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1. Definitions

1.1 Insurer

The insurer(s) named on the policy schedule represented in this matter by Meijers Assuradeuren BV as authorised representative.

1.2 Policyholder

The policyholder is the person with whom this insurance contract is entered into.

1.3 Insured party

The person whose interests are represented by the insurance and who is listed as such (personally or as a group) on the policy schedule. In relation to business trips, the cover also applies to the partner and children accompanying the insured party on the trip. In relation to private trips, cover is only provided insofar as this cover is recorded on the policy.

1.4 Broker

The broker is the party/parties through the mediation of which the insurance is concluded.

1.5 Partner

The husband/wife or the person with whom the insured party permanently cohabits.

1.6 Children

Unmarried children of the insured party, younger than 27 years of age, who live at home or who live away from home because of their education.

1.7 Beneficiaries

Each person who is specified as such in the policy; if this is not specified:

- In the event of death: the husband or wife of the insured party, or his/her legally registered partner; if this is not specified: the legal heirs with the exception of the State.
- In all other cases: the insured party.

1.8 Place of residence

The country in which the insured party lives, or is planning to live, for a period of 12 months or longer in accordance with an appointment through the policyholder or the establishment of an own business.

1.9 Abroad

All countries in the world, with the exception of the insured party's country of residence and the country in which the insured party usually performs his work.

1.10 Trip

1.10.1 Business trip

All trips abroad undertaken by the insured party at the instruction of/ for the benefit of /at the request of /(co) financed by the policyholder, that take place during the term of the contract and which last for no more than 12 months. Non-business activities are covered if subordinate to the business trip. The trip starts when the insured

party leaves his usual place of work or place of residence and the trip ends when he returns to one of these locations.

1.10.2 Private trip

All non-business trips abroad undertaken by the named person (if this is recorded, including the partner and/or children) and which last for no more than 12 months. The trip starts when leaving the place of residence and the trip ends upon return to this location.

1.11 Area of cover

1.11.1 Standard Global Cover

This insurance covers the entire world, with the exception of the insured party's country of residence.

1.11.2 Country of residence

Business trips will only be covered by the insurance if the policy explicitly states that business trips within the country of residence are covered. The business trip has to include at least 1 paid night of accommodation.

1.12 Acts of war

Exceptional circumstances, such as armed conflict, civil war, revolt, internal civil commotion, riots and mutiny. These six aforementioned forms of acts of war, as well as the definitions thereof, form part of the text filed by the Dutch Association of Insurers (Verbond van Verzekeraars) in the Netherlands on 2 November 1981 at the Office of the District Court in The Hague and that, as such, form part of this insurance.

1.13 Accident

A sudden violent incident, by external cause, beyond the control of the insured party, to the insured party's body, resulting in direct personal injury that can be established medically, resulting in death or permanent disability. Also understood to be meant by accident:

1.13.1 Incorrect medical treatment

Incorrect medical treatment, provided this is directly associated with an accident suffered by the insured party at an earlier date.

1.13.2 Contamination following an involuntary fall

Contamination by germs, infection or an allergic reaction, if this contamination, infection or reaction is a direct result of an involuntary fall into the water or any other substance, or if it is the result of entering that water or other substance in an attempt to save a person, animal or property.

1.13.3 Swallowing substances or objects

Acute or involuntary swallowing of solid and/or liquid substances or objects that are hazardous to health, or gases or vapours (which are not viruses or bacterial germs).

1.13.4 Contamination

Contamination by vaccinia, anthrax, foot and mouth disease, sarcoptes scabiei, trichophytia and Bang's disease

1.13.5 Suffocation, and similar.

Suffocation, drowning, freezing, corrosion through corrosive liquids, sunstroke, heat stroke, heat exhaustion, hypothermia, burning, lightning strike and other electrical discharge, as well as the sudden occurrence of a sprain, dislocation, muscle/tendon strain and/or tear, provided that the nature and location can be established medically

1.13.6 Exhaustion

Exhaustion, starvation, dehydration, sunburn and

other physical injury, resulting from deprivation or any disaster.

1.13.7 Wound infection and blood poisoning

Wound infection or blood poisoning by the penetration of germs into an injury caused by an accident

1.13.8 Accident caused by illness

An accident that (partly) occurred on account of illness, disease, infirmity or an abnormal physical or mental state of the insured party.

1.13.9 Complications from injury sustained from an accident

Complications or worsening in the insured party's condition following an accident, as a direct consequence of first aid, or from medical treatment necessitated by the accident.

1.14 Permanent disability

Total or partial permanent disability or loss of function of any part, capacity or organ of the insured party's body, without taking into account the insured party's occupation.

1.15 Loss of a limb

In the event of a leg or lower limb:

- a Loss on account of permanent physical separation at or above the ankle, or
- b Permanent and full loss of the use of an entire foot or an entire leg.

In the event of an arm or upper limb:

- a Loss on account of permanent physical separation of the four fingers at or above the metacarpophalangeal joints (where the fingers meet the palm of the hand), or
- b Permanent and total loss of an entire arm or hand.

1.16 Loss of sight

Permanent and full loss of the eyesight:

- a in both eyes, as well as
- b in one eye when the level of vision after correction is 1/20 or less on the Snellen scale.

1.17 Paraplegia

Permanent and full paralysis of the two lower limbs, bladder and rectum.

1.18 Quadriplegia

Permanent and full paralysis of the two upper limbs and the two lower limbs.

1.19 Medical expenses

The costs incurred by the insured party for medical, surgical or other healing treatment (s) insofar as that/those treatment(s) is/are given or prescribed by a qualified doctor and all hospital or ambulance costs and costs for nursing.

1.20 Unexpected travel expenses

The unexpected costs of transport and accommodation (after deducting any recourse or possible savings) incurred by the insured party and all persons who, as a direct result of the accident or the illness have to travel to the insured party, have to stay with the insured party, or have to accompany the insured party.

1.21 Qualified Doctor

A practitioner of medicine, who has graduated from a medical faculty listed in the "Directory of Medical Schools of the World Health Organisation", who holds a licence issued by the medical authorities in the country in which he practises and who practises within the framework of the applicable licence and training.

1.22 Hospital

An establishment for the medical treatment of patients who are confined to bed which:

- Has diagnostic and surgical facilities;
- Has nursing staff 24 hours a day;
- Is under the supervision of doctors, and
- Is not a nursing home, rest home, home for the elderly or psychiatric establishment (including for behavioural disturbances), sanatorium or clinic for the treatment of alcohol or drug addicts; even when this is located at the same site.

1.23 Illness

All negative changes in the state of health, which arose after the business trip had commenced and that have been established by a qualified doctor.

1.24 Personal belongings

The objects and travel documents taken on the trip by the insured party for his own use, as well as the objects purchased during the trip, with the exception of business equipment.

1.25 Business equipment

Equipment that belongs to the policyholder and that the insured party takes with him on the business trip, or equipment that is acquired during the business trip.

1.26 Money and monetary values

Coins, banknotes, negotiable instruments, bank drafts, funds, letters of credit, meal vouchers, bank cards, telephone cards, postal orders or money orders, travellers' cheques, travel tickets, petrol or other receipts with a monetary value or credit vouchers that are in the possession, the control or under the supervision of the insured party and are only intended for travel, meals, accommodation and personal expenditure.

1.27 Legal representation

- a All judicial, legal action and other budget items that are reasonably incurred by the representative in relation to a demand, claim or legal proceedings, including the reasonable costs of experts and costs of the insurer incurred in relation to this.
- b All costs incurred by or at the expense of the insured party and extrajudicial costs after arriving at an amicable settlement.
- c All judicial, legal action and other budget items that are reasonably incurred by the representative in relation to appeal proceedings.

1.28 Representative

A lawyer or an otherwise qualified person appointed and authorised to act in the name of and at the expense of the insured party in accordance with the terms and conditions of this insurance.

1.29 Abduction

Every event or connected series of events, where the insured party is held or taken by means of violence or deception (with the exception of minor children by their parents) by a person or by several persons working together, the aim being to demand a ransom.

1.30 Hostage-taking

Every act of involuntary imprisonment of the insured party by people who act as or claim to act as agents of a rebel party, organisation or group. A series of involuntary imprisonments shall be deemed as being one act of hostage-taking.

1.31 Hijacking

Unlawful takeover of the control of a vehicle in which the insured party is located as a passenger.

1.32 Consultancy charges

Reasonable fees and expenses charged by advisors brought in by the insurer in the event of abduction, including but not limited to travel expenses, accommodation expenses, the costs for qualified interpretation, com-

munication and payment to informants.

1.33 Cumulative limit

The maximum amount that the insurer shall pay under this and every other accident insurance paid by the insurer in the name of the policyholder, for all insured parties who sustain physical injury as a result of one and the same accident or series of accidents, caused by or as a result of the same cause, event or circumstance.

The ensuing reduction in liability relating to this cumulative limit will be proportionally passed on in the amounts to be paid to each insured party.

1.34 Crisis

When the competent authorities in the insured party's country of residence issue an official warning against travel to the host country, or issue an official recommendation to evacuate the host country on account of one of the events described below, which occur completely beyond the control of the policyholder and/or the insured party:

- a The insured party is deported or declared persona non grata by the competent authorities of the host country;
- b The commencement of violent political or civil riots in the host country;
- c The commencement of a military conflict in which the host country is involved;
- d A terrorist attack that takes place in the host country, resulting in victims;
- e The outbreak of an epidemic in the host country;
- f A natural disaster that takes place in the host country, resulting in victims.
- g Travel advice 4,5 or 6 is issued by the authority.

Travel advice classes

1. No particular security risks

The majority of visits can be made with no problems.

2. Exercise vigilance

Security risks are perhaps present, but there are no specific signs that the traveller will be inconvenienced by these.

3. There are unsafe areas

If specific areas in a country are considered unsafe, this can result in a higher class of travel advice being issued for these particular areas than for the remainder of the country.

4. Non-essential travel to certain areas is advised against

The reason for this advice is an increased security risk in a certain area. Ask yourself the question whether a trip to this area is sensible and essential.

5. Non-essential travel is advised against

There is an increased security risk for the entire country. Ask yourself the question whether a trip to this country is sensible and essential.

6. All travel is advised against

This advice is given when there are demonstrable security risks in a country, because of which there is an acute life-threatening situation for the traveller.

1.35 Crisis Advisors

NGS (Northcott Global Solutions)
Tel: 0044 (0) 207 1838928

1.36 New-for-old value

Costs associated with purchasing a new product of the same quality.

1.37 Substitute

The person who does not travel with the insured party and is active as a substitute/authorised agent during the absence of the insured party.

1.38 Emergency centre

The service that provides the assistance defined in this policy, in the name of and at the expense of the Company.

2. General Provisions

2.1 Summary of the cover

2.1.1 Business travel

During the term of the insurance and within the limits defined in this policy, this insurance provides cover during business trips abroad, unless specified otherwise in the policy schedule.

The cover under the terms of this insurance ends in any case for the insured party on the first day after 12 months of a consecutive period of travel and/or accommodation abroad.

2.1.2 Private travel

Insofar as recorded in this policy, this insurance provides cover during the term of the insurance and within the limits defined in this policy, during private travel with a foreign destination, unless specified otherwise on the policy schedule.

The cover under the terms of this insurance ends in any case on the first day after 12 months of a consecutive period of travel and/or accommodation abroad.

2.2 Term and end of the insurance

The insurance becomes effective on the date stated on the policy schedule and is renewed tacitly annually by a period of 12 months, or for a period that is stated on the policy schedule, unless the insurer or policyholder cancels the insurance at least 1 month before the end of such a period by registered letter.

2.3 Premium

2.3.1 Determining the premium

The premium is based on the maximum number of business travel days stated on the policy schedule. If private travel is also covered by the insurance, these days are not included in the sum of the maximum number of travel days. A fixed annual premium applies to the private cover, which depends on the composition of the family (in other words: only the insured party, insured party + partner, or insured party + partner + children).

2.3.2 Payment of the premium

The premium is owed on the premium due date stated on the policy schedule.

If the Policyholder has not paid the premium in the prescribed manner, without further notice of default or legal intervention, he has breached the contract. After the premium due date, the policyholder will be given one more opportunity to pay the premium within a 14-day period.

If the policyholder does not pay the premium or does not pay the premium on time, no cover is provided for events that occur as from the fifteenth day after the due date on which the insurer has demanded payment in writing from the policyholder and payment has not been made. The policyholder is still liable to pay the premium. Under this insurance, no cover is

provided for events that occur during the period in which the insurance was interrupted.

2.4 Change/Increase in risk

Should the policyholder make a change to business activities quoted at the commencement of the policy, the latter should immediately inform the insurer of this.

If the changes entail an increase in the risk, the insurer reserves the right to adjust the premium and the terms and conditions of insurance.

The policyholder is entitled to refuse the adjusted premium and the terms and conditions of insurance and to cancel the insurance within 60 days of the time at which the change was communicated.

2.5 Change to the premium and/or terms and conditions

The insurer is entitled to change the premium and/or the terms and conditions of certain insurances as a whole. If this insurance forms part of that group, the insurer is entitled to adjust the premium and/or the terms and conditions of this insurance in accordance with that change at a date to be stipulated by the insurer.

The insurer shall inform the policyholder in writing, at least 2 months before the date on which the change takes effect, of the change(s). The policyholder shall be deemed to have agreed to the change(s) unless the latter cancels the contract within 1 month of the change(s) being communicated.

The option to cancel does not apply if the change implies a decrease in the premium and/or an extension of the cover.

2.6 Cancellation in the event of acts of war

The insurer and the policyholder are entitled to cancel all cover for acts of war as defined in article 1.12 of these terms and conditions should such a risk materialise, or if the risk threatens to happen, with due observance of a term of 14 days.

2.7 Notification of claim

As soon as the policyholder, or person entitled to payment, become aware, or should be aware, of the materialisation of a risk covered by this insurance contract, they are obliged to inform the insurer of this as soon as reasonably possible.

2.8 Transfer

The policy cannot be transferred unless agreed otherwise in writing with the insurer.

2.9 Evidence in relation to claims

The policyholder, insured party and/or beneficiary have to provide, at their own expense, all reasonable and necessary documentary evidence to support a claim, which includes but is not limited to:

- a Report of a post-mortem investigation;
- b Police report;
- c Property Irregularity Report (PIR);
- d Original invoice or copy thereof;
- e Written confirmation by a travel agency or the lessor of the circumstances of the claim.

The insured party has to cooperate in medical investigations relating to a claim when the insurer deems this necessary.

2.10 Obligations and provisions

The policyholder, insured party/parties and/or beneficiary/beneficiaries have to fulfil the obligations and provisions stipulated in the policy. If the policyholder/insured party/parties and/or beneficiary/beneficiaries do not comply with that, the insurer can reduce the payment by the damage that is sustained as a result of that.

2.11 Fraud

If in order to intentionally mislead the insurer the

policyholder and/or the party entitled to a payment do not fulfil a stipulated obligation, or if they do not provide the insurer with all information and documents of importance to the latter to allow assessment of the obligation to pay, within a reasonable period of time, the right to a payment lapses, except for insofar as this deception does not justify the lapse of the right to payment. The person(s) (policyholder and/or the party entitled to a payment) who is guilty of such a deception, shall also pay for the loss sustained by the insurer as a result of that; the insurer can also offset its loss against a claim if this concerns the party entitled to a payment. The insurer shall not repay any premium(s).

2.12 Interest payments

Unless stipulated otherwise, the insurer will not pay interest on payments to be made.

2.13 Obligation to limit loss

As soon as one of them is aware or should be aware of a loss or the threat of a loss and once he/she has the opportunity to do and within reasonable limits, the policyholder, insured party/parties and beneficiary/beneficiaries has/have to take all measures that can result in preventing or reducing the loss, including attempts to recover belongings that have been lost or stolen. The insurer shall reimburse the expenses associated with taking the measures outlined above and the damage to items that are used to that end.

2.14 Prescription

Legal action against the insurer to make a payment is prescribed by 3 years after the start of the day, following the day on which the party entitled to payment became aware of the exigibility of that.

The prescription is interrupted by written communication in which a payment is claimed.

A new prescriptive period commences on the start of the day, following the day on which the insurer either acknowledges the claim, or unequivocally states, by registered letter, that it rejects the claim and also unequivocally states that, in the event of rejection, the legal action is prescribed by 6 months.

2.15 Concurrent insurances

If the liability or loss covered by this insurance is also covered by other policies, which may or may not be dated prior to the date of this present insurance, or would have been covered under those insurances if the present insurance had not existed, then this insurance applies as a surplus above the cover provided under the other policies, or that would have been covered if the present insurance had not existed. The foregoing does not apply in the event of a payment for death caused by an accident or permanent disability caused by an accident.

2.16 Subrogation

In respect of the loss sustained by him/her, if the policyholder or insured party has claims, other than insurance claims, for compensation from third parties, by way of subrogation, those claims transfer to the insurer, insofar as the latter indemnifies that loss, whether or not obliged to do so. The foregoing does not apply in the event of a payment for death caused by an accident or for permanent disability caused by an accident.

Once the risk has materialised, the insured party has to refrain from all actions that negatively impair the insurer's right against those third parties.

2.17 Address

All communication in relation to this policy has to be in writing and sent to the addressee's most recently known

address.

2.18 Personal data

When insurance/a financial service is applied for, personal data is requested. This data is used by a broker to conclude and to execute insurance contracts or financial services for relationship management, to prevent and combat fraud against financial establishments, for statistical analyses and to be able to fulfil legal obligations.

2.19 Applicable law, disputes and complaints

Complaints that relate to the conclusion and execution of the insurance contract can be submitted to your insurer and/or broker. After receipt of your complaint, we will contact you very soon. All complaints are dealt with by the management. If after having followed the internal complaints procedure you are not satisfied with the management's judgement, and if you do not run a business or company, within three months of the date on which the management adopted this position, you can take your complaint to:

The Financial Services Complaints Board,
P.O. Box 93257, 2509 AG The Hague.
Tel. 0900 – FKLACHT (0900-3552248),
Email: info@kifid.nl; www.kifid.nl.

The Financial Services Complaints Board is an independent disputes committee for the insurance sector. For more information about the complaints and disputes procedure and the associated costs, we refer you to (the website of) the Financial Services Complaints Board. If you do not wish to utilise the aforementioned complaints handling procedures, or if you are not satisfied with the way in which the complaint is dealt with, or the outcome thereof, you can submit the substance of the dispute to the competent court, unless a binding third-party ruling has been given. Dutch law applies to our services.

2.20 Age limit

Once the insured party reaches the age of 85 years, the sums insured in the event of death or permanent disability as a result of an accident shall decrease by 50% or up to € 100,000.00 depending on which amount is the lowest.

2.21 Notification

The policyholder, insured party and/or beneficiary/beneficiaries is/are obliged:

A In the event of death:

- To inform the insurer as soon as possible about the accident or the loss, in any case within 48 hours after the accident or the loss occurred;
- to provide all information required by the insurer;
- to give the physician and/or authorised person(s) appointed by the insurer every opportunity to investigate the cause of death;
- if considered necessary, to permit an autopsy.

B In all other cases:

- to inform the insurer as soon as possible about the accident, in any case within 90 days after the accident occurred;
- to provide all information required by the insurer;
- to seek medical treatment as soon as possible and to continue this treatment;
- to be examined by a physician appointed by the insurer. The costs associated with this shall be borne by the insurer;
- In relation to articles 5 and 6, the policyholder, insured party and/or beneficiary/beneficiaries should contact the insurer as soon as possible,

with the exception of situations where only out-patient medical costs are paid.

- 2.22 Not insured is loss caused by, occurring during or ensuing from nuclear reactions, irrespective of how and where the reaction occurred.

3. Personal belongings and business equipment

3.1 Cover

3.1.1 Loss, theft or damage to luggage

The insurer reimburses the new-for-old value in the event of total loss, theft or total damage, or the repair costs in the event of partial damage of or to personal belongings and/or business equipment belonging to the insured party, up to a maximum of € 8,500.00, or sum insured stated on the policy schedule for each person for each business trip. In the event that the repair costs exceed the new-for-old value, the new-for-old value will be reimbursed.

3.1.2 Luggage delay

The insurer reimburses the additional costs that the insured party has to incur if his personal belongings arrive with a delay of more than 4 hours (for outward, connecting and homebound flights), up to a maximum of € 1,500.00 for each business trip.

In the event that the luggage is permanently lost, the reimbursement for delay is deducted from the total reimbursement.

3.1.3 Travel and identity documents

The insurer reimburses the additional travel and accommodation expenses incurred by the insured party for replacement of his passport, visa, money, tickets or other essential travel documents if these are lost, damaged or stolen during the business trip, up to a maximum of € 2,500.00.

3.1.4 Cash, valuable documents and SIM cards

The insurer indemnifies loss caused by theft of money and money values as a result of the fraudulent use of bank cards or SIM cards, during a business trip, up to a maximum of € 2,500.00. Foreign currency and travellers' cheques that have been purchased for a business trip, are covered as from the time that they are acquired, up to no more than 120 hours prior to the start of the business trip, and up to the time that these are handed over or cashed and 120 hours after the return from the business trip at the latest.

3.2 Exclusions

No reimbursement will be paid for:

- Vehicles, accessories or parts thereof.
- Loss or damage caused by moths, vermin, wear and tear, scratches or scrapes.
- Loss or damage caused by delay, seizure or confiscation by an authority.
- Loss or damage caused by a mechanical or electronic fault or defect.
- Loss or damage caused by cleaning, painting, restoration, repair or own modifications.

3.3 Notification of claims

In the event of a loss, the policyholder, insured party and/or beneficiary/beneficiaries have to immediately inform the following services:

- The luggage service of the airline about every lost item of luggage or every delay;

- The issuer of the credit card regarding every theft of the credit card;
- The local police in respect of every theft; and to follow the instructions that are given.

4. Personal accident

4.1 Death

In the event of death of the insured party resulting from an accident during the business trip, the sum insured for death will be paid to the beneficiary/beneficiaries named in the policy, or if this has been agreed with the policyholder, to the policyholder. A payment already made to this insured party relating to the same accident on account of permanent disability will be deducted from the payment owed on account of death. If the payment that has already been made on account of permanent disability is higher than payment on account of death, the insurers will not claim back that amount. The payment is made as soon as the insurer has concluded the investigation into the accident and the investigation into the cause of death and the relationship between these two.

4.2 Permanent Disability

The insurer pays a percentage of the sum insured as stated on the policy schedule to the beneficiary, depending on the degree of permanent disability resulting from an accident which took place during the business trip. The degree of permanent disability is determined by a medical investigation to be performed in the Netherlands and – if required – investigation by other experts. The percentage of loss (of function) due to injury to one or more of the parts of the body or organs in accordance with the disability scale outlined in art. 4.6 is determined using criteria set out in the latest version of the 'Guides to the Evaluation of Permanent Impairment' by the 'American Medical Association' (A.M.A.), plus the guidelines of the Dutch specialist associations. When determining this percentage of disability, the occupation of the insured party is not taken into account. As regards injury to the parts of the body or organs not included in the disability scale in article 4.6, the method of determining the permanent disability takes place in accordance with the provisions of article 4.8.

4.3 Time at which the disability is determined

The degree of permanent disability is determined as soon as, in medical opinion, there is deemed to be a steady state, but in any case within 3 years of the date of the accident, unless agreed otherwise. At the end of this three-year period, or otherwise agreed period of time, the degree of permanent disability will be determined, based on the disability that exists at that time.

Once the degree of permanent disability has been determined, should any changes occur after that time, a claim cannot be made for additional payments, and neither can payments that have already been made be reclaimed.

4.4 Death prior to the payment being determined

The entitlement to payment on account of permanent disability remains if, before the degree of permanent disability is determined, the insured party dies due to causes other than as a result of the accident that caused the disability. The level of the payment to be made in this situation is determined based on the medical reports that are available and the anticipated degree of permanent disability that, in the view of medical and – if necessary other – experts, would have been present in the event

that the insured party had not died.

4.5 Payment in the event of permanent disability (section B)

In the event of permanent disability of the insured party as a direct and sole consequence of an accident, in the event of full loss (of function) of the parts of the body or organs listed below, the percentage stated after the involved part of the body or organ for the permanent disability sum insured will be paid to the beneficiary stated in the policy.

As far as necessary, contrary to article 6:83 of the Civil Code, this claim of the beneficiary/beneficiaries/policyholder will be due and payable for the first time fourteen days after the insurers have received the final report from the medical advisor, as well as all medical and other information that may reasonably be required to correctly assess the right to a payment.

4.6 Gliedertax (compensation scheme) disability scale

4.7 The amount of the payment for partial loss (of function)

No.	Description	
1	The visual system	100%
2	The hearing in both ears	100%
3	The hearing in one ear	30%
4	The hearing in one ear if, under this policy, a payment has already been made on account of the loss of hearing in one ear	70%
5	Auricle	5%
6	The nose	10%
7	The smell, the taste or both	10%
8	Full natural set of teeth, however, up to a maximum of € 12,000.00 (loss of less than 50% or in the event of partial damage, no payment will be made. Understood by full set of teeth is: 28 to 32 elements. Understood by set of teeth is: the natural set of teeth and/or a set of false teeth that cannot be removed).	max. € 12.000,-
9	A hand up to the wrist joint	70%
10	A thumb	30%
11	An index finger	20%
12	Every other finger	15%
13	The leg up to the hip joint	100%
14	The arm up to the shoulder joint	100%
15	A lung	30%
16	The spleen	10%
17	A kidney	20%
18	The complete loss of function of the pancreas	70%
19	A leg up to the knee joint	70%
20	A foot up to the ankle joint	65%
21	A big toe	15%
22	Another toe	5%
23	Cervical acceleration/deceleration injury of the vertebral column with neuropsychological and /or vestibular abnormalities	8-15%
24	Cervical (or lumbar) acceleration/deceleration injury of the vertebral column without objective demonstrable neurological/neuropsychological incapacitation symptoms and /or objective demonstrable vestibular abnormalities	0-8%
25	Post-commotional syndrome	0-8%
26	Permanent total uselessness of the vertebral column with complete loss of typical vertebral column action and movement functions with no neurological symptoms	75%
27	Incurable mental illness	100%
28	Loss of intellectual faculties	100%
29	Loss of brain function through traumatic damage to the brain	100%

30	As a result of traumatic damage to the brain, full loss of the integrated complex higher brain functions	100%
31	Full paralysis	100%
32	The power of speech	100%
33	The lower jaw through surgical treatment	30%
34	As a consequence of traumatic damage to the brain, the loss of the ability to speak	90%

When there is a partial loss or partial uselessness of one or more of the parts of the body or organs listed in the disability scale shown above, the percentage of the payment is ascertained in proportion to the aforementioned percentages, subject to the criteria laid down in the most recently published version of the "Guides to the Evaluation of Permanent Impairment" by The American Medical Association (A.M.A.), plus the guidelines of the Dutch specialist associations. In the event of loss or permanent uselessness of several parts of the body or organs, the percentages are added to one another and/or combined.

4.8 The amount of the payment for other permanent physical injury

When there is total or partial loss or uselessness of parts of the body or organs not listed in the disability scale shown above, the degree of permanent disability is ascertained by (medical) experts:

- According to the taxes applicable at that time, or according to the criteria laid down in the most recently published version of the "Guides to the Evaluation, of Permanent Impairment" by The American Medical Association (A.M.A.), plus the guidelines of the Dutch specialist associations, or;
- Based on an assessment of the impact of the disability on the activities calculated for the strengths and skills of the Insured Party, and, with the education and past activities in mind, what can be asked of the insured party according to medical opinion.

The payment shall be determined based on the higher of the two percentages referred to above.

4.9 Impact of existing abnormalities

If the consequences of the accident are multiplied by the illness, infirmity or an abnormal physical or mental state of the Insured Party, the consequences that the accident would have had if the insured party were to have been fully able-bodied and healthy shall be taken as a starting point to determine the payment. This rule does not apply if the existing illness, infirmity or abnormal physical or mental state of the Insured Party is the direct consequence of an earlier accident, for which the insurer has already made a payment or still has to make a payment under this insurance.

4.10 Existing loss (of function)

If there was already a loss (of function) of the involved part of the body or organ prior to an accident, the degree of permanent disability that is determined after the accident will be reduced by the permanent disability that existed prior to the accident.

4.11 Simple interest payment

If one year after the accident has occurred the payment for permanent disability has not yet been determined, the insurers will pay the statutory interest at the time that the permanent disability is determined on the amount to ultimately be paid, deducted from which are the advance payments (if any) as from the 366th day after the accident was reported. The interest will be paid at the same time as the payment.

4.12 Additional cover

In the following cases, additional cover is provided:

4.12.1 Paraplegia or quadriplegia

In the event of paraplegia or quadriplegia, the following payment will be added to the payment to the insured party for permanent disability:

- Paraplegia € 25,000.00.
- Quadriplegia € 50,000.00.

4.12.2 Children

In the event that a payment is made for death as a result of an accident, the amount to be paid shall be increased by € 5,000.00 for each child, up to a maximum of 10% of the payment for death as a result of an accident. This is paid to the official guardian(s) appointed by notarial deed.

4.12.3 Retraining costs

In the event that a payment is made for the loss of a limb or the loss of sight, the insurer will pay back to the policyholder the reasonable costs for the retraining of the insured party to perform modified work, up to a maximum of € 10,000.00.

4.12.4 Replacement costs

In the event that a payment is made for death as a result of an accident, the insurer will pay the reasonable recruitment costs for the replacement of the insured party to the policyholder, up to a maximum of € 10,000/00.

4.12.5 Hospital admission

If as a direct and sole consequence of an accident an insured party is admitted to hospital, during the time of admission a payment will be made of € 75.00 each day. The period of payment commences on the day on which the insured party is admitted to hospital and ends on the day on which the insured party is discharged from hospital. The maximum period of payment is 365 days, which are not necessarily consecutive.

4.12.6 Coma

If an accident results in the continuous unconscious state of the insured party, the insurer shall pay € 50.00 each day of admission, for a period of no more than 365 days. This payment shall be added to the payment for hospital admission.

4.12.7 Cosmetic surgery

If on account of deformity, disfigurement or defacement as a result of an accident covered by the insurance, treatment by a plastic surgeon would, in his opinion, lead to a reasonable chance of improvement or restoration of the foregoing, the insurer will reimburse the costs associated with the surgery or out-patient treatment, the medication that is prescribed, bandages and other medication, as well as the costs of nursing in hospital, up to a maximum of 10% of the sum insured for permanent disability, up to a maximum of € 5,000.00 for each accident. The condition for the reimbursement of costs pursuant to this article is that the insured party can derive rights from a primary healthcare insurance entered into in the Netherlands, or similar provision. The present insurance only offers a so-called surplus or supplementary cover to a primary healthcare insurance or similar provision for insofar as the medical costs are not covered in accordance with the conditions of the healthcare insurance or similar provision, or would not be reimbursed under this primary healthcare insurance or similar provision under an excess or

reimbursement maximum. Explicitly not understood by the aforementioned is contribution required by law. Notwithstanding the aforementioned, there is no entitlement to reimbursement of the aforementioned costs if these are covered in full or in part by another insurance which may or may not be of an older date, or could have been covered if the present insurance had not existed, or if a liable third party is obliged to pay those costs.

4.12.8 Psychological support

If an accident results in an anticipated permanent disability of more than 50%, the insurer shall pay the costs for professional psychological support of the insured party up to a maximum of € 5,000.00, provided that support starts within 3 months of the date of the accident, is prescribed by a qualified doctor and relates to the accident.

4.12.9 Personal belongings

If an accident results in immediate hospital admission, the insurer shall pay for the damage to and the costs for lost, damaged or stolen personal belongings as a direct result of an accident, up to a maximum of € 5,000.00.

4.12.10 Funeral costs

In the event that a payment is made for death as a result of an accident, the insurer shall pay the reasonable funeral and cremation costs up to a maximum of € 7,500.00 for each insured party.

4.12.11 Safety Belt

If the insured party dies as a result of a road traffic accident and it is established that he was wearing a safety belt, the amount to be paid shall be increased by € 5,000.00.

4.12.12 Life saver

If a third party (not the insured party or policyholder) sustains physical injury whilst attempting to save the life of the insured party, and, within two years, this results in the death or permanent disability of this third party, the insurer shall pay that third party an amount of € 25,000.00. The payment shall be paid in addition to a possible payment to the insured party.

4.12.13 Modification of the home

In the event that the insured party sustains physical injury resulting from an accident and as a result of this modifications are required to his home (including but not limited to the installation of ramps for external and internal wheelchair access, internal rails, emergency alarm system and similar disablement appliances) to enable everyday activities to be carried out (such as washing, cooking, bathing and getting dressed) and to enable him to remain in and around his house, the insurer shall pay 80% of the additional costs for these types of modifications up to a maximum of € 5,000.00, provided that these modifications are carried out with the prior written consent of the insurer and the permission of the insured party's qualified doctor who is treating him.

4.12.14 Partner/Child

In the event of death or permanent disability as a result of an accident, the insurer shall pay for each partner or child who sustain physical injury in the same accident as the insured party, an amount of € 25,000.00.

4.12.15 Scars

If the insured party sustains permanent scarring of the face as a result of an accident, the following percentages of the sum insured for permanent disability, as stated on the policy schedule, will be paid:

- Scars from 5 to 10 cm: 5%
- Scars longer than 10 cm: 10%

4.12.16 Dentistry costs

If as a result of an accident covered by the insurance damage occurs to three or more natural permanent dental elements, the costs of repair are reimbursed up to a maximum of € 500.00 for each event for each insured party.

4.13 Missing

If the insured party is missing and, after an appropriate period of time it can reasonably be assumed that the insured party has died as a result of physical injury sustained during an accident, the sum insured for death stated on the policy schedule will be paid. The beneficiary has to sign a contract which stipulates that if the insured party is later on found not to have died, each amount paid by the insurer has to be paid back to the insurer.

5. Medical Expenses and Assistance

In the event of an accident or illness during the business trip, the insurer and/or the emergency centre will ensure the following:

5.1 Medical Expenses

5.1.1 Abroad

Payment of the medical expenses that are incurred, the local medical transport and the foreign travel costs that are the direct consequence of an accident or illness up to a maximum of 365 days after the date of the accident or the first diagnosis of the illness.

5.1.2 Medical expenses in the country of residence

Payment of the medical expenses in the country of residence up to € 25,000.00, the objective being to be able to continue medical treatment that was started abroad, up to a maximum of 365 days after the date of the accident or the first diagnosis of the illness.

The condition for cover in the country of residence is that the insured party can derive rights from a medical expenses insurance entered into in the Netherlands, or from registering with another public establishment or an establishment governed by private law, that provides a similar service than the service offered under similar hospital expense insurances. The cover provided for medical expenses offered by this policy only relates to those costs that are not reimbursed by the aforementioned medical expenses insurance through application of a reimbursement payment, an exclusion or a limitation, other than through the concurrent insurance arrangement.

5.2 Medical Assistance

In the event of an accident or illness during the business trip, the insurer and/or emergency centre will organise and pay, in accordance with the advice of their medical staff, the following:

5.2.1 Direct payment of medical expenses

The invoices from hospitals and clinics, so that the

- insured party does not have to pay in advance.
- 5.2.2 Medical (onward) referral**
Medical (onward) referral at the request of the insured party to a suitable hospital, qualified doctor or dentist.
- 5.2.3 Medical transport**
The transport of the insured party to a more appropriate and better equipped hospital.
- 5.2.4 Monitoring the clinical status**
Monitoring the clinical status of the insured party by medical staff at the emergency centre and keeping family members informed of the insured party's medical status.
- 5.2.5 Sending a doctor**
Sending a doctor or medical team appointed by the emergency centre, to determine the measures that have to be taken and to take these measures or arrange for them to be taken by others.
- 5.2.6 Sending medication**
(Helping to) track down and send medicines, contact lenses, glasses, blood or medical equipment, if the aforementioned are not available at the destination and are urgently needed. The emergency centre pays the cost of these being sent.
- 5.2.7 Repatriation**
The repatriation of the insured party and the insured party's fellow travellers to his place of residence or to a hospital in the vicinity.
- 5.2.8 Accommodation**
The additional accommodation expenses incurred by the insured party and the insured party's fellow travellers up to the first possible date of return, in the event that repatriation of the insured party cannot be arranged and his condition does not necessitate hospital admission.
- 5.2.9 The transfer of a family member**
The transfer of a family member who travels to and stays with the insured party, including this family member's costs for travel documents, the (local) transport, accommodation expenses, telephone, guide, translator and child care. During this trip, this family member will be insured on the same basis as an assisting partner.
- 5.2.10 Tracking down and rescue**
The costs involved in tracking down and rescuing the insured party if the latter is injured or becomes ill during a business trip.
- 5.2.11 Repatriation of the body**
The repatriation of the body or the ashes, including the coffin and the transport of the insured party's personal belongings to the insured party's place of residence in the event of death of the insured party during a business trip.
- 5.2.12 Funeral costs**
The funeral costs incurred abroad in the event of death during a business trip up to a maximum of € 7,500.00.

6. Travel Assistance

6.1 Premature return

The return (economy class in the aeroplane or first class on the train) to the insured party's place of residence. The insured party's travel expenses to return to the destination of the trip will be reimbursed if this happens within the period of the originally intended business trip,

in the event of:

- danger to life or death of a family member once or twice removed from the insured party or his partner;
- significant damage to the immovable property or possessions of the insured party, which are used by the insured party for purposes of his occupation and his existence after the start of the business trip.
- If one of the following uncertain events happens to the insured party's substitute:
 - the death, a serious illness or a serious accident of the substitute or his family members once or twice removed or his housemates;
 - if the substitute or his (her) partner suffer complications during pregnancy;
 - material damage to property in the substitute's rented house or the company where he works, because of which it is necessary to be present at home;
 - if the substitute, his live-in partner or his live-in child have to unexpectedly undergo an essential medical procedure.

6.2 Additional costs for return travel

Reimbursement of the additional costs incurred for the return travel based on (economy class on the aeroplane or first class on the train) in the event of illness of the driver, who does not recover within 2 days and when no-one else but him can drive.

6.3 Messages through a communication service

Sending messages to the family and business partners in emergency situations at the request of the insured party. The emergency centre will pay the costs for sending these.

6.4 Travel advice

Relevant information to prepare for a business trip, including bank and currency rules, medical care measures (medicine, vaccinations), visa rules, local living conditions (hygiene, food, infrastructure), climate and reciprocal conduct.

6.5 (Onward) referral

(Onward) referral in emergency situations, to an embassy, consulate or other body, including a lawyer who speaks the language of the country, if legal representation is required.

6.6 Lost travel documents or luggage

(Assistance in) tracking down lost luggage and replacing lost or stolen travel tickets, passports or travel documents.

6.7 Advance payment in cash

An advance payment in cash in the event of lost or stolen money and money values or identity documents when abroad. All advance payments are deducted from payments made under this policy at a later stage, or if such payments are not made, these advance payments have to be paid back as soon as possible to the insurer.

6.8 Unexpected delay

Advice, contact with the transport company and organising continuation of the trip, if the insured party has experienced unexpected delay on his way to the point of departure at the start of or during the business trip.

6.9 Extraordinary expenses

6.9.1 Additional accommodation expenses

Reimbursement of essential costs incurred for a longer stay of the insured party as a result of:

- A strike of the company with which you are travelling;
- Avalanches;
- Abnormal snowfall;

- Rockslides;
- Natural disaster;
- Fog.

6.9.2 Breakdown of the transport at the start of the trip

In the event of breakdown of the transport during the trip from the insured party's place of residence to the point of departure (such as the airport, railway station or bus station). Reimbursement up to €50.00 for each insured party.

6.9.3 Car hire when abroad

In the event that, during the business trip, the insured party dies or becomes ill and cannot return at the planned time, the additional costs of a car hired whilst abroad will be reimbursed.

6.9.4 Telephone costs

The essential costs incurred for use of the telephone with the emergency centre will be reimbursed in full. Other costs incurred for essential use of the telephone associated with an insured event will be reimbursed up to € 250.00.

6.9.5 Unexpected expenditure

In the event of a hospital admission or death whilst abroad, during the period of travel, for all insured parties together, a payment will be made of up to €250.00 for costs associated with the event such as costs for a fruit basket and reading matter.

6.9.6 Travel expenses

The travel expenses of a travelling companion associated with a hospital visit to a fellow insured party who is in hospital up to a maximum of € 250.00.

6.9.7 Breakdown of the transport during the trip

If the transport during the business trip breaks down as a result of an uncertain event (including the situation that the vehicle is seized or confiscated as a result of road traffic accident,) the insurance covers this up to a total maximum of € 2,500.00:

- The hire of a replacement comparable vehicle, the hire can continue until no later than the final date of the original trip;
- The additional transport expenses by train or bus that have to be incurred by the insured party (including the costs for transport of luggage).

return to his place of residence;

- The additional travel and accommodation expenses to enable the insured party to continue his trip or to send a substitute to take over the necessary obligations of the insured party on behalf of the policyholder.

7.1.3 A change to the trip

Is changed after departure: the additional travel and accommodation expenses that are necessary to enable the insured party to continue the business trip or to return to his place of residence.

7.1.4 Travel delay

Is postponed by more than 4 hours after the original time of departure of the aeroplane, ship or train on the outward journey or the homeward journey, or after the delayed arrival of the insured party at the point of departure: the additional travel and accommodation expenses up to € 1,500.00.

7.1.5 Extension of the trip

Is extended at the instruction of the local authorities, or to provide assistance in searching for or rescuing the insured party: the additional travel and accommodation expenses.

7. Trip Cancellation and Interruption

7.1 Cover

The insurer reimburses the costs described below up to a maximum amount of € 10,000.00 for each person for each business trip, or the sum insured stated on the policy schedule, up to a maximum of € 50,000.00 for each policy for each year of insurance if the costs result from an unforeseen cause beyond the control of the policyholder and insured party and these costs cannot be recovered from a third party, when during the term of the insurance, a business trip:

7.1.1 Trip cancellation

Is cancelled before departure: the travel and accommodation expenses that have been paid or that have to be paid.

7.1.2 Trip interruption

Is interrupted:

- The travel or accommodation expenses that have been paid or that have to be paid in relation to the interruption of the trip;
- The additional travel and accommodation expenses associated with the insured party's

8. Personal liability

8.1 Cover

The insurer insures the consequences of statutory liability of the insured party that arise as a result of unintentionally inflicting physical injury to (a) third party/parties, causing the illness or death of (a) third parties/parties or causing material damage to the belongings of (a) third party/parties during a business trip.

The insurer reimburses the reasonable costs of legal representation incurred by the insured party in relation to a covered claim by a third person, provided that putting forward the defence and incurring the costs are approved beforehand in writing by the insurer.

8.2 Provisions

- Under this article, the insured party's partner, children and the policyholder are not considered to be (a) third party/parties.
- The sum insured is € 5,000,000.00 which is the total limit for all insured parties for all claims under this policy that arise during each year of insurance for personal liability.
- The insured party will not acknowledge any (form of) liability, neither will he make a proposal, promise or payment, without the insurer's prior written consent.
- When it deems this to be necessary, the insurer will take over the defence of a claim against the insured party and can litigate in the insured party's name. In that respect, the insurer is entitled to reach understandings or to settle amicably out of court with third parties.

8.3 Exclusions

There is no cover for liability which arises directly or indirectly from or is in relation to:

- Physical injury, illness or death of a person who has an employment contract, a service contract or a training contract with the policyholder or the insured party, insofar as the injury ensues from activities on behalf of the policyholder or the insured party;
- A mechanically driven vehicle, aeroplane or

- water-based vehicle;
- Property, possessions or the use of land, buildings, immovable property or caravans, unless they are used as a temporary place of residence;
- An intentional, malicious or unlawful act;
- Conducting a form of trade, or practising a profession or conducting a business;
- The unintentional loss or damage of property that belongs to, is entrusted to, is under the supervision of or under the control of the policyholder, insured party, an employee thereof, a member of the insured party's family or household;
- A clause in a contract, unless the insured party would also have been liable if the clause did not exist (pure financial loss);
- Acting or failing to act during a period that the insured party was under the influence of, or was influenced by narcotics, alcohol or solvents that were not prescribed by a doctor, or was mentally ill;
- Each claim that ensues from or that is related to venereal disease, a sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS) or an AIDS-related state of health;
- Liability for which there is cover under any other insurance, which may or may not be from an older date, in the name of the policyholder or insured party.

9. Legal Representation

The legal representation referred to in this article shall be provided by DAS Nederlandse Rechtsbijstand Verzekeringmaatschappij N.V., Karspeldreef 15, Amsterdam, to be referred to hereinafter as DAS.

- 9.1** DAS provides legal representation and reimburses the associated costs up to an unlimited amount, in accordance with the provisions in its General Terms and Conditions*, that also apply to this contract to:
- the Insured Party
 - the surviving relatives of the policyholder insofar as these relatives can institute action for maintenance;
- 9.2** This legal representation is given if the dispute relates to the trip. This legal representation entails:
- a. **Representation during recourse**
Recourse of harm personally inflicted on the insured party by a third party who is legally liable for that;
 - b. **Representation during proceedings**
Representation during proceedings, if criminal proceedings are brought against the insured party, unless the evidence shows (or would have shown) intentional act or omission or criminal intent or a violation of tax provisions (including customs regulations);
 - c. **Contract-related representation**
Contract-related representation in disputes about contracts that are entered into by the insured party that are directly associated with the trip, provided that the interest amounts to at least € 125.00;
 - d. **Security**
DAS will advance an amount of no more than € 12,500.00 for each event to the insured party, if

the payment of security is required by a foreign government in relation to a criminal case that is covered by the insurance, for his release, the return of his belongings, or the lifting of an attachment on those belongings. By accepting the advance payment, the insured party irrevocably authorises DAS to have disposal of this money as soon as it is released and he/she accepts the obligation to cooperate fully in securing release of the advance payment.

The insured party is obliged to repay the advance payment as soon as possible, but in any case within one year of this being issued;

Specific exclusion

No legal representation is provided if the insured party's claim ensues from or is related to owning, possessing, having or buying or selling motor vehicles (including mopeds) and/or trailers.

* These General Terms and Conditions can be requested from the broker

10. Abduction, Hijacking and Hostage-taking

10.1 Cover

The insurer pays:

- € 400.00 for each full day that the insured party is held against his will during a business trip as a result of abduction, hijacking and hostage-taking, up to a maximum of € 20,000.00.
- The consultancy costs and charges of the Crisis Advisor chosen by the insurer, who specialises in resolving abductions, when abducted for a ransom during a business trip, up to a maximum of € 125,000.00.

10.2 Exclusions

No cover is provided for:

- An abduction, hijacking or hostage-taking in the insured party's country of residence.
- Fraudulent, dishonest or criminal acts by the policyholder, insured party or an accomplice. The exclusion does not apply to the payment of a ransom in a situation in which the local authorities have stated that such a payment is unlawful.

10.3 Notification of Claims

In the event of an abduction, hijacking or hostage-taking as described above, the policyholder, insured party or a representative of one of them, has/have to immediately contact NGS (Northcott Global Solutions) 0044 (0) 207 1838928. If this is not done, the insurer can decide not to reimburse the costs that are incurred.

11. Political Evacuation and Crisis Protection

11.1 Cover

The insurer shall reimburse the costs of evacuation, up to an amount of € 50,000.00, or the sum insured stated on the policy sheet, for each year of insurance, for all insured parties.

11.2 Provisions

11.2.1 Evacuation

The cover applies for the following uncertain events, insofar as those occur during a business trip beyond the control of the policyholder and insured party and that require the immediate evacuation of the insured party:

- a The insured party is exiled or declared persona

- non-grata by the authorities of the recognised government of a host country; or
- b** The competent authorities issue a recommendation to evacuate on account of political or military activities in the country or when a host country is involved, within 10 days prior to the evacuation.

11.2.2 Costs of evacuation

Reasonable and unavoidable costs incurred by the policyholder or insured party for the evacuation of the insured party to the closest safe place and for repatriation of the insured party to the country of residence. This also includes the reasonable transport and accommodation costs incurred by the policyholder and insured party during the evacuation up to a maximum period of 2 days.

11.2.3 Advice

Understood to be meant by advice is: a formal recommendation by the competent authorities to the insured party or to a group of people including the insured party, to leave the host country.

11.2.4 Competent authorities

Understood to be meant by competent authorities: The Ministry of Foreign Affairs or a comparable authority within the country where the policyholder has its principal place of business.

11.2.5 Host country

Each country to which the insured party travels for business, with the exception of the country of residence.

11.3 Exclusions

No cover is provided for evacuation costs:

- a** for which the policyholder as employer is liable.
- b** Ensuing from fraudulent, dishonest or criminal acts, and committed or attempted to be committed by a policyholder. The insured party or an authorised representative of one of them, acting alone or in a conspiracy with others.
- c** Arising from:
 - I** violation of the laws of the host country by the policyholder or by an insured party.
 - II** the insured party not having valid travel documents and visa in his possession.
 - III** debt, insolvency, entrepreneurial failure, exercising any right of retention or security right or another financial cause.
- d** Arising from illness, death or an injury of an insured party.

11.4 Crisis limitation & Disaster Evacuation

The insurer pays the reasonable and essential costs for a Crisis Advisor, up to € 50,000.00 for each year of insurance, for all insured parties together, when an unforeseen crisis during a business trip results in a life-threatening situation for the insured party.

The policyholder or insured party have to immediately report the incident to the insurer.

The costs for a Crisis Advisor are limited to payments and costs that are incurred during the period that starts when the crisis is reported for the first time to the insurer and ends 30 days after that.

11.5 Notification of Claims

To be able to use the cover that is offered by this article, the policyholder, insured party or their representative has/have to immediately inform the Crisis Advisor about every crisis, by telephoning: NGS (Northcott Global Solutions) 0044 (0) 207 1838928.