

EUROPEAN Travel Insurance Conditions ERV-RVB CTI 2024 for Corporate Travel Insurance

Please note that only those parts of the insurance conditions that match your insurance package benefits apply.
Where references to individuals are only in the masculine form in these insurance conditions, they refer equally to all genders.

General conditions

Section 1

Who is the policyholder?

Who is insured?

1. The policyholder is the company which concludes the insurance contract on its own behalf or in addition for its associated companies.
2. The companies specifically named in the policy are insured.
It is a condition of insurance cover that the insured company has its registered office in Austria or South Tyrol.
3. Insured persons, depending on the agreement, are:
 - 3.1. all persons specifically named in the policy; it is a condition of insurance cover that the main residence of the person is in Austria or South Tyrol and/or
 - 3.2. all employees who are in a valid employment relationship with the insured company during the insurance period and members of the management board (including authorised signatories) who appear in the Commercial Register.
 Workers who are posted to the insured company to perform work and are integrated into the insured company shall also be regarded as insured persons.
4. Persons who temporarily perform their activity largely outside the normal place of work, including, in particular, employees in the sales force, such as sales employees, technical service and assembly personnel, construction workers, drivers in the transport of goods and passengers, are not insured for carrying out such activities.

Section 2

Where does the insurance cover apply?

1. The insurance cover applies globally, with the exceptions agreed in the specific condition.
2. Exceptions: Section 23 and Section 34 do not apply in the home country and Section 24 applies only in the home country. The country in which the insured company has its registered office and countries in which the insured person has his/her main residence or normal place of work shall be regarded as the home country.

Section 3

When does the insurance cover apply?

When is the contract renewed or changed?

1. Insurance cover exists for the insured person during a business trip. Temporary professional absence of the insured person from his/her normal place of work or from the registered office of the insured company at the insured company's expense, as instructed by the insured company, shall be deemed a business trip.
2. The insurance cover begins when the insured person leaves his or her main residence or normal place of work and ends when the insured person returns to one of the above places or upon prior expiry of the insurance. Journeys of the insured person between the above places are not covered by the insurance. Business trips or journeys by the insured person between work locations at the place of the main residence or normal place of work shall not be regarded as business trips. Leisure activities during the term of the business trip and for a total of three consecutive non-working days before or after the business trip at the same location shall be regarded as a co-insured part of the business trip.
3. Unless otherwise agreed in writing, the insurance period shall be a period of one year.
4. The insurance period shall begin on the date of commencement of coverage as stated on the application, but no earlier than 00:00 on the day following receipt of the application by the insurer.
5. The insurance contract is concluded upon acceptance of the application through the policy being delivered.
6. From 00:00 on the day following receipt of the application by the insurer (at the earliest from the date stated in the application), the insurer grants provisional cover. Provisional cover shall end:
 - 6.1. when the application is accepted through the policy being delivered; or
 - 6.2. if the application is not accepted by the insurer within 14 days.
 If the insurance contract is not concluded, the insurer shall be entitled to the premium pro rata for the duration of the provisional cover.
7. Unless otherwise stated in the policy, the insurance cover shall apply for the first 42 days of each business trip during the agreed insurance period.
8. Each calendar day on which a business trip is undertaken shall be regarded as a travel day.
9. The insurance contract may be terminated in writing by either party at the end of an insurance period by observing one month's notice. If the contract is not cancelled, the insurance contract is renewed for a further year.
Any changes to the contractually agreed premiums (see subsection 9.1) or benefits (see subsection 9.2) shall only take effect upon renewal of the contract. In this case, the policyholder shall be sent a detailed offer with the changes at least two months before renewal of the contract. The policyholder may terminate the insurance contract:
 - in case of changes of the contractually agreed premiums (see subsection 9.1), by observing a notice period of one month;
 - in case of changes of benefits (see subsection 9.2), until the date of renewal of the insurance contract.
 If notice of termination is not received by the insurer by the relevant date, the consent of the policyholder to the changes shall be deemed granted. The insurer shall expressly draw the policyholder's attention to the changes and to the legal consequences as stated above in the offer with changes.
- 9.1. Change of premiums: In the offer with changes, a maximum change (increase or decrease) of the premium in accordance with the 2020 Consumer Price Index published by Statistics Austria (Federal Institution), or if discontinued the index that replaces it, may be agreed with the policyholder.
The final index value for the month six months prior to renewal of the contract is compared with the same index value for the previous year to calculate the amount of the change; when changed for the first time, this is compared with the final index value for the month six months prior to commencement of the contract and the percentage change calculated. The premiums are adjusted in accordance with this percentage change upon renewal of the contract as a premium increase or decrease, whereby the amount is commercially rounded to the nearest whole cent in each case.
If there is an increase in the index, but the premium is not increased, this does not mean that there is no longer a right to apply this increase in the future.
If there is a decrease in the premium according to the Consumer Price Index, this change will always be offered on renewal of the contract.
- 9.2. Change to benefits: The insurer may only agree a change to benefits with the policyholder if the change is objectively justified, taking into account all circumstances. There shall be no such objective justification under any circumstances if the offered change to benefits results in an unreasonable restriction of benefits for the policyholder or in disproportionate changes to essential rights and obligations in favour of the insurer.
10. Extraordinary right of termination in the event of sanctions:
 - 10.1. If the policyholder is under sanctions in accordance with Section 6 subsection 2., both parties shall be entitled to terminate the insurance contract. The policyholder may terminate the insurance contract at any time and the insurer may terminate the contract within one month.
 - 10.2. If only one insured person is under sanction, both parties may exclude such insured person from the insurance contract. The periods under subsection 10.1. apply to such exclusion.

Section 4

When do I have to take out the insurance?

Which national law and which contractual language is agreed?

1. The insurance must be taken out before the start of the trip. Taking out insurance during a trip is only allowed after specific agreement with the insurer.
2. Austrian law applies.
3. The contractual language is German.

Section 5

When do I have to pay the premium?

The first premium shall be paid by the policyholder within 14 days of conclusion of the insurance contract (pursuant to Section 3 subsection 5) and after a request to pay the premium.

The subsequent premium shall be paid upon renewal of the insurance contract. If partial payment is agreed, the agreed due dates for payment shall apply.

Section 6
What is not insured (exclusions)?

1. No insurance cover is provided for events that:
 - 1.1. are caused intentionally or with gross negligence by the insured person; for personal travel liability insurance, there is only no insurance cover if the insured person intentionally caused the event to occur for which he/she is responsible to the third party;
 - 1.2. occur when participating in naval, military or air force services or operations;
 - 1.3. are caused by any exposure to nuclear, biological or chemical weapons (NBC weapons);
 - 1.4. relate to war, civil war or warlike conditions; if the insured person is caught up unexpectedly in such events during the insured trip, insurance cover is provided until the earliest possible departure. Under all circumstances, however, no insurance cover is provided for active participation in war, civil war, warlike conditions and civil unrest;
 - 1.5. occur on trips undertaken despite a travel warning. Travel warnings are all travel warnings (for an entire country) and partial travel warnings (for a specific area) issued by the Austrian Foreign Ministry. Exclusion applies only to events that are causally and directly related to travel warnings. If a travel warning is issued during the insured trip that recommends urgent departure, insurance cover is provided until the earliest possible departure;
 - 1.6. occur in the event of the insured person attempting or committing intentional acts that are punishable by law;
 - 1.7. are caused by strike action;
 - 1.8. are caused by suicide or attempted suicide of the insured person;
 - 1.9. occur when travelling in undeveloped or unexplored areas and at an altitude above 6000m;
 - 1.10. are caused by the influence of ionising radiation within the meaning of the Austrian Radiation Protection Act or by nuclear energy;
 - 1.11. are suffered by the insured person as a result of a significant impairment of his or her mental and physical condition due to alcohol, addictive poisons or medication;
 - 1.12. are caused while driving a motor vehicle if the driver does not possess the applicable motor vehicle licence that would be required to drive this motor vehicle in the country of the event; this also applies if such a vehicle is not being driven on roads with public traffic;
 - 1.13. occur during use of aircraft (e.g. motorised aircraft, gliders, hang-gliders, free balloons), except for use of parachutes and paragliders or as a passenger in a motorised aircraft for which a passenger transport permit has been issued. A passenger is defined as a person who has no causal connection with the operation of the aircraft, is not a crew member and does not carry out professional activity by means of the aircraft.;
 - 1.14. arise from participation as a driver, co-driver or passenger of a motor vehicle in driving events (including associated training and qualification drives), where the aim is to cover a specified distance as quickly as possible or to overcome obstacles or difficult terrain, or driving on race tracks;
 - 1.15. arise when participating in professional sport including training;
 - 1.16. arise when participating in state, national or international sports competitions, as well as in official training for such events;
 - 1.17. arise during dives if the insured person does not hold an internationally valid authorisation for the depth in question, except when participating in a diving course with an authorised diving instructor. In any circumstances, there is no insurance cover for dives at a depth of more than 40m.
 - 1.18. arise when carrying out one of the following activities:
 - police, military, guard and security service;
 - mining;
 - circus arts and acrobatics;
 - animal training;
 - stunt performance;
 - detecting and clearing explosive substances and ammunition;
 - handling explosives;
 - 1.19. occur when undertaking an extreme sport.
 - 2.1. If the policyholder or an insured person is a sanctioned person or if a trip is undertaken for the purpose of carrying out a sanctioned activity, no insurance cover shall be granted, no payment made and no benefit provided to the policyholder or the insured person, directly or indirectly, to the extent of and for the duration of the sanction.
 - 2.2. Sanctions are international commercial, financial or economic sanctions or embargoes under:
 - United Nations resolutions; and/or
 - regulations and/or decisions of the European Union; and/or
 - laws, ordinances or decrees issued by authorities of the Republic of Austria; and/or
 - legal requirements of the United States of America and the United Kingdom.
 Embargoes mean a ban on the import or export of goods or providing (financial) services. Sanctioned means that a sanction stipulates that no insurance cover may be granted to persons named therein or for activities named therein or that no insurance benefits or payments may be made to such persons or in favour of such persons.
 - 2.3. The insurer shall not charge a premium to the extent of and for the duration of the sanction.
 - 2.4. Section 3 subsection 10. governs the rights of termination relating to sanctions.
3. In addition to these general exclusions from insurance cover, special exclusions are also defined in Section 12, Section 20, Section 25 and Section 31.

Section 7
What do the sums insured mean?

1. The insured sums listed in the schedule of benefits of the insurance policy limit the insurer's benefits for all insured events during a trip and shall apply per insured person.
2. If several insurance policies have overlapping insurance periods, the sums insured are not multiplied for the period of overlap.

Section 8
**What shall apply to increases in the insured risk?
What do I have to do to maintain insurance cover (obligations)?**

1. In the event of tariffs without specifically naming the insured persons, the insurance also covers an increase in the insured risk due to an actually higher number of employees and travel days, if this occurred after conclusion or renewal of the insurance contract.
If the maximum permitted tariff values are exceeded as a result, the insurer may demand the increased premium from the onset of this circumstance.
2. The following is defined as an obligation in accordance with the conditions and limitations of Section 6(1a) of the Austrian Insurance Contract Act (VersVG) (see Annex) for tariffs without specifically naming the insured persons:
The policyholder is obliged to notify the insurer of any exceeding of the maximum permitted values for the tariff following the end of each insurance period. The policyholder shall comply with this obligation within one month of receiving the query from the insurer.
Incorrect or incomplete information to the detriment of the insurer shall grant the insurer authorisation only to provide benefits if this conforms to the ratio of the agreed premium to the premium, which should have been paid in case of correct and complete information.
3. The following are defined as obligations, the breach of which will result in the insurer being released from liability in accordance with the conditions and limitations of Section 6(3) of the Austrian Insurance Contract Act (VersVG) (see Annex):
The policyholder or the insured person must:
 - 3.1. notify the insurer of the occurrence of the insured event as soon as possible after he or she becomes aware of it and must provide the insurer with comprehensive information about the event and the extent of the loss;
 - 3.2. as far as possible, must help to establish the facts of the claim, must provide the insurer with all required information truthfully and must allow any reasonable investigation into the cause and the extent of the insurer's liability;
 - 3.3. as far as reasonable according to the circumstances in the individual case:
 - 3.3.1. hand over to the insurer any evidence proving the cause and amount of liability (such as cancellation cost statements, booking confirmations, police records, airline confirmations, doctor's and hospital certificates, invoices, etc.). Original receipts must be handed over to the insurer at the insurer's request, where the insurer reimburses the loss;
 - 3.3.2. in the event of illness or accident, have a corresponding certificate issued by the attending doctor (in the event of trip curtailment, by the local doctor);
 - 3.3.3. damage/loss that has occurred in the custody of a transport company or accommodation provider must be reported to the insurer as soon as possible after discovery and an official written statement of this must be requested;
 - 3.3.4. damage/loss caused by criminal acts must be reported to the local police force as soon as possible, giving a precise account of the facts and stating the extent of the damage/loss and an official written statement of such must be requested.
4. The following is defined as an obligation, the breach of which will result in the insurer being released from liability in accordance with the conditions and limitations of Section 6(1) of the Austrian Insurance Contract Act (VersVG) (see Annex):
If the insured person is a US citizen or permanent legal US resident and travels to Cuba, he or she must prove that he or she has complied with all US regulations that apply to this trip, otherwise no insurance benefits or payments can be provided by the insurer.

5. In addition to these general obligations, specific obligations are also defined in Section 27 and Section 32.

Section 9

How do I submit statements or information?

All statements and information provided by the policyholder, the insured person and other third parties in connection with the insurance contract must be submitted via the insurer's online form, by email or post.

Section 10

What rules apply to entitlements under other insurance policies (subsidiarity)?

If benefits are also provided by other social or private insurance policies for an insured event, they take precedence (principle of subsidiarity, i.e. insurance cover only applies if corresponding loss is not covered by the other insurance). However, the claims of the insured person under this insurance contract shall be unaffected. If the insured person reports the insured event to the insurer, the insurer shall make advance payment and settle the claim in accordance with the conditions. Note the special provision in Section 23 subsection 6.

Specific conditions A: Trip curtailment

Section 11

What is insured?

1. The subject of the insurance policy is a booked trip. The following provisions relating to trips also apply in the same way to travel services.
2. An insured event occurs if the insured person has to curtail the trip or part of the trip for one of the following reasons:
 - 2.1. Medical reasons
 - 2.1.1. death of the insured person;
 - 2.1.2. unexpected serious illness (including epidemic or pandemic diseases), serious bodily injury caused by an accident, unexpected acute onset of an existing illness or consequence of an accident, fracture or loosening of implanted joints, fracture or technical defect of prostheses or adverse reaction of the insured person to a vaccination, if the inability to travel for the trip is the result of one of these reasons;
 - 2.1.3. organ transplant of the insured person as donor or recipient;
 - 2.1.4. unexpected allocation or rescheduling of an operation appointment or an inpatient stay at a clinic for rehabilitation;
 - 2.1.5. premature birth or unexpected, severe pregnancy complications up to and including the 35th week of pregnancy.
The occurrence of pregnancy is only insured if the insurance policy was taken out within 3 days of booking the trip at the latest;
 - 2.1.6. unexpected sports incapacity of the insured person due to illness or accident, if participation in booked sports services, which was the primary reason for the trip, is not possible as a result;
 - 2.2. Reasons related to work and education
 - 2.2.1. loss of employment through no fault of the insured person as a result of termination of employment by the employer;
 - 2.2.2. short-time work of the insured person as a result of non-seasonal economic difficulties of the company at which the insured person is employed if, as a result, the regular gross salary is reduced by at least 35% for a period of at least three consecutive months;
 - 2.2.3. unexpected serious illness (including epidemic or pandemic diseases), serious bodily injury caused by an accident, unexpected acute onset of an existing illness or consequence of an accident, fracture or loosening of implanted joints or death (including suicide) of the employee or colleague at the same company, who acts in place of the insured person for the duration of the trip, as a result of which the presence of the insured person is necessary;
 - 2.2.4. termination of employment by the employee or colleague at the same company who acts in place of the insured person for the duration of the trip, as a result of which the presence of the insured person is necessary;
 - 2.2.5. conscription of the insured person into basic military or civilian service or for a military exercise, provided that the competent authority does not accept the travel booking as a reason for postponing the conscription or as a reason for not participating in the military exercise;
 - 2.2.6. failure of the insured person to pass the school-leaving examination or a similar final examination following a school course of at least 3 years' duration immediately prior to the travel date of the trip that was booked before the examination;
 - 2.2.7. failure of the insured person to pass a final class following a school course of at least 3 years immediately before the date of the insured trip;
 - 2.2.8. failure of the insured person to progress to the next school level, in the case of a class trip;
 - 2.2.9. necessary repetition of a failed examination at a school/university by the insured person, provided that the repeat examination takes place unexpectedly during the trip period or within 14 days of the scheduled end of the trip and the trip was booked before the date of the failed examination.
 - 2.3. Family reasons
 - 2.3.1. unexpected serious illness (including epidemic or pandemic diseases), serious bodily injury caused by an accident, unexpected acute onset of an existing illness or consequence of an accident, fracture or loosening of implanted joints or death (including suicide) of family members or other close friends or relatives, as a result of which the presence of the insured person is required. The close friends or relatives must be named to the insurer in writing when the insurance is taken out; two close friends or relatives may be named per insured person;
 - 2.3.2. unexpected serious illness (including epidemic or pandemic diseases), serious bodily injury caused by an accident, unexpected acute onset of an existing illness or consequence of an accident, fracture or loosening of implanted joints or death (including suicide) of the person who, instead of the insured person, has been entrusted for the duration of the trip with the care of family members who are not travelling with the insured person and who are minors or in need of care, if the result of this is that care is not possible, as a result of which the presence of the insured person is necessary;
 - 2.3.3. filing of the petition for divorce or dissolution (in the case of separation by mutual consent, the corresponding petition) at the competent court or abandonment of the joint place of residence before the insured joint trip of the spouses or partners affected;
 - 2.3.4. dissolution of cohabitation (that has lasted for at least six months) before the insured joint trip of the cohabiting partners affected (affidavit of the cohabiting partners affected is required);
 - 2.3.5. cancellation of the wedding or registration of civil partnership that was the reason for the future spouses or civil partners travelling together;
 - 2.3.6. cancellation of the wedding or registration of civil partnership that was the reason for the insured person's trip as an invited guest;
 - 2.3.7. adoption of a minor by the insured person;
 - 2.3.8. abduction of a family member of the insured person or family member of the insured person goes missing.
 - 2.4. Crime and property damage
 - 2.4.1. significant material damage to the property of the insured person at one of his or her places of residence as a result of an Act of God (flood, storm, etc.), fire, burst water pipe or criminal act committed by a third party, as a result of which the presence of the insured person is necessary;
 - 2.4.2. criminal offence involving the threat or use of violence against the insured person;
 - 2.4.3. theft of travel tickets, passport (with sufficient remaining validity for the booked trip) or driving licence (for trips where insured person is driver) of the insured person if these are required for the trip and it is no longer possible to obtain a replacement in time;
 - 2.4.4. damage (not breakdown) or theft of the private vehicle for the trip, caused by third parties or by an accident, immediately before or during the trip, if as a result the trip cannot be made as planned (repair not possible in time and replacement vehicle not available);
 - 2.4.5. traffic accident involving the private vehicle on the direct route to the railway station/airport/port, if the booked regular departure/take-off for the insured trip is missed as a result.
 - 2.5. Other reasons
 - 2.5.1. unexpected serious illness or serious accidental bodily injury of a dog, cat or horse whose permanent owner is the insured person, as a result of which the presence of the insured person is necessary to care for the pet;
 - 2.5.2. necessary neighbourly assistance by the insured person in the event of a natural disaster (flood, landslide, mudslide, avalanche, earthquake, snow pressure, hurricane and landslide);
 - 2.5.3. necessary disaster relief by the insured person as a member of the fire brigade or rescue service;
 - 2.5.4. receipt of an unexpected court summons by the insured person, provided that the competent court does not accept the travel booking as a reason to postpone the summons;
 - 2.5.5. unforeseeable refusal, through no fault of the insured person, of the visa required for the trip.
3. The insurance covers the event for the insured persons affected, their accompanying family members who have insurance of equal value and additionally per event up to a maximum of six further fellow travellers who have insurance of equal value. Anyone who is also insured with Europäische Reiseversicherung AG, Vienna, for such an insured event shall be deemed to have equivalent insurance cover.
4. Family member means the spouse (or registered partner or cohabiting partner), children (stepchildren, children-in-law, grandchildren, foster children, adopted children), parents (step parents, parents-in-law, grandparents, foster parents, adoptive parents), siblings, step siblings and brothers/sisters-in law of the insured person; for a registered partner or cohabiting partner living in the same household, this also includes their children, parents and siblings.

Section 12
What is not insured (exclusions)?

There is no insurance cover if the reason for trip curtailment had already occurred or was foreseeable at the time the trip started.

Section 13
What costs are reimbursed?

The insurer reimburses:

1. for trip curtailment
the additional travel costs incurred as a result of the early return trip. These are the costs incurred as a result of it not being possible or being only partially possible to use booked return tickets or other travel tickets. For reimbursement of the return travel costs, the type and class of the means of transport shall be based on the quality that was booked.
2. Shooting fees and hunting licences are not reimbursed.

B: Cover for delays

Section 14
What costs are reimbursed if I miss a departure?

1. An insured event occurs if the trip to the railway station/airport/port is delayed for one of the following reasons for which evidence has been provided and as a result the booked, regular departure/the booked regular take-off is missed through no fault of the insured person:
 - 1.1. accident or traffic accident of the insured person on the direct route to the railway station/airport/port;
 - 1.2. technical defect of the used company car or the vehicle that is used on behalf of the company and for the use of which the insured company pays a mileage allowance pursuant to Section 1 subsection 2, on the direct road to the railway station/airport/harbour;
 - 1.3. delay of a public means of transport (including flight delay) of at least two hours (this is based on the delayed arrival at the destination).
2. No insurance cover is provided in the event of natural disasters, airspace closures, airport closures, road closures, traffic jams, flight delays with through tickets and failure to comply with the minimum connecting times.
3. The insurer shall reimburse the necessary additional costs for which evidence is provided for a necessary overnight stay, board and onward travel.

Section 15
What costs are reimbursed in the event of delayed arrival on the return trip at the arrival railway station/airport?

1. An insured event occurs if, on the return trip, the booked arrival at the railway station/airport where the trip is to end according to the booking is delayed for which evidence is provided and, as a result, the return trip from the railway station/airport to the place of residence in accordance with the original schedule is not possible or not reasonable without an overnight stay.
2. The insurer shall reimburse the necessary taxi travel costs or instead the necessary additional costs for which evidence is provided for a necessary overnight stay and board.

C: Luggage

Section 16
What is insured?

The insurance covers the damage to or loss of the insured items as a result of:

- third-party interference such as theft or damage to property;
- Act of God or fire;
- a traffic accident (excluding own fault);
- in the custody of a transport company, an accommodation provider, a cloakroom with attendant or a luggage storage service.

Section 17
What items are insured and what are the requirements for insurance cover?

1. All items (however, see subsections 2 and 3) taken along or purchased for personal private or professional use while travelling are insured.
2. The following:
 - 2.1. Cash, jewellery, watches, furs, technical equipment of any kind including accessories (e.g. photographic, film and video equipment, laptops, tablets, optical devices with the exception of visual aids, consumer electronics, mobile phones, navigation devices), musical instruments, sports equipment and bicycles (see also Section 20 subsection 3); are only insured on condition that they:
 - are carried and supervised on your person in such a way that they cannot be removed by third parties without overcoming an obstacle; or
 - are handed in to an accommodation provider, a cloakroom with attendant or a luggage storage service; or
 - are in a closed and locked room and all available security devices (safe, lockers, etc.) are used; or
 - are worn as intended;
 - 2.2. technical devices of any kind including accessories (e.g. photographic, film and video equipment, laptops, tablets, optical devices, consumer electronics, mobile phones, navigation devices), musical instruments, sports equipment and bicycles if they have been handed over to a transport company for safe custody in a locked container; cash, jewellery, watches and furs are not insured.
3. The following are not insured:
 - 3.1. cheques, debit and credit cards, securities, tickets, deeds and documents of any kind; animals, antiques and objects with a primarily artistic or collector's value;
 - 3.2. land, air and water vehicles with internal combustion engines or for which official approval is required, hang-gliders, paragliders, kites, iceboats, sailing boats; their accessories, spare parts and special equipment are also not insured;
 - 3.3. commercial goods and damage to items that the insured person transports or stores for business purposes;
 - 3.4. weapons including accessories.

Section 18
What insurance cover is provided in or on unattended parked motor vehicles (trailers)?

1. A motor vehicle (trailer) is deemed to be parked unattended if neither the insured person nor a person of trust appointed by the insured person and known by name is permanently present at the motor vehicle (trailer) to be secured. Monitoring a car park that is open to the general public is not considered to be supervision.
2. Insurance cover is provided for items if it is not possible to store them in accommodation or with a luggage storage service, the motor vehicle (trailer) is not parked for more than twelve hours for which evidence is provided and the items:
 - 2.1. are in a locked interior or boot, firmly enclosed by metal, hard plastic or glass and secured by lock, and all available security devices are used. They must be stored in the boot if there is such a boot available and it is possible to store them in it, otherwise they must be stored so that they cannot be seen from the outside;
 - 2.2. are stored in a metal or hard plastic container or on a roof rack. The container or roof rack must be locked, mounted on the motor vehicle and it must not be possible for unauthorised persons to remove them without the use of force (e.g. a steel cable lock alone is not sufficient).
3. On a single-track motor vehicle, the luggage that is carried must be kept in closed and locked containers made of metal or hard plastic that cannot be opened or removed by unauthorised persons without the use of force. The other provisions of subsection 1 and 2 apply accordingly.
4. There is no insurance cover for an unattended, parked motor vehicle (-trailer) for technical equipment of any kind including accessories (e.g. photographic, film and video equipment, laptops, tablets, optical devices, consumer electronics, mobile phones, navigation devices), musical instruments, sports equipment, bicycles, cash, jewellery, watches and furs.

Section 19
What insurance cover is there for tents and camping?

1. Insurance cover is only provided while camping at an official campsite.
2. Insurance cover is provided for technical equipment of any kind including accessories (e.g. photographic, film and video equipment, laptops, tablets, optical devices, consumer electronics, mobile phones, navigation devices), musical instruments, sports equipment, bicycles, cash, jewellery, watches and furs, if it is handed over to campsite management for safekeeping or is in a motor vehicle (trailer) or caravan and the requirements of Section 18 subsection 2.1 are met.

What is not insured (exclusions)?

No insurance cover is provided for loss that:

1. arises as a result of natural or defective condition, wear and tear, defective packaging or defective closure of the insured items;
2. is caused through own fault, forgetting, leaving behind, losing, misplacing, dropping, leaving unattended, inadequate storage or inadequate supervision of storage;
3. arises in the insured objects (sports equipment, musical instruments, etc.) during their use;
4. is a consequence of insured events (e.g. costs of changing lock in the event of theft of a key).

Section 21

What costs are reimbursed?

1. The insurer reimburses:
 - 1.1. for items within 2 years of purchase
 - the replacement value in the event of destruction or loss;
 - for damage, the necessary repair costs, but no more than the replacement value;
 - 1.2. for items later than 2 years after purchase
 - the current market value in the event of destruction or loss;
 - for damage, the necessary repair costs, but no more than the current market value;
 - 1.3. the material value for damaged, destroyed or lost films, sound and other data carriers;
 - 1.4. for consumables (e.g. cosmetics and perfume), the replacement value less typical consumption.
2. The replacement value is the price to purchase replacements of the insured items on the day of the loss. If it is not possible to purchase a replacement, the price to purchase items of the same kind and quality applies.
3. The current market value is the replacement price of the insured items on the day of loss, less a reduction in value for age, wear and tear.
4. The insurer waives any claim of underinsurance.

Section 22

What additional insurance cover is provided?

1. In the event of delayed baggage retrieval at the travel destination, the necessary expenses for replacement items for personal use required as a result are reimbursed.
2. If documents required for the trip (e.g. passport, identity card, visa, driving licence and registration certificate) are lost during the trip as a result of an insured event in accordance with Section 16, the insurer shall assist in obtaining replacements and shall pay the official fees that are incurred. For travel tickets issued in the name of the insured person, the insurer shall bear the costs of issuing a replacement ticket.
3. Assistance and cash advance in the event of theft of funds
 - 3.1. An insured event occurs if the insured person is in financial distress during the trip because his or her travel funds have been lost as the result of an insured event in accordance with Section 16.
 - 3.2. The insurer shall establish contact between the insured person and his or her main bank, assist in the transfer of an amount provided by the main bank and bear the costs of the money transfer.
If it is not possible to contact the insured person's main bank within 24 hours, the insurer shall provide a cash advance up to the agreed sum insured and shall bear the costs of the money transfer. The cash advance shall only be granted against acknowledgement of receipt.
 - 3.3. The insured person undertakes to repay the cash advance to the insurer within two weeks of returning from the trip, but at the latest within two months of receipt of payment.

D: Medical services abroad

Section 23

What is insured abroad?

1. An unexpected acute illness (including illnesses arising from a pandemic or epidemic), the occurrence of an accidental bodily injury or the occurrence of the death of the insured person during a trip abroad is an insured event.
2. The insurer shall reimburse the necessary costs for which evidence is provided for the following:
 - 2.1. transport to the nearest hospital and transport for a medically necessary transfer;
 - 2.2. outpatient medical treatment including prescribed medication and pain-relieving dental treatment (including single dental fillings);
 - 2.3. inpatient treatment in a hospital including prescribed medication. If the return trip is not possible as a result of being unfit to travel, the insurer shall reimburse the costs of medical treatment up to the day that the insured person is fit for travel;
 - 2.4. transport home to the country of residence from which the trip was started, if necessary with accompanying doctor and with medically adequate means of transport, depending on the condition of the insured person, if transport home:
 - 2.4.1. is medically necessary (including ambulance jet); or
 - 2.4.2. is not medically necessary but medically justifiable and is desired by the insured person after at least three days of hospitalisation (excluding ambulance jet);
 - 2.5. the onward travel to rejoin the travel group for the insured person and an insured fellow traveller if they are temporarily unable to follow the booked round trip due to illness or accident. The costs of onward travel by the cheapest possible suitable means of transport shall be reimbursed, up to a maximum of the value of the unused travel services less the return travel costs;
 - 2.6. the delayed return journey (travel and accommodation costs) by the insured person to the country of residence from which the trip was started, if he or she has had to extend the booked stay as a result of illness or accident to the insured person. The additional accommodation costs incurred are reimbursed based on the quality of the stay that was booked. The additional costs of the return travel by the cheapest possible suitable means of transport incurred as a result of it not being possible or being only partially possible to use booked return flight tickets or other travel tickets shall be reimbursed;
 - 2.7. a visit to the patient if the hospital stay abroad lasts for more than five days. The insurer shall organise travel to and from the place of hospitalisation for a close friend or relative of insured person who is not travelling with him/her and shall pay the costs of the cheapest possible suitable means of transport and standard local mid-range accommodation;
 - 2.8. medically urgent transport of medication and serum from the nearest depot;
 - 2.9. the trip of a person appointed by the insured person to the place of stay and back to the place of residence of the insured person if, as a result of an insured event, the insured person requires a carer to take their accompanying minor children back home;
 - 2.10. the repatriation of deceased persons in the standard way to the country of residence from which the trip was made, or instead for burial at the place of the event (up to a maximum of the cost of repatriation in the standard way);
 - 2.11. in the event of transport to hospital, transport for transfer, transport home and return journey: necessary, verified costs of transporting the insured person and luggage carried;
 - 2.12. the outward journey of a replacement colleague to the location. In addition, costs are assumed for the return journey of the replacement colleague, as incurred through transfer of the unused ticket. If an additional ticket has to be issued for the return journey of the replacement because the represented person's ticket is not available, the costs incurred as a result shall be assumed.
3. Unexpected pregnancy complications and unexpected premature births are insured up to and including the 35th week of pregnancy. The costs listed under subsection 2 shall be reimbursed for the newborn child within the sum insured that has been agreed for the insured mother.
4. If payments under clauses 2.1 or 2.3 to 2.12 become necessary, the necessary action shall be organised by the insurer on contacting the insurer's 24-hour emergency number and the necessary costs shall be paid directly to the service provider.
5. The payments shall be made in euros. Foreign currencies shall be converted, where evidence is provided of the purchase of such foreign currencies, on the basis of the exchange rate for which evidence is provided. If no evidence is provided of the exchange rate, the exchange rate according to the Euro Reference and Exchange Rates of the Oesterreichische Nationalbank at the time of the insured event shall apply.
6. If the insured person has made payments in accordance with subsection 2.1 to 2.3 himself/herself and there is insurance cover for such payments under a social insurance scheme, he/she must first submit such costs to the social insurance scheme. If he/she fails to do so, the insurer's liability shall be reduced by 20%.

Section 24

What is insured in my home country?

For insured events that occur in the home country, the insurer shall reimburse the costs for which evidence is provided up to the agreed sum insured (for abroad) for the following:

1. transport for a domestic transfer by ambulance to the hospital nearest to the insured person's main place of residence, provided that the hospital where the

- insured person is treated is at least 50 km and no more than 1,000 km from the insured person's place of residence, a hospital stay of more than five days is expected and the attending doctors agree to a transfer;
2. a visit to the patient if the hospital stay lasts for more than five days and there is no transfer under subsection 1. The insurer shall organise travel to and from the place of hospitalisation back to the place of residence for a close friend or relative of insured person who is not travelling with him/her and shall pay the costs of the cheapest possible suitable means of transport and the costs of local accommodation;
 3. the transfer of deceased persons within your home country in the standard way.

Section 25

What is not insured (exclusions)?

There is no insurance cover for the following:

1. Use of local cures (spa treatments), rehabilitation stays and physiotherapies;
2. restorative or prosthetic dental treatments;
3. provision of medical aids (e.g. visual and hearing aids, dental braces, inserts and prostheses of any kind);
4. termination of pregnancy, as well as pregnancy complications and deliveries after the 35th week of pregnancy;
5. preventive vaccinations, medical reports and doctor's certificates;
6. special hospital services such as a single room, telephone, TV, rooming-in, etc;
7. cosmetic treatments;
8. physical injury in the case of treatments and interventions which the insured person carries out or has carried out on his/her body, insofar as an insured event was not the reason for such treatment or intervention.

Section 26

What insurance cover is provided for existing illnesses or the consequences of accidents?

An illness or consequence of an accident that exists at the start of a trip is insured if it becomes acute unexpectedly and is not excluded from insurance cover under Section 25. The costs listed under Section 23 and Section 24 shall be reimbursed up to the agreed sum insured for existing illnesses.

Section 27

What do I have to do to maintain insurance cover (obligations)?

The following are defined as obligations, the breach of which will result in the insurer being released from liability in accordance with the conditions and limitations of Section 6(3) of the Austrian Insurance Contract Act (VersVG) (see Annex):

If in-patient, day-care or repeated out-patient treatment, transport home, repatriation of deceased persons or funerals at the place of the event become necessary, the insurer's 24-hour emergency number must be contacted as soon as possible to obtain any instructions from the insurer.

E: Search and rescue

Section 28

What search and rescue costs are reimbursed?

1. The insured person must be rescued because he or she has suffered an accident on difficult terrain, is in distress in the mountains or at sea, or there was a reasonable expectation of one of the above situations.
2. The insurer shall reimburse the costs for which evidence is provided of searching for and rescuing the insured person to the nearest road suitable for driving or, if medically necessary, the costs of direct transport from the place of the accident to the nearest hospital.

F: Personal liability cover

Section 29

What is insured?

1. An event that causes loss or damage during the trip as a result of which the insured person as a private person incurs or could incur an obligation to pay compensation is an insured event. Several loss events based on the same or similar cause shall be treated as a single insured event.
2. If an insured event occurs, the insurer shall be liable for:
 - 2.1. the insured person's obligations to pay compensation that arise as a result of damage to property and/or personal injury, as well as the pecuniary loss that arises as a result, on the basis of statutory liability provisions (hereinafter referred to as the "obligation to pay compensation"). The insurance does not cover loss or damage that is not attributable to personal injury or property damage (pure financial loss);
 - 2.2. the costs of establishing and defending a claim for compensation asserted by a third party.
3. Property damage means damage to or destruction of physical property. Personal injury means damage to health, bodily harm or death of persons.
4. The insurance covers the insured person's obligations to pay compensation that arise from risks in everyday life (with the exception of a business, professional or commercial activity), in particular:
 - 4.1. from using bicycles;
 - 4.2. from non-professional sporting activities, with the exception of hunting;
 - 4.3. from permitted possession of cutting weapons, stabbing weapons and firearms and from their use as sports equipment (with the exception of martial arts) and for the purposes of self-defence;
 - 4.4. from keeping small animals, except dogs and exotic animals;
 - 4.5. from using watercraft for which no driver's licence (boat licence or navigation licence) is required in the country of use;
 - 4.6. from using non-powered model ships and aircraft (the latter up to 5 kg);
 - 4.7. from using rented or leased residential and other rooms and the inventory therein, with the exception of damage due to wear and tear.

Section 30

What costs are reimbursed?

1. The agreed sum insured applies to property damage and personal injury together resulting from a one insured event.
2. The insurance covers the court and out-of-court costs required under the circumstances to establish and defend a claim for compensation asserted by a third party, even if the claim subsequently proves to be unfounded.
3. The insurance also covers the costs of defence in criminal or disciplinary proceedings.
4. If the settlement of a claim for compensation demanded by the insurer fails because of the opposition of the policyholder or the insured person and the insurer issues a declaration by registered letter that it holds its share of the compensation as the contract at the disposal of the injured party, the insurer shall not be liable for the additional expenses for compensation, interest and costs incurred from receipt of its declaration.

Section 31

What is not insured (exclusions)?

1. The insurance does not cover obligations to pay compensation arising from loss or damage caused by the insured person or persons acting on his or her behalf by keeping or using the following:
 - 1.1. aircraft or aircraft equipment;
 - 1.2. ground vehicles (or their trailers) which are operated with an internal combustion engine or which carry an official registration number or would be required to carry such a number according to the provisions in force in Austria;
 - 1.3. watercraft for which a driver's licence (boat licence or navigation licence) is required in the country of use.
2. There is also no insurance cover for the following:
 - 2.1. the insured person's obligations to pay compensation that arise from risks associated with a business, professional or commercial activity;
 - 2.2. claims in excess of the amount under the statutory obligation to pay compensation that are based on a contract or a specific undertaking;
 - 2.3. the performance of contracts and the compensation to be paid in lieu of performance;
 - 2.4. damage/loss inflicted on the insured person himself/herself or to his/her relatives (spouse, direct relatives in the ascending and descending line, parents-in-law, adoptive parents and step-parents, siblings living in the same household; non-marital cohabitation is equivalent to marital cohabitation in terms of effect);
 - 2.5. damage/loss due to pollution or disturbance of the environment;
 - 2.6. damage/loss related to a mental illness of the insured person.
3. The insurance does not cover obligations to pay compensation for damage to property that is borrowed, rented, leased, let or taken into custody by the insured

person or persons acting on his or her behalf (except for Section 29 subsections 4.5 and 4.7). The exclusion also applies to the loss or misplacement of physical property;
damage to property that is caused on or with such property during or as a result of its use, transport, processing or other activity;
damage to property that is caused by the gradual emission or gradual action of temperature, gases, vapours, liquids, moisture or non-atmospheric precipitation, nuclear events and contamination by radioactive substances.

4. There is no insurance cover for punitive compensation in excess of the damage that has been incurred.

Section 32

What do I have to do to maintain insurance cover (obligations)?

The following are defined as obligations, the breach of which will result in the insurer being released from liability in accordance with the conditions and limitations of Section 6(3) of the Austrian Insurance Contract Act (VersVG) (see Annex):

The policyholder or the insured person must notify the insurer as soon as possible of the following:

1. the assertion of a claim for compensation;
2. the service of a penal order and the initiation of criminal, administrative criminal or disciplinary proceedings against the policyholder or the insured person;
3. all measures taken by third parties to enforce claims for compensation in court.

The policyholder or the insured person are not entitled to acknowledge or settle a claim for compensation in whole or in part without the prior consent of the insurer.

Section 33

What is the insurer authorised to do?

The insurer is authorised to make all statements it deems appropriate on behalf of the policyholder within the scope of its liability.

G: Assistance

Section 34

What assistance is provided in the event of imprisonment or threat of imprisonment abroad?

1. An insured event occurs if the insured person is threatened with imprisonment or is arrested abroad.
2. The insurer shall assist in providing a lawyer and an interpreter. The insurer shall also provide a cash advance for a lawyer and, if necessary, for bail up to the agreed insured sum.
3. The policyholder shall ensure that the cash advance is repaid to the insurer within two weeks of returning from the trip, but at the latest within two months of receiving payment.

Section 35

Which worldwide travel information is provided?

Upon request the insurer shall make the following travel information available for the destination country in respect of the business trip:

1. Vaccination and health regulations;
2. Entry, transit and re-entry regulations (visa, etc.);
3. Foreign exchange regulations, currency (amount of import and export of national currency);
4. Information on local geography, culture and climate;
5. Addresses of diplomatic and consular offices;
6. Itineraries, flight connections, airlines;
7. Hotels.

Specific condition for “persons involved in sales activities”

For the Corporate Travel Insurance, the following additional conditions apply when taking out the optional “ persons involved in sales activities” package:

At variance from Section 1 subsection 4, the specifically named persons are insured even if they temporarily perform their work activity largely outside the normal place of work, when carrying out such activities. These include, in particular, activities in the field sales force, such as sales activities, technical service and assembly operations, construction work, or road transport activities in the transport of goods and passengers.

Specific condition for „scope of application“

The insurance cover applies globally, with the exception of Afghanistan, Belarus, Myanmar (Bruma), Iran, North Korea, Russia, Syria, Venezuela and the regions of Donetsk, Zaporizhzhia, Kherson, Luhansk and Crimea.

Annex

Extract from the Austrian Insurance Contract Act (VersVG)

Section 6. Austrian Insurance Contract Act

(1) If the contract stipulates that, in the event of a breach of an obligation to be fulfilled vis-à-vis the insurer prior to the occurrence of the insured event, the insurer shall be released liability, the agreed legal consequence shall not apply if the breach is a breach without fault. The insurer may terminate the contract without notice within one month of becoming aware of the breach, unless the breach is deemed to be a breach without fault. If the insurer does not terminate within one month, it cannot rely on the agreed exemption from liability.

(1a) In the event of a breach of an obligation which is intended to maintain the equivalence between risk and premium underlying the insurance contract, the agreed exemption from liability shall furthermore only apply to the extent to which the agreed premium falls short of the premium provided for the higher risk in accordance with the tariff. In the event a breach of other obligations to report or give notice which have no influence on the assessment of the risk by the insurer, exemption from liability shall only arise if the obligation has been intentionally breached.

(2) If an obligation is breached which is to be fulfilled by the policyholder vis-à-vis the insurer for the purpose of reducing the risk or preventing an increase in the risk - irrespective of the applicability of subsection (1a) - the insurer may not rely on the agreed exemption from liability if the breach had no influence on the occurrence of the insured event or insofar as it had no influence on the scope of the insurer's liability.

(3) If exemption from liability has been agreed in the event that an obligation is breached which is to be fulfilled towards the insurer after the occurrence of the insured event, the agreed legal consequence shall not arise if the breach is not based on intent or gross negligence. If the obligation is not breached with the intent to influence the insurer's liability or to interfere with establishing such circumstances that are clearly significant with regard to the insurer's liability, the insurer shall remain liable insofar as the breach has had no influence on establishing the insured event or on establishing the insurer's liability or on the scope of the insurer's liability.

(4) Any agreement according to which the insurer is entitled to withdraw from the contract in the event of a breach of an obligation is invalid.

(5) The insurer may only derive rights from the negligent breach of an agreed obligation if the policyholder has previously received the conditions of insurance or another document in which the obligation is communicated.

Section 38. Austrian Insurance Contract Act

(1) If the first or single premium is not paid within 14 days of the insurance policy being taken out and following a request for payment of the premium, the insurer shall be entitled to withdraw from the contract until such time as payment is made. In the event that the claim for the premium has not been enforced in court within three months of the due date, this shall be considered withdrawal.

(2) If the first or single premium has not yet been paid at the time of the first insured event and following expiry of the deadline under paragraph (1), the insurer is exempt from the obligation to indemnify, unless the policyholder was prevented from paying the premium on time through no fault of their own.

(3) The request to pay premiums shall only have the legal consequences stipulated in paragraphs (1) and (2) if the insurer has informed the policyholder of such consequences.

(4) Failure to pay interest or costs shall not trigger the legal consequences set out under paragraphs (1) and (2).

Section 39. Austrian Insurance Contract Act

(1) If any subsequent premium is not paid on time, the insurer may set a payment deadline of at least two weeks in writing for the policyholder, at its expense; a copy of the handwritten signature is sufficient for this purpose. The legal consequences associated with expiry of the deadline under paragraphs (2) and (3) shall be indicated here. Any deadline set without observing these regulations shall be invalid.

(2) If the insured event occurs after the deadline has expired and if the policyholder is in arrears with the subsequent premium at the time the event occurs, the insurer shall be exempt from the obligation to indemnify, unless the policyholder was prevented from paying on time through no fault of their own.

(3) The insurer may terminate the insurance without observing a notice period following expiry of the deadline if the policyholder is in arrears. Termination may already be linked to the setting of the payment deadline, such that it shall take effect upon expiry of the deadline if the policyholder is in arrears at this time; the policyholder shall explicitly be informed hereof upon notice of termination. The effects of termination shall cease if the policyholder subsequently makes payment within one month of termination or, if termination has been linked to the deadline, within one month of expiry of the payment deadline, unless the insured event has already occurred.

(4) Failure to pay interest or costs shall not trigger the legal consequences under paragraphs (1) to (3).

Section 39. Austrian Insurance Contract Act

If the policyholder is in arrears with no more than 10% of the annual premium, but at the most with an amount of 60 euros, the exemption from indemnification, as provided for in Sections 38 or 39, shall not arise.

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