

THE SPECIAL AGREEMENTS TO POLICY № 1801160126004316

Travel Assistance and Accident Insurance for holders of bank cards

INSURER: GENERALI INSURANCE AD, address: 68, Knyaz Al. Dondukov Blvd, Sofia city, company reg. No 030269049

UNDERWRITER: UNICREDIT BULBANK AD, address: 7, Sveta Nedelya Sq., Sofia City, reg. No 831919536

INSURED PERSONS: empowered holders of bankcards, issued by UniCredit Bulbank AD, specified in the sheet in Annex No 1 of the Policy and the certificates.

TERM OF THE COVER: The Underwriter shall underwrite bank payment cards, issued and renewed by the Underwriter for the period 1 September 2021 through 31 August 2022, with the Insurer. The cover for abroad is for unlimited number of journeys within the card validity, each one is to be of maximum duration of ninety days. The cover shall be validated with the purchase of a tourist package or part of it/a ticket for plane, bus or other means of transport, bookings, rent-a-car or any other service related to the journey, through the insured card on the territory of Republic of Bulgaria, or while using the card on an ATM or a POS abroad during the journey. The Underwriter's liability regarding the cover, valid on the territory of the Republic of Bulgaria, shall arise after use of the insured bankcard on an ATM or a POS on the territory of the Republic of Bulgaria at least once per year. Limit of liability in one insured event shall be considered the limit of the card with the highest cover regarding any cover of an insured person, who holds more than one insured bank payment card.

COVERED RISKS AND EXCLUSIONS

A FATAL ACCIDENT DURING A TRIP ABROAD

Provided that during the insurance period of time the Insured person had sustained a bodily injury resulting from an accident during the journey or the stay abroad—limited up to a maximum of ninety days—that directly, and regardless of any other causes, brings death within twelve calendar months after the accident, the Insurer shall pay the beneficiary or the Insured Person's legal heir an amount specified in Part I of Annex No 1 and the certificates.

A FATAL ACCIDENT ON THE TERRITORY OF REPUBLIC OF BULGARIA

Provided that during the insurance period of time the Insured person had sustained a bodily injury resulting from an accident that directly, and regardless of any other causes, had brought death within twelve calendar months after the accident, the Insurer shall pay the beneficiary, or the Insured Person's legal heir, the insurance amount specified in Part II of Annex No 1 and the certificates.

PERMANENTLY LOST OR WORSENEO WORKING CAPACITY AS A RESULT OF AN ACCIDENT

If an Insured Person had sustained a bodily injury as a result of an accident during the insured period of time, and he/she had got permanently lost or worsened working capacity of over 50% within one year from the date of the accident, the Insurer shall pay such percentage of the insured amount specified in the sheet in Annex No 1 and the certificates that is equal to the percentage of lost or worsened working capacity set with a decision of the Expert Medical Commission on Working Capacity (EMCWC) or the National Expert Medical Commission (NEMC).

EMERGENCY MEDICAL EXPENSES BECAUSE OF AN ACCIDENT

If during the validity of the insurance the Insured Person had got a bodily injury as a result of an accident that had occurred throughout the journey or the stay abroad, the Insurer shall reimburse the necessary ordinary and reasonable medical expenses made by the Insured Person with regard to that bodily injury within twelve months following the date of the occurrence, and up to the amount of the insured sum specified in the sheet in Annex No 1 and the certificates, in compliance with the terms and conditions of the Policy.

Specific Terms:

1) Medical expenses shall include and be limited to the following services:

- a) Expenses for a non-single hospital room and food, use of an operating room, an emergency room and an ambulatory medical centre,
- b) Doctors' fees,
- c) Medical expenses in or out of hospital, including laboratory tests, ambulance transportation (to or from the hospital), prescribed medicines, therapeutics, anaesthesia (inclusive also of anaesthetics application), transfusions, artificial limbs or eyes (exclusive of repair and replacement of such), X-ray and prostheses,
- d) Payment for a qualified nurse.

Specific Definitions:

- 1) An ambulatory medical centre means a licensed institution that provides operative ambulatory or medical treatment different from a hospital, a clinic or a consulting room.
- 2) Customary and reasonable medical expenses are fees and prices that are normally paid at that location for necessary medical services and materials required for the treatment of cases of similar grade and nature, excluding expenses that would not have been made had the insurance not been in force.

Specific Exclusions:

The Insurer shall not indemnify an Insured Person regarding:

- 1) Any and all medical expenses made if the insured journey had been undertaken despite the advice of a qualified and empowered medical person not to do so.
- 2) Any and all medical expenses made when the particular aim of the journey had been to get medical treatment or advice.
- 3) Any and all medical expenses made on the territory of the country, a citizen of which the Insured Person is.
- 4) Any medical treatment or medicines prescribed, or taken, prior to the insurance period.
- 5) Any dental help.
- 6) Any damage caused, induced or due to sickness of any kind.

The Insurer shall not indemnify when:

- 1) The accident had occurred as a result of: a war, a civil war, a riot, a revolution, terrorism.
- 2) There is use of drugs, opiates, alcohol or medicines that had not been prescribed by a qualified medical person.
- 3) There is a deliberate committing of suicide or attempted suicide or a crime;
- 4) The accident had occurred directly or indirectly, completely or partially, because of:
 - 4.1. Bacterial infections other than biogenic infections that arise from a cutting or a wound from an accident,
 - 4.2. Any and all sicknesses (professional and general), including epileptic seizures or seizures caused by other illnesses that had existed at that moment, mental disorders, haemorrhages and paralyzes caused by high blood pressure or atherosclerosis and other sharp gastric and enteric infections, apart from the cases when morbid sufferings arise because of an accident covered by the insurance, and as a result death or lack of working capacity had been brought forth,
 - 4.3. Curative measures and manipulations if these are not due to an accident.
5. If the Insurer had got hernia because of the accident.
6. During participations of the Insured Person in any types of competitions, expeditions, rallies and trials, riding, rock-climbing, descents into caverns, different kinds of flying: hang-gliding, gliding, parachuting, apart from being a passenger of regular airlines flying on a specified route.

7. If the Insured Person drives a motorcycle or a motor scooter with motor displacement of over 125 cm³.
8. Radioactive contamination or ionising radiation, the source of which is a radioactive centre, explosions, etc.
9. Sunstroke and heatstroke.
10. Earthquake and landslide.
11. Medical expenses that had arisen on the territory of Republic of Bulgaria.
12. Cosmetic or plastic surgery except if it is not a result of an accident covered by the insurance.
13. Routine medical check-ups and examinations, laboratory analyses, X-ray photographs and other that are not subject to health deterioration, apart from lack of working capacity discovered during preliminary medical examinations.
14. Bodily injuries that had existed before the beginning of the insurance term.
15. Medical care of any kind and any long stays at medical centres (old men's homes, toxicological centres).
16. Any infections that had arisen during a hospitalisation.

EMERGENCY MEDICAL EXPENSES ON ACCOUNT OF SICKNESS

If during the validity of the insurance the Insured Person had got a sudden and unexpected sickness, the Insurer shall reimburse the necessary ordinary and reasonable medical expenses made by the Insured Person with regard to that sickness within twelve months following the date of the insurance event, and up to the amount of the insured sum specified in the sheet in Annex No 1 and the certificates, in compliance with the terms and conditions of this Policy. Specific Terms:

1) Medical expenses shall include and be limited to the following services:

- a) Expenses for a non-single hospital room and food, use of an operating room, an emergency room and an ambulatory medical centre,
 - b) Doctors' fees,
 - c) Medical expenses in or out of hospital, including laboratory tests, ambulance transportation (to or from the hospital), prescribed medicines, therapeutics, anaesthesia (inclusive also of anaesthetics application), transfusions, artificial limbs or eyes (exclusive of repair and replacement of such), X-ray and prostheses,
 - d) Payment for a qualified nurse.
- 2) Medical expenses for outpatient and inpatient treatment of "coronavirus" infection, The Insurer covers the expenses for outpatient and inpatient treatment according in case of a diagnosis of "coronavirus" infection incl. expenses for medical transportation and repatriation up to the amount of the limit agreed in the policy.

Specific Definitions:

- 1) An ambulatory medical centre means a licensed institution that provides operative ambulatory or medical treatment different from a hospital, a clinic or a consulting room.
- 2) Customary and reasonable medical expenses are fees and prices that are normally paid at that location for necessary medical services and materials required for the treatment of cases of similar grade and nature, excluding expenses that would not have been made had the insurance not been in force.

Specific Exclusions:

The Insurer shall not owe any amount in respect of an Insured Person regarding:

- 1) Any and all medical expenses made if the insured journey had been undertaken despite the advice of a qualified and empowered medical person not to do so.
- 2) Any and all medical expenses made when the particular aim of the journey had been to get medical treatment or advice.
- 3) Any and all medical expenses made on the territory of the country, a citizen of which the Insured Person is.
- 4) Any medical treatment or medicines prescribed, or taken, prior to the insurance period.
- 5) Any dental help.
- 6) Any damage caused, induced or due to an accident of any kind.

The Insurer shall not indemnify:

1. upon use of drugs, opiates, alcohol or medicines that had not been prescribed by a qualified medical person.
2. upon deliberate committing of a suicide or an attempted suicide or a crime;
3. For sickness as a result of radioactive contamination or ionising radiation, the source of which is a radioactive centre, explosions, etc.
4. Medical expenses that had arisen on the territory of Republic of Bulgaria.
5. Congenital aberrations and consequences arising therefrom.
6. Pregnancy, delivery, miscarriage or abortion as well as any diseases of female organs.
7. Cosmetic or plastic surgery except if it is not a result of an accident covered by the insurance.
8. Routine medical check-ups and examinations, laboratory analyses, X-ray photographs and other that are not subject to health deterioration, apart from lack of working capacity discovered during preliminary medical examinations.
9. Any mental or nerve aberrations, dependency on medicines, treatment of narcotic addiction or alcoholism.
10. Sicknesses that had existed before the beginning of the insurance term.
11. Stay of the insured person at clinics for treatment of drug addicts, alcoholics and any persons dependent on similar substances.
12. Any illnesses that had been a consequence of the AIDS virus or would result in any sickness.
13. Medical care of any kind and any long stays at medical centres (old men's homes, toxicological centres).

EMERGENCY DENTAL TREATMENT

If during the insurance period, the Insured Person had got a bodily injury or a sharp pain that directly, and regardless any other reasons, had caused emergency dental help, the Insurer shall reimburse the paid reasonable costs up to the liability limit specified in the sheet in Annex No 1.

Specific Definitions:

1. Emergency dental help includes emergency dental help as a result of an accident and emergency dental help for the removal of a sharp pain resulting from:
 - bodily injury from an accident during a trip abroad;
 - a sharp inflammatory process in the ocular cavity arisen as a consequence of an accident or a sickness during a journey abroad, which inflammatory process had brought pulpitis, periodontitis and abscess.

Specific Exclusions:

The Insurer is not responsible for the payment of any amount in relation to an Insured Person regarding:

- 1) Permanent crowns or artificial teeth.
- 2) Other dental services in addition to the said ones.

DAILY ALLOWANCE FOR HOSPITALISATION AS A RESULT OF AN ACCIDENT AND A SICKNESS

If during the insurance period of time the Insured Person had got a bodily injury due to an accident or a sickness during the journey or the stay abroad—which directly and regardless of any other reasons had caused the hospitalisation of the Insured Person as a patient within one calendar month after the date of the insured event—the Insurer shall pay the Insured Person a daily allowance for the number of days specified in the sheet in Annex No 1 attached to the Policy and the certificates.

Specific Definitions:

- 1) An amount payable for every 24 intermittent hours, during which the Insured Person is in the hospital as a patient, up to the maximal number of days specified in Annex No 1 attached to the Policy and the certificates.

LOSS OF CHECKED BAGGAGE

Provided that during the validity of the insurance the baggage and personal things of the Insured Person had been lost/stolen, or had been shipped to a wrong destination, the Insurer shall pay the Insured Person the expenses paid for the buying of essentials: garment and toilet articles up to the rate of the contracted limits per item, and totally for all items specified in the sheet in Annex No 1 attached to the Policy and the certificates.

Specific Definitions:

- 1) It is regarded that the event had happened if the Insured Person did not have her/his checked baggage within 48 hours after her/his arrival in the final location of the regular flight.
- 2) The incidental expenses for essentials should be made via the insured bankcard within 48 hours after her/his arrival in the final location of the journey.

DELAY OF CHECKED BAGGAGE

Incidental expenses for the purchasing of essentials—garment and toilet articles—made with regard to a delay of six or more hours of the Insured Person's checked baggage are to be reimbursed to the Insured Person after her/his arrival at the final destination of the regular flight.

Specific Definitions:

- 1) The incidental expenses for essentials should be made via the insured bankcard within 48 hours after the arrival of the Insured Person in the final location of the journey, or until the receipt of the checked baggage (whatever circumstance had occurred earlier).

Specific Exclusions:

The Insurer shall not be liable for any claims in the event of:

- 1) Loss of cash, currencies, cheques, orders, traveller's cheques and tickets, postal documents, securities, stubs and coupons, jewellery, etc.
- 2) Loss or postponement caused by a delay, retention or a confiscation by customs or other official bodies.
- 3) Loss that had not been reported to the police or the carrier within 24 hours of the discovery thereof.
- 4) Loss or destruction, directly or indirectly, caused as a result of a riot, a rebellion, a civil war, quarantine, customs regulations, and a seizure on behalf of the government or other authorised bodies, smuggling or another illegal transportation.
- 5) Loss or destruction of property insured according to another insurance policy or retrievable in any other way by a licensed carrier or a hotel.
- 6) Loss of the Insured Person's baggage sent in advance, or souvenirs and other things posted as freight.
- 7) Loss of baggage or personal valuables of the Insured Person left in a vehicle or at a public place without control on behalf of the Insured Person, or by reason of manifested carelessness regarding this property.
- 8) Future earnings
- 9) Loss of cash-boxes, credit cards, discs, cameras, video cameras, photographic cameras, computers and the like.
- 10) Chartered flights if such had not been registered in the international data system.
- 11) No purchases made 48 hours after the arrival, the end destination specified on the airfare of the airline.
- 12) Any delay of the baggage during the trip to the country of residence/ beginning of the trip.
- 13) For any expenses or purchases of things that had not been made, or paid, via the bankcard of the Insured Person.
- 14) When the Insured Person's checked baggage, delayed or lost during the flight(s), had been returned to her/his home address.
- 15) Upon failure to notify the airline at the first possible moment regarding the missing checked baggage at the final destination.
- 16) Upon failure to present a protocol regarding missing, checked baggage.

Specific Requirements Regarding Claims

Upon occurrence of the insured event, the Insured Person shall notify the Insurer while:

- 1) He/she shall submit a statement of the relevant carrier or the relevant police department upon filing a claim.
- 2) The indemnity that pertains to baggage and personal property shall be decreased with any other valid and payable insurance, including any and all payments reimbursed by a 'Public Vehicle'. Provided that during the occurrence of any damage there are other enforceable and collectible insurance payments, the Insurer shall be liable only for the value that exceeds the insurance amount of such other insurance.
- 3) The original sales slips regarding the expenses paid for the purchase of personal things and appurtenances are required.

Specific Terms:

- 1) In order an indemnity to be paid under this part, the airline, the transport company or any other carrier should have acknowledged the baggage and the personal things as checked baggage.
- 2) If a further examination shows that the baggage and/or the personal things had been lost, the indemnity paid for the delay of the baggage, which had been reimbursed to the Insured Person according to the Policy, shall be deducted from the lost baggage indemnity the pursuant to the Loss of Baggage Part.
- 3) The Insured Person shall undertake all reasonable measures for the keeping and storing of her/his insured personal baggage pursuant to these Specific Terms. A notification about any baggage delay must be submitted immediately to the relevant airline.
- 4) The indemnity regarding travelling by bus is limited to 50% of the insured amount that is specified in the sheet in Annex No 1 and the certificates.

HIJACKING OF A VEHICLE

If during the term of the insurance the Insured Person had travelled aboard a public vehicle that had been hijacked for six and more consecutive hours, the Insurer shall pay the Insured Person an indemnity up to the amount specified in the sheet in Annex No 1 and the certificates.

Specific Definitions:

- 1) Hijacking means an independent illegal taking of and criminally exercising power over a plane or any other public vehicle or over the crew thereof.

FLIGHT DELAY/ CANCELLATION

If the departure of the Insured Person regarding a confirmed regular flight from a specified airport is delayed four or more hours, or the flight is cancelled, or due to lack of seats the Insured Person cannot board the plane, and an alternative transportation cannot be provided to the Insured Person within these four hours, the Insurer shall pay an indemnity to the Insured Person for the contingencies paid by the latter until her/his real departure up to the amounts specified in the sheet in Annex No 1 and the certificates. Contingencies shall be considered bills at restaurants, drinks and/or accommodation expenses paid by the Insured Person via the owned bankcard for payment. **Specific Exclusions:**

The Insurer shall not be liable for any damages:

- 1) Arising out of or as a result of chartered flights, unless these flights had been registered in the international data system.
- 2) If an alternative transportation, comparable with the initial one, had been provided within four hours after the scheduled departure time or four hours after the real arrival time of the linking flight.
- 3) If the Insured Person had not managed to check in for the flight in accordance with the submitted flight schedule, unless this is due to a strike.
- 4) If the delay is owing to a strike or to existing or announced industrial activities prior to the trip.
- 5) If the delay is due to a withdrawal of the plane on behalf of the civil aviation authorities, and a notification thereof that had been provided before the beginning of the trip.

EMERGENCY ACCOMMODATING AT A HOTEL

If the Insured Person had got a bodily injury during the trip and stay abroad that directly, and regardless of any other causes, had brought to her/his hospitalisation for more than 5 (five) days, the Insurer shall pay the emergency stay of a family member at a hotel up to the total insurance amount specified in Annex No 1 and the certificates. The value of hotel accommodation expenses shall be evidenced by the Insured Person by an expense account.

EXPENSES FOR EMERGENCY TRAVELLING OF A FAMILY MEMBER

If due to a bodily injury during the journey and stay abroad the physical condition of the Insured Person does not allow her/his transportation to Republic of Bulgaria—and he/she had been urgently hospitalised for more than 10 (ten) days, starting during the insurance term—the Insurer shall pay one of her/his closest family members (a spouse, a parent, a child) a return ticket in economic class for plane, or a first-class train fare, up to the liability limit specified in the sheet in Annex No 1 attached to the Policy and the certificates in order to allow a family member to be beside her/his bed.

EMERGENCY TRAVELLING OF A CHILD OF THE INSURED PERSON

In the event of transportation or repatriation as a result of an accident or sickness, the Insurer shall pay the travel expenses to Republic of Bulgaria of the Insured Person's underage, up to 18 years of age, children (who had not married) that had accompanied the Insured Person at the time of occurrence of the insured event provided the regular fares the persons hold cannot be used for this purpose. The persons shall be in good health condition that allows them to travel without violating any medical instruction.

EMERGENCY TRAVELLING OF A COLLEAGUE FOR SUBSTITUTION

In case of transportation or repatriation of the Insured Person as a result of an accident or a sickness that had occurred during a journey or stay abroad in relation to the fulfilment of official obligations, in case of obligatory hospitalisation for more than three days, the Insurer shall pay one of the Insured Person's colleagues a return ticket in economic class for a plane, or a first-class train fare, up to the liability limit specified in the sheet in Annex No 1 attached to the Policy and the certificates in order to complete those official duties that had not been performed by the Insured Person.

BREAK IN THE JOURNEY

The Insurer shall reimburse the unpaid travel and accommodation expenses, as a result of the break in the trip, up to the amount specified in the sheet in Annex No 1 attached to the Policy and the certificates, which cannot be reimbursed by another source, due to:

- 1) Unexpected death, grievous injury or grievous sickness of the Insured Person or a family member of the Insured Person.
- 2) A burglary or a fire as a result of which the abode or the place of work of the Insured Person had become uninhabited for a period of ten days or less prior to the start of the insured trip, or if the Police had obliged the Insured Person to be present as a witness after an inbreak or an attempted inbreak in the abode or at the place of work of the Insured Person.

Specific Definitions:

- 1) A family member means a spouse of the Insured Person and relatives as per direct line of descent and collateral line, up to second stock, brothers and sisters of the Insured Person or a spouse, who lives in the country of domicile of the Insured Person.
- 2) A grievous injury or a grievous sickness means a bodily injury or a sickness specified as hazardous to health by a qualified medical person.

Specific exclusions:

The Insurer shall not be held liable for the reimbursement of an indemnity in respect of an Insured Person regarding:

- 1) Non-compliance of an obligation on behalf of:
 - a) The supplier of transport services
 - b) The agent of such a supplier
 - c) The agent acting on behalf of the Insured Person,
- 2) Norms established by state or public authorities;
- 3) Strikes or labour disputes that had started, or regarding which a notification had been submitted in advance, prior to the date of booking that pertain to the insured trip.
- 4) A delay by reason of temporary or final discontinuation of a carrier's business due to a ruling or recommendation of port authorities, the Aviation inspection and other similar bodies in any country.
- 5) Directly caused or as a direct result from:
 - a) Any working or financial contractual relations of the Insured Person or a family member of the Insured Person;
 - b) Changes in plans or cancellation of the intent for carrying out the relevant insured trip on behalf of the Insured Person or a family member of the Insured Person.

ASSISTANCE SERVICES

If throughout the term of the insurance the Insured Person had got a bodily injury due to an accident or a sickness, Europ Assistance shall organise the necessary standard assistance services by applying the most appropriate means and services with regard to the physical condition of the Insured Person, up to the limits of the insured amount.

Specific Terms:

- 1) Only Europ Assistance is empowered to assist on behalf of the Insurer, thus, should damage occurs, it is this entity that must be contacted.
- 2) Europ Assistance is the one that decides the most appropriate means and time.
- 3) Europ Assistance or the Insurer is not obliged to reimburse any expenses regarding transportation and/or repatriation made without authorisation from Europ Assistance or the Insurer.

Standard Assistance Services

Medical Assistance: Upon notification about an emergency as a result of a Sickness or a Bodily Injury because of an accident that requires medical transportation, repatriation of mortal remains, purchasing of a coffin, Europ Assistance shall assist for the provision of these services; it shall contact a medical institution or a health centre, and shall direct to a treating doctor.

Medical transportation: If after hospitalisation or treatment the Insured Person is not able to continue her/his journey, Europ Assist—together with the local treating doctor or with the Insured Person's GP—shall organise the return of the Insured Person in the country of permanent residence, or in the country which citizen this person is. In case Europ Assistance's representatives and the treating doctor estimate from medical point of view that the Insured Person can be transported, but he/she refuses, the Insurer shall not bear any responsibility regarding any medical expenses made after the date of the possible transporting.

Repatriation of mortal remains: If the Insured person dies due to a Bodily Injury as a result of an accident or a Sickness during a journey or a stay abroad, Europ Assistance shall organise repatriation of the mortal remains of the Insured Person to the country which citizen this person is or to the country where he/she sojourns.

Reimbursement of coffin expenses: If the Insured Person dies because of a bodily injury, accident or sickness in the course of a journey or a stay abroad, and local laws stipulate mortal remains to be transported in a coffin, Europ Assistance shall organise and pay for the purchase of such a coffin.

Specific Definitions: 1) A coffin means an ordinary coffin pursuant to international rules. **Additional Assistance Services**

Payment of an advance regarding release on bail as a consequence of a traffic accident

If the Insured Person had taken part in a traffic accident during the term of the insurance and had been arrested, the Insurer shall provide as an advance payment the sum necessary for release on bail, up to the amount of liability limit specified in the sheet in Annex No 1. The Insured Person shall reimburse the amount to the Insurer within 30 days or earlier if the relevant local authorities repay the amount to the Insured Person.

Legal Expenses as a Consequence of a Traffic Accident

If the Insured Person had been arrested due to a traffic accident during the term of the insurance, the Insurer shall organise any necessary legal assistance, and shall reimburse the amounts paid for such assistance as a result of the accident up to the amounts specified in the sheet in Annex No 1 and the certificates, and the Insured Person or her/his relatives shall immediately notify the Insurer about the event.

Legal Assistance

When the Insured Person had been arrested, as a result of a traffic accident, the Insured Person or her/his relatives shall forthwith notify the Insurer to get assistance for the payment of an advance for release on bail or for payment of legal fees.

CIVIL LIABILITY

Civil liability for caused material damages to third parties

If during the term of the insurance there is a claim filed against the Insured Person, or an action had been commenced regarding material damages inflicted on third parties in the course of the journey—paid in full or partially via the insured bank card—the Insurer shall pay the injured person an indemnity up to the liability limit specified in the sheet in Annex No 1, which indemnity the Insured Person had been obliged to pay pursuant to the law of the country where the damage had taken place.

Civil Liability for Caused Bodily Injuries to Third Parties

If during the term of the insurance there is a claim filed against the Insured Person for the reimbursement of an indemnity for non-material damages because of bodily injuries or death inflicted on third parties in the course of the journey—paid in full or partially via the insured bank card—the Insurer shall pay the injured person an indemnity up to the liability limit specified in the sheet in Annex No 1, which indemnity the Insured Person had been obliged to pay pursuant to the law of the country where the damage had taken place.

Specific Exclusions:

The Insurer shall not be responsible for damages caused by or directly or indirectly arising out of:

- 1) Liability caused by or in relation to any commercial (within the meaning of the Commerce Code) activity of the Insured Person. This exception shall be applied, but is not limited to actions or inactions regardless of the nature thereof or of the circumstances, that had occurred, related to services and liabilities that had been delivered, promised, due, or which delivery is implied by reason of the nature of the activity;
- 2) Liability ensuing from a rent or residing in any part of premises on behalf of the Insured Person;
- 3) Liability that had arisen out of the rendering or failure to render professional services;
- 4) Liability arising out of a premise, a vessel or an aircraft that are property, leased or rented, of the Insured Person;
- 5) Liability arising out of the proprietorship, maintenance, use, loading and unloading of motor vehicles and any other motor road devices for moving, vessels or aircrafts;
- 6) Liability arising out of the conveyance of a contagious sickness on behalf of the Insured Person.
- 7) Liability arising out of sexual harassment, bodily punishment, bodily or mental maltreatment;
- 8) Liability arising out of the use, sale, production, delivery, transfer or holding controlled substances by any person, or smuggling as specified by the relevant authorities;
- 9) Liability arising out of any contract or agreement;
- 10) Damaging of property owned by the Insured Person,
- 11) Damaging of property, leased, rented or used by, or submitted to the care of the Insured Person,
- 12) Bodily injury of any person entitled to get indemnity, voluntarily submitted to or requested by the Insured Person, pursuant to the legislation concerning labour relations, general disability not related to the profession or professional illnesses,
- 13) Lawsuits brought against the Insured Person by a member of her/his family or by a person accompanying the Insured Person during a journey or a family member of such a person.

SPECIAL CONDITIONS:

The coverage for the risk "death due to accident" is in favor of UniCredit Bulbank. In case of death the Sum insured is paid to the bank up to the amount of the unsettled part to your card as at the date of the event, but in the condition that the death occurred within 12 months after the inception date of the accident and that the accident itself occurred in the duration of your coverage.

If the due sum insured exceeds your liability to the card, the difference is paid to the heirs-at-law. In the cases where there are no liabilities to the card the full amount of the sum insured is paid to the heirs-at-law.

PROCEDURE REGARDING THE ACTIONS OF INSURED PERSONS UPON OCCURRENCE OF INSURED EVENTS

1) Upon occurrence of the insured event the Insured Person or the accompanying individuals should duly contact, within 24 hours after the occurrence, the Assistance Company's / Insurer's 24/7 telephone on duty:

+359 2437 2458; e-mail: operationbg@europ-assistance.hu

+359 2926 7222; e-mail: travel.claims.bg@generali.com

in order to get assistance.

2) The notification pertaining to the occurred event, which might incur payment of amounts under this Policy (Claim), shall be submitted to the Insurer in written form immediately when this becomes possible, but in any case not later than seven working days after the date of the event or seven working days after the date of the return in Republic of Bulgaria.

3) All documents, information and evidences that are requested by the Insurer must be submitted without any payment in such a form and type as the Insurer reasonably requires. The Insured Person must undergo a medical examination at her/his own expense in relation to every claim that could bring payment of an amount if this is required by the Insurer.

4) Every Claim shall contain:

- a) Information pertaining to the type of the bankcard, the names of the Insured Person, Personal No/ID No of a foreigner, address, telephone, circumstances for the occurrence of the event,
- b) Photocopies of medical documents, authenticated by the Insured Person, that contain information regarding the date of the examination, anamnesis, diagnosis, prescribed and completed treatment, development of the sickness, the doctor's contact data,
- c) Original copies of all invoices, bills, prescriptions, medical examinations, X-ray and other photographs, documents of payment that will allow the Insurer to specify the total amount of medical expenses paid by the Insured Person,
- d) When there is participation of a person that is outsider with regards to the insurance upon the occurrence of the insured event (for instance, at a traffic accident): data regarding the names and the address of this person, and also an original or authenticated photocopies of the official documents made by the competent bodies,
- e) Upon death: death certificate and documents certifying the personality of the beneficiaries, who had presented a certificate of inheritors,
- f) Upon delay or loss of baggage: an original or a photocopy of the travelling ticket; invoices/receipts for purchased ticket verifying that it had been bought via the bank card; invoices/sales slips for the purchased essentials; a protocol of missing/delayed baggage from the airline and/or from the competent airport office, from the road or other carrier,
- g) Upon delay of a flight with four or more hours: invoices, sales slips for expenses on food, drinks or hotel via the bank card, a document from the carrier that proves the flight delay,
- f) Upon cancellation of the trip: documents proving the occurrence of justified reasons or events that had brought the cancellation thereof like: death certificate of a family member, fire, burglary, sickness of a family member (including birth certificates or other documents proving a kinship tie); a document proving the amount paid via the bank card.

5) The Insurer is entitled to examine the Insured Person—whose bodily injuries or sickness is a reason for a claim—at its own expense, so many times as it could be reasonably required in the course of the liquidation of the damage, as well as to make autopsy upon death as far as it is not forbidden by law.

6) In respect of claims for permanently lost or worsened working capacity, no indemnity shall be paid before the disability is acknowledged as final and permanent by an EMCWC (an Expert Medical Commission on Working Capacity) or the NEMC (the National Expert Medical Commission).

7) Excluding the Fatal Accident and Permanently Lost or Worsened Working Capacity covers, if at the date of the insured event there is another valid insurance with respect to the Insured Person, or for her/his benefit, that covers the same events insured in the Policy, the Insurer's liability shall be limited in proportion to a commensurate part of the amount payable for the relevant damage.

8) If the Insured Person had already received any amount under the Permanently Lost or Worsened Working Capacity clause due to an accident, after this bodily injury brings death to the Insured Person, all amounts paid under the Permanently Lost or Worsened Working Capacity clause shall be deducted from the amounts payable under the Fatal Accident clause. In the event of an emergency upon Accident and Sickness, a consultation with a doctor should be sought, and his prescriptions should be abided by strictly. The Insurer shall not be liable for that portion of the amount that is a result of the deliberate or negligent failure of the Insured Person to seek for and remain under the doctor's care.

9) Amounts shall be paid only to the Insured Person, the beneficiary or her/his lawful representatives, and any receipts regarding the payment, issued by them, shall exempt the Insurer from any future responsibility. Upon occurrence of the Fatal Accident risk on the territory of the Republic of Bulgaria, and also in the course of a journey of the Insured Person abroad, the Insurance Amount shall be reimbursed to the Underwriter up to the rate of the outstanding part of the obligations under the account (principal, interest, bank fees, commissions, including obligations with date of payment that had not come as at the date of the insured event) with regard to which the bank card had been issued to the Insured Person. When the amount payable under the terms of the previous sentence exceeds the rate specified therein, it shall be paid to the lawful heirs of the Insured Person.

10) In the event of occurrence of the insured event that brings emergency medical expenses, medical transportation or repatriation of mortal remains, the Insured Person or the individuals accompanying him/her can use the assistance services of Europ Assistance. For this purpose, they shall contact immediately to Assistance Company / Insurer:

+359 2437 2458; e-mail: operationbg@europ-assistance.hu

+359 2926 7222; e-mail: travel.claims.bg@generali.com

for getting assistance.

The Insured Person or his/her representative shall give the name and Personal No of the cardholder, the type of the bankcard and the most complete information about the insured event possible.

If after hospitalisation or treatment the Insured Person is not able to continue her/his journey, Europ Assist—together with the local treating doctor or with the Insured Person's GP—shall organise the return of the Insured Person in the country of permanent residence, or in the country which citizen this person is. In case Europ Assistance's representatives and the treating doctor estimate from medical point of view that the Insured Person can be transported, but he/she refuses, the Insurer shall not bear any responsibility regarding any medical expenses made after the date of the possible transporting.

The specific terms under this insurance are an integral part of Subscription Insurance Policy No 1801160126004316 date 22 June 2016 regarding 'Travel Assistance and Accident Insurance' for holders of bank cards. On our website, you can find the complete text regarding the specific terms: www.generali.bg.