Group+ Business Travel Accident Policy

This insurance is underwritten by AIG Europe S.A., an insurance company incorporated under the laws of Luxembourg with R.C.S. Luxembourg number B218806. AIG Europe S.A. has its head office at 35D Avenue J.F. Kennedy, L-1855 Luxembourg. http://www.aig.lu/

AIG Europe S.A. is a non-life insurer authorised by the Luxembourg Ministère des finances and supervised by the Commissariat aux Assurances 7, Boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1 caa@caa.lu http://www.caa.lu/

The Dutch branch of AIG Europe S.A., also trading under its tradename AIG Europe, Netherlands, has its registered branch office at Crystal Building B, Rivium Boulevard 216-218, (2909 LK) Capelle aan den IJssel. Chamber of Commerce number: 7130549. Correspondence address: AIG Europe, Netherlands, Postbus 8606, 3009 AP Rotterdam. Tel: (+31) (0)10 453 5455 Dutch branch VAT number: NL858662590B01

With respect to risks located in the Netherlands, AIG Europe S.A. also has to comply with the financial conduct rules deriving from the Dutch Financial Supervision Act, which are supervised by the Autoriteit Financiële Markten. Contact details of the Autoriteit Financiële Markten can be found at www.afm.nl. In some or all respects, the regulatory systems applying in other countries where the Dutch branch of AIG Europe S.A. does business will be different from that of Luxembourg.

If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at http://www.aig.lu/.

Uncertainty provision

Unless the parties have expressly agreed otherwise, this agreement complies with the uncertainty requirement as envisaged in section 7:925 of the Dutch Civil Code, if and to the extent that the damage suffered by a third party for which compensation is claimed vis-à-vis an insured, is the result of an event of which it was not certain to the parties at the time when the insurance was taken out that any damage had arisen to such third party from such occurrence, or would still arise according to the normal course of affairs. Any damage that does not meet the above-mentioned requirement of uncertainty shall not be covered.

Translation

This document has been translated from the original Dutch wording. In case of discrepancies between the wording of this document and the original Dutch wording, the Dutch wording shall prevail.
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AIG Assistance

The AIG Assistance helpline is available 24 hours a day, 365 days a year via +31 (0) 10 453 3656

When calling AIG Assistance, the Insured should provide the following information:

1. Insured's name and the policy number;
2. Telephone number on which the Insured can be reached;
3. Nature of the assistance required;
4. Location (city/country) of the Insured;
5. Name of the Insured’s employer, company or organization.

In case of Kidnapping, Ransom, Extortion and Crisis Management calls the Insured with the Crisis helpline.

The Crisis helpline is available 24 hours a day, 365 days a year via +1 713 260 5500

Assistance is available for medical emergencies or requests, as well as for travel advice before, during and after Business trips while on a Business trip. Below are some of the services we can provide:

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<thead>
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<th>Medical assistance services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>24-Hour phone assistance</td>
<td>Access to Assistance 24 hours a day, 365 days a year by multilingual assistance coordinators, experienced in the procedures of Hospitals and clinics worldwide.</td>
</tr>
<tr>
<td>Core</td>
<td>Medical expertise</td>
<td>AIG Assistance is available at any time to ensure that the best medical treatment and medical advice is provided.</td>
</tr>
<tr>
<td>Core</td>
<td>Direct payment to Hospitals</td>
<td>AIG Assistance arranges for hospitals or clinics to bill the Insurance Company directly where possible and applicable.</td>
</tr>
<tr>
<td>Core</td>
<td>Repatriation</td>
<td>AIG Assistance organizes repatriation in emergency situations, including medically required transport (by air) depending on the circumstances of the case and if necessary, fully equipped with a medical team. On return, suitable transportation will be provided to bring an Insured to a Hospital or his/her home address in his/her Country of Domicile, in so far this is necessary.</td>
</tr>
<tr>
<td>Core</td>
<td>Emergency message relay</td>
<td>The arranging of travel in emergencies in liaison with the Medical practitioners, Hospital or Insured’s Relatives. The service encompasses costs of travel, accommodation, guides, interpreters, taxi’s, and telephone and childcare expenses for which proof is submitted and which were incurred on the recommendation of the AIG Assistance Medical Consultants and within the constraints of the policy. Anyone who is required to travel abroad to visit an Insured will be insured under section 2 - Medical expenses.</td>
</tr>
<tr>
<td>Core</td>
<td>Transport of human remains</td>
<td>AIG Assistance organises the repatriation of human remains and arranging the necessary import/export documents.</td>
</tr>
<tr>
<td>Core</td>
<td>Emergency cash advance</td>
<td>AIG Assistance aids with replacement of Money that has been lost or stolen. Abroad and provides advice on cancellation of lost or stolen payment cards or traveler’s checks. Any Money amount that is replaced will be deducted from any subsequent valid claim made under section 9 - Benefit for loss of Money or must otherwise be reimbursed to the Insurance Company.</td>
</tr>
<tr>
<td>Core</td>
<td>Port/Airport assistance</td>
<td>AIG Assistance liaises with the carrier and gives advice if an Insured has been delayed on the way to departure point and, if necessary, makes onward travel arrangements.</td>
</tr>
</tbody>
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**Core Module**

1. Personal Accidents
2. Medical Expenses
3. Repatriation and other Emergency Travel Expenses
4. Personal Liability
5. Trip Cancellation
6. Travel Interruption or Rearrangement

**Plus Module**

7. Legal Expenses
8. Baggage
9. Loss of Money
10. Travel Inconvenience
11. Rental Vehicle Deductible

**Assured Module**

12. Hijacking
13. Kidnap, Ransom and Extortion
14. Crisis Management
15. Search and Rescue
16. Evacuation for political risks or Natural Disasters

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**Plus Module**

**Core Module**

<table>
<thead>
<tr>
<th>Modules</th>
<th>Travel advice services via App and Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>Pre-Travel advice</td>
<td>This service provides helpful and relevant information to aid in preparation for the journey.</td>
</tr>
<tr>
<td>Core</td>
<td>Email travel alerts</td>
<td>This service sends regular alerts to the Insured’s by email, so they are notified of altered political situations or severe weather conditions that might disrupt travel.</td>
</tr>
<tr>
<td>Core</td>
<td>Security awareness training</td>
<td>Access to an e-learning program for security and situation awareness that can help the Policyholder comply with their duty of care to the Insured during a Business trip. This program provides practical advice about personal security, preparation and arrival, travel health risks, getting around at the destination, street crime, robbery, Kidnapping, Terrorism and unrest. The program provides a verifiable audit trail that allows the Policyholder to benchmark awareness levels.</td>
</tr>
</tbody>
</table>

AIG Assistance provides aid in arranging replacement passports, visas, and other travel documents if lost or stolen whilst on a Business trip and can also arrange travel and accommodation alterations in connection with a claim under section 8 - Baggage.

Assistance for Insured business travelers in connection with a claim under section 8 - Baggage. The Insurance Company will however not arrange for the work to be carried out.

www.aig.com/nl/travelguard
Claims Procedure

How to react in any other situation

1. In the following cases, the Insured is requested to contact the Crisis Hotline directly:
   - Kidnapping, Ransom and Extortion
   - Crisis Management

How to contact the Crisis Hotline

The Insured can call the Crisis Hotline 24 hrs a day, 365 days a year:
Emergency Crisis Helpline +1-713 260 5500

2. For all other urgent claims, see the section on AIG Assistance.

3. For all other claims, the Insured just needs to register the claim upon his/her return, so it can be settled in accordance with the applicable policy conditions (including the General Conditions).

How to claim expenses?

The Insurance Company differentiates between two possible situations:

- In case of medical treatment, hospital admittance/stay:
  The Insured should contact AIG Assistance as soon as possible. Once cover is confirmed, the expenses can be paid directly by AIG Assistance to the health care provider(s).
- In other cases:
  The Insured must pay the expenses him/herself and submit an expenses claim to the Insurance Company upon his/her return.

How to register a claim?

The Insured may obtain a claim registration form by contacting claims.nl@aig.com. The claim form should be completed and signed. The form can be returned to the Insurance Company by email together with the documents specified on the claim registration form plus any other documents requested by the Insurance Company.
Period of Cover

The Insured is only covered for the period of time specified on the Policy Schedule. The period of cover as mentioned on the Policy Schedule is as described below.

OT1 - Business Travel (excluding domestic Business Trips)
When an Insured is on a Business Trip outside his/her Country of Domicile, the period of cover commences from the time the Insured leaves his/her habitual place of residence or place of work, whichever occurs last, and ends at the moment the Insured returns to his/her habitual place of residence or place of work, whichever occurs first.

OT2 - Business Travel (including domestic Business Trips)
When an Insured is on a Business trip, the period of cover starts from the time the Insured leaves his/her habitual place of residence or place of work, whichever occurs last, and ends at the moment the Insured returns to their habitual place of residence or place of work, whichever occurs first. Domestic or in-country Business trips are included, so long as one of the following conditions is fulfilled:

a. The travel includes at least one prebooked overnight stay in a hotel; or
b. The travel is by scheduled flight; or
c. The travel is by high speed train; or
d. The destination is more than 150 kilometers from the regular place of work.

The following types of cover do not apply to Business trips within the Country of Domicile: Medical expenses, urgent travel expenses, cost for after-care in the Country of Domicile, Funeral expenses, Legal expenses, Personal Liability and Evacuation due to political risks and Natural Disasters.
General Definitions A - C

In this policy certain terms and expressions are used, which have a specific meaning. In some cases the meaning in question is unique to this policy. Below you will find these terms. Every time one of these terms is used in the Policy Schedule or policy conditions (or any endorsements), it is in Italic with a Capital Letter. Plural forms of the words defined have the same meaning as the singular form.

Abroad
Any country other than the Country of Domicile.

Accident
An Event with an external cause and which causes the Insured to suffer bodily Injury.

Act of war
Extraordinary circumstances such as armed conflict, civil war, uprising, civil disturbances, riot and mutiny. These six cited forms of Acts of war, as well as the definitions thereof, form part of the text filed by the Dutch Association of Insurers on 2 November 1981 with the court registry of The Hague District Court, and as such form part of this insurance contract.

Additional travel expenses
Costs that are paid in advance for the Insured’s Business Trip, including but not limited to overnight hotel stays, rental vehicles, Conveyance, vehicles and aircraft, registration costs, visa’s, other administration costs, and insurance premiums not included under Additional Travel Expenses.

Adverse publicity
Negative reporting in local, regional or national media (including not limited to radio, television, newspaper or magazines) that has Negative reporting in local, regional or national media (including not limited to radio, television, newspaper or magazines) that has

Annual salary
- For insured amounts: the Insured’s salary, as declared to the Tax and Customs Administration for the twelve-month period immediately prior to the Accident. If employment has not existed for a full twelve-month period, it will be derived as if employment had existed for the period referred to.
- For calculation of the insurance premium: the Insured’s total annual salary that must be declared to the Tax and Customs Administration.

Limit per accident
The maximum amount that the Insurance Company will pay in total based on the schedule of cover, including that which is described in 1.2 Additional cover of Section 1 Personal Accidents.

App (applicable to section 9)
An application or self-contained program or piece of software downloaded by a user to a mobile device for the purpose of making payments.

Baggage
The Personal Property taken on a trip by the Insured for his/her personal use, as well as items purchased during the trip, as well as Personal Property purchased by the Policyholder during the Business Trip for his/her personal use. Policies (including parts or accessories) of the Policyholder, for which the Insured is responsible.

Business equipment
Property (other than money, vehicles, bicycles, drones, vehicle parts or accessories) of the Policyholder, for which the Insured is responsible.

Business trip
Any trip undertaken during the Period of Insurance primarily in connection with the Policyholder’s activities and scheduled to last for a maximum duration of twelve months. Additional non-business activities are also covered when undertaken prior to, during or after a business trip.

Crisis
A potential loss directly connected with a claim for Personal Accidents or Medical Expenses on the basis of this Policy resulting in a decisive, unstable or critical period in the Policyholder’s affairs or activities that

Country of domicile
The country where an insured is registered in the population register and where he/she has his/her primary place of residence.

Crisis consultants
The independent Crisis Consultants previously approved by the Insurance Company in writing for consultation by the Policyholder in connection with a Crisis.

Crisis coverage period
The period of time commencing when the Crisis is first reported to the Insurance Company, on condition that this is done within 24 hours of media reporting, and ending not later than thirty days thereafter.
### General Definitions D - H

**Departure**
The travel date upon which the Insured is scheduled to depart, as indicated on the ticket or in the Travel Itinerary.

**Detention**
The holding under duress, in excess of 12 hours, of an Insured for whatever reason, other than Kidnapping, and irrespective of whether the Insured is held by government authorities in a place of custody or by other parties.

**Director**
Any person holding the position of director of the Policyholder (but excluding non-executive directors or company secretary unless agreed in writing by the Insurance Company) or any person who is a member of the management (or equivalent body) of a company.

**Disability**
Loss of limb, loss of sight, loss of hearing, Permanent Partial Disability, Permanent Total Disability, Paraplegia, Quadriplegia, Hemiplegia, and Triplegia.

**Employee**
Any person who has concluded a contract of employment, contract of service or apprenticeship with the Policyholder.

**Event**
A sudden and unexpected event or series of connected events giving rise to losses outside the control of the Insured and/or Policyholder and occurring at an identifiable time and place. The duration and scope of an Event is limited to 72 consecutive hours and within a 15-kilometer radius of the event.

**Extortion or Personal extortion**
A threat or connected series of threats communicated to the Policyholder or to an Insured for the purpose of demanding Ransom Monies or to an Insured or to an Employee for the purpose of demanding Ransom Monies.

**Felonious assault**
Willful and/or unlawful use of force upon the Insured (1) that results in BODILY INJURY to the Insured; and (2) is a criminal offence in the country, province or region in which it occurs.

**Financially Dependent Child**
Any of an Insured’s unmarried children (including step or legally adopted children) who are under 27 years of age and who are financially dependent on the Insured

**Financially dependent parent**
A parent, parent-in-law, grandparent, grandparent-in-law, (great) great-grandparent or (great) great-grandparent-in-law (whether natural, step or adoptive) that is primarily dependent on the Insured for maintenance or support, as documented in national tax returns or official equivalent.

**Financial loss**
(1) a 10% decrease within a 48-hour period of the price per share of the Policyholder’s common stock, after deduction of the change in the Standard & Poor’s Composite Index or any other comparable index used to measure the value of assets of the stock exchange in which the Policyholder lists its common stock, or
(2) a decrease greater than 20% of the Policyholder’s consolidated revenues.

**Fracture**
A complete fracture of a bone, or a compound fracture where the bone breaks the skin.

**Funeral or Cremation expenses**
Reasonable and necessary expenses related to the preparation of the Insured’s body for cremation or burial, coffin or urn expenses, hearse leasing and/or burial fees.

**Gradually operating cause**
A cause that is the result of a non-sudden event or events that occur or develop over time that cannot be wholly attributable to a single Accident.

**Hemiplegia**
The permanent, total and irreversible paralysis of one leg below the hip and one arm below the shoulder on the same side of the body.

**Hit-and-run**
A sudden and unexpected event or series of connected events giving rise to losses outside the control of the Policyholder and occurring at an identifiable time and place. The duration and scope of an Event is limited to 72 consecutive hours and within a 15-kilometer radius of the event.

**Hospital**
A facility for the care and treatment of sick or injured persons as paying bed patients, and which:
- a. has organized diagnostic and surgical facilities, and provides 24-hour-a-day nursing services by registered nurses,
- b. is supervised by a staff of medical practitioners, and
- c. is not a nursing home, rest home, convalescent home, place for custodial care, home for the elderly, institution for mental healthcare or behavioral disorders, preventorium, sanatorium, or a place for the treatment of alcoholics or drug addicts, even if located at the same place.

**Homicide**
The unlawful killing of a human being with malice aforethought, and with premeditation.

**Hospice**
A place for custodial care, home for the elderly, institution for mental healthcare or behavioral disorders, preventorium, sanatorium, or a place for the treatment of alcoholics or drug addicts, even if located at the same place.

**Hospital**
A facility for the care and treatment of sick or injured persons as paying bed patients, and which:
- a. has organized diagnostic and surgical facilities, and provides 24-hour-a-day nursing services by registered nurses,
- b. is supervised by a staff of medical practitioners, and
- c. is not a nursing home, rest home, convalescent home, place for custodial care, home for the elderly, institution for mental healthcare or behavioral disorders, preventorium, sanatorium, or a place for the treatment of alcoholics or drug addicts, even if located at the same place.

**Hotel**
A place for the accommodation of paying guests and which:
- a. has organized dining facilities and a staff of professional chefs, and
- b. provides a place for recreation, entertainment or rest, and is furnished with such suitable conveniences as may be expected at a hotel.

**House arrest**
A sudden and unexpected event or series of connected events giving rise to losses outside the control of the Policyholder and occurring at an identifiable time and place. The duration and scope of an Event is limited to 72 consecutive hours and within a 15-kilometer radius of the event.

**Insured**
Any person who has concluded a contract of insurance, contract of suretyship, and/or guarantee agreement with the Policyholder.

**Intentional tort**
Any act committed by the Insured and/or Policyholder and to which the Insured and/or Policyholder had a conscious or innate purpose.

**Jail**
A place for the confinement of persons who are lawfully committed to it by the order of a court of justice or by a duly authorized public officer.

**Kidnap, Ransom and Extortion**
A threat or connected series of threats communicated to the Policyholder or to an Insured for the purpose of demanding Ransom Monies to kill, physically injure or Kidnap an Insured provided that Ransom Monies are not in the possession of the Insured at the time of the threat.

**Moral injury**
The psychological trauma resulting from exposure to traumatic or distressing events that are beyond the control of the individual and have caused the individual to question their own morality, values or beliefs.

**Nursery**
A place for the care and treatment of sick or injured persons as paying bed patients, and which:
- a. has organized diagnostic and surgical facilities, and provides 24-hour-a-day nursing services by registered nurses,
- b. is supervised by a staff of medical practitioners, and
- c. is not a nursing home, rest home, convalescent home, place for custodial care, home for the elderly, institution for mental healthcare or behavioral disorders, preventorium, sanatorium, or a place for the treatment of alcoholics or drug addicts, even if located at the same place.

**Observation**
A sudden and unexpected event or series of connected events giving rise to losses outside the control of the Policyholder and occurring at an identifiable time and place. The duration and scope of an Event is limited to 72 consecutive hours and within a 15-kilometer radius of the event.

**Personal Liability**
Legal expenses or other costs incurred by the Policyholder and/or Insured due to a bodily injury or death of another person or damage to the property of another person, or other legal consequences caused by the insured or by the Policyholder.

**Repatriation**
The return of the Insured to the country, province or region of origin.

**Rental Vehicle Deductible**
The unlawful seizure of, or wrongful taking control of the Policyholder’s rental vehicle (including a vehicle that the Policyholder is in the process of obtaining), and irrespective of whatever reason, other than Kidnapping, and irrespective of whether the vehicle is held by government authorities in a place of custody or by other parties.

**Search and Rescue**
A sudden and unexpected event or series of connected events giving rise to losses outside the control of the Policyholder and occurring at an identifiable time and place. The duration and scope of an Event is limited to 72 consecutive hours and within a 15-kilometer radius of the event.

**Self-inflicted wound**
Any act committed by the Insured and/or Policyholder and to which the Insured and/or Policyholder had a conscious or innate purpose.

**Sudden and Unexpected event**
A cause that is the result of a non-sudden event or events that occur or develop over time that cannot be wholly attributable to a single Accident.
General Definitions I - L

Illness
Harm to the health of the insured not caused by an Accident with indisputable objective symptoms as determined by a Medical practitioner.

Immediate Relative
Partner, father, mother, sister, brother, child, grandchild, grandparent of the insured.

Infectious Disease or Virus Testing
Expenses for a test or tests performed on an Insured to detect the presence of antibodies, antigens or other indicators of the presence of an Infectious Disease or virus, on condition that they (1) are ordered and administered under the care or supervision of a Medical Practitioner and carried out by a licensed medical institution; (2) do not exceed the usual level of charges for similar tests in the locality where the expenses are occurred; (3) meet generally accepted standards of medical practice and (4) do not include charges that would not have been incurred if no insurance had existed.

Informant
Any person, other than an Insured, providing information not otherwise obtainable, solely in return for a reward offered by the Policyholder.

Inpatient
An Insured for whom a clinical case record has been opened with a Hospital and who has been registered with a Hospital for a minimum stay of 24 hours for the medical care and treatment of Bodily injury and/or illness.

Insurance Company
AIG Europe, Netherlands.

Insured
The person or persons described on the Policy Schedule or any endorsements attached to the Policy.

Kidnapping
Any Event or connected series of Events of detaining, holding or carrying away one or more Insured(s) for the purpose of demanding Ransom Monies. This definition does not concern the taking of a minor by his or her parent.

Legal expenses
The costs, fees, expenses and other amounts reasonably incurred by the Legal representative on behalf of the Insured in connection with any claim or legal proceedings.

Legal representative
A lawyer (or other qualified person) who is designated and authorized to act on behalf of and for the account of the Insured.

Loss of hearing
Permanent, total and irrecoverable Loss Of Hearing resulting in inability of the Insured to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by an accredited audiologist.

Loss of limb
In the case of loss of a leg or lower limb:
- a. loss by permanent physical severance at or above the ankle; or
- b. permanent, total and irrecoverable loss of use of the entire leg or entire foot.

In the case of loss of an arm or upper limb:
- a. loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
- b. permanent, total and irrecoverable loss of use of an entire arm or hand.

Loss of sight
The permanent, total and irrecoverable physical loss of one or both eyes or the permanent, total and irrecoverable loss of a substantial part of the sight of one or both eyes.

The Insurance Company will consider Loss Of Sight to be substantial if sight remaining in one eye is assessed at 3/60 or less on the Snellen scale after correction with spectacles or contact lenses (at 3/60 on the Snellen scale a person can see at 3 meters something that a person who has not suffered loss of sight should be able to see at 60 meters).
General Definitions M - Q

Material interruption A disruption in the continuity of the Policyholder’s normal business operations, which (i) requires the direct involvement of all board members or senior executives and diverts their concentration from their normal operating duties; and (ii) is likely to have a significant negative impact on the Policyholder’s revenues, earnings or net worth.

Medical consultant A Medical Practitioner (other than an Insured, a Relative of an Insured, or an Employee of the Policyholder) who holds a medical specialist accreditation issued in accordance with European Union’s medical directives (or foreign equivalents), or by another similarly recognized body, and who specializes in assessing patients’ medical data. For dental treatment, the definition is a dental practitioner who holds a specialist dental accreditation or who specializes in a specific branch of dentistry, and specializes in assessing patients’ medical data.

Medical expenses The reasonable and necessary costs incurred by an Insured outside the Country of Domicile, for medical, surgical or other remedial treatment, for medical, surgical or other remedial treatment of an Insured’s Domicile Country. The reasonable and necessary costs incurred by an Insured outside the Country of Domicile, for medical, surgical or other remedial treatment of an Insured’s Domicile Country, and which in all probability will continue for the remainder of their natural life as determined by a Medical consultant.

Money Coins, bank or currency notes, negotiable instruments, bank drafts, letters of credit, meal vouchers, bank cards, telephone cards, postal or money orders, travelers’ checks, travel tickets, parcel receipts or receipts with a monetary value or credit vouchers in the possession, management or supervision of the Insured, and only intended for business travel, meals, accommodation and personal expenses.

Natural Disaster A volcanic eruption, flood, tsunami, earthquake, landslide, hurricane, tornado or wildfire.

Non-Scheduled Aircraft Accumulation Limit The maximum amount the Insurance Company will pay in total under Section 1, including any additional cover and any other policy of personal Accident insurance issued by the Insurance Company in the Policyholder’s name for all Insureds suffering Bodily injury in the same Accident involving an aircraft (not an Accident with a Scheduled Aircraft) contributed to or caused by the same original cause, Event or circumstance.

Paraplegia Permanent and entire paralysis of both legs and (part of) the lower half of the body.

Partner A person who is an Insured’s husband or wife, fiancé or fiancée, or any civil or de facto partner with whom the Insured has continuously lived for at least three months at the same place of residence immediately prior to the commencement date of the Business trip.

Period of Insurance The period of time during which the Policy is in force as specified on the Policy Schedule.

Permanent Total Disablement - applicable to Employees and/or Directors A permanent, total and irrecoverable Disability that is described in the schedule of cover and that fully prevents the Insured from working in their usual occupation, and which in all probability will continue for the remainder of their natural life as determined by a Medical consultant.

Personal Property Property owned by and in the custody or control of the Insured during Business travel (other than money, vehicles, bicycles, vehicle parts and accessories or Business equipment).

Policy Schedule The document that contains details about the Period of Insurance and the Insured(s), including the sections of the policy and Sums Insured, and which should be read together with this document.

Psychological Therapy Expenses incurred by any individual, joint or family psychological counselling on condition that this resulted from a referral by a Medical Practitioner, and (1) it meets generally accepted standards of medical practice and (2) does not include charges that would not have been made if no insurance had existed.
Ransom Monies
Any monies which the Policyholder or the Insured has paid (or lost in transit/delivery) under circumstances described in the description of cause, including cash, negotiable monetary instruments, gold bullion, or the fair market value of any securities, property or services.

Reasonable Additional Expenses
Expenses for meals, taxi journeys, essential telephone calls and accommodation that were necessarily incurred as the result of travel delay and that are in excess of any vouchers provided or costs borne by the Travel supplier or any other party.

Relative
The Insured’s or Partner’s aunt, brother, brother-in-law, child, grandchild, grandparent, nephew, niece, parent, parent-in-law, Partner, sister, sister-in-law or uncle.

Rental vehicle
A passenger car, minivan, minibus or 4x4 vehicle intended for passenger transport, hired from a licensed motor vehicle rental company for the sole purpose of carrying the Insured and their traveling companions on public roadways. It shall not include any other type of vehicle or vehicle use.

Quadriplegia
The permanent and entire paralysis of both legs and both arms.

Scheduled Aircraft
An aircraft that has more than 18 seats and flies from an internationally recognized airport on a published schedule.

Scheduled Aircraft Accumulation Limit
The maximum amount the Insurance Company will pay in total under Section 1 including any extensions and any other policy of personal Accident insurance issued by the Insurance Company in the Policyholder’s name for all Insured suffering Bodily injury in the same Accident or series of Accidents involving a Scheduled Aircraft contributed to or caused by the same original cause, Event or circumstance.

Sexual assault
Any involuntary sexual act in which a person is coerced or physically forced to engage against their will.

Sum insured
The set payable amount as specified on the Policy Schedule or maximum payable amount per Event.

Terrorism
Violent acts and/or activities committed outside of the scope of one of the forms of Act of war stated in Section 38 of Book 3 of the Dutch Financial Supervision Act, in the form of an attack or a series of attacks coordinated in time and nature, causing injury and/or harm to health, whether or not fatal, and/or damage to property, or otherwise affecting economic interests, whereby it can be assumed that the attack or series was planned and/or carried out, whether or not by an organization, with the aim of achieving particular political and/or religious and/or ideological aims.

Third Degree Burns
Burns that have resulted in the complete destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands) down to the subcutaneous fatty tissue, and that require surgery or a skin grafting to treat.

Travel Itinerary
The schedule of the Insured’s intended Business trip.

Travel supplier
Any legal entity that provides travel arrangements for the Insured’s Business trip.

Tripelgia
Permanent, total and irrecoverable paralysis of both legs below the hip and one arm below the shoulder or both arms below the shoulder and one leg below the hip.

Victim
An Insured who is the subject of a valid claim.
## Core Module

This module of the policy conditions forms the core of the Group+ Business Travel Accident Policy, and details the coverage for:

**SECTION 1** Personal Accidents

**SECTION 2** Medical Expenses

**SECTION 3** Repatriation and other Emergency Travel Expenses

**SECTION 4** Personal Liability

**SECTION 5** Trip Cancellation

**SECTION 6** Travel Interruption or Rearrangement

---

### Core Module

1. **Personal Accidents**
2. **Medical Expenses**
3. **Repatriation and other Emergency Travel Expenses**
4. **Personal Liability**
5. **Trip Cancellation**
6. **Travel Interruption or Rearrangement**

### Plus Module

7. **Legal Expenses**
8. **Baggage**
9. **Loss of Money**
10. **Travel Inconvenience**
11. **Rental Vehicle Deductible**

### Assured Module

12. **Hijacking**
13. **Kidnap, Ransom and Extortion**
14. **Crisis Management**
15. **Search and Rescue**
16. **Evacuation for political risks or Natural Disasters**

---

AIG Group+ Business Accident Polisvoorwaarden | V.2018-08
SECTION 1 Personal Accident

1.1 Death and Permanent Disablement caused by an accident

Description of coverage
If, during the Period of Insurance and the period of cover as specified on the Policy Schedule, the Insured suffers Bodily injury, which within two years of the date of the Accident, solely and independently of any other causes, results in death or Disablement as listed in the schedule of cover shown below, the Insurance Company will pay the applicable percentage of the Sum insured as shown on the Policy Schedule.

Coverage under this section is included for the items specified in the schedule of cover. The amount payable for each Bodily injury is payable as a percentage of the Sum insured on the Personal Accident Insurance Company schedule.

Extensions to the definition of accident
If an Insured suffers Bodily injury as a direct result of the situations listed below, the Insured will pay the applicable percentage of the Sum insured shown in the schedule of cover.

- The consequences of inappropriate medical treatment, wound infection or blood poisoning directly connected with a covered Accident.
- The consequence of lawful self-defense, rescue (or attempted rescue) of endangered persons, animals or goods.
- The acute and unwitting consumption of solid/liquid substances and/or inhalation of gaseous substances that are harmful to health.
- Animal and insect bites in so far as physically evident effects can be identified as a result of the bite.
- Spraining or tearing a muscle, tendon, ligament or capsule as a result of a sudden exertion, strain, heating or dislocation.
- Fatigue and deprivation when separated from the outside environment as a result of a disaster (flood, shipwreck, emergency landing, collapse, etc.), exceptional weather conditions, freezing temperatures, heat stroke, accidental drowning, accidental suffocation (not as a result of Illness), lightning strike, sunstroke.
- The consequence of lawful self-defense, rescue (or attempted rescue) of endangered persons, animals or goods.
- The acute and unwitting consumption of solid/liquid substances and/or inhalation of gaseous substances that are harmful to health.

Permanent Total Disablement

<table>
<thead>
<tr>
<th>Description of accident cover levels</th>
<th>Percentage payable per claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Death</td>
<td>100%</td>
</tr>
<tr>
<td>1.1 Permanent Total Disablement</td>
<td>100%</td>
</tr>
<tr>
<td>1.2 Irreversible insanity</td>
<td>100%</td>
</tr>
<tr>
<td>1.3 Permanent Total Loss of sight</td>
<td>100%</td>
</tr>
<tr>
<td>1.4 Permanent total Loss of one limb</td>
<td>100%</td>
</tr>
<tr>
<td>1.5 Permanent total Hearing loss in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>1.6 Permanent total loss of speech</td>
<td>100%</td>
</tr>
<tr>
<td>1.7 Third Degree Burns and/or resultant disfigurement which extend to cover more than 40% of the entire external body</td>
<td>100%</td>
</tr>
<tr>
<td>1.8 Permanent total loss of function of the back or spine below the neck without damage to the spine</td>
<td>100%</td>
</tr>
<tr>
<td>1.9 Permanent total Hearing Loss in one ear</td>
<td>100%</td>
</tr>
<tr>
<td>1.10 Permanent total loss of one thumb</td>
<td>100%</td>
</tr>
<tr>
<td>1.11 Permanent total loss of lower jaw as a result of surgery</td>
<td>100%</td>
</tr>
</tbody>
</table>
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Items Description of accident cover levels Percentage payable per claim
1.12 Permanent total loss of function of the neck or cervical vertebrae without damage to the spine 30%
1.13 Permanent total loss of an index finger 20%
1.14 Permanent total loss of a kidney 15%
1.15 Permanent total loss of a big toe 10%
1.16 Permanent total loss of sense of taste or smell 10%
1.17 Permanent total loss of a finger other than index finger 10%
1.18 Permanent total loss of any loss other than big toe 5%
1.19 Permanent total loss of a spleen 5%
1.20 Loss of at least 50% of healthy and natural teeth and capped or crowned teeth but excluding milk teeth and dentures (percentage shown is per tooth) 1% up to a total Sum Insured of €10,000 for all lost teeth
1.21 Shortening of the leg by at least 5 cm 10%
1.22 Permanent Partial Disability A percentage of the Sum Insured that corresponds to the percentage reduction of overall physical function, taking account of the percentages shown for items 1.2 - 1.19. The extent of Disability is determined in accordance with the most recent edition of the ‘Guides to the Evaluation of Permanent Impairment’ of the American Medical Association (A.M.A.) plus the guidelines of the Dutch associations of specialists.

Conditions
1 The Sum insured in Item 1.0 for an Insured child is limited to €15,000, except for Insured aged 16 to 18 years inclusive who are working for the Policyholder on the date of the Accident resulting in the Bodily Injury.
2 The Sum insured in Item 1.0 or Disability will be reduced by 50% or to €100,000, whichever is lower, once the Insured has reached 85 years of age.
3 If an Insured had an existing physical impairment or existing medical condition prior to the date of the Accident, the calculation of the benefit payable for Items 1.1 to 1.21 of the schedule of cover will be based on the difference between the Insured’s physical impairment or medical condition before and after the covered Accident.
4 This assessment will be made by the Insured’s Medical practitioner or Medical consultant or an independent Medical consultant as determined and appointed by the Insurance Company, which will determine the percentage to be applied to the Sum insured shown on the Policy Schedule.
5 Limitation on multiple benefits. If an Insured suffers one or more Bodily Injuries from the same Accident for which amounts are payable under more than one of the benefits as listed on the schedule of cover, the maximum amount payable under all of the benefits combined will not exceed 100% of the Sum insured as shown on the Policy Schedule.
6 The maximum amount that the Insurance Company will pay under this and any other travel insurance issued by the Insurance Company in the name of the Policyholder, for all Insured that have suffered Bodily Injury as a result of the same Accident or series of Accidents, caused by or as a result of the same Event. The resulting reduction of liability relating to the Scheduled Aircraft Accumulation Limit, the Non-Scheduled Aircraft Accumulation Limit or the any one accident limit shown on the Policy Schedule, will be charged proportionately in the amounts payable for each Insured.
7 Item 1.1 shall only apply to Employees and Directors of the Policyholder.
1.2 Additional Benefits & Cover
If, during the Period of Insurance and the period of cover as specified on the Policy Schedule, an Insured sustains Bodily injury, which within two years after the date of the Accident, results in death or Disablement as listed in the schedule of cover shown below, the Insurance Company will pay the following additional cover. Payment shall be made to the Policyholder unless the Policyholder and the Insurance Company agree otherwise.

1.2.1 Benefits for survivors of an Accident

12.1.1 Cosmetic Surgery, prosthesis, Psychological Therapy and wheelchair Benefits
In the event of Bodily injury sustained by an Insured results in compensation under the schedule of cover in Article 1.1 and treatment includes any of the following as prescribed by a Medical Practitioner, the Insurance Company will pay an additional benefit as follows:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable per Person per Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic Surgery</td>
<td>If cosmetic reconstructive treatment is required as a result of an Accident, the Insurance Company will pay the costs for cosmetic surgery carried out or prescribed by a Medical Practitioner if it is reported within 730 days of the Accident</td>
<td>Up to € 10,000</td>
</tr>
<tr>
<td>Prosthesis</td>
<td>If a prosthesis is required as a result of Loss Of Limbs as a result of an Accident, the Insurance Company will pay the costs for providing this prosthesis, on condition that this is reported within 730 days of the Accident</td>
<td>Up to € 10,000</td>
</tr>
<tr>
<td>Psychological Therapy</td>
<td>Reimbursement for costs of professional Psychological Therapy incurred within 365 days of an Accident where the benefit payable is more than 50% of the Sum insured shown on the Policy Schedule.</td>
<td>Up to € 10,000</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>Reimbursement of costs for a wheelchair incurred within 12 months of an Accident loss of mobility must be solely and directly caused by an Accident and wheelchair Benefit is not payable if the Insured already required usage of a wheelchair prior to the Accident</td>
<td>Up to € 1,500</td>
</tr>
</tbody>
</table>

1.2.1.2 Domestic Help and Home and Car Alteration Benefits
In the event Bodily injury sustained by an Insured results in a benefit under the schedule of cover, the Insurance Company will pay an additional benefit as follows:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable per Person per Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Help Benefit</td>
<td>Reimbursement of the reasonable and necessary expense of an outside service for in-home domestic services while recovery is in progress for a valid claim under Item 1.1 of the schedule of cover and/or the reasonable and necessary expense for transport to and from the Insured’s usual place of work if the Insured’s medically certified as being unable to drive a vehicle or travel on public transport. Payment will cease when a benefit is paid as per the schedule of cover</td>
<td>5% of the Sum insured up to a maximum of €10,000 for all expenses incurred</td>
</tr>
<tr>
<td>Home and Car Alteration Benefit</td>
<td>Reimbursement of the reasonable costs for alterations to his/her house and/or car (excluding but not limited to the installation of ramps for external and internal wheelchair access, internal guide rails, emergency alarm system and similar disablement aids) to enable him/her to carry out everyday activities (such as washing, cooking, bathing and dressing) and stay in and around his/her house, on condition that such alterations are carried out with the prior written agreement of the Insurance Company and are agreed to by the Medical Practitioner treating the Insured</td>
<td>The reasonable costs incurred up to a maximum of €10,000 for all expenses incurred</td>
</tr>
</tbody>
</table>
### 1.2.1.3 Hospitalization, Hospital Visitor Expense and Coma Benefits

In the event of Bodily injury sustained by an Insured that results in a benefit under the schedule of cover and the Insured being admitted to a Hospital, the Insurance Company will pay as follows:

<table>
<thead>
<tr>
<th>Cover for Hospitalization</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
<th>Maximum Period Payable per Person per Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits payable for each day that the Insured is admitted to a Hospital as an Inpatient.</td>
<td>Flat amount of €50 per day of Hospitalization.</td>
<td>365 Days</td>
<td></td>
</tr>
<tr>
<td>Reimbursement of cost of transportation for the Partner and/or Financially Dependent Child of the Insured to the Hospital if the Insured is admitted as an Inpatient and is more than 50 kilometers from the Insured’s place of residence.</td>
<td>Actual expenses up to €250 per visit and up to €2,500 for all visits for any one Hospital admission.</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule of Specific Injuries**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Maximum Amount Payable</th>
<th>Maximum Period Payable per Person per Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Degree Burns Cover</td>
<td>Covering more than 27% but less than 40% of the body surface</td>
<td>€10,000</td>
<td>€10,000</td>
</tr>
<tr>
<td></td>
<td>Covering between 18% and up to 27% of the body surface</td>
<td>€5,000</td>
<td>€5,000</td>
</tr>
<tr>
<td></td>
<td>Covering between 9% and up to 17% of the body surface</td>
<td>€1,500</td>
<td>€1,500</td>
</tr>
<tr>
<td>Permanent Facial Scarring Cover</td>
<td>Permanent Facial Scar that is over 1 centimeter in length or 1 square centimeter in area</td>
<td>€5,000</td>
<td>€5,000</td>
</tr>
<tr>
<td></td>
<td>Permanent Facial Scar that is 3.5 to 5 centimeters in length or 3.5 to 5 square centimeters in area</td>
<td>€2,500</td>
<td>€2,500</td>
</tr>
<tr>
<td>Fracture</td>
<td>Neck or spine</td>
<td>€3,500</td>
<td>€3,500</td>
</tr>
<tr>
<td></td>
<td>Hip or pelvis</td>
<td>€1,500</td>
<td>€1,500</td>
</tr>
<tr>
<td></td>
<td>Skull (excluding jaw, cheekbone or nose) or shoulder blade</td>
<td>€650</td>
<td>€650</td>
</tr>
<tr>
<td></td>
<td>Collar bone or upper leg</td>
<td>€650</td>
<td>€650</td>
</tr>
<tr>
<td></td>
<td>Upper arm, kneecap, forearm or elbow</td>
<td>€500</td>
<td>€500</td>
</tr>
<tr>
<td></td>
<td>Lower leg, jaw, wrist (excluding Colles’ fracture), cheekbone, ankle, hand or foot</td>
<td>€350</td>
<td>€350</td>
</tr>
<tr>
<td></td>
<td>Rib (per rib)</td>
<td>€135</td>
<td>€135</td>
</tr>
</tbody>
</table>
**Fracture Cover**

Fracture of finger, thumb, toe (per finger, thumb, toe)

Maximum Benefit for Fractures in any one accident

- € 100
- € 3,500

Additional conditions applicable to the Schedule of specific injuries:

1. For those Insureds who were diagnosed with osteoporosis prior to the date of the Accident or as the result of the Accident, the Fracture Benefit will only be payable once during the lifetime of this Policy.

2. The maximum amount payable for all claims from any one accident under the Burns, Facial Scarring and/or Fracture Benefits will be € 15,000.

3. In no event will a benefit be payable for Third Degree Burns, Facial Scarring or Fractures if a benefit is payable on the grounds of death as a result of an Accident.

**Sexual assault and Felonious assault Benefits**

In the event that during a Business trip an Insured suffers psychological trauma as a result of being a Victim of Sexual assault or Felonious assault or witness to a murder, or witness to violent armed robbery or an act of Terrorism the Insurance Company will pay as follows:

**Cover**

- **Cover for Psychological Therapy**
  - Reimbursement of Psychological Therapy Expenses incurred within 365 days of the reported incident of Sexual Assault or Felonious assault or documentation of witness to murder, witness to violent armed robbery or an act of Terrorism.

- **Cover for hospital visitor’s expenses**
  - If, due to Sexual or Felonious assault or violent armed robbery or an act of Terrorism, an Insured is admitted to a Hospital more than 25 kilometers from his/her regular place of residence, the Insurance Company will pay the reasonable expenses incurred to bring one person as chosen by the Insured to the area where the Hospital is located. Reasonable expenses are payable for transportation to and from the Hospital and accommodation and meals for up to 7 days.

- **Cover for Infectious Disease or Virus Testing**
  - Reimbursement of costs incurred for an Insured undergoing Infectious Disease or Virus Testing within 60 days after the date of a Sexual or Felonious assault.

**Description of Cover**

- Reimbursement of Psychological Therapy Expenses
- Reimbursement of costs incurred for an Insured undergoing Infectious Disease or Virus Testing

**Maximum Amount Payable**

- € 200 per session
- € 500 per day
- € 50 per test
- € 1,500 per test

**Max. Amount Payable per Person per claim**

- € 5,000
- € 3,500
- € 1,500

**Additional condition that applies to the above cover for Sexual Assault**

1. The following is required as evidence of the Sexual Assault: (1) a police report; (2) a declaration by a Medical Practitioner providing treatment.
### 1.2.2 Family Care Benefits

#### 1.2.2.1 Funeral expenses and transport of human remains, additional payment for Financially Dependent Children, Common Disaster Additional Payment, Childcare Expenses, Tutor Benefit for Financially Dependent Children, elder survivor benefit, Tutor Benefit for Partner, and Executor Expenses

In the event of Bodily injury of an Insured that results in a payment for Accidental Death, the Insurance Company will pay an additional benefit as follows:

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
<th>Cumulative Amount or max. duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral expenses and transport of human remains</td>
<td>Reimbursement of reasonable and necessary expenses for transportation of the deceased from the site of death to the funeral service site, a container or casket for the deceased’s remains to be placed in, and basic services of the funeral home and staff including but not limited to embalming, burial or cremation</td>
<td>Reimbursement of actual expenses up to €7,500 per Insured per Event</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Additional Payment for Financially Dependent Children</td>
<td>If an Insured and/or his/her Partner dies during an Accident, an additional amount will be payable for each Financially Dependent Child of an Insured</td>
<td>5% of the Sum Insured for each Financially Dependent Child with a minimum of €5,000</td>
<td>€50,000 for all Financially Dependent Children</td>
</tr>
<tr>
<td>Additional Payment for Common Disaster</td>
<td>In the event that the Insured and his/her Partner die in the same Accident and both are Financially Dependent children, an additional amount will be payable for each Financially Dependent child.</td>
<td>10% of the Sum Insured for each Financially Dependent child with a minimum of €25,000 per Dependent child</td>
<td>€100,000 for all Financially Dependent Children</td>
</tr>
<tr>
<td>Childcare Expenses</td>
<td>Reasonable and necessary additional expenses incurred by the Partner of the deceased Insured for approved, official childcare for each Financially Dependent child under the age of five years who resides with the Partner</td>
<td>€2,750 per Financially Dependent child per month</td>
<td>Amount is payable up to a maximum period of 12 months</td>
</tr>
<tr>
<td>Tuition Benefit - Financially Dependent child</td>
<td>An additional amount will be payable for each Financially Dependent child enrolled in a full-time institute for learning to cover the education costs</td>
<td>Reasonable, actual expenses up to €5,000 per Financially Dependent child per Accident</td>
<td></td>
</tr>
<tr>
<td>Elder Survivor Benefit</td>
<td>An additional amount will be payable for each Financially Dependent elder of the Insured. The benefit will be payable in equal shares if there are multiple surviving Financially Dependent Elders.</td>
<td>Up to €300 per month</td>
<td></td>
</tr>
<tr>
<td>Tutor Benefit - Partner</td>
<td>Reimbursement of the costs of education incurred if the Partner is already enrolled in an institution of higher education, or professional or trade training, or enrolls within four months of the date of the Accidental Death of an Insured</td>
<td>Reimbursement of reasonable, actual expenses up to €2,500 per year</td>
<td></td>
</tr>
<tr>
<td>Executor Expenses</td>
<td>Covers the reasonable and necessary administrative costs incurred by the Executor of the estate in connection with the settlement of the estate, including insurance payments.</td>
<td>Reimbursement of actual expenses up to €1,000</td>
<td></td>
</tr>
</tbody>
</table>

Additional condition applicable to Financially Dependent children and common disaster additional payment benefits:
- In the event that both additional payments for Financially Dependent children and Common Disaster are payable, only the highest of these amounts will be paid.

Additional condition applicable to common disaster additional payment benefits:
- In order for common disaster additional payment benefits to be payable, both the Insured and his/her Partner must be the legal parents or guardians of the Financially Dependent Children.
### Core Module

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paralysis</td>
<td>Automatic extension of coverage for Partners and Financially Dependent children who suffer Bodily injury resulting in Paraplegia, Hemiplegia, Triplegia or Quadriplegia if the Accident occurs while accompanying the Insured on a Business trip.</td>
<td>Amount in the case of complete: Paraplegia/Hemiplegia: € 30,000; Triplegia: € 75,000; Quadriplegia: € 100,000.</td>
</tr>
<tr>
<td>Independent Financial Advice</td>
<td>In the event of a benefit being paid for items 1.0 to 1.7 of the schedule of cover, the Insurance Company will pay an additional amount for reasonable and necessary expenses incurred for the professional financial, taxation and/or investment advice provided by a licensed and registered independent financial advisor in respect of the benefit paid by the Insurance Company.</td>
<td>Reimbursement of actual expenses up to € 2,000 per claim</td>
</tr>
</tbody>
</table>

### Plus Module

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retaining Expenses - Partners</td>
<td>In the event of a claim being paid for item 1.1 for an Insured, the Insurance Company will pay at the request of the Policyholder the reasonable expenses incurred in training or retraining the Insured’s Partner for gainful employment or to improve their employment prospects or to enable them to improve the quality of care they can provide for the Insured.</td>
<td>Reimbursement of actual expenses up to € 7,500 per claim</td>
</tr>
</tbody>
</table>

### Assured Module

- In order for this benefit to be payable, the independent financial advisor cannot be an Insured’s Employee of the Policyholder or a Relative of the Insured.
1.2.3 Workplace Changes or Alteration Costs

1.2.3.1 Temporary Personnel Replacement Costs, Recruitment Costs, Re-Training Costs and Workplace Alteration Costs

In the event of Bodily injury being sustained by an Insured that results in a benefit, the Insurance Company will pay an additional benefit as follows:

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
<th>Maximum Period Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Personnel Replacement Costs</td>
<td>Reasonable costs incurred by the Policyholder in the employment of a person on a temporary basis to directly replace the Insured who has submitted a valid claim under items 1.0 or 1.1 to 1.6 inclusive of the schedule of cover</td>
<td>Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim</td>
<td>Three months following date of Accident</td>
</tr>
<tr>
<td>Recruitment Costs</td>
<td>Recruitment Costs incurred by the Policyholder in the employment of a person on a permanent basis to replace the Insured for whom a valid claim has been paid under items 1.0 or 1.1 to 1.6 inclusive of the schedule of cover</td>
<td>Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim</td>
<td>Six months following date of Accident</td>
</tr>
<tr>
<td>Re-Training Costs</td>
<td>Reasonable and necessary retraining expenses incurred by the Policyholder to train the Insured for whom a benefit has been paid under items 1.4 to 1.19 of the schedule of cover for another occupation</td>
<td>Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim</td>
<td>Costs must be incurred within 12 months of the Accident</td>
</tr>
<tr>
<td>Workplace Alteration Costs</td>
<td>Reasonable and necessary workplace alteration expenses incurred by the Policyholder to make alterations to the Insured’s normal place of business/ work to accommodate the effects of permanent disablement for which a benefit was paid under items 1.6 to 1.19 of the schedule of cover</td>
<td>Reimbursement of actual expenses up to €10,000 for all expenses incurred for any one claim</td>
<td>Costs must be incurred within 12 months following the Accident</td>
</tr>
</tbody>
</table>

Additional conditions applicable to Temporary Personnel Replacement Costs:
- Costs must be incurred in the three-month period directly following the Accident of the Insured. Coverage will end after 90 days/three months or on the date payment is made under item 1.0 or 1.1 to 1.6 of the schedule of cover, whichever is earlier.

Additional conditions applicable to Recruitment Costs:
- Costs must be reasonable, necessary, documented and agreed in writing in advance between the Insurance Company and the Policyholder.
- Costs must be incurred within six months after the date of the Accident.
- Recruitment costs are not payable in addition to any Re-Training Costs.

Additional conditions applicable to Re-Training and Workplace Alteration Costs:
- Costs must be incurred in writing in advance between the Insurance Company and the Policyholder.
- Costs must be incurred within 12 months after the date of the Accident.
## SECTION 2  Medical Expenses

### 2.1 Cover

If an Insured is injured or suffers Bodily Injury or Illness during the Period of Insurance and the period of cover as shown on the Policy Schedule, the Insurance Company will pay the reasonable and necessary Medical expenses incurred by the Insured solely and directly as a result of the Bodily Injury, for up to two years from the date of injury or first diagnosis of Illness, up to the Sum Insured shown on the Policy Schedule. In as far as possible, AIG Assistance shall pay hospital bills directly.

### 2.2 Additional cover

In the event of that a valid claim is submitted under Section 2 of the policy conditions, the Insurance Company will pay additional benefits as follows:

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<th>Maximum Sum insured</th>
<th>Benefit Period</th>
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<td>Hospitalization Benefit</td>
<td>In the event that an Insured is admitted to a Hospital as an Inpatient as the result of an Accident or Illness as ordered by a Medical practitioner, the Insurance Company will pay a daily benefit up to the maximum period payable.</td>
<td>Fixed amount of € 50 per day of admission. The benefit cannot be combined with the benefit for the same cover provided under section 1.2.1.3 Hospitalization.</td>
<td>365 days per Accident</td>
</tr>
<tr>
<td>Post-Hospitalization Convalescence</td>
<td>If, following a period of stay as an Inpatient at a Hospital, an Insured is advised by a Medical practitioner to further convalesce prior to resuming the Business Trip, the Insurance Company will pay a daily benefit up to the maximum period payable. Coverage for the necessary Medical Expenses or necessary emergency Dental expenses directly and solely related to the injury or Illness requiring treatment to start during Business travel Abroad, and which are incurred immediately following the date of return to the Insured’s Country of Domicile.</td>
<td>Fixed amount of € 50 per day of convalescence.</td>
<td>7 consecutive days</td>
</tr>
</tbody>
</table>

### 2.3 Conditions

The Policyholder or the Insured must contact the AIG Assistance as soon as possible in respect of injury or Illness.

**Emergency helpline:** +31 10 453 56 56 (24 Hour)

**Ongoing Medical Treatment in Home Country**

As a condition of cover, the Insured should be able to derive rights from a health insurance policy concluded in the Country of Domicile or from registration with a different institution under public or private law that provides the same services as those under similar health insurance. The Medical Expenses cover provided by the policy only relates to costs that are not reimbursable under the aforementioned medical expenses insurance due to the applicability of a reimbursement limit, exclusion or limitation other than the rule on concurrence of insurance.

**Emergency Dental Expenses in the Country of Domicile**

Reimbursement of unforeseeable emergency dental expenses incurred for the relief of pain incurred in the Country of Domicile provided that the Insured was on a Business Trip involving travel of more than 150 kilometers from his/her regular place of residence, and the Business Trip lasted more than 3 consecutive days.

**Actual expenses up to a maximum of € 50,000 per injury or illness.**

**Actuarial expenses up to a maximum of € 500 per claim.**

**Maximum of 6 months after the Accident.**

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<td>16 Evacuation for political risks or Natural Disasters</td>
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</table>
SECTION 3  Repatriation and other Emergency Travel Expenses

3.1  Cover
If an Insured is injured or suffers illness during the Period of Insurance and the period of cover as shown on the Policy Schedule, the Insurance Company will pay the care provider(s) directly or reimburse the Insured for any reasonable and necessary repatriation expenses and necessary Emergency Travel Expenses incurred solely and directly as a result of the injury or illness, for up to two years from the date of injury or first diagnosis of illness up to the Sum insured on the Policy Schedule.

The Insurance Company will reimburse:

- Repatriation expenses for the cost of transportation of the Insured by any suitable means (including medical transport) to an appropriate Hospital or to an Insured’s home in Country of domicile as recommended by the AIG Assistance in conjunction with the local on-duty or treating Medical practitioner.

- Emergency Travel Expenses for the reasonable additional transport and accommodation expenses and telephone charges (less any possible refund received or saving made) incurred by the Policyholder or the Insured for a person who needs to travel to, remain with, or escort the Insured and his/her immediate relatives or dependent children.

- Reasonable and necessary additional costs incurred to engage the services of registered pet care for pets owned by the Insured’s Partner and up to three Financially dependent children or two other persons who are the Insured’s immediate relatives to visit the Insured.

- Reasonable additional costs incurred to repatriate the Insured remains and Baggage to the Insured’s Country of domicile if applicable, and/or for the additional travel and accommodation costs of the Insured’s travelling companions to accompany the Insured remains on return to the Insured’s Country of Domicile.

- Funeral expenses**

3.2  Additional cover
In the event of a valid claim under Section 3 of the policy conditions for an Insured on a Business trip, the Insurance Company will pay the following additional benefits:

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral expenses**</td>
<td>In the event of the death of the Insured as the result of an insured Accident, the Insurance company will pay for the reasonable Funeral expenses.</td>
<td>Reasonable and actual costs</td>
</tr>
<tr>
<td>Repatriation of remains and transportation of Baggage upon death</td>
<td>The Insurance company will pay for the reasonable additional transport and accommodation expenses incurred by the Insured’s Partner and up to three Financially dependent children or two other persons who are the Insured’s immediate relatives to visit the Insured. In the event that only the Insured’s Partner travels, the Insurance Company will pay for the reasonable, actual necessary additional costs incurred to engage the services of a registered childcare provider for their Financially dependent children during the period of the visit.</td>
<td>Reasonable and actual expenses up to € 10,000 for travel and childcare</td>
</tr>
<tr>
<td>Family Visit</td>
<td>In the event an Insured is admitted to a Hospital for more than 5 days and is not expected to be discharged within 7 days, the Insurance Company will pay for the reasonable additional transport and accommodation expenses incurred by the Insured’s Partner and up to three Financially dependent children or two other persons who are the Insured’s immediate relatives to visit the Insured. In the event that only the Insured’s Partner travels, the Insurance Company will pay for the reasonable, actual necessary additional costs incurred to engage the services of a registered childcare provider for their Financially dependent children during the period of the visit.</td>
<td>Reasonable and actual expenses up to € 10,000 for travel and childcare</td>
</tr>
<tr>
<td>Pet Care</td>
<td>If an Insured is admitted to Hospital as an Inpatient and this results in the return trip being delayed for more than 24 consecutive hours at the end of the originally pre-booked Business Trip, the Insurance Company will pay a benefit for the reasonable additional costs that the Insured must incur to engage the services of registered pet care for pets owned by the Insured. ** The Assistance Center can arrange the funeral/cremation and transportation of the Insured’s body.</td>
<td>Maximum of € 300</td>
</tr>
</tbody>
</table>

** *The Assistance Center can arrange the funeral/cremation and transportation of the Insured’s body.*
SECTION 4 Personal Liability

4.1 Cover
The cover in this section only applies to Business Trips of the Insured Abroad.

The Insurance Company will cover the Insured for any statutory liability on the part of the Insured as a result of unintentionally causing Bodily Injury to, making ill or killing a third party or third parties, or causing material damage to the property of a third party or third parties during a Business Trip.

In addition, the Insurance Company will pay the reasonable costs in connection with civil actions and the fees and costs of lawyers and experts, but only to the extent that such costs are incurred by the Insurance Company or with its prior written consent.

4.2 Additional cover

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court Attendance Benefit</td>
<td>In the event that a court requires an Insured to attend in connection with an Event that resulted in a valid claim under this section of the policy conditions, the Insurance Company will pay the additional travel and accommodation expenses reasonably and necessarily incurred by the Insured to attend court, up to the Sum Insured.</td>
<td>Reasonable and actual expenses up to a maximum of € 5,000 per claim</td>
</tr>
</tbody>
</table>

4.3 Conditions
1. No admission of liability, offer, promise or payment may be made without the Insurance Company’s prior written consent.
2. From the date when the Insurance Company’s benefit is due, and provided that it is called upon to do so, the Insurance Company will take over and conduct the defense of any claim against the Insured and for that purpose may use the Insured’s name. The Insurance Company may conduct the defense however it sees fit. In the course of conducting the defense, the Insurance Company may also pursue, at its own expense and for its own benefit, a claim against the other person(s).
3. The Policyholder and the Insured must give the Insurance Company full cooperation in defending or commencing any claim and agree to provide the Insurance Company with any necessary information and documents available.
4. The maximum amount the Insurance Company will reimburse for an individual insured Event is the Sum Insured, even if said individual insured Event results in more than one Bodily Injury, loss or incident or damage or if more than one Insured could be held liable.

4.4 Exclusions
This section of the policy conditions does not cover any liability which is the result of:
1. Bodily Injury or accidental loss or damage claims of any Employees of the Policyholder arising from or in the course of performing business activities;
2. Bodily Injury or accidental loss or damage claims of a co-worker or traveling companion of the Insured on the same trip;
3. Liability arising directly or indirectly, by or through, or in connection with any mechanically or electrically propelled vehicle, aircraft, hovercraft or watercraft;
4. Liability arising directly or indirectly, by or through, or in connection with any of the following:
   a. the ownership, possession or use of land, buildings, immovable property or caravans other than occupying a temporary residence;
   b. any wilful, malicious or criminal act;
   c. the Insured’s business or trade, or as a result of professional advice given by the Insured,
   d. racing competitions,
   e. the use of firearms (other than sports guns being used for sport);
5. Loss or damage to property belonging to, or in the custody or control of the Policyholder or the Insured or any of their Employees including domestic staff, or any member of the Insured’s family or household;
6. Liability of the Policyholder or the Insured under an express wording of any contract, unless liability would have been attributed to the Policyholder or Insured irrespective of the express wording.
7. Any claim arising while the Insured suffered from a psychological condition or which results from his or her being under the influence of or affected by drugs (other than agents taken under and at the direction of a Medical practitioner) or other agents;
8. Any claim resulting from or as a consequence of the Insured having transmitted an illness to another person via infection or otherwise;
9. Loss or damage to property owned by or under the control of the Insured or any member of their family ordinarily residing with the Insured or loss or damage caused by the Insured’s domestic animals;
10. Bodily Injury to the Insured or immediate relatives ordinarily residing with the Insured during the business trip;
11. Any claim for damages not of a compensatory nature with a punitive or exemplary purpose;
SECTION 5  Trip Cancellation

5.1  Cover
If an Insured has to cancel a Business trip prior to the date of departure the Insurance Company will reimburse the Insured for non-recoverable deposits and advance payments for the ticket up to the maximum Sum insured for trip cancellation stated on the Policy Schedule, which have been paid, or are payable under contract, and cannot be recovered elsewhere. If the cancellation is due to unforeseen circumstances occurring outside the control of the Policyholder and/or associated companies and/or the Insured, other than those circumstances described or excluded under these policy conditions, and in so far as the costs cannot be recovered from a third party.

The maximum Sum insured for this section is €50,000 per insurance year and includes a combined limit for Sections 5, 6 and 10 Conditions.

5.2  Conditions
1. The Policyholder or Insured must notify the Insurance Company of a claim as soon as reasonably possible. The Insurance Company shall not be liable for any penalty charges that would not have been imposed if the Insurance Company had been notified as soon as reasonably possible.

2. The Insurance Company reserves the right to request any other document or item of evidence that is necessary to validate the claim and to determine the claim amount.

5.3  Exclusions
This section of the Policy does not cover any claim as the result of:
1. The Insured deciding not to travel or being unwilling to travel prior to commencement unless this decision is made as a result of the government of his/her Country of Domicile issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip.
SECTION 6  Travel Interruption or Rearrangement

6.1 Cover
If an Insured has to interrupt/cut short or rearrange pre-booked travel and/or accommodation arrangements whilst on a Business trip, the Insurance Company will pay the insurable deposits or advance payments and/or additional costs of travel or accommodation that are reasonably and necessarily incurred up to the maximum Sum insured stated in the Policy Schedule to enable the Insured to return to his/her Country of Domicile or continue on the Business trip. If the interruption or rearrangement is due to unforeseen circumstances occurring outside the control of the Policyholder and/or associated companies and/or the insured, other than those circumstances described or excluded under these policy conditions, in so far as the costs cannot be recovered from a third party/parties.

If an Insured has to interrupt/cut short a Business trip to return to his/her Country of Domicile and the Policyholder has to send a replacement Employee on a Business trip to assume the duties of that Insured, the Insurance Company will reimburse the Policyholder for any reasonable and necessary additional costs incurred to send the replacement Employee on the Business trip, up to a maximum of €10,000 less any refunds or credits from previous paid amounts or amounts recoverable elsewhere.

The maximum Sum Insured for this section is €50,000 per insurance year and includes a combined limit for sections 5, 6 and 10.

6.2 Conditions
1. The Policyholder or Insured must notify the Insurance Company as soon as reasonably possible in the event of a claim. The Insurance Company will not be liable for any additional penalty charges incurred that would not have been imposed had the Insurance Company been notified as soon as reasonably possible.
2. The Insurance Company reserves the right to request any other document or item of evidence that is necessary to validate the claim and to determine the claim amount.

6.3 Exclusions
This section of the Policy does not cover any claim as the result of:
1. Regulations made by any public authority or government or persons with authority under legislation or licence to make regulations;
2. The Insured deciding not to continue travelling or being unwilling to continue travelling during the trip, unless this decision is made as a result of the government of his/her Country of Domicile issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip.
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**Plus Module**

This section of the Policy only applies if it has been selected by the Policyholder, and the appropriate premium paid. The Plus module consists of:

- **SECTION 7**  Legal Expenses
- **SECTION 8**  Baggage
- **SECTION 9**  Compensation for loss of Money
- **SECTION 10**  Travel Inconvenience Benefits
- **SECTION 11**  Rental Vehicle Deductible Expenses
SECTION 7 Legal Expenses

7.1 Cover
The Insurance Company will reimburse the Policyholder or the Insured up to the Sum Insured shown on the Policy Schedule for legal expenses incurred by or on behalf of an Insured in pursuit of a claim for damages or compensation against a third party who has caused physical injury to, or death or illness of, the Insured from an incident occurring during the Period of Insurance and the period of cover as shown on the Policy Schedule.

7.2 Extensions

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<th>Description of Cover</th>
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<td>Detention</td>
<td>The Insurance Company will at the request of the Policyholder pay the costs for a local Legal representative to defend the Insured in the event that an Insured is placed or is threatened to be placed in Detention by a government or local civil authority whilst on a Business trip.</td>
<td>Actual expenses up to a maximum of €10,000 per claim</td>
</tr>
<tr>
<td>Bail Bond</td>
<td>In the event that an Insured is placed or is threatened to be placed in Detention by a government or local civil authority whilst on a Business trip, the Insurance Company will provide a required bail bond with the agreement of the Policyholder. The Policyholder must repay the amount loaned by the Insurance Company within 3 months of the date of payment, or immediately upon repayment by the local authorities or if the bail bond is forfeited by failure of the Insured to appear in court. The Company will require a satisfactory financial guarantee from the Policyholder to repay it. This cover will not be provided if the bail bond is obtainable under another insurance program. To access this service the Policyholder must contact AIG Assistance.</td>
<td>The cost of the Bail Bond up to a maximum of €50,000 per claim</td>
</tr>
<tr>
<td>Court Attendance</td>
<td>The Insurance Company will reimburse the Policyholder for additional travel and accommodation expenses reasonably and necessarily incurred if a court requires an Insured to attend in connection with an incident that has resulted in a valid claim under this section of the Policy.</td>
<td>Actual expenses up to a maximum of €1,000 per claim</td>
</tr>
</tbody>
</table>

7.3 Conditions
1. If it is necessary to resort to judicial, administrative or arbitral proceedings, the Insured is free to choose, a lawyer or any other person having the qualifications required by law applicable to the proceedings to defend, represent and serve its interests and, in the case of an arbitration, mediation or other recognized non-judicial means of dispute settlement, a person with the required qualifications and designated for that purpose.
2. Whenever a conflict of interest arises with the Insurance Company, the Insured is free to choose, for the protection of his interests, a lawyer or, if he prefers, any other person with the qualifications required by the law applicable to the procedure.
3. Without prejudice to the possibility of initiating legal proceedings, the Insured may consult a lawyer of his choice in the event of a difference of opinion with the Insurance Company that led to a dispute and after written notification from the Insurance Company that it does not share the Insured’s view. If the lawyer confirms the position of the Insurance Company, the Insurance Company shall reimburse the Insured for half of his/her lawyer’s fees.
4. If the Insured disagrees with the opinion of that lawyer and, in undertaking judicial, administrative or arbitration proceedings at his own expense, obtains a better result than he would have obtained if he had accepted the Insurance Company’s view, the Insurance Company shall be obliged to provide cover and to reimburse the Insured’s lawyer’s fees in full.
5. If the lawyer consulted confirms the Insured’s opinion, the Insurance Company is obliged, irrespective of the outcome of the proceedings, to provide cover, including the costs and fees of the consultation.
6. All claims, including any appeal against a judgment, resulting from the same original cause, Event, or circumstances, will be regarded as one claim.

7.4 Exclusions
This section of the Policy does not cover any claim for:
1. Legal expenses incurred in the defending of any civil claim or legal proceedings made or brought against the Insured;
2. Fines or other penalties imposed by a court of criminal jurisdiction;
3. Legal expenses incurred in connection with any criminal act deliberately or intentionally committed by the Insured;
4. Legal expenses incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
5. Any claim or circumstance reported to the Insurance Company more than three years after the incident from which the cause of action arose or where the Policyholder or the Insured failed to notify the Insurance Company of the incident giving rise to a claim within a reasonable time and the Insurance Company believes this failure has prejudiced its position;
6. Legal expenses incurred by an Insured making a claim against the Policyholder, the Insurance Company or any organization or person involved in arranging this Policy;
7. Legal expenses incurred before the Insurance Company has given its written consent.
SECTION 8 Baggage

8.1 Cover
The Insurance Company will reimburse the Policyholder or the Insured for the cost of replacement or repair of Baggage that is lost, stolen or accidentally damaged up to the maximum Sum Insured stated in the Policy Schedule. The Baggage must be in the care and custody of the Insured while on a Business trip.

8.2 Extensions

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<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost Keys</td>
<td>If, while on a Business trip, the keys to the regular place of residence of an Insured are lost or stolen, the Insurance Company will pay for the replacement keys or cost of replacing the locks.</td>
<td>Actual replacement costs up to a maximum of € 250 for any one set of keys and up to € 750 per claim.</td>
</tr>
<tr>
<td>Replacement Travel Documents</td>
<td>If, while on a Business trip, the passport, required visa or other essential travel documents of the Insured are lost, stolen or damaged, the Insurance Company will pay for the reasonable and necessary non-recoverable costs of replacement items for the trip to continue.**</td>
<td>Actual expenses up to € 2,500 per claim.</td>
</tr>
<tr>
<td>Baggage delay</td>
<td>If the Insured's Baggage is temporarily lost for more than four hours during a Business trip, the Insurance Company will reimburse the reasonable expenses towards the reasonable costs of buying essential replacement items. If the Baggage that has been temporarily lost becomes permanently lost, and this results in a claim, the Insurance Company will deduct the amount already paid for temporary loss from the final payment.</td>
<td>Actual expenses up to € 1,500 per claim.</td>
</tr>
</tbody>
</table>

** AIG Assistance can help in sourcing tradesmen; however, the Insurance Company will not arrange for the work to be carried out.

8.3 Conditions
1. The Insured shall exercise all reasonable care for the safety, security and supervision of all Baggage at all times and must not leave property unattended in a public place or in any unlocked vehicle, room or building.
2. All loss or damage attributable to theft or vandalism must be reported to the local police or competent authority within 48 hours after the discovery of the loss. Loss, damage or delay caused by carriers must be reported to the carrier within 48 hours of discovery. The written acknowledgement of this report must be provided to the Insurance Company.
3. The basis of settlement will be the replacement value of items.

8.4 Exclusions
This section of the policy does not provide cover for:
1. Any loss due to shipping, scratching, or breakage of glass, china or other fragile articles, unless due to fire, theft, or Accident involving the Conveyance in which they were being carried.
2. Loss or damage due to:
   a. Moths, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration;
   b. Mechanical or electrical failure or breakdown;
   c. Any process of cleaning, dying, restoring, repairing or alteration;
3. Loss or damage caused by delay, detention or seizure by order of any government or public authority;
4. Loss due to theft by an Insured's family member or any other travelling companion;
5. Loss or damage to vehicles, bicycles, drones, vehicles parts and/or accessories.

Property Excluded
This section of the policy does not provide cover for:
1. Loss of Money (as described under the Benefit for loss of Money), bonds, negotiable monetary instruments and/or securities of any kind; or
2. Loss of or damage to Baggage sent as freight or under any airwaybill or bill of lading.

The Insurance Company will not pay more than € 2,500 for any item unless the Policyholder or the Insured bears the first 25% of any amount in excess of € 2,500, up to the replacement value or the maximum cover limit stated in the Policy Schedule, whichever is lower.
9.1 Cover

The Insurance Company will pay up to the maximum limited stated in the Policy Schedule for the loss or losses shown below as suffered by the Insured while on a covered Business trip, subject to the loss(es) being reported to the police or competent authorities within 48 hours of the incident and a written copy of the report being obtained.

1. Physical loss or theft of Money that was in the possession of the Insured at the time of loss or secured in a hotel safety deposit or locked safe, and/or
2. Financial loss suffered as the result of fraudulent use of credit, debit or charge cards by a third party,
3. Fraudulent use by a third party of Mobile Payment Technology on a mobile phone that is the property of the Policyholder or the Insured.
4. Fraudulent use by a third party of a mobile phone owned by the Policyholder or Insured to make calls or send data.

9.2 Additional cover

<table>
<thead>
<tr>
<th>Cover</th>
<th>Description of Cover</th>
<th>Maximum Amount Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft of foreign currency</td>
<td>Foreign currency purchased for a Business trip is covered from the start of the Business trip until the end of the Business trip, subject to loss being reported to the police and a written copy of the report obtained.</td>
<td>€ 2,500</td>
</tr>
</tbody>
</table>

9.3 Conditions

1. Any loss attributable to fraudulent use of a credit, debit or charge card must also be reported to the issuing company and appropriate cancellation measures taken in order to block the card. This cover is in addition to and after deduction of the compensation offered to the Insured by the financial institution issuing the card. This cover shall only be granted if the Insured has complied with all terms and conditions under which this card was issued.
2. Any loss attributable to fraudulent mobile phone use must also be reported to the mobile phone provider and/or Mobile Payment Technology provider, and appropriate cancellation measures taken.
3. The Policyholder or Insured must provide supporting documents from their bank, credit card issuer, mobile phone provider or Mobile Payment Technology provider as evidence of any loss being claimed under this Policy. The Insurance Company reserves the right to request any other document or item of evidence that is necessary in order validate the claim and to determine the amount of the claim.

9.4 Exclusions

This section of the policy does not provide cover for:

1. Seizure or retention of Money by customs or other government officials;
2. Any fraudulent use for which charges are deducted from the Insured’s or Policyholder’s account. Loss due to devaluation of Money or shortages due to errors or omission on the part of the Insured and/or Policyholder during monetary transactions;
SECTION 10

10.1 Cover

The Insurance company will pay for Reasonable Additional Expenses up to € 250 for every full four consecutive hours of delay up to a maximum amount per delay of € 3,000, if departure of the Conveyance by which the Insured is meant to travel in order to reach his/her destination is delayed for more than four hours at the start, during or at the end of a Business Trip, as a result of unforeseen circumstances outside of the control of the Policyholder and/or associated companies and/or the Insured, except for the circumstances described or excluded in these policy conditions, and in so far as the costs cannot be recovered from a third party.

The maximum Sum Insured for this section is € 50,000 per insurance year and includes a combined limit for sections 5, 6 and 10.

10.2 Extension

No extensions are applicable to this section, other than as expressly stated in these policy conditions.

10.3 Conditions

1. The Policyholder or Insured must notify the Insurance Company as soon as reasonably possible in the event of a claim. The Insurance Company will not be liable for any charges incurred that would not have been imposed had notice been provided to the Insurance Company as soon as reasonably possible.

2. In the event of a claim, the Insurance Company reserves the right to request any other document or item of evidence that is necessary to validate the claim and to determine the amount of the claim.

3. In the event of a claim, the Policyholder or Insured must submit a written or published declaration from the operator of the Conveyance or handlers describing the number of hours’ delay or the reason for the delay.

10.4 Exclusions

This section of the Policy does not cover any claim as the result of:

1. Regulations made by any public authority or government or persons with the authority under legislation or license to make regulations;

2. The Insured deciding not to travel or being unwilling to travel prior to commencement unless this decision is made as a result of the Government of his/her Country of Domicile issuing a warning or advisory against all but essential travel (or similar advice) to a destination and such advice or warning was not issued prior to the booking of the trip.

The maximum Sum Insured for the section is € 50,000 for each insurance year and includes a combined limit for sections 5, 6 and 10.
SECTION 11 Rental Vehicle Deductible

11.1 Cover
The Insurance Company will reimburse up to the maximum amount stated in the Policy Schedule per claim and €25,000 in total per policy year for any excess or deductible which the Policyholder or the Insured becomes legally liable to pay under a rental agreement in respect of loss or damage to a rental vehicle during the rental period.

Return of Rental vehicle
The Insurance Company will reimburse the actual costs necessarily incurred if an Insured is certified by a Medical practitioner and confirmed by the Medical Consultant and/or AIG Assistance as being unfit to drive as a result of Bodily Injury or Illness and there is no replacement driver available and is therefore unable to fulfill their contractual obligations in returning a rental vehicle to the rental organization’s nearest depot.

11.2 Conditions
1. As part of the rental or hire arrangement, the Insured must purchase comprehensive Insurance cover (not merely third party cover) as provided by the rental agency to protect against loss or damage to the rental vehicle during the rental period.
2. The Insured must comply with all requirements of the rental organization under the rental agreement and of the rental insurer under such rental insurance.

11.3 Exclusions
The Insurance Company will not cover any claim, expense or loss caused by or resulting either directly or indirectly from or involving:
1. operation of the rental vehicle in violation of the terms of the rental agreement;
2. wear and tear, gradual deterioration, damage from insects or vermin, inherent vice or damage to the Rental Vehicle;
3. the rental vehicle being used beyond the limits of any public roadway or on any roadway inaccessible to two wheel drive cars.
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Assured Module

This section of the Policy only applies if it has been selected by the Policyholder, and the appropriate premium paid. The Assured module consists of:

SECTION 12 Hijacking
SECTION 13 Kidnap, Ransom and Extortion
SECTION 14 Crisis Management
SECTION 15 Search and Rescue
SECTION 16 Evacuation for political risks or Natural Disasters
The Insurance Company will pay the Policyholder €500 for each period of 24 hours that an Insured is forcibly or illegally detained as the result of a Hijacking that starts during the Period of Insurance and the period of cover as shown on the Policy Schedule up to the amount specified on the Schedule. The Insurance Company will also pay for reasonable expenses of the Insured’s Partner for return travel to and accommodation in the area where the Insured is released, up to the maximum amount stated in the Policy Schedule.

SECTION 12 Hijacking
SECTION 13  Kidnap, Ransom and Extortion

13.1 Cover
If a [suspected] Kidnapping or Personal Extortion occurs during the Period of Insurance and the period of cover as shown on the Policy Schedule, the Insurance Company will indemnify the Policyholder up to the maximum amount stated in the Policy Schedule for the following:

1. Ransom Monies paid by the Policyholder or an Insured
2. In-transit/delivery loss due to destruction, disappearance, confiscation or wrongful appropriation of Ransom Monies while being delivered to persons demanding the Ransom Monies by way of Ransom; or, if authorized by the Policyholder or an Insured to have custody of them, provided, however, that the Kidnapping or Personal Extortion that gave rise to the delivery is covered by this section.
3. Any reasonable and necessary expenses incurred and paid by the Policyholder or an Insured solely and directly as a result of [suspected] Kidnapping or Personal Extortion covered under this section, including but not limited to:
   a. the amount paid by the Policyholder or an Insured as reward to an Informant for information relevant to [suspected] Kidnapping or Personal Extortion,
   b. interest costs for a loan from a financial institution made to the Policyholder or an Insured for the purpose of paying Ransom Monies,
   c. Costs of travel and accommodations as follows:
      i. Costs incurred by the Policyholder or an Insured while attempting to negotiate an incident constituting [suspected] Kidnapping or Personal Extortion,
      ii. Travel costs of a Victim to join their immediate family upon their release, and the travel costs of an Employee to replace the Victim,
   d. Rest and rehabilitation expenses, including travel, accommodation and meals for the Victim and the Victim’s Partner and/or any financially dependent children, up to a maximum of € 10,000 in total;
   e. Fees and expenses of a qualified interpreter assisting the Policyholder or the Insured following [suspected] Kidnapping or Personal Extortion.

4. [If available] costs (with the Insured Company’s written consent) incurred as a result of any claim or suit brought by or on behalf of an Insured (or the heirs, estate, or legal representatives of an Insured person) against the Policyholder solely and directly as a result of [suspected] Kidnapping or Extortion provided such claim or suit is brought within 12 months of the release of death of an Insured constituting Extortion threat made during the Period of Insurance, but no later than 60 months after the commencement of the Kidnapping or Extortion. As additional conditions precedent to the Insurance Company’s obligation to provide cover, the Policyholder will:
   a. Immediately notify the Insurance Company of the claim or suit,
   b. Not admit liability, and
   c. Co-operate with the Insurance Company in conducting the defense of the claim or suit.

5 Consultancy Support
In the event of an incident, situation or Event that may give rise to [suspected] Kidnapping or Personal Extortion, then as part of the Policy coverage, the Insurance Company will:
   a. make available on a priority basis, specialist consultants nominated by the Insurance Company if, or as requested, consultants chosen by the Policyholder, who the Insurance Company provides prior written consent to use, to advise, inform and assist the Policyholder and the Victim; and
   b. pay the reasonable and necessary fees and expenses of the said consultant/s.

The Insurance Company has dedicated a 24-hour crisis response contact telephone number which the Policyholder or Victim may contact in the event of an incident, situation or Event that may give rise to [suspected] Kidnapping or Personal Extortion, as follows:

Emergency Crisis Helpline: +1 713 260 5300

This number is a dedicated crisis response contact and should only be used for notification of an incident, situation or EVENT that may give rise to [suspected] Kidnapping or Personal Extortion.

It is understood and agreed that:
   a. the consultant will be appointed to perform crisis management services;
   b. the consultants are retained to advise, update and inform the Policyholder in the event of an incident, situation or Event that may give rise to [suspected] Kidnapping or Personal Extortion; and to enable the Policyholder to manage and respond to the said crisis;
   c. the consultant’s role is limited to providing immediate assistance and guidance to the Policyholder to enable them to manage and minimize the effects of an incident, situation or Event that may give rise to [suspected] Kidnapping or Personal Extortion;
   d. the consultant has no authority on behalf of the Insurance Company to make any admissions which may prejudice the Insurance Company’s rights or to deal with matters concerning Policy coverage or the application of any facts and circumstances of any incident, situation or Event which has been reported and which may give rise to [suspected] Kidnapping or Personal Extortion;
   e. the consultant is not intended to be, and shall not be regarded as an admission of or an acceptance by the Insurance Company of any obligation to pay the Policyholder under the Policy and is without prejudice to all of the Insurance Company’s rights under the terms, conditions and exclusions of the Policy;
   f. notification to the dedicated crisis response contact of an incident, situation or Event that may give rise to [suspected] Kidnapping or Personal Extortion does not constitute a notification under the Policy. The Policyholder must file a detailed, written and sworn statement of claim with the Insurance Company as soon as possible after the claim;
   g. any notification to the dedicated crisis response contact will have the right to investigate, negotiate or settle the claim or suit or to take over the conduct of the defense, and the Policyholder and the Insured (or the heirs, estate, or legal representatives of an Insured) must co-operate with the Insurance Company in this regard.

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13.2. Conditions

1. As a condition precedent to the Insurance Company’s obligation to pay for (suspected) Kidnapping or Personal Extortion, the Insurance Company must have approved the payment of the Ransom Monies in advance and in writing.

2. Prior to the payment of Ransom Monies, the Policyholder must make every reasonable effort to:
   a. determine that (suspected) Kidnapping or Personal Extortion has actually occurred;
   b. give immediate verbal and written notice to the Insurance Company with periodic and timely updates concerning activity occurring during the incident; and
   c. if it appears to be in the Policyholder’s and the Victim(s) best interests, notify the national or other appropriate law enforcement agency having jurisdiction over the matter.

3. The Policyholder and the Victim(s) must make all reasonable efforts not to disclose the existence of this Section to third parties. For each covered loss the maximum limit and aggregate limit of the Company’s liability shall not exceed the Sum insured stated in the Policy Schedule by reason of any one covered claim, except where stated to the contrary. All covered losses will be deemed to have been incurred during the Period of Insurance and the period of cover as specified in the Policy Schedule in which the (suspected) Kidnapping or Personal Extortion occurred.

4. The Policyholder and the Victim(s) must use due diligence and do and concur in doing all things reasonably practicable to avoid or minimise any loss(es) insured under this Section.

5. The Policyholder must file a detailed, sworn statement of claim with the Insurance Company as soon as possible after the date of claim.

6. Notice to any of the Insurance Company’s representatives or knowledge possessed by any representative or by any person will not create a waiver or a change in any part of this section or stop the Insurance Company from asserting any right under the terms of this section, nor will the terms of this section be waived or changed unless agreed to in writing by the Insurance Company.

7. Except as indicated to the contrary, all notices, applications, demands and requests provided for in this section shall be made in writing and must be given to or made upon either party at its address shown in the Policy Schedule.

8. Regardless of the number of years this Policy will remain in force, or the amount of premium that is payable or paid or of any other circumstance whatsoever, the Insurance Company’s liability under this Policy with respect to any loss(es) shall not be cumulative from year to year or period to period. When there is more than one insured, the Aggregate Limit of Liability for loss(es) sustained by any or all of them shall not exceed the amount for which the Insurance Company would be liable if all loss(es) were sustained by any one of them.

Territorial limits

This cover applies to incidents anywhere in the world except for:

1. the Insured’s Country of Domicile; and

2. Travel and/or a stay in the following countries/regions: Iraq, Libya, Somalia, Philippines (but only the southern archipelago of Mindanao), Venezuela, Pakistan, Nigeria, Afghanistan, Sudan, Iran and Yemen.

13.3 Exclusions

The Insurance Company shall not provide cover for loss caused by or resulting either directly or indirectly from or involving:

1. Fraudulent, dishonest, or criminal acts of the Policyholder, any Insured, or any person authorized by the Policyholder to have custody of Ransom Monies.

2. Monies or property surrendered away from the Policyholder’s premises in any face to face meeting involving the use or threat of force or violence unless surrendered by a person in possession of such monies at the time of such surrender for the sole purpose of conveying it to pay an Extortion or demand for Ransom Monies previously communicated to the Policyholder by an Insured.

3. Monies or property surrendered on the Policyholder’s premises unless brought onto the premises after receipt of an Extortion or demand for Ransom Monies for the purpose of paying that demand.

4. Actual loss of or damage to property of any description, including intellectual property, as a result of an (suspected) Kidnapping or Personal Extortion or the carrying out of a Personal Extortion threat. This exclusion does not apply in transit / delivery loss of ransom and/or Extortion monies as described under covered in section 13.1.2.

5. Any loss if the Insured is permanently residing or is staying for more than 180 consecutive days in the country where the (suspected) Kidnapping or Personal Extortion occurs.
SECTION 14 Crisis Management

14.1 Cover
The Company will reimburse the Policyholder for Crisis consultant fees and costs incurred up to the amount specified in the Policy Schedule as a direct result of a Crisis that starts during the Period of Insurance and the period of cover reported to the Insurance Company in accordance with this Policy.

Any fees and costs must be approved and paid by the Policyholder and submitted to the Insurance Company for approved and reimbursement under the Policy. Crisis consultant costs are limited to fees or costs that are incurred within the Crisis coverage period. The maximum amount payable under this section is the amount specified in the Policy Schedule for any one Event and in all Events in total (aggregate limit) during any one Period of Insurance for all Crises that start during the Period of Insurance.

Claims Notification and Consultancy Support
In the event of an incident, situation or Event that may give rise to a Crisis, then as part of the Policy coverage, the Insurance Company will:

a. make available on a priority basis, specialist consultants nominated by the Insurance Company;

b. if requested by the Policyholder, consultants of their choice who the Insurance Company provides prior written consent to use, to advise, inform and assist the Policyholder;

c. pay the reasonable and necessary fees and expenses of the said consultant(s).

The Insurance Company has a dedicated 24-hour crisis response contact telephone number, which the Policyholder may contact in the event of an incident, situation or Event, which may give rise to a valid claim. The number is as follows:

Emergency Crisis Helpline: +1 713 260 5500

This number is a dedicated crisis response contact and should only be used for notification of an incident, situation or occurrence that may give rise to a valid claim.

14.2 Conditions
1. The Policyholder shall bear 20% of the costs incurred as a result of each Crisis. The Insurance Company shall pay the costs incurred as specified in the Policy Schedule for Crisis consultants after deducting 20% and observing the limited stated in the Policy Schedule.

2. Any crisis arising from, based upon or attributable to related, continuous or repeated notifications under Section 14 of the Policy shall be considered a single crisis.

3. The Policyholder must give immediate notice to the Insurance Company of any Crisis by telephoning the Crisis Hotline.

Any Event that meets the following conditions must be reported to the Insurance Company in the time period indicated:

a. any Event that results in regional or national media coverage (print, radio or television) and relates to a Crisis, must be reported to the Insurance Company within 24 hours of the media coverage, if not previously notified by the Policyholder;

b. any Event that results in the filing of a claim or litigation against the Policyholder and relates to a Crisis, must be reported to the Insurance Company within 48 hours of the claim/litigation filing, if the Insurance Company has not previously been notified by the Policyholder.

No claim will be paid if the Insurance Company is not notified as described above.

14.3 Exclusions
This section of the policy conditions does not cover any claim directly or indirectly caused by or resulting from:

a. circumstances that affect the entire industry in which the Policyholder conducts its business activities;

b. governmental regulations which affect another country or the industry in which the Policyholder conducts its business activities;

c. changes in population, customer tastes, economic conditions, seasonal sales variations, or competitive environment;

d. any fraudulent act committed by any of the Policyholder’s employees, agents or representatives, or, if requested by the Policyholder, consultants of their choice who the Policyholder has not previously been notified by the Policyholder.

No claim will be paid if the Insurance Company is not notified as described above.
SECTION 15 Search and Rescue

15.1 Cover
The Insurance Company will reimburse the necessary and reasonable search and rescue costs incurred up to the maximum amount stated on the Policy Schedule if an Insured is reported as missing outside his/her Country of Domicile, and it becomes necessary for police authorities, a recognized rescue provider or an official search organization to launch a search and rescue operation where:

1. it is known or believed that the Insured may have sustained Bodily injury or become ill, or
2. weather or safety conditions make it necessary to do so in order to prevent the Insured from sustaining Bodily injury or becoming ill.

15.2 Conditions
The following conditions apply to all cover types under Section 15 in addition to the general conditions applying to all sections of the Policy:

1. The Policyholder or the Insured must inform the Insurance Company immediately or soon as is practicable, of any emergency that may potentially give rise to a claim. The Insurance Company services are only provided to assess and monitor the Insured’s situation and the Insurance Company cannot take over the running of the search and rescue operation.

2. A written statement from the applicable rescue authorities involved in the search and rescue must be obtained and provided to the Insurance Company in the event of a claim.

15.3 Exclusions
The following exclusions apply to all cover types under Section 15 in addition to the general exclusions applying to all Sections of the general conditions.

1. The Policyholder or an Insured failing to comply with local safety advice and/or adhering to any recommendations that are in force during an Insured’s Business trip.

2. An Insured knowingly endangering his/her own life or the life of any other Insured.

3. An Insured engaging in activities where his/her experience or skill level falls below those reasonably required to participate in such activities.

4. Costs relating to search and rescue of any person not insured under this Policy.

5. Additional costs incurred on or after the Insured is recovered by a search and rescue operation or incurred after the time where the recognized rescue provider or police authorities advised that continuing the search was no longer viable.

The Insurance Company shall not be obliged to pay for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

1. The Policyholder or an Insured failing to comply with local safety advice and/or adhering to any recommendations that are in force during an Insured’s Business trip.

2. An Insured knowingly endangering his/her own life or the life of any other Insured.

3. An Insured engaging in activities where his/her experience or skill level falls below those reasonably required to participate in such activities.

4. Costs relating to search and rescue of any person not insured under this Policy.

5. Additional costs incurred on or after the Insured is recovered by a search and rescue operation or incurred after the time where the recognized rescue provider or police authorities advised that continuing the search was no longer viable.
SECTION 16 Evacuation for political risks and Natural Disasters

16.1 Cover
The Insurance Company shall pay for the reasonable and necessary costs to return the Insured to his/her Country of Domicile using scheduled transport where available, or the reasonable and necessary costs of accommodation actually incurred, up to a maximum period of 14 days if the Insured is unable to return to his/her Country of Domicile, due to one of the following Events while an Insured is on a Business Trip outside his/her Country of Domicile:

1. Officials in the country where the Insured is located recommend that certain categories of persons, which include the Insured, should leave that country;
2. The Insured is expelled from or declared persona non grata in the country where they are located;
3. A major Natural Disaster has occurred in the country the Insured is in necessitating his/her immediate evacuation in order to avoid risk of Bodily injury or illness to him/herself; or
4. There is total seizure, confiscation or expropriation of property, plant or equipment belonging to the Policyholder or the Insured.

16.2 Conditions
The Insurance Company and/or AIG Assistance will, at their sole discretion, decide where to send the Insured.

16.3 Exclusions
The Insurance Company shall not provide cover for any claim, expense or loss caused by or resulting either directly or indirectly from or involving:

1. The Insured violating the laws or regulations of the country from which they are to be evacuated.
2. The Policyholder or the Insured failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation.
3. The Policyholder or the Insured failing to honor any contractual obligations or bond, or to obey any conditions in a license.
4. Debt, insolvency, bankruptcy, the repossession of any property by a titleholder or any other financial cause.
5. Accommodation for a period in excess of 14 days for each Insured for any one Event.
6. Expenses that would have been incurred as part of the original travel budget or costs the Policyholder or the Insured would have had to pay regardless, such as the cost of meals.
The Insurance Company shall not be obliged to pay any benefit or cover any loss, injury, damage or legal liability directly or indirectly by or caused by or arising directly or indirectly from:

1. Intentionally self-inflicted injury, suicide or suicide attempt of an Insured.
2. Training for or participation in professional sports of any kind.
3. Accidents occurring during the preparation of or participation in crimes or criminal offences.
4. Intentional act of the Policyholder, an Insured or a beneficiary.
5. The Insured being in service or on duty with any military or police force, or militia or paramilitary organization.
6. An Insured travelling against the advice of a Medical practitioner.
7. Flights, except as a paying passenger of a public means of Conveyance that is operated by a commercial airline registered to transport passengers according to published, fixed schedules.

These general policy conditions are applicable to this Policy as a whole. Please read each section to see further additional conditions relating to that section.

The Policyholder must comply and ensure that Insured also comply with the general policy conditions and the additional conditions and provisions detailed in each section of this Policy.

1. Assignment
The Policy cannot be assigned or transferred unless agreed by the Insurance Company in writing.

2. Associated companies
If relevant and subject to the Insurance Company’s prior written consent, this Policy will cover a company or organization that is an associated company or a subsidiary of the Policyholder, or any other business entity, as long as they are based in the same country and the Policyholder owns 50% or more of the shares. Foreign branches shall only be included under the insurance if this has been expressly agreed with the Insurance Company and this is stated as such on the Policy Schedule.

3. Change in risk
The premium and conditions apply to the Policyholder’s capacity/activities as stated upon concluding the insurance.

a. The Policyholder is obliged to notify the Insurance Company as soon as possible in writing or by email of its intention to change the insured capacity and the associated business activities.

b. If this change increases the risk in such a way that the Insurance Company only wishes to continue this insurance policy with an amendment to the premium and/or conditions, the Insurance Company shall notify the Policyholder thereof within 1 month of receiving the written notification referred to under a. The Policyholder shall be entitled to cancel the insurance policy on the day on which the amendment takes effect, and in any case within 1 month after it was notified of the amendment.

c. If this change increases the risk in such a way that the Insurance Company can no longer be expected to be bound to the agreement, the Insurance Company shall be entitled to cancel the insurance policy prematurely, subject to a notice period of 2 months following receipt of the written notification referred to under a.

d. In the event that the Policyholder and/or the Insured fails to notify the Insurance Company of the change referred to under a, or in the event that the Policyholder or the Insurance Company has made use of its entitlement to cancel the insurance policy in accordance with the provisions under b and c respectively, the Insurance Company shall only be obliged to compensate for those losses, including those that would have been borne by the Insurance Company, if the insured capacity and the associated business activity/ies had not been changed.
4 Payment of premiums
Should the Policyholder fail to comply with its obligation to pay the premium payable, cover shall be suspended. 15 days after the Insurance Company issues a demand for payment to the Policyholder this shall be without prejudice to the Insurance Company’s right to terminate the insurance policy on the grounds of non-payment of the premium. During the period in which cover is suspended, no cover shall be provided under this insurance policy. The premium payable must still be paid, after which cover will take effect again from the day following the day on which the Insurance Company received the premium payable.

5 Change of premium and/or conditions
In the event that the Insurance Company announces a revision of the premium and/or conditions for insurance policies of the same type as this insurance policy, the Insurance Company shall be entitled to alter this insurance policy in accordance with that/those change(s) with effect from the next premium due date after announcing the revision. In the event that it exercises this right, the Insurance Company shall notify the Policyholder thereof in writing no later than 2 months prior to the aforementioned premium due date.

In the event that the Insurance Company amends the conditions of the insurance agreement to the detriment of the Policyholder or the beneficiary, the Policyholder shall be entitled to cancel the insurance agreement with effect from the day on which the amendment takes effect, and in any case within one month after it was notified of the amendment.

6 Duration and end of insurance
a. The insurance shall enter into force on the date shown on the Policy Schedule, and will be automatically renewed each time after the contract expiry date for a 12-month period or for a period stated on the Policy Schedule, unless the Insurance Company or the Policyholder has cancelled the insurance agreement with effect from the contract expiry date subject to a notice period of two months.

b. The Insurance Company may cancel the insurance agreement:
   • At the end of the insurance period, on condition that the agreement was cancelled by registered letter at least two months in advance
   • In the event of the Policyholder’s insolvency, but no earlier than three months after the declaration of insolvency
   c. The Policyholder may cancel the insurance agreement:
      • At the end of the insurance period, on condition that the agreement was cancelled by registered letter at least two months in advance

7 Claims notification and evidence
a. As soon as the Policyholder or the beneficiary became aware of the materialization of the risk, or are expected to be, it is obliged to notify the Insurance Company of said materialization, and must do so as soon as reasonably possible.
b. The Policyholder and the beneficiary are obliged to provide the Insurance Company with all information and documents that are important to enable the Insurance Company to assess its obligation to pay a benefit, and must do so within a reasonable period.
c. In the event that the Policyholder and/or the beneficiary, following a claim, failed to comply with an obligation arising from the insurance agreement or the law, or to provide all information and documents to the Insurance Company that are important in enabling the Insurance Company to assess its obligation to pay a benefit, with the intention of deceiving the Insurance Company, any right to a benefit shall lapse, except in so far as said deception does not justify the lapse of the right to a benefit.
d. The party (Policyholder and/or beneficiary) that is culpable for said deception shall also compensate the Insurance Company for losses that it has suffered as a result, and the Insurance Company may also offset said losses against any benefit, if the deception involved the beneficiary.

8 Cover under more than one category
Where an insured is covered under more than one Policy category of Insured as shown on the Policy Schedule and is entitled to more than one benefit item as shown on the Policy Schedule or any attached endorsement in relation to a single Event, the Insurance Company will only pay the Sum Insured for cover under one category of Insured for the loss sustained.

9 Limitation period
The right to a benefit on the grounds of this insurance contract shall expire after three years from the start of the day following that on which the beneficiary became aware of the benefit being due and payable.

10 Currency
Claims involving foreign currency shall be converted into the currency in which the premium and benefits/Sum Insured are shown, at the selling rate of exchange published on: www.oanda.com/ currency/converter on the day of the loss or the next business day. Unless specifically agreed otherwise, claims will be paid in the country where the Policy is issued.

11 Obligations and provisions
The Policyholder, Insured and/or beneficiary must comply with the obligations and provisions set out in the Policy. In the event that the Policyholder, Insured and/or beneficiary fail to do so, the Insurance Company may reduce a benefit by the amount of losses that it suffers as a result.

12 Amount of compensation
Payments shall be determined on the basis of medical and factual data in the possession of the Insurance Company. The Insured and/or the beneficiary/beneficiaries shall be entitled to accept or reject these. In the latter case, he/she/they must notify the Insurance Company of this/her/their objection in writing as soon as possible.
13 Beneficiary/ies in the event of Death resulting from an accident
Any individual named as such in the Policy, in the absence thereof: the Insured’s spouse or legally registered Partner, in the absence thereof, the legal heirs with the exclusion of the state.

14 Change of premium and/or conditions
The Insurance Company shall be entitled to amend the premium and/or conditions of particular insurance policies in bulk. If this insurance policy is included in such a group, the Insurance Company shall be entitled to alter the premium and/or conditions of this insurance policy in accordance with that amendment on or prior to the effective date of the amendment. The Policyholder shall be deemed as having agreed to the amendment(s) unless it cancels the agreement within 1 month of being notified of the amendment(s). The option of cancellation shall not apply if the amendment concerns a reduction of the premium and/or an extension of cover.

15 Obligations following a claim/recovery from third parties
In the event that the Insured has claims for compensation against third parties other than on the grounds of insurance as a result of losses that it has suffered, those claims shall pass by means of subrogation to the Insurance Company, in so far as it covers said losses, whether or not it is required to do so. Once the risk has materialized, the Insured must refrain from any conduct that impairs the Insurance Company’s right against those third parties. The Insurance Company shall waive its right to appeal in respect of a liable third party/ies for the cover types death as a result of an Accident and Permanent Disablement after an Accident (Section 3).

16 Sanctions
The Insurance Company shall not be obligated to provide cover or to pay any compensation or provide any benefit to the extent that the provision of such cover, payment of such compensation or provision of such benefit would expose the Insurance Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, legislation and regulations of the European Union, the Netherlands, the United Kingdom or the United States of America.

17 Fraud
In the event that the Policyholder and/or beneficiary has failed to comply with a stated obligation or to provide the Insurance Company with all information and documents that are important in enabling it to assess its obligation to pay a benefit within a reasonable period of time, with the intent of deceiving the Insurance Company, the right to a benefit shall lapse, except in so far as such deception does not justify the lapse of the right to a benefit. The party (Policyholder and/or beneficiary) that is culpable for said deception shall also compensate the Insurance Company for losses that it has suffered as a result, and the Insurance Company may also offset said losses against any benefit, if the deception involved the beneficiary.

18 Concurrence of insurance policies
In the event that losses covered under this insurance agreement are also covered under one or more other insurance agreements (whether or not older), or would be covered if the present insurance agreement had not existed, the present insurance agreement shall serve as a top-up in excess of the cover that the other insurance agreements have provided or would have provided if the present insurance agreement had not existed.

19 Start and finish of insurance policy
The insurance policy shall commence on the date stipulated in the Policy Schedule and is valid for a fixed period of 12 months unless stated otherwise. The insurance policy is automatically renewed each time for successive periods of 12 months or a period stated otherwise, unless the Insurance Company or the Policyholder cancels the insurance policy at least 2 months prior to the end of said period in writing or by email.

20 Cancellation in the event of Act of war
The Insurance Company and the Policyholder may cancel the cover for losses as a result of Act of war once such a risk materializes or if said risk is imminent, subject to a notice period of seven days.

21 Statutory interest
In the event that it is not possible to determine the level of Permanent Disablement within 730 days following the Accident for medical reasons, the Insurance Company shall pay the Insured statutory interest on the benefit for Permanent Disablement resulting from an Accident, to be counted from the 731st day.
22 Personal Data

How we use your Personal Data

We, the Netherlands branch office of AIG Europe S.A., also trading under the name of AIG Europe, Netherlands, endeavor to protect the privacy of clients, insured and other business contacts.

“Personal Data” identifies you and relates to you or other individuals (e.g. your partner or other family member). When you provide Personal Data regarding another individual, you must inform this individual of the content of this declaration and our Privacy Policy (unless we have agreed otherwise) and (if possible) obtain his/her consent to share his/her Personal Data with us.

The types of Personal Data that we collect and why - Depending on our relationship with you, the collected Personal Data may include the following: contact details, financial details and account details, credit details and creditworthiness, sensitive information concerning health or medical condition (collected with your consent where this is required under applicable law), as well as Personal Data that you provide or we collect in connection with our relationship with you. Personal Data may be used for the following purposes:

- Management of insurance contracts, e.g. communication, processing and handling of claims and payments
- The assessment of and making of decisions regarding the provision of cover, the insurance conditions and the claim settlement
- Support and advice relating to medical and travel matters
- Management of our commercial activities and IT infrastructure
- Prevention, detection and investigation of offences, e.g. fraud and money laundering
- Filing, pursuing or substantiation of legal action
- Compliance with legislation and regulations (including compliance with laws and regulations outside of the country in which you are based)
- Monitoring and recording telephone calls for quality, training and security purposes
- (Internal) auditing
- Marketing, market research and analysis

If you no longer wish to receive marketing communications, please send an email to us at: gegevensbescherming.nl@aig.com or write to us at: AIG Europe, Netherlands, F.A.O. The Data Protection Officer, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel, The Netherlands. Should you no longer wish to receive marketing communications, we may still send you other important service and administration notifications in connection with services that we provide to you.

Sharing of Personal Data - Personal Data may be shared for the above purposes with the companies in our group and third parties (such as brokers and other insurance intermediaries, insurers and reinsurers, credit reference agencies, medical experts and other service providers). If required by legislation and/or regulations, Personal Data will be shared with other third parties (including government bodies).

Personal Data (including information regarding personal injury) may be stored in the Central information system of insurance companies operating in the Netherlands (Stichting CIS), Bordewijklaan 2, 2591 XE The Hague. The CIS database is consulted by insurers and authorized agents, among others, in order to prevent, detect and investigate fraud, or to verify your claims history or that of any other individual who was (likely to be) involved in the policy or claim.

See www.stichtingcis.nl for further information.

Personal Data may be shared with (potential) buyers and be transferred during the sale of our company or the transfer of our assets.

International transfer - In view of the global nature of our activities, your Personal Data may be transferred to parties based in other countries (including the United States, China, Mexico, Malaysia, the Philippines, Bermuda, and other countries where privacy legislation differs from that in the country in which you are based). In the event of such transfer, we will always take steps to ensure that your Personal Data is sufficiently secured and sent in accordance with the requirements under privacy legislation. Further information regarding international transfer can be found in our Privacy Policy (see below).

Security of Personal Data - Appropriate technological and physical security measures are used to keep your Personal Data safe and secure. Whenever we pass on Personal Data to a third party (including our service providers) or make use of a third party in order to collect Personal Data on our behalf, this third party will be carefully selected and required to take appropriate security measures.

Your rights - You have a number of rights under privacy legislation in connection with our use of Personal Data. It may be the case that these rights only apply under certain circumstances, and are subject to certain exceptions. These rights may include, but are not limited to, a right to view Personal Data, a right to have inaccurate data amended, a right to have data erased, or a right to limit the processing of your Personal Data. These rights may also include a right to arrange the transfer of your Personal Data to a different organization, a right to object to the use of your Personal Data, a right to request that particular automated decisions made by us involve human intervention, a right to withdraw your consent, and a right to submit a complaint to the supervisory authorities. Further information about your rights and how you can exercise them can be found in our Privacy Policy (see below).

Privacy Policy - Further information about your rights and how we process your Personal Data can be found in our full Privacy Policy at https://www.aiginsurance.nl/privacybeleid. You may also request a copy by writing to: AIG Europe, Netherlands, F.A.O. The Data Protection Officer, Rivium Boulevard 216 - 218, 2909 LK Capelle aan den IJssel, The Netherlands, or by sending an email to: gegevensbescherming.nl@aig.com.
Disputes and Complaints

Complaints
In the event that the complainant disagrees with the insurer’s settlement of a complaint, he/she may contact the Kifid (Netherlands’ Financial Services Complaints Board) within three months of the date on which the insurer’s definitive viewpoint is issued.

Kifid
Postbus 93575 2509 AG The Hague, The Netherlands
Telephone: +31 (0)70 - 333 89 99 email: consumenten@kifid.nl
www.kifid.nl

The Kifid can assist if the policyholder has concluded an insurance agreement with the insurer in the capacity of a consumer, if a natural person derives a personal right of claim from an insurance agreement with the insurer, or if a natural person has a privacy complaint against the insurer. It is also able to assist legal entities whose purpose is to serve the private interests of one or more natural persons who are shareholders or directors or members of this legal entity to the extent that said legal entity may be regarded as an extension of those natural persons.
Should the complainant not wish to make use of these complaint settlement options, or the handling or outcome of the complaint is unsatisfactory, the complainant may bring the dispute before the competent court.

Applicable law and competent court
The insurance agreement shall be governed by Dutch law. Any disputes arising from or in connection with this insurance agreement may only be brought before the competent court in the Netherlands.
Clauses Sheet Terrorism Cover

By the Dutch Terrorism Risk Reinsurance Company (NHT) (Nederlandse Hervormingsmaatschap voor Terrorismeschaden N.V.)

1 Definitions

Where they appear in this clauses sheet and the provisions based thereon, the following terms shall, unless otherwise stipulated, be understood to mean:

1.1 Terrorism

Any violent act and/or conduct - committed outside the scope of one of the six forms of acts or war as accredited in article 3.38 of the Act on Financial Supervision [Wet op het financieel toezicht] - in the form of an act or a series of acts committed on behalf of, or on a vessel or aircraft in or near a territory to which the insurer is subject to carry on the insurance business in The Netherlands.

1.2 Malicious contamination

The spreading or release of a harmful substance or noxious substance - committed outside the scope of one of the six forms of acts or war as accredited in article 3.38 of the Act on Financial Supervision - of a germ of a disease and/or substances which as a result of their [directly or indirectly] biological, toxicological, radioactive or chemical effects cause injury and/or impairment of health, whether resulting in death or not, to humans or animals and/or may cause damage to property or may otherwise impair economic interests, in which case it is likely that the spreading or release of such harmful substance or noxious substance has been planned and/or carried out with a view to effecting certain political and/or religious and/or ideologically purposes.

1.3 Precautionary measures

Any precautionary measures taken by the authorities and/or insured parties and/or third parties in order to avert the imminent risk of terrorism and/or malvolent contamination or - if such peril has manifested itself - to minimize the consequences thereof.

1.4 Dutch Terrorism Risk Reinsurance Company (Nederlandse Hervormingsmaatschap voor Terrorismeschaden N.V.)

A reinsurance company incorporated by the Association of Insurers (Verbond van Verzekeraars) in The Netherlands to which any liability to pay compensation under any insurance contract for which, for the insurers authorized in The Netherlands, any submitted claim to indemnity and/or benefit, shall be limited to the amount of the payment which the insurer receives in respect of said claim under the reinsurance of the terrorism risk with the NHT, in the event of an insurance with wealth contents as referred to in article 2.18.3 in this respect towards the insurer.

3 Payment Protocol NHT

3.1 The reinsurance of the insurer with the NHT shall be subject to the Claims Settlement Protocol (hereinafter to be referred to as the Protocol). On the basis of the provisions laid down in said protocol, the NHT shall be entitled to deliver any claim in respect of malvolent contamination or terrorism risk which is being disputed as to whether and where it has its disposal sufficient financial resources in order to settle in full all claims for which the NHT provides cover in connection with the manifestation of the terrorism risk. Any decision taken to that effect and in accordance with the aforementioned provisions by the NHT shall be binding upon the insurer, policyholder, insured parties, and the parties entitled to compensation.

3.2 The NHT shall, with due regard for what has been stated in provision 3.7 of the Protocol, be authorized to decide whether an insurer, policyholder, insured party, or the parties entitled to compensation, as the case may be, shall be considered as a consequence of the manifestation of the terrorism risk. Any decision taken to that effect and in accordance with the aforementioned provisions by the NHT shall be binding upon the insurer, policyholder, insured parties, and the parties entitled to compensation.

3.3 Not until the NHT has notified the insurer of the amount, whether as an advance or not, which will be paid in respect of any claim to compensation, shall the insured or the party entitled to the payment be entitled to lay claim to the payment as referred to in article 2.18.3 in this respect towards the insurer.

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