

Guide to the policy conditions

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COVERAGE UNDER THE STUDENT PACKAGE
Accompanying and forming an integral part of Specific Terms & Conditions KOV STU

HOME CONTENTS		Sums insured per event
Conditions:	Expanded coverage to include theft after forced entry into the building and/or the premises used by the insured	See policy document (maximum sum insured €25,000)
Restrictions:	Theft of personal adornments	€2,500
	Theft of cash and/or negotiable instruments	€500
Policy excess for each case		€50
LIABILITY, PRIVATE		Sums insured per event
Conditions:	Including coverage for performing work during a study-related work placement	€1,000,000
Restrictions:	Coverage for favours	€2,500
Expansion:	Coverage for voluntary assistance	€12,500
Policy excess for each case		€50
ACCIDENTS, PRIVATE		Sums insured per event
Conditions:	In the case of death resulting from an accident	€2,500
	In the case of permanent disability (maximum)	€25,000
	Costs of retraining in the case of permanent disability (maximum)	€25,000

NOTE: This list is not exhaustive. See the Terms & Conditions for further restrictions and expansions.

PERMANENT PRIVATE TRAVEL (OPTIONAL)		
Category I SOS costs		Sums insured (p.p. per trip, unless stated otherwise)
The Company will only compensate the following costs, subject to the maximum amounts specified, if those costs are necessary in connection with:		
a. Illness, accidents or unexplained absence of an insured		
Extra costs of accommodation		€75 p.p. per day, max. €750
Extra costs for a return journey to the Netherlands		Cost
Costs of return by air ambulance		Cost
Costs of hospital visits		€75 per policy per trip
Costs of travelling relatives in life-threatening situations:		
Travelling costs (max. 2 relatives)		Cost
Accommodation costs (max. 2 relatives/max. 10 days)		€75 p.p. per day
Costs of search and rescue		Cost
b. Death of an insured		
Costs of transporting remains or		Maximum of €3,750
Costs of funeral or cremation abroad incl. travelling costs for 2 relatives		Maximum of the costs of transporting the remains to the Netherlands
Extra travelling costs for household members/travelling companion		Cost
The Company will also compensate the following costs if they result from an event insured in this category		
c. Telecommunication costs		€75 per event
Category II TRAVEL BAGGAGE (First Loss)		Sums insured (p.p. per trip, unless stated otherwise)
Theft, loss or damage of travel baggage, sum insured		€750
Including:		
• Photo, film, video and computer equipment		€375
• Valuables		€150
• Contact lenses and glasses;		€150
• Travel documents		Cost
• Goods purchased during the trip		€150
• Gifts for third parties		€150
Policy excess per policy per trip		€50
Category III MEDICAL COSTS		Sums insured (p.p. per trip, unless stated otherwise)
Illness or accident of the insured, compensation for medical costs:		
• abroad		
costs of doctors and hospitals		€1,250
crutches/wheelchairs purchased/rented		€100
prosthetics needed as a result of an accident		€250
costs of dental care resulting from an accident		€250
costs of dental care resulting from other emergency treatment		€250
• In the Netherlands		
costs of doctors and hospitals		€500
crutches/wheelchairs purchased/rented		€100
costs of follow-up treatment		€500
costs of dental care resulting from an accident		€250
costs of dental care resulting from other emergency treatment		€250
Policy excess		None

In case of doubt or discussion, the stipulations in the Dutch version shall apply.

The Specific Terms & Conditions described below apply only if the policy document shows that the relevant part is included in the coverage. Where these Specific Terms & Conditions differ from the provisions in the applicable General Terms & Conditions (KOV ALG), the provisions set out in these Specific Terms & Conditions apply.

General

Art. 1 Definitions

1.1 Partner

Spouse of the insured or the person with whom the insured is cohabiting on a permanent basis.

1.2 Student

A person studying in a day-time programme at an institute for senior secondary vocational education, higher vocational education or academic higher education who is not older than 35.

1.3 Insured

The student and his or her spouse or the person with whom the student is cohabiting on a permanent basis as a household; his or her underage children, including adoptive, foster and stepchildren.

If the insurance is taken out for a single, the insured is the student himself or herself.

Art. 2 Term of the insurance

2.1 End of the insurance

Notwithstanding other causes for termination, the insurance will end:

- a. as soon as the insured turns 36 years of age;
- b. with effect from the next end date of the contract after the insured ends his or her daytime studies at an institute for secondary education, higher education or academic higher education.

Art. 3 Claims

3.1 Other insurance policies

If the damage, costs or loss is covered by another insurance policy, whether of a prior or later date, the Company is only obliged to provide compensation insofar as that other policy does not entitle the insured to compensation. A policy excess under an insurance policy taken out elsewhere does not qualify for compensation.

Home contents

Art. 4 Definitions

4.1 Extensions and remodelling

Without prejudice to other situations, a building is being extended or remodelled as long as it is not fully glazed, draught-proof and watertight and not fitted with locks/closing mechanisms, heating, water supply and sanitary and kitchen facilities that are ready for use.

4.2 Audio, visual and computer equipment

All equipment (with the exception of musical instruments) that records, plays, receives and/or transmits sounds and/or images, such as television sets, radios, photo/filming/video equipment, house telephones and mobile telephones, and the peripheral equipment and sound and/or image carriers belonging with the equipment.

Computer equipment is understood to mean all equipment that is suitable for entering/retrieving or storing data, such as PCs and laptops, and the peripheral equipment belonging with that equipment. The data carriers and standard software are deemed to be part of the equipment.

4.3 Current value or replacement value

The sum needed to acquire objects of the same type, quality, condition and age.

4.4 Money and negotiable instruments

Money is understood to mean coins and banknotes that serve as legal tender.

Negotiable instruments are understood to mean all instruments to which a particular monetary value is attributed on the market, including cheques, giro cheques, debit cards and credit cards.



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4.5 Tenant's fixtures and fittings

All modifications and improvements made for an insured's expense to a home rented by that insured, such as heating, kitchen and sanitary fittings, woodwork, parquet floors, sheds and fencing, as well as the costs of repairing and replacing wallpaper, whitewash and paintwork in that home.

4.6 Home contents

All movable property that belong to the private household of the policyholder and the persons forming a permanent household with him or her, including:

- aerals, sun blinds and roller shutters insofar as they are attached to the home;
- motor vehicles with an engine displacement of less than 50 cc;

Bicycles, mopeds and motor-assisted bicycles only qualify as home contents while they are located in the home.

- tools, including tools for practising a profession in employment;
- motorised mowers, children's toys and similar consumer items with a top speed of 16 kilometres per hour;
- small pets;
- similar objects as those described above that belong to another person than an insured but that are temporarily in the care, custody or control of an insured, provided that those objects are not insured elsewhere;
- swimming pools and/or Jacuzzis with all accompanying appliances (unless insured under the homeowner's insurance policy).

with the exception of:

- money and negotiable instruments
- motor vehicles (with the exception of motor vehicles with an engine displacement of less than 50 cc), caravans, trailers, boats, aircraft and parts and accessories for those vehicles, boats and aircraft.

4.7 Personal adornments

Jewellery, including watches, manufactured for the purpose of being worn on the person and that are made in whole or in part from precious or other metal, stones, minerals, ivory, coral or blood coral or other similar substances, including pearls.

4.8 New-for-old value

The sum needed to acquire new objects of the same type and quality.

4.9 Home

The building or part thereof that is specified in the policy document and in which the insured lives, including the related lockable outbuildings such as garages, sheds, etc.

Art. 5 Known risks and changed risks

5.1 The description of the risk in the policy document is deemed to have originated with the policyholder.

5.2 The Company deems itself to be sufficiently aware of the location, constructional nature, construction, layout, heating and lighting and the use of the home containing the contents as they were when the insurance was taken out, including the adjoining premises.

5.3 In connection with the home specified in the policy document and containing the contents, the insured is at liberty to perform extensions, remodelling, enlargements, demolitions, internal relocations and other modifications, provided that they remain within the limits set out in the policy description.

5.4 The insured is obliged to notify the Company in writing of any changes in the constructional nature or designated use within 60 days after those changes occur. During that time, the insurance will remain in place for the changed risk. After that time, the insurance will remain in place if the Company has reported in writing that it wishes to continue the insurance.

Art. 6 Relocation

6.1 If the home contents have been moved to another address, the insured is obliged to notify the Company within 30 days. If the insured does not fulfil this obligation, his or her right to compensation will lapse.

6.2 While the relocation is underway, though subject to a maximum of 30 consecutive days, the insurance is fully valid both at the original address and the new address.



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Art. 7 Claims

7.1 Claim assessment

The scope of the claim will be assessed at the difference between the new-for-old value of the damaged object immediately prior to the damage and the debris immediately following the damage or, if less, the amount of the costs of the repairs, if applicable plus any impairment caused by the damage that is not remedied by the repairs. For the following objects, the compensation will at all times be assessed based on current value:

- a. objects with a current value that is less than 40% of the new-for-old value;
- b. objects not used for the purpose for which they were intended;
- c. motor vehicles with an engine displacement of less than 50 cc, caravans, trailers, boats, aircraft and parts and accessories for those vehicles, boats and aircraft.
- d. aerals and sun blinds;
- e. objects with value as antiques or rarities.

7.2 Underinsurance

If the sum insured is less than the value taken as the point of departure for purposes of the claim assessment, compensation for the assessed damage and costs will be paid in the proportion in which the sum insured relates to that value immediately prior to the event and subject to the applicable maximum values.

The consultancy costs for assessing damage and costs will also be compensated in full in the case of underinsurance, though with due observance of the provisions set out in Article 11 of the applicable General Terms & Conditions.

Art. 8 Scope of the coverage in the home

The insurance covers material damage to the home contents caused by any of the events described below. For events described in Article 8.1 to Article 8.5, this includes damage caused by the nature of or defect in the insured object.

- 8.1
 - a. Fire (see more detailed descriptions in the General Terms & Conditions) or fire in neighbouring premises.
 - b. Scorching, singeing or melting.
- 8.2 Fire extinguishing.
- 8.3 Smoke or soot, if emitted suddenly by a heating installation connected to a chimney of the home.
- 8.4 Explosions (see more detailed descriptions in the General Terms & Conditions).
- 8.5
 - a. Lightning strikes, whether or not resulting in fire.
 - b. Induction resulting from lightning strikes causing overvoltage in the electricity grid and/or in electrical or electronic appliances.
- 8.6 Storms (see more detailed descriptions in the General Terms & Conditions).
- 8.7 Theft from the insured's home is only insured if preceded by housebreaking into the building and/or the spaces of that building used by the insured.
- 8.8 Vandalism committed by a person who entered the home unlawfully.
- 8.9 Water damage caused by water or steam flowing unforeseen from:
 - a. feed pipes or drain pipes located in or outside the home;
 - b. installations or appliances connected to those feed pipes or drain pipes;
 - c. a heating installation;
 - d. aquarium or water-filled sitting or sleeping furniture, if resulting from a sudden defect.In the case of these types of insured water damage, the insured is also entitled to compensation for:
 - e. the costs of tracing the defect, breaking and repair work to walls, floors and other parts of the home;
 - f. the costs of repairing the pipes, installations and appliances.These costs only qualify for compensation insofar as they are for the expense of the insured as a tenant.

Water damage stemming from poor maintenance or structural defects is not insured.
- 8.10 Precipitation (rain, snow, hail, meltwater) entering the home unforeseen, except where the precipitation entered the home through open windows, doors or hatches.



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8.11 Collapse of the building caused by excess pressure from snow.

This insurance does not cover damage by pressure from snow if the collapse is attributable to faults in the design, construction or execution, use of incorrect or substandard materials and/or poor or overdue maintenance.

8.12 Damage from hail, with the exception of damage to glass or plastic parts intended for daylight access.

8.13 Frost damage caused by freezing in:

- a. water pipes and connected installations or appliances;
- b. a central heating installation.

In the case of these types of insured frost damage, the insured is also entitled to compensation for:

- c. the costs of tracing the defect, breaking and repair work to walls, floors and other parts of the home;
- d. the costs of repairing the pipes, installations and appliances.

These costs only qualify for compensation insofar as they are for the expense of the insured as a tenant.

This insurance does not cover damage caused by frost if the freezing is attributable to negligence or carelessness with respect to the proper precautions.

8.14 Oil flowing unforeseen from fixed pipes, reservoir or tanks for oil-fired heating installations, provided that those installations are hooked up to a chimney.

8.15 Violent robbery or violent extortion.

8.16 Major or minor riots or disturbances (see more detailed descriptions in the General Terms & Conditions).

8.17 Looting or disturbances in connection with strikes.

8.18 Collisions with vehicles or boats and resulting lost loads or cargoes.

8.19 Aircraft (see more detailed descriptions in the General Terms & Conditions).

8.20 Air pressure resulting from starting and/or testing aircraft or spacecraft or the breaking of the sound barrier.

8.21 Meteorite impact.

8.22 Falling trees or broken branches.

8.23 Falling cranes or piledriving rigs or parts becoming separated from such cranes or rigs.

8.24 Glass fragments resulting from broken windows or mounted mirrors.

8.25 Broken aquarium/terrarium.

This insurance covers damage to the aquarium or terrarium and its contents.

Art. 9 Expansion of the coverage

9.1 Insofar as the sum insured permits, this insurance also covers the following in the home specified in the policy document:

- a. home contents belonging to third parties: for all events described in Article 8, insofar as not insured, or not sufficiently insured by the owner;
- b. the contents of fridges and freezers, subject to a maximum of €1,250 per event: for decay caused by outages of more than 6 consecutive hours in the supply of electricity or by defects in the fridge or freezer itself;
- c. cash and negotiable instruments: for all events described in Article 8, if owned by the insured or in the care, custody or control of the insured, insofar as they were not located in outbuildings of the home or in private storage areas in the apartment building, subject to a maximum of €500 per event. Theft of cash or negotiable instruments is also understood to mean theft of financial transaction cards issued and guaranteed by a bank domiciled in the Netherlands, including credit cards, debit cards and prepaid chip cards, followed by unlawful collection or payment using those cards, insofar as the resulting damage is not borne by the bank but is for the insured's expense;
- d. boats and trailers, including loose parts and accessories of motor vehicles, caravans, trailers and boats: for all events described in Article 8, if intended for private use, subject to a maximum of €1,250 per event;
- e. professional equipment in the home and/or outbuildings. This also includes materials, tools and work clothes intended for use in carrying out the insured's profession. The Company will compensate the damage based on the current value, subject to a maximum of €1,000 per event and only if the damage is for the insured's expense;



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- f. medical equipment that has been given in loan and is present in the home and that is part of the private household contents. The Company will compensate the damage based on the current value, subject to a maximum of €10,000 and only if the damage is for the insured's expense. The Company is entitled to settle the claim directly with the lender if applicable.

- 9.2** Besides in the home specified in the policy document, the home contents are also insured:
- a. communal areas of the building in which the home is situated: for all events described in Article 8, though for theft and vandalism only if the perpetrators forced entry into the building from outside;
 - b.1 on balconies and galleries, in gardens or yards or under canopies belonging to the home: for all events described in Article 8, with the exception of precipitation, theft and vandalism;
 - b.2 however, garden furniture, gardening tools, flagpoles, laundry, clothes racks and lights that are owned by the insured and that are in the garden or on the balcony of the home are also insured against theft and vandalism;
 - c. in the locations described in item b of Article 9.2, insofar as sun blinds, roller shutters and aerials are concerned and insofar as they are mounted on or near the home: for all events described in Article 8;
 - d. in the locations described in item b of Article 9.2, insofar as tenants' fixtures and fittings are concerned and insofar as these include sheds and fencing: for all events described in Article 8, though for damage caused by storms subject to a policy excess of €100 per event.
- 9.3** If the insured's home contents are situated elsewhere in the Benelux or Germany that is outside the home, for at most a period of three consecutive months, those contents are also insured:
- a. in permanently occupied homes constructed from stone with a hard covering: for all events described in Article 8;
 - b. in other buildings (with the exception of beach cabins): for all events described in Article 8, though for theft only if the perpetrators forced entry into the building from outside;
 - c. elsewhere, for example in the open air, in tents, in caravans on boats in beach cabins: only for fire, scorching, singeing, melting, fire extinguishing, lightning strikes, explosions, aircraft, violent robbery or extortion. In cars (not trailers) - if properly locked - also for theft following forced entry into the car; the maximum compensation is €250;
 - d. during relocation or transport to or from a place of repair or storage: also for damage caused by accidents involving the vehicle, or by incorrect use of or defect in any tool used for loading or unloading.
- 9.4** If the insured's home contents are situated elsewhere in Europe that is outside the Benelux or Germany and that is outside the home, for at most a period of three consecutive months, those contents are also insured for fire, fire extinguishing, lightning strikes and explosions. The maximum compensation is 10% of the sum insured.
- 9.5** In the case of theft, extortion or robbery where the keys to the home are also taken, the locks may be replaced. This coverage is subject to a maximum of €250 per event. However, the locks must in fact be replaced.

Art. 10 Compensation in excess of the sum insured

- 10.1** In the event of an insured event, the Company will provide compensation in excess of the sum insured for:
- a. prevention costs (see more detailed descriptions in the General Terms & Conditions).
 - b. expert's costs (see more detailed descriptions in the General Terms & Conditions).
- 10.2** In the event of an insured event, the Company will provide compensation up to 10% of the sum insured per element:
- a. costs of debris removal (see more detailed descriptions in the General Terms & Conditions).
 - b. tenant's fixtures and fittings;
 - c. appliances and/or installations of public utilities companies and other public companies, if mounted into the home. This damage only qualifies for compensation if it is not covered by another insurance policy;
 - d. extra costs: the costs that must within reason be incurred for hotels or guesthouses, living expenses and storage and transportation of the home contents made necessary by an event covered by the policy. In addition, a maximum of €500 will be paid out for necessary costs.

The elements listed in items b and c of Article 10.2 only qualify for compensation insofar as the costs listed are for the expense of the insured as a tenant.

- 10.3** In the event of an insured event, the Company will provide compensation up to 20% of the sum insured for garden layout: This is understood to mean the costs of repairing the garden layout, plants and paving belonging to the garden of the home specified in the policy document.



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Art. 11 Restrictions

- 11.1** In the case of theft of personal adornments, a maximum of €2,500 will be compensated per event, if the sum insured permits. If the home contents are covered by multiple insurance policies, the amount will be lowered proportionately to the respective sums insured.
- 11.2** In the case of damage caused by water, steam or precipitation, the following are excluded from coverage:
- damage caused by wear and tear, poor maintenance or structural defects;
 - damage caused by moisture permeability of floors or walls or in basements;
 - damage caused by ground water, except where the water penetrated through drain pipes or connected appliances or installations.
- 11.3** Damage to electrical appliances or parts thereof caused by scorching, singeing or melting as a result of shortcircuiting, overheating or burning out is excluded from coverage.
- 11.4** This insurance does not cover damage caused by polluted and/or decay-causing substances transported through the air from elsewhere or by acid deposition (which is understood to mean substances deposited from the air that directly or indirectly influence the acidity of the soil or surface water).
- 11.5 Excess**
For each case of household contents' damage, an excess of € 50 per event applies.

Liability

Art. 12 Capacity

This insurance covers liability on the part of the insured in a private capacity. It does not cover liability relating to the conduct of a primary or secondary business or profession or the performance of paid manual labour.

These capacity-related restrictions do not apply to:

- insured who perform work as part of a work placement during their studies.
- the children described in Article 1 for the category General, if they carry out work, whether paid or unpaid, for others besides the insured during their holidays or in their spare time;
- an insured in the performance of any of the professions listed below or while carrying out resulting paid manual or other labour:

- geriatric care worker	- demonstrator
- dietician	- poll-taker
- spiritual counsellor/minister	- musical conductor or choirmaster
- childcarer/host parent	- social worker;
- an insured while carrying out unpaid volunteer work;
- voluntary assistance.

This insurance does not cover claims on the part of the employer/principal, his/her/its successors in title or surviving dependants that are based on damage caused in the performance of the work described in items a to e of Article 12.

Art. 13 Scope of the coverage

13.1 Liability/damage

The insurance covers liability on the part of the insured, in their capacity as set out above, for damage that was caused or occurred while the insurance was in place, subject to a maximum for all the insured together of the amount per event specified in the policy document.

All references in these Terms & Conditions to damage are understood to mean bodily injury and/or material damage.

- Bodily injury:**
Bodily injury is understood to mean: damage caused by injury or harm to a person's health, whether fatal or otherwise, including the damage resulting therefrom;
- Material damage:**
Material damage is understood to mean: damage caused by harm to and/or destruction and/or loss of objects belonging to persons other than the insured, including the damage resulting therefrom.

13.2 Mutual liability

The liability of the insured described above in relation to one another is only insured insofar as the insured in question suffer bodily injury and insofar as those insured do not have any other claims in connection with the event.

No compensation will be provided if the party making the claim is not a natural person directly involved in the event or his or her surviving dependants.

This insurance covers liability on the part of an insured in respect of household staff during the performance of their work, including liability for material damage.

13.3 Costs of legal proceedings and statutory interest

Compensation will be paid on top of the sum insured for:

- a. the costs of procedural and legal assistance that are incurred with the approval of or at the request of the Company;
- b. the statutory interest on the claims insured.

13.4 Security

If, to protect the interests of the injured parties, a government authority requires monetary security in connection with damage covered by the insurance, the Company will provide that security, subject to a maximum of 10% of the sum insured.

The insured are obliged to authorise the Company to reclaim the security as soon as it is released, and to provide their full cooperation to ensure that the security is refunded.

13.5 Immovable property

This insurance covers the following with regard to immovable property:

- a. liability on the part of the policyholder or of an insured living with the policyholder, in his or capacity as owner of:
 1. the building or houseboat in which he or she resides, including the related structures, even if part of the object is let out;
 2. a home or houseboat, including the related structures, in which he or she previously resided or in which he or she will reside in the future;
 3. a second home or houseboat, holiday home, static caravan or cabin on an allotment complex situated in Europe, provided that that object is not intended exclusively to be let to third parties;
- b. liability of the part of an insured for damage to the holiday home rented by him or her for holiday purposes or to the contents of that holiday home, caused by fire or water flowing from the pipes, fittings or appliances in the home as a result of a sudden uncertain event;
- c. liability of an insured for damage caused by an aerial or dish antenna, including for damage caused to a building or houseboat that the insured has rented and in which he or she resides.

The exclusion described in Article 14.2 (care, custody or control) does not apply to the provisions set out in items b and c of Article 13.5.

13.6 Favours

If an insured causes damage to others besides the insured for which he or she is not liable on the grounds that his or her actions were performed as a favour, the Company will nevertheless provide compensation up to a maximum of €2,500 per event.

13.7 Voluntary assistance

The Company will provide compensation, subject to a maximum of €12,500 per event, for damage to other persons besides the insured, caused while providing assistance, free of charge, to prevent:

- a. death or bodily injury, or
- b. imminent damage to objects of an insured.

Civil law serves as the standard for claim settlements. No compensation will be provided if the claim is filed by any person other than the natural person directly injured or his or her surviving dependants.

13.8 Excess

For each case of damage liability, an excess of € 50 per event applies.

Art. 14 Exclusions**14.1 Intent**

This policy does not cover liability:

- a. on the part of an insured for damage caused by and/or stemming from any intentional unlawful act or omission on the insured's part that is aimed at a person or object;
- b. on the part of an insured who is part of a group for damage caused by and/or stemming from any intentional unlawful act or omission, aimed at a person or object, on the part of one or more persons belonging to that group, even where the act or omission was not committed directly by the insured;

The intentional nature of such acts or omissions is not diminished by the circumstance that the insured or, if he or she is part of a group, one or more of the persons belonging to that group, is or are under the influence of alcohol or other substances to such a degree that he or she or they is or are incapable of exercising his, her or their own will.

Sexual acts

This policy does not cover liability:

- c. on the part of an insured for damage caused by and/or stemming from his or her sexual or sexually suggestive acts, whatever their nature;
- d. on the part of an insured who is part of a group for damage caused by and/or stemming from sexual or sexually suggestive acts, whatever their nature, on the part of one or more persons belonging to that group, even where the act or omission was not committed directly by the insured;

14.2 Care, custody or control

This insurance does not cover liability for damage:

- a. to objects in the care, custody or control of an insured or in the care, custody or control of another person on behalf of the insured:
 1. pursuant to a rental, hire-purchase, lease or pledge agreement or usufruct (including the right of use and occupancy);
 2. pursuant to the conduct of a primary or secondary business or profession or the performance of paid manual labour except as a favour.
- b. to objects in the unlawful care, custody or control of an insured, unless the insured in question has not reached the age of 14;
- c. to motor vehicles, mobile or static caravans, collapsible caravans, motorboats or sailing boats (including windsurf boards) or aircraft in the care, custody or control of an insured or in the care, custody or control of another person on behalf of the insured;
- d. consisting of and/or stemming from loss or theft of money, negotiable instruments or bank, checking, debit or credit cards in the care, custody or control of an insured or in the care, custody or control of another person on behalf of the insured.

Other instances of liability for damage to objects in the care, custody or control of an insured besides the situations described in items a to d of this Article 14.2 are covered up to a maximum of €12,500 per event.

The coverage for liability for fire or water damage to rented holiday homes, for damage caused by an aerial to the rented building and for damage as a passenger as described in Articles 14.3 (motor vehicles), 14.4 (boats) and 14.6 (aircraft) remains fully applicable.

14.3 Motor vehicles

This insurance does not cover liability for damage caused with or by a motor vehicle of which an insured is the owner, possessor, driver or user.

However, this exclusion does not apply to:

- a. passenger risk
liability for damage caused as a passenger of the motor vehicle, including damage to that motor vehicle. However, the provisions set out in Article 13.2 (mutual liability) and Article 14.2 (care, custody or control) remain fully applicable;
- b. household staff
liability for damage caused by household staff with or by a motor vehicle that is possessed or owned by none of the other insured besides the household staff, insofar as the policyholder or one of the persons living with him or her as part of his or her household is liable for that damage;
- c. motorised mowers, children's toys etc.
liability for damage caused with or by motorised mowers, children's toys and similar consumer items with a top speed of 16 kilometres per hour, or remote-controlled model cars;
- d. electrically assisted pedal bicycles;
- e. trailers, including caravans with a caravan mover, unless hitched to a motor vehicle, where the damage was caused after the trailer was unhitched or came loose and stopped safely off the road.

The coverage described in items a to 3 of this Article 14.3 does not apply insofar as the liability is covered by another insurance policy.

14.4 Boats

This insurance does not cover liability for damage caused with or by a boat for which the operator requires a navigation licence.

However, this exclusion does not apply to:

- a. model boats
liability for damage caused with or by remote-controlled model boats, except where those boats are equipped with an outboard motor or other motorised propulsion with a performance in excess of 3 kW (approximately 4 horsepower);
- b. passenger risk
liability on the part of an insured as a passenger on a boat, including damage to that boat;
- c. houseboat
liability for damage caused with or by a houseboat on which the insured is resident and that is tied up at its regular mooring, with the related structures.

The coverage described in items a to c of this Article 14.4 does not apply insofar as the liability is covered by another insurance policy.

14.5 Joyriding

This insurance does not include liability for damage caused while joyriding in a motor vehicle or boat. However, this exclusion does not apply if the person who caused the damage has not reached the age of 18.

In deviation from the provisions set out in Article 14.2, this insurance also covers liability for damage to the motor vehicle or boat used for the joyride, subject to a maximum of €10,000 per event.

Joyriding is understood to mean any instance of unlawful use of a motor vehicle or boat without the intention of appropriating that motor vehicle.

This policy does not cover liability:

- a. in cases of theft or misappropriation of the motor vehicle;
- b. in cases of joyriding without violence, if liability insurance has been taken out for the motor vehicle or boat.

14.6 Aircraft

This insurance does not cover liability caused with or by an airplane, model airplane, hang glider, target airplane, parachute glider, airship, model rocket, kite or balloon with a diameter greater than 1 metre when fully inflated.

However, this exclusion does not apply to:

- a. liability for damage caused with or by model aircraft with a maximum weight of 20 kilograms, kites with a maximum surface area of 1.5 m², delta planes, paragliders or parachutists;
- b. liability on the part of an insured as a passenger on an airplane; however, the provisions set out in Articles 13.2 (mutual liability) and 14.2 (care, custody or control) remain fully applicable.

The coverage described in items a and b of this Article 14.6 does not apply insofar as the liability is covered by another insurance policy.

14.7 Residence no longer in the Netherlands

This insurance does not cover liability on the part of an insured who no longer resides in the Netherlands. The insurance ceases to be valid 30 days after the insured's departure.

If the Company is given sufficient notice, the premiums paid for the remainder of the period will be refunded.

14.8 Weapons

This insurance does not cover liability for damage caused:

- a. in connection with the possession and/or use of weapons as defined in the Dutch Weapons and Ammunition Act (*Wet Wapens en Munitie*) for which the insured does not possess a permit;
- b. in connection with the possession and/or use of firearms while hunting (as meant in the Dutch Flora and Fauna Act (*Flora- en Faunawet*)).

14.9 Contractual liability

This insurance does not cover liability on the insured's part that stems from a contractual obligation entered into by or on behalf of the insured.

14.10 Geographic scope

With due observance of the provisions set out in Article 14.7 above (residence no longer in the Netherlands), the insurance is valid worldwide.

Accidents

Art. 15 Definitions

15.1 Beneficiaries

In the case of an insured's death, the compensation will be paid to the deceased's legal heir or heirs or, if the insured is not married but has a cohabiting life partner whose name has been notified to the Company, to that life partner.

If by law the insured's state accrues to the State of the Netherlands or to estate creditors, no compensation will be paid under this insurance policy.

Compensation will be paid as follows in connection with permanent disability:

- a. in the case of an insured person: to the insured concerned;
- b. the case of an insured household or child/children: to the requesting party/policyholder.

15.2 Accidents

Accidents are defined as sudden and unexpected external effects of violence on the body causing direct bodily injury that can be medically diagnosed.

15.3 Accidents are also understood to mean:

- a. infection, blood poisoning and other illnesses caused by the entry into injuries of pathogens and/or allergens caused by an accident covered by this insurance;
- b. infection by a substance containing pathogens and/or allergens caused by an involuntary fall into that substance; or entering into that substance in an attempt to rescue a person, animal or object;
- c. acute poisoning caused by involuntary inhalation or swallowing of gaseous, liquid or solid substances, with the exception of medical drugs or natural stimulants, except where medically prescribed;
- d. internal injury caused by substances or objects entering the insured's body against the insured's will;
- e. sunstroke, heatstroke, burns, freezing, hypothermia, drowning and asphyxiation;
- f. starvation, thirst, exhaustion and sunburn caused by an insured's isolation resulting from an emergency such as shipwrecking, emergency landing, collapse or flood;
- g. sprains, strains, dislocations or muscle tears, provided that the nature and location of these injuries can be medically diagnosed;
- h. anthrax, ringworm (*trichophyton*), Bang's disease, cowpox, scabies and foot-and-mouth disease;
- i. complications and aggravations stemming solely from first aid or medical treatment necessitated by an accident;
- j. for the insured children: infantile paralysis, though only if this does not arise within 30 days after the insurance commences.
The entitlement to payout in the case of death may only be enforced if the death occurs within a period of 5 years after the infantile paralysis arose;
- k. injury or death of the insured or harm to the insured's health if occurring directly during:
 1. a lawful act of self-defence;
 2. acts performed to save the insured or other persons, animals or objects;
 3. acts performed to avert an imminent threat.

Art. 16 Exclusions

The Company will not pay compensation for accident caused:

- #### 16.1
- by or in connection with intoxicating, narcotic, analeptic or similar substances except as medically prescribed, or by excessive consumption of alcohol.

Excessive consumption of alcohol at the time of the accident is understood to mean that when tested, the blood alcohol content proves to be more than 0.5 ‰ or the level of alcohol in the breath of the person tested proves to be 220 micrograms of higher;

- 16.2** intentionally or with the consent of the insured or a beneficiary;
- 16.3** by hazardous undertakings, unless within reason necessary for the performance of the individual's profession, or fights other than in lawful acts of self-defence (see the definitions in item k of Article 15.3) or in attempts to save oneself or other persons, animals or objects (see the definitions in item k of Article 15.3). This restriction does not apply in respect of children below the age of 18;
- 16.4** while committing or participating in an offence or an attempt at such;
- 16.5** by participation in or practice for speed races with motor vehicles or motorboats or rallies, with the exception of reliability trials, treasure hunt rallies and orienteering rallies in which the element of speed plays no meaningful role;
- 16.6** as a driver of a motor vehicle with an engine displacement of less than 50 cc; this applies only to insured below the age of 16;
- 16.7** as a driver of a motor vehicle with an engine displacement of 50 cc or more; this applies only to insured below the age of 18;
- 16.8** in connection with the use of a motorised airplane in any capacity other than that of a passenger;
- 16.9** exclusions and/or restrictions relating to the insured's eyes:
With regard to an insured wearing glasses or contact lenses with a correction of -10 or greater, no compensation whatsoever will be paid for retina detachment in one eye or both eyes, nor for the consequences thereof, unless the eye or eyes were subjected to such a degree of violence as may within reason be expected to result in retina detachment in one eye or both eyes if the structure or refractive power were not defective.

Art. 17 Geographic scope

This insurance provides coverage worldwide.

Art. 18 Payout for death (category A)

In the case of the death of an insured as a result of an accident, the Company will pay the sum insured for death.

Any compensation for permanent disability already paid in connection with the same accident will be deducted from the compensation paid for the insured's death. If the compensation paid for permanent disability is more than the compensation for the insured's death, the Company will not seek to recover the difference.

Increased compensation in the case of an insured's death resulting from an accident:

In the case of the death of an insured and his or her partner as a direct and exclusive consequence of one and the same accident, and insofar as both individuals are insured with the Company against death as a direct consequence of an accident, the Company will pay additional compensation of 50% of the two sums insured together, though solely to their underage children, insofar as those children were financially dependant upon them at the time of the accident.

Art. 19 Payout for permanent disability (category B)

- 19.1** In the case of permanent disability of the insured as a result of an accident, the Company will pay out some or all of the sum insured for permanent disability.
- 19.2** Permanent disability is understood to mean complete or partial loss of organs or any part of the body, or complete or partial loss of the functions thereof, that can be medically diagnosed.
- 19.3** The degree of permanent disability will be assessed as soon as the insured's condition will no longer, within reason, improve or worsen, nor lead to death, yet no later than 2 years after the accident. The insured's profession will be disregarded for purposes of assessing the permanent disability.
- 19.4** If the insured dies -- not as a consequence of the accident -- before the degree of permanent disability can be assessed, the Company will pay out the sum that it would have been required to pay for permanent disability, based on reasonable expectations.

19.5 Interest after one year

If the degree of permanent disability cannot be assessed after a period of one year following the day of the accident, the Company will compensate interest at the level of the statutory interest rate during the period after the 1st year until the permanent disability can be definitively assessed. The interest will be calculated on the sum payable in connection with permanent disability and will be paid together with the compensation. The interest facility applies only while the insured is alive.

19.6 Schedule of compensation

The percentages for compensation of the insured sum set out below will be assessed for general amputation or complete loss of use of:

general paralysis	100%
general loss of mental abilities	100%
arm up to the shoulder joint	75%
arm up to the elbow joint or between elbow joint and shoulder joint	70%
hand up to the wrist joint or arm between wrist joint and elbow joint	65%
thumb	25%
index finger	15%
middle finger or ring finger	12%
little finger	10%
leg up to the hip joint	75%
leg up to the knee joint or between knee joint and hip joint	65%
foot up to the ankle joint or leg between ankle joint and knee joint	55%
big toe	15%
any other toe	5%
one eye	40%
if full compensation has already been provided pursuant to this insurance	
for one eye, the other eye	60%
both eyes	100%
hearing in one ear	25%
if full compensation has already been provided pursuant to this insurance	
for one ear, the other ear	35%
hearing in both ears	60%
a lung	30%
a kidney	20%
the spleen	10%
sense of smell	10%
sense of taste	10%

cervical (or lumbar) acceleration/deceleration injury to the spinal column with no objectively demonstrable symptoms of loss of neurological/neuropsychological abilities and/or objectively demonstrable vestibular complaints 0 to 5%

cervical (or lumbar) acceleration/deceleration injury to the spinal column with neuropsychological and/or vestibular complaints 5 to 15%

In the case of partial amputation or partial loss of the use of a part of the insured's body, a proportionate part of the percentage specified will be assessed. In the case of amputation or full loss of more than one finger on one hand, the payment percentage will in no instance be more than for loss of the whole hand.

19.7 In all cases of permanent disability not listed in Article 19.6 other than those listed in the Schedule of Compensation, two percentages will be assessed:

- a. a percentage specifying the degree of permanent disability, without taking the insured's profession into consideration;
- b. a percentage specifying the degree of permanent inability of the insured to carry out his or her profession.

Compensation will be based on the percentage that gives the higher amount.

19.8 The assessment of the percentage of loss or loss of function will be based on objective standards, in accordance with the most recent issue of the 'Guides to the Evaluation of Permanent Impairment' published by the American Medical Association (A.M.A.) and supplements published by Dutch associations of medical specialists.



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19.9 The percentage that will be paid in connection with permanent disability resulting either from a single accident or from multiple accidents while the insurance is valid will in no instance be more than 100%.

19.10 If an insured to whom the Company has paid compensation for permanent disability is forced by that disability to choose another course of study, the resulting study costs and other costs will be compensated, within the limits specified in the policy document.

Both the need to change study and the amount of the compensation payable by the Company will be assessed by the Company, in full consultation with the insured. To assess the amount payable, the Company will compare the costs that the insured would, within reason, yet have had to incur in order to complete his or her original course of study if the accident had not occurred with the costs that the insured has already incurred and will, within reason, yet have to incur for his or her new course of study.

Art. 20 Influence of pre-existing illness or disability

20.1 Aggravation of the consequences of an accident by illness, ailment or existing disability before the accident will be disregarded for purposes of assessing the degree of permanent disability.

20.2 Aggravation of an existing illness as a result of an accident does not entitle the insured to compensation.

20.3 For purposes of assessing the degree of permanent disability, any permanent disability existing prior to the accident will be eliminated.

20.4 This insurance does not exclude, and therefore covers as an accident, accidents resulting from an illness, ailment or physical or mental condition.

Art. 21 Maximum payout

The compensation will be paid to the parties entitled as described in Article 15.1.

Where multiple insured together are affected at the same time by one and the same insured event, the sum insured for all of them together is subject to a maximum of €1,250,000 per event for at most all categories together.

If, at the time of an insured event, the insured are so many in number that, based on that number and on the compensation to be granted for those insured, the maximum specified above will be exceeded, the sums insured per person will be lowered proportionately to the level of that maximum.

Art. 22 Beneficiaries

The compensation will be paid to the parties entitled as described in Article 15.1.

Art. 23 Notification of accidents

23.1 As soon as the policyholder, the insured and/or the successor or successors in title become aware of an accident that may result in the Company paying compensation, they are obliged:

- a. to notify that accident to the Company immediately, but in any case:
 1. in the case of death (category A) 48 hours before the funeral or cremation;
 2. in the case of permanent disability (category B) within 90 days after the accident.
- b. if the notification is made later, the entitlement to compensation only arises if it can be proved to the Company's satisfaction that:
 1. the disability is exclusively the consequence of an accident;
 2. the consequences of the accident were not aggravated by illness, ailment or an abnormal physical or mental condition; and
 3. the insured has complied in all respects with the instructions of the physician in charge.However, all entitlement to compensation will lapse if the notification is made more than 5 years after the accident occurred;
- c. to submit to the Company a signed and written statement about the cause and circumstances of the accident, and a description of the nature and extent of the injury.

23.2 The insured is obliged:

- a. To seek medical treatment immediately and to do everything possible to promote a rapid recovery, including by complying with the instructions of the physician in charge;



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- b. to grant the cooperation required by the Company, for example by submitting to examinations by a physician appointed by the Company (the costs of which are for the Company's expense);
- c. to notify the Company immediately of his or her full or partial recovery.

23.3 The policyholder, insured and/or successor or successors in title are obliged:

- a. To provide the Company with as much information about the accident as possible and to grant their full cooperation in obtaining the information required by the Company;
- b. to inform the Company of all insurance policies of which they are aware and that at the moment of the accident relate in full or in part to the same insured compensation;
- c. to grant their consent or cooperation with regard to all measures that the Company deems to be necessary to determine cause of death (for example an autopsy).

23.4 The statements provided or yet to be provided by the policyholder, insured and/or successor or successors in title, whether in person or in writing, serve to assess the nature and extent of the accident and injury and to assess the entitlement to compensation.

If the policyholder, insured and/or successor or successors in title have failed to fulfil any of the obligations described in this Article, the Company will not provide compensation, unless those persons can prove that the Company's interests were not prejudiced.

All entitlement to compensation lapses if the policyholder, insured and/or successor or successors in title intentionally submit incorrect information with regard to an accident.

Art. 24 End of the insurance/coverage

In deviation from Article 3, 'End of the insurance', of the applicable General Terms & Conditions, the insurance will also end:

- a. if the Company grants compensation for that insured based on 100% permanent disability;
- b. if the Company has paid out the total sum insured for permanent disability for that insured;
- c. as soon as the Company becomes aware of that insured's death.

Permanent travel and cancellation insurance

This category only applies if the policy document shows that it is included in the insurance.

WARNING: Always observe a normal degree of caution; never leave baggage unattended, even in a car. Always read the obligations in the Terms & Conditions for the insurance.

For **direct assistance**, in the case of admission into a hospital, a serious accident or death, if the private motor vehicle becomes inoperational and/or the driver is incapacitated, in the case of a recall to the Netherlands or replacement accommodation, the insured must immediately contact the

Emergency Service (business hours 24/7):

Telephone + 31 (0) 20 – 5 92 97 91,

Fax + 31 (0) 20 – 5 61 88 18.

See the description of the coverage for:

- the maximum sums insured
- policy excesses and thresholds, if applicable
- the maximum periods of compensation
- the number of persons for which compensation will be provided
- the class of compensation (for example of public transport).

General

Art. 25 Definitions

25.1 Emergency service

Emergency service Mondial Assistance B.V.

- a. The Company is the Dutch branch of AGA International SA (trading under the name of Mondial Assistance International SA), having its principal place of business at Poeldijkstraat 4, 1059 VM in Amsterdam, the Netherlands.



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b. The Company is registered with the Netherlands Authority for the Financial Markets (*Autoriteit Financiële Markten*) under number 12000535 and possesses a permit from the Dutch Central Bank (*De Nederlandse Bank N.V.*).

25.2 Non-standard sports

Other sports that involve a greater than usual risk, including hunting, mountaineering, rock climbing, abseiling, caving, bungee jumping, parachuting, paragliding, hanggliding, ultralight aviation and gliding.

25.3 Non-standard winter sports

Winter sports that involve a greater than usual risk, including ice climbing, skeleton, bobsleighbing, ice hockey, speed skiing, speedracing, skijoring, ski jumping, ski flying, aerials in freestyle skiing, ski mountaineering, paraskiing and heliskiing.

25.4 Relatives in the 1st degree

Partner, parents and parents-in-law, children and children-in-law, and adoptive and/or step-parents and children.

25.5 Relatives in the 2nd degree

Brothers and brothers-in-law, sisters and sisters-in-law, adoptive and/or step-brothers and sisters, grandparents and grandchildren.

25.6 Household members

Partner and/or underage children of the insured.

25.7 Underwater sports

All forms of scuba diving, for which purpose a distinction is made between:

a. Recreational diving

Practising underwater sports within what are commonly considered recreational limits (which include at the minimum a maximum depth of 40 metres).

b. Technical diving

Practising underwater sports outside what are commonly considered recreational limits or that involve a greater risk than recreational diving, including decompression, cave diving and wreck diving.

25.8 Private travel

Travel and/or lodging of a recreational nature that are not related to the insured's profession, business, position, studies, work placement or other activities.

25.9 Travelling companion

A person travelling together with an insured.

25.10 Winter sports

Any sport that depends on snow and/or ice.

25.11 Business travel

Travel and/or lodging related to the insured's profession, business, position, studies, work placement or other activities.

Art. 26 Basis

The Company only covers SOS costs, Baggage and Medical Costs.

The maximum coverage that will be provided corresponds to the sums specified in the Specific Terms & Conditions and/or the description of the coverage, with due observance of the related maximum periods specified, for at most the number of persons specified and at most the class specified.

Art. 27 Validity in relation to the insured

27.1 The Company will only insure persons who are registered in a Dutch population register and are actually residents of the Netherlands during the period that the insurance policy or policies remain valid.

27.2 The partner and/or underage children who are included in the insurance will be regarded as insured both where they are travelling alone and where they travel in the company of the principal insured.

Art. 28 Validity based on the nature of the journey

This insurance is exclusively valid during:

a. Private travel and/or lodging. For purposes of this insurance private travel is also understood to mean travel during which the insured follows a course or performs volunteer work, yet only if the work to be performed is of a commercial, administrative or supervisory nature and is not carried out in connection



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with the insured's profession or position. For the remainder, this insurance is not valid during business travel.

- b. Private trips abroad beyond the business visiting address and/or accommodation. However, in such cases the insurance is not valid during the outward journey from or the return journey to the Netherlands.

Art. 29 Period of coverage

While the insurance is valid, the period of coverage commences as soon as the insured and/or his or her baggage leave the home or residence and ends as soon as the insured and/or his or her baggage return there. The period of coverage ends immediately after a period of 60 consecutive days of travel and/or accommodation.

The insured must return to his home/residence in the Netherlands within that time. Deviation from this deadline is only permitted if the public transport with which the insured is travelling is delayed or because of an insured event (except where that event is insured under the category Baggage); in that case, the coverage is automatically extended until the insured's first possibility to return.

Art. 30 Geographic scope

The insurance is valid:

1. worldwide;
2. in the Netherlands: exclusively and alone in the following cases:
 - a. during trips/stays booked ahead of time, provided that the insured can submit the original booking form at the Company's request. One-day school outings, excursions etc. are not insured;
 - b. during trips not booked ahead of time, provided that those trips last multiple days and provided that a bill for the stay at a hotel, bungalow park or camp site, in the latter two cases not for a permanent spot, can be submitted;
 - c. if the trip and/or the stay in the Netherlands form a direct and integral part of a journey abroad;
 - d. while skiing or snowboarding on brush slopes or practice slopes in the Netherlands. However, this insurance only covers the category Medical Costs. In these cases, neither the travel to and from the destination nor the accommodation during the stay are insured. The insurance is exclusively and only valid during the period that the insured practises the skiing or snowboarding sport.

Art. 31 Assistance from the Emergency Service

31.1 In the case of an event insured under a travel insurance policy, the insured is entitled to assistance from the Emergency Service. This assistance includes:

- a. organisation of transportation (whether required for medical purposes or otherwise);
- b. provision of the required medical and other assistance during the continued or return journey;
- c. advice and all assistance that the Emergency Service deems useful or necessary.

31.2 The Emergency Service provides its services:

- a. within reasonable timeframes and in proper consultation with the insured or the person managing his or her affairs;
- b. insofar as government regulations or other external circumstances do not make this impossible.

31.3 The Emergency Service will exert itself and take all actions that may, within reason, be expected from it in order to fulfil the arrangements. In the case of agreements entered into by the insured, specifically in the case of renting replacement transport, the responsibility for fulfilment of the obligations stemming from those agreements lies with the insured.

31.4 If costs stemming from the assistance are not covered by the insurance policy, the Emergency Service is entitled to require whatever financial guarantees are necessary.

31.5 Except in cases involving errors or failures on its own part, the Emergency Service is not liable for damage resulting from errors or failures of third parties whose services have been contracted for the assistance.

This does not limit the liability of those third parties themselves.

Art. 32 Obligations in the case of damage

32.1 All claims for compensation/benefits (to at most the amount of the compensation/benefits) transferred to the Company. This is only necessary if the Company has not succeeded to the insured's rights as a result of payment of the compensation/benefits. The insured must submit all proof of those claims to the Company.

- 32.2** To claim compensation for costs under a travel insurance policy, it is in some situations necessary to obtain prior approval from the Company and/or the Emergency Service to incur those costs. Examples include:
- transportation by ambulance, taxi, air ambulance or any other non-public transport;
 - loss of operational capability and/or rental of transportation;
 - extra costs for a return journey to the Netherlands;
 - replacement accommodation;
 - a serious accident;
 - admission to a hospital for more than 24 hours;
 - death.

In these cases, the Emergency Service must be contacted immediately and the insurance details supplied.

- 32.3** The insured must provide the Company with the original invoices for the medical costs, the costs of car rental, the transport costs and the extra costs of travel and/or accommodation, the original invoices from the foreign undertaker and all other documents that the Company wishes to possess.

- 32.4** The insured must put forth its best effort to recover money from the carrier for his or her unused tickets. He or she must also be able to offer proof to evidence that the extra costs for a return journey and/or accommodation were necessary.

Examples of such proof include the mourning letter or a signed statement from the physician in charge abroad or, if the insured is travelling within the Netherlands, from the physician in charge in the Netherlands.

Art. 33 Timeframe within which claims must be reported

If an event occurs for which a travel insurance policy offers cover, that event must be notified to the Company by the insured or by his or her successor or successors in title within the following timeframe:

- if the insured dies: within 24 hours (by telephone, fax or E-mail);
- if the insured needs to be admitted to a hospital for more than 24 hours: within 7 days after admission (to be notified in writing (by post, fax or E-mail));
- in all other situations: within 28 days after the insured's first return to the Netherlands (to be notified in writing (by post, fax or E-mail));
- if the claim is not submitted to the Company on time, the Company will not pay the claim unless the insured or his or her successor or successors in title can prove that they cannot be held at fault for the late notification. Without prejudice to other provisions, the entitlement to compensation/benefits lapses irrevocably if the claim report has not been received by the Company within at most 180 days after the event.

Art. 34 Exclusions

- 34.1** This insurance does not cover damage:
- that relates directly or indirectly to or was caused by participation in or deliberately and intentionally attending a hijacking, strike or act of terror by the insured;
 - that relates directly or indirectly to seizure and/or forfeiture;
 - resulting from participation in or perpetration of punishable offences or attempts at such.
- 34.2** The entitlement to compensation lapses if circumstances were known or existed when the journey commenced that made it probable, within reason, that a claim would be made under the coverage offered by the insurance policy.
- 34.3** The entitlement to compensation/benefits lapses with respect to the entire claim if the insured or his or her successor or successors in title supply incorrect data or facts.
- 34.4** The entitlement to compensation only lapses with respect to part of the claim if the objects and/or documents requested by the Company have not been received within 180 days after the date on which the request was made.



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Similarly, the Company does not provide coverage in the following cases or for the following costs or for costs resulting from:

- 34.5** A sick or ailing condition of the insured before or at the moment of the accident, an existing mental or physical defect or ailment, suicide or attempted suicide.
- 34.6** Pregnancy and all related costs, with the exception of costs resulting from complications.
- 34.7** Intent, gross negligence or fault on the part of the insured or of a party who has an interest in the compensation/benefits.
- 34.8** Participation in misdeeds, quarrels, fights, performance of hazardous undertakings, participation in expeditions.
- 34.9** Consumption of alcohol or other narcotic or analeptic substances, including soft drugs and hard drugs.
- 34.10** Violation of the safety regulations of transport companies or other businesses.
- 34.11** The costs of an induced abortion.
- 34.12** If the insured's reasons for travelling abroad include the intention to obtain medical treatment there.
- 34.13** Doing any of the following during the journey:
 - a. participating on balloon flights or underwater submarine trips;
 - b. practising the following sports: boxing, wrestling, karate or other martial arts, jiu jitsu or rugby;
 - c. participating in competitions or preparing for competitions, such as training;
 - d. participating in or preparing for speed tests, record attempts or reliability trials with motor vehicles or motorboats;
 - e. using pleasure boats or other vessels outside territorial waters, or using non-seagoing vessels other than on inland waterways;
 - f. using seagoing vessels outside territorial waters in any capacity other than that of a passenger.This insurance is only valid if the insured is travelling on a seagoing vessel that is fitted for passenger transport, for example a cruise ship.

Art. 35 Restrictions

Winter sports/Non-standard sports and winter sports and underwater sports

This insurance is not valid while the insured is practising non-standard sports or winter sports or technical diving.

This insurance does, however, cover recreational diving and winter sports (that are not non-standard sports or winter sports).

Art. 36 Flying risk

If the insured travels by airplane, he or she is only insured as a passenger, not as a crew member, flight instructor, trainee pilot or parachutist. This insurance is only valid if the insured is travelling on aircraft of a recognised airline company. Those aircraft must be designed for transporting passengers and must utilise official airports.

Art. 37 More than one insurance for a single risk

If multiple travel insurance policies have been taken out with the Company for one insured, the maximum sums that he or she may be compensated are as follows:

- Baggage	€10,000
- Valuables	€1,500
- Photo, film and video equipment	€5,000
- Computer equipment	€5,000
- Money and traveller's cheques	€1,500

Art. 38 Overlapping insurance policies

In addition to the provisions set out in Article 3.1, in principle the Company will prepay the damage/costs that fall within the scope of this travel insurance, subject to the condition however that the insured cooperates in transferring to the Company the rights from an insurance policy taken out elsewhere.

Art. 39 Provisions relating to extra travelling and hotel costs

If the insurance policy offers coverage for 'extra travelling costs' and/or 'extra accommodation costs', the following provisions apply:

- a. 'accommodation costs' are understood to mean the costs of lodging and meals. Costs that the insured would have incurred for necessary meals under normal circumstances will be deducted from the compensation for extra accommodation costs. This deduction will be set at 20% of the reasonable costs;
- b. for 'extra travelling costs': if the insured incurs these costs using his or her private motor vehicle, the compensation specified in the description of the coverage for the insurance policy will be paid.

Art. 40 Recovery of uninsured services and/or costs

If the Company has provided compensation for costs and/or services that it or the Emergency Service incurred or provided and that are not covered by the travel insurance policy (such as, specifically, the costs of the outer coffin), the Company is entitled to recover the costs paid and/or offset them against compensation to be paid in the future. The insured are jointly and severally liable and are obliged to pay the recovered costs within 30 days after having received written notification. If the costs are not paid, the Company will take measures to collect the debt.

Cat. I: SOS costs**Art. 41 Illness, accidents or unexplained absence of an insured**

If an insured falls ill or suffers an accident abroad, the Company will pay the following compensation:

- 41.1** To the insured and to his or her household members on the same journey and one travelling companion, subject to the condition that in the opinion of the physician whose services are contracted by the Company these costs are medically necessary and result directly from the illness or accident:
- a. the necessary extra costs of accommodation during the period covered by the insurance;
 - b. the necessary costs of extra accommodation after the end of the planned duration of the stay;
 - c. the necessary costs of the return journey to the individual's home or residence in the Netherlands by ambulance, taxi or public transport, insofar as these costs exceed those of the return journey originally planned.

If the insured's health prevents him or her from travelling by ambulance, taxi or public transport, the costs of the return journey to the Netherlands by air ambulance will be compensated. This method of travel is only insured if the Company grants its prior consent.

The medical necessity of returning by air ambulance will be established by the physician whose services the Company has contracted, in consultation with the physician in charge abroad. Without prejudice to other situations, medical necessity will be deemed to exist if return by air ambulance may save the insured's life, reduce the chances of disability and/or prevent disability.

If the insured is entitled to compensation for return by air ambulance, he or she is not entitled to compensation for extra travelling costs as described above. However, the Company will compensate the costs of transportation from the foreign hospital to the airport and from the Dutch airport to the hospital (including costs of medical supervision). If the insurance was taken out and/or became effective while the insured was already receiving medical treatment outside the Netherlands, these costs will not be compensated.

- 41.2** To the insured's household members on the same journey and one travelling companion:
If the insured is required to stay in hospital owing to illness or accident: the extra costs of transport needed for visiting the hospital.
- 41.3** To the insured's household members:
If the insured's life is in danger as a result of illness or accident, according to a statement from the local physician in charge:
- a. the costs of travelling from the Netherlands and the return journey to the Netherlands by public transport;
 - a. the necessary costs of accommodation.
- 41.4** To the insured or his or her successor or successors in title
The costs that according to a statement from the local competent authorities must be incurred for searching for and/or rescuing the insured if the insured is missing. These costs will also be compensated if the competent authorities suspect that an accident has occurred.

Art. 42 Death of an insured

If the insured dies while abroad as a result of illness or accident, the Company will provide the following compensation:

- 42.1** To the insured's successor or successors in title:
the costs of transporting the insured's remains to his or her last residence in the Netherlands, including the costs of the inner coffin and the costs of the documents needed for the transportation.
- 42.2** To the insured's household members on the same journey and one travelling companion:
The necessary costs of the return journey to the individual's home or residence in the Netherlands by public transport, insofar as these costs exceed those of the return journey originally planned.
- 42.3** To the insured's successor or successors in title or household members:
If the insured's remains are not taken to his or her former residence, the Company will compensate the costs of the funeral (or cremation) abroad and the insured's household members' costs of travelling from the Netherlands, subject to a maximum of the sum that would have been compensated for transporting the insured's remains to the town or city where the deceased insured lived.

Art. 43 Additional compensation

The Company will also compensate telecommunication costs: the necessary telecommunication costs arising in connection with an event insured in this category.

Cat. II Baggage

Art. 44 Scope of the coverage

'Baggage' is understood to mean the baggage that the insured takes on his or her journey for personal use.

If the insured baggage is damaged as a result of theft, loss or harm, the Company will compensate that damage, up to at most the sum insured as specified in the description of the coverage. In the case of damage to or loss of an insured object with accompaniments, only one insured may claim compensation.

While the insurance is valid, the insured also has coverage for damage to baggage sent after the insured by boat, train, bus or airplane with confirmation of receipt.

The baggage described in Article 44.1 and Article 44.2 is subject to the maximum sums insured specified in the description of the coverage, with due observance of any thresholds noted there and of the following provisions:

- 44.1** Digital/electrical appliances, which are understood to mean:
- a. photo, film, video/DVD equipment, including any accompanying video, audio or information carriers;
 - b. audio and video equipment, which is also understood to mean music carriers including iPods and MP3 players and navigation equipment not built into the car;
 - c. computer equipment: computers (including organisers) including peripheral equipment, software and accompanying video, audio and information carriers;
 - d. telecommunication equipment, including mobile telephones (including smartphones and iPhones) with accompanying equipment, including where fitted with a photo or video camera.
- For photo, film, video/DVD and computer equipment, all objects that together form a set of gear are regarded as a single insured object, such as cameras, lenses, filters, tripods, lighting equipment, recorders, camera bags etc.
- 44.2** Other baggage including:
- e. valuables: jewellery, watches, furs, objects made from gold, silver or platinum, gemstones, pearls, viewers and other valuables;
 - f. contact lenses and glasses;
 - g. car-mounted audio and video equipment, which is understood to include video/DVD equipment built into the car and navigation equipment built into the car;
 - h. musical instruments: musical instruments with accompanying equipment (with the exception of drum skins, strings and mouthpieces);
 - i. travel documents: e.g. driving licences and registration certificates, number plates, travel papers purchased specifically for use during the journey, identity papers, tourist cards, passports, laissez-passers, ski passes and visas. The costs of purchasing new documents will be compensated, with the

- exception of the costs of travelling, accommodation and telecommunications;
- j. dental and other prosthetics and hearing aids: dental and other prosthetics, dental braces, false teeth, dental crowns and hearing aids;
- k. tools and spare parts for vehicles;
- l. bicycles and accompanying equipment, inflatable and collapsing boats with accompanying equipment, surfboards with accompanying equipment, roof racks, ski boxes, snow chains and jetbags;
- m. medical equipment. Medical equipment will be compensated including costs of repairs;
- n. owned or rented sports gear used for practising sports or winter sports.
- o. underwater sports gear: owned or rented underwater sports gear. However, underwater cameras and diving computers are included in the equipment described in Article 44.1.

Baggage is also understood to mean:

- p. money: this includes traveller's cheques and prepaid chip cards. If the insurance includes this coverage, the amount specified in the description of the coverage applies on top of the sum insured for Baggage;
- q. goods purchased during the trip;
- r. gifts for third parties: goods that the insured purchased before or during the trip that are intended as gifts/presents for third parties.

Cat. III Medical Costs

Art. 45 Scope of the coverage

The Company will compensate the medical costs that the insured is forced to incur as a result of an illness or ailment arising or an accident occurring while the insurance is valid, up to at most the sum insured as specified in the description of the coverage. Medical costs only include:

- a. the fees of physicians and specialists;
- b. the costs of hospital admission;
- c. the costs of operations and use of an operating theatre;
- d. the costs of X-rays and radioactive radiation prescribed by the physician;
- e. the costs of medicines, bandages and massages prescribed by the physician;
- f. the costs of medically necessary transportation (which includes transportation from ski slopes) of the insured to and from physicians and the nearest hospital.

These costs will only be compensated if the physician, specialist or hospital are recognised by the competent authorities.

Art. 46 Compensation of medical costs abroad

The Company will provide compensation for:

- 46.1** The costs of medical assistance abroad listed in Article 45. This compensation commences on the day that the treatment starts and continues until the first possible moment of the insured's return to the Netherlands. The insured is in no instance entitled to compensation for more than 365 days.
- 46.2** Forearm or underarm crutches or wheelchairs purchased or rented at medical prescription, if these costs are incurred within 90 days after the illness arose or the accident occurred.
- 46.3** The costs of prosthetics (with the exception of dental prosthetics), if the insured is required to purchase them abroad as a result of an accident and based on a specialist's prescription.

Art. 47 Compensation of medical costs in the Netherlands

The Company will provide compensation for:

- 47.1** The costs of medical assistance listed in Article 45:
 - a. if the insured falls ill or is involved in an accident in the Netherlands while travelling from the Netherlands to his or her foreign destination or during the return journey to the Netherlands;
 - b. if the policy covers winter sports and the medical costs stem from an accident that happened to the insured while skiing on a brush slope or practice slope;
 - c. incurred while the insurance is valid during trips in the Netherlands for which the insurance policy offers coverage.



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- 47.2** Forearm or underarm crutches or wheelchairs purchased or rented at medical prescription, if these costs are incurred within 90 days after the illness arose or the accident occurred.
- 47.3** Costs of follow-up treatment in the Netherlands: the costs of medical assistance in the Netherlands, with the exception of costs of transportation, relating to further medical treatment will only be compensated if they result from an accident. This is subject to the condition that the insured must have been undergone at least one treatment abroad while the insurance was valid and that the medical costs are incurred within 365 days after the first treatment commenced.