
PassportCard Nomads

A PassportCard
for Digital Nomads

Full Disclosure



August 2021

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SUBJECT	SECTION	TERMS
General	1. Policy name	PassportCard for Digital Nomads
	2. Coverage under the Policy	See a summary list of the covers below
	3. Duration of the insurance period	As specified on the Insurance Information Page
	4. Conditions for automatic renewal	No automatic renewals under the policy
	5. Qualification Period	For Camera and personal computer (Laptop), as specified in Sections 9.5.4 and 10.5.4.
	6. Waiting period	None
	7. Deductibles	As specified in Chapters 9, 10 and 11
Modification of terms	8. Modification of the Policy terms during the insurance period	None
Premiums	9. Insurance Fees	As specified on the Insurance Information Page
	10. Premium structure	Fixed
	11. Modification of the premium during the insurance period	None
Terms of revocation	12. Terms for the Policy's revocation by the Insured	Section 14.9 of the Policy
	13. Terms for the Policy's revocation by the Insured	Section 14.3 (b) of the Policy
Exceptions	14. Exclusion due to pre-existing medical condition	As specified on the Insurance Information Page
	15. Restrictions on the Insurer's liability	Sections 3.1.2, 4.2, 5.5, 7.3, 8.3.1, 9.5, 10.5, 11.5, Chapter 12
Insurer's approval of a claim	16. Insurer's approval - by the insurer's Service Center / Claims Department	In cases of: <ul style="list-style-type: none"> • Activating the PassportCard • Approval of Surgery • Medical air transportation and air evacuation other than by the Insurer's service providers • Any medical service not urgently and immediately required
Offsetting of proceeds from another insurance		Indemnification - yes Compensation - no

Summary of Covers and Limits of Liability for Part A - The Basic Plan (hereinafter - the “Limits of Liability Table“)

POLICY SECTION	COVERAGE	LIMIT OF LIABILITY IN THE BASIC PLAN	LIMIT OF LIABILITY IN THE EXPANDED PLAN (SUBJECT TO PURCHASING THE EXPANSION PROVIDED IN CHAPTER 6)
	Insurer’s Limit of Liability for all coverages in all chapters of the Basic Plan	Up to \$500,000	Up to \$1,000,000
Chapter 2 Emergency Medical Expenses			
Section 2.1	Medical expenses for emergency	Up to the Limit of Liability	Up to the Limit of Liability
Section 2.2	Medical evacuation by land, air, or sea to receive Medical Treatment Up to the Limit of Liability	Up to the Limit of Liability Subject to the insurer’s pre-approval in writing	Up to the Limit of Liability Subject to the insurer’s pre-approval in writing
Section 2.3	Medical air evacuation to the Country of Origin Up to the Limit of Liability	Up to the Limit of Liability Subject to the insurer’s pre-approval in writing	Up to the Limit of Liability Subject to the insurer’s pre-approval in writing
Section 2.4	Non-hospitalization medical expenses	Up to the Limit of Liability	Up to the Limit of Liability
Section 2.4.3	Emergency dental care	Up to \$500	Up to \$1,000
Chapter 3 Other Expenses			
Section 3.1	Special coverage of pregnancy up to week 12 of the pregnancy which was first diagnosed abroad	Included in the Limit of Liability Up to \$1,000 for a travel ticket and public transport	Included in the Limit of Liability
Section 3.2	Expenses of a Companion’s emergency travel to the insured’s place of Hospitalization	Up to \$1,000 for a travel ticket and public transport. Up to \$1,000 for a hotel abroad, of which: up to an amount of \$100 per night	Up to \$1,000 for a travel ticket and public transport Up to \$1,000 for a hotel abroad, of which: up to an amount of \$100 per night
Section 3.3	Transportation of remains	Included in the Limit of Liability and subject to first coordinating with the Insurer	Included in the Limit of Liability and subject to first coordinating with the Insurer

**Chapter 4
Liability toward a Third Party (*)**

Section 4.1	Coverage of legal liability toward a third party for bodily injury or property damage (*)	Up to \$25,000 for the entire insurance period	Up to \$25,000 for the entire insurance period
Chapter 5 Search and Rescue (*)			
Section 5.2	Operations and expenses for search and/or rescue (*)	Up to \$250,000 for the entire insurance period	Up to \$250,000 for the entire insurance period

(*) Chapters 4 and 5 are included in the Basic Plan unless the insured has requested to opt out of these coverages and this has been specified on the Insurance Information Page.

Summary of Covers and Limits of Liability for Part B – Expansions of Overseas Travel Insurance Policy for an Additional Insurance Fee and to the Extent Specified on the Insurance Information Page

CHAPTER/ SECTION OF THE POLICY	COVERAGE	INSURER'S LIMIT OF LIABILITY
Chapter 6 Expansion to Cover Medical Expenses with an Expanded Limit of Liability and Expenses for Elective Medical Treatments		
Section 6.1	Expanded Limit of Liability for medical expenses under Chapters 2 and 3	Up to a maximum limit of \$1,000,000 (an additional \$500,000 for the Basic Plan)
Section 6.2	Compensation per day for Hospitalization in a public hospital	Up to \$250 per day; maximum of 4 days for the entire insurance period
Section 6.3	Consultation with a medical specialist	Up to \$250 per visit; maximum of 4 visits for the entire insurance period
Section 6.4	Non-urgent treatment	Up to \$5,000 if pre-approved by the insurer
Section 6.5	Physiotherapy/chiropractic treatment	Up to \$50 per treatment, up to 8 treatments for the entire insurance period
Section 6.6	Wellness: Annual family doctor examination, routine blood test, annual gynecological examination, program for quitting smoking, seasonal vaccinations	Up to \$500 for the entire insurance period
Chapter 7 Extreme Sports		
Section 7.2.1	Medical expenses	Up to the insurer's Limit of Liability for Chapters 2 and 3,
Section 7.2.2	Emergency dental care coverage	Up to \$1,000

CHAPTER/SECTION OF THE POLICY	COVERAGE	INSURER'S LIMIT OF LIABILITY
Chapter 8 Winter Sports		
Section 8.2.1	Medical expenses	Up to the insurer's Limit of Liability for Chapters 2 and 3, or up to the limit specified in Section 6.1 if the expansion provided in Chapter 6 has been purchased and has been specified on the Insurance Information Page
Section 8.2.2	Emergency dental care coverage	Up to \$1,000
Section 8.2.3	Ski Pass	Up to \$300, calculated according to the cost for the total days for which the Ski Pass was purchased, and according to the number of days not utilized up to the above cover limit
Section 8.2.4	Compensation for loss of ski days in the event that the ski site is closed for a period of over 48 consecutive hours	\$100 per day up to a maximum of three days of the site being closed
Chapter 9 Theft of a Laptop		
Section 9.3	Theft of a laptop	Up to \$500/\$750 according to the amount specified on the Insurance Information Page. A deductible in the amount of \$50 will be deducted from the insurance proceeds
Section 9.4	Theft of a laptop from a vehicle	Up to \$150. A deductible in the amount of \$50 will be deducted from the insurance proceeds
Chapter 10 Theft of a Camera		
Section 10.3	Theft of a camera and/or lens	Up to \$500 / \$750 according to the amount specified on the Insurance Information Page. A deductible in the amount of \$50 will be deducted from the insurance proceeds

Section 10.4	Theft of a camera and/or lens from a vehicle	Up to \$150. A deductible in the amount of \$50 will be deducted from the insurance proceeds
Chapter 11 Loss or Theft of Personal Baggage		
Section 11.2	Maximum coverage amount for Luggage for the entire insurance period	Up to \$6,000
Section 11.2.2	Maximum coverage amount per incident	Up to \$3,000. A deductible in the amount of \$50 will be deducted from the insurance proceeds for each incident of loss or theft.
Section 11.2.3	Cover of valuable items per Item or Item Set	Up to \$300 (maximum Luggage limit applies)
Section 11.2.4	Valuable items total coverage amount	Up to \$500 (maximum Luggage limit applies)
Section 11.2.5	Coverage of a suitcase/bag/purse	Up to \$75 (maximum Luggage limit applies)
Section 11.2.8	Coverage of document recovery expenses	Up to \$150 (maximum Luggage limit applies)

All the covers under this Policy where the services are provided abroad are in the form of indemnification (i.e. they indemnify the Insured for actual expenses paid) and constitute substitute insurance.

Part A – Terms of the Policy – Basic Plan

CHAPTER 1 – DEFINITIONS

The definitions in this chapter will apply to all the Policy's chapters and sections, including various expansions added to the Policy, unless expressly stated otherwise.

1.1 Insurer

David Shield Insurance Company Ltd.

1.2 Insured

The person whose name and information are specified in the offer and/or on the Insurance Information Page as an Insured.

1.3 Policy

This insurance contract between the Insured and the Insurer, which specifies the coverage and the terms and restrictions of the Policy.

1.4 Limit of Liability

The maximum coverage amount which the Insurer undertakes to pay the Insured when the insurance incident occurs according to the terms of the Policy.

1.5 Period / Insurance Period

As specified on the Insurance Information Page.

1.6 Insurance Offer

A written proposal form, on the Insurer's behalf, complete and containing all details, including a statement of health, signed by the Insured. A statement given by the Insured by telephone or in digital form constitutes a statement signed by the Insured.

1.7 Insurance Information Page

A document attached to the Policy, including: the Policy number, the Area of Coverage, the Country or Countries of Origin, start date and end date of the insurance, the amount of the Insurance Fees on the day of joining and the currency used for the calculation and the payment date. The document constitutes an integral part of the Policy.

1.8 Medical Incident

An accident or illness occurring during the Insurance Period, other than as a result of a Pre-existing Medical Condition (as defined below).

1.9 Emergency

A Medical Incident as defined above, caused to the Insured suddenly and unforeseeably and due to which the Insured requires medical care immediately, without delay, and at the latest within 48 hours of the incident's occurrence, without the Insurer being notified thereof in advance.

1.10 Accident

Physical injury as a result of a sudden, unforeseen incident, caused to the Insured during the Insurance Period abroad by an external, violent and visible means which is the sole, direct and immediate cause of the Insured's death or disability, **other than damage, caused as a result of verbal abuse and/or mental stress.**

1.11 Illness

An abnormal state of health, the existence of a health problem, a disruption to the health of the body's organs, a physical disturbance with tangible or identifiable signs and symptoms, any abnormal condition or functional failure of the body.

1.12 Hospital

A medical institution recognized by the competent authorities in the country where it is located as a public or private hospital, other than a sanatorium, a rehabilitation institution, a convalescent home.

1.13 Medical Institution

A medical institution including a clinic, laboratory, diagnostic centers, pharmacy, and the like which have an appropriate medical business license under local law.

1.14 Pre-existing Medical Condition

An illness for which the Insured was treated or monitored at the time of leaving the country or during the six months which preceded his/her leaving, except when receipt of the treatment was the purpose of the travel.

1.14.1 Worsening of a Pre-existing Medical Condition

A sudden and unforeseen adverse change in the state of the Insured's health, due to a Pre-existing Medical Condition.

1.15 Medical Treatment

Surgery, an emergency room visit, Hospitalization, consultation with a Doctor, imaging/diagnostic tests, Medications

1.16 Hospitalization

A consecutive hospital stay for the purpose of diagnosis and/or for the purpose of performing a medical procedure, including tests, for 15 hours or more.

1.17 Hospitalization Expenses

The payment for Hospitalization and medical expenses provided during Hospitalization at a hospital including payment for the accommodation, catering, treatment by a Doctor, diagnostic tests, Surgery, operating room, surgeon's fees, intensive care, anesthesiologist and Medications according to the price level customary at the venue of Hospitalization, in a Semi-Private Room as defined below.

1.18 Non-Hospitalization Medical Expenses

Payment to a Doctor, a hospital outpatient clinic, diagnostic tests, laboratory tests, Medications by Doctor's Prescription or a Medical Institution, x-rays and/or imaging tests and/or diagnostic tests and/or an accessory on loan in connection with an Accident (such as: a walker, crutches, etc.), provided that a Doctor has given instruction regarding them following an Emergency.

1.19 Surgery

An invasive action penetrating through tissues and intended to treat an Illness and/or injury and/or correct a defect or deformity in the Insured. Within this scope, invasive actions will also be deemed a Surgery, including the use of lasers for diagnostic or therapeutic purposes, and the examination of internal organs by way of endoscopy, angioplasty, angiography and the breaking of kidney stones or gallstones by means of shock waves.

1.20 Non-Urgent Treatment

Treatment for a Medical Incident as defined above, provided other than during Hospitalization, and not by way of a referral from an emergency room as an urgent case, but rather with the Insured having been referred to the treatment by a Medical Specialist.

1.21 Surgery Substitute Treatment

Medical Treatment performed by a Medical Specialist as a substitute for Surgery, which, according to customary medical standards, is intended to achieve a purpose similar to the purpose of the Surgery for which it is a substitute.

1.22 Medical Evacuation

Evacuation by land, air, or sea, of the Insured to a nearby hospital or to the Country of Origin due to an insurance incident covered under the Policy and subject to the restrictions specified in the Policy.

The following cumulative conditions will apply to evacuation by air:

The evacuation will be carried out under special flight conditions adjusted to the Insured's medical condition such as: Flight on an ordinary plane service with medical accompaniment by a paramedic/Doctor, purchase of an additional seat/seats in economy class, upgrade to business class or a stretcher.

Or

Flying the Insured on a special plane with accompaniment by a medical team, medically adjusted to the Insured's medical condition.

Carrying out the evacuation in the ways specified above is subject to the following cumulative conditions:

a. Doctor on the Insurer's behalf and in coordination with the treating Doctor at the Insured's location has

determined that evacuation by air is required and is medically possible.

b. The flight's destination will be approved by the Insurer in advance.

c. The medical flight was carried out by the Insurer or on its behalf.

1.23 Doctor

A person qualified to practice medicine by the competent authorities in his/her country of operation.

1.24 Medical Specialist

A Doctor qualified by the authorities in his/her country of operation in his/her profession as a specialist in a specific medical field and possessing an expert license number.

1.25 Prescription

A document signed by a Doctor, approving the need of treatment by Medication, determining the manner of treatment, the required dosage and the treatment's required duration.

1.26 Medication

A chemical or biological substance intended for treating a medical condition, preventing its exacerbation (including preventing the development of additional medical conditions) or preventing its recurrence, as a result of an Accident or Illness.

1.27 Dollar

U.S. dollar.

1.28 Extension Period

An additional Insurance Period beyond the period listed on the Insurance Information Page beginning on the day of the original period's end which has been approved by the Insurer in advance and in writing, and for which extension terms shall apply as determined by the Insurer.

1.29 Deductibles

An amount to be paid by the Insured or to be offset from the insurance proceeds according to the Policy's limits of liability table.

1.30 PassportCard

A rechargeable card which the Insured can use to pay for various services and covers as specified in the Insurer's Limits of Liability table. When using the PassportCard, the Insured is exempt from Deductibles. Use of the card is subject to the Insurer's preapproval.

1.31 Service Providers on Behalf of the Insurer

Providers of a medical service or Medical Evacuation or other service, with whom the Insurer is engaged in a direct payment arrangement.

1.32 Policyholder

A person, a group of people or a corporation concluding a contract with the Insurer, whose name is listed on the Insurance Information Page as the Policyholder.

1.33 Insurance Fees

A premium and other payments which the Policyholder or the Insured must pay to the Insurer, under the terms of the Policy, as a condition for coverage under the Policy.

1.34 Close Family Member

The Insured's spouse, parents, children, sibling, grandfather, grandmother, or grandchildren.

1.35 Country of Origin

The country defined by the Insured as his/her country of permanent residence when joining the insurance.

1.36 Area of Coverage

As specified on the Insurance Information Page.

1.37 Contractual Currency

The currency listed on the Insurance Information Page and in the other annexes of the Policy.

1.38 Service Center

A call center or the website of the Insurer or on its behalf, whose information is listed on such website.

1.39 Companion

A person required to assist the Insured during his/her stay abroad or upon his/her return to the Country of Origin due to an incident for which the Insured was hospitalized for over 3 days abroad. The Companion's identity will be determined by the Insured or by anyone on his/her behalf.

1.40 Semi-Private Room

A hospital room containing two beds per room.

1.41 Basic Plan

An insurance plan listed as a base plan on the Insurance Information Page and which is self-sufficient independently of the purchase of a Policy and/or other letter of service.

1.42 Qualification Period

A period commencing on the start date of the Insurance and ending as provided on the Insurance Information Page. An insurance incident which occurred during that period will not entitle the Insured to insurance proceeds for the entire duration of the Insurance Period for that insurance incident.

CHAPTER 2 – MEDICAL EXPENSES FOR AN EMERGENCY IN THE AREA OF COVERAGE OR FOR RETURNING THE INSURED TO THE COUNTRY OF ORIGIN

When an Emergency occurs, the Insurer will pay the Insured Medical Expenses which will include all the following, subject to the maximum amounts listed in the Limits of Liability table and according to the type of the plan purchased and specified on the Insurance Information Page.

2.1 Emergency Medical Expenses During Hospitalization

The Insurer will bear the Medical Expenses During Hospitalization as defined in the above Section 1.17, which are at the customary prices in the country of Hospitalization, in a room ranked no higher than a Semi-Private Room (subject to availability at the hospital where the Insured is hospitalized), up to the Insurer's liability cap.

2.2 Expenses of evacuation by land or air or sea

In the event of the Insured's evacuation to a hospital due to an Emergency in the Area of Coverage or when there is a medical need to move the Insured from one Medical Institution to another:

If the Insured's medical condition requires their transportation to a hospital near the Insured's location or their evacuation to another hospital appropriate for their medical condition, the Insured will be entitled to indemnification from the Insurer for the costs of such evacuation and/or transportation, up to the amount listed in the Limits of Liability table of the Policy and subject to the provision of the following clauses:

2.2.1. Evacuation and/or transportation by land – If the Insured's medical condition allows evacuation and/or transportation by any means of land transport appropriate for the Insured's medical condition, according to a medical evaluation by a Medical Specialist, the Insured will be entitled to reimbursement of the expenses of such evacuation and/or transportation.

2.2.2. Evacuation and/or transportation by sea or by air – If the Insured's medical condition does not, according to a medical evaluation by a Medical Specialist, allow evacuation and/or transportation by a means of land transport as provided above, the Insured will be entitled to reimbursement of the expenses of evacuation and/or transportation by a marine and/or air means of transport (including an aerial ambulance), **provided that the Insured contacted the Insurer to obtain his pre-approval of carrying out such evacuation and/or transportation, before the actual evacuation is carried out. The Insurer**

may obtain such medical evaluation from a Doctor on the Insurer's behalf. If the Insured has not applied to the Insurer to obtain its approval before carrying out such evacuation or transportation, the Insurer may reduce the amount of the insurance proceeds to which the Insured will be entitled to the amount which the Insurer would have paid them had the Insured applied to the Insurer in a request to obtain such approval prior to carrying out the evacuation or transportation.

2.2.3. It is clarified and emphasized that the Insurer's obligation under this section and the subsections hereof is to financially indemnify the Insured alone for the Insured's expenses for the evacuation/transportation, and the Insurer is not and will not be liable for arranging such evacuation and/or transportation not carried out on its behalf, in any way or form whatsoever.

2.3 Expenses of returning the Insured to the Country of Origin

The Insurer may require the Insured to return to the Country of Origin for treatment or continued treatment in the following cases: (1) The Insured was hospitalized due to an illness or injury and is required to undergo continued treatment and/or Surgery, whether as part of Hospitalization in another hospital or other continued treatment; (2) The Insured is scheduled to undergo tests and continued treatment to diagnose and/or treat a medical problem that is not covered under the Policy, during the Insured's stay in the Area of Coverage.

The return of the Insured to the Country of Origin is subject to the Insured's medical condition according to the Insurer's assessment and in coordination with the attending Doctor where the Insured is located, and subject to the Insured's eligibility for other valid insurance in the Country of Origin which covers the costs of the continued Medical Treatment.

It is hereby clarified that following the return to the Country of Origin, the insurance coverage will end, and the continued Medical Treatment will not be covered in this Policy.

The return of the Insured will be arranged and paid for by the Insurer through Service Providers on Behalf of the Insurer, depending on the circumstances of the time and place of the Insured's location, the medical condition of the Insured, and the availability of commercial flights or an ambulance plane or other means of transportation, all according to the decision of the Insurer or anyone on its behalf. The Insurer is not liable for situations where transportation, in any way or form whatsoever, cannot be arranged, either temporarily or at all, due to the circumstances of the time and place of the Insured's stay. It is hereby clarified that following the return to the Country of Origin, the insurance coverage will end, and

the continued Medical Treatment will not be covered under this Policy.

The insurer in the Country of Origin will not have a right of restitution against this Policy.

If the Insured refuses to return to the Country of Origin upon the Insurer's demand as aforesaid, the Insurer may terminate the insurance coverage for the medical conditions directly or indirectly arising from the insurance incident due to which the Insurer demanded the Insured's return to the Country of Origin.

2.4 Non-Hospitalization Medical Expenses

The Insurer will pay the Insured, or will pay directly the Medical Institution or therapist, for Non-Hospitalization Medical Expenses in the Area of Coverage following an Emergency, up to the Insurer's Limit of Liability as specified in the Limits of Liability table, and according to the following specification:

2.4.1 Non-Hospitalization Medical Expenses as defined in the Section 1.18 above.

2.4.2 Prescription Medications - given by the instruction of a Doctor or Medical Specialist who determined that they were required in order to stabilize the Insured's condition (**Medications regularly taken by the Insured will not be covered**).

2.4.3 Emergency dental care - Emergency and first aid services in dental medicine only, which are immediately required for pain relief, including due to an Accident up to the amount specified in the Limits of Liability table.

CHAPTER 3 – ADDITIONAL EXPENSES FOR AN EMERGENCY IN THE AREA OF COVERAGE

3.1 Special coverage for pregnancy up to week 12 of the pregnancy – Medical Expenses during an Emergency

In an Emergency resulting from a pregnancy **first diagnosed in the Insured** by way of a documented medical diagnosis during the Insured's stay in the Area of Coverage, the Insurer will bear Medical Costs During Hospitalization as defined in Section 1.17, at prices customary in the country of Hospitalization, in a room ranked no higher than a Semi-Private Room (subject to availability at the hospital where the Insured is hospitalized), up to the Insurer's Limit of Liability, as specified on the Insurance Information Page.

The coverage is for an Emergency occurring up to the 12th week of the pregnancy.

3.1.1. Special Exceptions The Insurer will not be liable for, and will not bear, any expense and/or any claim related to and/or arising from one or more of the following cases:

- **3.1.1.1.** A clinical abortion.
- **3.1.1.2.** Expenses of regular pregnancy monitoring, checkups and routine examinations and genetic tests.
- **3.1.1.3.** Expenses after the pregnancy has reached 12 weeks, other than in an Emergency which began before 12 weeks of pregnancy had elapsed, as provided in the above Section 3.1, and which lasted consecutively beyond the 12th week of the pregnancy.
- **3.1.1.4.** Expenses which are not medically required to diagnose or treat an Emergency.

3.2 Expenses of a Companion's emergency travel to the location where the Insured is hospitalized

The Insurer will indemnify the Insured for expenses of the emergency travel of a Companion on the Insured's behalf to the location of **the Insured's Hospitalization, subject to the Insured's Hospitalization at a hospital being for a period of 3 days and over or to the Insured's life being in danger according to a Doctor's determination.**

The cover is up to an amount of \$1,000 for a travel ticket and public transport and up to \$1,000 for a hotel, of which: up to an amount of \$100 per day.

The cover is for one Companion only, and once per incident only.

3.3. Transportation of remains

In the event of the Insured's death following an incident covered under this Policy, the Insurer will bear the costs of transporting the Insured's body from the location of the incident to the Country of Origin. The transportation of a body will be carried out in coordination with the Insurer and/or through it.

For the avoidance of doubt, it is hereby clarified that the Insurer's liability under this section is for bringing the body from the location of the incident to the Country of Origin. The expenses of storing the body, expenses for burial or transportation to burial and any expense made from the moment of the body's arrival at the Country of Origin is not included in the cover.

CHAPTER 4 – LIABILITY TOWARD A THIRD PARTY

If the Insured causes damage to a third party, the Insurer will indemnify the Insured for the following expenses and subject to the following terms:

4.1

The Insurer will indemnify the Insured for a legal liability towards a third party for bodily injury or property damage which occurred during the Insurance Period in the Area of Coverage, and for which the Insured is liable towards a third party under a final and binding judgment by a competent legal instance, up to an amount of \$25,000.

The Insurer undertakes to act in cooperation with the Insured in an effort to protect the Insured's legitimate interests, including his/her good name.

The Insured may request that this cover be excluded.

4.2 Exceptions to this chapter

The Insurer will not be liable for, and will not bear, any expense and/or claim related to and/or arising from one or more of the following cases:

- 4.2.1 Liability due to an intentional, malicious, or illegal act.**
- 4.2.2 Liability for animals belonging to the Insured or which are under his/her control, in his/her possession or care.**
- 4.2.3 Liability due to a vocation, business, or profession.**
- 4.2.4 Liability due to the holding or possession or use of a vehicle, aircraft or vessel.**
- 4.2.5 Liability as a result of Extreme Sports (as specified in Chapter 7 below) or Winter Sports (as specified in Chapter 8 below)**
- 4.2.6 Liability due to the use of a weapon by the Insured.**
- 4.2.7 Liability due to ownership or holding of real property or a building.**
- 4.2.8 Employers' liability, contractual liability, or liability toward a Close Family Member of the Insured.**

CHAPTER 5 – ARRANGING OF ACTIONS AND EXPENSES FOR THE LOCATION, SEARCH AND/OR RESCUE OF THE INSURED OUTSIDE THE COUNTRY OF ORIGIN THROUGH THE INSURER

The insurance under this chapter is valid only if expressly specified on the Insurance Information Page.

5.1. Definitions for this chapter:

5.1.1. Rescue Expense of transporting the Insured from his/her location and bringing him/her to a safe location, where there is a police station and a clinic or hospital, when there is real concern for his/her wellbeing and/or if the Insured is unable to reach a safe place on his/her own due to an impairment of the state of health or another physical limitation covered under the terms of the Policy.

For example: in the event of a natural disaster, including an earthquake, a terrorist incident or the scene of an Accident.

5.1.2. Location The taking of all the reasonable actions required under the circumstances to determine the Insured's whereabouts, if contact with him/her has been lost and/or there is concern for the Insured's wellbeing.

5.1.3. Event of a Disappearance Giving notice of the lack of contact to the Insurer's call center, whose address and telephone numbers are listed on the Insurance Information Page and on the Insurer's website.

5.1.4. No Contact The lack of direct or indirect contact between the Insured and a Close Family Member and/or a Companion who travelled with the Insured, as defined in the Policy, and the lack of any information regarding his/her whereabouts, in the event of:

1. A terrorist incident, natural disasters, marine or air Accidents – 3 days.
2. In any other case – 7 days.

5.2. Insurer's undertakings under this chapter:

In the event that the Insurer is required to take actions to locate and/or search for and/or rescue the Insured, in the Event of a Disappearance or in the event of No Contact, the Insurer will bear the expenses required for such purpose – up to an amount of \$250,000, and will pay them directly to the service provider on its behalf, subject to the terms and exceptions listed below.

The Insured may request that this cover be excluded.

5.3.

For the avoidance of doubt, it is hereby clarified and declared that the Insurer's undertaking, in accordance with this Policy, does not guarantee that the Insured will be located. The Insurer will do its utmost to attempt to carry out the above said, pursuant to the terms of the Policy.

5.4. Rescue

Once the Insured's location becomes known, whether through Location and Search actions taken by the Insurer as specified above or when the Insured's location is known in advance, the Insurer will do its utmost to act as soon as possible to carry out a Rescue as defined in Section 5.1.1.

The outline of the Rescue action will be determined by the Insurer according to the circumstances of the case, based on the following criteria:

1. The Insured's medical condition – provided that his/her medical condition allows Rescue according to the recommendations of medical entities on the Insurer's behalf.
2. The terrain conditions and weather conditions in the area from which the Insured is to be rescued allow his/her Rescue.
3. Obtaining all the diplomatic / consular / local authority certificates in order to reach the Insured.

5.5. Exceptions to this chapter:

The Insurer will not be liable for, and will not pay insurance proceeds under this chapter for, a claim directly or indirectly arising from any of the following cases or which occurred during them or in connection with them:

5.5.1. A case occurring in a country which does not permit and/or allow activity of search and rescue teams and/or in situations where the rescue team faces real danger to their lives and/or in one of the following countries: Iran, Oman, Yemen, Saudi Arabia, Iraq, Syria, Lebanon, Libya, Algeria, Kuwait, Qatar, Afghanistan, Mauritania, Niger, Somalia, Sudan, Pakistan, Chad, North Korea, the continent of Antarctica and areas controlled or administered by the Palestinian Authority or areas held by terrorist entities.

5.5.2. The Insured took part in a war action, military action, police action, underground action, revolution, rebellion, riots, sabotage or other illegal action.

5.5.3. The Insured refuses to cooperate with the Insurer's representatives and/or refuses to return to the Country of Origin.

5.5.4. The Insured has been denied his/her freedom, whether legally or not, including, without derogating from the aforesaid, kidnaping.

5.5.5. The Insured is under the influence of drugs, intoxicating substances or alcoholic beverages in a manner preventing the Insurer from carrying out the Rescue.

5.5.6. The Insurer will be exempt from its liabilities under the Policy if it becomes clear that after the Policy is issued or near the time of its issue or during and in the course of carrying out a Search or Location or Rescue, there occurred a revolution and/or a regime change and/or any military and/or political and/or other change which might prevent, or prevents, the possibility of entering and/or leaving that country and/or prevents the Insurer from carrying out its obligations under the Policy.

5.5.7. For the avoidance of doubt, it is hereby clarified that the Insurer may terminate any action under the Policy at any stage, when the cost of the action and/or actions taken by it to fulfill its obligations exceeds the amount of the insurance proceeds under this chapter and once the full insurance proceeds under this chapter have been exhausted the cover will terminate.

CHAPTER 6 – EXPANSION TO COVER MEDICAL EXPENSES UNDER AN EXPANDED LIMIT OF LIABILITY AND ADDITIONAL MEDICAL SERVICES IN THE AREA OF COVERAGE.

The insurance under this chapter is valid only if expressly specified on the Insurance Information Page.

6.1. An expanded limit for Medical Expenses under Chapters 2 and 3

Up to \$1,000,000 (an additional \$500,000 to the limit for Chapters 2 and 3)

6.2. Compensation per day of Hospitalization in a public hospital

The Insurer will compensate the Insured per day of Hospitalization in a public hospital not requiring payment by the Insured or the Insurer, in the Area of Coverage. The compensation is on a one time basis and up to an amount of \$125 per day of Hospitalization, and up to 4 days.

6.3. Consultation with a Medical Specialist

The Insurer will indemnify the Insured for consultation by a Medical Specialist in the Area of Coverage following a Medical Incident, up to \$250 for a single consultation and up to 4 consultations in the Insurance Period.

Coverage will not be provided for consultation with a Medical Specialist concerning a Pre-existing Medical Condition.

6.4. Non-Urgent Treatment, as defined in Section 1.20

The Insurer will cover such treatment, subject to the Insured notifying the Insurer immediately upon learning of the need of the treatment and providing the Insurer with all the medical documents related to carrying out the treatment and to its medical necessity, including a referral by the treating Doctor and the price quote from the Medical Institution where the treatment is to take place.

The Insurer will directly pay the service provider and/or will indemnify the Insured for the Medical Expenses related to the treatment, up to a limit of \$5,000.

The cover under this section does not include Surgery-Substitute Treatment as defined in Section 1.21.

6.5. Physiotherapy/chiropractic treatment

The Insurer will indemnify the Insured for, or directly pay to the service provider performing the treatment, up to an amount of \$50 per treatment and up to 8 treatments in the Insurance Period, provided that the treatment was recommended by a Medical Specialist in the relevant field following a Medical Incident during the Insurance Period covered under this Policy.

6.6. Wellness

The Insurer will directly pay the service provider and/or will indemnify the Insured for the following medical services, once in the Insurance Period and up to a cumulative limit of \$500 for all the following services:

A routine blood test, annual gynecological examination, annual examination by a family Doctor, contribution to the cost of a gym membership, financing of programs for quitting smoking, seasonal vaccinations.

CHAPTER 7 – EXPANSION FOR EXTREME SPORTS AS A HOBBY ONLY

The insurance under this chapter is valid only if expressly specified on the Insurance Information Page.

7.1. Definition – Extreme Sports means:

The Insured's activity in one or more of the activity types specified on the Insurance Information Page and on the website <https://www.passportcardnomads.com> undertaken as a hobby only.

7.2. Insurer's undertaking:

7.2.1. In the event that the Insured has been injured as a result of his/her activity in Extreme Sports and has required medical care, the Insurer will cover Medical Expenses according to the cover limit for Chapters 2 and 3 or according to the cover limit specified in Section 6.1; if purchased by the Insured and specified on the Insurance Information page.

7.2.2. Emergency dental and/or periodontal care as a result of injury during an Extreme Sports activity, which cannot be delayed, will be covered up to an amount of **\$1,000.**

7.3. Exception to this chapter:

The Insurer will not be liable for and will not bear any expense and/or claim related to and/or arising from the following case:

7.3.1. If the Insured failed to follow the fundamental safety

rules of the site of framework of the activity, including the driving of any vehicle without a driver's license and/or appropriate training.

CHAPTER 8 – EXPANSION FOR WINTER SPORTS

The insurance under this chapter is valid only if expressly specified on the Insurance Information Page.

8.1. Definition – Winter Sports means:

The Insured's activity in one or more of the following activity types, undertaken as a hobby only. As follows:

Snow skiing and/or snowboarding and/or snow sleighing and/or snow biking.

Ski Pass – A ticket granting right of use of the cable car located at the ski site.

8.2. Insurer's undertaking:

8.2.1. In the event that the Insured has been injured as a result of his/her activity in Winter Sports in the Area of Coverage and required medical care, the Insurer will cover medical expenses up to the limit of the Policy for Chapters 2 and 3, or up to the limit specified in Section 6.1 if the cover in Chapter 6 was purchased by the Insured and specified on the Insurance Information Page, and subject to the terms and restrictions for those chapters unless they are expressly modified by this chapter.

8.2.2. Emergency dental and/or periodontal care as a result of an Accident during Winter Sports activity, which cannot be delayed, will be covered up to an amount of **\$1,000**.

8.2.3. Ski Pass In the event of an Accident or Illness of the Insured in a Winter Sports activity in the Area of Coverage covered under this Policy, where, pursuant to a documented instruction by a qualified Doctor abroad, the Insured was prevented from continuing and/or completing the Winter Sport activity planned and paid for in advance, the Insurer will indemnify the Insured for the proportionate part of the Ski Pass days not actually utilized by the Insured due to such injury or Illness, up to an amount of \$300.

8.2.4. Loss of ski days due to the site's closing for a period of at least 48 hours

Loss of ski days not actually utilized due to a closing of the ski site for a consecutive period exceeding 48 hours. The coverage is up to an amount of \$100 per day not utilized due to the site's closing as aforesaid, and up to a maximum, actual loss of 3 ski days, subject to the following cumulative conditions:

a. The ski site was closed as a result of severe weather conditions which do not permit the opening of the site for 48 consecutive hours, and the Insurer has been presented

with an appropriate certificate of the competent authorities regarding the failure to open the site in the relevant period.

b. The Insured paid in advance for the flight/trip, stay and Ski Pass.

It is clarified that the day of arriving and the day of leaving will not be included in the reckoning of days required for the purpose of receiving financial compensation.

8.3. Exceptions to this chapter:

The Insurer will not be liable for and will not bear any expense and/or claim related to and/or arising from the following case:

8.3.1 If the Insured acted contrary to the fundamental safety rules of the site or framework of the activity.

CHAPTER 9 – EXPANSION FOR THEFT OF A LAPTOP

The insurance under this chapter is valid only if expressly specified on the Insurance Information Page.

9.1. Definition

A Laptop, for the purpose of this chapter, is not: a tablet and/or a cellphone and/or a mobile electronic means with functions for conducting telephone calls.

9.2. The insurance incident

The Insurer will indemnify the Insured for the theft of a Laptop alone according to the model declared by the Insured on the occasion of the purchase of the Policy and on the following cumulative conditions:

- a. The Insured purchased the Laptop prior to the start of the Insurance Period.
- b. The theft occurred outside the Country of Origin during the Insurance Period.
- c. The Insured took reasonable precautions to protect the Laptop against theft, by means of the Insured's close supervision of the Laptop at a secure and guarded place, and if possible, in a safe.
- d. The Insured has provided a report from the local police specifying the circumstances of the theft and the model of the Laptop. Coverage under circumstances where local police or another entity at the location of the theft could not be contacted is contingent on immediately reporting to the Insurer and obtaining its approval.
- e. The Insured has presented a purchase invoice under his/her name for an alternative Laptop, purchased near the time of the theft.

9.3. Insurer's undertaking

In the event of only a theft of a Laptop owned or possessed by the Insured which occurred during his/her stay in the Area of Coverage, and subject to the terms specified in the above Section 9.2 being met, the Insurer will indemnify the Insured

up to the amount specified on the Insurance Information Page, deducting Deductibles as specified in the Limits of Liability table and subject to the deduction of amortization according to the provisions specified in Chapter 12 (Luggage and Personal Baggage).

9.4. Theft from a vehicle

In the event that the Laptop was stolen from inside a vehicle, the Insured will be indemnified up to a limit of \$150 alone, deducting Deductibles as specified in the Limits of Liability table and subject to the deduction of amortization according to the provisions specified in Chapter 12 (Luggage and Personal Baggage).

9.5. Exceptions and special terms for this expansion:

The Insurer will not be liable for and will not bear any expense and/or claim related to and/or arising from one or more of the following cases:

9.5.1. The cost of software or damage caused to any software, including an operating system or any other software installed on the Laptop.

9.5.2. Direct, indirect or consequential damage, including due to loss of information of any kind whatsoever which was on the Laptop or on any memory component, whether installed on the Laptop or related thereto, including the loss of materials, photographs, presentations and any other thing saved onto any memory component, including aggravation, financial loss, loss of work time, or other.

9.5.3. The cost of accessories related to the Laptop, or memory components and the content thereof, whether they are installed on the Laptop or are external thereto.

9.5.4. Qualification Period

A Qualification Period of 30 days applies to this expansion.

CHAPTER 10 – EXPANSION FOR THEFT OF A CAMERA

The insurance under this chapter is valid only if expressly specified on the Insurance Information Page.

10.1. Definitions:

10.1.1. Camera A designated device the sole or primary function of which is the taking of photographs and/or video intended for the Insured's private use. A camera may be only a "body" (without a Lens). For the avoidance of doubt, it should be noted that a computer, cellular device, tablet, webcam or any other device with a photography function which is not a device designated for photography is not included in this cover or in the definition of a Camera.

10.1.2. Lens A camera lens, an accessory installed on the Camera and constituting an integral part of the Camera.

10.2. Insurance incident

The Insurer will indemnify the Insured for the theft of a Camera alone according to the model declared by the

Insured on the occasion of the Policy's purchase and on the following cumulative conditions:

a. The Insured purchased the Camera and/or Lens prior to the start of the Insurance Period.

b. The theft occurred outside the Country of Origin during the Insurance Period.

c. The Insured took reasonable precautions to protect the Camera and/or Lens against theft, by means of the Insured's close supervision of the Camera at a secure and guarded place, and if possible, in a safe.

The Insured has provided a report from the local police specifying the circumstances of the theft and the model of the Camera and/or Lens. **Coverage under circumstances where local police or another entity at the location of the theft could not be contacted is contingent on immediately reporting to the Insurer and obtaining its approval.**

10.3. Insurer's undertaking

In the event of only a theft of one Camera and/or one Lens owned or possessed by the Insured which occurred during his/her stay abroad, and subject to the terms specified in the above Section 10.2 being met, the Insurer will indemnify the Insured up to the amount specified on the Insurance Information Page and subject to the deduction of amortization according to the provisions specified in Chapter 12 (Luggage) and Deductibles as specified in the Limits of Liability table.

10.4. Theft from a vehicle

In the event that the Camera and/or Lens was stolen from inside a vehicle, the Insured will be indemnified up to a limit of \$150 alone, deducting Deductibles as specified in the limits of liability table and subject to the deduction of amortization according to the provisions specified in Chapter 11 (Loss or Theft of Personal baggage).

10.5. Exceptions and special terms for this expansion:

The Insurer will not be liable for and will not bear any expense and/or claim related to and/or arising from one or more of the following cases:

10.5.1. Accessories related to the Camera such as a carrying bag, tripod, memory components and the content thereof and any accessory other than the Camera or a Lens, whether they are installed on the Camera or are external to the Camera.

10.5.2. The cost of the software or any damage caused to any software, memory component, including operating system or any other software installed on the Camera.

10.5.3. Consequential damage including due to loss of information of any kind whatsoever which was on the Camera, including loss of materials, images, presentations and any other thing saved onto any memory component, aggravation, financial or other loss.

10.5.4. Direct, indirect or consequential damage.

10.5.5. Qualification Period

A Qualification Period of 30 days applies to this Expansion.

CHAPTER 11 – LOSS OR THEFT OF PERSONAL BAGGAGE

11.1. Definitions under this chapter:

11.1.1. Luggage - Personal baggage accompanying the Insured during a Commercial Flight.

11.1.2. Commercial Flight - A flight on a regular flight line licensed by the authorities to carry passengers by means of a licensed and qualified crew.

11.1.3. Insurance Period for this Chapter - The Insurance Period will begin from the moment of the Insured depositing the Luggage with the air carrier or, if the Insured delivered the Luggage to the air carrier before that point - from the moment of delivery, and will end at the moment of receiving the Luggage upon arriving at the Commercial Flight's destination, all within the Insurance Period as specified on the Insurance Information Page.

11.1.4. Item / Item Set - A product or part of a product (for example: an item of clothing, shoes, and so forth). For the avoidance of doubt, suits, including all parts thereof, are considered an Item Set. In any event, an Item Set is a product comprising several parts.

11.1.5. Valuables - Items included in the Insured's personal Luggage, provided that they are not included in another insurance cover, according to the following specification: precious metal, diamond, jewelry, gemstone, watch, electronic or optical products (excluding cellular devices, Laptops and/or tablets or anything similar thereto, a Camera and its accessories), musical instruments, religious objects and Items of worship only. The Insured must carry the above Items, if possible, next to their body or in a handbag carried next to them under supervision.

11.2 Insurance incident

The Insurer will indemnify the Insured only in the event of a loss or theft (hereinafter: a "Loss Incident") caused to his/her Luggage during the Insurance Period as defined in Section 11.1.3 up to an amount of \$6,000 for the entire duration of the Insurance Period and subject to the following restrictions:

11.2.1. Condition for coverage under this chapter - Coverage for this chapter is contingent on the Insured having provided the Insurer with a report from the local police at the location where the loss or theft occurred or certification by an air carrier or another carrier specifying the circumstances of the incident and the lost or stolen Luggage. Coverage under

circumstances where local police or another entity at the location where the loss or theft occurred could not be contacted is contingent on immediate reporting to the Insurer and obtaining its approval and consent under the circumstances reported.

11.2.2. Indemnification for one Loss Incident will be limited to an amount of \$3,000.

11.2.3. Indemnification for the value of an Item / an Item Set or a single Valuable will be limited to an amount of \$300.

11.2.4. Total indemnification for Valuables will not exceed \$500. It is hereby clarified that the coverage of a single Valuable is up to the Item limit as provided in Section 11.2.3.

11.2.5. Total value of a suitcase, bag or purse, up to an amount of \$75.

11.2.6. Expenses of recovering a passport, a flight ticket and a driver's license only - up to an amount of \$150.

12.3. Deductibles

Deductibles in the amount of \$50 will be deducted from the insurance proceeds for which the Insured is eligible to under this chapter.

11.4. Exceptions to this chapter

The Insurer will not be liable for and will not bear any expense and/or claim related to and/or arising from one or more of the following cases:

11.4.1. Cash money, cheques of any kind, stamps, credit cards, credits, stubs, purchase vouchers.

11.4.2. Issue of a visa which was in a lost/stolen/damaged passport, recovery of any other documents except as provided in the above Section 11.2.6.

11.4.3. Computer software, memory cards, digital storage means, navigation devices, smartwatches, wearable digital devices.

11.4.4. A cellphone device and its accessories.

11.4.5. Tickets or vouchers or entry permits of all kinds (such as train, bus, theatre and shows, tourist sites, ski or diving sites and other sites).

11.4.6. Batteries of any kind and sort.

11.4.7. A Laptop or tablet of any kind and sort including related accessories.

11.4.8. A Camera and its accessories, including Lenses.

11.4.9. Loss or theft of business tools and/or commercial goods, including business marketable samples, professional equipment.

11.4.10. Glasses (including sunglasses), contact lenses, medical devices, dentures, hearing aids, Medications (as baggage).

11.4.11. Perishable personal baggage, including: Perfumes, perfumery products (makeup, makeup tools, comb, brush, nail polish and the like). Various tobacco products and their accessories. Foodstuffs and drinks of any kind and sort.

11.4.12. Art objects.

- 11.4.13. Winter Sport equipment, diving equipment, surfing equipment of any kind, bicycles or bicycle parts and their accessories.
- 11.4.14. Any damage to Luggage, ordinary amortization, wear and tear, gradual deterioration, breakage or mechanical or electrical malfunction.
- 11.4.15. Loss or theft of Valuables held other than on the Insured's body or other than in a handbag held next to the Insured or which the Insured did not take care to store at a secure place, and if possible, in a safe.
- 11.4.16. Loss or theft caused solely as a result of gross negligence of the Insured, accompanied by a mental state of recklessness or indifference, which action caused the occurrence of the insurance incident, or loss caused due to expropriation or confiscation.
- 11.4.17. Consequential damage.
- 11.4.18. Theft or loss of any personal property whatsoever for which an air carrier is not liable, or the theft or loss occurred at a time when the personal property was not in the air carrier's possession.

11.5. Regarding a refund for lost or stolen Luggage, the following provisions will apply:

- 11.5.1. In the event that the lost or stolen Luggage was new and was purchased within a period of up to one year prior to the incident, and only if the Insured has purchase receipts so indicating, the Luggage will be valued by the Insurer according to its value on the day of the purchase (without deduction for amortization), but Deductibles will be deducted from the amount of the insurance proceeds.
- 11.5.2. If the Insured does not have purchase receipts as above said and/or if the date of the Luggage's purchase is over one year prior to the incident, the Luggage will be evaluated by the Insurer, but in any event the maximum payment made for the loss or theft of the Luggage will be the value of the Item in the Luggage as new and deducting amortization which will not be lower than 35% and will not be higher than 65% of the Item's value as new. The amortization for precious metals, including diamonds and silver and gold jewelry, will not exceed 35%.

11.6. Insured's obligation to act to mitigate the damage

If the luggage was lost or stolen when it was in the possession of an air carrier, the Insured is obligated to notify the air carrier in whose possession the Luggage was of its loss or theft, this being soon after discovering the loss or theft. The Insured will be obligated to cooperate with the Insurer to mitigate the damage to the Insurer, all subject to the provisions of Chapter 13 below. The Insurer will compensate the Insured in such a case only above the amount paid by the carrier or the third party, as applicable, and up to the Insurer's Limit of Liability hereunder, all subject to the provisions of Chapter 13. An Insured who does not follow the instructions

issued by the carrier or a third party for the lodging of the complaint regarding the loss or theft and consequently his/her complaint against the carrier or a third party is dismissed will be entitled only to the difference between the refund which would have been paid by the carrier or a third party and the limit of the cover under this expansion.

CHAPTER 12 – EXCEPTIONS TO ALL CHAPTERS OF THE POLICY

Without derogating from the exceptions prescribed in each chapter, and in addition thereto, the Insurer will not pay insurance proceeds under this Policy for any claim arising from any of the following cases or which occurred during such cases or in connection therewith:

- 12.1. Any medical condition expressly excluded on the Insurance Information Page.
- 12.2. An insurance incident which occurred prior to the start date of the insurance or following the end of the Insurance Period.
- 12.3. Preventive treatment by Medication of the Acquired Immunodeficiency Syndrome (AIDS), including all forms thereof.
- 12.4. The transplantation of an organ or organs.
- 12.5. Treatments of the following types: Hydrotherapy, naturopathy, homeopathy, alternative treatments, a healing plan, acupuncture, periodontal Surgery and/or treatment, dental care (other than in cases expressly covered by the Policy), mental health treatments, cosmetic/aesthetic Surgery or treatment, sex change treatments and/or Surgery.
- 12.6. Medical or other accessories of the following types: glasses, optical glasses, contact lenses, hearing aids, various prosthetics.
- 12.7. Medications lost or damaged or expired, including a Doctor's visit to obtain a Prescription for them.
- 12.8. Communications and telephone expenses, including for expenses made to communicate between the Insurer and the Insured or anyone on the Insured's behalf for the purpose of dealing with an Emergency.
- 12.9. Public transportation travel expenses (including taxis), including travel involving an Emergency.
- 12.10. A suicide attempt and/or intentional self-harm by

the Insured, regardless of his/her mental state.

12.11. A volcanic eruption, nuclear fission, nuclear fusion or radioactive contamination, excluding damage caused to the Insured as a result of an earthquake.

13.12. The Insured flying as a pilot or crew member of any aircraft.

12.13. The Insured flying a single-engine aircraft or an aircraft unlawful to fly, including the boarding or deboarding thereof. This exception shall not apply to:

12.14

12.14.1. Sitting as a passenger on an aircraft on a regular flight line licensed by the authorities to carry passengers by means of a licensed and qualified crew.

12.14.2. Sitting as a passenger on a helicopter operated by a regular company licensed by the authorities to carry passengers by means of a licensed and qualified pilot.

12.15.

Active participation by the Insured in a military war action, police action, underground action, revolution, rebellion, riots, sabotage, terrorism or an illegal action.

Excluding damage caused to the Insured as a result of a terrorist action in which he/she did not actively participate.

12.16.

A road traffic accident where the Insured or the person who drove the vehicle did not have a valid driver's license for the country where the incident occurred, including an international driver's license, to the extent that such license is valid in the country where in the incident occurred.

12.17.

The Insured's activity in one or more of the Extreme Sports types specified in the list provided on the Insurer's website, unless an additional premium was paid to revoke the exception, the "Extreme Sports" expansion was purchased and this was expressly specified on the Insurance Information Page.

12.18.

Snow skiing and/or snowboarding and/or snow sleighing, unless an additional premium was paid to revoke this exception, the "Winter Sports" expansion was purchased and this was expressly specified on the Insurance Information Page.

12.19.

Cycling as part of dirt cycling or extreme cycling or the Insured's participation in organized cycling tournaments.

12.20.

Engaging in sports for a wage or for consideration and sports tournaments of any kind whatsoever.

12.21.

Drug use and/or medical implications and problems and/or injuries or bruises and/or criminal acts arising from the use of drugs of all kinds.

12.22.

Consequential and/or indirect damage(s) of any kind and sort whatsoever, including handling and delivery fees, loss of time, cancellation of a transaction, cancellation of an activity related to work or vocation, delays, injury to goodwill, bankruptcy, loss of days of work and wage, sick days, loss of enjoyment, aggravation, pain and suffering, social assistance, legal expenses, and the like.

12.23.

The Insured's vocation or line of work which involves manual labor and/or physical labor and/or the operation of equipment or machines.

12.24.

Any treatment not recognized by medical science or not accepted under customary medical standards and/or an experimental treatment or one based on experimental technology.

12.25.

Infertility, voluntary sterilization, complications of pregnancy and/or birth, other than in cases entitling to coverage under Section 3.3.

12.26.

Routine examinations and/or examinations intended to diagnose an inactive or non-urgent medical problem and/or checkups, other than in a case entitling to coverage under Section 6.6.

12.27.

Any preventive Medical Treatment and/or treatment by Medications, including vaccines, nutritional supplements, vitamins and/or anti-aging treatments.

12.28.

A Surgery-Substitute Treatment.

12.29.

The Insurer is not liable for the quality of the medical services and/or evacuations and/or air transportations, and for their consequences, covered under the Policy, including when the Insured is referred by the Insurer to a supplier with whom the Insurer has an arrangement. The Insurer will not be liable for any act and/or omission of the

medical service providers and/or for the treatments and/or products selected by the Insured within the scope of the insurance coverage.

13.30.

In the Country of Origin and/or in a geographic area not included in the Area of Coverage provided on the Insurance Information Page.

CHAPTER 13 – CLAIM

13.1.

The Insured will cooperate with the Insurer before and after filing a claim and will do everything required to allow the Insurer to clarify its liability for payment under this Policy.

13.2.

Upon the occurrence of an insurance incident under this Policy, the Insured or anyone on its behalf must notify the Insurer, if possible, immediately upon learning of the need of receiving the Medical Treatment, and must provide the Insurer, as soon as possible, with all the documents and information required in connection with his/her claim, as follows:

- a. Expenses of Hospitalization at a hospital – a Hospitalization summary and/or any medical document received from the hospital during and at the end of the Hospitalization.**
- b. Non-Hospitalization Medical Expenses:** A medical record regarding the circumstances of the incident from the treating Doctor, and a receipt for the expenses.
- c. Medications -** A Prescription or medical document indicating the necessity of purchasing the Medication, along with a receipt for the expenses.
- d. Theft of a Laptop or a Camera –** Certification of reporting the theft to the local police and a purchase invoice for a new product.

CHAPTER 14 – GENERAL TERMS FOR ALL CHAPTERS OF THE POLICY

14.1.

Deductibles will be deducted for an insurance incident as defined in each of the Policy's chapters in the amount specified in the Limits of Liability table.

14.2. Effect of the Policy:

This insurance will be effective as from the date listed on the Insurance Information Page and subject to the cumulative conditions specified above. For the avoidance of doubt, if the Insurer receives payments on the Insurance Fees account before the Insurer has given its consent pursuant to the Policy, this payment will not be deemed to be consent by the Insurer of acceptance into the insurance under the Policy.

- a.** The insurance candidate has provided the Insurer with a valid means of payment which can be charged for the Insurance Fees due pursuant to the provision of the

Insurance Information Page. The Policy will not take effect until the actual collection of the insurance premiums by the Insurer.

- b.** The addition to the Policy of a family member whose name is not listed on the Insurance Information Page is contingent on the Policyholder or the Insured (as applicable) signing a health statement attributed to the additional family member and with the Insurer's consent.

14.3. Duty of disclosure

- 1.** If the Insurer presented to the Insured before entering into the contract, whether in an Insurance Offer form or in another written manner or in another documented manner, a question on a matter which could affect the willingness of a reasonable Insurer to enter into the contract at all or to enter into it on the terms provided therein (hereinafter – a Material Matter), the Insured must answer it fully and truthfully in writing or by recording.
 - a.** A general question encompassing various matters without making a distinction between them does not require such an answer unless it was reasonable at the time of entering into the contract.
 - b.** Concealment with a fraudulent intent, on the part of the Insured, of a matter which he/she knew to be a Material Matter, constitutes the giving of an incomplete and untruthful answer.
- 2.** If a question on a Material Matter was given an answer which was incomplete and untruthful, the Insurer may, within thirty days of the day on which it learns thereof and as long as the insurance incident has not occurred, revoke the Policy by written notice to the Insured.
- 3.** If the Insurer revokes the Policy by virtue of this section, the Insured is entitled to reimbursement of the Insurance Fees paid by him/her for the period following the revocation, deducting the Insurer's expenses, unless the Insured acted with a fraudulent intent.
- 4.** If the insurance incident occurred before the Policy was revoked by virtue of this section, the Insurer is liable to pay only insurance proceeds reduced proportionately, proportionate to the Insurance Fees which would have been payable as customary with it according to the true state of affairs and the agreed-upon Insurance Fees, and the Insurer is entirely exempt in each of the following cases:
 - a.** The answer was given with a fraudulent intent.
 - b.** A reasonable Insurer would not have entered into that contract, even for higher Insurance Fees, had it been aware of the true state of affairs; in that case, the Insured is entitled to reimbursement of the Insurance Fees paid by him/her for the period following the insurance incident's occurrence, deducting the company's expenses.
- 5.** The Insurer is not entitled to the above remedies in each of the following cases, unless the incomplete and untruthful answer was given with a fraudulent intent:
 - a.** The Insurer knew, or should have known, the true state of affairs when entering into the contract or it caused the answer to be incomplete and untruthful.
 - b.** The fact regarding which an incomplete and untruthful answer was given ceased to exist before the insurance incident's occurrence, or did not affect its occurrence, the Insurer's liability or its scope.

14.4. Notice of the occurrence of the insurance incident:

1. Once the insurance incident has occurred, the Insured must notify the Insurer thereof immediately after having learned thereof, and the beneficiary must notify the Insurer immediately after having learned of the occurrence of the incident and of its right to the insurance proceeds; The giving of notice by either of them releases the other from its obligation.
2. Once the Insurer has been given notice of the occurrence of the insurance incident and has been provided with a written claim for the payment of the insurance proceeds, the Insurer will immediately do what is required to clarify its liability.
3. The Insured or beneficiary, as applicable, must provide the Insurer, within a reasonable time after being required to do so, with the information and documents required for clarifying the liability, and if he/she does not possess them, he/she must assist the Insurer, to the best of his/her ability, in obtaining them.
4. If an obligation under Subsection (A) or under Subsection (C) was fulfilled timely, and its fulfillment would have allowed the Insurer to reduce its liability, it is not liable to pay the insurance proceeds except to the extent to which it would have been liable to pay them had the obligation been fulfilled; this provision will not apply in each of the following cases:
 - a. The liability was not fulfilled or was fulfilled at a delay for legitimate reasons;
 - b. The failure to fulfill it or the delay thereof did not prevent the Insurer from clarifying its liability and did not hinder the clarification.
5. If the Insured or beneficiary intentionally did something which could prevent the Insurer from clarifying its liability or could hinder the Insurer, the Insurer is not liable to pay insurance proceeds except to the extent to which it would have been liable to pay them had that action not been carried out.

14.5.

The Insured must give the Insurer written notice immediately after learning of any other insurance made against the risks covered under this Policy.

This Policy will cover loss or theft or any expense, all as applicable, and pursuant to the coverage provided by the relevant chapters, if, at the time when such loss or theft occurred, there existed regarding it another insurance or other insurances, whether taken out by the Insured or by another person, this being up to the Limit of Liability prescribed by this Policy, but the Insurer will have the right of subrogation toward the other insurer and/or insurers regarding the overlapping amount, other than due to compensation for accidental death incidents (if the Insured purchased the appropriate expansion and this was expressly specified on the Insurance Information Page). The Insured is obligated to cooperate with the Insurer to consummate the Insurer's entitlement in this regard. Failure to cooperate on the Insured's part will prevent the payment of the insurance proceeds under this Policy.

14.6.

- a. If the Insured sues the Insurer for payment for an expense or damage which a third party is liable to cover under law or under an agreement including an insurance agreement, and

such payment was made by the Insurer, the Insurer will be entitled to subrogate the amounts paid by it to the Insured.

- b. If the Insurer makes such payments, any right which the Insured had or has against a third party will pass to the Insurer, this being at the amount of the insurance proceeds paid by it.
- c. The Insured must cooperate with the Insurer and take any action to allow receipt of the amounts paid by the Insurer for which the third party was liable.

14.7.

The Insured may not, without the Insurer's consent in writing, admit to a liability or assume liabilities which are binding upon the Insurer.

14.8.

The Insurer may conduct, on behalf of the Insured, any proceeding arising from a liability under this Policy or related to this claim. The Insurer undertakes to act in cooperation with the Insured in an effort to protect the Insured's legitimate interests, including his good name.

14.9. Revocation of the Policy:

- a. If the Policy has been revoked by the Insured prior to the start date of the insurance and the Insured did not have a cause of action thereunder, the Insurer will reimburse the Insured for the Insurance Fees paid for the Basic Plan and the expansions purchased.
- b. If the Insured has accelerated his/her return to the Country of Origin prior to the end of the Insurance Period listed on the Insurance Information Page, the Insured will be entitled to a proportionate reimbursement of the Insurance Fees for the period not utilized due to the early return, provided that a claim has not and will not be filed under this Policy for this period.

14.20. Prescription:

The period of prescription of a claim for insurance proceeds is 5 years from the date of the occurrence of the insurance incident. In the event of a claim under Chapter 4: Liability Toward a Third Party - such a claim will not prescribe as long as the third party's claim toward the Insured has not prescribed.

14.21. Applicable law:

Any legal proceeding under this Policy or arising here from will be heard according to the laws of the State of Israel.

14.22. Venue for legal proceedings:

At the Insured's option as follows:

1. A digital arbitration via digital means of communication according to the Israel Bar Association's Rules of Arbitration.
2. A competent Israeli court.

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