

TRAVEL ABROAD ASSISTANCE INSURANCE **DZI WORLD**

The DZI WORLD Travel Abroad Assistance Insurance provides you with insurance protection in the event of a sudden accident or illness while traveling outside the territory of the Republic of Bulgaria.

We offer you a combination of coverage for various risks, grouped into clauses (packages), which you can freely choose depending on your needs. The insurance can be concluded for a period specified by you but not longer than one year and shall be in line with the Tariffs and General Terms and Conditions of the insurance.

In case of an insured event, we provide you with assistance through an Assistance Company, which is a contracted partner of ours and is authorized to organize and provide 24-hour qualified assistance in accordance with the insurance coverage under the General Terms and Conditions of the insurance.

Our main goal is to guarantee your peace of mind and to assist you in overcoming adverse events through the flexible coverages we offer.

The general terms and conditions are an integral part of the insurance contract, which you will receive when concluding the insurance. They define the insurance cover, the exclusions from coverage, and also inform you about your rights under the contract and the principle of interaction in the event of an insured event.

If you need a consultation with our specialists or if an insurance event occurs, you can contact us through our 24/7 contact center at: 0700 16 166 for calls within the Republic of Bulgaria and +3592 811 2760 for calls from abroad. or by e-mail: clients@dzi.bg, as well as submit a claim to any of our structural units.

PRE-CONTRACTUAL INFORMATION ACCORDING TO THE REQUIREMENTS OF THE INSURANCE CODE

DZI – General Insurance EAD is an Insurer with headquarters in the Republic of Bulgaria and registered office address: Sofia 1463, 89B, Vitosha Blvd.

Users of insurance services may submit complaints regarding claims for payment of insurance benefits to any territorial division of the insurer (Central Office, main agency, agency, office) in writing or by email: clients@dzi.bg. The rules of DZI – General Insurance EAD for settling claims under Art. 104, para. 1 of the Civil Code are published on the company's corporate website: www.dzi.bg in the "Assistance in case of damage" section.

Users of insurance services may file complaints regarding insurance activities with the Financial Supervision Commission and/or other competent state authorities.

Within the territory of the Republic of Bulgaria, disputes related to the provision of insurance services can be considered out of court in proceedings under the Alternative Dispute Resolution (ADR) before the sectoral conciliation commission of the Consumer Protection Commission or through mediation.

The report on the solvency and financial condition of DZI – General Insurance EAD is published on the company's corporate website www.dzi.bg in the "Corporate Sustainability" section.

When selling insurance products, the distributor's remuneration is paid by DZI - General Insurance EAD, as follows:

- Remuneration under the Labor Code for employees of the insurer engaged in direct sales;
- Commission for insurance intermediaries.

Regardless of the nature of the remuneration, it does not change the amount of the insurance premium payable by the user.

Upon the purchase of an insurance product, the Insurer will not provide advice within the meaning of §1, item 56 of the Supplementary Provisions of the Insurance Code

The applicable law for insurance contracts concluded under these General Terms and Conditions is Bulgarian law.

GENERAL TERMS AND CONDITIONS

1. SUBJECT OF INSURANCE

- 1.1.** According to these General Terms and Conditions, DZI - General Insurance EAD, hereinafter referred to as the Insurer, against a paid insurance premium under the DZI WORLD Travel Abroad Assistance Insurance, provides insurance protection to individuals, hereinafter referred to as the Insured, upon the occurrence of certain risks specified in these General Terms and Conditions and recorded in the insurance contract.
- 1.2.** Upon the occurrence of an insured event covered under these General Terms and Conditions, the Insurer provides and organizes assistance to the Insured through its contracted partner - the Assistance Company.

2. INSURED PERSONS

- 2.1.** Bulgarian citizens and foreigners aged over 14 days and up to and including 80 years, on the date of leaving the Republic of Bulgaria, are insured.
- 2.1.1.** Persons over the age of 65 and/or persons with a recognized degree of lost working capacity of up to 50% are insured under conditions that are individually negotiated and taking into account all circumstances relevant to the risk.
- 2.1.2.** Persons with a recognized degree of lost working capacity of 50% or more, as well as persons placed under complete incapacity, are not insured.
- 2.2.** According to these General Terms and Conditions, the following mandatory requirements apply to the Insured:
- 2.2.1** Persons in good health, which allows them to travel, including without violating a doctor's prescription, are insured.
- 2.2.2.** Bulgarian citizens whose purpose of travel is to work abroad are insured provided that they are employed for work abroad by or through an Employment Agency with an address registration in the Republic of Bulgaria and have reached the age of 18 on the date of leaving the country.
- 2.2.3.** Foreign citizens are insured provided that they have the status of long-term or permanent resident in the Republic of Bulgaria.
- 2.2.4.** Foreign citizens with a residence status other than those specified in item 2.2.3. are insured at the discretion of the Insurer.
- 2.3.** In case the stay abroad is related to temporary employment, the Insurer/Insured is obliged to notify the Insurer in writing in advance and to pay an additional insurance premium.

3. CONCLUSION OF THE INSURANCE TERM OF THE INSURANCE CONTRACT. PERIOD INSURED: BEGINNING AND END OF INSURANCE COVER.

- 3.1.** The insurance contract is concluded in writing in the form of an insurance policy or other written document, or in the form of an electronic document, before the start of the trip. The questionnaire proposal, the General Terms and Conditions of Insurance, the issued annexes and all other written documents accepted and signed by the parties, as well as the documents for the paid premium, constitute an integral part of the contract.
- 3.2.** The insurance contract can be concluded:
- 3.2.1.** for a certain period - for a single trip lasting from 1 day to 365 days or
- 3.2.2.** for a fixed or indefinite period - for multiple trips within 12 consecutive months, the duration of each individual trip may be within 31 days, 62 days or 92 days. The selected duration of each trip is recorded in the insurance policy/certificate.
- In contracts concluded for an indefinite period, the insurance period - the period for which the insurance premium is determined - is 1 (one) year. The first insurance period begins on the starting date recorded in the insurance policy/certificate, and each subsequent insurance period begins on the date following the expiration of the previous one.
- 3.3.** For contracts under item 3.2.1., the insurance cover enters into force on the day and time specified as the start date in the insurance policy/certificate, but after crossing the Bulgarian border upon leaving the country. The insurance cover terminates on the day and time recorded as the end in the insurance policy/certificate or upon the Insured Person's return to Bulgaria, whichever of the two events occurs earlier.
- 3.4.** For contracts under item 3.2.2., the insurance cover shall enter into force on the day and time specified as the commencement date in the insurance policy/certificate. For each individual trip, the insurance cover begins after crossing the Bulgarian border upon leaving the country and terminates upon the following events, whichever occurs first: upon expiration of the duration for each trip recorded in the insurance policy/certificate, or upon the return of the Insured to the Republic of Bulgaria.
- 3.5.** For all contracts, insurance cover comes into effect provided that the insurance premium due upon conclusion of the insurance before its entry into force has been paid, unless otherwise is agreed.
- 3.6.** Insurance cover for all contracts terminates:

- 3.6.1.** upon exhaustion of the insured amount/limit for the relevant insurance cover - until the expiration of the current insurance period;
- 3.6.2.** upon expiry of the term for which the insurance contract was concluded;
- 3.6.3.** in the event of a certain loss of working capacity of 50% or more or death of the Insured during the insurance period.
- 3.7.** The Insurer is responsible for the truthfulness, accuracy and completeness of the data declared when concluding the insurance contract. The issuance of an insurance policy/certificate by the Insurer does not exempt the Insurer/Insured from the consequences of inaccurate disclosure or concealment of circumstances of material importance for the risk assessment.
- 3.8.** If the Insurer has knowingly misrepresented or omitted a circumstance, in the presence of which the Insurer would not have concluded the contract if he had known about it, the Insurer may terminate the contract without refunding the premium paid to the Insurer. The Insurer may exercise this right within one month of becoming aware of the circumstance.
- 3.9.** If the deliberately declared inaccurate or omitted circumstance is of such a nature that the Insurer would have concluded the contract, but under different conditions, he may request its amendment within 30 days of becoming aware of the circumstance. If the Insurer/Insured does not accept the proposal for change within two weeks of receiving it, the contract shall be terminated with the consequences under item 3.8.
- 3.10.** When in the cases under item 3.8. or item 3.9. an insured event occurs, the Insurer may refuse to pay insurance compensation in full or in part only if the inaccurately declared or omitted circumstance had an impact on the occurrence of the event or led to an increase in the amount of damages.

If the Insurer is a person other than the Insured, it is sufficient that the hidden circumstance was known to the Insured or, respectively, to the Insurer.

4. TERRITORIAL SCOPE:

- 4.1.** The Insurer provides the Insured with coverage for any trip outside the territory of the Republic of Bulgaria, as well as outside the country of permanent residence and origin of the Insured, if he is a foreigner.
- 4.2.** For contracts under item 3.2.2. and in accordance with item 4.1. the territorial scope of the insurance is worldwide.
- 4.3.** For contracts under item 3.2.1. and in accordance with item 4.1. the territorial scope of the insurance is divided into two zones depending on the final destination of the trip. The area of territorial validity is selected by the Insurer/Insured and is recorded in the insurance policy/certificate. The areas of territorial validity are:
- **Zone 1:** Worldwide except the territories of the USA and Canada.
 - **Zone 2:** Worldwide, including the US and Canadian territories.

5. INSURANCE COVER

The Insurer, through the Assisting Company, provides assistance, covers the costs and/or pays compensation to the Insured upon the occurrence of an insured event abroad up to the agreed and recorded limits in the insurance policy/certificate.

The Insured/Insurer may add individual or a group of additional coverages to the Basic Insurance Coverage. The selected insurance coverages are recorded in the insurance policy/certificate.

5.1. Main Cover

The total limit for all risks included in the scope of Basic Cover is up to the amount of the limit selected by the Insurer/Insured and recorded in the insurance policy/certificate for Medical Expenses due to an accident or acute illness.

5.1.1. Medical expenses due to an accident or acute illness

5.1.1.1. Expenses related to emergency medical care, including for:

- medical transportation to a specialized medical facility;
- medical examination, hospitalization, including surgical intervention;
- purchase of prescribed medications in connection with the diagnosis (excluding the costs of fitting prostheses of any nature).

5.1.1.2. Emergency dental care costs due to:

- Accident;
- an acute inflammatory process in the oral cavity for which an accurate diagnosis can be made (pulpitis, periodontitis or abscess).

The limits for emergency dental care are as follows:

- 200 Euros with a selected limit for Medical Expenses in the amount of 5,000 Euros;
- 400 Euros with a selected limit for Medical Expenses over 5,000 Euros.

In the event that, after the initial medical examination and related tests, it is established that the event that occurred is not covered under these General Terms and Conditions, the Insurer covers the costs of the medical examination and tests performed, but does not owe payment for subsequent medical expenses in connection with the specific condition of the Insured.

5.1.2. Repatriation costs

In the event of an accident or acute illness of the Insured abroad, the Insurer/Assisting Company organizes and pays for his repatriation to the Republic of Bulgaria.

Repatriation costs incurred without the prior approval of the Insurer/Assistance Company are not covered or reimbursed.

5.1.2.1. Repatriation of the Insured to a hospital in the Republic of Bulgaria for the purpose of continuing treatment.

The Insurer/Assisting Company determines whether the condition of the Insured allows his repatriation as a regular passenger or whether it needs to be carried out under special conditions and with specialized transport based on the medical information provided in the case.

In the event that the Insured refuses repatriation, the Insurer/Assistance Company terminates payment of medical expenses. The insured retains the right to be repatriated at a later stage at his/her request, provided that the hospitalization is not interrupted.

5.1.2.2. Transportation of mortal remains

In the event of the death of the Insured abroad, the Insurer/Assisting Company organizes and covers the costs of transporting the body or mortal remains from the place of death to a specified place in the Republic of Bulgaria, while the costs of storing mortal remains and burial are not covered.

5.1.3. Funeral abroad

In the event of the death of the Insured abroad as a result of an accident or acute illness, the Insurer/Assisting Company pays the heirs or beneficiaries specified in the policy up to 2000 (two thousand) Euros for burial at the place where the Insured died.

5.1.4. Search and rescue costs

In the event that the Insured goes missing or there is a direct danger to his life as a result of an accident or acute illness, the Insurer/Assistance Company covers up to 2000 (two thousand) Euros for the costs of his search and rescue by local specialized services.

5.1.5. Delivery of necessary medications

In the event that, according to a doctor's prescription, the Insured requires medication that cannot be found at his place of stay abroad, the Insurer/Assisting Company ensures the procurement (delivery) of these medications or equivalent medications that can be found at the place where the Insured is located.

Only the costs of delivering the necessary medications are covered, with the cost of the drugs being excluded from cover.

5.1.6. Transmitting emergency messages

In case of an insured event changing the Insured Person's preliminary travel plan, the Insurer/Assistance Company organizes the transmission of all messages to the Insured Person's family and relatives or to persons related to his/her work.

5.1.7. Organizing a visit for a relative of the Insured in the event of hospitalization

If, as a result of an acute illness or accident, the Insured is hospitalized for more than 7 consecutive days abroad, the Insurer/Assisting Company, at the request of the Insured, organizes a visit for his relative (or another person indicated by him) from the Republic of Bulgaria and covers travel expenses up to the amount of a round-trip economy class plane ticket.

5.1.8. Hotel accommodation costs for a minor

When, as a result of an accident or acute illness, the Insured is hospitalized abroad, and the hospital stay continues after the date of his planned return to the Republic of Bulgaria and in the event that the Insured is accompanied by a underage family member (child under 18 years of age), the Insurer/Assisting Company organizes the accommodation and covers the costs of the minor's hotel stay.

The limit of this cover is 50 Euros per day for no more than 7 consecutive days for all events during the insurance period.

5.1.9. Repatriation of a minor

In the event that the Insured must be hospitalized abroad or repatriated to the Republic of Bulgaria as a result of an accident or acute illness, the Insurer/Assisting Company organizes and covers the costs of returning to Bulgaria of minors accompanying the Insured at the time of the occurrence of the insured event, provided that there is no other adult to take care of them.

The limit of this cover is up to travel expenses (economy class plane ticket), as well as the costs of an accompanying person approved by the Insurer/Assisting Company up to 250 Euros during the insurance period.

5.1.10. Daily allowance for hospital stay

In the event of an acute illness or accident abroad, the Insurer/Assisting Company organizes the hospitalization of the Insured and covers his personal expenses for the period of hospital stay at the rate of 10 Euros per day for no more than 10 consecutive days.

5.2. Additional Covers

5.2.1. Accident cover

5.2.1.1. Death due to an accident

If the Insured dies abroad as a result of an accident, the Insurer pays the beneficiaries listed in the policy the amount agreed upon in the insurance policy/certificate.

Minors (up to 14 years of age), as well as persons with a loss of working capacity of 50% or more, are not insured under this cover.

5.2.1.2. Permanent loss of working capacity due to an accident

In the event that during his stay abroad the Insured suffers an accident leading to permanent loss of working capacity, the consequences of which have manifested themselves within 12 (twelve) months from the date of the event, the Insurer pays compensation.

The amount of compensation is determined as a percentage of the insured amount under item 5.2.1. and is equal to the percentage of lost working capacity, and cannot exceed the amount recorded in the insurance policy/certificate under item 5.2.1.

The state of permanent loss of working capacity is established by the Medical Expert Commission or the National Medical Expert Commission and/or by the relevant competent medical authorities abroad.

In case the Insurer has paid compensation under item 5.2.1.2. and the death of the Insured occurs within one year from the date of the accident, the compensation due under item 5.2.1.1. shall be reduced by the amount of the compensation already paid.

5.2.2. Cover "Unforeseen return to the Republic of Bulgaria"

The Insurer/Assisting Company organizes and pays the additional costs incurred as a result of the Insured Person's unforeseen return to the Republic of Bulgaria by plane (economy class ticket) or train (first class ticket), provided that the Insured Person's regular return ticket cannot be used for this purpose, in the cases of:

- a)** serious illness or death of a relative or family member of the Insured in the Republic of Bulgaria;
- b)** serious illness or death of a member of the Management Board of the company in which the Insured works in the Republic of Bulgaria, provided that the same is a member of the Management Board of this company;
- c)** material damage to the Insured Person's home as a result of a fire or natural disaster;
- d)** material damage resulting from a fire or natural disaster to the building (administrative, commercial, production or warehouse premises) of the company in which the Insured works in the Republic of Bulgaria, provided that the Insured is a member of the Management Board of this company.

The Insurer's liability under this cover is for one event during the term of the insurance - for contracts under item 3.2.1., respectively for one insurance period for contracts under item 3.2.2.

5.2.3. Baggage and Documents Cover

5.2.3.1. Damage, theft or loss of personal documents (ID card, passport, visa or bank card) – in the event that during a trip and/or stay abroad, any of the above personal documents of the Insured is damaged, stolen or lost, the Insurer/Assisting Company pays the costs of issuing an alternative document/duplicate in the amount of up to 200 Euros.

The Insurer/Assisting Company assists the Insured in blocking his bank account, provides advice on the actions that need to be taken and assists in relations with the relevant state, administrative, police and other authorities, as well as banking services.

5.2.3.2. Delay and loss of luggage

When traveling abroad for a stay longer than 3 days, the Insurer covers expenses up to 100 Euros for the purchase of essential items (clothes and toiletries), in the event that the luggage, registered simultaneously with the Insured for the relevant flight, does not arrive at the point indicated in the plane ticket as the final destination within 48 hours. In the event that the luggage is not delivered after 48 hours, the Insurer covers additional costs for purchasing essential items up to 250 Euros, with a limit for one individual item of up to 100 Euros.

The loss of hand luggage carried by the Insured in the cabin of the aircraft, as well as the loss of luggage if it is detained, confiscated or reasonably destroyed by customs authorities, is not covered.

5.2.3.3. Baggage search

In the event of loss or misdirection of the Insured Person's luggage by a licensed air carrier, the Insurer/Assisting Company shall organize the search and, if found, shall organize the delivery of the luggage to the place where the Insured is staying.

5.2.4. Flight Delay Cover

If the departure of the Insured on a confirmed scheduled flight is delayed for six hours or more, or the flight is canceled, or due to lack of seats, the Insured cannot board the plane to the Republic of Bulgaria, and within these six hours the air carrier cannot provide him with alternative transportation, the Insurer/Assisting Company covers the Insured Person's actual expenses for groceries and essential goods, up to 100 Euros.

5.2.5. Legal aid

The Insurer/Assisting Company covers, up to the limit stated in the insurance policy/certificate, the Insured Person's expenses for a lawyer/legal expert and organizes his legal defense in the event that a legal claim is filed against the Insured, according to the laws of the country in which he resides. Court bail costs, as well as claims arising from the ownership and use of a motor vehicle, vessel, weapon or real estate, are not covered.

5.2.6. Liability to third parties

The Insurer/Assisting Company covers, up to the limit stated in the insurance policy/certificate, awarded compensation that the Insured is obliged to pay to third parties as a result of material damage to their property or bodily injury caused by him, in accordance with the current civil legislation of the country in which he resides.

Claims arising from the ownership and use of a motor vehicle, vessel, weapon or real estate are not covered.

The insurance indemnity is paid to the injured person, respectively to his heirs or to the Insured, when with the consent of the Insurer he has compensated the injured person.

5.2.7. Theft from home

During the Insured Person's stay abroad, the Insurer provides cover up to 2,500 Euros against theft by burglary, robbery and theft, committed by technical means, of household property from the Insured Person's residence in the Republic of Bulgaria. The address of the insured household property is considered to be the permanent or current address of the Insured, as indicated in the policy. The insurance cover is valid only if the Insured Person's home has not been uninhabited for more than 30 consecutive days.

6. LIMITS OF LIABILITY

- 6.1.** The insurance liability limits are negotiated separately for the main and additional coverages and are recorded in the insurance policy/certificate.
- 6.2.** The liability of the Insurer under each cover, for all events during the term of the insurance - for contracts under item 3.2.1. and for one insurance period, respectively for contracts under item 3.2.2., is until the limit is exhausted, regardless of the number of events that have occurred.

7. EXCLUSIONS

The Insurer does not provide insurance cover, does not pay insurance compensation and does not provide any other benefit under these General Terms and Conditions to persons who, to any extent, violate the accepted and applicable norms for trade and economic sanctions of the United Nations and/or the European Union and/or the European Economic Area and/or the United Kingdom and/or the USA and/or other applicable national economic or trade laws or regulations.

The Insurer is not liable /does not provide coverage and does not owe compensation/, nor does it owe compensation in any other form under these General Terms and Conditions, in countries or economic zones against which trade and economic sanctions have been imposed pursuant to UN resolutions, or trade and economic sanctions, laws or regulations of the European Union, the United Kingdom, the United States and the Republic of Bulgaria.

The Insurer shall not make payments to bank accounts under these General Terms and Conditions in countries or economic areas that are subject to trade and economic sanctions applied pursuant to UN resolutions, or trade and economic sanctions, laws or regulations of the European Union, the United Kingdom, the United States and the Republic of Bulgaria.

The Insurer reserves the right to refuse payment of insurance indemnity or insurance sum to any private person or legal entity (including the ultimate beneficial owners of such legal entities) who are subject to restrictions, prohibitions, or sanctions imposed under national or international legislation aimed at preventing money laundering and terrorist financing. This includes cases where such persons are listed in the 'Specially Designated Nationals and Blocked Persons' list published periodically by the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury, in public lists of the European Union, or in other lists issued by relevant regulatory authorities, including sanction lists of the United Nations and local sanction lists.

The Insurer is released from their liability for delay or failure to perform its obligations under these General Terms and Conditions if they are a consequence of: strike, demonstration, restriction of free movement, sabotage, terrorism, civil war or war (regardless of whether declared or not), the consequences of radioactive radiation or other manifestation of Force Majeure.

The insurance does not cover:

- 7.1.** Medical or other expenses incurred in connection with an event of which the Insurer/Assisting Company was not notified within 3 working days of its occurrence and/or which were not approved/confirmed by it;
- 7.2.** Expenses incurred in the Republic of Bulgaria or in the country of permanent residence of the Insured or outside the period of insurance cover;

- 7.3.** Expenses for medication and treatment of an illness known prior to the date of departure, as well as existing chronic illnesses, except in cases where the symptoms are sudden, acute and immediately life-threatening to the Insured;
- 7.4.** Expenses for treatment related to pregnancy and/or complications arising from it, including costs of childbirth or abortion. Only medical expenses related to saving the life of the pregnant woman and/or the child are covered in the event that, at the date of departure abroad, there are two months left until the due date determined by the doctor;
- 7.5.** Any expenses covered under these General Terms and Conditions, if the purpose of the trip, as stated in the insurance policy/certificate, does not correspond to the actual purpose of the trip; if the trip was undertaken in violation of a medical prescription or for the purpose of treatment of the Insured abroad; if it is established that the Insured resides for a long time (more than 12 months) in the country of occurrence of the insured event; as well as in the event that an insurance contract was concluded after the start of the trip and within 48 hours an insured event occurred.
- 7.6.** Costs for vaccinations and immunizations, routine medical examinations and tests, including prophylactic or unrelated to an event covered under these General Terms and Conditions;
- 7.7.** Dental treatment expenses related to preventive examinations, replacement of fillings, placement or repair of dentures, implants, crowns or bridges;
- 7.8.** Costs for the removal of physical defects and anomalies; application of cosmetic products or procedures, aesthetic surgery; rehabilitation and physiotherapy, sanatorium-resort or other similar treatment, as well as costs for prostheses and corrective devices;
- 7.9.** Expenses for treatment, examination, medication, transportation, hospital stay, etc., when the services are provided by a member of the Insured Person's family or household or the expenses incurred significantly exceed the usual and generally accepted expenses in connection with the insured event that occurred;
- 7.10.** Expenses for treatment of mental, neuropsychiatric illnesses and neuroses of any nature, for psychoanalysis, psychotherapy and for treatment of alcoholism and drug addiction;
- 7.11.** Expenses incurred directly or indirectly as a result of diagnosis or treatment of sexually transmitted diseases, venereal diseases, AIDS and the AIDS-related complex (A.V.S);
- 7.12.** Suicide or attempted suicide of the Insured, intentional self-harm or deliberate exposure to danger, except in cases where the Insured puts his life and health in danger in order to save another person;
- 7.13.** Expenses incurred as a result of: the use of alcohol, narcotics or other intoxicating substances or their analogues; illegal, unlawful actions or hooliganism committed by the Insured; driving a motor vehicle without a driver's license; participation in civil unrest, protests, etc.; resistance to a government body;
- 7.14.** Loss, damage, death, disability or expense caused by: war (whether war is declared or not), civil war, revolution, insurrection, rebellion, civil commotion or act of terrorism; air travel other than as a passenger on a scheduled or chartered flight with a valid ticket for travel; ionising radiation or contamination by radioactive, toxic, explosive and other hazardous materials from explosive nuclear components; air pressure waves caused by aircraft and other aircraft moving at the speed of sound or supersonic speed;
- 7.15.** Death occurring during the execution of a death sentence;
- 7.16.** Fines or other penalties imposed on the Insured;
- 7.17.** Liability for transmission of a contagious disease;
- 7.18.** Compensation for the risk of "Permanent loss of working capacity as a result of an accident", as well as expenses for medical care and treatment of persons with a recognized degree of lost working capacity of 50% or more (%);
- 7.19.** Expenses incurred as a result of practicing any type of amateur sport in the following cases:
- 7.19.1.** The insured has not taken the necessary safety measures and is not provided with the necessary equipment and gear for the purpose.
- 7.19.2.** lack of a certificate certifying the skills of the Insured and their level, for the types of sports for which such certificates apply.
- 7.19.3.** practicing winter sports outside the designated, categorized, secured and specially marked ski slopes (including outside training ski slopes for beginners);
- 7.19.4.** caving (spelunking or speleology), when the Insured is not a member of a caving association or when specialized techniques and equipment for penetrating caves and chasms are not used;
- 7.19.5.** scuba diving, when practiced by persons without a diving certificate, as well as by certified persons without the appropriate diving equipment;
- 7.19.6.** mountaineering or mountain climbing, when climbing uncategorized alpine sites and not using ropes or other specialized technical equipment
- 7.19.7.** practicing all types of motor sports, sport climbing, ice climbing, bouldering, heliskiing, heliboarding, mountain boarding, longboarding, skateboarding, sandboarding, zorbing, street sledding, roller derby, vertical roller skating, highlining, air racing, extreme pogo, wingsuit jumping, bocking (stilt jumping), tricycle racing, base jumping, parkour; paragliding, hang

gliding and parachuting; participation in expeditions to places characterized by extreme climatic and/or natural conditions, such as deserts, high mountains (over 5,500 meters above sea level), semi-desert areas, jungles, the Arctic and Antarctica;

- 7.20. Expenses and/or benefits payable under other insurance policies, compulsory and/or voluntary health insurance, or other mechanisms for providing medical care;
- 7.21. Loss or delay of luggage upon the Insured Person's return to Bulgaria, as well as luggage for which the Insured does not have a document issued by the relevant airport services;
- 7.22. Minors (up to 14 years old) against the risk of "Accidental Death";
- 7.23. Medical expenses related to the Insured Person's participation in scientific research or clinical trials of medicinal products.
- 7.24. Under the "Theft from Home" clause:
 - 7.24.1. seizure of property stored outside the locked premises at the address specified in the insurance policy/certificate;
 - 7.24.2. unexplained disappearances of property, as well as theft, without the presence of a break-in or trace of the use of a technical device;
 - 7.24.3. fraud or attempted fraud, staging of an insurance event;
 - 7.24.4. committing theft by passing through unlocked doors, unclosed windows and unprotected passageways of the building (premises);
 - 7.24.5. event, if at the date of its occurrence the dwelling in which the insured property was located was uninhabited, without supervision or security for more than 30 consecutive days.
- 7.25. Any costs incurred:
 - a) as a result of an epidemic or pandemic declared by the relevant official authorities, including World Health Organization, excluding medical expenses caused by SARS-CoV-2/ Covid-19;
 - b) when traveling to a region and/or country for which there is a warning from the Bulgarian or local official authorities for their immediate departure, classified as risk level V by the Ministry of Foreign Affairs of the Republic of Bulgaria.

8. INSURANCE PREMIUM AND METHOD OF PAYMENT

- 8.1. The amount of the insurance premium is determined in Euros.
- 8.2. The insurance premium is paid once, upon conclusion of the insurance contract. No deferred payment of the premium is permitted unless otherwise agreed in writing in the insurance policy/certificate.
- 8.3. The insurance premium can be paid in cash, by bank transfer or through electronic payment systems approved by the Insurer.

9. EARLY TERMINATION OF THE INSURANCE POLICY

The insurance may be terminated early in the following cases:

- 9.1. By mutual agreement between the parties, expressed in writing.
- 9.2. At the request of the Insurer/Insured – at the Insurer's office by the end of the working day preceding the date recorded as the start of the insurance policy/certificate, respectively before the start of the next insurance period for contracts under item 3.2.2.
- 9.3. Unilaterally by the Insurer through one month's written notice to the Insurer/Insured. The notice period begins to run from the date of its receipt.

10. CLAIMS PROCEDURE

- 10.1. Immediately, but no more than 3 /three/ business days after the occurrence of the insured event, the Insured is obliged to contact the Insurer/Assisting Company through the 24-hour DZI customer service center at tel. +359 0 700 16 166 for calls within the Republic of Bulgaria and +3592 811 2760 for calls from abroad.

The Insurer/Assisting Company provides the Insured with: names of doctors, dentists, addresses of hospitals, medical centers, pharmacies, ambulances, etc., as well as provides instructions on the actions to be taken in each specific case.

- 10.2. The Insurer/Assisting Company organizes the provision of the medical and other services necessary for the Insured and pays the relevant providers the costs incurred for the purpose up to the limits determined in accordance with these General Terms and Conditions and recorded in the insurance policy/certificate.

If the Insured refuses to comply with any of the instructions of the Assisting Company or the treating physician, the Insurer is released from liability. Subsequent expenses incurred after the date of cancellation shall remain at the expense of the Insured.

- 10.3. When submitting a claim to the Insurer for payment of compensation in connection with an insured event, the Insurer/Insured or the Entitled Person fills out a notification following the Insurer's template and submits all necessary documents.
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- 10.3.1.** When submitting a claim for reimbursement of costs for transportation of mortal or cremated remains of the Insured, the Insurer/Eligible Person shall submit a Death Certificate and a Medical Certificate (expertise) regarding the cause of death, issued by the relevant medical and other competent services.
- 10.3.2.** When making a claim in relation to the "Delay and loss of baggage" cover, the Insurer requires the original receipt for checked baggage; a declaration of lost baggage/protocol/certificate issued by the representative office of the carrier airline at the relevant airport, as well as the original payment documents for the purchased essential items.
- 10.4.** In cases where the Insured has independently covered the costs subject to a claim under this insurance, the Insurer has the right to request additional evidence establishing the basis and amount of the claim.
- 10.5.** All submitted documents should be written in one of the following languages: English, French, German or Russian. For documents written in a language other than those specified, the Insurer requires the originals to be translated into Bulgarian by a licensed translator. The costs of translating such documents are at the expense of the Insured.
- 10.6.** In the event that upon the occurrence of an insured event it is established that the Insured has other valid insurance contracts covering the costs subject to compensation under this insurance, the Insurer shall be liable in such proportion as the insurance sum/limit agreed upon under the insurance relates to the total insurance sum of all valid insurances. This does not apply to the payment of compensation under items 5.2.1.1 and 5.2.1.2.
- 10.7.** For the settlement of claims under insurance contracts concluded on the basis of these General Terms and Conditions, the internal rules and procedures for managing insurance claims adopted by the Insurer shall apply.

11. RELATIONSHIPS BETWEEN THE PARTIES - OBLIGATIONS OF THE INSURED

- 11.1.** Upon the occurrence of an insured event, the Insured is obliged to take the necessary actions to limit the damages from the insured event, as well as:
- 11.1.1.** Immediately, but no later than 3 business days after the occurrence of the insured event, notify the Insurer/Assisting Company, as well as follow the instructions provided, including regarding the medical facility and doctor to whom to contact.
- 11.1.2.** To inform the Insurer/Assisting Company of their full names, personal identification number, insurance policy/certificate number, their location and the nature of the problem.
- 11.1.3.** At the request of the Insurer/Assisting Company, to provide additional information in order to fully clarify the circumstances that led to the occurrence of the insured event in order to determine the amount of compensation.
- The Insurer/Assisting Company has the right, if necessary, to receive information stored by the general practitioner, medical and healthcare institutions that have provided medical services to the Insured, releasing these persons from the obligation of confidentiality and professional secrecy for the specific case.
- 11.1.4.** In cases where the Insured has independently covered the costs subject to a claim under this insurance, he must notify the Insurer within 7 working days after his return.
- 11.1.5.** With regard to the "Third Party Liability" cover, the Insured must notify the Insurer within 7 business days of becoming aware of an event that may give rise to a claim for compensation against the Insured.
- 11.2.** When submitting a written claim (using the notification form) to the Insurer, the Insured shall provide complete and accurate details of the bank account to which payments should be made by the Insurer. This provision also applies to cases where the Insurer owes compensation to the legal heirs or Entitled Persons.
- 11.3.** The Insured/Eligible Person shall notify the Insurer of any change to his/her bank account before the payment of the insurance benefit is made. A change in the bank account that has not been notified in writing to the Insurer does not bind the Insurer. Failure to provide a bank account has the consequences of a delay on the part of the creditor and the Insurer does not owe interest on the insurance indemnity.
- 11.4.** If the Insured fails to fulfill his obligation under these General Terms and Conditions, as a result of which an insured event occurs, or prevents the establishment of the causes of an insured event, or presents documents with false content, relating to a claim filed or the circumstances of the occurrence of the insured event, the Insurer has the right to refuse the claim or to pay insurance compensation in a smaller amount.

12. RELATIONSHIP BETWEEN THE PARTIES - OBLIGATIONS OF THE INSURER

- 12.1.** Upon the occurrence of an insured event, the Insurer is obliged to:
- 12.1.1.** Directly or through the Assisting Company to organize the provision of the necessary services to the Insured/Eligible Persons.
- 12.1.2.** To accept the written notification, the documents attached to it and to register an insurance file (claim) in cases where the expenses covered by the insurance have been paid by the Insured or upon payment of compensation to the legal heirs/Eligible Persons.
- 12.1.3.** To record the date of each filed claim, as well as to record the date of subsequent receipt of each document related to it and to certify each of these circumstances to the person who filed the claim.

12.1.4. To notify in writing the person entitled to receive insurance compensation of the necessary documents that he/she should submit to prove the claim on grounds and amount.

12.1.5. Within 15 working days from the submission of all required documents to establish the basis and amount of the claim, to pay compensation to the Insured/Eligible Person or to send a written reasoned refusal to pay compensation to the address of the Insured/Eligible Person, recorded in the notification as the correspondence address.

12.2. Upon receipt of a complaint from the Insured/Eligible Person against the determined amount of insurance compensation/refusal to pay insurance compensation, the Insurer is obliged to provide a factual and legal justification for its decision in writing within 7 days.

13. APPLICABLE LAW, LIMITATION, JURISDICTION

13.1. The rights and obligations under the insurance contract in connection with the payment of the insurance indemnity shall expire after a 3 (three) year statute of limitations.

13.2. The Insurer's claim in respect of an insurance premium shall be repaid within three years from the date of the relevant maturity.

13.3. Disputes between the parties under insurance contracts concluded on the basis of these General Terms and Conditions shall be resolved voluntarily through negotiations, and in the event of failure to reach an agreement - by the competent court in accordance with the current civil legislation of the Republic of Bulgaria.

14. COMPLAINTS

14.1. The policy of DZI – General Insurance EAD for managing complaints of users of insurance services is determined by the "Rules for Handling Complaints", approved by the Management Board of the company and published on www.dzi.bg.

14.2. Users of insurance services of DZI – General Insurance EAD have the opportunity to file complaints at any stage of their service:

- via the feedback platform on the corporate website of DZI – General Insurance EAD www.dzi.bg;
- on the official e-mail of DZI – General Insurance EAD clients@dzi.bg.
- in each structural unit of DZI – General Insurance EAD (Central Administration, Main Agency, Agency and/or Office) in writing.

14.3. When a user of insurance services files a complaint, an incoming number is assigned, which is provided to him in a manner convenient for him. The sender is required to provide a current address and/or e-mail for feedback, to which he/she can receive a written response from the Insurer, as well as a contact telephone number in case he/she needs further clarification of the circumstances.

14.4. A written response shall be sent to the user of insurance services within 1 month from the date of submission of the complaint.

14.5. In case of refusal to accept the complaint, the Insurer shall state its reasons for refusal, indicating the possibilities of the complainant to seek protection of his rights before the Financial Supervision Commission, as well as before other competent institutions.

15. FINAL PROVISIONS

15.1. The parties will consider the information provided to them in connection with the insurance contract to be a commercial and insurance secret and will not provide it to third parties, except in cases provided for by law.

15.2. All relationships between the parties regarding the conclusion, amendment and termination of the insurance contract shall be carried out in writing.

15.3. In case of any discrepancy between the insurance contract and these General Terms and Conditions, the terms agreed in the insurance contract shall prevail.

15.4. When interpreting the texts of these General Terms and Conditions in a foreign language, the text in Bulgarian shall prevail.

16. DEFINITIONS

The terms used in these General Terms and Conditions have the following meanings:

INSURER – a natural or legal person who is a party to the insurance contract. The Insurer may, under the terms of the insurance contract, also be the Insured or the Beneficiary.

INSURED PERSON/INSURED – an individual whose property and non-property interests are subject to insurance protection under the insurance contract. The Insurer and the Insured may be the same person or different persons.

BENEFICIARY – a person other than the Insured and specified by the Insurer, who, under certain conditions, has the right to receive insurance compensation upon the occurrence of an insured event.

INSURED EVENT – occurrence of a covered risk under the insurance within the insurance cover period.

INSURANCE POLICY/CERTIFICATE – a bilaterally signed written document proving the existence of a concluded insurance contract for the DZI WORLD insurance assistance when traveling abroad.

LIMIT OF LIABILITY/SUM OF INSURANCE is the amount of money agreed upon under these General Terms and Conditions and recorded in the insurance policy/certificate, representing the upper limit of the liability of the Insurer to the Insured or the Beneficiary.

ASSISTANCE COMPANY – a contractual partner of DZI, which is authorized to organize and provide the Insured Person with 24-hour qualified assistance in accordance with the insurance cover under these General Terms and Conditions.

ACUTE ILLNESS – a sudden and unpredictable illness that occurred after the insurance was concluded during the insured person's stay in a foreign country and required the provision of emergency or urgent medical care.

ACCIDENT – a sudden and unforeseeable event that occurred against the will of the Insured, occurred during the period of validity of the insurance and caused bodily injury or death of the Insured.

EMERGENCY DENTAL CARE – dental treatment for severe pain due to bodily injury in an accident or for acute inflammatory processes in the oral cavity for which an accurate diagnosis can be made (pulpitis, periodontitis or abscess).

BODILY INJURY – physical injury to the Insured, caused as a result of an accident that occurred after the start of the trip outside the borders of the Republic of Bulgaria.

PERMANENT LOSS OF WORKABILITY DUE TO AN ACCIDENT is a permanently reduced and determined percentage or completely lost ability to perform work activities as a result of an accident.

CLAIM – a request submitted by the Insured/Eligible Person to the Insurer in connection with an event that occurred, covered under these General Terms and Conditions.

RELATIVES - ascending and descending lines of the Insured, spouse, brothers, sisters, children, parents.

ACT OF TERRORISM – the use of force or violence and/or threat directed against a person or group of persons, whether acting alone or on behalf of an organization or government, carried out for political, religious, ideological or other similar reasons, including the intention to influence the government of the country and/or to put the public or a section of it in fear.

BAGGAGE – items or personal belongings of the Insured and registered for carriage by a licensed airline carrier, for which a baggage check has been issued.

EXTREME SPORTS – a sport, the practice of which is associated with increased risk and strong sensations.

COMPETITIVE OR PROFESSIONAL SPORTS – regular and intensive training for the purpose of participating in competitions, as well as sports events and camps as part of membership in sports clubs, unions and organizations, regardless of whether the Insured receives income or not as a result of his/her sports activities.

FORCE MAJEURE – a circumstance entirely dependent on and due to unforeseeable or unpredictable events or factors, independent of the will or actions of one or more persons and, in this sense, unpreventable.

THESE GENERAL TERMS AND CONDITIONS HAVE BEEN ADOPTED BY THE MANAGEMENT BOARD OF DZI - GENERAL INSURANCE EAD EFFECTIVE SINCE: 10.05.2021, AMENDED AND SUPPLEMENTED ON 03.04.2023, IN FORCE FROM 10.04.2023
, AMENDED AND SUPPLEMENTED ON ~~24.11.2025~~, IN FORCE FROM 01.01.2026