificates describing the course of treatment and containing a precise diagnosis;
   4) hospital discharge summary report;
   5) documents stating the reasons for and scope of medical assistance provided; original receipts or original proof of payment for medical assistance, emergency medical services or hospitalisation, as well as for any medicines and dressings purchased;
   6) original receipts or other original proof of payment for the transport of the Insured to the Republic of Poland or the transport of the Insured's remains;
   7) documents confirming the period of trip abroad;
   8) other documents specified in additional provisions or provisions different from the GTC included in the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.

APPENDIX NO. 3
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 3 – INSURANCE OF RESCUE AND SEARCH COSTS

SUBJECT OF INSURANCE
§1

The subject of insurance are necessary and documented rescue and search costs incurred by the Insured during a trip abroad as a result of an accident or illness that occurred during the period of insurance coverage.

INSURANCE COVERAGE
§2

1. The insurance covers the following costs:
   1) search and rescue;
   2) providing medical assistance at the scene of the incident;
   3) transport from the scene of the incident to the nearest medical facility required by the state of health, using specialised means of transport owned by mountain or sea rescue services.
2. InterRisk shall cover the costs referred to in section 1 directly or through the ASSISTANCE CENTRE up to the sum insured specified in the insurance contract (policy) for Clause No. 3.
3. Rescue costs are reimbursed provided they are not covered by insurance for medical expenses (Clause No. 1).

EXCLUSIONS OF LIABILITY
§3

1. InterRisk shall not be liable for events arising as a result of or in connection with:
   1) intentional commission or attempted commission of a criminal offence by the Insured;
   2) suicide or self-harm by the Insured;
   3) bodily injury diagnosed before the date of commencement of the Insured's insurance cover;
   4) illnesses diagnosed before the date of commencement of the Insured's insurance cover;
   5) driving a vehicle by the Insured who is the driver of the vehicle and does not have the driving licence required by law to drive the vehicle, unless the lack of a driving licence did not contribute to the accident;
   6) driving a vehicle by the Insured as the driver of the vehicle if the vehicle was not registered or did not have a valid technical inspection, if the vehicle is subject to registration or periodic technical inspections, unless the lack of registration or the technical condition of the vehicle did not contribute to the accident;
   7) the Insured's participation in competitions, rallies, races, shows, training drives or sporting events as a driver, assistant driver or passenger of a vehicle within the meaning of the Road Traffic Act;
   8) a fight;
   9) assault, except where the Insured acts in self-defence;
   10) occupational disease, mental illness;
   11) congenital defects and their consequences;
   12) competitive sports practised by the Insured; this does not apply to the extension of insurance coverage referred to in §4(2) of these General Terms and Conditions;
   13) amateur skiing, snowboarding, water skiing or windsurfing; does not apply to the extension of insurance scope referred to in §4(3) of these GTC;
   14) heart attack or stroke;
   15) performance of work by the Insured;
   16) chronic illness;
   17) the Insured's participation in high-risk sports;
   18) fainting;
   19) the Insured being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances within the meaning of the Act on Counteracting Drug Addiction, except for cases where such substances were taken in accordance with a doctor's recommendation, provided that the Insured's being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances had an impact on the occurrence of an accident or illness;
   20) radioactive waste or explosive materials;
   21) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
   22) arising during the Insured's active service in the armed forces of any country;
   23) resulting from sunburn;
   24) arising in connection with the Insured travelling as a passenger on an aircraft not belonging to any airline, not registered and not authorised for paid carriage on regular airlines;
   25) arising as a result of epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;
   26) a pandemic.

PROCEDURE IN CASE OF AN INSURED EVENT
§4

1. If the Policyholder/Insured reports an event to the ASSISTANCE CENTRE that may result in InterRisk's liability, the Policyholder/Insured shall provide the following information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) brief description of the event and type of assistance required;
   5) contact telephone number of the Insured.

CLAIM NOTIFICATION
§5

1. In order to determine InterRisk's liability, the Insured is obliged to provide the following basic documents, if they are in the possession of the claimant:
   1) a copy of the police report, if it was filed;
   2) original receipts or other original proof of payment for rescue or search operations;
   3) original receipts or other original proof of payment for transport of the Insured from the place of the incident to a medical facility;
   4) documents confirming the period of trip abroad;
   5) other documents specified in additional provisions or provisions different from the GTC included in the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.

APPENDIX NO. 4
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 4 – ACCIDENT INSURANCE

SUBJECT OF INSURANCE
§1

The subject of insurance are the consequences of an accident that happened to the Insured during the insurance period during a trip abroad.

INSURANCE COVERAGE
§2

1. The insurance covers:
1) death as a result of an accident;
2) injury as a result of an accident.

TYPES AND AMOUNTS OF BENEFITS
§3

1. In connection with an accident covered by InterRisk's liability that occurred during the insurance period, the Insured acquires the right to the following benefits under the insurance contract:
1) in the event of 100% damage to health - a benefit equal to 100% of the sum insured specified in the insurance contract (policy) for Clause No. 4;
2) in the event of less than 100% damage to health - the amount of the benefit is determined as a percentage of the sum insured specified in the insurance contract (policy) for Clause No. 4, corresponding to the percentage of loss of health suffered by the Insured;
3) in the event of the Insured's death as a result of an accident, if it occurred within two years of the date of the accident - a benefit equal to 100% of the sum insured specified in the insurance contract (policy) for Clause No. 4.

EXCLUSIONS OF LIABILITY
§4

1. InterRisk shall not be liable for events arising as a result of or in connection with:
1) intentional commission or attempted commission of a criminal offence by the Insured;
2) suicide or self-harm by the Insured;
3) bodily injury diagnosed before the date of commencement of the Insured's insurance cover;
4) driving a vehicle by the Insured who is the driver of the vehicle and does not have the legal right to drive the vehicle, unless the lack of such right did not contribute to the accident;
5) driving a vehicle by the Insured as the driver of the vehicle if the vehicle was not registered or did not have a valid technical inspection, if the vehicle is subject to registration or periodic technical inspections, unless the lack of registration or the technical condition of the vehicle did not contribute to the accident;
6) the Insured's participation in competitions, rallies, races, shows, training drives or sporting events as a driver, assistant driver or passenger of a vehicle within the meaning of the Road Traffic Act;
7) a fight;
8) assault, except where the Insured acts in self-defence;
9) occupational disease, mental illness;
10) congenital defects and their consequences;
11) competitive sports practised by the Insured; this does not apply to the extension of insurance coverage referred to in §4(2) of these General Terms and Conditions;
12) amateur skiing, snowboarding, water skiing or windsurfing; does not apply to the extension of insurance scope referred to in §4(3) of these GTC;
13) heart attack or stroke; does not apply to the extension of insurance coverage referred to in §4(4) of these GTC;
14) performance of work by the Insured; does not apply to the extension of insurance coverage referred to in §4(5) of these GTC;
15) chronic illness;
16) the Insured's participation in high-risk sports;
17) fainting;
18) the Insured being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances within the meaning of the Act on Counteracting Drug Addiction, except for cases where such substances were taken in accordance with a doctor's recommendation, provided that the Insured's being under the influence of alcohol, intoxicating substances, psychotropic substances or substitute substances had an impact on the occurrence of the accident;
19) radioactive waste or explosive materials;
20) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
21) arising during the Insured's active service in the armed forces of any country;
22) resulting from sunburn;
23) as a passenger on an aircraft not belonging to any airline, not registered and not authorised to carry passengers for remuneration on scheduled flights;
24) arising as a result of epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;
25) a pandemic.

PROCEDURE IN CASE OF AN INSURED EVENT
§5

1. In case of an event that may result in InterRisk's liability, the Policyholder/Insured shall be obliged to:
1) immediately consult a doctor and follow his/her recommendations;
2) notify the InterRisk organisational unit of the occurrence of an event covered by insurance, no later than within 14 days from the date of the Insured's return to the Republic of Poland, the country of which he/she is a citizen and the country of permanent or temporary residence, if his/her health condition allows it;
3) undergo an examination by a doctor designated by InterRisk in order to diagnose the reported injuries. The cost of such examinations shall be covered by InterRisk.

CLAIM NOTIFICATION
§6

1. The notification of the event should contain the following basic information:
1) first name and last name or name and address of the Policyholder;
2) full name and address of the Insured;
3) the date of the accident and a detailed description of the circumstances in which it occurred;
4) the first name and last name and address of any witnesses to the event, if known to the claimant.
2. In order to determine InterRisk's liability, the Insured is obliged to provide the following basic documents, if they are in the possession of the claimant:
1) a copy of the police report, if it was filed;
2) medical documentation describing the nature of the injuries sustained and containing a precise diagnosis;
3) medical certificates detailing the course of treatment and containing an accurate diagnosis, hospital discharge summary report;
4) in the event of death – death certificate, death record or court ruling declaring the Insured deceased;
5) documents confirming the period of trip abroad;
6) other documents specified in additional provisions or provisions different from the GTC included in the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.

DETERMINATION AND PAYMENT OF BENEFITS UNDER ACCIDENT INSURANCE
§7

1. Taking into account the provisions of §13 of these General Terms and Conditions, in the case of accident insurance:
1) the degree of health impairment should be determined immediately after the end of treatment, taking into account the post-accident treatment recommended by a doctor, at the latest within 24 months from the date of the accident;
2) when determining the degree (percentage) of health impairment, the nature of the professional activities performed by the Insured shall not be taken into account;

3) the degree of health impairment may be determined by a trusted doctor on the basis of the claim submitted and the documentation provided on the course of treatment or on the basis of an examination carried out by a trusted doctor with the participation of the Insured;
4) the degree of health impairment shall be determined on the basis of the InterRisk Health Impairment Table made available to the Policyholder or the Insured at their request, in accordance with the provisions of §12(4)(5) of these GTC;
5) in the event of loss or damage to an organ, body part or system whose functions were already impaired prior to the accident, as confirmed by medical documentation, the benefit shall be paid taking into account the difference between the degree (percentage) of health impairment applicable to the organ, body part or system after the accident, and that existing immediately before the accident;
6) benefits for health impairment shall be paid to the Insured;
7) benefits for the death of the Insured as a result of an accident shall be paid to the Beneficiary.

APPENDIX NO. 5
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 5 – TRAVEL LUGGAGE INSURANCE

SUBJECT OF INSURANCE
§1

The subject of insurance are costs incurred over the insurance period during a trip abroad related to the delay in delivery and loss, damage or destruction of the Insured's luggage, which the Insured took on a trip abroad.

INSURANCE COVERAGE
§2

1. The insurance covers:
   1) loss, damage or destruction of travel luggage as a result of random events:
      a) fire, hurricane, flood, lightning strike, explosion, torrential rain, smoke and soot, hail, sonic boom, avalanche, earthquake, landslide, subsidence, collapse of an aircraft and flooding,
      b) rescue operations carried out in connection with the fortuitous events listed in point a),
      c) accident or illness of the Insured, as a result of which the Insured was unable to take care of and secure their travel luggage,
      d) burglary, if the Insured placed their travel luggage:
         - in a luggage storage facility against a receipt,
         - in a locked room occupied by the Insured at their place of accommodation (excluding tents),
         - in a locked individual luggage room at a station (railway, bus, airport),
         - in a locked boot or locked luggage compartment of a locked car,
         - in a locked cabin of a trailer or watercraft,
      e) theft if the insured item was in the care of a professional carrier, based on a transport document,
      f) theft as a result of robbery (mugging), if the luggage was in the care of the Insured or a person authorised by them;
   2) documented costs incurred by the Insured in connection with the delay in the delivery of travel luggage by a professional carrier to the Insured's place of stay during a trip abroad, incurred by the Insured for the purchase of essential items, i.e. only items such as clothing, footwear and toiletries.
2. InterRisk shall cover the costs referred to in section 1 up to the sum insured specified in the insurance contract (policy) for Clause No. 5, subject to the provisions of §6(3) of these GTC.
3. Cameras and video cameras are insured against the events specified in section 1(1)(a)-(c) and (d), indents 1 and 2.
4. The following are excluded from the insurance coverage:
   1) payment cards, cash, travel tickets, vouchers, savings books and vouchers, securities and keys;
   2) jewellery, items made of precious metals and stones;
   3) works of art, collectors' and numismatic items, documents and manuscripts, musical instruments;
   4) weapons of all kinds;
   5) items used for business activities conducted by the Insured;
   6) car accessories, items that are part of the equipment of caravans, camper vans and boats;
   7) computer equipment, computer software, data carriers and video games, mobile phones, equipment used for recording and reproducing sound and images, subject to section 2;
   8) bicycle equipment, tents;
   9) furs;
   10) damage to all types of sports equipment (for recreational, competitive or high-risk sports).

EXCLUSIONS OF LIABILITY
§3

1. InterRisk shall not be liable if the Policyholder caused the damage intentionally. In the event of gross negligence, no compensation shall be payable unless the payment of compensation is justified in the circumstances. InterRisk shall not be liable for damage caused intentionally by a person with whom the Policyholder lives in the same household.
2. In the event of a contract being concluded on behalf of another person, the provisions of section 1 shall apply accordingly to the Insured.
3. Furthermore, the insurance contract does not cover and InterRisk shall not be liable for damage resulting from:
   1) seizure, confiscation, expropriation, nationalisation, requisition, destruction which occurred pursuant to a legal act (regardless of its form) issued by authorised state authorities or on the basis of an administrative decision;
   2) strikes and social unrest;
   3) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
   4) effects of ionising radiation or radioactive contamination, regardless of its source;
   5) contamination or pollution of the environment or insured property being travel luggage with waste within the meaning of the Waste Act or with pollutants within the meaning of the Environmental Protection Act emitted into the environment;
   6) resulting from theft using duplicate keys;
   7) arising as a result of theft from a luggage compartment installed on a car;
   8) arising in electrical appliances and devices as a result of their defects or the action of electric current during operation, unless the action of electric current caused a fire;
   9) arising as a result of epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;
   10) a pandemic.
4. Furthermore, InterRisk shall not be liable for damage:
   1) occurring during relocation;
   2) resulting from defects in the insured item;
   3) being a consequence of normal wear and tear, damage or destruction of the insured item in connection with its use.
5. When determining the extent of damage, the following shall not be taken into account:
   1) scientific, collector's, historical or commemorative value;
   2) costs incurred for decontamination of the remains after the damage.

PROCEDURE IN CASE OF AN INSURED EVENT
§4

1. In the event of damage, the Policyholder/Insured shall:
   1) use all available means to rescue the luggage and prevent damage to the luggage or reduce the extent of the damage. If the Policyholder intentionally or through gross negligence fails to fulfil the obligations specified in this provision, InterRisk shall be released from liability for any damage resulting therefrom;
   2) if there is a suspicion that a crime has been committed, notify the Police of the damage, after obtaining information about the damage, notify the professional carrier of the damage that occurred to the luggage entrusted for transport or during travel by public transport if the luggage was under the direct care of the Insured and obtain written confirmation of this notification;
   3) after obtaining information about the damage, notify the management of the hotel, holiday home, campsite or other place of accommodation of the Insured during their trip abroad about the damage to the luggage that was in the above-mentioned place of accommodation of the Insured or in a room under their supervision and obtain written confirmation of this notification;
   4) immediately after obtaining information about the damage, but no later than within 7 days from the date of the Insured's return to the Republic of Poland, the country of which the Insured is a citizen and the country of the Insured's permanent or temporary residence, notify InterRisk in writing of its occurrence. In the event of a breach of the obligations set out in this provision due to wilful misconduct or gross negligence, InterRisk may reduce the compensation accordingly if the breach contributed to the increase in damage or prevented InterRisk from determining the circumstances and consequences of the event;
   5) enable InterRisk to take the necessary steps to determine the circumstances and extent of the damage, the validity and amount of the claim, provide all necessary assistance, as well as provide InterRisk with any

additional explanations and information required for this purpose and submit any evidence and documents that are required in accordance with the circumstances.

2. The Policyholder is obliged to secure the possibility of pursuing claims for damages against persons responsible for the damage in the manner specified in §14(3) of these GTC.
3. Furthermore, in the event of a delay in the delivery of luggage, the Policyholder/Insured shall be obliged to report this fact to the professional carrier and obtain documents confirming the delay in the delivery of the luggage.

REPORTING DAMAGE

§5

1. The notification of the event should contain the following basic information:
   1) first name and last name or name and address of the Policyholder;
   2) full name and address of the Insured;
   3) the date and place of the damage and a detailed description of the circumstances in which it occurred;
   4) the first name and last name and address of any witnesses to the event, if known to the claimant.
2. In order to determine InterRisk's liability, the Policyholder/Insured shall provide the following basic documents, if in the possession of the claimant:
   1) a copy of the police report, if it was filed;
   2) receipt for the transfer of luggage to a luggage storage facility or professional carrier;
   3) medical documentation describing the nature of the injuries or illness and containing a precise diagnosis, if the loss, damage or destruction of the luggage was caused by fortuitous events referred to in §2(1)(1)(c) of this Clause;
   4) a detailed description of the lost, damaged or destroyed items, specifying their type, quantity, value, place and date of purchase, together with documents and explanations concerning the circumstances, nature and extent of the damage;
   5) documents confirming a report to the police, professional carrier or management of the hotel, holiday home or campsite of the damage to the luggage, with a detailed list of the lost, damaged or destroyed property;
   6) an estimate of the amount of the claim for damaged or destroyed luggage, based on the repair costs;
   7) the original receipts or other original proof of purchase of items included in the luggage, if the Insured has such proof;
   8) a certificate stating the reason for the delay in delivery of the luggage issued by the professional carrier;
   9) invoices and receipts proving the purchase made in the event of delayed delivery of luggage, as well as proof of the delay including the flight number and place of delay;
   10) documents confirming the period of trip abroad;
   11) other documents specified in additional provisions or provisions different from the GTC included in the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.

DETERMINATION AND PAYMENT OF COMPENSATION IN TRAVEL LUGGAGE INSURANCE

§6

1. Subject to the provisions of §13 of these General Terms and Conditions, with regard to travel luggage insurance:
   1) in the event of damage to travel luggage, the amount of compensation shall be determined according to the cost of repairing the damaged items, less the degree of technical wear and tear;
   2) in the event of destruction or loss, the amount of compensation shall be determined according to the actual value of the destroyed or lost item, i.e. according to the purchase price, repair costs or the cost of manufacturing a new item of the same type, kind or power and with the same parameters, less the degree of technical wear and tear;
   3) in the event of delayed delivery of luggage, the amount of compensation shall be determined according to the purchase price of essential items, i.e. only items such as clothing, footwear and toiletries;
   4) InterRisk reserves the right to verify the invoices, cost estimates and other documents submitted by the Policyholder/Insured relating to the determination of the extent of the damage and the amount of compensation;
   5) the investigation into the cause and extent of the damage shall be carried out by InterRisk in cooperation with the Policyholder/Insured or persons authorised by them. The costs associated with determining the cause and extent of the damage shall be borne by each party separately;
   6) in order to determine the cause and extent of the damage and the amount of compensation, each party may, at its own expense, appoint an expert;
   7) InterRisk shall have the right to appoint, at its own expense, an independent expert to provide the Policyholder/Insured with instructions and guidance on how to proceed in order to mitigate the consequences of the accident or minimise the extent of the damage;
   8) the amount of compensation shall be reduced by the value of the remains, i.e. undamaged and intact elements, parts, components or assemblies which have commercial value and are suitable for use in accordance with their intended purpose;
   9) the compensation shall be reduced by a deductible of PLN 100;
   10) unless otherwise agreed in the insurance contract (policy), the compensation paid shall not exceed the damage suffered;
   11) if an object of insurance is insured at the same time against the same risk with two or more Insurers for sums which in total exceed its insured value, the Policyholder may not demand a benefit transferring the amount of the loss. Between Insurers, each of them shall be liable in the ratio of the sum insured by them to the total sums resulting from double or multiple insurance;
   12) in the event of loss of travel luggage, the Insured shall be entitled to compensation provided that the travel luggage has not been recovered by the Insured. If the luggage for which compensation has been paid is recovered by the Insured, the amount of compensation paid shall be refunded within 14 days of its recovery.

APPENDIX NO. 6
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 6 – INSURANCE COVERING COSTS RELATED TO FLIGHT DELAYS

SUBJECT OF INSURANCE
§1

The insurance covers costs incurred during the insurance period while the Insured is travelling abroad in connection with a flight delay for which the Insured holds a valid airline ticket, of at least 6 hours in relation to the scheduled departure time during the trip abroad.

INSURANCE COVERAGE
§2

1. The insurance covers documented and justified costs incurred by the Insured in connection with a flight delay during a trip abroad for the purpose of:
   1) purchasing essential items, i.e. clothing, footwear, toiletries;
   2) paying for additional accommodation.
2. InterRisk shall cover the costs referred to in section 1 up to the sum insured specified in the insurance contract (policy) for Clause No. 6.

EXCLUSIONS OF LIABILITY
§3

InterRisk shall not be liable for damage resulting from:

1) delay of a flight departing from the territory of the Republic of Poland, the country of which the Insured is a citizen, or the country of permanent or temporary residence of the Insured, depending on which of the above countries the Insured is travelling from;
2) epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;
3) pandemic.

PROCEDURE IN CASE OF AN INSURED EVENT
§4

1. In the event of a flight delay, the Policyholder/Insured is obliged to:
   1) report the incident to the professional carrier and obtain confirmation of the flight delay, including its duration and cause;
   2) notify the InterRisk organisational unit of the occurrence of an event covered by insurance, no later than within 14 days from the date of the Insured's return to the Republic of Poland, the country of which the Insured is a citizen and the country of the Insured's permanent or temporary residence, if his/her health condition allows it,

REPORTING DAMAGE
§5

1. The notification of the event should contain the following basic information:
   1) first name and last name or name and address of the Policyholder;
   2) full name and address of the Insured;
   3) the date of the accident and a detailed description of the circumstances in which it occurred;
   4) the first name and last name and address of any witnesses to the event, if known to the claimant.
2. In order to determine InterRisk's liability, the Insured is obliged to provide the following basic documents, if they are in the possession of the claimant:
   1) a detailed description of the circumstances of the flight delay, including the reason for the delay, if known, the name of the professional carrier, the flight route, the planned date and time of departure and arrival, and the actual date and time of departure and arrival;
   2) a copy of the air ticket for the delayed flight and other evidence confirming the occurrence and duration of the flight delay;
   3) a statement from the professional carrier confirming the flight delay and the reason and duration of the delay, or a copy of the complaint submitted and the professional carrier's response to the complaint;
   4) other evidence confirming the occurrence and duration of the flight delay;
   5) original receipts or other original proof of purchase of essential items, i.e. only items such as clothing, footwear, toiletries, if the Insured has such evidence;
   6) documents confirming the period of trip abroad;
   7) other documents specified in additional provisions or provisions different from the GTC included in the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.

DETERMINATION AND PAYMENT OF COMPENSATION IN INSURANCE COVERING COSTS RELATED TO FLIGHT DELAYS
§6

1. Taking into account the provisions of §13 of these General Terms and Conditions, in the insurance covering costs related to flight delays:
   1) the amount of compensation is determined according to the purchase price of essential items, i.e. clothing, footwear, toiletries and expenses incurred for additional accommodation due to the flight delay.

APPENDIX NO. 7
to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 7 – CIVIL LIABILITY INSURANCE

SUBJECT AND INSURANCE COVERAGE

§1

The subject of insurance is the statutory civil liability of the Insured for personal injury or property damage caused by them to the Injured Party through a tortious act (tort liability) during the period of insurance while travelling abroad in connection with the performance of private activities.

§2

1. Private activities are understood as activities related to:
   1) minor children or mentally disabled persons who are close relatives of the Policyholder/Insured and live with him/her;
   2) the Policyholder/Insured's ownership of pets, except for animals kept for commercial or breeding purposes;
   3) ownership and/or use of household goods and household appliances;
   4) ownership and/or use of bicycles and wheelchairs without mechanical propulsion.
2. InterRisk covers the civil liability of the Policyholder/Insured and the Policyholder/Insured's relatives who live with them at the same address and run a joint household.

EXCLUSIONS OF LIABILITY

§3

1. InterRisk shall not be liable if the Policyholder caused the damage intentionally. In the event of gross negligence, no compensation shall be payable unless the payment of compensation is justified in the circumstances. InterRisk shall not be liable for damage caused intentionally by a person with whom the Policyholder lives in the same household.
2. In the event of a contract being concluded on behalf of another person, the provisions of section 1 shall apply accordingly to the Insured.
3. Furthermore, the insurance contract does not cover and, therefore, InterRisk shall not be liable for any damage resulting from or in connection with:
   1) the performance of a profession or business activity;
   2) compulsory insurance which the Policyholder/Insured was required to take out;
   3) the use of water equipment with combustion engines or with a hull length exceeding 10 metres;
   4) the possession of firearms and participation in hunting;
   5) competitive sports practised by the Insured;
   6) the effects of nuclear energy, radioactive contamination, laser beams, magnetic or electromagnetic fields;
   7) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
   8) the transfer by the Policyholder/Insured or persons close to the Policyholder/Insured of diseases, including infectious diseases and HIV, and in relation to pets under the care of the Policyholder/Insured - infectious diseases;
   9) destruction, damage or loss of cash, securities, documents, data carriers, plans, jewellery, precious metals, collections, works of art and payment cards;
   10) amateur skiing, snowboarding, water skiing or windsurfing; does not apply to the extension of insurance scope referred to in §4(3) of these GTC;
   11) violation of personal rights, except for personal rights covered by personal injury;
   12) infringement of intellectual property rights;
   13) imposed financial penalties, court or administrative fines, deposits, compensation for withdrawal from a contract, public law taxes or handling fees;
   14) contamination or pollution of the environment, forest stands and parks;
   15) possession by the Policyholder/Insured of dogs which, at the time of the event, did not have a valid rabies vaccination, if this had an impact on the extent of the damage;
   16) arising as a result of epidemics or contamination reported by the authorities of the country of destination in the mass media, of which the Insured could have become aware before departure on the date of conclusion of the insurance contract;
   17) a pandemic.

PROCEDURE IN CASE OF AN INSURED EVENT

§4

1. Upon becoming aware of the damage, the Policyholder/Insured shall:
   1) use all means at their disposal to rescue the insured object and prevent damage to the property at risk or reduce the extent of the damage;
   2) if there is a suspicion that a crime has been committed, notify the police of the damage;
   3) immediately after obtaining information about the damage, but no later than within 7 days, notify InterRisk in writing of its occurrence. In the event of a breach of the obligations set out in this provision due to wilful misconduct or gross negligence, InterRisk may reduce the benefit accordingly if the breach contributed to the increase in damage or prevented InterRisk from determining the circumstances and consequences of the insured event;
   4) enable InterRisk to take the necessary steps to determine the circumstances and extent of the damage, the validity and amount of the claim, provide all necessary assistance, as well as provide InterRisk with any additional explanations and information required for this purpose and submit any evidence and documents that are required in accordance with the circumstances.
2. The Policyholder/Insured shall provide InterRisk with judgments and decisions issued in the matters referred to in section 1(5) in such a time as to allow for the lodging of an appeal, provided that such documents are in their possession.
3. If criminal proceedings have been instituted against the Policyholder/Insured, or if the Injured Party has brought a claim for damages before a court, the Policyholder/Insured shall immediately notify InterRisk thereof, even if they have already reported the occurrence of the damage to InterRisk.
4. Assumption of liability for damage or satisfaction of third party claims by the Policyholder/Insured without the written consent of InterRisk shall have no effect on InterRisk.
5. The Policyholder shall secure the possibility of pursuing claims for damages against persons liable for the damage in the manner specified in section 14(3) of these GTC.

CLAIM NOTIFICATION

§5

1. The Policyholder/Insured/Injured Party may submit a written notification of damage to any organisational unit of InterRisk.
2. The Policyholder/Insured/Injured Party shall submit a completed claim form on the form applicable at InterRisk, to which they shall attach the following documents:

1) a written claim by the injured party, if submitted;
   2) a copy of the insured event report filed with the police or fire brigade, if in their possession;
   3) a description of the circumstances and course of the insured event prepared by the Injured Party, if they have made a claim referred to in point 1);
   4) witness statements regarding the insured event (in the form of a written statement), if available;
   5) details of witnesses to the insured event, if available;
   6) the position of the Policyholder/Insured regarding their liability for the damage incurred;
   7) in the case of personal injury - medical documentation confirming the occurrence of personal injury and the costs incurred in connection with treatment and rehabilitation, if the injured party has incurred such costs and has documents confirming that these costs have been incurred;
   8) in the case of property damage - documentation confirming the purchase of new property with the same or similar parameters (receipt, invoice) or a cost estimate for the repair of the property.
3. The list of basic documents may be supplemented in the notification referred to in §13(1) and (2) of these GTC.

DETERMINATION AND PAYMENT OF COMPENSATION IN CIVIL LIABILITY INSURANCE

§6

1. InterRisk shall determine the amount of compensation due in accordance with the rules of civil liability of the Policyholder/Insured, taking into account the provisions of these GTC and any additional or different provisions, if the parties have included them in the insurance contract.
2. InterRisk reserves the right to verify the accounts, invoices, cost estimates and other documents submitted by the Policyholder/Insured, the Injured Party or the Beneficiary in order to determine the extent of the damage and the amount of compensation.
3. The investigation into the cause and extent of the damage shall be carried out by InterRisk in cooperation with the Policyholder or persons authorised by the Policyholder. The costs associated with determining the cause and extent of the damage shall be borne by each party.
4. In order to determine the cause and extent of the damage and the amount of compensation, each party may, at its own expense, appoint an expert or a medical examiner.
5. In the event of property damage covered by InterRisk's liability, the compensation due shall be reduced by a deductible. The deductible for each property damage is EUR 50.

If distribution activities in connection with the proposed conclusion of an insurance contract are performed by an InterRisk employee, the employee shall receive basic remuneration or basic and variable remuneration included in the insurance premium.

If the distribution activities related to the proposed conclusion of the insurance contract are performed by an insurance agent, the agent is obliged to inform the customer about the nature of the remuneration received and, if the fee is paid directly by the customer, about its amount.

InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group, KRS [National Court Register]: 0000054136, District Court for the Capital City of Warsaw, 12th Commercial Division, NIP [Taxpayer ID No.]: 526-00-38-806, Share capital and paid-up capital: PLN 137,640,100, Head office, ul. Noakowskiego 22, 00-668 Warsaw, InterRisk Contact Person: 22 575 25 25, interrisk.pl

IR/OWU/KL2a/Z4

ANNEX NO. 1

OF 25 JULY 2023 TO THE GENERAL TERMS AND CONDITIONS OF BON VOYAGE INSURANCE FOR MEDICAL EXPENSES ABROAD APPROVED BY RESOLUTION NO. 05/06/07/2021 OF THE MANAGEMENT BOARD OF INTERRISK TOWARZYSTWO UBEZPIECZEŃ SPÓŁKA AKCYJNA VIENNA INSURANCE GROUP OF 6 JULY 2021

This annex, approved by the Management Board of InterRisk Towarzystwo Ubezpieczeń S.A. Vienna Insurance Group by Resolution No. 01/25/07/2023 of 25 July 2023, introduces the following changes:

1. The 'Document containing information about the insurance contract' is amended to read as follows:

'Bon Voyage Insurance for Medical Expenses Abroad

InterRisk VIENNA INSURANCE GROUP

Document containing information about the insurance product

Company: InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group with its registered office in Poland, ul. Noakowskiego 22, 00-668 Warsaw, Poland, licence number DU/905/A/KP/93 issued by the Minister of Finance on 5 November 1993

Product: **Bon Voyage Insurance for Medical Expenses Abroad**

Full information provided prior to the conclusion of the contract and contractual information are provided in other documents, including the General Terms and Conditions of Bon Voyage Insurance for Medical Expenses Abroad, approved by Resolution No. 05/06/07/2021 of the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group of 6 July 2021 and Resolution No. 01/25/07/2023 of the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group of 25 July 2023 introducing amendments to the General Terms and Conditions of Insurance.

What type of insurance is this?

Bon Voyage Insurance for Medical Expenses Abroad provides comprehensive insurance coverage for illnesses and accidents that may occur during trips abroad for private (tourist) purposes or for work.

What is covered by the insurance?

✓ In the Basic Option:

- medical expenses incurred as a result of an accident or illness and expenses incurred during a trip abroad, provided by InterRisk through the ASSISTANCE CENTRE, immediate assistance with hospitalisation or transport to the Republic of Poland (Clause No. 1)

✓ In the Extended Option:

- rescue and search costs (Clause No. 3)
- consequences of accidents (Clause No. 4)
- costs related to the delay in delivery and loss, damage or destruction of the Insured's luggage taken on a trip abroad (Clause No. 5)
- costs related to flight delays (Clause No. 6)
- statutory civil liability of the Insured for personal injury or property damage caused by him/her to the Injured Party through a tortious act (Clause No. 7)

Sum insured:

✓ is determined at the request of the Policyholder separately for each type of insurance and constitutes the upper limit of InterRisk's liability for individual types of insurance, subject to the proviso that in the case of travel luggage insurance, its amount is determined on the basis of the value of the insured property

- Clause No. 1 - from €5,000 to €120,000
- Clause No. 3 - from €1,000 to €12,500
- Clause No. 4 - from PLN 5,000 to PLN 120,000
- Clause No. 5 - from PLN 1,000 to PLN 4,000
- Clause No. 6 - from PLN 500 to PLN 2,000
- Clause No. 7 - from €5,000 to €120,000

What is not covered by the insurance?

× The insurance does not cover the types of benefits specified in additional clauses No. 3-7 extending the insurance coverage, unless an additional premium has been paid.

What are the limitations of insurance coverage?

InterRisk is not liable in particular for damage:

! in clause No. 1, 3, 4, including those arising as a result of or in connection with the commission or attempted commission of a criminal offence by the Insured

! in clause No. 5, including those arising as a result of theft using duplicate keys

! in clause No. 6, including those arising as a result of a delay in the departure of an aircraft from the Republic of Poland, the country of which the Insured is a citizen, or the country of the Insured's permanent or temporary residence

! in clause No. 7, including those arising from the performance of a profession or business activity

Where is the insurance valid?

✓ worldwide, after the Insured crosses the border of the Republic of Poland or the country of which they are a citizen or their country of permanent/temporary residence

What are the responsibilities of the insured?

- in the event of damage, the insured should contact the ASSISTANCE CENTRE (the telephone number is provided in the policy)
- if it is not possible to contact the ASSISTANCE CENTRE, the insured should immediately notify InterRisk of the damage

How and when should premiums be paid?

The premium should be paid in the amount, form (cash or bank transfer) and on the dates specified in the insurance contract.

When does insurance coverage begin and end?

An individual/family insurance contract may be concluded for a period of insurance not shorter than:

a) 1 day - for travel abroad to European Union/EFTA countries,

b) 3 days - for travel abroad to other countries, but not longer than 90 days.

A group insurance contract may be concluded for an insurance period not longer than twelve months, unless the parties agree otherwise.

InterRisk's liability begins on the date specified in the contract as the start of the insurance period. Insurance cover expires:

a) on the expiry of the insurance period, withdrawal from the insurance contract or termination of the insurance contract,

b) when the premium is paid in instalments - if, after the instalment payment deadline has passed, InterRisk calls on the Policyholder to pay it with a warning that failure to pay within 7 days of the date of receipt of the call by the Policyholder will result in the termination of InterRisk's liability, and the next instalment of the premium is not paid by that date - on the date of expiry of that period,

c) towards the Insured on the date of exhaustion of the sum insured/sum guaranteed as a result of the payment of benefit/compensation or benefits/compensation totalling the sum insured/sum guaranteed specified separately for each type of insurance (clauses No. 1-7),

d) towards the Insured on the date of his/her death,

e) towards the Insured on the date on which he/she was deemed by the Policyholder to have withdrawn from the group insurance,

f) towards the Insured on the date on which InterRisk received a statement of the Insured's withdrawal from the insurance.

How to terminate the contract?

If the insurance contract was concluded for a period longer than six months, the Policyholder has the right to withdraw from the insurance contract within 30 days, and if the Policyholder is an entrepreneur, within 7 days from the date of conclusion of the insurance contract.

The Policyholder may terminate the contract at any time during its term:

- in the case of contracts concluded for a minimum period of 12 months, with effect on the last day of the calendar month, subject to a 30-day notice period,
- in the case of contracts concluded for a period shorter than 12 months, with immediate effect.

A consumer who has concluded an insurance contract at a distance may withdraw from it without giving reasons by submitting a written statement within 30 days from the date of conclusion of the contract or from the date of confirmation of the information referred to in Article 39 of the Consumer Rights Act, if this date is later. The deadline shall be deemed to have been met if the statement is sent before its expiry. In the event of withdrawal from the insurance contract by the consumer.

InterRisk shall be entitled only to a portion of the premium calculated proportionally for each day of insurance cover provided by InterRisk. '

2. The 'Information referred to in Article 17(1) of the Act of 11 September 2015 on insurance and reinsurance activities' is amended and shall read as follows:

'The information referred to in Article 17(1) of the Act on insurance and reinsurance activities

TYPE OF INFORMATION	NUMBER OF ENTRY IN THE MODEL CONTRACT
1. Conditions for payment of compensation and other benefits or the surrender value of the insurance	§2, §4, §9, §10 of the General Terms and Conditions Clause No. 1 §2, §4, §5 of the General Terms and Conditions Clause No. 3 §2, §4, §5 of the General Terms and Conditions Clause No. 4 §2, §5, §6, §7 of the General Terms and Conditions Clause No. 5 §2, §4, §5, §6 of the General Terms and Conditions Clause No. 6 §2, §4, §5, §6 of the General Terms and Conditions Clause No. 7 §1 and §2, §4, §5, §6 of the General Terms and Conditions
2. Limitations and exclusions of the insurance company's liability entitling it to refuse payment of compensation and other benefits or to reduce them	§5, §12(2) of the General Terms and Conditions Clause No. 1 §3 of the General Terms and Conditions Clause No. 3 §3 of the General Terms and Conditions Clause No. 4 §4, §7(1)(5) of the General Terms and Conditions Clause No. 5 §3, §6(1)(9), (11) of the General Terms and Conditions Clause No. 6 §3 of the General Terms and Conditions Clause No. 7 §3, §6(5) of the General Terms and Conditions
3. Costs and other charges deducted from insurance premiums, from the insurance assets of capital funds or through the redemption of share units of insurance capital funds	Not applicable
4. Surrender value of the insurance in individual periods of insurance cover and the period during which no claim for payment of the surrender value is due	Not applicable

3. In §2, point 3) shall read as follows:

'3) **travel luggage** - personal belongings owned by the Insured which the Insured takes on a trip abroad: suitcases, briefcases, bags, rucksacks together with their contents, which shall include only clothing, footwear, toiletries, cosmetics, toilet bags, cameras, video cameras, mobile phones, tablets, portable computer equipment (excluding data carriers and software) and portable devices for playing or recording sound;'

4. In §2, point 14) shall read as follows:

'14) **business activity** - organised gainful activity carried out on one's own behalf and on a continuous basis, within the meaning of the Business Law Act;'

5. In §2, point 32) shall read as follows:

'32) **accident** - a sudden event occurring during the period of insurance cover caused by an external factor, as a result of which the Insured, regardless of their will, suffered bodily injury, health disorder or died. A heart attack or stroke shall also be considered an accident, provided that the heart attack or stroke was diagnosed for the first time in the Insured during the period of insurance coverage;'

6. In §2, point 49) is deleted:

'49) **being under the influence of alcohol** - acting in a state where the alcohol content in the body is between 0.2% alcohol in the blood or 0.1 mg of alcohol in 1 dm3 of exhaled air;'

7. In §2, point 58) shall read as follows:

'58) **psychotropic substance** - a substance specified in the list of psychotropic substances contained in the Regulation of the Minister of Health on the list of psychotropic substances, intoxicating agents and new psychoactive substances, as amended on the date of conclusion of the insurance contract;'

8. In §2 point 63) shall read as follows:

'63) **narcotic substance** - a substance specified in the list of narcotic substances contained in the Regulation of the Minister of Health on the list of psychotropic substances, narcotic substances and new psychoactive substances, as amended on the date of conclusion of the insurance contract;'

9. In §2 point 64) shall read as follows:

,64) **substitute substance** - a product containing a substance that acts on the central nervous system and can be used for the same purposes as a narcotic substance, psychotropic substance or new psychoactive substance, the manufacture and marketing of which is not regulated by separate provisions, within the meaning of the Act on Counteracting Drug Addiction, as amended on the date of conclusion of the insurance contract;'

10. In §2, point 71) shall read as follows:

'71) **Insured** - a natural person for whom the Policyholder has concluded an insurance contract;'

11. In §2, points 87-92) are added as follows:

'87) **SARS-CoV-2 virus** - a virus belonging to the coronavirus family, with a single strand of positive polarity ssRNA(+)[3], which causes acute respiratory disease - COVID-19;'

'88) **COVID-19** - a disease diagnosed by a doctor and classified in accordance with the International Statistical Classification of Diseases and Related Health Problems ICD-10 as code: U07.1;'

'89) **alcohol poisoning** - according to the diagnosis of the attending physician, a disease classified in the International Statistical Classification of Diseases and Related Health Problems ICD-10 as behavioural issues or moderate coordination disorders (ICD code: Y91.0-Y91.3);'

'90) **replacement driver** - organising and covering the costs of hiring and travel for a driver who will transport the Insured and persons accompanying them in their car from their place of stay to the Insured's place of residence in the Republic of Poland if their condition, confirmed by a written certificate from the attending physician, does not allow him/her to drive his/her own car, and the person accompanying the Insured is unable to drive a vehicle. If the Insured returns by other means of transport, the Assistance Centre shall organise and cover the costs of bringing the car to the Insured's place of residence in the Republic of Poland. If the Insured's place of residence is in a country other than the Republic of Poland, InterRisk shall cover the transport costs up to the amount it would have incurred in organising transport to the border of the Republic of Poland;'

'91) **assistance with translation** - organisation and coverage of the costs of assistance with translation if first aid needs to be provided to the Insured in connection with a sudden illness or accident covered by insurance, InterRisk will provide telephone assistance with translation from English to the extent necessary to provide medical assistance;'

'92) **pets** - cat or dog.'

12. In §4, point 1)(1) shall read as follows:

'1) in **the Basic Option**: medical expenses and travel assistance - Clause No. 1, constituting Appendix No. 1 to these GTC.'

13. In §4, section 4) of the GTC shall read as follows:

'4. The insurance coverage specified in Clause No. 1, Clause No. 3 and Clause No. 4 **includes an extension to cover the consequences of a heart attack and stroke**, provided that the heart attack or stroke was diagnosed for the first time in the Insured during the period of insurance cover.'

14. In §4, section 6) of the GTC shall read as follows:

'6. The insurance coverage specified in Clause No. 1 and Clause No. 3 **includes an extension to cover the consequences of chronic illness** during the period of insurance cover.'

15. In §5, section 2) shall read as follows:

'2. InterRisk shall not provide cover or pay benefits if such cover or payment would expose InterRisk to consequences related to non-compliance with UN resolutions or sanctions, trade embargoes or economic sanctions imposed under the law of the European Union or the United States of America, the United Kingdom of Great Britain and Northern Ireland or the law of other countries and regulations issued by international organisations, if applicable to the subject matter of the contract.'

16. In §6, section 3 shall read as follows:

'3. The upper limit of InterRisk's liability is the sum insured/sum guaranteed determined separately for Clause No. 1 and Clauses No. 3-7, with the proviso that in the case of Clause No. 1 (insurance for medical expenses and travel assistance), the upper limit of liability for events related to COVID-19 shall be the sum insured accepted in the above-mentioned Clause, but not more than the limit of EUR 40,000.'

17. In §9, section 5 is added, which reads as follows:

'5. If the Insured was hospitalised or placed in quarantine/isolation by the authorities of a given country in connection with COVID-19, the period of insurance shall be extended for the duration of hospitalisation, quarantine or isolation, with the proviso that benefits related to the organisation and coverage of transport costs may be provided under the insurance after the end of quarantine/isolation or hospital stay, at the earliest possible date proposed by the ASSISTANCE CENTRE.'

18. In §11(9), letters (d) and (t)(f) are deleted.

19. §15 shall read as follows:

'§15

1. The person seeking insurance protection, the Policyholder, the Insured, the beneficiary or the person entitled under the insurance contract, as well as the natural person who is the heir with a legal interest in determining liability or performance under the insurance contract, shall have the right to raise objections to the services provided by InterRisk, including the right to lodge complaints and grievances, hereinafter referred to collectively as complaints.
2. A complaint may be submitted:
   a) in writing - in person at any InterRisk organisational unit serving customers or via a postal operator or courier, or sent to the electronic delivery address entered in the electronic address database;
   b) verbally - by telephone via InterRisk Contact Person (tel. No.: 22 575 25 25) or in person for the record at any InterRisk organisational unit providing customer service;
   c) in electronic form - by sending an email to: szkody@interrisk.pl.
3. InterRisk shall respond to the complaint without undue delay, but no later than within 30 days of its receipt. To meet the deadline, it is sufficient to send the response before its expiry.
4. In particularly complex cases, where it is impossible to consider the complaint and respond within 30 days of its receipt, the deadline for considering the complaint and responding may be extended to a maximum of 60 days from the date of receipt of the complaint. When informing about the extension of the deadline for responding to a complaint, InterRisk shall indicate the reason for the delay, the circumstances that need to be established and the expected date of the complaint's consideration.
5. InterRisk shall respond to complaints from natural persons in writing and, at the request of the person concerned, by e-mail. InterRisk shall respond to complaints submitted by entities other than natural persons in paper form or on another durable medium.

6. The Policyholder, the Insured, the beneficiary and the person entitled under the insurance contract, as well as the heir having a legal interest in determining liability or performance under the insurance contract, who is a natural person, shall have the right to request that the case be referred to the Financial Ombudsman. Consumers also have the right to seek assistance from municipal and district consumer ombudsmen.
7. InterRisk is subject to supervision by the Financial Supervision Authority.'

20. In §17(8), point 2) is deleted:

'2) Appendix No. 2 – Travel assistance insurance – Clause No. 2'

21. Appendix No. 1 to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad shall read as follows:

'Appendix No. 1

to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad

CLAUSE NO. 1 - INSURANCE FOR MEDICAL EXPENSES AND TRAVEL ASSISTANCE

Subject of insurance

§1

1. The subject of insurance are medically necessary and documented medical expenses incurred by the Insured during a trip abroad as a result of an accident or illness that occurred during the period of insurance coverage, as well as the costs of providing the Insured, through the ASSISTANCE CENTRE, with immediate assistance within the scope specified in §2(1), incurred by the Insured during a trip abroad as a result of an accident or illness that occurred during the period of insurance coverage.
2. The costs of providing immediate assistance shall be covered by InterRisk, provided that liability for the costs of medical treatment is covered by the insurance.

Insurance Coverage

§2

1. The insurance covers the following costs:
   1) outpatient treatment (including in connection with COVID-19);
   2) hospitalisation (including in connection with COVID-19);
   3) purchase of medicines and dressings prescribed by a doctor;
   4) dental treatment if it was the result of acute pain requiring immediate assistance, with the proviso that liability is limited to EUR 400 for all illnesses requiring immediate medical assistance;
   5) repair or purchase of glasses and repair of prostheses, if their damage was related to an accident covered by InterRisk's liability;
   6) purchase of COVID-19 tests ordered by a doctor;
   7) if the Insured needs to be hospitalised or transported to the Republic of Poland due to an illness or accident covered by the insurance, InterRisk shall cover the costs of accommodation and meals for one person accompanying the Insured if their presence is necessary and has been recommended by the doctor treating the Insured abroad, with the proviso that liability is limited to:
      a) a stay of up to 7 days in the amount of up to 100 EUR per day of stay,
      b) the costs corresponding to the costs of return travel to the Republic of Poland, but not exceeding the equivalent of 1,000 EUR;
   8) in the event of the Insured's hospitalisation for a period of at least 7 days or their transport to the Republic of Poland due to an illness or accident covered by the insurance, and when the Insured is not accompanied by a person travelling with them, InterRisk shall cover the travel and accommodation costs of one close relative, if their presence is necessary and recommended by the doctor treating the Insured Person abroad, subject to the proviso that liability is limited to:
      a) a stay of up to 7 days in the amount of up to 100 EUR per day of stay,
      b) the costs corresponding to the costs of travel from the Republic of Poland to the country of hospitalisation of the Insured and return travel to the Republic of Poland, but not exceeding the equivalent of 2,500 EUR;
   9) transport of the Insured abroad from the place of accident or illness to the nearest hospital or medical facility;
   10) transport of the Insured to another hospital if the medical facility where the Insured was hospitalised does not provide medical care appropriate to his/her state of health, in accordance with the written recommendation of the attending physician;
   11) transport of the Insured to a medical facility in the Republic of Poland or to their place of residence in the territory of the Republic of Poland, if required by the Insured's state of health and if the transport was carried out in accordance with the written recommendation of the attending physician. InterRisk reserves the right to limit its liability to the price of an economy class ticket according to the applicable tariffs, the cheapest available means of transport, unless another means of transport is required for medical reasons and this has been agreed with InterRisk or the ASSISTANCE CENTRE, unless such agreement with InterRisk or the ASSISTANCE CENTRE was objectively impossible for reasons beyond the control of the Insured. If the Insured falls ill with COVID-19, transport shall be organised upon the Insured's recovery, confirmed by the attending physician, within the time limit and under the conditions recommended by the attending physician, in consultation with InterRisk or the ASSISTANCE CENTRE, and shall only be available if the Insured's state of health allows for transport, and the originally planned means of transport cannot be used. Transport will only be provided if the borders are open, taking into account restrictions on movement imposed by the administrative or sanitary authorities of the country of the event and transit countries;
   12) transport of the Insured's body to the place of burial (including the purchase of a coffin or urn and the organisation of cremation), with the proviso that liability is limited to the costs of transporting the body to the Republic of Poland and that the transport has been agreed with InterRisk or the ASSISTANCE CENTRE, unless agreement with InterRisk or the ASSISTANCE CENTRE was objectively impossible. In the event of the Insured's death as a result of COVID-19, the transport of the Insured's body shall be carried out taking into account the restrictions imposed by the administrative or sanitary authorities of the country where the Insured died and the transit countries;
   13) transport of the Insured after the end of treatment to the place of accommodation;
   14) care for children under 18 years of age if the persons accompanying the Insured during the trip abroad are unable to take care of them in the event of the Insured's hospitalisation;
   15) care for pets accompanying the Insured during the trip abroad left without adult supervision, in the event of the Insured's hospitalisation;
   16) a replacement driver;
   17) assistance with translation.
2. InterRisk shall cover the costs referred to in section 1 directly or through the ASSISTANCE CENTRE up to the sum insured specified in the insurance contract (policy) for Clause No. 1.
3. Transport and accommodation costs specified in section 1(7) and (8) shall be covered by InterRisk if the return could not take place using the previously planned means of transport and accommodation.
4. InterRisk shall cover the transport costs referred to in section 1(7)(b) and (8)(b) up to the amount of an economy class ticket according to the applicable tariff, using the cheapest means of transport available.

Limitations and exclusions of liability

§3

1. InterRisk shall not be liable for the costs of:
   1) sanatorium treatment, treatment in rest homes or addiction treatment centres;
   2) psychoanalytic or psychotherapeutic treatment;
   3) plastic surgery or cosmetic procedures;
   4) treatment of sexually transmitted diseases;
   5) termination of pregnancy not related to an accident or illness;
   6) infertility treatment, including artificial insemination, as well as the purchase of contraceptives;
   7) dental treatment, unless it was the result of acute pain requiring immediate assistance;
   8) repair or purchase of glasses or repair of prostheses, except in the case specified in §2(1)(5);
   9) preventive COVID-19 tests;
   10) quarantine or isolation in connection with COVID-19.
2. InterRisk shall not be liable for the costs of treatment in relation to the Insured if there were medical contraindications to foreign travel.
3. InterRisk shall not be liable for transport costs to the Republic of Poland if the originally planned return cannot be made due to border closures or flight bans imposed by administrative or state authorities.
4. Furthermore, InterRisk shall not be liable for events arising as a result of or in connection with:
   1) intentional commission or attempted commission of a criminal offence by the Insured;
   2) suicide or self-harm by the Insured;
   3) bodily injury diagnosed before the date of commencement of the Insured's insurance cover;

4) illnesses that were diagnosed before the date of commencement of insurance cover for the Insured, with the exception of chronic illnesses;
5) driving a vehicle by the Insured who is the driver of the vehicle and does not have the legal right to drive the vehicle, unless the lack of the required right did not contribute to the accident;
6) driving a vehicle by the Insured as the driver of the vehicle if the vehicle was not registered or did not have a valid technical inspection, if the vehicle is subject to registration or periodic technical inspections, unless the lack of registration or the technical condition of the vehicle did not contribute to the accident;
7) the Insured's participation in competitions, rallies, races, shows, training drives or sporting events as a driver, assistant driver or passenger of a vehicle within the meaning of the Road Traffic Act;
8) a fight;
9) assault, except where the Insured acts in self-defence;
10) occupational disease, mental illness, including alcoholism;
11) congenital defects and their consequences;
12) competitive sports practised by the Insured; this does not apply to the extension of insurance coverage referred to in §4(2) of these General Terms and Conditions;
13) amateur skiing, snowboarding, water skiing or windsurfing; does not apply to the extension of insurance scope referred to in §4(3) of these GTC;
14) performance of work by the Insured; this does not apply to the extension of the insurance coverage referred to in §4(5) of these GTC,
15) the Insured's participation in high-risk sports;
16) fainting;
17) the Insured being under the influence of intoxicating substances, psychotropic substances or substitute substances, except in cases where such substances were taken in accordance with a doctor's recommendation, provided that the Insured's being under the influence of intoxicating substances, psychotropic substances or substitute substances contributed to the occurrence of the accident;
18) radioactive waste or explosive materials;
19) acts of war, martial law, riots and civil unrest, as well as acts of terrorism;
20) correction of the Insured's vision;
21) sterilisation and surgical contraception;
22) jaw surgery, exploratory and experimental surgery;
23) spontaneous and induced abortion, except in the case of induced abortion when the pregnancy poses a threat to life and health;
24) childbirth and related treatment and care of the mother or child, if it occurred after the 32nd week of pregnancy;
25) infertility treatment;
26) secondary surgery;
27) varicose veins;
28) preventive examinations and examinations not recommended by a doctor;
29) gender reassignment, plastic and cosmetic surgery;
30) Acquired Immune Deficiency Syndrome (AIDS) and related opportunistic infections, cancers, neurological disorders and other disease complexes associated with AIDS, except in cases where HIV infection occurred during the period of insurance cover as a result of a blood transfusion or in connection with the Insured's occupation;
31) arising during the Insured's active service in the armed forces of any country;
32) sunburn;
33) an epidemic (except for the SARS-CoV-2 virus epidemic) or contamination, about which the authorities of the country of destination have informed the mass media, and about which the Insured could have obtained information before departure on the day of conclusion of the insurance contract;
34) arising in connection with the Insured travelling as a passenger on an aircraft not belonging to any airline, not registered and not authorised for paid carriage on regular airlines;
35) pandemic (except for the SARS-CoV-2 virus pandemic);
36) alcohol poisoning.

Procedure in case of an insured event

§4

1. In the event of an incident that may result in InterRisk's liability, the Policyholder/Insured shall contact the ASSISTANCE CENTRE (address and telephone number provided in the insurance contract (policy)) and provide the following information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) brief description of the event and type of assistance required;
   5) contact telephone number of the Insured.
2. At the request of the ASSISTANCE CENTRE, the Insured is obliged to provide the ASSISTANCE CENTRE's doctors with any medical certificates, referrals, sick leave certificates, medical documents, prescriptions, as well as the originals of bills or invoices and proof of payment, to the extent that these documents and information are necessary to determine the scope of InterRisk's liability.
3. If it is not possible to contact the ASSISTANCE CENTRE, upon an event that may give rise to InterRisk's liability, the Policyholder/Insured shall be obliged to:
   1) immediately consult a doctor and follow his or her instructions;
   2) notify the InterRisk organisational unit of the occurrence of an event covered by insurance, no later than within 14 days from the date of the Insured's return to the Republic of Poland, the country of which he/she is a citizen and the country of permanent or temporary residence, if his/her health condition allows it;
   3) undergo an examination by a doctor designated by InterRisk in order to diagnose the reported injuries. The cost of such examinations shall be covered by InterRisk.
4. The notification of the event referred to in section 3(2) shall contain the following basic information:
   1) first name and last name or name and address of the Policyholder;
   2) first name and last name of the Insured;
   3) address of the Insured;
   4) the date of the accident and a detailed description of the circumstances in which it occurred;
   5) the date of the onset of the illness;
   6) the first name and last name and address of any witnesses to the event, if known to the claimant.

Claim notification

§5

1. In order to determine InterRisk's liability, the Insured is obliged to provide the following basic documents, if they are in the possession of the claimant:
   1) a copy of the police report, if it was filed;
   2) documentation of outpatient treatment, including a description of the medical assistance provided;
   3) medical documentation describing the nature of the injuries sustained and containing a precise diagnosis;
   4) medical certificates describing the course of treatment and containing a precise diagnosis;
   5) hospital information sheet, documents stating the reasons for and scope of medical assistance provided;
   6) original receipts or original proof of payment for medical assistance, emergency medical services or hospitalisation, as well as for purchased medicines and dressings;
   7) original receipts or other original proof of payment for the transport of the Insured to the Republic of Poland or the transport of the Insured's remains;
   8) documents confirming the period of trip abroad;
   9) other documents specified in additional provisions or provisions differing from the GTC introduced into the insurance contract or in the letter referred to in §13(1) and (2) of these GTC.'

22. Appendix No. 2 to the General Terms and Conditions of 'BON VOYAGE' Insurance for Medical Expenses Abroad - deleted. Consequently, all references in the General Terms and Conditions to Clause No. 2 are invalid.

23. In §3(1) of Appendix No. 3 to the General Terms and Conditions, points 14) and 16) are deleted.

24. In §3(1) of Appendix No. 3 to the General Terms and Conditions, point 4) shall read as follows:

'4) illnesses that were diagnosed before the date of commencement of the Insured's insurance cover, with the exception of chronic illnesses'.

25. In §3(1)(19) of Appendix No. 3 and in §4(1)(18) of Appendix No. 4 to the General Terms and Conditions, the following shall read:

'the Insured being under the influence of intoxicating drugs, psychotropic substances or substitute drugs, except for cases where such substances were taken in accordance with a doctor's recommendation, provided that

the Insured's being under the influence of intoxicating drugs, psychotropic substances or substitute drugs contributed to the occurrence of the accident.'

26. ***In §4(1) of Appendix No. 4 to the General Terms and Conditions, point 13) is deleted.***
27. ***In §2 of Appendix No. 5, section 3 is deleted.***
28. ***In §2(4) of Appendix No. 5, point 7 shall be added:***
    '7) computer software, data carriers and video games.'
29. ***This Annex was approved by Resolution No. 01/25/07/2023 of the Management Board of InterRisk Towarzystwo Ubezpieczeń Spółka Akcyjna Vienna Insurance Group on 25 July 2023 and applies to insurance contracts concluded on or after 26 July 2023.***

Vice-President
of the Management Board

Józef Winiarski

Member
of the Management Board

Włodzimierz Wasiak