



Travel Health TRAVEL HEALTH INSURANCE FOR FOREIGNERS

INSURANCE CONDITIONS AND PRE-CONTRACT INFORMATION





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Pre-contract information



In the event of illness or injury, contact immediately Colonnade's assistance service.



SEND US AN EMAIL TO TRAVEL@COLONNADE.CZ, IF YOU NEED TO:

- » postpone the term or cancel your *policy*
- » make changes to the insurance contract
- » take out an insurance *policy* but you do not meet the conditions
- » get advice

Pre-contract information



DEAR CLIENT,

Thank you for your interest in taking out insurance with Colonnade Insurance S.A. Below you will find information about our insurance company under section 83 et seq. of Act no. 170/2018 Sb., Act on Distribution of Insurance and Reinsurance.

AROUT US

The Insurer is Colonnade Insurance S.A., a company with its registered office at L-2350 Luxembourg, rue Jean Piret 1, the Grand Duchy of Luxembourg, registered in Registre de Commerce et des Sociétés in Luxembourg, registration no. B61605, acting in the Czech Republic through Colonnade Insurance S.A., branch office, with its registered office at Na Pankráci 1683/127, 140 00 Prague 4, Czech Republic, identification no. 044 85 297, registered in the Commercial Register administered by the Metropolitan Court in Prague, section A, file 77229. The home country of the incorporator is Luxembourg.

SUPERVISORY AUTHORITIES:

Commissariat aux Assurances, having its registered office at CAA - 11, rue Robert Stumper, L - 2557 Luxembourg, Grand Duchy of Luxembourg; and the Czech National Bank, with its registered office at Na Příkopě 28, 115 03 Prague 1 www.cnb.cz.

CONTACT:



Colonnade Insurance S.A., branch office

Na Pankráci 1683/127, 140 00 Prague 4

tel: +420 234 108 311

e-mail: travel@colonnade.cz

www.colonnade.cz

GOVERNING LAW

Czech law (specifically Act no. 89/2012 Sb., Civil Code).

LANGUAGE

The decisive language for the documentation and communication is Czech. Any translations into other languages are for your information only.

COMPLAINTS

The insurance company will use best endeavours in order to provide the *policyholder* and *the insured* with high quality services. However, should the *policyholder* or *the insured* be dissatisfied with the *insurer's* services, they may contact the insurance company in writing or electronically. Complaints will be dealt with within 30 days after the date of delivery. Complaints may also be filed with the supervisory authority or the Czech National Bank. You will find the complete complaints policy at https://www.colonnade.cz/en/complaints-resolution

DISPUTES

Competent courts of the Czech Republic, for extrajudicial dispute resolution in the field of insurance, where no competent financial arbitrator is appointed, the Ombudsman of the Czech Insurance Association (www.ombudsmancap.cz), for general extrajudicial dispute resolution the Czech Trade Inspection Authority (www.coi.cz), and for distance contracts (made online), the electronic platform of ODR (http://ec.europa.eu/odr/).

OBLIGATIONS AND THE CONSEQUENCES OF ANY BREACH THEREOF

The insurance conditions impose certain obligations on you. A breach of the obligations may result in a decreased indemnity or a refusal to provide indemnity or a withdrawal from the *insurance contract*.

PREMIUM AND FEES

The premium is agreed as single premium for the whole duration of cover which is paid in Czech crowns. The amount and manner of payment thereof are set out in the *insurance contract*. No other special fees apply to this insurance for the use of any means of long-distance communication.

TAXES

Tax matters regarding insurance are governed by Act no. 586/1992 Sb., Act on Income Tax. As at the date hereof, the premium is not subject to value added tax and the indemnity is not subject to income tax. In other countries the premium may be subject to tax, depending on the country.

Information regarding the insurance and the scope thereof under section 84 of Act on the Distribution of Insurance and Reinsurance is specified below in the insurance conditions.

Pre-contract information



REMUNERATION

The insurer's employees receive salaries for their work in connection with effecting the insurance.

PERSONAL DATA PROCESSING

For detailed information regarding the processing of your personal data, including the extent, purpose and period of processing and all rights you may exercise in this respect, please see the Privacy Notice on the *insurer's* website at the following link: https://www.colonnade.cz/ochrana-osobnich-udaju. The information is for your convenience only and can be changed. You will find any changes and further information on our website http://www.colonnade.cz, or we can send you the information to your contact address on your request.

FURTHER INFORMATION

The manner of determining the amount of indemnity or any other performance resulting from the *policy* and the consequences of the client's breach of obligations arising from the *policy* are specified herein and in the applicable provisions of the Civil Code. Solvency report: https://www.colonnade.cz/en/solvency-report



1. Insurance guide



HOW TO USE THE INSURANCE CONDITIONS

The insurance conditions are displayed on your device.

To return to the beginning of this document, click on the link "Back to content" at the bottom of each page.

WHAT DOES THE INSURANCE CONTRACT INCLUDE AND WHAT SHOULD YOU KNOW?

These insurance conditions are incorporated in the *insurance contract* by reference. The insurance conditions include the complete description of coverage we offer. The extent of coverage as well as the amount of the *indemnity limits* you have selected are specified in the *insurance contract*.

DEFINITIONS

Words and expressions in italics are defined in the insurance conditions. They have a particular meaning wherever they are used. You will find those words in the Definitions section, where their meanings are explained.

PRINT

You do not need to print out this document. You will find the most important information - telephone number of the assistance service and the number of your *insurance contract* in asisstance card, which will be sent to your e-mail after the premium has been paid.

RELATED DOCUMENTS

- » Insurance Contract
- » Policy/Certificate in English
- » IPID
- » Valuation table of Permanent Physical Impairment
- » Policy Draft

2. Scope of cover and limits



Insurance is intended for both private and business stays taking place in the territory of the Czech Republic (CR) or for tourist stays in the Schengen area, except for the state where the insured person has valid public health insurance arranged.

The *indemnity limit* and the amount of *deductible* for individual types of travel health insurance are specified in the *insurance contract*.

Travel health insurance for foreigners in the Czech Republic may be agreed as complex at least in such a scope that the *Insurance Contract* is the proof of travel health insurance during stays exceeding 90 days under section 180j of Act no. 326/1999 Sb., Act on the Residence of Foreign Nationals in the Czech Republic, as amended.

The insured can expand the coverage for the Schengen Area in the extent of essential and urgent health care for foreigners.

Risks that are not expressly agreed in your contract are not covered by the insurance.

Basic coverage	STANDARD comprehensive health care	PREMIUM comprehensive health care
A. Medical Expenses	10 000 000 CZK	25 000 000 CZK
Essential and urgent health care - Applicable in CZ/CZ+Schengen Area (according to the territorial scope agreed)		
Essential emergency or first-aid service	✓	✓
Transport to the nearest specialized health care facility indicated by the physician	✓	✓
Determining a diagnosis and treatment including necessary examinations;	✓	✓
Essential and urgent medical procedures including medical supplies	✓	✓
Essential hospitalization for the necessary period of time including medication	✓	✓
Outpatient treatment and hospital treatment including diagnostics	✓	✓
Repatriation or transport of remains of the insured to their country of origin	✓	✓
Treatment in connection with an allergy if it is the First Occurrence of a particular type of allergy in the insured, including subsequent essential allergological and immunological examinations (does not cover medication)	~	~
Essential stomatological treatment for the purpose of eliminating pain, simple dental filling and stomatological treatment in the case of an accident	20 000 CZK per year	Up to the scope of cover agreed
Medication prescribed as part of outpatient care	20 000 CZK	25 000 CZK
Comprehensive health care - Applicable only in CZ		
Essential and urgent health care	✓	✓
Preventive check-up with a GP	1* in 12 months	2* in 12 months
Preventive dental check-up	1* in 12 months	2* in 12 months
Preventive gynaecological check-up for women over 15 years of age	1* in 12 months	2* in 12 months
Mandatory vaccinations	20 000 CZK per year	25 000 CZK per year
B. Assistance		
24/7 assistance service	✓	✓
Arrangement of interpretation services	~	~
Physician-indicated transportation to a medical facility (both to and from).	~	~
Transport, repatriation to the Czech Republic or the country of permanent residence (EU)	✓	✓
C. Accident Insurance		
Permanent disability	×	250 000 CZK
Accidental death for people who are 18 and over	×	250 000 CZK
Accidental death for people up to 18 years of age	×	100 000 CZK
D. Liability for Damage		
Damage to health (deductible CZK 1,000)	optional insurance possible	250 000 CZK
Damage to property (deductible CZK 1,000)	optional insurance possible	250 000 CZK
Optional Insurance		
E. Optional Insurance for Pregnant Women	Up to the scope of cover agreed	Up to the scope of cover agreed
F. Optional Insurance for Professional Athletes	Up to the scope of cover agreed	Up to the scope of cover agreed

Unless specified otherwise in the table, the limits always apply to the insured event.

The reimbursement under the medical expense insurance can never exceed the amount covered by public health insurance in the Czech Republic.



3. Important information



3.1 WHY YOU SHOULD TAKE OUT THE INSURANCE

The *insurance contract* hereunder is a proof of travel health insurance for foreigners under Act no. 326/1999 Sb., Act on the Residence of Foreign Nationals in the Czech Republic, as amended.

- 1. The insurance covers the costs of *comprehensive health care* and related assistance services provided to *the insured* in the Czech Republic and the related *assistance service* resulting from worsening of the state of health, an *illness*, an *accident* or in connection with pregnancy and delivery of an insured woman, which occur during the insured period and during the stay of *the insured* in the Czech Republic.
- 2. The insurance also covers the costs of essential and urgent health care provided to the insured within the Schengen Area outside the Czech Republic and the related assistance services.

3.2 WHO AND WHAT CAN BE INSURED

- 1. We will insure foreigners who have an insurable interest.
- 2. Those who suffer from serious nerve disorders, mental disorders and (bilateral) hearing loss, (bilateral) blindness, palsy, drug addiction, alcohol addiction, addiction to prescription drugs, cirrhosis of the liver, cancer, malignant tumours (carcinoma), TB, need kidney dialysis, suffer from HIV infection or AIDS, at the moment of making the insurance, are uninsurable.
- 3. Unless agreed otherwise in the insurance contract, no insurance contract is made with an uninsurable person.

3.3 TERRITORIAL APPLICABILITY

The scope of cover is defined by the particular insurance contract and applies to the territory of:

Czech Republic – the coverage is applicable in the territory of the Czech Republic in the extent of *comprehensive health care* for foreign nationals.

Schengen Area + Czech Republic – the coverage is applicable in the territory of the Schengen Area in the extent of essential and urgent care for trips up to 90 days + in the territory of the Czech Republic in the extent of *comprehensive health care* for foreign nationals.

Health care, payment of medical expenses and other assistance is provided by our *assistance service* in the extent specified below. *Assistance services* are provided in compliance with the applicable laws and regulations in the country where they are provided.

We are not liable for any delays or inability to perform *assistance services* as a result of a pandemic, a war, internal unrest, terrorism, risks of nuclear energy or any other objective reason for our inability to perform.

3.4 WHEN IS THE INSURANCE EFFECTIVE?

The *insurance contract* is made upon the payment of the premium, unless agreed otherwise in the *insurance contract*. The *insurance contract* may be amended after the insurance is effected and before the commencement of coverage with our consent.

3.5 HOW WE DETERMINE THE PREMIUM

The premium is determined according to the length of the *stay*, the destination zone, age of *the insured*, purpose and requested scope of cover. The amount of the premium is specified in the *insurance contract*.

The premium is agreed as a single premium and is due upon making the contract. Any premium is deemed to be paid on the date on which it is credited to the bank account of the *insurer*. If you effect the *insurance* through one of *our* partners - *providers*, a payment to the *provider's* account may be agreed, in which case the premium is considered to have been paid. The *insurance contract* is not effected unless the premium has been paid.

Should there be any changes on your part after the *insurance contract* has been made, contact our customer centre or our partner, through whom you effected the insurance.

3.6 COMMENCEMENT AND END OF COVER

The basic *travel health insurance* and any optional *insurance* cover commences by crossing the state border of the Czech Republic/Schengen Area. If you effect the insurance while you are already in the Czech Republic/Schengen Area, the *insurance* becomes effective after the *qualifying period* of 48 hours after making the contract.

The insurance coverage ends on the date specified in the insurance contract.

3. Important information



3.7 HOW TO PROCEED IF A LOSS EVENT OCCURS:

- a) Contact the assistance service immediately if an illness or an accident occur.
- b) If you have to pay for the outpatient treatment in cash, by bank transfer or by card, keep (request) all the bills, including the medical report, and submit them to us together with claim announcement form within 30 days after the insured event occurred. The medical report must include a description of the medical condition, including diagnosis codes, and a complete list of medical procedures performed with descriptions and codes.
- c) In situations requiring immediate and urgent help, always call the ambulance first and then contact the assistance service.



4.1 BASIC COVERAGE



Section A

Medical Expenses

(Indemnity insurance)

If an *illness*, the need to see a *physician* preventively or an *accident* occurs during the insured period, we will reimburse any reasonable, adequate and substantiated costs of the *Comprehensive/essential and urgent health care* for foreign nationals.

The coverage is provided up to the maximum extent covered from the public health insurance, however with the agreed limitations, exclusions and agreed *indemnity limits*.

THE COVERAGE OF ESSENTIAL AND URGENT MEDICAL CARE APPLIES TO:

- a) Essential emergency or first-aid service;
- b) Transport to the nearest specialized *health care facility* indicated by the *physician*;
- c) Determining a diagnosis and treatment including the necessary examinations;
- Essential and urgent medical procedures including medical supplies;
- e) Essential hospitalization for the necessary period of time including medication;
- Outpatient treatment and hospital treatment including diagnostics;
- Possible repatriation or transport of remains of the insured to their country of origin;
- h) Treatment in connection with an allergy if it is the first occurrence of a particular type of allergy in the insured, including subsequent essential allergological and immunological examinations however the insurance does not cover the medication or supplements related to the diagnosis;
- Essential stomatological treatment for the purpose of eliminating pain, simple dental filling and stomatological treatment in the case of an accident up to the limit of CZK 20,000 per year (Up to the scope of cover agreed if the PREMIUM version is agreed);
- j) Medication up to the amount of CZK 20,000 per *insured event (CZK 25,000 if the PREMIUM version is agreed)* prescribed as part of outpatient care; payment for the medication is limited by the amount provided from public health insurance.

THE INSURANCE OF COMPREHENSIVE HEALTH CARE APPLIES TO EVERYTHING IN THE EXTENT OF ESSENTIAL AND URGENT CARE AS WELL AS TO:

- a) A preventive check-up with a GP every 12 months (2* if the PREMIUM version is agreed);
- b) A preventive dental check-up every 12 months (2* if the PREMIUM version is agreed);
- c) Mandatory vaccinations up to the limit of CZK 25,000 per year;
- d) Preventive gynaecological check-up for women over 15 years of age every 12 months;
- e) If at the time of the occurrence of the loss event, a valid additional insurance for pregnant women has been effected or the qualifying periods of the basic rate have ended, all medical care for the person in connection with pregnancy and delivery in a contractual facility of the *insurer* is covered or in another facility pre-approved by the *insurer*.

QUALIFYING PERIODS ARE DETERMINED AS FOLLOWS STARTING FROM THE DATE OF COMMENCEMENT OF COVER:

- » 3 months for first finding about the pregnancy
- » 8 months for delivery
- » 36 months for nursing care

1. MEDICAL CARE COVERAGE

The insurance benefit for comprehensive health care provided by the relevant healthcare facility in the Czech Republic will be reimbursed up to the maximum amount of the standard payment for this care under public health insurance in the Czech Republic. Alternatively, it will cover the standard payment that would be due for this healthcare under public health insurance in another Schengen Area member state where *urgent* and necessary care was provided to the *insured*.



2. THE COVERAGE OF MEDICAL EXPENSES DOES NOT APPLY TO INSURED EVENTS, WHICH OCCUR:

- prior to effecting the insurance (by payment of the premium);
- outside the territory of the Czech Republic, in connection with other than tourist stay of the insured;
- outside the agreed territorial applicability of the cover and outside the agreed scope of cover; c)
- during the qualifying period.

3. WE ARE NOT OBLIGED TO PROVIDE INDEMNITY IN THE CASE OF:

- in vitro fertilization, infertility medical check-ups and treatment, contraception, and related medical interventions,
- abortion without documented serious health indication; b)
- medical interventions, which were not performed by a health care facility or are not recognized lege artis;
- rehabilitation, training therapy and self-sufficiency training with the exception of interventions after an accident or a surgery only during hospitalization and indicated by a physician;
- making and repairs of glasses, contact lenses and hearing aids, speech impediment treatment;
- illnesses and accidents which occur in connection with any type of sport performed on a professional level, unless additional insurance has been effected for professional athletes;
- costs incurred after signing a negative reverse;
- an event when the insured travelled to the Czech Republic or another member country of the Schengen Area for the purpose of receiving medical care or undergoing a surgery;
- events, the symptoms of which occurred prior to effecting the insurance contact or must have been known to the insured or the policyholder before the insurance contract was made;
- payments for medication or medical supplies not prescribed by a *physician*;
- postpartum care for a newborn of the insured during the period of cover, unless expressly agreed otherwise;
- examinations and treatment of mental and psychological disorders not related to the treatment of an accident or an illness, to which the cover applies; psychological tests and psychotherapy; addiction treatment, including examinations;
- m) examinations and treatment for sexually transmitted diseases and AIDS including test for HIV positivity;
- events related to the ingestion or consequences of alcohol, drugs, narcotics, or other psychotropic or addictive substances by the insured, do not apply in the event of an accident;
- o) damage or loss incurred as a result of or in connection with ionizing radiation or radioactive contamination, radioactive toxic explosive;
- damage or loss in connection with service or training with any military, police, paramilitary organisation;
- an insured event where the insured event extends to a period after the moment of expiry of insurance; a right to insurance performance arises only for the period up to the expiry of insurance.



SECTION B ASSISTANCE

(Indemnity insurance)

BESIDE THE SERVICES SPECIFIED IN THE PREVIOUS SECTION HEREOF, THE ASSISTANCE SERVICE WILL PROVIDE YOU WITH:

24/7 SERVICE

Emergency phone lines manned 24/7, 365 days a year, by coordinators speaking multiple languages, who are experienced in the procedures of hospitals and clinics worldwide.

MEDICAL ASSISTANCE AND RECOMMENDATIONS

- Information about physicians and hospitals in the place of your stay
- Arranging for a hospitalization

DIRECT INVOICING

Direct settlement with the hospital if you cannot pay for the treatment yourself.

REPATRIATION

If repatriation is necessary and possible from the medical point of view after hospitalization or treatment, the assistance service, in cooperation with the attending physician will arrange for the return of the insured to the country of permanent residence. Should the



nature of the case require that the insured be accompanied on the return journey by medical professionals, the assistance service will arrange for that. Should the assistance service and the physician deem that from the medical point of view it is possible to transport the insured but the insured refuses to be repatriated, the insurer is not liable for any costs incurred by the insured as a result of their refusal of the recommended repatriation.

The possibility of repatriation is assessed, approved and arranged by the assistance service of the insurer or by the insurer.

Air transport (for specific cases): Repatriation or transport to a health care facility by air ambulance or by a regular airline or by other adequate means (based on the assistance service consent) depending on the circumstances, and, if necessary, with a fully equipped emergency medical team. After landing we will arrange for a suitable transport of the insured to hospital or home, as necessary.

Search and rescue operations on sea or in the mountains: Should the insured be missing in a foreign country, the policyholder or a next of kin of the insured are entitled to contact the assistance service and ask for assistance with the search. The local authorities, in cooperation with the integrated rescue system, will be in charge of the search.



SECTION C Accident Insurance

(Insurance of agreed sum)

ACCIDENTAL DEATH

In the case of an accidental death during the duration of cover we will pay the agreed indemnity to the beneficiary. The benefit in the event of death of the insured who is younger than 18 is limited to the amount of CZK 100,000.

PERMANENT DISABILITY

- If you suffer a permanent disability as a result of an accident during a trip, we will provide you with indemnity in the amount of a percentage of the agreed insured amount in accordance with the Permanent Disability Valuation Table (Valuation Table).
- When determining the percentage for the calculation of the indemnity for disabilities that are not listed in the Valuation Table, specifically the nature and severity of the relevant disability will be taken into account, compared to the percentage determined for disabilities specified in the Valuation Table; for the avoidance of doubt, in determining the percentage, the employment or other gainful or leisure activities of the insured will not be taken into consideration.
- If more than one permanent disability results from one accident, indemnity will be provided in the amount of the sum of indemnity amounts (the relevant percentages of the relevant insured amount) for each of them, however up to the maximum of the total amount of the relevant insured amount.



SECTION D Liability for Damages Optional additional insurance

(Indemnity insurance)

The insurance is effected in case that during the duration of cover you cause accidental damage, for which you are legally liable, and a claim is filed against you for a compensation of:

- damage to health of a third party, who is not your family member, fellow traveller or employee;
- damage to property, which is not owned, managed by you or in your possession or owned, managed by or in the possession of your family members, employees or employer;
- damage to a temporary accommodation facility that does not belong to you or any of your family members, employees or employer.
- d) Unless specified otherwise in the contract, we will apply a deductible of CZK 1,000 for each damage.

We will reimburse the costs of legal representation approved in advance by us related to damage accidentally caused by you during your trip to a third party. The agreed limit applies to all claims raised during the trip.

THE INSURANCE DOES NOT COVER LIABILITY FOR DAMAGE:

- contractually assumed or exceeding the extent set down by the laws and regulations, any penalties imposed by the court or another public authority;
- caused by using any motor vehicles and means of transport, trailers, semi-trailers, any watercrafts or aircrafts, drones, all types of parachutes and sports kites, including any accessories;
- caused in connection with the ownership, maintenance or use of weapons, performance of military service, police service or the profession of a pilot, or gamekeeping activities or as part of training for any of those activities;





- d) caused by the use (except temporary use for the purpose of the stay in the Czech Republic) or the ownership of land or a building:
- e) incurred in connection with a work *accident* or an occupational disease, performance of trade, performance of a job or other gainful activities, or liability for damage to objects acquired and used for the purpose of such activities;
- f) arising in connection with the practice of professional sport;
- g) caused by an illegal provision or infringement of a patent, copyright or trademark, design or business name;
- h) caused in connection with the use, sale, production, supply, maintenance and other handling of substances that are prohibited under the laws of the country of your stay;
- i) caused by damage, destruction or missing records on audio, video and data carriers;
- j) caused by the spread of a contagious human, animal or plant disease;
- k) that occurs under the influence of alcohol if the blood alcohol concentration exceeds 0.5 g/l and/or under the influence of another narcotic substance or drugs that were not prescribed by a physician and/or if any drugs prescribed by a physician were used contrary to the instructions of the manufacturer;
- caused to the environment;
- m) caused by providing services on the Internet or a telecommunication network;
- which is covered by another insurance policy or to which the statutory duty of the insured or the aggrieved party to take out an
 insurance policy applies;
- o) caused by a pet.

4.2 OPTIONAL INSURANCE



SECTION E Optional Insurance for Pregnant Women

(Indemnity Insurance)

- The insurance covers medical services related to the insured mother's pregnancy and the birth of her child.
- » There is no waiting period due to pregnancy and childbirth.
- » Prenatal care is covered up to the agreed limit of medical expenses, subject to the public health insurance maximum.



SECTION F

Optional Insurance for Professional Athletes

(Indemnity Insurance)

- The insurance covers illnesses and injuries that occur in connection with the practice of professional sports.
- » Covered care is up to the agreed limit of medical expenses, within the maximum of public health insurance.

*

5. General provision



The travel health insurance for foreigners (*insurance*) is governed by Act no. 89/2012 Sb., Civil Code, the insurance conditions, the *insurance contract* and other laws and regulations applicable to *insurance*.

The insurance contract may deviate from the insurance conditions.

5.1 SCOPE OF INSURANCE AND INDEMNITY

- a) The scope of insurance, the agreed type of cover, the insured amounts, and indemnity limits are specified in the insurance contract.
- b) The indemnity will be decreased by a deductible, if it is agreed.
- c) We will provide indemnity only if it is not in conflict with any trade or financial sanctions or embargos announced by the European Union, UN, Great Britain, USA or Canada or in conflict with the laws and regulations of the Czech Republic or the European Union.
- d) If any claims arise for *you* or *the insured* against the health insurance company in connection with the *insured event*, such claims pass to us *in the extent of indemnity provided*.
- e) We will indemnify any rescue costs specified in the Civil Code exceeding the *indemnity limit*, however only up to 2 % of the *indemnity limit* agreed in the insurance contract per one *insured event*. For rescue costs expended on saving the life or health of individuals, we will pay the maximum of 30 % of the *indemnity limit* agreed in the *insurance contract* per one *insured event*.
- f) The insurance conditions and other documents are written in Czech. Should there be any discrepancies resulting from any translation to a foreign language, the Czech language version prevails.

5.2 OUR OBLIGATIONS

- a) To commence investigation to determine the extent of our obligation to provide indemnity immediately after you report an insured event.
- b) To provide indemnity in the case of an *insured event* in the extent agreed in the *insurance contract*.
- c) To complete the investigation within 3 months after the insured event is reported, the time limit may be extended by agreement. Should we be unable to complete the investigation within the time limit determined, we are obliged to inform you about the reason.
- d) Pay out the indemnity within 15 days after the investigation is completed. We will inform you about the result thereof.

5.3 YOUR OBLIGATIONS

Beside any obligations arising from applicable laws and regulations, you are obliged to:

- a) adopt all measures that may be reasonably required in order to prevent or alleviate any loss, based on which you are entitled to claim indemnity under this *insurance policy*;
- b) contact the assistance service immediately or as soon as your state of health permits in particular in the case of any complicated outpatient medical treatment, and if hospitalization, transfer, relocation or transport is required, or the repatriation of remains, in the case of a third-party liability or any other emergency, and to obtain a consent from the assistance service;
- c) comply with the instructions and observe the treatment prescribed by the physician, in the case of hospitalization, refrain from leaving the hospital without a consent of the attending physicians or otherwise interfering with the treatment, and provide us with cooperation in checking the progress of the treatment;
- d) provide us with true and complete answers to all questions regarding the claim filed;
- e) observe the relevant safety measures during any sports activities, including using functional protective equipment;
- f) provide consent to requesting medical records and other documents (e.g. police report, official death certificate, etc.) in the case of a *loss event*, the cause of death or autopsy report.

5.4 CONSEQUENCES OF BREACH

We are entitled to reduce indemnity proportionately or to refuse to provide indemnity if:

- a) you breach your obligations in making the insurance contract and a lower premium has been agreed;
- b) you fail to contact the assistance service in spite of being obliged to do so hereunder;
- you carry out sports activities without the necessary licence or functional protective equipment if they are required for such activities;
- d) you breach your obligations and it has a substantial influence on the occurrence or the course of the *insured event*, which results in an increase of the extent of the consequences thereof or establishing or determining the amount of indemnity, we are entitled to decrease the indemnity proportionately to the impact of the breach on the extent of our obligation to provide indemnity;
- e) You, the insured or a beneficiary consciously state any false information or withhold any relevant information when submitting the claim.

5. General provision



5.5 TERMINATION OF INSURANCE

The *insurance* terminates:

- » by the expiry of the duration of cover;
- by filing a notice of termination of the insurance contract with a notice period of 8 days within 2 months after the execution of the insurance contract;
- by an agreement regarding the termination of the insurance;
- by the policyholder's withdrawal from the insurance contract due to a breach of the insurer's obligation to point out any discrepancies between the insurance policy offered and the policyholder's requirements or a breach of the insurer's obligation to give true and complete answers to any written queries of the policyholder during the process of effecting the insurance;
- by termination of the insurance contract with a notice period of one month, effective within three months from the date of delivery of the notice of the occurrence of the insured event.
- by the expiry of the insurable interest, or the expiry of the insurance peril;
- on the day of the death of the insured or the day of the refusal to provide indemnity;
- » based on other facts specified by law.

If the policy is canceled before the commencement or during the policy period, the policyholder is entitled to a refund of the unused premium.

The insurer is entitled to a decrease by the costs incurred in connection with effecting and managing the insurance, which usually amount to 20 % of the amount of the premium received.

If the insurance is canceled as a result of an insured event, the insurer is entitled to the full single premium.

5.6 PERSONAL DATA PROTECTION

- a) In the course of administration of the *insurance contract*, personal data are processed. More detailed information on the manner, purpose and period of personal data processing, including any rights that may be exercised in respect of personal data processing, is available on our website under the following link: https://www.colonnade.cz/ochrana-osobnich-udaju/.
- b) Should the *policyholder* be different from *the insured* and/or the *beneficiary*, the *policyholder* is obliged to inform those parties about the rules of personal data processing within 1 month after the date, on which the data were provided to the *insurer*.

5.7 FINAL PROVISIONS

- a) The insurance is governed by the Czech law and any disputes will be submitted to Czech courts.
- b) Should you have any doubts regarding the *insurance* or should you require more information, please contact us at travel@colonnade.cz.
- c) You can submit any objections or complaints in connection with the insurance in the following manner:
 - » by e-mail to stiznosti@colonnade.cz;
 - » in writing to the insurer's address: Colonnade Insurance S.A., branch office, Na Pankráci 1683/127, 140 00 Prague 4, Czech Republic; or to Colonnade Insurance S.A., with its registered office at L-2350 Luxembourg, rue Jean Piret 1, the Grand Duchy of Luxembourg;
 - with the supervisory authority of the insurance industry in the Czech Republic, which is the Czech National Bank, Na Příkopě 28, 115 03 Prague 1, Czech Republic.
- d) Any disputes between *you* as the consumer and *us* concerning the *insurance contract* may be settled out of court through the Czech Trade Inspection Authority (www.coi.cz) or the Office of the Ombudsman of the Czech Insurance Association (www.om-budsmancap.cz).

6. Definitions of terms



Words in italics in the policy or policy conditions have the following meaning:

Accident

A sudden, unexpected and unforeseen event caused by external forces or one's own physical force, independently on your will which occurs during the term of the relevant insurance policy;

Assistance service

A company authorised to act on our behalf in case of a loss event which provides assistance in emergency situations during the trip.

Beneficiary

A person, who is entitled to receive the indemnity or benefit if an insured event occurs;

Comprehensive health care for foreigners

Health care, including preventive and dispensary care, provided to the insured, or to a newborn of the insured, in the insurer's contractual health care facility without direct payment of the cost of treatment by the insured in order to maintain his/her state of health existing prior to effecting the insurance contract. It is negotiated to the maximum extent of the public health insurance, however certain limitations, limits and exclusions are agreed.

Deductible

An amount specified in the insurance contract as a percentage of the indemnity or a fixed amount to be deducted from the indemnity for each insured event.

Duration of cover

A period, for which the insurance is effected, specified in the insurance contract.

Essential and urgent health care for foreigners

Necessary and urgent medical care provided to the insured, or to a newborn of the insured, in the event of an accident or a sudden illness, where a delay may lead to a serious deterioration of health, damage to health or threat to life.

A foreigner is an individual who is not a citizen of the Czech Republic.

Health care facility

A facility which has received a license from a local authority to provide health care services.

Hospitalization

Admission to an inpatient ward of a hospital or another health care facility, which provides inpatient care as an admitted patient, for at least 24 hours:

Indemnity limit

The maximum amount of indemnity specified in the insurance contract or in the insurance conditions.

Illness

A sudden deterioration of your physical health (state of health) which occurs after the commencement of the insurance and which is not a result of a condition or a disorder, in connection with which you have been advised to get a treatment within 6 months before the commencement of the insurance, which requires medical treatment (or veterinary treatment in the case of pets) or hospitalization, and which prevents you or the insured to leave or continue with your trip;

Insurance contract

A contract made between us and you for the coverage hereunder.

Insurer (we - in all derived forms)

Colonnade Insurance S.A., with its registered office at L-2350 Luxembourg, rue Jean Piret 1, the Grand Duchy of Luxembourg, registered in Registre de Commerce et des Sociétés in Luxembourg, registration no. B61605, acting through Colonnade Insurance S.A., branch office, with its registered office at Na Pankráci 1683/127, 140 00 Prague 4, Czech Republic, identification no. 044 85 297, registered in the Commercial Register administered by the Metropolitan Court in Prague, section A, file 77229.

Insured event

A chance event covered by the insurance which occurs during the duration of cover.



6. Definice pojmů



Insurance of agreed sum

is made for the purpose of receiving a sum (a financial amount) as a result of an insured event.

Indemnity insurance

Insurance where the actual damage may be assessed and the amount of indemnity may be determined; multiple insurance policies may not be applied in the case of indemnity insurance.

Medication prescribed as part of outpatient care

Medication prescribed in a GP's office or a specialist in an outpatient care facility.

Nursing care

Providing complex and individualized care to patients with the aim of maintaining or restoring their physical, mental and social health. Such care includes monitoring their state of health, providing treatment, and supporting patients in managing illness, injury, or other health issues. Nursing care can be provided in a variety of health care settings, including hospitals, clinics, nursing homes, and at home. It aims to improve the patients' quality of life and help them achieve the best possible state of health.

Physician

A registered physician who is licensed to practice medicine and who is not a next of kin of yours or of other insured persons', who is not an employee of the policyholder or the insured;

Policy

A document confirming that an insurance contract has been made;

Policyholder

A legal entity or an individual specified as the policyholder in the insurance contract who made the insurance contract with us and is obliged to pay the premium;

Professional athlete

A person playing a professional sport, i.e. the insured receives financial or non-financial remuneration for the sports activities.

Qualifying period

A period of time commencing on the date of commencement of insurance and ending upon the expiry of the period. No entitlement to indemnity arises for damage which occurs during the qualifying period.

The insured (you - in all derived forms)

An individual specified in the insurance contract; the policyholder can also be the insured;

Tourist stay

Within the meaning hereof, it is a stay, during which no occupation involving manual work is performed. Manual work is the performance of a job, business and other gainful activities which involve physically demanding acts, usually performed manually, such as construction and assembly work.

Thank you for choosing Colonnade



