



TRAVEL RISKS INSURANCE

Terms and conditions No 18.01

Valid from 2025.02.04

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bta

VIENNA INSURANCE GROUP

The BTA branch in Lithuania and Policyholders conclude a Travel risks insurance contract on the basis of these Terms and conditions.

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GENERAL DEFINITIONS OF INSURANCE

1. VALIDITY OF THE INSURANCE COVERAGE

- 1.1.** The insurance period is the period of time during which the insurance coverage is valid.
- 1.2.** Insurance coverage comes into effect on the date specified in the insurance agreement at 00:00, but not earlier than the payment of the insurance premium or its first part, if:
 - 1.2.1.** the date of payment of the insurance premium or its first part is not specified in the insurance agreement;
 - 1.2.2.** the beginning of the insurance period coincides with the day of payment of the insurance premium or its first part;
 - 1.2.3.** the deadline of payment of the insurance premium or its first part is earlier than the beginning of the insurance period.
- 1.3.** In cases where the entry into force of the insurance coverage is linked to the payment of the insurance premium or its first part, the insurance coverage comes into force on the next day at 00:00 hours after the day of receipt of money, but not earlier than specified in the insurance agreement.
- 1.4.** There is no right to insurance benefit / it is not paid if the insured event occurs before the insurance coverage comes into effect.
- 1.5.** If the insurance agreement stipulates that the insurance premium must be paid after the first day of the commencement of the insurance period, then the insurance coverage comes into effect at 00:00 on the first day of the commencement of the insurance period.
- 1.6.** The insurance agreement is valid until 24:00 of the last day of the insurance period provided for in the insurance agreement, if the insurance agreement is not terminated earlier for other reasons.

2. INSURER'S OBLIGATION TO DISCLOSE INFORMATION

- 2.1.** The Policyholder undertakes to provide the Insurer with all requested correct and detailed information related to the object of insurance and necessary in order to assess the insurance risk prior to the signing of the insurance agreement.
- 2.2.** If the Policyholder fails to provide the information that is necessary to assess the insurance risk, or provides false or incomplete information, the Insurer has the right to demand that the insurance agreement be declared invalid. In this case, the insurance premium is not refunded.
- 2.3.** If the insurance agreement for the same insurance object is extended immediately after the previous agreement has expired, and the Policyholder or the Insured does not indicate that the information has changed since the conclusion of the previous insurance agreement, it is assumed by default that the previously provided information has not changed.
- 2.4.** During the period of validity of the insurance agreement, the Policyholder undertakes to immediately notify in writing of all changes during the period of validity of the insurance, which may result in the increase of the insurance risk. Changes that are subject to notification are:
 - 2.4.1.** significant changes related to the object of insurance;
 - 2.4.2.** changes in the ways in which the insured object is used;
 - 2.4.3.** other significant circumstances that increase the insurance.
- 2.5.** If the information provided to the Insurer about the object of insurance and the insured risks changes, and as a result the insurance risk increases, as well as when the Insurer is misled due to an insignificant mistake by the Policyholder, the Insurer acquires the right to offer the Policyholder to change the terms of the insurance agreement, including insurance premium amount, within one month from the day of learning of the said things.

- 2.6.** If the Policyholder does not agree to change the terms of the insurance agreement, or does not respond to the Insurer within 1 month from the date of dispatch of the notification about the proposed new conditions, the Insurer acquires the right to terminate the insurance agreement upon the expiration of the term specified in this sentence without a separate notification.
- 2.7.** If the Insurer proves/the facts show that it would not have concluded the insurance agreement if it knew about the increased risk, the Insurer acquires the right to demand termination of the insurance agreement within 2 months of learning about the increased risk.
- 2.8.** Violation of the Policyholder's obligation to disclose information also causes other legal consequences established in the legislation of the Republic of Lithuania.

3. INSURANCE PREMIUM AND PAYMENT PROCEDURE

- 3.1.** The Policyholder undertakes to pay the insurance premium to the Insurer, in the specified amount and within the specified deadlines, as stipulated in the insurance agreement.
- 3.2.** The insurance premium is considered paid:
 - 3.2.1.** if the insurance premium is paid by transfer – from the receipt of the amount of money in the bank account of the Insurer or an authorized insurance intermediary.
 - 3.2.2.** if the insurance premium is paid by other payment methods – from the date specified in the specific document confirming the fact of payment of money. The list of payment methods can be found on the website www.bta.lt or by calling (8 5) 2600 600.
- 3.3.** If the Policyholder does not pay the insurance premium at the time specified in the insurance agreement, the Policyholder pays the Insurer 0.02% late interest for each day of delay, but no more than 10% of the unpaid total insurance premium. The above-mentioned late interest is not applicable when:
 - 3.3.1.** the insurance premium is paid in one payment.
 - 3.3.2.** the insurance premium is paid in parts - for the first payment.
- 3.4.** If the insurance premium or its part does not reach the Insurer by the time specified in the insurance agreement (except for the case when the insurance agreement comes into force with the payment of the insurance premium or its part, in which case the insurance agreement does not come into force and is cancelled without a separate notification from the Insurer 10 days after the deadline for the payment of premium), the Policyholder informs the Insurer in a written document provided for in the agreement that within 30 days from the date of sending of the written document, if the insurance premium or part thereof does not reach the Insurer, the insurance agreement will expire.

4. CONCLUSION OF INSURANCE AGREEMENTS WITH TELECOMMUNICATION TERMINAL DEVICES

- 4.1.** The insurance agreement can be concluded by telecommunication terminal devices, i.e. by post, internet, Email, phone, and other methods of information exchange.
- 4.2.** When an insurance agreement is concluded by the Policyholder who is a consumer, the guidelines for concluding non-life insurance agreements, which are publicly available at www.bta.lt, apply to such a agreement. The guidelines for the conclusion of non-life insurance agreements, among other things, provide for the right of withdrawal procedure, i.e. the right to withdraw from the concluded insurance agreement.
- 4.3.** A consumer is a natural person who concludes an insurance agreement for purposes unrelated to business or professional activity.

5. EXPIRATION AND AMENDMENT OF THE INSURANCE AGREEMENT

- 5.1.** The insurance agreement ends at 24:00 on the last day of the insurance period, unless the Policyholder and the Insurer have agreed otherwise.
- 5.2.** The Policyholder has the right to terminate the insurance agreement at any time by notifying the Insurer in writing 15 days in advance. In this case, the insurance agreement will be considered terminated on the date specified in the notice, but not earlier than the 15th day after the notice of termination was received.
- 5.3.** In such case:
 - 5.3.1.** if the insurance benefit was not paid or no claims were made during the validity period of the insurance agreement, within 20 calendar days after receiving the Policyholder's notification, part of

the insurance premium is returned to the Policyholder, deducting the costs of conclusion and performance of the agreement (30% of the amount to be refunded);

- 5.3.2.** if an insurance benefit was paid out and/or reserved or claims were made during the validity period of the insurance agreement, within 20 calendar days after receiving the Policyholder's notification, a part of the insurance premium is returned, which is equal to the unused part of the insurance premium for the period of validity of the insurance agreement and the paid insurance benefit for the difference, deducting the costs of conclusion and performance of the agreement (30% of the amount to be refunded).
- 5.4.** The terms of the insurance agreement may be supplemented or amended only by written agreement between the Insurer and the Policyholder.
- 5.5.** The insurance agreement can also be terminated on other grounds established in the insurance legislation of the Republic of Lithuania, which regulate insurance contractual legal relations.

6. GENERAL CLAUSES

- 6.1.** Unless otherwise stipulated in the insurance agreement, insurance benefits are not paid for:
 - 6.1.1.** acts of terrorism (acts consisting of the use of force or violence, or threats to use such acts, against or for the benefit of any third party acting alone or in concert with any organization or government, which are carried out for political, religious, ideological or ethnic reasons and whose intentions is to place the government or the public or any part thereof in danger); losses caused by preventive actions against terrorist acts are not compensated too;
 - 6.1.2.** war, invasion, hostile acts of a foreign state, military or similar operations, such as civil war (both declared and undeclared war), riot, strike, insurrection, rebellion, revolution, martial law, marauding, vandalism, sabotage, strike, lockout, public disturbances of order, which would amount to a coup or riot, confiscation of property, nationalization, if it is caused or sanctioned by the state authorities, regardless of whether it is legal or not; other political risks and all other losses or expenses incurred directly or indirectly due to the prevention of such actions are not compensated too;
 - 6.1.3.** direct or indirect nuclear explosion, exposure to nuclear energy or radioactive preparations, direct or indirect radioactive contamination;
 - 6.1.4.** intentional actions of the Policyholder, the Insured, or the Beneficiary or a Person related to the Policyholder and/or the Insurer.
- 6.2.** The Insurer does not have the right to provide insurance services, which means it acquires the right not to pay an insurance benefit or to provide other benefits under the insurance agreement, if by such provision of insurance services or benefits, as well as by the payment of an insurance benefit:
 - 6.2.1.** the Insurer would violate the sanctions, prohibitions or restrictions imposed by the resolutions of the United Nations Organization or trade or economic sanctions, the normative acts of the European Union, the Republic of Lithuania, the United Kingdom, or the United States of America;
 - 6.2.2.** The reinsurance company, to which the insurance agreement was submitted for reinsurance, violating applicable sanctions, prohibitions, or restrictions, which are established by the legislation of the state where the reinsurance company is registered.
- 6.3.** It is not considered an insured event and losses are not compensated if they directly or indirectly arise from:
 - 6.3.1.** legislation adopted by the state;
 - 6.3.2.** declared extreme state or state of emergency, moreover, no losses are compensated that are directly or indirectly related to any measures taken to avoid the extreme state or state of emergency;
 - 6.3.3.** epidemics or pandemics.

7. OBLIGATIONS OF THE INSURER IN THE EVENT OF THE INSURED RISK

- 7.1.** In order for the Policyholder or the Insured to acquire the right to receive an insurance benefit in the event of an insured risk, they undertake, by signing the agreement, of their own free will and:
 - 7.1.1.** inform the Insurer about the occurrence of a potential insured event in accordance with the procedure specified in the special conditions of these Terms and Conditions immediately, but no later than within 3 working days (unless otherwise specified in the special conditions of these Terms and

Conditions). If the Policyholder or the Insured informs the Insurer about the insured risk that has occurred late, the Policyholder or the Insured undertakes to provide facts confirming the objective truth or to prove that it was not possible to inform on time;

- 7.1.2.** inform the competent services (e.g. treatment facility, fire safety and rescue department, police, emergency services, etc.) immediately;
 - 7.1.3.** follow the instructions (actions) provided by the Insurer and implement them as well as take all measures in order to reduce the damage and prevent its occurrence or increase;
 - 7.1.4.** provide the Insurer with the opportunity to inspect the scene of the incident, conduct an investigation and collect all the necessary information, i.e. to interview witnesses, take photographs or otherwise, so that the Insurer can determine the causes and amount of the loss;
 - 7.1.5.** provide all possible and necessary information and documents that may be requested by the Insurer, including trade secrets, if they are known to the Policyholder or the Insured, so that the Insurer can honestly and objectively determine the causes of the insured risk and the amount of damage and, in the event of payment, honestly and objectively calculate the amount of the benefit;
 - 7.1.6.** keep the scene of the incident intact if it is possible, until the Insurer's representative arrives, if the Policyholder has not received instructions for other actions from the Insurer. This Paragraph does not apply insofar as it is necessary to fulfill requirements of 7.1.3 of these General Insurance Definitions and Conditions;
 - 7.1.7.** arrange for photos of the damaged property to be taken as quickly as possible in order to record the losses, and to send photos or a video to Insurer via e-mail at: zalos@bta.lt or in another way specified by the Insurer if the insurance object cannot be preserved without changing its condition after the event due to the fulfillment of the requirements of Paragraph 7.1.3 of the General Definitions and Conditions of Insurance. The Insured, before making a decision to make any changes to the event site, undertakes not only to check with the Insurer, but also to inform it in advance.
 - 7.1.8.** coordinate with the Insurer the design, construction, production, or repair work of the damaged property for which the insurance benefit must be paid. If this Paragraph/condition is not observed, the Insurer acquires the right not to pay the part of the benefit by which the loss increases.
- 7.2.** If the Policyholder, the Insured or the Beneficiary intentionally or due to gross negligence fail to comply with the obligations and obligations agreed in the Terms and Conditions, the Insurer acquires the right to reduce the insurance benefit or refuse to pay it.

8. INSURANCE BENEFIT

- 8.1.** The insurance benefit is paid no later than 15 days from the day when all information, significant in determining the fact, circumstances, consequences and amount of the insurance benefit of the insured event, is received.
- 8.2.** In the event of theft or robbery, when the insurance benefit has been paid out and the insured object was later found, the Insurer has the right to recover the insurance benefit or demand the transfer of the right to the object insured. If the Insurer decides not to keep the insured object that was found, but the found object is damaged, then the Policyholder, returning the insurance benefit received from the Insurer, deducts from it the costs agreed with the Insurer, necessary to restore the object to its original condition.
- 8.3.** If the event is an insured event, and the Policyholder and the Insurer do not agree on the amount of the insurance benefit, at the request of the Policyholder, the Insurer pays an amount equal to the undisputed insurance benefit of the parties, if the exact determination of the amount of the damage takes more than 3 months.
- 8.4.** If the Insurer delays the payment of the insurance benefit due to its own fault, the Insurer pays 0.02% late interest on the amount of the insurance benefit payable for each day of delay, but not exceeding 10% of the insurance benefit not paid on time.
- 8.5.** When paying the insurance benefit, all insurance premiums (for the current insurance year) the payment deadline of which has reached the date of payment of the insurance benefit are included. With the Policyholder's consent, premiums the payment deadline of which has not expired may be credited. In cases where the insured object perishes, is destroyed or lost as a result of the insured event, all unpaid insurance premiums according to the agreement are deducted from the insurance benefit that is paid out.
- 8.6.** In the event that the Insurer is unable to recover the benefit through the recourse procedure due to the Insured's intentional actions or the Insured's gross negligence, the Insurer acquires the right not to pay the

part of the insurance benefit where a claim cannot be made, or, if the insurance benefit has already been paid, to demand the return of the benefit from the Policyholder.

- 8.7.** At the request of a person entitled to an insurance benefit, the Insurer provides such person with the opportunity to get acquainted with the available documents, on the basis of which a decision was made to pay an insurance benefit or refuse to pay an insurance benefit, or issues copies of documents for a fee not exceeding the cost of issuing copies of documents.
- 8.8.** A person entitled to an insurance benefit is not given the opportunity to familiarize themselves with the available documents and no copies of the documents are provided, if:
- 8.8.1.** the documents are submitted to the law enforcement authorities for investigation regarding the circumstances of the insured risk incident;
 - 8.8.2.** the documents contain a commercial secret of another person, which other persons do not have the right to receive in accordance with the requirements of the Law on Personal Data Protection;
 - 8.8.3.** the documents contain personal data, which other persons do not have the right to receive in accordance with the requirements of the Law on Personal Data Protection.

9. COMPLAINT AND DISPUTE RESOLUTION PROCEDURE

- 9.1.** An interested person who believes that the Insurer has violated their rights or legitimate interests must apply to the Insurer in writing with a complaint, specifying the circumstances of the dispute and their claims. The consumer (a natural person using an insurance service that was provided to meet personal, family or household needs) must contact the Insurer no later than three months from the day they became aware or should have become aware of a violation of their rights (more information at <https://www.bta.lt/aktualiinformacija-apie-draudima>). The insurer must provide the customer with a response no later than within 15 working days from the date of receipt of the complaint. Disputes between consumers and insurers are handled by the Supervision Service of the Bank of Lithuania www.lb.lt, Žalgirio g. 90, LT-09128 Vilnius. A request to examine a dispute can be submitted to the Bank of Lithuania through the electronic dispute examination system using the following link: <https://www.lb.lt/lt/spreskite-ginca-su-finansiniu-paslaugu-teikeju>. In case of questions regarding the insurance, the complaint handling procedure is publicly available at www.bta.lt.
- 9.2.** All disputes arising between the parties to the insurance agreement are resolved through negotiations. If an amicable agreement cannot be reached, all disputes arising from the insurance agreement and related to the violation, termination, or invalidity of the insurance agreement shall be resolved in the courts of the Republic of Lithuania in accordance with the legislation of the Republic of Lithuania, in the courts of the Republic of Lithuania based on the address of the BTA branch office in Lithuania.

10. PROCESSING OF PERSONAL DATA

- 10.1.** The Insurer, as a personal data processor, processes the data of natural persons in accordance with the personal data processing requirements defined in Regulation (EU) 2016/679 of the European Parliament and of the Council of 27-04-2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), as well as other legal requirements.
- 10.2.** The principles of personal data processing and the Insurer's privacy policy can be found at www.bta.lt.

11. SUBROGATION AND RIGHT OF RECOURSE

- 11.1.** The right to demand the paid amounts from the person responsible for the damage (subrogation or right of recourse claim) passes to the Insurer who has paid the insurance benefit. The Policyholder, the Insured, or the Beneficiary undertakes to submit all the information requested by the Insurer so that the Insurer can properly exercise the right of claim transferred to him.

12. CONFIDENTIALITY

- 12.1.** The parties undertake not to disclose confidential information obtained on the basis of insurance contractual or pre-contractual legal relations to third parties, nor to use this information in a way that would harm the interests of the other party to the insurance agreement. The Insurer, in pursuit of the principle of justice when calculating insurance benefits or in order to confirm/assess that the event is insured, acquires the right to professional consultations with independent experts and reinsurers, if necessary, by providing them with all

the necessary information obtained on the basis of contractual or pre-contractual insurance relations, as well as to protect it from the Insurer's databases. This obligation does not apply when the parties, in accordance with the requirements of the legislation of the Republic of Lithuania, must provide information to the competent state institutions.

13. OTHER CONDITIONS

13.1. Any notice to be given by the Policyholder or the Insurer to each other must be made within the deadlines set out in these Terms and Conditions by one of the following methods:

13.1.1. by delivering to the Policyholder, at the addresses specified in the insurance policy or other written documents or in the parties' notices about the change of addresses of the registered offices;

13.1.2. by sending a registered postal correspondence package;

13.1.3. by Email, when the parties have provided for this method of notification in the agreement, or express their consent to exchange information in this way by conduct.

13.2. The Insurer has the right to transfer its rights and obligations under the insurance agreement to other Insurer(s) in accordance with the procedure established by the legislation. The Policyholder, not agreeing to the transfer of rights and obligations under the insurance agreement, has the right to terminate the insurance agreement in accordance with the procedure established therein within one month from the transfer of rights and obligations. In such case, the insurance premiums paid by the Policyholder are returned to the Policyholder for the remaining period of validity of the insurance agreement.

13.3. Contractual insurance legal relations are subject to the legislation of the Republic of Lithuania.

13.4. The insurance agreement is concluded on the basis of these general conditions and special conditions. If the special and/or individual insurance conditions specified in the agreement (insurance certificate) and these General Insurance Definitions and Conditions differ, the special and/or individual insurance conditions prevail.

13.5. The Policyholder, the Insured, the Beneficiary and other persons who acquire rights on the basis of the insurance agreement undertake to comply with the obligations established in these Terms and Conditions.

13.6. These Terms and Conditions shall enter into force from the day of their approval by the Board of the Insurer, unless the Board of the Insurer has specified another date of entry into force of the Terms and Conditions.

13.7. In case of contradictions or inconsistencies between the languages, the Lithuanian text prevails.

13.8. These Terms and Conditions can be found on the Insurer's website at <http://www.bta.lt>.

SPECIAL TERMS AND CONDITIONS

WHAT IS WHAT?

Insurer means "BTA Insurance Company" SE branch in the Republic of Lithuania.

Insured Person means the natural person specified in the insurance certificate (hereinafter referred to as – certificate) who has an insurable interest and for whose benefit the insurance contract has been concluded.

Luggage means items owned by the Insured Person (i.e. not rented or entrusted to manage) and registered with the Carrier or kept either in a locked room or in a locked car: suitcases, travel bags, strollers, handbags, which the Insured Person takes on the Trip. If the certificate states "Winter Sports" (hereinafter referred to as – "Winter Sports"), Skiing equipment can also be assigned to the Luggage.

Fellow Passenger means another person who goes on the same Trip with the Insured Person and is insured under the same Travel Insurance Certificate, who is not a Family Member, when no more than two people travel together.

Emergency Medical Aid means the first emergency medical aid provided in personal health care facilities (outpatient and inpatient) due to the health-threatening medical condition of the Insured Person, which cannot be postponed until the emergency medical aid is provided to the Insured Person in the Country of Residence.

Emergency Dental Aid means medical aid provided by a dentist to relieve acute toothache and, if necessary, to place a temporary filling.

Amounts of Insurance for Each Separately Insured Risk mean amounts of insurance that are applied to specific risks.

Insurance amounts are always indicated for each Insured Person specified in the insurance certificate.

Physical Work means work related to the use of mechanical and electrical devices, construction and repair, agricultural, loading, rescue work, passenger transport, seafaring, nursing, work (except administrative) in catering, accommodation institutions, security services, oil extraction and processing, metal, wood processing industry, etc.

Country of Residence means the country of which the Insured Person is a citizen; the country of permanent residence of the Insured Person, where the Insured Person permanently or mainly resides; the country to which the Insured Person intends to return after leaving. This is the country to which the Insured Person must be brought if he/she cannot continue his/her Trip or if the Insured Person needs further long-term medical care after the Emergency Medical Aid provided during the Trip.

Hospitalization means admission of the Insured Person to the inpatient treatment department of a health care institution for at least 24 hours.

Deductible means the money amount or the percentage of the loss specified in the Clauses of these Terms and conditions, by which the Insurer reduces the payable insurance benefit in the case of each insured event. The deductibles specified in these Terms and conditions apply to each Insured Person.

Trip means the Insured Person's trip outside the Country of Residence. The trip begins when the Insured Person leaves the Country of Residence by crossing the border and ends when he/she returns to it by crossing the border.

Trip Organizer means a legal entity that provides Trip organization, accommodation and transport services.

Travel Documents mean Insured Person's passport or identity card.

Chronic Illness means a health condition that has continuity and periodically recurs, and about which the Insured Person could have known before concluding the insurance contract.

Exacerbation of a Chronic Illness means a medical condition, when, in the case of a chronic illness, symptoms characteristic of the acute condition of that illness occur, the elimination of which requires Emergency Medical Aid.

Medical Evacuation means medically mandatory and doctor-authorized transportation from an inpatient treatment facility on the Trip to an inpatient treatment facility in the Country of Residence, where the Insured Person's Hospitalization will continue. If the transportation is carried out to the Country of Residence, which is not the Republic of Lithuania, the Insurer compensates the transportation costs in the amount not higher than to the territory of the Republic of Lithuania.

CHIF means Compulsory Health Insurance Fund.

Medical Expenses mean expenses related to Emergency Medical Aid provided to the Insured Person during the Trip, including Medical Evacuation and Repatriation of the Insured Person.

Death due to an Accident means death of the Insured Person due to an Injury within 1 year from the date of the Accident.

Accident means a sudden, unexpected event beyond the control of the Insured Person, which occurred during the term of the insurance contract, and the cause of which was the impact of external forces, causing Injury or Death of the Insured Person.

Loss of Working Capacity means a 50% or higher level of lost working capacity for the Insured Person (for persons under 18 years of age - the level of disability) resulting from the Injury suffered (which is recognized as an insured event according to the terms of these Terms and conditions), established by the competent state authority of the Republic of Lithuania no later than within 1 year from the date of the Injury.

Losses mean direct proprietary losses in the case of an insured event. They do not include moral damages or lost profits.

Repatriation means transportation of the remains (in the case of cremation – ashes) to the airport of the Country of Residence, if the transportation is carried out by plane, or to the morgue, if the transportation is carried out by another means of transport.

Skiing Equipment means items owned by the Insured Person (i.e. not rented or entrusted to manage): mountain

skis, snowboards, poles, boots, helmets, and special clothing for skiing (only outerwear).

Sport means participation in training and/or competitions of the relevant type of sports during the Trip, individually or as part of a team, except for sports classified as a high-risk activity, listed in Clauses 2.4.1.-2.4.9.

Sudden Illness means an unforeseen health disorder which did not occur before the start of the Trip and which requires Emergency Medical Aid in case of occurrence.

Natural Disaster means volcanic eruption, earthquake, landslides, collapses, avalanches, sinkholes, hurricanes, floods, whirlpools, standing waves, tsunamis, rains, hail, forest fires, smoke, when a state of emergency is declared in a foreign country or the Ministry of Foreign Affairs of the Republic of Lithuania includes a country in the list of countries not recommended for travelling or declares danger and recommends returning from a country included in the risk list.

Family Members mean the Insured Person's spouse or unmarried persons living together in a common household, the Insured Person's minor children/adopted children under the age of 18, the Insured Person's parents.

Injury means bodily injury caused by an Accident and specified in Appendix No 1 "Table of Insurance Benefits" to the Terms and conditions (hereinafter referred to as Appendix No 1).

Vehicle means a vehicle assembled by the factory-manufacturer for the transport of people and/or cargo. An electric scooter, moped, bicycle and other land, water and air vehicles are also considered vehicles.

Theft means the secret abduction or robbery of someone else's property, which is confirmed by a police certificate issued abroad.

Carrier means the operators of the means of air transportation (airlines) who, based on the law, carry out passenger and cargo transportation.

1. CONCLUSION OF AN INSURANCE CONTRACT AND ENTRY INTO FORCE OF INSURANCE PROTECTION

1.1. The insurance contract is concluded:

1.1.1. In order to ensure insurance protection during a specific Trip, specifying the insurance protection validity dates (start and end) in the certificate. For an insurable event that occurred during the period of validity of the insurance protection, the Emergency Medical Aid costs are paid only in the case of Hospitalization for a period of no longer than 30 days, counting from the last day of validity of the insurance protection.

1.1.2. In order to ensure insurance protection during the period of insurance of multiple Trips, when "Multiple" is selected in the certificate:

1.1.2.1. The contract stipulates that the Insured Person may spend only the number of days specified in the Certificate during one Trip, but not exceeding the term of the insurance protection specified in the Certificate;

1.1.2.2. For an insured event that occurred during the period of validity of the insurance protection, the expenses of Emergency Medical Aid are paid only in the case of Hospitalization for a period not longer than 30 days, counting from the last day of validity of the maximum insurance protection valid for this Trip.

1.2. If the insurance contract is concluded while the Insured Person is already on a Trip (i.e. abroad, after leaving the borders of the Republic of Lithuania), in this case the insurance protection comes into effect five days after the date of conclusion of the insurance contract.

2. VALIDITY OF INSURANCE PROTECTION WHEN DOING SPORTS OR ENGAGING IN DANGEROUS ACTIVITIES

2.1. Insurance protection is valid for the Insured Person during individual and organized sports activities, except for activities classified as Sports, Winter Sports or Dangerous Activities.

2.2. The protection "Wind Sports" selected in the insurance certificate provides that the insurance protection is valid for snowboarding and mountain skiing (hereinafter referred to as – winter sport-branches) on marked mountain skiing tracks. If the Insured Person intends to ski on mountain skiing tracks not specifically designated for that purpose, the insurance protection is not valid in such cases.

- 2.3.** If only Sports Risk is selected in the insurance certificate, the insurance protection is not valid for activities that are specified as Winter Sports or Dangerous Activities in these Terms and conditions. Sports Risk must be selected if you are going to participate in training and/or competitions of any type of sport individually or as part of a team during the Trip, with the exception of sports classified as Dangerous Activities, listed in Clauses 2.4.1.-2.4.9.
- 2.4.** Insurance protection "Activities of Increased Riisk" includes the following acts:
- 2.4.1.** climbing mountains up to 3,000 meters high using special equipment;
 - 2.4.2.** motor racing,
 - 2.4.3.** driving (including as a passenger) of motorcycles with the maximum power output to 74 kW, jet skis and snowmobiles, quadricycles, regardless of engine power, go-karts (with the exception of participation in training and/or competitions on these Vehicles);
 - 2.4.4.** types of cycling sport: cross-country cycling, mountain biking, BMX cycling and other sports related to cycling;
 - 2.4.5.** water sports and activities corresponding to water sports (windsurfing, surfing, wakeboarding, water skiing, water parachuting, kitesurfing, sailing in the sea or ocean and other sports activities related to water sports);
 - 2.4.6.** horse riding, American football, handball, rugby, baseball, hockey;
 - 2.4.7.** wrestling, karate, sambo;
 - 2.4.8.** flying in hot air balloons;
 - 2.4.9.** diving with equipment to a depth of 30 meters.
- 2.5.** Non-insured events and activities are provided for in Clause 6.3.6.

3. INSURANCE PROTECTION VALIDITY TERRITORY

- 3.1.** The Insurance Protection is valid only in the territory indicated in the insurance certificate.
- 3.2.** The Insurance Protection is not valid in the country of permanent residence of the Insured and in the Republic of Lithuania. If the insurance contract is concluded for the purpose of obtaining a residence permit in the Republic of Lithuania, in such cases the insurance protection is also valid in the Republic of Lithuania.

INSURANCE OF MEDICAL EXPENSES

4. WHAT IS INSURED

- 4.1.** The object of insurance is a proprietary interest related to the health and life of the Insured Person.
- 4.2.** Insurance risk is the expenses not exceeding the insurable amount specified in the certificate for the Medical Expenses insurance risk, which the Insured Person would incur due to the provided Emergency Medical Aid, Medical Evacuation or Repatriation services specified in Clause 5.1 of the Terms and conditions, which were necessary due to:
- 4.2.1.** sudden illness;
 - 4.2.2.** exacerbation of chronic disease;
 - 4.2.3.** accident;
 - 4.2.4.** death.

5. HOW THE INSURANCE BENEFIT IS PAID OUT

- 5.1.** According to the insurance contract, the following expenses are compensated:
- 5.1.1.** expenses for Emergency Medical Aid which was provided to the Insured Person during the Trip and until the moment when the Medical Evacuation of the Insured Person to the Country of Residence became possible, taking into the restrictions specified in Clauses 5.1.4. - 5.1.11. of the Terms and conditions. Emergency Medical Aid expenses are reimbursed in the first row;
 - 5.1.2.** expenses for transporting the Insured Person to the nearest medical facility in the country where the event occurred, provided that the Insured Person was provided with Emergency Medical Aid

- 5.1.3.** expenses for the Insured Person's return to the temporary place of residence abroad during the Trip from the medical facility where the Insured Person was provided with Emergency Medical Aid, not exceeding the amount of EUR 200;
- 5.1.4.** expenses for Medical Evacuation and Repatriation of the Insured Person:
 - 5.1.4.1.** expenses for the removal of the Insured Person from the mountains are reimbursed only if it is necessary due to the provision of Emergency Medical Aid and the Insured Person is skiing or walking on specially designated mountain skiing or tourist leisure hiking trails, if only the height of the mountain does not exceed 3,000 meters;
 - 5.1.4.2.** expenses for the Insured Person's Medical Evacuation are paid only if the Insured Person is transported to the Country of Residence for further Hospitalization. In the event that the Medical Evacuation is performed by a third party and/or party, without having agreed in writing with the Insurer on its provision and the amount of expenses before the start of the service, the Insurer shall reimburse the expenses not exceeding the price of the service organized by the Insurer. Expenses for Medical Evacuation carried out by air transport are reimbursed in the amount up to 30% of the insurance amount specified in the certificate for medical expenses insurance risk;
 - 5.1.4.3.** transport expenses of the medical worker accompanying the Insured Person and payment of his services, if the accompanying is necessary and carried out during the Medical Evacuation by the order of the attending physician;
 - 5.1.4.4.** expenses for Repatriation Services in case of Death of the Insured Person. If the Repatriation is carried out by a third person and/or party, without having agreed in writing with the Insurer on its provision and the amount of expenses before the start of the provision of the service, the Insurer reimburses the expenses not exceeding the price of the service organized by the Insurer;
 - 5.1.4.5.** expenses for the Insured Person's return to the Country of Residence, including overnight accommodation, upon presentation of supporting documents, if the Insured Person, due to an insured event, has lost the opportunity to return in the same vehicle that was already paid for and was planned to be used to return to the permanent place of residence, not exceeding EUR 800 and applying a 20% deductible from the amount of expenses incurred;
 - 5.1.4.6.** expenses for a close person's arrival to a foreign country, accommodation and return from a foreign country incurred by one Family Member who had to stay or come to the Insured Person due to the Insured Person's health condition. These expenses are reimbursed in the amount not exceeding EUR 800 and applying a 20% deductible from the amount of expenses incurred. It is necessary to coordinate the stay or accompaniment with the Insurer in advance, as well as to submit a document signed by a physician in a free form confirming the reasons for the necessity of the visit.
 - 5.1.4.7.** expenses of bringing the Insured Person's children, adopted children, wards, grandchildren under the age of 18, who are left without adult care due to the Insured Person's acute health disorder, bodily injury or death abroad, to Lithuania, in the amount not exceeding EUR 800 for each person under the age of 18 and for one adult accompanying them and applying a 20 % deductible from the amount of expenses incurred.
- 5.1.5.** expenses for Emergency Dental Aid in the amount not exceeding EUR 300;
- 5.1.6.** purchase or lease of orthopedic devices during the Trip, if there is a physician's appointment for their purchase due to the Emergency Medical Aid provided during the Trip;
- 5.1.7.** bandages prescribed by a physician or control/repeated visits during the Trip in the amount not exceeding EUR 300 due to Emergency Medical Aid provided during the Trip;
- 5.1.8.** expenses for Emergency Medical Aid in case of pregnancy complications in the amount of up to EUR 1,000, provided that the duration of the pregnancy was shorter than 32 weeks at the time of the event;
- 5.1.9.** reimbursed expenses for Emergency Medical Aid related to mental health disorders, acute conditions (e.g., panic attacks), nervous diseases, and injuries, excluding epileptic attacks, in the amount not

exceeding EUR 1,000;

- 5.1.10.** the Insured Person's expenses for telephone conversations with the Insurer or the Insurer's partners in the amount of up to EUR 50.
- 5.1.11.** Emergency Medical Aid, Medical Evacuation or Repatriation expenses in the event of Injury or death of the Insured Person in the amount not exceeding EUR 10,000 and resulting from a terrorist attack during the Trip, except in cases where a weapon of mass destruction is used;
- 5.1.12.** expenses for surgical operations are reimbursed by the Insurer only under the condition that the operation was necessary and could not be postponed until the Insured Person's return to the Country of Residence, i.e. the benefit is paid out only if, according to medical examination data, without immediate (no later than 24 hours from the day of hospitalization) operation, the Insured Person's life is in danger or there is a threat of serious complications, and the expenses have been agreed in writing with the Insurer before the start of service provision;
- 5.1.13.** If the certificate states that in case of the occurrence of an event, it is necessary to call the Insurer or the partner representing the Insurer in a specific country at the phone number specified in the certificate before going to a medical facility. Expenses for the medical services provided in the country are reimbursed only to the extent that they would be reimbursed by paying for the same services to the Insurer's partners whose telephone numbers are specified in the certificate;
- 5.1.14.** In order to reimburse the Insured Person's expenses for the Emergency Medical Aid, it is necessary to submit the following to the Insurer no later than 30 days from the end of the Trip (except for cases when this cannot be done for valid reasons):
 - 5.1.14.1.** online request at www.bta.lt for reimbursement of incurred expenses;
 - 5.1.14.2.** medical documents issued by the medical facility of the country where the event took place (with a translation into the national language at the request of the Insurer), indicating: the Insured Person's name, surname, date of the event, date of application to the treatment facility, diagnosis, description of the medical services provided and documents confirming the payment of the medical services. At the Insurer's request, the originals of the above-mentioned documents are to be submitted within the deadline specified by the Insurer.
 - 5.1.14.3.** prescriptions for drugs issued by medical facilities of the country where the event took place and receipts proving their purchase and payment;
 - 5.1.14.4.** other documents confirming the services requested by the Insurer and proving their validity;
 - 5.1.14.5.** other information and documents necessary to confirm the fact of the insured event (certificates from law enforcement authorities, etc.).
- 5.1.15.** The Insured Person also undertakes:
 - 5.1.15.1.** if necessary, to allow the Insurer to conduct additional medical tests related to the Insured Person's health disorder, which occurred as a result of the event, with the Insurer paying the expenses;
 - 5.1.15.2.** where needed, to allow and enable the Insurer or experts acting on the Insurer's behalf to familiarize themselves with all medical documentation and information about the Insured Person's health condition, in order to honestly and objectively calculate the amount of the benefit or other benefit-related calculations;
 - 5.1.15.3.** to give the Insurer consent to receive from third parties (physicians, medical facilities, etc.) information about the Insured Person's previous, current and pre-insurance health disorders, the consequences of Accidents, as well as about all insurance contracts concluded by the Insured Person.
- 5.1.16.** In case of Repatriation, the Insured Person is obliged to additionally submit the following to the Insurer:
 - 5.1.16.1.** a physician's certificate about the cause of death or the conclusion of the performed autopsy, a copy of the death certificate;
 - 5.1.16.2.** the Repatriation Agreement signed with the Insurer, if the Insurer has not received

documents proving that the event can be recognized as an insured event;

- 5.1.17.** original invoices and receipts confirming the payment of expenses for the transportation of remains or cremation, if the said services were not paid for by the Insurer.

6. IN WHAT CASES THE INSURANCE PROTECTION IS NOT VALID

- 6.1.** Expenses are not indemnified and an event cannot be recognized as insured, if:

- 6.1.1.** the Insured Person's intended purpose of the Trip is to receive medical assistance or consultation;
- 6.1.2.** before the start of the Trip or during the extension of the insurance contract, the Insured Person already knew that the Insured Person would need medical aid during the Trip or the attending physician did not recommend the Insured Person to go on the Trip due to the Insured Person's health condition before the start of the Trip;
- 6.1.3.** the Insured Person died with the blood alcohol concentration being 0.4 per mille or more.
- 6.1.4.** The Insured Person did not apply for Emergency Medical Assistance to a foreign outpatient and/or inpatient personal healthcare institution during the Trip and/or decides to terminate the trip.

- 6.2.** Expenses are not indemnified if they are related to:

- 6.2.1.** health disorders that were (or could have been) known and/or started before the conclusion of the insurance contract (including whether the health disorders were treated or not), health disorders due to congenital diseases and/or treatment of their exacerbations;
- 6.2.2.** poisoning with alcohol, narcotic, psychotropic or chemical toxic substances and medications not prescribed by a physician;
- 6.2.3.** epilepsy;
- 6.2.4.** childbirth or abortion, as well as expenses for services related to family planning and infertility treatment;
- 6.2.5.** venereal, sexually transmitted diseases, AIDS and other diseases caused by HIV infection;
- 6.2.6.** diseases for the prevention of which vaccination was necessary or recommended in the countries visited;
- 6.2.7.** oncological diseases, regardless of the stage of the disease, diabetes, dialysis;
- 6.2.8.** operations that are not urgent (can be performed even later than 24 hours from the moment of hospitalization), including operations on the heart, heart valves and blood vessels, except for cases of liquidation of the direct consequences of an accident;
- 6.2.9.** vaccination (except vaccination against rabies, tetanus) or other type of prevention, as well as health disorders caused by vaccination or other type of prevention;
- 6.2.10.** vision, hearing correction;
- 6.2.11.** treatment with non-traditional medical methods without a diagnosis or treatment that does not correspond to the established diagnosis;
- 6.2.12.** organ transplantation;
- 6.2.13.** repair or purchase of prostheses, correction, repair, purchase of orthodontic devices (e.g. braces, dental plates);
- 6.2.14.** repair of orthopedic devices;
- 6.2.15.** purchasing vitamins, food supplements, herbal products, homeopathic remedies;
- 6.2.16.** visits to a treatment facility, if the Insured Person additionally applies for the same recurring health disorder and if no new treatment is prescribed or no correction of the already prescribed treatment is made during the repeated visits. If the physician prescribes examinations for the Insured Person to control the condition (e.g. control X-rays are performed, results of the examinations are presented, bandaging, etc.), the Insured Person's expenses are covered up to a limit of EUR 300, which is granted for the entire period of validity of the obtained certificate
- 6.2.17.** medical rehabilitation and restorative treatment, physiotherapy, treatment in sanatoriums, rest homes and other institutions of similar purpose, additional fees for improved comfort conditions (e.g.

- single-bed ward, suite-type ward, etc.);
- 6.2.18.** expenses of further treatment during the Trip, if the Emergency Medical Aid has already been provided to the Insured Person, but the Insured Person refuses to return to the Country of Residence, and, in the opinion of the physicians appointed by the Insurer, the Insured Person's state of health allows the Medical Evacuation of the Insured Person;
 - 6.2.19.** rescue operations, such as searching for the Insured Person in the mountains, sea, desert, jungle, lifting from gorges, caves, moving from mountain rocks and etc., flying ashore or other rescue operations of a similar nature;
 - 6.2.20.** expenses in the Republic of Lithuania, the state of permanent residence or the state of which the Insured Person has citizenship, except for cases where the coverage territory provided for in the insurance contract is the Republic of Lithuania.
- 6.3.** Expenses are not reimbursed and the event cannot be recognized as insurable if it occurred:
- 6.3.1.** as result of a suicide attempt or suicide;
 - 6.3.2.** during military exercises, missions, military service, hostilities or participation in peacekeeping missions;
 - 6.3.3.** if the certificate states "Multiple" insurance (as stated in Clause 1.1.2. of the Terms and conditions), but the Insured Person cannot officially confirm the date of entry/departure to/from the country(ies) in which the event occurred with documents (stamp in the passport, travel tickets, business trip order, etc.);
 - 6.3.4.** The Insured Person operated any Vehicle (land, air or water) while under the influence of alcohol, narcotic, psychotropic or other psychoactive substances or without a valid driver's certificate or license of the relevant category, as well as if the Insured Person was driving the vehicle knowing that the manager of the vehicle is under the influence of alcohol, narcotic, psychotropic or other psychoactive substances or does not have a valid driver's certificate or license of the relevant category. This provision does not apply only if the blood alcohol concentration of the person driving the vehicle does not exceed the permissible rate for the driver of the vehicle established by the legislation of the country where the event occurred, and this is confirmed by official and certified breathalyzer readings or medical documents or police certificates;
 - 6.3.5.** engaging in activities that are classified as Physical Work, Winter Sports, Sports or Activities of Increased Risk (except for cases where an additional contribution was paid for this risk when concluding the insurance contract and these activities are specified in the certificate);
 - 6.3.6.** engaging in activities such as (unless otherwise specified in the certificate):
 - 6.3.6.1.** mountain climbing, hiking, walking or staying in mountains above 3,000 meters, with or without special mountaineering equipment;
 - 6.3.6.2.** speleology, expeditions to mountains, jungles, deserts, the Antarctic continent, the Arctic region or other uninhabited areas;
 - 6.3.6.3.** diving at a depth greater than 30 meters;
 - 6.3.6.4.** diving in the Arctic Ocean and neighboring seas;
 - 6.3.6.5.** motor racing, motocross and/or participation in competitions or training, riding jet skis, snowmobiles, quad bikes;
 - 6.3.6.6.** skydiving;
 - 6.3.6.7.** flying with paragliders, gliders;
 - 6.3.6.8.** helicopter piloting;
 - 6.3.6.9.** bushido, kickboxing, Thai boxing (muay thai), boxing, MMA, ultimate fighting and other similar activities, not specified in Clause 2.4.7.;
 - 6.3.6.10.** any sporting activity involving jumping from a height, performing turns, performing maneuvers, figures, with or without acrobatic elements (including parkour, tricking, bungee jumping).

- 6.4.** If the certificate states that the insurance protection is valid in the Republic of Lithuania, Russia, Belarus (or in the territory of another CIS country), expenses are not reimbursed if the Emergency Medical Aid was provided to the Insured Person in private clinics or centers (unless otherwise stated in the insurance certificate), with the exception of expenses for Emergency Dental Aid, not exceeding the amount of EUR 300.
- 6.5.** If the insurance protection is valid in the Republic of Lithuania, and the Insured Person is covered by compulsory health insurance in Lithuania, the Insurer pays only the part of the expenses not covered by CHIF funds.

INSURANCE FROM ACCIDENTS

7. WHAT IS INSURED

- 7.1.** The object of the insurance is a proprietary interest related to the life, health and physical condition of the Insured Person.
- 7.2.** Insurance risk is an Accident occurred during the Trip.
- 7.3.** Within the limit of the insurance amount specified in the certificate for the accident insurance risk, the Insurer pays out the insurance benefit, as specified in Clause 8 of the Terms and conditions. After payment of the insurance benefit, the insurance amount is reduced by the amount of the insurance amount paid. In this case, the insurance contract remains valid until the expiry of the term specified in it with a correspondingly reduced insurance amount.

8. HOW THE INSURANCE BENEFIT IS PAID OUT

- 8.1.** If the Insured Person has suffered an Injury specified in the table "Insurance Benefit Table" of Appendix 1 of the Terms and conditions, the Insurer pays out the insurance benefit, calculated as a percentage of the insurance amount specified in the certificate for accident insurance risk. In case of multiple Injuries at the same time, the benefit is paid out for each Injury, but not exceeding the amount specified for this insurance risk.
- 8.2.** If the Insured Person dies as a result of the Injury no later than one year from the date of the Accident, the Insurer pays the full amount of insurance specified in the Accident insurance risk certificate to the person who has the right to receive an insurance benefit in accordance with the procedure established by laws.
- 8.3.** In case of death due to an Accident, the insurance benefit is equal to the accident insurance risk amount specified in the insurance certificate. If, due to the same event that caused the death of the Insured Person, insurance benefits have already been paid for Injuries, loss of working capacity, the insurance benefit payable due to the death of the Insured Person is reduced in this case by the amount of insurance benefits paid due to this event.
- 8.4.** If the Insured Person dies as a result of an Accident and the insurance benefits for Injuries and/or loss of working capacity have not yet been paid before his death, the insurance benefit is paid only for the event of death.
- 8.5.** If, as a result of an Injury, no later than 1 year from the date of the event, the Insured Person will be declared as having lost his working capacity/disabled, the insurance benefit is calculated and paid out as follows:
 - 8.5.1.** the insurance benefit is calculated proportionally from the insurance amount specified for the Accident insurance risk, according to the level of loss of working capacity or the level of disability as a percentage determined by the competent state institution of the Republic of Lithuania;
 - 8.5.2.** to persons over 18 years of age, the insurance benefit is paid out, if the level of lost working capacity is determined to be 50% or higher;
 - 8.5.3.** to persons under 18 years of age, the insurance benefit is paid out, if the following is determined:
 - 8.5.3.1.** severe level of disability - 100% of the insurance amount specified for this insurance risk;
 - 8.5.3.2.** average level of disability - 75% of the insurance amount specified for this insurance risk;
 - 8.5.3.3.** light level of disability - 50% of the insurance amount specified for this insurance risk.
 - 8.5.4.** If insurance benefits have already been paid to the Insured Person for an Injury due to the same insured event, those insurance benefits are included in the insurance benefit amount payable for the Loss of Working Capacity/Disability.

- 8.6.** In order to fairly and objectively calculate the amount of the benefit or other calculations related to the benefit, the Insurer may request an additional medical examination of the Insured Person, with the aim of determining or clarifying the circumstances of the occurrence of the event and determining the amount of damage caused to the Insured Person's physical condition and health.
- 8.7.** In order for the insurance benefit to be paid out, the Insured Person undertakes to immediately apply to a treatment facility in the country where the event occurred in order to provide the Insured Person with Emergency Medical Aid, and also undertakes no later than 30 days from the date of the end of the Trip (except for cases where this cannot be done for valid reasons), submit the necessary documents to the Insurer, including a description of the circumstances of the event:
- 8.7.1.** medical statement from the treatment facility with the specified diagnosis and the treatment applied;
 - 8.7.2.** in case of loss of working capacity/disability - a certificate issued by the competent state institution of the Republic of Lithuania, indicating the level of working capacity or disability;
 - 8.7.3.** in the event of death of the Insured Person - a physician's certificate on the cause of death, a copy or original of the death certificate;
 - 8.7.4.** other documents requested by the Insurer (with translation into the state language if necessary) and other information necessary to confirm the fact of the insured event (certificate from law enforcement authorities, etc.).

9. IN WHAT CASES THE INSURANCE PROTECTION IS NOT VALID

- 9.1.** Accident insurance risk is subject to all exceptions mentioned in Clause 8 of the Terms and conditions;
- 9.2.** When Injury is not specified in the table "Table of Insurance Benefits" of Appendix 1 of the Terms and conditions.

LUGGAGE INSURANCE

10. WHAT IS INSURED

- 10.1.** The object of the insurance is the proprietary interest related to the Baggage of the Insured Person. When insuring Luggage, the principle of compensation is applied, compensating the direct losses of the Insured Person, which occurred under the risks specified in Clause 10.2 of the Terms and conditions.
- 10.2.** Insurance risks are:
- 10.2.1.** delay of the Carrier-checked Luggage due to the Carrier's fault;
 - 10.2.2.** loss or damage of Carrier-checked Luggage due to the Carrier's fault;
 - 10.2.3.** theft of Luggage with signs of breaking in when the Luggage is in a locked room or in a locked car.

11. HOW THE INSURANCE BENEFIT IS PAID OUT

- 11.1.** Luggage insurance amount is the total amount specified in the certificate for the risks of loss, damage or theft of Luggage.
- 11.2.** Skiing equipment is considered insured only provided that that the "Winter sports" protection is selected in the certificate;
- 11.3.** If the losses incurred by the Insured Person, arising from the causes specified in Clause 10.2., are compensated by the Carrier, the Insurer pays the difference between the losses suffered by the Insured Person and the amount compensated by the Carrier.
- 11.4.** In case of Luggage delay due to the fault of the Carrier:
- 11.4.1.** the insurance protection is valid only provided that that the Luggage is delayed for more than 6 hours due to the fault of the Carrier;
 - 11.4.2.** within the limits of 30 % of the insurance amount specified in the certificate, the Insured Person's expenses related to the purchase of articles of prime necessity are reimbursed: personal hygiene items and clothing suitable for the local climate, which the Insured Person is forced to purchase as replacement of items in the delayed luggage. In the event of a ski equipment delay, the Insurer reimburses the costs related to the lease of similar equipment;

- 11.4.3.** if the Insured Person incurs additional transport expenses due to delayed picking up of luggage from the air carrier, such as fuel expenses, the Insurer reimburses them in the amount of up to EUR 100 according to the documents confirming such expenses, provided by the Insured Person;
 - 11.4.4.** the Insurer reimburses only those expenses that were incurred by the Insured before the return of the Insured Luggage;
 - 11.4.5.** expenses are not reimbursed if the Luggage was delayed or delivered late when the Insured Person was returning from the Trip to the Country of Residence;
 - 11.4.6.** in order to reimburse the Insured Person's expenses, the Insured Person undertakes to submit documents proving the purchase of articles of prime necessity and/or the lease of skiing equipment, the Carrier's certificate on the delay/return of Luggage.
- 11.5.** In case of loss of Luggage due to the fault of the Carrier (the Luggage is considered lost if it is not found within 14 days of the fact of loss) or in case of Theft with breaking in, when the Luggage was kept in a locked room or in a locked car:
- 11.5.1.** the Insurer, within the limits of the insurance amount specified in the certificate for this risk, pays compensation equal to the value of the purchase of similar Luggage before the event;
 - 11.5.2.** the insurance benefit can be paid out for hygiene items, clothing, footwear, a travel bag, a stroller and sports equipment owned by the Insured Person. The insurance protection does not apply to items that do not belong to the Insured, such as property entrusted to the Insured Person by the Insured Person's employer or another person and items that are specified as not-insurable items in Clause 12.1 of these Terms and conditions.
 - 11.5.3.** in case of loss of sports, Winter Sports, diving equipment, the Insurer pays out a benefit corresponding to the actual purchase value of the damaged Luggage before the insured event, applying 20% annual depreciation. Depreciation is not applied if the Insured Person's loss does not exceed EUR 100;
 - 11.5.4.** for paying out insurance benefits, the Insured Person undertakes to submit the lost Luggage registration slip, the Carrier's certificate of Luggage loss, the list of lost items and the amount of compensation paid. In case of theft - a certificate from the police about the incident;
 - 11.5.5.** the loss is not reimbursed, if the loss of Luggage cannot be confirmed by a certificate issued by the Carrier or the police, as well as if the Insured Person did not take precautions to avoid the event and/or the Theft was committed without signs of breaking in, e.g., the Luggage was left in an unlocked car or it was not kept in a locked room.
- 11.6.** In case of damage to the luggage:
- 11.6.1.** the Insurer, within the limit of the insurance amount, pays out the benefit based on the amount of Luggage repair costs;
 - 11.6.2.** if the repair costs exceed the market value of the Luggage before the insured event, or the repair is not possible, the Insurer pays out a benefit corresponding to the actual value of the damaged Luggage before the insured event, applying 20% annual depreciation. Depreciation is not applied if the Insured Person's loss does not exceed EUR 100;
 - 11.6.3.** for the payout of insurance benefits, the Insured Person undertakes to submit the registration slip of the damaged Luggage, the Carrier's certificate about the damage to the Luggage and the amount of the compensation paid, as well as to provide photos of the damaged Luggage that allow objective identification of the damage, the Luggage manufacturer, as well as the Luggage repair certificate.

12. IN WHAT CASES THE INSURANCE PROTECTION IS NOT VALID

- 12.1.** In the case of Luggage damage, delay, loss or Theft, the following expenses are not reimbursed (expenses incurred due to):
- 12.1.1.** scratch, surface damage, natural tear and wear of the material, discoloration, scratch, split, chipping-off, dent, indentation, bend, peeling paint, stain or other change in the appearance of the Luggage when using the Luggage during travel and/or transportation and transfer at stations and airports, which do not affect the functionality of the Luggage item;
 - 12.1.2.** damage of fragile, breakable items, including porcelain, glass, sculpture;

- 12.1.3.** damage, loss or theft of dentures, prostheses, contact lenses, glasses, hearing aids;
- 12.1.4.** property that has been reasonably or unreasonably detained, seized or confiscated by state management authorities (such as police, customs, etc.);
- 12.1.5.** damage, theft or loss, delay of illegally transported Luggage;
- 12.1.6.** moths or other insect pests;
- 12.1.7.** painting, renovation, repair, restoration, etc.;
- 12.1.8.** loss, damage or theft of video, audio or photo equipment, computer equipment, electrical devices (including hair care devices, irons for clothes) and their parts, mobile devices, including smart phones and their accessories, tablets, drones;
- 12.1.9.** jewelry, articles of precious metals, leather, silk, bijouterie, perfumes, optics, eyeglass frames, antiques, watches;
- 12.1.10.** food and alcohol, tobacco, its heating devices, including damage caused by spillage of food or alcohol in luggage;
- 12.1.11.** loss, damage, violation, purchase, theft of money, bank payment cards, checks, travel tickets, securities, fuel payment cards or other payment cards, coupons, documents confirming identity;
- 12.1.12.** spillage of liquid carried in Luggage;
- 12.1.13.** if some item of Luggage was scratched, scratches on skiing equipment, strollers, etc. are also not considered an insured event;
- 12.1.14.** damage to the Luggage items due to their natural properties;
- 12.1.15.** loss, damage, theft of luggage items that do not belong to the Insured Person or are not only for the Insured Person's personal use, including work equipment or tools of the Insured Person.

CIVIL LIABILITY INSURANCE WHILE TRAVELLING

13. WHAT IS INSURED

- 13.1.** The insurance object is the proprietary interest related to the Insured Person's civil liability during the Trip.
- 13.2.** Insurance risk is the actions or inaction of the Insured Person, which resulted in bodily injuries to third parties or damage to their property, as a result of which a written third-party claim was submitted to the Insured Person or the Insurer during the insurance period or within 30 days of the last day of validity of the insurance contract.

14. HOW THE INSURANCE BENEFIT IS PAID OUT

- 14.1.** The Insurer reimburses direct expenses related to:
 - 14.1.1.** the medical expenses of the injured third party, when the Insured Person was also involved in the event and it is established that the Insured Person is the culprit of the event;
 - 14.1.2.** restoring the damaged property of a third party to the condition it was in before the occurrence of the insured risk, or replacing the property of a third party that was destroyed by an equivalent property in the condition it was in before the occurrence of the event.
 - 14.1.3.** damage caused to the temporary housing rented during the Trip (when the rental contract is concluded for no longer than 60 calendar days), not exceeding a benefit of EUR 3,000.
 - 14.1.4.** claims made during the internship of the Insured Person's studies, not exceeding a benefit of EUR 1,000.
- 14.2.** The Insurer reimburses the Insured Person's litigation costs awarded by the court, as well as the litigation costs agreed in writing with the Insurer within the limits of the insurance amount, not exceeding the benefit of EUR 1,000.
 - 14.2.1.** The Insurer has the right, but is not obliged, to organize the representation of the Insured Person in court, which examines the case related to the claims of third parties to the Insured Person regarding the occurrence of the Insured Person's civil liability during the Trip. The Insured Person undertakes to submit the necessary documents to the Insurer and to provide the necessary

assistance if the Insurer conducts proceedings in favor of the Insured Person.

14.3. The civil liability of the Insured Person during Winter Sports activities is covered only if the Insured Person chooses "Winter Sports" insurance protection in the certificate.

14.4. A deduction of EUR 100 is applied to each insured event.

15. UPON THE OCCURRENCE OF AN EVENT, THE INSURED PERSON UNDERTAKES

15.1. Upon the occurrence of an event, the Insurer pays out the insurance benefit in case(s) if the Insured Person:

15.1.1. immediately, as soon as there is an opportunity to do so, informs the Insurer in writing about each event, the consequence of which may be the submission of a proprietary claim to the Insured Person or the Insurer. If an investigation has been initiated into this event, a summons has been served or other legal activities have been carried out as a result of this event, or the Insured Person has received a claim or demand, the Insured Person shall immediately inform the Insurer thereof and submit copies of the documents received.

15.1.2. In accordance with the information provided by the Insurer and following the instructions that are necessary in this situation, the Insured Person undertakes to take care of cost reduction and to do everything to clarify the circumstances and obtain data and necessary documents in order to honestly and objectively assess the damage;

15.2. The Insured Person undertakes, without prior agreement with the Insurer, not to fully or partially admit his fault and not to satisfy the claims of third parties regarding the Insured Person's civil liability during the Trip.

15.3. If the Insured Person fails to fulfill or refuses to fulfill any of the conditions specified in Clauses 15.1.-15.2. Of the Terms and conditions, the Insurer acquires the right to reduce the amount of the insurance benefit or refuse to pay it.

16. IN WHAT CASES THE INSURANCE PROTECTION IS NOT VALID

16.1. Expenses are not indemnified, if they are:

16.1.1. losses related to any commercial or economic activity of the Insured Person;

16.1.2. fines, penalties, or other charges equivalent to fines have been imposed on the insured Person;

16.1.3. indirect costs or lost profits incurred by the Insured Person;

16.1.4. cases related to event/s committed by the Insured Person while under the influence of alcohol or drugs;

16.1.5. damage caused by the Insured Person due to exposure to chemicals;

16.1.6. damage caused by the Insured Person to persons traveling with the Insured Person and/or persons specified in the same certificate;

16.1.7. Insured Person's damage caused to Family Members;

16.1.8. losses that the Insured Person undertakes to cover in contractual relations, such as covering the CASCO insurance deductible of a vehicle rented abroad;

16.1.9. damage related to neglect of property entrusted to the Insured Person;

16.1.10. damage related to damage or loss of property owned or used by the Insured Person under any conditions, with the exception of sports, Winter Sports equipment, bicycle rented from a legal entity during a Trip abroad and the event provided for in Clause 14.1.3 of these Terms and conditions;

16.1.11. damage caused by the Insured Person to third parties with any type of land, water or air Vehicle owned by the Insured Person or used by the Insured Person, or rented by the Insured Person, including damage to a Vehicle entrusted to or controlled by the Insured Person. This clause does not apply only to damage caused by a bicycle or electric scooter operated by the Insured Person;

16.1.12. damage caused by animals that are the property of the Insured Person or under the care of the Insured Person, as well as if these animals belong to persons for whom the Insured Person is responsible in accordance with the law;

16.1.13. damage caused by the intentional actions of the Insured Person, as well as damage caused under the influence of alcohol, narcotic, psychotropic or other psychoactive substances or damage that

could reasonably have been foreseen, taking into account the reasons and/or circumstances of the Insured Person's action or inaction;

- 16.1.14.** damage caused by the Insured Person by using things not according to their intended purpose and/or operating instructions;
- 16.1.15.** damage that must be compensated according to the labour legal relations in which the Insured Person participates;
- 16.1.16.** damage related to the Insured Person's physical work, work in the office, professional, practical activities, commercial activities or similar actions, with the exception of the case provided for in Clause 14.1.4 of these Terms and conditions;
- 16.1.17.** damage caused by the Insured Person while hunting or using a firearm;
- 16.1.18.** damage caused by the Insured Person while using the drone or in connection with any operation of the drone(s);
- 16.1.19.** damage caused by the Insured Person to third parties during training or competition of any sport;
- 16.1.20.** as well as cases mentioned in Clauses 6.1., 6.2., 6.3. and 29 of the Terms and conditions.

CANCELLATION INSURANCE OF A PLANNED TRIP (DUE TO ILLNESS)

17. WHAT IS INSURED

- 17.1.** The object of the insurance is the Insured Person's proprietary interest related to the cancellation of the planned Trip due to the reasons specified in Clause 17.2. of the Terms and conditions.
- 17.2.** The insurance risk is the cancellation of a fully paid Trip if the Insured Person does not go on it for any of the following reasons:
 - 17.2.1.** sudden illness/Injury of the Insured Person, which is diagnosed/occurring before the scheduled date of the Trip and the treatment of which continues on the scheduled day of departure for the Trip and for which the Insured Person was prescribed outpatient treatment or Hospitalization;
 - 17.2.2.** cancellation of a Trip planned by one of the insured persons, when Travel tickets and/or bookings have been purchased for only two people, i.e. the Insured Person and the Fellow Passenger insured in the same certificate, when a Sudden Illness/Injury, which is diagnosed/occurring before the scheduled date of the Trip and the treatment of which continues on the scheduled day of departure for the Trip and for which the Insured Person's Fellow Passenger was prescribed outpatient treatment or Hospitalization;
 - 17.2.3.** sudden illness/injury of the Insured Person's Family Members traveling together with the Insured Person and insured in the same certificate, which is diagnosed/occurring before the scheduled date of the Trip and the treatment of which continues on the scheduled date of departure for the Trip and for which the Insured Person's Family Members were prescribed outpatient treatment or Hospitalization.
 - 17.2.4.** when the Insured Person's care was required for an Insured Person's Family Member due to conditions stated in Clause 17.2.1. of the Terms and conditions and this was confirmed by medical documents and, as a result, according to the attending physician's conclusion, the Insured Person cannot go on the Trip;
 - 17.2.5.** sudden illness or Injury of the Insured Person's minor children/adopted children diagnosed/occurring before the scheduled date of the Trip, as a result of which outpatient treatment or Hospitalization was prescribed, and the treatment continues on the scheduled day of departure for the Trip;
 - 17.2.6.** when the Insured Person, having fully paid for the Trip, had Hospitalization-requiring pregnancy complications before the scheduled date of departure;
 - 17.2.7.** death of the Insured Person's Family Member or Fellow Passenger, when the Trip has been fully paid for before that event, and documents confirming the death of the Family Member or Fellow Passenger have been submitted to the Insurer;
 - 17.2.8.** damage to the Insured Person's property in the Country of Residence, with the amount of the damage being more than EUR 1,500.

18. HOW THE INSURANCE BENEFIT IS PAID OUT

- 18.1.** The deductible for each insured person is 10% of the Trip price;
- 18.2.** The insurance benefit is paid out only if the planned Trip was canceled while the Insured Person was still in the Country of Residence, i.e. before the start of the Trip, and the insurance contract was concluded and the insurance premium paid in full no later than 10 days before the scheduled date of the Trip.
- 18.3.** The Insurer, who has deducted the amount paid for the Trip, which was returned to the Insured Person by the Travel Organizer, and the amount of deductible specified in Clause 18.1 of the Terms and conditions, pays out to the Insured Person the remaining part of the Travel expenses, not exceeding the insurance amount selected for this risk in the certificate;
- 18.4.** If the Insured Person organized the Trip independently: booked tickets, hotel, apartment and vehicle rental, fully or partially paid for the services, the Insurer reimburses only the penalty costs foreseen for the Insured Person and charged from the bank account by the service provider for refusing to use the booked and paid service and after deducting the amount of deductible specified in Clause 18.1 of the Terms and conditions.
- 18.5.** The insurance benefit is paid out after registering the event on the website www.bta.lt and submitting the following documents:
- 18.5.1.** medical or other documents justifying the reason for not leaving for the Trip;
 - 18.5.2.** documents confirming the travel contract (its copy) and its payment;
 - 18.5.3.** documents confirming the payment of travel services (ticket, hotel services, etc.);
 - 18.5.4.** documents confirming the expenses of a trip organized independently (air ticket payment confirmation, hotel payment confirmation, etc.)
 - 18.5.5.** documents confirming compensations from the Travel Organizer and related to the payment of Trip Cancellation and/or the Travel Organizer's refusal to pay compensations, as well as a document indicating the fines payable for the Trip Cancellation.

19. IN WHAT CASES THE INSURANCE PROTECTION IS NOT VALID

- 19.1.** The insurance benefit is not paid out if:
- 19.1.1.** the Insured Person concluded an insurance contract and paid the full insurance premium less than 10 days before the start of the planned Trip;
 - 19.1.2.** before booking and paying for the Trip or before concluding the insurance contract, it was possible to foresee that the planned Trip would have to be canceled;
 - 19.1.3.** the Trip was canceled due to the events specified in Clause 6 of the Terms and conditions, which happened to the Insured Person or the Insured Person's Family Members;
 - 19.1.4.** the Insured Person did not use the treatment prescribed by the physician, which could have substantially accelerated the recovery process;
 - 19.1.5.** the Trip was canceled due to a pandemic or epidemic, including pandemics or epidemics due to influenza;
 - 19.1.6.** the Insured Person failed to notify the Travel organizer within 24 hours after the occurrence of the event specified in Clause 17.2 of the Terms and conditions about the necessity to cancel the service;
 - 19.1.7.** the Trip was not fully paid for;
 - 19.1.8.** the Trip is canceled due to the fault of the Trip organizer, travel sales agent and (or) carrier: bankruptcy, insolvency, employee strikes, as well as due to a traffic accident or technical breakdown of the vehicle in which the Insured Person was traveling;
 - 19.1.9.** the Trip was canceled due to the actions of the public authorities (including adopted legislation, recommendations, other restrictions), which prevented the Trip from taking place;
 - 19.1.10.** the Insured Person cannot go on a trip because he did not obtain the necessary documents (e.g., a visa) or was not allowed into the country;
 - 19.1.11.** the Insured Person was not admitted to the plane for any reason other than fever;
 - 19.1.12.** when Hospitalization, due to which the Insured Person, the Insured Person's Family Member or a

Fellow Passenger cannot go on the trip, was appointed before concluding the insurance contract;

19.1.13. the Insured Person decided not to go on the Trip for any other reasons that are not provided for in Clauses 17.2.1. - 17.2.8. of the Terms and conditions or fails to provide documents confirming the inability to travel for the reasons specified in paragraphs 17.2.1. – 17.2.8. of the Terms and conditions;

19.1.14. before booking and paying for the Trip or before concluding the insurance contract, it was possible to foresee that the planned Trip would have to be canceled.

DISRUPTION INSURANCE OF A TRIP ALREADY STARTED

20. WHAT IS INSURED

20.1. The object of the insurance is the proprietary interest of the Insured Person relating to the delay, cancellation of the regular flight, the lateness of the Insured Person for the flight or the termination of the Trip purchased by the Insured Person for the reasons specified in Clause 20.2. of the Terms and conditions.

20.2. What is insured:

20.2.1. delay of a scheduled or chartered flight due to weather conditions, technical condition of the aircraft, non-arrival (delayed departure) of the aircraft or lack of crew, except for delays due to a strike;

20.2.2. cancellation of a scheduled or chartered flight due to weather conditions, technical condition of the aircraft, non-arrival of the aircraft or lack of crew, except for cancellation due to a strike;

20.2.3. refusal to give the passenger a seat on the aircraft due to overbooking;

20.2.4. delay to a scheduled or chartered flight due to a traffic accident that occurred to the vehicle in which the Insured Person was traveling to the airport;

20.2.5. road traffic disruptions unannounced in advance (e.g. train traffic disruption, highway accident, road closure, etc.);

20.2.6. the need to return to the Country of Residence at an earlier time due to Hospitalization of the Insured Person's Family member due to Sudden Illness or his/her death;

20.2.7. termination of the Trip started by the Insured Person and return to the Country of Residence due to an act of terrorism or a Natural Disaster during the trip, if such events were not known when purchasing or paying for services;

20.2.8. expenses incurred due to the loss of a travel document, related to the replacement of this document abroad and the exchange of flight tickets, accommodation, and transportation.

21. HOW THE INSURANCE BENEFIT IS PAID OUT

21.1. In the event of a flight delay, cancellation, overbooking or delay in the flight, as provided for in paragraphs 20.2.1. – 20.2.5. of these Terms and conditions:

21.1.1. The insurance benefit is paid out only if the Insured Person has checked in for the flight and can provide the Insurer with a boarding pass. If the Insured Person cannot present the boarding card, the insurance protection is valid when the event occurs no more than 72 hours before the scheduled flight time.

21.1.2. If the flight, as provided for in Clause 20.2.1., is delayed for more than 4 hours, the Insurer reimburses expenses for meals, hotel and transport to and from the hotel, if such expenses occurred during the time period from the scheduled departure time to the actual departure time. No more than EUR 100 per insured person per day and no more than 3 days are compensated;

21.1.3. If the flight is canceled and the Insured Person does not have the opportunity to leave or the Insured Person does not make it to the connecting flight due to the reasons provided for in Clauses 20.2.1. – 20.2.5. of these Terms and conditions, the Insurer, within the limits of the insurance amount specified in the certificate for this risk, compensates:

21.1.3.1. expenses for changing a ticket for the nearest flight or purchasing a new economy class ticket for a flight or other mode of transport, so that the Insured Person can reach the travel destination intended at the beginning of the Trip, applying 20% deductible from the losses incurred by the Insured Person;

21.1.3.2. the Insured Person's expenses for meals, hotel and transport to and from the hotel, if these expenses occurred during the time from the scheduled departure time to the actual departure. Expenses on accommodation and meals are reimbursed for a maximum of EUR 100 per insured person per day and for a maximum of 3 days.

21.1.3.3. the Insured Person's expenses for booked and paid hotel services at the final destination of the Trip for those days during which the Insured Person did not have the opportunity to stay at the hotel. The compensation is calculated by multiplying the price of one day in the hotel by the number of days the Insured Person did not have the opportunity to stay in the hotel, but no more than EUR 100 per insured person per day and for a maximum of 3 days.

21.1.4. The insurance benefit is paid only if the Insurance Contract was concluded before the possible event was known, and the time between flights in the Insured's flight chain **was planned in accordance with the requirements of the airport and airlines**, but not less than 1 hour if the Insured arrives and departs at the same airport, 5 hours if the Insured arrives at one airport and departs from another airport.

21.1.5. For the payment of the insurance benefit, the Insured undertakes to inform the Insurer in writing about the event and submit the requested documents:

21.1.5.1. documents confirming the delay or cancellation of the flight;

21.1.5.2. confirmation of ticket registration for a specific flight or a copy of the boarding pass;

21.1.5.3. receipts for meals, hotel services and transportation costs to/from the airport, documents confirming the costs of changing the ticket or purchasing a new economy class ticket.

21.2. In the event of the Insured's need to return to the Country of Residence:

21.2.1. if it is necessary for the Insured Person to return to the Country of Residence for the reasons provided for in Clause 20.2.6., the Insurer reimburses the costs of the Insured Person's return to the Country of Residence, not exceeding the value of the airplane, train or bus economy class ticket to the Republic of Lithuania. The Insurer also reimburses the Insured Person's expenses for the accommodation services paid for before the start of the Trip, which the Insured Person could not use due to the forced return to the Country of Residence - for as many days as the Insured Person lost due to the canceled trip

21.2.1.1. For the payment of the insurance benefit, the Insured undertakes to inform the Insurer in writing about the event and provide a certificate from the medical institution about the cause of hospitalization or death of the Insured Family Member, as well as documents confirming the costs of replacing the ticket or purchasing a new economy class ticket.

21.2.2. if the reasons for the cancellation of the Insured Person's trip are Terrorist attack or Natural Disaster during the Trip, the Insurer reimburses the return expenses incurred by the Insured Person within the **amount of EUR 300 per insured person**.

21.3. In the event of loss of the Insured Person's Travel Document during the Trip:

21.3.1. the Insurer reimburses the expenses incurred due to the loss of the Travel document during the Trip **within the amount of EUR 300**. Expenses related to the purchase of a new travel document during the trip, as well as expenses related to the purchase of new travel tickets, if the Insured Person was not admitted to the planned trip due to lost documents, are reimbursed.

21.3.2. For the payment of the insurance benefit, the Insured undertakes to inform the Insurer in writing about the event and provide confirmation from the police or consular office regarding the loss of the Insured's Travel Document, as well as documents confirming the costs of changing flight tickets, accommodation, and transportation.

22. IN WHICH CASES THE INSURANCE PROTECTION IS NOT VALID

22.1. Expenses cannot be covered if:

22.1.1. the Insured Person has not checked in for the flight or the Insured Person cannot present the boarding pass, the insurance protection is valid when the event occurs no more than 72 hours before the scheduled flight time;

22.1.2. the flight is delayed or canceled by the airport management, aviation commission or other state

body;

- 22.1.3.** the flight was delayed or canceled due to a strike, Natural Disaster, bankruptcy of the carrier or travel organizer, with the exception of the case provided for in Clause 20.2.7 of these Terms and conditions;
 - 22.1.4.** the expenses of the Insured Person are covered by another legal entity (Carrier, etc.);
 - 22.1.5.** the Insured Person did not provide the Insured Person with confirmation from the Carrier that the flight was postponed, delayed or canceled, confirmation of the compensation paid by the Carrier to the Insured Person.
 - 22.1.6.** originals of documents confirming expenses for food, hotel services, transport expenses from/to the airport;
 - 22.1.7.** the Insured Person was not admitted to the plane or was not allowed to fly due to illness, airport employees decision, the Insured Person's behavior at the airport, it was suspected that the Insured Person was under the influence of alcohol, narcotic, psychotropic or other psychoactive substances or did not have the necessary travel documents;
 - 22.1.8.** the selected Insured Person's connecting time between flights at the same airport was less than 1 hour or less than 5 hours when connecting between flights at different airports, or did not meet the requirements of the airline or the connecting airport.
 - 22.1.9.** the occurrence of the event could be predicted before the conclusion of the insurance contract;
 - 22.1.10.** the death of a member of the Insured Person's Family Member occurred due to the event occurring due to the reasons specified in Clause 6 of the Terms and conditions;
 - 22.1.11.** the Insured Person's loss of the Travel Document cannot be confirmed by a certificate issued by the police or consular office, or the Insured Person's Travel Document has expired, or the validity period of the document was shorter than 6 months when flying to countries requiring a validity period of more than 6 months, and additional expenses were incurred as a result.
- 22.2.** Expenses for alcoholic beverages and tobacco products are not reimbursed.
- 22.3.** Expenses are not reimbursed if the Insured Person misses a concert, conference or other event in which he planned to participate in the Trip, or decides not to go on a trip and/or returns from it earlier than planned.

RENTED CAR DEDUCTIBLE INSURANCE

23. WHAT IS INSURED

- 23.1.** The object of the insurance is the proprietary interest related to the reimbursement of the CASCO insurance deductible to the car rental company, when the Insured Person causes damage to the rented car during the Trip. Insurance protection is valid only for rented cars and light trucks (up to 3.5 tons). Insurance coverage is not valid for rented camper vans.
- 23.2.** Insurance risk is an Insured Event that occurred during the Trip, due to which the Insured Person, in accordance with the requirement of the contract with the lessor, must reimburse the rented car's CASCO insurance deductible.
- 23.3.** Within the limit of the insurance amount specified in the certificate, the Insurer reimburses the CASCO insurance deductible (or part of the deductible) specified in the demand submitted by the car rental company.
- 23.4.** Insured Person is the person specified in the BTA Travel Insurance Certificate, who is specified as the vehicle manager (main or additional driver) in the leased vehicle contract.

24. HOW THE INSURANCE BENEFIT IS PAID OUT

- 24.1.** Insured event is destruction, damage and loss of the car rented by the Insured Person car due to a sudden and unexpected event, when according to the rented car insurance contract, the Insured Person must pay the amount of the deductible specified in the Car CASCO insurance contract to the company that rented out the car, and corresponding to the conditions specified in Clause 24.2.
- 24.2.** The insurance benefit is paid when:
- 24.2.1.** the car rented by the Insured Person was covered by CASCO insurance;

- 24.2.2.** in the car rental agreement, the Insured Person was specified as the manager of the rented vehicle;
 - 24.2.3.** the Insured Event occurred on a Trip abroad;
 - 24.2.4.** the Insured Person rented a car from a company whose official activity is short-term car rental;
 - 24.2.5.** the event was not recognized as non-insurable under the CASCO insurance contract.
- 24.3.** Upon the occurrence of an insured event, an insurance benefit is paid in the amount equal to the deductible specified in the rented car's CASCO contract but not greater than the amount of insurance specified in the Insurer's Travel Insurance certificate and not greater than the amount of the deductible provided for in the rented car's CASCO insurance contract.
- 24.4.** Upon the occurrence of an event, the Insured Person undertakes to act as obligatory and required to act in accordance with the legislation of the country where the event occurred and in accordance with the car rental agreement. Upon the occurrence of an event, the Insured Person undertakes to provide the Insurer with:
- 24.4.1.** a car rental contract concluded with the Insured Person;
 - 24.4.2.** the rental company's demand to pay the CASCO insurance deductible and confirmation of the payment of the CASCO insurance deductible, e.g., a payment receipt or a bank transfer statement confirming that the lessee, i.e. the Insured Person, has made payment according to such claim;
 - 24.4.3.** photos confirming the scene of the event and the damage caused to the car.

25. IN WHICH CASES THE INSURANCE PROTECTION IS NOT VALID

- 25.1.** The insurance benefit is not paid out if:
- 25.1.1.** the event took place in the Republic of Lithuania or in the country where the Insured Person has a permanent residence;
 - 25.1.2.** the car rented by the Insured Person was not covered by CASCO insurance;
 - 25.1.3.** according to CASCO insurance of the rented car, the event is considered non-insurable;
 - 25.1.4.** the car is borrowed or rented from a natural person;
 - 25.1.5.** the event occurred during participation in any kind of (including unofficial) motor sports competitions, training, races or other events aimed at the highest possible speed, overcoming obstacles, sports results, etc.;
 - 25.1.6.** according to the car rental agreement, the Insured Person was not specified as the manager of the rented vehicle and did not have the right to drive the rented car;
 - 25.1.7.** damage to the interior of the vehicle that is not the result of theft or a traffic accident;
 - 25.1.8.** the damage was caused to a rented camper.
- 25.2.** The following expenses are not reimbursed:
- 25.2.1.** all additional expenses included in the rental car insurance contract;
 - 25.2.2.** any expenses in excess of the insurance amount;
 - 25.2.3.** expenses under the claims submitted to the lessee, i.e. the Insured Person, to pay: interest on late payment, fine or penalty stipulated in the contract;
 - 25.2.4.** expenses under any claims that arose when the Insured Person did not comply with the terms of the car rental agreement concluded with him/her, e.g., he/she was late in returning the car or returned the car without complying with the requirements of the agreement (returning the car with a full tank of fuel), smoked in the car, etc.

PERMANENT RESIDENCE INSURANCE DURING THE TRIP

26. WHAT IS INSURED

- 26.1.** Object of the insurance is your proprietary interests related to the damage or destruction of your main residence located in your permanent place of residence (Country of Residence) due to the effects of fire and/or water, natural disaster, theft.

- 26.2.** Your main residence is the apartment or house where you live permanently and whose address is indicated in the insurance certificate or you can confirm this with documents, such as telecommunication service bills received in your name.
- 26.3.** Insurance risk is damage to your main residence located at your permanent place of residence that occurred during your trip abroad due to the following reasons:
- 26.3.1.** exposure to fire;
 - 26.3.2.** exposure to water. The exposure to water is considered to be the penetration of water from the premises adjacent to your dwelling or the accident of the water supply networks in your dwelling, including the spill of water from the aquarium;
 - 26.3.3.** natural forces. Storm, rain, hail, snow are considered natural forces;
 - 26.3.4.** theft with breaking in. Theft with breaking in is the theft, damage or destruction of the insured property, when the thief illegally enters the premises using stolen keys and/or breaks into a locked building by damaging its barrier structures (doors, windows, roof, etc.). Theft with breaking in using stolen keys will be considered an insured event only in cases where the disappearance of the keys has been reported to the law enforcement authorities and an investigation has been initiated regarding this event and there was no real possibility to change the door lock.

27. HOW THE INSURANCE BENEFIT IS PAID OUT

- 27.1.** Upon the occurrence of an insured event under the risks specified in Clause 26.3., the Insurer indemnifies:
- 27.1.1.** the expenses of your return to your Country of Residence not exceeding the value of an economy class ticket for a plane, train or bus. We will also reimburse for the costs of accommodation services during the Trip, paid before the start of the Trip, which you could not use due to the forced return to the Country of Residence – for as many days as you lost. A limit of EUR 500 applies to these expenses;
 - 27.1.2.** losses you have suffered as a result of fire, water or natural forces to your main residence. Only home repair and restoration expenses at the replacement cost are reimbursed, but not exceeding the insurance amount selected in the certificate for the "Home Insurance during the Trip" risk. Insurance protection is only valid for your primary residence. Wellbeing accessories, extensions, greenhouses, gazebos and other buildings located in the territory of your permanent residence are not insured;
 - 27.1.3.** damage to movable property caused by fire, water or natural forces. Only movable property inside your main residence is insured. Losses are compensated only for the movable property that was no more than 5 years old as of the day of the event and which is not provided as non-insurable movable property in Clause 28.2 of these Terms and conditions. Losses are reimbursed at the market value of the movable property which existed before the event, but not exceeding the insurance amount selected in the certificate for the "Home insurance During Travel" risk;
 - 27.1.4.** your losses incurred due to theft with breaking in. Only movable property inside your main residence is insured. Losses are reimbursed only for the movable property that was no more than 5 years old as of the day of the event and which is not provided as non-insurable movable property in Clause 28.2 of these Terms and conditions. Losses are compensated at the market value that existed before the event. The losses specified in this Clause are reimbursed within 50 % of the insurance amount selected in the certificate for the "Home Insurance During Travel" risk.
- 27.2.** If, due to the reasons specified in Clause 26.3 of these Terms and conditions, third parties make a claim for compensation for the damage caused to them by the destruction or damage to the property of the third party, We will reimburse them within the limit of the insurance amount selected in the certificate for the risk "Home Insurance During Travel" policy.
- 27.3.** In order for the insurance benefit to be paid out, you must immediately, but no later than within 3 working days after the event, inform Us thereof in writing and submit the required documents:
- 27.3.1.** travel documents;
 - 27.3.2.** documents confirming losses due to the loss, destruction or damage of household property;
 - 27.3.3.** a police certificate confirming that a theft with breaking in has been committed;
 - 27.3.4.** conclusions of the police investigation;

- 27.3.5.** if a claim is made against you by third parties for compensation for the damage caused to them, provide all available information about the claim made against you and the documents confirming the amount of the claim made. Do not recognize the validity of the submitted claims and do not assume obligations for compensation of losses without coordination with us.
- 27.4.** If possible, keep the scene of the event undisturbed until the BTA representative arrives, unless instructed otherwise by the BTA.
- 27.5.** Do not make any payments, repair or restoration work, or purchase items without agreeing these costs with BTA.

28. IN WHICH CASES INSURANCE PROTECTION IS NOT VALID

28.1. The insurance benefit is not paid out if:

- 28.1.1.** the damage occurred for reasons other than those specified in Clause 26.3. of these Terms and conditions;
- 28.1.2.** the damage occurred to your housing and the movable property in it, if this housing is not the main home where you live or whose address is not specified in the insurance certificate;
- 28.1.3.** the damage was caused by intentional actions;
- 28.1.4.** the damage was caused by carelessness or negligence, including, but not limited to, cases when you left windows open, doors unlocked;
- 28.1.5.** the damage was caused by a person legally living at the same address (including the lessee of the place of residence), as well as by the owner of the property, your guest or the person left to look after your house;
- 28.1.6.** in case of theft, when the exact circumstances of the event cannot be determined, fraud or fraudulent misappropriation of property, waste of property, loss, misappropriation or theft of property, if there are no signs of a breaking in or the use of a stolen key or the loss occurred in the period from the theft of the key to the reporting of the theft of the key to the police, also if you cannot confirm the fact of theft with a police certificate;
- 28.1.7.** the loss was caused by unavoidable natural processes (natural wear and tear, corrosion, rusting, molding, rotting, mold, breakdown, fungus, etc.), defects or wear of the building or part of it, room structures (settlement, decay, disintegration, collapse);
- 28.1.8.** the damage occurred during construction and/or installation work, except for simple repair work, which does not require a building permit, also by design, construction, installation errors or defects, the use of obviously inappropriate, defective materials, parts or equipment;
- 28.1.9.** the loss is related to long-term exposure to moisture and its consequences (rotting, molding, fungus, odor, etc.);
- 28.1.10.** the damage was caused by bursting or cracking of equipment or pipelines in unheated buildings or outside the building as result of cold. This exception does not apply when such an explosion or crack was caused by a sudden and unexpected failure of the heat supply or other circumstances which you could neither control nor have avoided.

28.2. This property is not insured and insurance protection is not valid for loss due to:

- 28.2.1.** loss, damage, theft of jewelry, articles made of precious metals, leather, silk, bijouterie, perfumes, optics, eyeglass frames, antiques, watches;
- 28.2.2.** loss, damage, theft of cash, bank payment cards, checks, travel tickets, securities, payment cards for gasoline or other payment cards, coupons, documents confirming identity;
- 28.2.3.** damage, theft of gazebos, greenhouses, swimming pools, saunas, summer houses, outdoor lighting devices, barbecues, lawn mowers, as well as any other movable property or wellbeing accessories kept outside;
- 28.2.4.** damage, vandalism, theft of all types of land, water and air vehicles and their trailers, including, but not limited to: cars, motorcycles, boats, go-karts, quad bikes;
- 28.2.5.** damage, theft of outdoor furniture, children's playgrounds;
- 28.2.6.** agricultural equipment and implements (including components and spare parts), agricultural

products, animal feed;

28.2.7. any property that is intended for sale or used in commercial activities;

28.2.8. collections, works of art, paintings;

28.2.9. solar collectors, solar power plants, electric car charging stations.

28.3. Non-insurable events are considered to be any events that are not described as insurable events or as insurable risks in Clause 26.3 of these Terms and conditions.

28.4. The Insurer has the right to reduce the insurance payment or not to pay it if you have not complied with the requirements stipulated in Clauses 27.4 - 27.5.

29. GENERAL EXCEPTIONS APPLICABLE TO ALL SECTIONS OF THESE TERMS AND CONDITIONS

29.1. Damages and losses that are directly or indirectly related to:

29.1.1. global catastrophes, epidemics, pandemics, natural disasters, floods;

29.1.2. voluntary exposure to risk, except in cases of saving human life;

29.1.3. moral damage and/or lost profits/income, your bad feelings or loss of time.

29.2. Expenses are not reimbursed if the Insured Person or the Policyholder:

29.2.1. the Insured Person intentionally or through gross negligence provides incorrect, misleading, incomplete information to the Insurer or fails to inform the Policyholder of a change in circumstances regarding the object of insurance, insurance risk or terms of the insurance contract;

29.2.2. does not provide the Insurer with the necessary documents confirming the fact and circumstances of the insured event, as well as the amount of expenses incurred during the insured event.

29.3. Expenses not provided for in these Terms and Conditions or the insurance contract are not reimbursed.

30. CONCLUSION OF INSURANCE CONTRACTS USING REMOTE MEANS OF COMMUNICATION

30.1. If the certificate is acquired online or using any other means of remote communication, or was concluded on behalf of a third party, the certificate enters into force no earlier than 24 hours after the full payment of the insurance premium specified in the certificate.

30.2. If the Insurance Contract is concluded while the Insured Person is already on the Trip, in this case the insurance protection takes effect five days after the date of conclusion of the Insurance Contract.

31. OTHER TERMS

31.1. Before concluding the insurance contract, the Insurer has the right to refuse to conclude it without giving reasons.

31.2. All issues not discussed in these Terms and conditions are resolved in accordance with the legislation of the Republic of Lithuania.

31.3. These Terms and conditions are published on the Insurer's website www.bta.lt.

31.4. These Terms and conditions apply to all insurance contracts concluded starting from 4th of February, 2025, if the parties did not discuss other conditions when concluding the insurance contract.

APPENDIX 1

TABLE OF INSURANCE BENEFITS

Accident consequences		Amount of insurance benefit from the insurance amount, %
1.	Central and peripheral nervous system:	
1.1.	Shock, concussion of the head or spinal cord	2
1.2.	Paralysis of one side of the body (hemiplegia), paralysis of the lower limbs (paraplegia)	50
1.3.	Paralysis of upper and lower limbs (tetraplegia), decortication (brain dead)	70
2.	Organs of vision:	
2.1.	Total uncorrectable blindness	40
2.2.	Total uncorrectable blindness in one eye	20
3.	Hearing organs:	
3.1.	Total deafness in both ears	40
3.2.	Deafness in one ear	15
3.3.	Injury to the ear cup (total or partial loss of it)	5
4.	Traumatic injuries of teeth and jaws:	
4.1.	Dislocation of the jaw	3
4.2.	Loss of 1 healthy tooth	2
4.3.	Loss of 2 - 4 healthy teeth	4
4.4.	Loss of 5 or more healthy teeth	8
5.	Respiratory system:	
5.1.	A lung injury resulting in the removal of part of a lung	10
5.2.	A lung injury resulting in the removal of an entire lung	40
5.3.	Loss of voice	20
6.	Abdominal and pelvic injuries:	
6.1.	Loss of stomach, intestines, pancreas, liver, spleen, one kidney or their functions (at least 50%)	25
6.2.	Removal of part of the kidney/s	15
6.3.	Removal of both kidneys	40
6.4.	Unilateral removal of the ovary, fallopian tube, testicle, as well as the uterus for women over 40 years old	15
6.5.	Removal of both ovaries, fallopian tubes, testicles, as well as the uterus for women under the age of 40 years or a penis	30
7.	Fractures:	
7.1.	Fractures of facial bones (except nose)	4
7.2.	Broken nose	2
7.3.	Fractures of the cranial vault	8
7.4.	Skull base fractures	10
7.5.	1-2 fractures of spinal vertebrae (vertebral bodies, arches).	8
7.6.	3 and more fractures of spinal vertebrae (vertebral bodies, arches).	15
7.7.	Fractures of sternum, ribs	3
7.8.	Fracture of one bone of the arm limb (i.e. radius, ulna).	5
7.9.	Fractures of two bones of the arm limbs, etc. humerus	10
7.10.	Fractures of three bones of the arm limbs	15
7.11.	Fracture of one bone of the leg limb (tibia, fibula).	5
7.12.	Fractures of two bones of the leg limb, including femur	10
7.13.	Fractures of three bones of the leg	15
7.14.	Fractures of the bones of a hand, foot	3
7.15.	Hand, toe fracture,	1
7.16.	Fractures of pelvic bones (ilium, pubic bone, ischium, pelvis), pubic ligament separation	5
7.17.	Fractures of dimple, sacrum	10

8.	Loss of limbs or permanent impairment of their function:	
8.1.	Loss of arm through the shoulder joint	70
8.2.	Loss of arm above the hand	60
8.3.	Loss of hand	45
8.4.	Loss of one or more fingers	5
8.5.	Loss of thumb	7
8.6.	Loss of leg above the knee joint	70
8.7.	Loss of leg above the ankle joint	60
8.8.	Loss of foot	45
8.9.	Loss of one or more toes	5
8.10.	Loss of big toe	7
9.	Soft tissues:	
9.1.	Disfigurement of the entire face: pronounced deformation, unusual pigment spots on the face; hideous scars	30
9.2.	A tear or crack of the meniscus, Achilles tendon, or anterior cruciate ligament of the knee confirmed by MRI or ultrasound	2
9.3.	Linear scar up to 5 cm	1
9.4.	Linear scar from 5.1 cm	2
9.5.	Traumatic rupture of ligaments and tendons	1

GENERAL PROVISIONS OF THE PAY TABLE:

- 1) Benefit for bone fractures, dislocations, syndesmolysis is paid out if the injuries are confirmed by radiological examination (computer tomography or magnetic resonance examination);
- 2) A single bone fracture in multiple locations is considered a single bone fracture;
- 3) The insurance benefit is not paid out for transplant ruptures;
- 4) The insurance benefit is not paid out for dislocations and fractures of implants;
- 5) When paying an insurance benefit due to the loss of functions of a body part/organ, the benefits paid due to the injury of this organ are deducted from it;
- 6) Scar is a skin formation formed by connective tissue and blood vessels after an injury, cut, or burn of the deeper layers of the skin (dermis). Insurance benefits for scars are only paid out if the wound was treated in a medical facility. The insurance protection is not valid if the treatment facility has not been consulted with. The insurance benefit is not paid out for abrasions, scratches or other damages, as well as for post-operative scars. Insurance benefit according to Clauses 9.3. and 9.4. are paid out only for scars caused by an Accident;
- 7) In case of serious injuries not listed in any of the Clauses in this table of benefits, the decision on insurance benefits is made by the Insurer's doctor-expert;
- 8) The benefit is not paid out if the Injury is not specified in the table "Table of Insurance Benefits" of Appendix 1 of the Terms and conditions.