

Insurance Terms and Conditions for the Tomorrow Plus account model
VB-RKS 2026 (Tomorrow Plus)

We are HanseMerkur Reiseversicherung AG, based in Hamburg and BD24 Berlin Direkt Versicherung AG, based in Berlin. The policy holder is Tomorrow GmbH, which has concluded the insurance contract with us.

You are the insured person, as long as you are an account holder with our policyholder. We refer to the insured person in these Insurance Terms and Conditions as "you". These Insurance Terms and Conditions apply to the policyholder and the insured person.

In the interests of readability, masculine grammatical forms are generally used. They include all genders. Your Insurance Terms and Conditions consist of 5 sections.

In Section I, you will find information about the insured persons, deadlines for taking out the insurance and premium payments in particular. Section II sets out the scope of benefits of the insurance policies.

Section III contains an excerpt from the German Insurance Contract Act (VVG). Additional information about the travel insurance can be found in Section IV.

Section V explains the insurance cover for theft of mobile phones.

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Sections I and III apply to all the types of insurance. Section IV applies to the travel cancellation insurance, travel curtailment insurance and emergency insurance. Section V applies to the mobile phone theft insurance.

Section I – General Provisions

1 Insurance cover

1.1 Who is covered by the insurance?

- 1.1.1 The
- travel cancellation insurance and travel curtailment insurance
 - foreign travel health insurance
 - flight and luggage delay insurance
 - emergency insurance
 - luggage insurance
 - ticket insurance
- covers the holder of an existing account with Tomorrow Bank and their family, i.e. one additional adult and any children under the age of 18, up to a total of 6 persons. Children of adult age are insured up to their 27th birthday as long as they are still in education.
- 1.1.2 If the holder of the existing account with Tomorrow Bank is not travelling themselves, only the following persons are deemed to be insured:
- a) Adults:
- spouse or partner cohabiting with the cardholder.
- b) Children:
- biological children of and children living in the same household as the cardholder up to their 18th birthday.

- 1.1.3 For travel with the cardholder, the following persons are also deemed to be insured:

a) Other accompanying adults:

spouse, civil partner, partner not living in the same household, brothers-in-law, sisters-in-law, brothers, sisters, half brothers, half sisters, step brothers, step sisters, parents, grandparents, step parents, adoptive parents, parents-in-law, and adult children of the cardholder and of the adults listed here.

b) Accompanying children:

biological children, adopted children, step children, grandchildren and children-in-law of the cardholder and of the persons listed under a) up to their 18th birthday; adult children up to their 27th birthday as long as they are still in education.

- 1.1.4 Persons who have their permanent place of residence in the Federal Republic of Germany, a Member State of the EU or in Norway, Iceland or Liechtenstein are insurable. If a person does not meet the requirements of insurability, no insurance cover is provided.

- 1.1.5 Persons who:
- work for reward as a construction worker or sports person if the travel is for professional purposes;
 - are permanently dependent or are permanently unable to participate in normal life are not insurable and are not insured despite premium payments.
- Assessment of participation in normal life requires consideration in particular of the person's mental condition

and their objective

living circumstances. A person is dependent if they largely require the help of other people for normal activities of daily life.

1.1.6 The

- mobile phone theft insurance

covers the registered account holder under the Plus account model (hereinafter referred to as the "account holder") for whom the policyholder is required to pay an insurance premium.

1.2 When does the cover begin and end?

1.2.1 Your cover for

- travel cancellation insurance and travel curtailment insurance
- foreign travel health insurance
- flight and luggage delay insurance
- emergency insurance
- luggage insurance
- ticket insurance

commences when you make use of the account, provided that the account contract has come into force. This occurs on your first use of the account (e.g. for account transactions, withdrawal of money from a cashpoint). No benefits are provided for insured events that occur before the start of the insurance cover.

1.2.2 Your cover for

- mobile phone theft insurance

commences at the time of effective conclusion of the Plus account model.

1.2.3 The insurance cover ends

- at the time of termination of the account contract;
- for all insured persons on the death of the account holder. In the case of the death of the account holder when travelling, the insurance cover for the other insured persons remains in place until the end of the current trip.

Note: Please also note the information about the start and end of the respective insurance cover in Section II.

1.3 What trips are covered by the insurance?

The insurance cover applies to all travel abroad, unless the provisions of Section II stipulate otherwise.

Abroad within the meaning of these Terms and Conditions is anywhere except the territory of the Federal Republic of Germany and the territory of the state in which the insured person has their permanent place of residence.

Note: The scope of cover of the individual types of insurance described in Section II must also be observed.

1.4 When do we pay the compensation?

1.4.1 We make compensation payments within 2 weeks. The preconditions are:

- that our obligation to perform is established in terms of both grounds and amount;
- that the necessary evidence is available to us – this becomes our property.

This period is suspended as long as we are unable to assess your claim for reasons for which you are responsible.

1.4.2 We convert your costs in any foreign currency into EUR at the exchange rate on the day on which we receive the receipts. The official exchange rate applies, unless you bought the foreign currency to pay invoices at a less favourable rate. We may deduct the following costs from your benefit:

- costs for the transfer of benefits abroad;
- costs for special forms of transfer that you have commissioned.

1.4.3 You may also have travel insurance cover with other insurers. This may be statutory health insurance or another private

insurer. If you therefore have claims with other insurers, these take precedence.

You are entitled to no more than the actual costs incurred. If you have a claim to a benefit from several insurers, you can choose the insurer with which you file the claim.

If you report the claim to us first, we will reimburse the costs insured under this policy. We will then clarify with the other insurers whether and how they share in the costs. We do not require sharing of costs with private health insurance if this would disadvantage you, for example, through loss of the premium refund.

For further information, please see Clause 3.2.5.

1.5 Which legislation applies to the insurance policy?

In addition to these provisions, the Insurance Contract Act (VVG) and German law apply.

Note on data protection: We store your personal data to fulfil our obligations under the policy. For further information about data protection and your rights, please refer to www.hmr.de/datenschutz/information or contact us. We will be happy to provide you with a copy of the information.

1.6 When do claims to benefits lapse?

Claims arising from this insurance policy lapse after 3 years. The limitation period begins at the end of the year in which the benefit may be claimed. If a claim has been made by you, the limitation period is suspended until such time as our decision is communicated to you.

1.7 What court has jurisdiction?

You can take legal action against us in the competent court of the district in which

- we have our registered office;
- you have your place of residence;
- you habitually stay, if you do not have a fixed place of residence.

1.8 What form should a statement that you make to us take?

Declarations of intent and notifications to us must be in text form (letter, fax, email, electronic data carrier, etc.). The contract language is German.

1.9 Who can claim insurance benefits?

Only the account holder and the co-insured persons can claim insurance benefits. Other co-insured persons do not have a claim of their own against us, unless stipulated otherwise under the types of insurance in Section II.

1.10 Offsetting

The account holder may only offset against our claims if the counterclaim is uncontested or legally established.

2 Limitations of the insurance cover

2.1 We will not provide benefits if you:

- fraudulently attempt to misrepresent circumstances that are relevant to the grounds or amount of the benefit;
- have caused the damage intentionally.

2.2

Notwithstanding the other provisions of the policy, insurance cover is provided only to the extent and for as long as it is not contrary to directly applicable economic, trade or financial sanctions or embargoes of the European Union or the Federal Republic of Germany.

This also applies to economic, trade and financial sanctions and embargoes of the United States of America, insofar as this is not contrary to legal regulations of the European Union (e.g. Blocking Regulation, Regulation (EC) No. 2271/96) or the Federal Republic of Germany (e.g. Section 7 Foreign Trade Regulation (AWV)).

Note: Please also note the limitations of cover for the individual types of insurance in Section II.

3 General information about making claims

3.1 How do you submit a claim to us?

You will find the forms for making a claim here:

www.hmr.de/downloadcenter/schadenformulare.

You can also contact us by email:

reiseleistung@hansemercur.de

(please include your insurance certificate number).

You can contact us by post at: HanseMerkur Reiseversicherung AG, Claims Department, PO Box, 20352 Hamburg, Germany.

For the foreign travel health insurance, emergency insurance and mobile phone theft insurance, please contact:

BD 24 Berlin Direkt Versicherung AG

Wrangelstraße 100

10997 Berlin, Germany

Tel.: +49 30 896 770-110.

You can also contact us by email:

schaden@berlin-direktversicherung.de

(please include your insurance certificate number).

In emergencies, our 24-hour emergency assistance service is here to help. You can reach this at any time and from anywhere in the world on: +49 30 346 465 465.

3.2 What general duties (obligations) do you have in the event of a claim?

- 3.2.1 You should make every effort to keep the claim as low as possible and avoid anything that could lead to an unnecessary increase in costs.
- 3.2.2 You must provide all the information regarding the claim truthfully and completely. You must provide us with any information we need to be able to ascertain:
- whether an insured event exists;
 - whether and to what extent we will pay benefits.
- 3.2.3 Furthermore, you must provide us with evidence of payment for the travel services booked using the account, if this is a requirement of the insurance cover.
- 3.2.4 The account holder is obliged to provide evidence of relationships or of the existence of a marriage or civil partnership with the co-insured person.
- 3.2.5 Claims for compensation against third parties shall be transferred to us in accordance with the statutory regulation of Section 86 VVG up to the amount of the payment made. We shall ensure that this does not disadvantage you. If necessary, you are required to cooperate in the enforcement of the compensation claim.

Note: Please also observe the obligations for the individual types of insurance in Section II.

3.3 What are the legal consequences of breaches of duty (breach of obligations)?

If you breach any of the aforementioned duties or obligations of the individual insurance policies described in Section II, we shall be wholly or partially released from our obligation to perform. In this context, we comply with the regulations of Section 28(2–4) VVG. You will find this in Section III.

Section II – Schedule of Benefits

Travel cancellation insurance

(Insurer: HanseMerkur Reiseversicherung AG)

(Payment via the account is a precondition)

1 Insurance cover

1.1 Scope of cover, maximum sum insured and subject of insurance

1.1.1 Insurance cover is provided for travel for which at least 50% of the cost is paid through the account. The maximum sum insured per travel/rental contract is €5,000.00 for all insured persons together.

1.1.2 In addition to a package trip (at least two travel services booked together), individually booked travel services or hire of rental objects are considered to be travel. Rental objects include holiday accommodation, holiday homes, holiday apartments, hotel rooms, caravans, mobile homes, rented passenger vehicles and ship charters with corresponding conclusion of a rental, usage or charter agreement.

2 Preconditions for the insurance cover

A precondition for the insurance cover is payment of the travel or rental object costs via the account. Cash payments do not invalidate the insurance cover provided that it is made unmistakably clear when booking (by written note) that the main payment is being made through the account and that a total of at least 50% of the overall cost of the travel or rental is paid through the account.

3 Start and end of the insurance cover

The travel cancellation insurance cover commences on payment for the trip or rental via the account and ends when the trip commences. Trips and rentals are not insured if, although they were paid for through the account, they were cancelled (date of loss) at a later date on which the account has expired.

4 Which benefits are covered?

We will pay compensation if an insured event in accordance with Clause 4.1 exists, subject to deduction of the deductible pursuant to Clause 4.3:

- a) for the cancellation costs contractually due from the insured person if they do not begin the trip or do not use the rental object (cancellation);
- b) for the additional outbound travel costs of the insured person in the event of late commencement of the trip or a delay in public transport of more than 2 hours, **provided** that arrival and departure are included in the insured arrangement, up to a maximum of the cancellation costs that would have been incurred if the insured person had not taken the trip (cancellation).

4.1 What is deemed to be an insured event?

4.1.1 We are obliged to pay benefits for a maximum of six insured persons within the scope of Clauses 4 a) and 4 b) if, during the period of the insurance cover, any of the following insured events befall one of the insured persons:

- a) loss of employment with subsequent unemployment as a result of an unexpected, operationally determined termination of the employment contract by the employer;
- b) take-up of employment when unemployed, insofar as the insured person was registered unemployed when they made the booking. No cover is provided for a school student taking up employment;

- c) a change of job, provided that the insured trip was booked before the change of job was known and the insured travel period falls within the probationary period of the new employment, up to a maximum of the first 6 months of the new employment;
- d) retakes of failed school/university/college examinations that have to be retaken to avoid an extension of the period of study/at school or to graduate from the school/university/college. It is a precondition that the insured trip was booked before the date of the failed examination and that the date of the retake unexpectedly falls within the period of the trip. Non-attendance of an examination which is then deemed to have been failed is not, however, covered;
- e) significant damage to the property of the insured person of at least €2,500.00 as a result of fire, natural events or criminal acts by third parties (e.g. break-ins).

4.1.2 We are also obliged to pay benefits within the scope of Clause 4 if, during the period of the insurance cover, any of the following insured events befall one of the insured persons or a risk person:

- a) unexpected serious illness;
- b) death, a serious accident, pregnancy, adverse reaction to vaccination.

4.2 Who is deemed to be a risk person?

We deem risk persons to be:

- 4.2.1 the insured persons themselves who have jointly booked a trip and taken out insurance;
- 4.2.2 the relatives of an insured person, namely:
 - their spouse or partner in a cohabiting relationship, children, parents, adoptive parents, step parents, grandparents, brothers and sisters, grandchildren, parents-in-law, children-in-law and brothers and sisters-in-law;
- 4.2.3 those persons who take care of minors or dependent relatives of an insured person in accordance with Clause 4.2.2 who are not travelling.

If more than six persons have booked a trip and taken out insurance together, only the relatives of each insured person and their carers are deemed to be risk persons, not the insured persons themselves.

4.3 When does a deductible apply?

Your deductible is

- 10% of the reimbursable claim;
- at least €100.00 per insured event.

5 What insurance cover limitations must be considered?

5.1 Foreseeability

We do not provide cover if the insured event was foreseeable for the insured person on conclusion of the contract for the trip or rental object.

5.2 Unused days and loss of holiday enjoyment

We do not provide cover for costs for unused days at the holiday location or loss of holiday enjoyment.

5.3 Psychological reactions

We do not provide cover for illnesses that occur as a reaction to the following events:

- terror attacks;
- aircraft or bus accidents;
- fear of civil unrest;

- acts of war;
- natural events;
- illnesses and epidemics.

5.4 War and other events

We do not provide cover if the insured event is caused by:

- war;
- civil conflict;
- warlike events;
- civil unrest;
- strikes;
- nuclear energy;
- seizure;
- official confiscation;
- other official action;
- active participation in violence during a public assembly or demonstration.

6 What do you need to consider in the event of a claim (obligations)?

6.1 Immediate cancellation

Has an insured event happened? To keep the costs down, you must cancel your trip immediately wherever you booked it.

6.2 Late travel option

Are you able to start the trip late? To keep the costs down, you must notify wherever you booked the trip and select the demonstrably most cost-effective late travel option in line with the quality of the trip you booked.

6.3 Evidence of the claim amount

You must submit the original of all receipts confirming the amount of the claim, e.g. the invoice for cancellation costs.

6.4 Evidence of insured events

In order to prove the occurrence of an insured event within the period of insurance, please send us the originals of all relevant receipts.

For events that require a medical certificate as evidence, this must:

- be obtained before cancellation;
- confirm examination before cancellation, late departure or rebooking;
- include the diagnosis and treatment information. If we deem it necessary, you must:
 - waive the attending physician's obligation of confidentiality;
 - allow a doctor appointed by us to examine you.

6.5 Consequences of non-compliance with obligations

The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3. Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Travel curtailment insurance

(Insurer: HanseMerkur Reiseversicherung AG)

(Payment via the account is a precondition)

1 Insurance cover

1.1 Scope of cover, maximum sum insured and subject of insurance

1.1.1 Insurance cover is provided for travel for which at least 50% of the cost is paid through the account. The maximum sum insured per travel/rental contract is €5,000.00 for all insured persons together.

- 1.1.2 In addition to a package trip (at least two travel services booked together), individually booked travel services or hire of rental objects are considered to be travel. Rental objects include holiday accommodation, holiday homes, holiday apartments, hotel rooms, caravans, mobile homes, rented passenger vehicles and ship charters with corresponding conclusion of a rental, usage or charter agreement.

2 Preconditions for the insurance cover

A precondition for the cover under the travel curtailment insurance is payment of the travel or rental object costs via the account. Cash payments do not invalidate the insurance cover provided that it is made unmistakably clear when booking (by written note) that the main payment is being made through the account and that a total of at least 50% of the overall cost of the travel or rental is paid through the account.

3 Start and end of the insurance cover

The travel curtailment insurance cover commences on payment for the trip or rental via the account, at the earliest when you enter or board the booked and insured transport or object, and ends when the trip ends. Trips and rentals are not insured if, although they were paid for through the account, they were cancelled (date of loss) at a later date on which the account has expired.

4 Which benefits are covered?

We will pay compensation if an insured event in accordance with Clause 4.1 exists, subject to deduction of the deductible pursuant to Clause 4.3:

- a) the additional return travel costs incurred in the event of an early curtailment of the trip or a delayed return from the trip. The other higher costs directly caused by this, e.g. accommodation and subsistence, are also covered. Is a return flight required, which was not included in the trip booked? We will cover the costs of a seat in economy class.
- b) **Only** if the trip is curtailed will we compensate for the unused travel services. If the amounts for the individual travel services cannot be proven objectively (e.g. for package trips), we will cover the unused days of the trip in their proportion to the trip as a whole. In this case, the compensation is calculated as follows:

$$\text{Entschädigung} = \frac{\text{Nicht in Anspruch genommene Reisetage}}{\text{Ursprüngliche Reisedauer}} \times \text{Reisepreis}$$

Arrival and departure days count as full days of the trip. If you have only insured travel or flight tickets for outbound and/or return travel, there is no insurance cover for unused travel services.

4.1 What is deemed to be an insured event?

- 4.1.1 We are obliged to pay benefits for a maximum of six insured persons within the scope of Clauses 4 a) and 4 b) if, during the period of the insurance cover, any of the following insured events befall one of the insured persons:

- a) loss of employment with subsequent unemployment as a result of an unexpected, operationally determined termination of the employment contract by the employer;
- b) take-up of employment when unemployed, insofar as the insured person was registered unemployed when they made the booking. No cover is provided for a school student taking up employment;
- c) A change of job, provided that the insured trip was booked before the change of job was known and

- the insured travel period falls within the probationary period of the new employment, up to a maximum of the first 6 months of the new employment;
- d) retakes of failed school/university/college examinations that have to be retaken to avoid an extension of the period of study/at school or to graduate from the school/university/college. It is a precondition that the insured trip was booked before the date of the failed examination and that the date of the retake unexpectedly falls within the period of the trip. Non-attendance of an examination which is then deemed to have been failed is not, however, covered;
- e) significant damage to the property of the insured person of at least €2,500.00 as a result of fire, natural events or criminal acts by third parties (e.g. break-ins).

- 4.1.2 We are also obliged to pay benefits within the scope of Clause 4 if, during the period of the insurance cover, any of the following insured events befall one of the insured persons or a risk person:

- a) unexpected serious illness;
- b) death, a serious accident, pregnancy, adverse reaction to vaccination.

4.2 Who is deemed to be a risk person?

We deem risk persons to be:

- 4.2.1 the insured persons themselves who have jointly booked a trip and taken out insurance;
- 4.2.2 the relatives of an insured person, namely:
- their spouse or partner in a cohabiting relationship, children, parents, adoptive parents, step parents, grandparents, brothers and sisters, grandchildren, parents-in-law, children-in-law and brothers and sisters-in-law;
- 4.2.3 those persons who take care of minors or dependent relatives of an insured person in accordance with Clause 4.2.2 who are not travelling.

If more than six persons have booked a trip and taken out insurance together, only the relatives of each insured person and their carers are deemed to be risk persons, not the insured persons themselves.

4.3 When does a deductible apply?

- Your deductible is
- 10% of the reimbursable claim;
 - at least €100.00 per insured event.

5 What insurance cover limitations must be considered?

5.1 Foreseeability

We do not provide cover if the insured event was foreseeable for the insured person on conclusion of the contract for the trip or rental object.

5.2 Loss of holiday enjoyment

We do not cover loss of holiday enjoyment.

5.3 Psychological reactions

- We do not provide cover for illnesses that occur as a reaction to the following events:
- terror attacks;
 - aircraft or bus accidents;
 - fear of civil unrest;
 - acts of war;
 - natural events;
 - illnesses and epidemics.

5.4 War and other events

We do not provide cover if the insured event is caused by:

- war;
- civil conflict;
- warlike events;
- civil unrest;
- strikes;
- nuclear energy;
- seizure;
- official confiscation;
- other official action;
- active participation in violence during a public assembly or demonstration.

6 What do you need to consider in the event of a claim (obligations)?

6.1 Evidence of the claim amount

You must submit the original of all receipts confirming the amount of the claim, e.g. the booking confirmations or evidence of additional costs.

6.2 Evidence of insured events

In order to prove the occurrence of an insured event within the period of insurance, please send us the originals of all relevant receipts.

For events that require a medical certificate as evidence, the certificate must:

- include the diagnosis;
- include treatment information;
- be issued at the destination. If we deem it necessary, you must:
 - waive the attending physician's obligation of confidentiality;
 - allow a doctor appointed by us to examine you.

6.3 Consequences of non-compliance with obligations

The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3.

Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Foreign travel health insurance

(Insurer: BD24 Berlin Direkt Versicherung AG)

1 Subject and scope of the insurance cover

1.1 We offer insured persons who are only travelling abroad temporarily insurance cover for unforeseen acute illnesses, accidents and other events specified in the policy. If an insured event occurs abroad, we will provide compensation for expenses for usual local costs of

- a) medical treatment;
- b) other benefits listed in Clause 3;
- c) medically essential repatriation of the insured person on the instruction of a doctor to the nearest suitable hospital to the place of residence of the insured person;
- d) repatriation of mortal remains or a funeral abroad.

No benefits are provided for further treatments within Germany.

1.2 Insured events are medically essential treatment of an insured person for an acute illness or the consequences of an accident. The insured event starts with the treatment; it ends when there is no further need for treatment on medical advice. If the treatment must be extended to an illness or consequence of an accident

that is not causally related to the treatment up to that point, a new insured event comes about. Insured events also include examination and medically essential treatment for pregnancy and death.

1.3 The scope of cover is determined by these Insurance Terms and Conditions and the legal provisions of the Federal Republic of Germany.

2 Start, duration and end of the insurance cover

2.1 Start and duration

Insurance cover is provided for the first 62 days of all temporary travel abroad on which the insured person embarks after the start of the insurance policy.

Specifically, the insurance cover commences on leaving the Federal Republic of Germany or the territory in which the insured person has their registered place of residence, provided that the travel does not commence before the account has been used. In the case of travel abroad for more than 62 days, the insurance cover exists only for the first 62 days of the period abroad.

2.2 End

The insurance cover ends, including for insured events that have not yet been concluded,

- a) at the end of the period abroad, i.e. on return to the Federal Republic or the territory in which the insured person has their place of residence;
- b) at the latest on expiry of the first 62 days of the period abroad.

3 Scope of the obligation to provide benefits

3.1 Medical treatment costs

We will reimburse the costs customary in the local area that are incurred for essential medical treatment in the official currency of the country of destination during the period abroad. While abroad, the insured person has a free choice of legally recognised and licensed doctors and dentists in the country of destination, provided that they charge in accordance with the applicable official fee regulations for doctors and dentists – if applicable – or charge the fees customary in the local area. We will provide benefits in the contractually agreed scope for examination and treatment methods and medication that are generally accepted by conventional medicine in Germany. We will also provide benefits for methods and medication that have proven to be equally likely to succeed in practice or that are used because there are no conventional medical treatments or medication available. We may, however, reduce our benefits to the amount that would have been incurred for the use of existing conventional medical methods or medication. Treatments within the meaning of these Terms and Conditions include:

- a) medical treatments including medically essential pregnancy treatments caused by acute conditions, births up to the end of the 36th week of pregnancy (premature births), treatments for miscarriage and medically essential terminations;
- b) medically prescribed medication and surgical dressings (nutritional supplements, tonics and cosmetic treatments are not deemed to be medication even if they are medically prescribed);
- c) medically prescribed radiation, light and other physical treatments;
- d) medically prescribed massages, medicinal packs, inhalations and physiotherapy up to a total of €300.00 per trip;
- e) medically prescribed aids that become necessary for the first time as a result of an accident and serve to treat the consequences of an accident;
- f) x-ray diagnosis;

- g) urgent inpatient treatments, provided that they take place in an establishment that is generally recognised as a hospital in the country of destination, is under constant medical supervision, has adequate diagnostic and therapeutic facilities and keeps medical records. In place of reimbursement of costs, a daily hospital allowance of €30.00 per day may be paid;
- h) transport to the nearest reachable doctor/hospital for treatment and back to your accommodation;
- i) urgent operations;
- j) pain-relieving preservative dental treatment, including simple fillings and repair of existing dentures.

3.2 Daily hospital allowance

In the case of medically essential inpatient treatment (within the meaning of Clause 3.1 g) for co-insured children up to the age of 10, a daily hospital allowance of €30.00 per day is paid for a maximum of 21 days.

3.3 Repatriation

If repatriation to the nearest suitable hospital to the insured person's registered place of residence is deemed medically essential following consultation between our company doctor and the attending physician abroad, transport will be arranged by our company doctor. Repatriation is medically essential if adequate medical treatment is not guaranteed in the country of destination. We meet the costs of repatriation and the costs of an accompanying person, where accompaniment is medically essential, ordered by the authorities or prescribed by the appointed transport company.

3.4 Hospital visits

If it has been established that an insured person must receive inpatient treatment in a hospital for more than 10 days, we will provide the following benefits:

- organisation of a person close to the insured person to travel to the location of the hospital and back to their place of residence;
- cover for their outward and return travel costs in economy class;
- cover of up to €100.00 per night for accommodation costs for a maximum of 8 nights in a hotel.

The precondition, however, is that the insured person is still in hospital by the time the relative or friend arrives.

3.5 Repatriation of mortal remains

In the event of the decease of an insured person, we shall reimburse the costs of the repatriation of their mortal remains to their permanent place of residence.

3.6 Funeral expenses abroad

We will reimburse funeral costs up to the amount that would have been incurred by repatriation of mortal remains. The costs of the grave, gravestone and funeral service are not reimbursable.

3.7 Additional benefits abroad

If an illness during the period abroad requires treatment beyond the end of the insurance cover because the return journey is not possible due to demonstrable unfitness for travel and/or if return transport is medically essential, there is an obligation to provide benefits within the framework of these Terms and Conditions for a further period of 3 months.

4 Limitation of the obligation to provide benefits

- 4.1 There is no obligation to provide benefits:

- a) for treatments abroad that were the sole reason or one of the reasons for travel;
- b) for treatments in cases where it was known that such treatment would be necessary if the trip was undertaken as planned, unless the trip was undertaken because of the death of a spouse or a first-degree relative;
- c) for diseases, including their consequences, and for the consequences of accidents caused by acts of war or active participation in unrest and not expressly included in the insurance cover;
- d) for illnesses and accidents caused intentionally, including their consequences;
- e) for spa and sanatorium treatments and rehabilitation measures;
- f) for addiction withdrawal measures including withdrawal cures;
- g) for outpatient treatments in a spa or health resort. The limitation does not apply if the treatment is necessary because of an accident incurred while there. It does not apply in the case of illnesses if the insured person was only staying temporarily in the spa or health resort and not for the purposes of taking a cure;
- h) for expenses that arise for treatment methods and medication that are not generally recognised by the scientific community in the Federal Republic of Germany or in the country of destination;
- i) for medically prescribed aids, unless they become necessary for the first time solely as a result of an accident and serve to treat the consequences of an accident directly;
- j) for treatments carried out by spouses, parents or children. Verified material costs are reimbursed at the tariff rate;
- k) for treatments by persons with whom the insured person is living in their own home or where they are staying. Verified material costs are reimbursed at the tariff rate;
- l) for treatments or accommodation resulting from infirmity, the need for care or safekeeping;
- m) for psychoanalytical and psychotherapeutic treatments;
- n) for replacement teeth, pivot teeth, inlays, crowns, orthodontic treatment, prophylactic services, dental splints and braces, functional analysis and therapy and implant dentistry;
- o) for immunisations;
- p) for treatments for conditions of and/or damage to the reproductive organs;
- q) for suicide, attempted suicide and the consequences thereof;
- r) for treatments for HIV infections and their consequences;
- s) for medication, even if medically prescribed, which is a nutritional supplement, tonic or cosmetic treatment.

- 4.2 If a treatment goes beyond what is medically essential, we may reduce our benefits to an appropriate amount.

- 4.3 If there is a claim to benefits under statutory accident or pension insurance or to statutory health or accident care, we may deduct the statutory benefits from the insurance benefits, notwithstanding claims for daily hospital allowance.

5 Compensation from other insurance policies

If compensation may be claimed for an insured event under another insurance policy, the other insurance policy takes precedence over this policy. If the insured event is first reported to us, we will make advance payments. Section 1 Clause 3.2.5 also applies.

6 Payment of insurance benefits

- 6.1 We are only obliged to pay benefits if the following evidence – which becomes our property – is provided:

- a) original receipts that must include the name of the person treated, the name of the illness, details of the services provided by the attending physician including the type, place and

period of treatment. If other insurance cover for treatment costs is available and if this is used first, copies of invoices are sufficient as evidence;

- b) prescriptions must be submitted together with the doctor's invoice and invoices for medicines and medical aids;
- c) if a claim is made for daily hospital allowance, certification of the inpatient treatment by the hospital must be submitted, which includes the name of the person treated, the name of the illness and the dates of admission and discharge;
- d) evidence of the amount of costs that would have been incurred for a planned return journey if benefits are claimed for medically essential repatriation; in addition, a medical certificate from the attending physician abroad confirming the medical necessity of repatriation must be submitted;
- e) an official death certificate and a medical certificate for the cause of death if costs for repatriation of mortal remains or funeral are to be paid.

- 6.2 We are entitled to pay benefits to the provider or sender of proper evidence unless we have legitimate doubts as to the authenticity of the provider or sender.
- 6.3 Additional costs arising from payment transfers abroad or the use of special forms of transfer requested by the insured person may be deducted from the benefits.

7 Special obligations when an insured event occurs

(In addition to the general obligations specified in Section I Clause 3.2)

- 7.1 At our request, the insured person must provide all the information required to establish the circumstances of the insured event or our obligation to provide benefits and their scope.
- 7.2 The insured person is obliged to allow themselves to be examined by a doctor appointed by us at our request.
- 7.3 Evidence must be provided of the start and end dates of any trip abroad by the insured person at our request if we are obliged to pay benefits.
- 7.4 The insured person is obliged to make prompt contact with the worldwide emergency assistance service of the insurer in the case of repatriation, an inpatient treatment in a hospital and before the start of extensive diagnostic and therapeutic measures.

8 Consequences of non-compliance with obligations

The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3. Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Flight and luggage delay insurance
(Insurer: HanseMerkur Reiseversicherung AG)
(Payment via the account is a precondition)

1 Definition of terms, scope of insurance

1.1 Definition of terms

Flights within the meaning of these Insurance Terms and Conditions are flights with an airline that is listed in the "Official Airline Guide" or in the "ABC World Airways Guide" and is authorised and registered to provide scheduled services in accordance with the provisions of the country in question. The flights must be at public tariffs or contract rates and be scheduled flights. Departure times, transfers and destinations

are specified on the flight ticket issued to the insured person and/or on the boarding card (ticketless).

1.2 Scope of insurance

The flight and luggage delay insurance covers the cost of food and drinks and of essential purchases of substitute clothing and toiletries that are incurred by the insured person in relation to flights with delayed departures, missed connecting flights, refusal of transport, flight cancellation (assuming that no alternative means of transport is provided within four hours) and delayed delivery of luggage checked in on these flights. If the document service is included, the insurance covers assistance with replacement of important documents required for the business trip.

1.3 Insured benefits

The following regulations apply specifically to the scope of insurance, provided that the costs were paid through the account with the policyholder.

1.3.1 Delayed departure, flight cancellation, refusal of transport

If the insured person:

- has a flight that is delayed by more than four hours;
 - has a flight that is cancelled;
 - is refused transport because of overbooking and
 - no alternative transport is offered within four hours,
- we will reimburse the costs demonstrably incurred by the insured person for food and drinks during this waiting period after four hours have elapsed, up to an amount of €40.00 per hour and a maximum of €500.00 per claim.

1.3.2 Missed connecting flight

If an insured person misses a booked connecting flight because of a delay to another booked flight and if no alternative means of transport is offered within four hours of arrival of the delayed flight, we will reimburse the costs demonstrably incurred by the insured person for hotel accommodation, food and drinks during this waiting period after four hours have elapsed, up to an amount of €40.00 per hour and a maximum of €500.00 per claim.

1.3.3 Delayed luggage

If the checked luggage of the insured person does not arrive within one hour of arrival of the insured person's flight at the scheduled destination, we will reimburse the insured person for the costs directly incurred for the purchase of essential replacement clothes and toiletries before the luggage arrives, up to an amount of €40.00 per hour and a maximum of €500.00 per claim.

1.3.4 Document service

If the insured person loses business or personal documents required for a business trip while travelling on business or if they misplace the documents or leave them behind, they will be reimbursed for the costs demonstrably incurred for replacement/procurement of the documents (including items such as PC disks and presentation slides) up to an amount of €850.00.

The replacement costs must not exceed the material value of the lost documents. There is no cover for the intrinsic value of savings bonds, bankers' acceptances (cheques, traveller's cheques) or similar documents if they are lost.

2 Preconditions for the insurance cover

A precondition for the insurance cover is that the flight ticket is paid for via the account of the policyholder. Cash payments do not invalidate the insurance cover provided that it is made unmistakably clear when booking (by written note) that the main payment is being made through the account and that a total of at least 50% of the overall cost is paid through the account.

3 Limitations of the insurance cover

- 3.1 There is no insurance cover if expenses or purchases do not go through the account of the policyholder.
- 3.2 Insurance cover is excluded for claims caused by the following circumstances:
 - a) work of the insured person as an aircraft pilot or as an aircraft crew member;
 - b) failure to carry out appropriate measures to find lost luggage;
 - c) failure to notify the airline in question at the destination of the lost luggage and to arrange for a corresponding report (PIR/Property Irregularity Report) to be made;
 - d) strikes or other industrial action by employees of the airline, flight attendants, luggage handlers or air traffic controllers;
 - e) lost or delayed luggage on flights to the place of residence of the insured person (home flights).

4 Obligations in the case of an insured event

- 4.1 Claims that are covered by the above insurance policies and are likely to result in compensation must be reported promptly (at the latest 30 days after occurrence of the insured event).
- 4.2 The insured person must meet the costs for obtaining all the information and evidence we require to process the claim.
- 4.3 The following information and evidence must be provided to us to process compensation claims:
 - a) the booking receipt indicating that the flight tickets were charged to the card account of the policyholder;
 - b) in the case of lost or delayed luggage, the airline report (luggage claim form);
 - c) all details of the flight (flight number, departure airport, destination, scheduled departure and arrival times, etc.);
 - d) all details of the delay or loss that has occurred;
 - e) all details of expenditure for replacement items;
 - f) receipts for purchased items and/or accommodation costs and copies of the debit notes.
- 4.4 The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3. Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Emergency insurance

(Insurer: BD24 Berlin Direkt Versicherung AG)

1 Description and scope of the insurance cover

- 1.1 Through our worldwide emergency assistance service, we provide support services for the emergencies specified in Clause 2 that the insured person experiences during travel abroad. The precondition is that the insured person or a representative appointed by them makes contact with the worldwide emergency assistance service by telephone or other means when an insured event occurs. If the insured person or a representative appointed by them fails to make contact with the worldwide emergency

assistance service and additional costs are incurred as a result, we will not meet these additional costs.

- 1.2 Notwithstanding Clause 1.1, we will also provide benefits within the scope of Clause 2.1.2 d) (patient transport) and Clause 2.2 (death) for journeys within the Federal Republic of Germany and in countries with a national border with the Federal Republic of Germany.

2 Benefits

2.1 Illness / Accident

2.1.1 Outpatient treatment

If outpatient treatment is required, we will provide information on request about the options for medical care of the insured person. If possible, we shall identify a German- or English-speaking doctor.

2.1.2 Hospital stay

If the insured person is treated as an inpatient in hospital as a result of an illness or the consequences of an accident, we will provide the following benefits:

- a) Nursing and care services
 - We will establish contact between the insured person's GP and the attending hospital physicians through a doctor appointed by us.
 - During the hospital stay, we will ensure that information is shared between the doctors involved.
 - On request, we will notify relatives.
- b) Guarantee of payment of costs / settlement
 - If necessary, we will provide the hospital with a guarantee of payment of costs up to €15,000.00 in the form of a loan guarantee for the insured person.
 - In the name and on behalf of the insured person, we will arrange for settlement by the health insurer or other third parties who are obliged to meet the costs of the inpatient treatment.
 - If the sums advanced by us are not repaid by a health insurer or other third party, they shall be repaid to us by the insured person within one month of issue of invoice.

c) Hospital visits

If it has been established that the hospital stay will last longer than five days, we will organise on request the travel of a relative or close friend of the insured person to the location of the hospital and back to their place of residence and meet the transport costs incurred for the outward and return journeys.

d) Patient transport in the case of demonstrable fitness to travel for journeys within the Federal Republic of Germany and in countries with a national border with the Federal Republic of Germany

At the request of the insured person, we will organise patient transport by medically appropriate means from the place of inpatient treatment on the trip to the nearest suitable hospital to the insured person's place of residence, provided that the inpatient treatment will take at least 7 days. We will meet the additional costs incurred above the cost of the originally planned return trip up to €2,500.00.

2.1.3 Patient repatriation

As soon as it is medically sensible and ordered by a doctor, we will organise repatriation from abroad by medically appropriate means (including ambulance aircraft) to the insured person's place of residence or to the nearest suitable hospital to the insured person's place of residence. We will meet the additional costs incurred above the cost of the originally planned return trip.

2.1.4 Delivery of medication

If the insured person requires medically prescribed medication that has been lost on the trip, we will arrange for the procurement of replacement medication in consultation with the insured person's GP and send it to the insured person. The insured person shall refund the costs of the replacement medication to us within one month of the end of the trip.

2.2 Death

If the insured person dies on the trip, we will organise the funeral abroad or repatriation of the mortal remains of the insured person at the request of their relatives and meet the costs for this.

2.3 Other emergencies

2.3.1 Search, rescue and recovery costs

If the insured person suffers an accident and must be searched for, rescued or recovered, we will meet the costs for this up to €5,000.00.

2.3.2 Criminal proceedings

If the insured person is arrested or threatened with arrest, we will provide assistance in arranging a lawyer or interpreter. We will provide a loan for the court, legal and interpreting costs incurred in this connection, up to an amount of €3,000.00. We will also provide a loan of up to €13,000.00 if bail is demanded by the authorities. The insured person shall repay the amounts advanced (loans) to us as soon as they are returned by the authorities or the court, at the latest within three months of payment.

2.3.3 Loss of means of payment while travelling

If the insured person gets into financial difficulties because of the loss of their means of payment as a result of theft, robbery or any other form of loss, we will make contact with their bank. If necessary, we will provide assistance in transferring a sum of money made available by the bank to the insured person. If we are unable to make contact with the bank within 24 hours, we will provide the insured person with a loan up to a maximum of €1,500.00, subject to prior submission of a copy of their passport or ID including their name and address. This loan shall be repaid within one month of the end of the trip in a single lump sum.

In the event of loss of credit or debit cards, we will assist you in blocking the cards. We are not liable, however, for successful blocking of the card or any financial losses incurred despite the block.

2.3.4 Loss of travel documents

If travel documents are lost, we will assist you in obtaining replacement documents.

2.3.5 Rebookings / Delays

If the insured person gets into difficulties because they miss a journey they have booked or booked journeys are delayed or cancelled, we will provide assistance with rebooking. The insured person shall meet rebooking costs and increases in travel costs. At the request of the insured person, we will notify third parties of changes to the planned itinerary.

2.3.6 Bicycle cover

a) Breakdowns

If the journey cannot be continued because of the breakdown of or an accident involving the bicycle used by the insured person for the trip, we will meet the repair costs up to €75.00 so that the journey can continue. If the bicycle cannot be repaired at the scene of the breakdown, we will either reimburse the additional cost of the journey to the starting point or the

final destination of the day's stage up to an amount of €75.00 per insured event. Tyre damage is not covered.

b) Theft

If the journey cannot be continued as planned due to the theft of the bicycle used by the insured person on the trip, we will cover the additional costs for return to the home location, starting location or destination for that day's stage of the journey up to €250.00 per insured event.

2.4 Curtailment of travel / Delayed return / Care for an accompanying minor

2.4.1 Curtailment of travel

We will organise the return trip and meet the additional costs above the cost of the return trip originally planned if the booked trip cannot be completed by the insured person as planned for any of the following reasons:

a) death, serious accident or unexpected serious illness of the insured person, the insured person's travelling companion or of relatives who are not travelling or of those persons who are looking after minor relatives or relatives who require care who are not travelling. Relatives of the insured person are deemed to be their spouse or partner in a cohabiting relationship, children, parents, adoptive parents, step parents, brothers and sisters, grandparents, grandchildren, parents-in-law, children-in-law and brothers and sisters-in-law;

b) significant damage to the insured person's property or the property of their travelling companion at their place of residence as a result of fire, natural events or intentional criminal acts by third parties, insofar as the damage is significant in relation to the economic circumstances and assets of the victim of the damage or if the presence of the insured person is necessary to assess the damage;

c) abduction of the insured person or the travelling companion of the insured person. Reimbursement of the additional costs incurred above the cost of the original return journey is limited in the case of abduction to a maximum of €10,000.00 per insured person.

The following cases are excluded, however:

a) additional costs resulting from compensation claims by transport companies because of unplanned deviations from the planned route caused by the insured person (e.g. emergency landings);

b) pro rata costs for days not used at a holiday location or loss of holiday enjoyment.

2.4.2 Emergency message

If early curtailment of the travel is necessary because of the death or serious illness of a person who is not travelling specified under 2.4.1 a) or for a reason specified under 2.4.1 b) and the insured person cannot be reached, we will attempt to send an emergency message (e.g. by radio) and meet the costs for this.

2.4.3 Care for an accompanying minor

In addition, we will organise and pay for care for a minor who is continuing the journey alone or has to curtail it, in the event that all carers or the sole carer travelling with the minor are/is unable to complete the journey as planned because of death, serious accident or unexpected serious illness.

3 Limitations of the insurance cover

We are exempt from the obligation to provide benefits if there is a high probability that the insured event was foreseeable to the insured person.

4 Compensation from other insurance policies

If compensation may be claimed for an insured event under another insurance policy, the other insurance policy

takes precedence over this policy. If the insured event is first reported to us, we will make advance payments. Section I Clause 3.2.5 also applies.

Luggage insurance

(Insurer: HanseMerkur Reiseversicherung AG)

(Payment via the account is a precondition)

1 What items are covered by your luggage insurance?

- 1.1 The insured items are personal effects that you take on your trip and gifts and souvenirs that you purchase during the trip. Items that are usually taken on a trip solely for professional purposes are not insured.
- 1.2 Valuables up to a value of €1,000.00 per item, photographic and film equipment, computer equipment, electronic communication and entertainment equipment, including accessories, are only insured as long as they
 - are carried/worn and used as intended;
 - or are kept in personal custody and are worn or carried safely;
 - or are kept in a properly locked room in a building or a passenger ship;
 - or have been handed over to the camping site supervisor for safekeeping;
 - or are located in a caravan/motorhome that is properly secured by means of a lock or in a motor vehicle that is closed and secured by means of a lock and not visible on an official camping site.

Valuables include furs, jewellery and items made of precious metal.

If you have jewellery and objects made of precious metal that are not in your personal safekeeping, these are only insured if they are stored in a closed container that offers added security, including against the removal of the container itself.

2 What benefits are included in your luggage insurance?

If an insured event occurs, we will provide compensation up to the sum insured for

- 2.1 lost or destroyed items in accordance with their insurance value as of the time when the damage occurred. The insurance value is the amount that is generally required to obtain new items of the same type and quality at the usual place of residence of the insured person, with a deduction for an amount corresponding to the condition (age, wear and tear, use, etc.) of the insured items (current value);
- 2.2 damaged, repairable items, by covering the necessary repair costs and, if applicable, with a permanent reduction in value, but no more than the insurance value;
- 2.3 films, video, audio and data carriers at their material value.

In the absence of any agreements to the contrary, the sum insured is €1,500.00 per insured event.

3 What is deemed to be an insured event?

- 3.1 Insurance cover is provided for luggage if the cost of the travel is paid in full through the account.
- 3.2 You are covered under the insurance policy if your luggage is affected by an insured event.

An insured event exists if, during the travel period, luggage is lost, destroyed or damaged by:

- criminal acts of third parties. This includes theft, burglary, robbery, blackmail for the purpose of robbery and deliberate vandalism;

- accidents involving means of transport (e.g. traffic accidents);
- fire, lightning, explosions, storms, floods, landslides, earthquakes, avalanches.

4 What compensation limits apply?

In the absence of any agreements to the contrary, we will provide compensation up to the following maximum amounts per insured event:

- 4.1 damage to valuables, photographic and film equipment, IT equipment and electronic entertainment devices (unless specified otherwise in Clause 4.3) up to €1,000.00;
- 4.2 damage to golf and diving equipment, bicycles (including electric bikes and e-scooters), surfing equipment, film, video, audio and data media, up to €500.00;
- 4.3 damage to mobile phones, smartphones, smartwatches and tablets, including accessories for these items, up to €500.00;
- 4.4 damage to spectacles, contact lenses, hearing aids, audio players, portable DVD players, up to €250.00;

5 What insurance cover limitations must be considered?

5.1 Items and events not insured

The insurance does not cover:

- 5.1.1 damage caused by losing items or leaving them lying, standing or hanging around;
- 5.1.2 damage caused by the natural or defective condition of the insured items, by usage or by wear and tear;
- 5.1.3 cash, cheques, credit and debit cards, telephone cards, securities, travel tickets, certificates and documents of all kinds (including personal documents), objects of primarily artistic or collector value, dental gold, prostheses of any kind, firearms of any kind including accessories, and motor-driven, land-based vehicles, aircraft and watercraft, sports equipment and devices (unless expressly covered), hang-gliders, paragliders, parachutes and accessories for the aforementioned items. However, electric bikes and e-scooters are insured;
- 5.1.4 damage which was foreseeable at the time of booking the trip or when the insurance policy was taken out;
- 5.1.5 damage caused by:
 - acts of war or civil conflict;
 - warlike events;
 - civil unrest;
 - strikes;
 - nuclear energy;
 - seizure;
 - confiscation or other official action;
 - natural events, unless expressly covered;
 - active participation in violence during a public assembly or demonstration.

5.2 Limitation of the insurance cover in the event of gross negligence

If you bring about the insured event through gross negligence, we are entitled to reduce the benefit in proportion to the extent of your culpability.

5.3 Limitation of the insurance cover for motor vehicles and pleasure boats and when camping arising in connection with criminal acts of third parties

- 5.3.1 There is insurance cover for damage to luggage
 - in motor vehicles;
 - on trailers;
 - on watercraft.

A precondition is that the luggage is not visible and is stored in a fully closed and locked

interior or boot (for watercraft: cabin or packing case) or in luggage boxes securely attached to the vehicle.

- 5.3.2 Insurance cover for damage to luggage during camping is valid only on official campsites (run by the authorities, associations or private companies).
- 5.3.3 If the goods are left unattended, insurance cover only applies during the day between 6 a.m. and 10 p.m. and only if the vehicle, trailer or tent is locked. Insurance cover applies from 10 p.m. until 6 a.m. in an unattended vehicle during a break in travel of not more than two hours. Attendance is defined only as the continuous presence of you or a trustworthy person instructed by you with the item to be protected.

6 What must be considered in the event of a claim (obligations)?

6.1 Police report

In the event of damage caused by criminal acts of third parties or fire damage, you must:

- report it immediately to the appropriate police station;
- give the police station a complete list of all items involved in the claim;
- obtain confirmation of your report in writing.

The list to be submitted to the police of all items involved in the claim must be prepared as an itemised list including information about the dates of purchase and the purchase price of each of the individual items. The complete police report must be submitted to us.

6.2 Consequences of non-compliance with obligations

The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3. Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Ticket insurance

(Insurer: HanseMercur Reiseversicherung AG)

(Payment via the account is a precondition)

1 Insured interests

Event tickets purchased in full through the existing account with Tomorrow Bank by the insured person are insured against non-participation.

2 Scope of benefits

2.1 Type of event

2.1.1 Individual ticket

In the case of failure to attend an event for any of the reasons specified under Clause 3, the purchase price of the individual ticket(s) will be refunded.

2.1.2 Season ticket

For season tickets, we are obliged to provide a refund for each individual event if any of the reasons for non-participation specified under Clause 3 applies.

2.2 Compensation limit

Compensation is limited:

- to €500.00 for all unused tickets for the same event;
- to a maximum of two claims per year.

2.3 Deductible

A deductible of 20%, and at least €10.00, applies to each ticket in the case of a claim.

3 Preconditions for the insurance cover

Insurance cover is provided if the planned visit to the event is not possible or unreasonable because you have been affected during the period of insurance cover by any of the following events:

- 3.1 your own illness or the illness of your own minor child;
- 3.2 a stay in hospital (starting 0-72 hours before the event);
- 3.3 the death of family members (funeral 1 day before the event, on the day of the event or 1 day after the event);

Family members within the meaning of these Insurance Terms and Conditions are the spouse, registered civil partner and unmarried children of the insured person up to their 25th birthday, insofar as they are entitled to and receiving maintenance from the insured person;

- 3.4 vehicle accidents or theft (0-72 hours before the event);
- 3.5 cancellation of the event without an alternative date, insofar as the event organiser does not refund the ticket costs.

4 Limitations of the insurance cover

We will not provide benefits if:

- you fraudulently attempt to misrepresent circumstances that are relevant to the grounds for or amount of the benefit;
- you caused the damage intentionally;
- the damage is caused by events that could reasonably have been expected at the time of purchase of the tickets.

4.1 Limitation of the insurance cover in the event of gross negligence

If you bring about the insured event through gross negligence, we are entitled to reduce the benefit in proportion to the extent of your culpability.

5 Evidence of insured events

In order to prove the occurrence of an insured event within the period of insurance, you must:

- a) submit original invoices and receipts;
- b) submit proof of insurance to us;
- c) waive doctors' confidentiality obligations where necessary and allow us to assess the cause and amount of the claim that has been made in a reasonable way;
- d) submit the original unused event ticket(s) or a copy of the event ticket(s) with confirmation from the event organiser that you did not attend the event(s) immediately after the occurrence of the insured reason for withdrawal;
- e) confirm accidental injuries or illnesses that make attendance of the event unreasonable by means of a medical certificate;
- f) in cases covered by Clause 3.3, present a copy of the death certificate;
- g) in cases covered by Clause 3.5, present a statement from the event organiser confirming that the event was cancelled, that there is no alternative date and that the cost of the entrance ticket has not been refunded.

5.1 Consequences of non-compliance with obligations

The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3.

Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Mobile phone theft insurance

(Insurer: BD24 Berlin Direkt Versicherung AG)

1 Insured item

One smartphone or mobile phone per existing Plus account – hereinafter referred to as the "insured device" – is insured.

2 Preconditions for the insurance cover

- 2.1 The preconditions for the insurance cover are that the insured device:
- was purchased new from an official dealer for private purposes;
 - is no more than three years old at the time of the insured event;
 - was purchased in Germany or is covered by a current mobile phone contract in the name of the insured person in Germany.
- 2.2 Changing the insured device does not invalidate the insurance cover.

3 Insured events

We will pay compensation for loss of the insured device if it is the result of one of the following insured events:

- theft;
- a break-in;
- robbery;

4 Limitations of the insurance cover

- 4.1 There is no insurance cover for any events not listed under Clause 2.
- 4.2 We will also not provide benefits if:
- you fraudulently attempt to misrepresent circumstances that are relevant to the grounds for or amount of the benefit;
 - you caused the damage intentionally;

4.3 Limitation of the insurance cover in the event of gross negligence

If you bring about the insured event through gross negligence, we are entitled to reduce the benefit in proportion to the extent of your culpability.

5 Sum insured

The sum insured under the mobile phone theft insurance is €500.00.

6 Compensation limits

- 6.1 A maximum of one insurance claim may be made per calendar year.
- 6.2 The maximum compensation payment per insured event within the sum insured is determined by the age of the insured device at the time of the insured event.
- 6.3 For insured devices up to 12 months old, we will reimburse the original purchase price up to a maximum of the sum insured.
- 6.4 For insured devices older than 12 months, the following compensation limits apply:
- between 13 and 24 months: 75% of the original purchase price up to a maximum of 75% of the sum insured;
 - between 25 and 36 months: 50% of the original purchase price up to a maximum of 50% of the sum insured;

7 Deductible

No deductible has been agreed.

8 Evidence of insured events

In order to prove the occurrence of an insured event within the period of insurance, you must:

- submit original invoices and receipts;
- keep the claim as low as possible and avoid unnecessary costs;
- notify the insurer of the occurrence of the insured event promptly. The claim form and the necessary receipts should reach the insurer no later than 4 weeks after the event (email to: schaden@berlin-direktversicherung.de);
- report the theft, break-in or robbery promptly (within 24 hours) to the appropriate police station;
- describe and provide evidence of the insured event and the scope of the claim on the claim form and provide the insurer with any information that helps to clarify the matter. The invoice or purchase receipt proving that the insured device was purchased by the account holder and a copy of the police report must be attached to the claim form.

8.1 Consequences of non-compliance with obligations

The legal consequences of a breach of any of these obligations are outlined in Section I Clause 3.3. Knowledge and culpability of the insured person is equivalent to the knowledge and culpability of the account holder.

Section III – Excerpt from the Insurance Contract Act (VVG)

Section 28 Non-observance of an incidental obligation

(2) Where the contract provides that the insurer is not obliged to effect payment in the event of the non-observance of an incidental obligation on the part of the policyholder, he or she is released from the liability if the policyholder intentionally breached the obligation. In the case of grossly negligent non-observance of the obligation, the insurer is entitled to reduce any benefits payable commensurate with the severity of the policyholder's fault; the burden of proof that there was no gross negligence is on the policyholder.

(3) Notwithstanding subsection (2), the insurer is liable insofar as the non-observance of the obligation caused neither the occurrence nor the establishment of the insured event, or the establishment or the extent of the insurer's obligation to effect payment. Sentence 1 does not apply if the policyholder fraudulently breached the obligation.

(4) The condition on which the insurer's entire or partial release from liability in accordance with subsection (2) is based is, in the event of a violation of an existing duty to provide information or duty of disclosure after the occurrence of an insured event, the fact that the insurer informed the policyholder of this legal consequence, in separate correspondence and in writing.

Section 86 Assignment of claims

(1) If the policyholder has a claim for compensation against a third party, this claim is transferred to the insurer to the extent that the insurer compensates for the damage. The claim may not be assigned to the detriment of the policyholder.

(2) The policyholder safeguards his or her claim for damages, or a right serving to safeguard this claim, in accordance with the applicable form and time requirements, and assists the insurer wherever necessary in asserting them. If the policyholder intentionally breaches this obligation, the insurer is not obliged to effect payment insofar as he or she cannot as a result claim compensation for it from a third party. In the event of a grossly negligent breach of the obligation, the insurer is entitled to reduce the benefits payable, commensurate with the severity of the

policyholder's fault; the burden of proof that there was no gross negligence is on the policyholder.

(3) If the policyholder claims compensation from a person with whom he or she is sharing a common household when the loss occurs, assignment in accordance with subsection (1) may not be asserted, unless that person intentionally caused the loss.

Section IV – Additional Information about the Travel Insurance

We want you to have a good understanding of your insurance. We would therefore like to explain the specific term "unexpected serious illness" and provide some examples for you. Please note that the examples are not exhaustive.

You are insured against unexpected serious illness by this policy. The illness must be "unexpected" and "serious". We will start by defining the criterion "unexpected" and then provide some examples of "serious" illnesses.

Case 1:

Any initial occurrence of an illness after the insurance is taken out and after the trip is booked is considered to be unexpected.

Case 2:

A repeat occurrence of an illness is also insured if no treatment for this illness was given in the 2 weeks before the insurance was taken out.

Case 3:

An unexpected deterioration of a pre-existing illness is also insured if no treatment for the illness was given in the 6 months before the insurance was taken out.

Regular medical examinations to establish the state of your health are not regarded as treatment. The examinations must not have been carried out for a specific reason or to treat the illness.

Examples of serious illnesses (not exhaustive):

- the attending physician has confirmed unfit to travel;
- the medical impairment certified by the doctor is so severe that the insured person is unable to make use of the planned main travel services because of the symptoms and complaints arising from the illness;
- the presence of the insured person is required because of the medically certified illness of a risk person;

Examples of an "unexpected serious illness" in travel cancellation insurance (not exhaustive):

- The insured person takes out insurance for a trip that has been booked. Shortly before they set off, they suffer a heart attack.
- The mother of the insured person is diagnosed with pneumonia after the insurance has been taken out and the trip booked. Because of her condition, the mother is dependent on the care of the insured person.
- When the insurance is taken out, the insured person has an allergy. No treatment for the allergy has been given in the 6 months before the insurance was taken out. Before setting off, they have a strong allergic reaction. The attending physician confirms their unfit to travel because of the intensity of the allergic reaction.

Examples of an "unexpected serious illness" in travel curtailment and emergency insurance (not exhaustive):

- The insured person takes out insurance for a trip that has been booked. During the trip, they have a heart attack for the first time.
- After the insurance has been taken out and the trip booked, the mother of the insured person is diagnosed with pneumonia during the insured person's trip. Because of her condition, the mother is dependent on the care of the insured person.
- When the insurance is taken out, the insured person has an allergy. No treatment for the allergy has been given in the 6 months before the insurance was taken out. During the trip, they have a strong allergic

reaction. The attending physician recommends an early return from the trip because of the intensity of the allergic reaction.

Not all the conceivable cases are insured. Examples that are not cases of "unexpected serious illness" (not exhaustive):

- The insured person is suffering from an illness that progresses in stages (e.g. multiple sclerosis, Crohn's disease). Treatment for the pre-existing illness has been given in the 6 months before the insurance was taken out or the trip was booked. The illness is not therefore covered.

Section V – Additional Information about the Mobile Phone Theft Insurance

We want you to have a good understanding of your insurance. We would therefore like to explain the terms "theft", "break-in" and "robbery". Please note that the explanations are not exhaustive.

Theft: is when someone takes the insured device with the intention of unlawfully taking possession of it themselves or giving it to a third party. Insurance cover exists only if the insured device is in the personal safekeeping of the insured person and is being carried in a safe place.

A break-in: is when the insured device is taken after someone has entered the premises by force.

Robbery: is when someone uses violence against the insured person or threatens to do so to overcome their resistance to the removal of the insured device.

Arbitration bodies

We wish to draw your attention to the possibility of out-of-court dispute resolution.

HanseMerkur's voluntary membership of the Verband der Privaten Krankenversicherung e.V. means that it will participate in dispute resolution proceedings before a consumer arbitration board for health and long-term care insurance in accordance with its Articles of Association.

Ombudsman

Private Kranken- und Pflegeversicherung PO Box
060222

10052 Berlin, Germany

Hotline: +49 1802 550 444

Fax: +49 30 204 589 31

Further information is available online at:
www.pkv-ombudsmann.de.

For the other insurance categories, participation is on the basis of voluntary membership of Versicherungsombudsmann e.V. (insurance ombudsman organisation).

Versicherungsombudsmann e.V. PO Box
080 632

10006 Berlin, Germany

Tel.: +49 800 3696000

Fax: +49 800 3699000

Email: Beschwerde@versicherungsombudsmann.de

Further information is available online at:
www.versicherungsombudsmann.de.