



Proposal

Home and peace III
Household insurance
Valid from 15 February 2008

Policy number:	Postal order serial number:	Sales person's name:	Sales person's code:	Policy goes to: - client	- account manager
Policyholder		Partner code:		Main insured person	
Name (maiden name):		Date of birth:		Partner code:	
Date of birth:		Phone:		Date of birth:	
Mother's name:		Mother's name:		Phone:	
Policyholder's address:		Postal code:		City:	
Street, number, floor, number		Insured site:		Postal code:	
		City:		Street, number, floor, number	
Mailing address (if other than that of the policyholder) postal code, city, street, number, floor, number:					
In the case of non-natural person tax registration number			Preceding policy number		
Contract: new replacement amendment		Premium payment: 1/12 1/4 1/2 1/1		collection remittance postal order	
Commencement date of insurance			Insurance expiry date: undefined		
year month day 00 hour					
Name of financial institute			Policyholder's account number		
Insured properties			Premium calculation		
Building	Type code	Area (m ²)	Price/m ² (th HUF)	Sum insured (000)	Package: <input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa
Building/ apartment*					Premium rate, building: ‰
Auxiliary rooms, spaces					Premium rate, content: ‰
Other structures					Σ:
Building total					Additional premium for uninhibited dwelling
General household contents		a) In building/in apartment			
		b) In auxiliary rooms, spaces			
Art objects: Valuable movables: Cash, securities: Movables total:		Total			
Type of building: <input type="checkbox"/> Family house, town house- semi detached house <input type="checkbox"/> Apartment		Rebate/ additional premium Σ: ‰			
Type of use <input type="checkbox"/> uninhibited <input type="checkbox"/> let <input type="checkbox"/> used by owner <input type="checkbox"/> rented <input type="checkbox"/> other		<input type="checkbox"/> premium payment <input type="checkbox"/> deductible <input type="checkbox"/> period <input type="checkbox"/> other:			
Occupation permission for building/apartment issued <input type="checkbox"/> yes <input type="checkbox"/> no		Annual premium total			
Partly or fully adobe <input type="checkbox"/> yes <input type="checkbox"/> no Reed roof <input type="checkbox"/> yes <input type="checkbox"/> no		Premium instalment (depending on the frequency of payment)			
Is the building damaged? <input type="checkbox"/> no <input type="checkbox"/> yes, details under Comments					
Type of residential area: <input type="checkbox"/> residential, mixed <input type="checkbox"/> resort or agric.					
Vault <input type="checkbox"/> no <input type="checkbox"/> yes, type: _____					
Valuables inventoried <input type="checkbox"/> no <input type="checkbox"/> yes, list of valuables attached to proposal <input type="checkbox"/> deposited <input type="checkbox"/> (see name and address of depositary under comments)					
Valuation conducted <input type="checkbox"/> yes <input type="checkbox"/> no					
Is the building insured separately: <input type="checkbox"/> no <input type="checkbox"/> yes					
Insurer's name: _____					
			Endorsements		
			L-1 L-2 L-3 L-5 L-9 L-10		
			L-11 L-12 L-13 L-14 V-6		
			Data of insured persons		
			Number of persons living together in the household: ___ persons		
			1 Name/date of birth _____		
			Mother's name: _____		
			2 Name/date of birth _____		
			Mother's name: _____		
			3 Name/date of birth _____		
			Mother's name: _____		

Dated:

Agent:

Policyholder:

This Supplementary Proposal is valid only together with the basic insurance, it forms part of the household insurance, cannot be concluded separately.

A – Supplementary insurance modules			
	Number of insureds	Package	Premium (HUF)
<input type="checkbox"/> Family accident insurance		<input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa	
<input type="checkbox"/> Family life insurance		<input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa	
<input type="checkbox"/> Travel insurance		<input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa	
<input type="checkbox"/> Legal defence assistance		<input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa	
<input type="checkbox"/> Art object insurance		%o	
<input type="checkbox"/> Dog keeper liability	No. of dogs: Breed:		
Total			

B – Insurance of special glass					
Description	Size (m ²)	Price/m ² (HUF)	Sum insured (thousand HUF)	Premium rate	Premium (HUF)
1.					
2.					
3.					
Total				50 %o	

C – Insurance of properties belonging to supplementary entrepreneurial occupation (L-14 Endorsement obligatory)			
Name of occupation:	Sum insured (thousand HUF)	Type of insurance coverage must be identical with that concluded for the main building <input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa	
1. Machinery equipment devices			
2. Goods, stocks		Premium rate	Insurance premium
Total		%o	HUF

D – Summer house insurance						
Insured site:	City	Street	number			
<input type="checkbox"/> Bázis <input type="checkbox"/> Komfort <input type="checkbox"/> Európa	Area (m ²)	Price/m ² (HUF thousand)	Sum insured (HUF thousand)	Premium rate	Premium	
1. Building and construction				%o	HUF	
2. General household contents				%o	HUF	
Total					HUF	
Grand total of supplementary insurances (A + B + C + D)						HUF

Comments	
I declare that I am a civil servant	<ol style="list-style-type: none"> 1. Hereby I understand and agree that under the Komfort and Európa packages the indemnification obligation of the insurer in respect of burglary and robbery or vandalism committed in the course of burglary and robbery will be limited in accordance with the level of security protection found and stated in the course of loss adjustment, in the amounts stated in Enclosure 1 attached to the terms and conditions of Home and Peace household insurance. 2. With my signature I acknowledge that on the proposal all my demands related to insurance have been stated and there was no any further verbal agreement. With my signature I confirm the appropriateness of the data. 3. Hereby I agree that in the interest of performing loss adjustment activities, UNIQA Insurance Co. Ltd. would hand over my data forming insurance secret to Europ Assistance Hungary Kft. that performs loss adjustment tasks for UNIQA or further such data for processing to a foreign insurer or data managing organisation. 4. Based on the data above hereby I submit my proposal to UNIQA Insurance Co. Ltd. in respect of insurance under the terms and conditions of Home and Peace household insurance. Hereby I declare that I do not have any other insurance with another insurance company covering the properties mentioned in this proposal.

Dated

	agent	policyholder
Filing	Inspection	Signature
	Checked by:	Date
	Portfolio mgmnt. Policy issue <input type="checkbox"/> Missing doc's <input type="checkbox"/> Refused	
	Policy issued	

Name of the policyholder:	Commencement of insurance:
Insured site:	Proposal identifier (date, serial number, etc.):

All objects and valuables that belong to the outstanding value and the art object categories should be recorded in this form. This form is an integral part of the contract, the proposer is obliged to submit it to the insurer together with the proposal (in closed envelope). The insurer is obliged to manage the records secretly.

Movables of high value	Art objects
<p>a) Items in the following categories with individual value in excess of HUF 200,000 - telecommunication and technical appliances; - hobby instruments; - other collections</p> <p>b) Noble metal, pearl, precious stones and any jewels, watches manufactured with them</p> <p>c) furs</p>	<p>Art object shall mean those movables that are unique, high quality objects of fine or applied arts, antique; non mass-produced created in a limited number, which in view of their quality should be deemed as art object</p> <ul style="list-style-type: none"> - paintings, graphics, - statues - etchings, - antique furniture - ceramics, china, glass objects - antique books - philatelic and numismatic collections - old artillery - decorative and fine art works (using noble metal and/or precious stones - handwoven carpet

Art objects		
Property item	Description, characteristics	New replacement value as of today

Movables of high value

Name		Description	Weight
Material:	Type of precious stone, number:		Photo reference number:
Carat			Sum insured:

Name		Description	Weight
Material:	Type of precious stone, number:		Photo reference number:
Carat			Sum insured:

Name		Description	Weight
Material:	Type of precious stone, number:		Photo reference number:
Carat			Sum insured:

Name		Description	Weight
Material:	Type of precious stone, number:		Photo reference number:
Carat			Sum insured:

Property item	Description, characteristics	New replacement value as of today

Summary		
Art objects total		HUF
Movables of high value total		
Grand total		HUF

Dated: day month year

Policyholder

Health declaration

In case the conclusion of the insurance contract is conditional upon medical examination, the client could learn the results of such examination from the medical service provider.

Insured 1, name, date and place of birth		
1. Do you smoke? (cigarette, pipe, cigar), do you drink alcoholic drinks regularly?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, what and how much on a daily average?
2. Have you gone under medical treatment, have you been incapable to earn, in sickleave, have you asked for advice or treatment from naturopath in the last five years?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what illness or problem, from and until when, what kind of treatment?
3. Have you taken or do you take regularly or occasionally any medicine, drug or narcotics?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, give name and dosage, time started
4. Are you currently receiving sickpay, on sickleave, under medical treatment, or do you know of any disease or any health problem you may have?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please detail.
5. Have you ever been operated? Are you referred to any operation? Have you been under any type of treatment by a medical institute (sanatorium, rehabilitation, convalescence, etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what reason?
Insured 2, name, date and place of birth		
1. Do you smoke? (cigarette, pipe, cigar), do you drink alcoholic drinks regularly?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, what and how much on a daily average?
2. Have you gone under medical treatment, have you been incapable to earn, in sickleave, have you asked for advice or treatment from naturopath in the last five years?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what illness or problem, from and until when, what kind of treatment?
3. Have you taken or do you take regularly or occasionally any medicine, drug or narcotics?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, give name and dosage, time started
4. Are you currently receiving sickpay, on sickleave, under medical treatment, or do you know of any disease or any health problem you may have?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please detail.
5. Have you ever been operated? Are you referred to any operation? Have you been under any type of treatment by a medical institute (sanatorium, rehabilitation, convalescence, etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what reason?
Insured 3, name, date and place of birth		
1. Do you smoke? (cigarette, pipe, cigar), do you drink alcoholic drinks regularly?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, what and how much on a daily average?
2. Have you gone under medical treatment, have you been incapable to earn, in sickleave, have you asked for advice or treatment from naturopath in the last five years?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what illness or problem, from and until when, what kind of treatment?
3. Have you taken or do you take regularly or occasionally any medicine, drug or narcotics?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, give name and dosage, time started
4. Are you currently receiving sickpay, on sickleave, under medical treatment, or do you know of any disease or any health problem you may have?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please detail.
5. Have you ever been operated? Are you referred to any operation? Have you been under any type of treatment by a medical institute (sanatorium, rehabilitation, convalescence, etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what reason?

Hereby I authorise UNIQA Insurance Ltd. that in order to verify and evaluate data I have revealed, it would inquire into my health conditions in the period before the conclusion of the contract and any time after its conclusion, at any physician, hospital and health care institute where I have been or will be treated, as well as at the social insurance institution and authority. By virtue of this present declaration I exempt any person interrogated in the matter from his/her secrecy obligation even in the time after my death. Furthermore I authorise the Insurer to store any of my personal and specifically health data as well as any data emerging during the existence of this contract, and to reveal same for underwriting and loss adjustment purposes and hand them over to the reinsurer for reinsurance purposes.

Dated on _____

signature of Insured 1

signature of Insured 2

signature of Insured 3

Insured 4, name, date and place of birth		
1. Do you smoke? (cigarette, pipe, cigar), do you drink alcoholic drinks regularly?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, what and how much on a daily average?
2. Have you gone under medical treatment, have you been incapable to earn, in sickleave, have you asked for advice or treatment from naturopath in the last five years?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what illness or problem, from and until when, what kind of treatment?
3. Have you taken or do you take regularly or occasionally any medicine, drug or narcotics?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, give name and dosage, time started
4. Are you currently receiving sickpay, on sickleave, under medical treatment, or do you know of any disease or any health problem you may have?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please detail.
5. Have you ever been operated? Are you referred to any operation? Have you been under any type of treatment by a medical institute (sanatorium, rehabilitation, convalescence, etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what reason?
Insured 5, name, date and place of birth		
1. Do you smoke? (cigarette, pipe, cigar), do you drink alcoholic drinks regularly?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, what and how much on a daily average?
2. Have you gone under medical treatment, have you been incapable to earn, in sickleave, have you asked for advice or treatment from naturopath in the last five years?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what illness or problem, from and until when, what kind of treatment?
3. Have you taken or do you take regularly or occasionally any medicine, drug or narcotics?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, give name and dosage, time started
4. Are you currently receiving sickpay, on sickleave, under medical treatment, or do you know of any disease or any health problem you may have?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please detail.
5. Have you ever been operated? Are you referred to any operation? Have you been under any type of treatment by a medical institute (sanatorium, rehabilitation, convalescence, etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what reason?
Insured 6, name, date and place of birth		
1. Do you smoke? (cigarette, pipe, cigar), do you drink alcoholic drinks regularly?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, what and how much on a daily average?
2. Have you gone under medical treatment, have you been incapable to earn, in sickleave, have you asked for advice or treatment from naturopath in the last five years?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what illness or problem, from and until when, what kind of treatment?
3. Have you taken or do you take regularly or occasionally any medicine, drug or narcotics?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, give name and dosage, time started
4. Are you currently receiving sickpay, on sickleave, under medical treatment, or do you know of any disease or any health problem you may have?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please detail.
5. Have you ever been operated? Are you referred to any operation? Have you been under any type of treatment by a medical institute (sanatorium, rehabilitation, convalescence, etc.)?	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, for what reason?

Hereby I authorise UNIQA Insurance Ltd. that in order to verify and evaluate data I have revealed, it would inquire into my health conditions in the period before the conclusion of the contract and any time after its conclusion, at any physician, hospital and health care institute where I have been or will be treated, as well as at the social insurance institution and authority. By virtue of this present declaration I exempt any person interrogated in the matter from his/her secrecy obligation even in the time after my death. Furthermore I authorise the Insurer to store any of my personal and specifically health data as well as any data emerging during the existence of this contract, and to reveal same for underwriting and loss adjustment purposes and hand them over to the reinsurer for reinsurance purposes.

Dated on _____

signature of Insured 4

signature of Insured 5

signature of Insured 6

Declaration

Hereby I declare that before signing this declaration together with my proposal regarding *Home & Peace III household insurance product*, I understood and took over a copy of the following terms and conditions and other documents that gave information on the insurer and the characteristics of the contract.

1. Client Information

2. General and special terms and conditions of Home & Peace III household insurance

3. Terms and conditions of the Plusz-24 Service supplementary insurance

4. Terms and conditions of the supplementary liability insurance

5. Terms and conditions of the supplementary family accident insurance

6. Terms and conditions of the supplementary life insurance

7. Terms and conditions of the supplementary travel insurance

8. Terms and conditions of the supplementary art object insurance

9. Terms and conditions of the supplementary family legal defence assistance insurance

10. Household insurance endorsements

11. Enclosures 1, 2 and 3 to Home & Peace III household insurance

Dated on _____

signature of the Insured

signature of the Policyholder
(if not identical with the Insured)

Data of the Insured:

Name: _____

Place and date of birth: _____

Residential address: _____

Data of the Policyholder:

Name: _____

Place and date of birth: _____

Residential address: _____

Home & Peace III household insurance Terms and Conditions

Contents

- A) Customer information
 - B) General terms and conditions of the Home & Peace III household insurance
 - C) Special terms and conditions of the Home & Peace III household insurance
 - D) General terms and conditions of the supplementary insurances
 - D1) Terms and conditions of the Plusz-24 Service supplementary insurance
 - D2) Terms and conditions of the supplementary liability insurance
 - D3) Terms and conditions of the supplementary family accident insurance
 - D4) Terms and conditions of the supplementary life insurance
 - D5) Terms and conditions of the supplementary travel insurance
 - D6) Terms and conditions of the supplementary art object insurance
 - D7) Terms and conditions of the family legal defence assistance insurance
 - E) Household insurance endorsements
- Enclosure 1
Security levels and the corresponding limits of indemnification under Home & Peace III household insurance
- Enclosure 2
Protection level criteria
- Enclosure 3
Types of coverage in Home & Peace III household insurance

A) Customer information

Dear Partner,

Thank you for approaching with your insurance proposal our company, UNIQA Insurance Ltd.
Let us briefly inform you about the results of our company, name and seat of our supervisory authority, and about the most important rules of data protection and data management that are relative to your contract, too.

1. UNIQA Insurance Co. Ltd. is one of the largest actors on the Hungarian insurance market. With its 10-year history and premium income increasing year by year, our insurance company is ranked on the 5th and 6th place.

Seat of our company:

1134 Budapest, Róbert Károly krt. 76-78., tel: 06 1 238 6000

Ownership structure:

UNIQA International Beteiligungs- Verwaltungs GmbH, Wien	84.92 %
UNIQA International Versicherungs-Holding GmbH, Wien	0.08%
European Bank for Reconstruction and Development	15.00 %

Issued capital: HUF 4 079 160 000

Our regional centres:

Central region	1134 Budapest, Róbert Károly krt. 76-78.	Tel.: (1) 238-6352
West-Hungary region	9700 Szombathely, Hunyadi u. 10-12.	Tel.: (94) 513-570
North-Hungary region	3525 Miskolc, Széchenyi u. 3-9.	Tel.: (46) 500-950
South-Hungary region	6000 Kecskemét, Csányi J. u. 1-3.	Tel.: (76) 500-330
South-Dunántúl region	7621 Pécs, Citrom u. 2.	Tel.: (72) 513-850

2. **Supervisory authority of UNIQA Insurance Ltd.:**

Pénzügyi Szervezetek Állami Felügyelete [State Supervision of Financial Organisations]
1013 Budapest, Krisztina krt. 39. 1535 Budapest, 114., Pf. 777

3. Should you have any question or problem with your insurance contract, you may turn to your insurance mediator, to any of our client service bureaux, or – on workdays: from Monday through Thursday from 8.00 a.m. to 5.00 p.m. and on Friday from 8.00 a.m. to 3 p.m. – to the staff of the UNIQA Call Centre who are pleased to be at your disposal on telephone number 06-1/2386-000. You may find more information on our website www.uniqua.hu.

If despite the best efforts of our colleagues your problem could not be settled in a satisfactory manner, you may turn either personally or in writing to the Complaint Office located in our Headquarters.

4. Features of the insurance contract

The household insurance under its fantasy name *Home & Peace III* offers insurance coverage in a so-called package system. The Insurer's liability covers the perils described in the "package" you might have opted for - Bázis, Komfort, Európa - and the losses resulting from them. Perils included in the "packages" are described in Enclosure 3, such packages, however, could be completed with optional supplementary insurances.

Insurance events, and any exclusion in addition to the general exclusions, as well as the insurable property groups are detailed in the special terms of the contract.

Insurance events should be reported in the manner and by the deadline described in the chapter of the general terms and conditions that deals with loss reporting and loss adjustment. Provisions related to premium payment, as well as the rights and obligations of the contracting parties, method of and deadlines set for the compliance with such obligations and the consequences of non-compliance are detailed also therein.

In addition, the general terms and conditions stipulates the detailed rules of indexation, lapse time of claims, and the theoretical and practical knowledge related to the management of personal data.

Before signing the insurance proposal, please consider the following:

- The insurance contract to be concluded, rights and obligations of the contracting parties shall be governed by the General and Special Terms and Conditions of the insurance contract, and the provisions stipulated in the endorsements and enclosures.
- We kindly ask you to thoroughly study the above and sign your proposal only afterwards!
- Legal declarations are valid only in writing, the declaration made by the policyholder (insured) will be effective only if it comes to the knowledge of any of the organisational units of the Insurer.

B) General terms and conditions of the Home & Peace III household insurance

On the basis of the following general terms and conditions, UNIQA Insurance Co. Ltd., 1134 Budapest, 76-78 Róbert-Károly krt. (hereinafter referred to as the insurer) – in accordance with the special conditions of the individual insurances – in consideration of the premium paid by the policyholder (insured) obliges itself to pay the amount of indemnification specified in the insurance contract, depending upon the occurrence of a specific future event (insurance event).

I. Policyholder/insured

1. Property insurance may be concluded by those who are interested in the preservation of the property (hereinafter referred to as the insured) or those who conclude the contract for the benefit of such – legal or natural – person (hereinafter referred to as the policyholder).
2. The beneficiary of the insurance benefits payable by the insurer shall be the insured.
3. If the insurance was concluded not by the insured but a third party to the benefit of the insured, the premium payment obligation is burdened on the policyholder, who will be the addressee of any legal declaration from the insurer and who will be obliged to make any necessary declarations.

II. Execution of the insurance contract

1. The insurance contract comes to force by virtue of the written agreement between the parties. The conclusion of the contract is initiated by the written proposal of the policyholder (insured).
2. The indemnification obligation of the insurer starts at the date indicated on the proposal, but earliest at 00 hour of the day following the day when the proposal has been signed, provided that the insurer did not exercise its refusal right and the policyholder settled the first insurance premium in full.
3. The insurer may refuse the proposal within 15 days from its receipt. Should the insurer not exercise its right of refusal, the proposal will be deemed as approved, and the contract comes to force with the content outlined in the proposal, with retroactive effect from the day when the proposal was received.

If the contract would not come to force, the premium should be refunded.

III. Time scope and termination of the insurance contract

1. The contract period is undefined, unless the parties agreed alternatively in writing.
2. The insurance period is one year, and the insurance anniversary is the day when the contract came to force. The parties may cancel the contract by the end of the insurance period with an at least 30-day notice in writing.
3. The insurance period in respect of contracts concluded for a defined period will be the agreed period of time, such contract will terminate on the expiry date.

IV. Premium payment rules

1. The first insurance premium is due at the filing of the proposal and all successive premiums will be due on the first day of the period that is covered by such premium. The contract will terminate after thirty days from the due date of the insurance premium if the premium in arrears would have not been settled, or the insured was not granted postponement, or the insurer did not enforce its premium claim in litigation. Such 30-day grace period refers equally to the first premium and all successive premiums.
2. If the contracting parties agreed on installed premium payment, all outstanding instalments qualify as the debt due by the policyholder, which should be settled at the respective due dates. If the policyholder would be in arrears or the insurance contract would be terminated due to an insurance event, the full premium for the given insurance period will become due.

V. Sum insured

1. Sum insured for each property item will be specified by the policyholder. The sum insured may not exceed the costs of the construction (reinstatement) of the insured properties to their original state, or the costs of the purchase of the property in new condition. As regards telecommunication and technical articles the new value of the insured properties as at the date of loss (reinstatement value) might be lower than the sum insured (due to the changes in the purchase prices).
2. If the sum insured is lower than the new replacement value of the property as at the date of loss (reinstatement expenses), the insurer will pay pro rata indemnification, i.e. the loss will be indemnified to such proportion as is borne by the sum insured to the costs of the construction, reinstatement to new conditions or the costs of procurement in new condition. The insurer will not apply average if the extent of underinsurance does not exceed 10% of the sum insured.
3. At the same time the sum insured may not exceed the new value of the insured property item as at the date of loss (reinstatement costs). In the case of overinsurance, the agreement concerning the part of the sum insured in excess of the replacement/repurchase value of the property item is void.
4. The contracting parties will deem the properties or property groups listed in the insurance contract to be insured in the following manner:
 - a) the parties will deem properties given in an itemised list to be insured up to the respective sum insured indicated for each item, and the upper limit of indemnification will be the sum insured given for each property.
 - b) the parties will deem property groups arranged according to their similarity to be insured up to the specified sum insured, and such sum will at the same time be the upper limit of indemnification. In the course of loss adjustment the insurer will consider properties belonging to a given contractual item as if they were insured individually.
 - c) underinsurance or overinsurance should be stated separately for each individual property or each individual property group.

5. Indemnification payable by the insurer could be constrained by:
 - a) any sub-limit specified within the sum insured;
 - b) a deductible specified in respect of the amount of a loss.
6. The insurer – subject to the consent of the policyholder – in order to maintain new replacement value insurance, may apply automatic indexation. The basis of such indexation shall be the price index issued by the Central Statistical Office (KSH) for the construction industry and for the consumer prices, provided, however, that the applicable index will ultimately be specified by the insurer in the $\pm 3\%$ point range of the said index. This index will be applied at the insurance anniversary and will ground the amendment of both the sum insured and the insurance premium. The indexed sum insured will be the product of the sum insured of the previous insurance period and the index figure issued by the KSH. The insurer will notify the policyholder on the amendment of the sum insured prior to the insurance anniversary. Should the policyholder not agree on such amendment, he/she may request the reinstatement of the insurance to the original sums. If the policyholder does not refuse indexation in writing or does not make any declaration in the matter, indexation should be deemed as accepted.
7. After indexation the limits given in the terms and conditions will remain unchanged.

VI. General exclusions

1. This insurance does not cover the following:
 - a) losses caused by warlike actions, warlike events and terrorist actions, or any damage or destruction caused by weaponry, or losses in consequence of instructions of military or civil authorities;
 - b) losses caused by persons participating in rebellion, riot, insurrection, pilferage, strike, lockout, labour commotion, or persons acting on behalf or in connection with any political organisation, or any consequential losses;
 - c) losses in consequence of the damaging effect of nuclear energy released or the use of radiating materials for whatsoever purpose, even if such losses occurred in the form of insurance events mentioned in the special insurance terms and conditions.
2. In addition to the above exclusions, the insurance contract and the special terms and condition may include further exclusions.

VII. Reporting and change reporting obligation of the policyholder (insured)

1. At the conclusion of the contract, the policyholder (insured) shall be obliged to inform the insurer on all material circumstances that are of importance from the underwriting aspect, which he was or would be aware of. The insurer is eligible to verify data revealed.
2. The policyholder (insured) shall be obliged to notify the insurer within 5 days from the occurrence of any of the following:

- a) there was a change in excess of 10% of the property value, which justifies the modification of the sum insured specified in the insurance contract.
 - b) if any other insurance was concluded for the properties indicated in the insurance contract;
 - c) any mortgage was pledged on the insured properties, in this case the mortgagor should be named, too;
 - d) the insured property was leased;
 - e) any changes in the data of the policyholder and/or insured, which have been stated in the contract (with special regard to names and addresses).
3. If the policyholder (insured) fails to furnish the insurer within 5 days with a written report on the changes in the material circumstances specified in the contract, the indemnification obligation of the insurer will not arise, except if it is proven that such unreported circumstance was known by the insurer at the conclusion of the contract or such circumstance did not interfere with the occurrence of the insurance event.
 4. If the insurer gained knowledge of material circumstances that are of relevance in respect of the contract only after the conclusion of the contract or the policyholder (insured) notified the insurer on changes in material circumstances, it may within 15 days make a proposal concerning the amendment of the contract, or – if the risk cannot be underwritten according to its regulations – it may cancel the contract with a 30-day notice in writing.
 5. Should the policyholder (insured) not accept the proposed amendments, or does not respond within 15 days, the contract will cease on the 30th day from the day when the proposal was submitted.
 6. If the insurer would not exercise its rights specified in point 4 above, the contract will remain in full force with its original content.

VIII. Loss reporting, loss adjustment

1. The policyholder (insured) should submit a written report to the insurer's organisational unit handling his/her contract on any loss event immediately after its occurrence but latest within 2 workdays from obtaining knowledge, discover all necessary information and enable the inspection of the content of such report and information. If in consequence of failure to comply with the above obligations material circumstances (legal basis of indemnification, time of the occurrence of the loss event, amount of the loss) become undiscoverable, the insurer's indemnification obligation will not arise.
2. The insured is obliged to exert all reasonable efforts in order to mitigate the loss.
3. Fire, burglary, robbery losses should be reported to the first instance fire department or the competent police department concurrently with the discovery of such losses. In the case of disappearance of saving books and securities the policyholder will be obliged to cancel any payment and start announcement procedure.

4. After an insurance event, the policyholder (insured) until the commencement of the loss survey procedure but for at least 5 days following the loss report, may change the state of the insured property to such extent only that is necessary for loss mitigation. If in consequence of any change in excess of the justified extent, circumstances that are of significance for the insurer would become undiscoverable, the insurer's indemnification obligation will not arise.
5. If the insurer would not start the loss survey procedure within 5 days from the receipt of the loss report, the insured will be entitled to take measures in respect of the repair or reinstatement of the damaged property. However, the insured will be obliged to preserve any not used or damaged parts of the property for another 30 days in unchanged state.
6. The policyholder (insured) should any time furnish the insurer at its request with all plans, invoices, sheets, certificates, etc. reliably certifying the amount of the loss.
7. Should the insured gain knowledge on the whereabouts of objects appropriated from him/her, he/she will be obliged to notify the police and the insurer, and do whatever can rightfully be expected from him/her in the interest of the identification and returning of such objects.
8. The insurer will make the payment of the losses conditional upon the authoritative certificate issued by the fire department (in the case of fire losses), or upon the resolution of the investigation authority on the termination of the investigation or the final resolution of the court (in the case of burglary and robbery).
9. The insurer will pay the amount of indemnification within 15 days from its determination to the insured in Hungarian forint. If the policyholder (insured) is obliged to submit any additional certificate, the 15-day deadline will be counted from the receipt of the last deed. In the case of delayed payment of indemnification, the insurer will be obliged to pay late payment interest in accordance with the rules of the Hungarian Civil Code.
10. If in the course of the loss adjustment procedure the occurrence of the insurance event specified in the insurance contract has been stated and the legal basis clarified, the insurer may on request pay advances for the claimant.
11. The sum insured specified for the current insurance year will be reduced by the amount of the indemnification paid, except if the policyholder would appropriately redeem the annual premium.

IX. Loss prevention obligation of the insured

1. In the interest of preventing and eliminating loss events, the insured shall be obliged to observe security measures and have them observed by others.
2. For the duration of his/her absence, the insured is obliged to ensure that the insured areas are closed and all available security measures are activated.
3. The insured shall be obliged to provide for the maintenance of electric, water and gas lines and the equipment and appliances connected to them, as well as of the security devices, and observe the authoritative and architectural prescriptions. The insured will be obliged to close the distribution lines, equipment and appliances of buildings uninhabited. In the

heating season all water pipes and equipment and accessories should be de-watered if they are temporarily out of use.

X. Waiver

1. The insurer will be waived from its indemnification obligation if it proves that the loss was caused illegally by:
 - a) the insured or the policyholder,
 - b) their dependants living in the same household (spouse, direct line relatives, adopted, stepchild or foster child, adopted, step or foster parents and siblings, common law partners, engaged partners),
 - c) the managers of the insured or any of his/her employees or agents in a job involving the management of the insured property,
 - d) the managers of the insured legal person, or any of its employees, agents, members or bodies in a job involving the management of the insured property, deliberately or with gross negligence.
2. If causal relationship could be found between a loss and any failure in the compliance with the loss prevention obligations, the insurer will be exempted from its payment obligation to such extent as such failure interfered with the occurrence of the insurance event.
3. The insurer will be exempted from its payment obligation if the insured attempted to deceive the insurer in respect of facts that are of significance regarding the reason or the extent of indemnification.

XI. Insurance secret

1. Insurance secret shall mean all data – not qualifying as state secret – that are available for the insurer, the reinsurer, the reinsurance mediator or the insurance advisor, which refer to the personal circumstances, financial position or financial management of the individual clients (including the claimant) of the insurer, the reinsurer, the reinsurance mediator or the insurance advisor or to the contract that the said clients concluded with the insurer or the reinsurer.
2. The insurer, the insurance mediator or the insurance consultant may manage those insurance secrets of its clients, which are relative to the insurance contract, its conclusion and recording as well as the insurance benefits. The aim of data management could exclusively be related to the conclusion, amendment and portfolio management of the insurance contract, and to the assessment of the claims stemming from the insurance contract, or other aims specified in the Insurance Act (hereinafter referred to as Bit.).
3. As regards insurance secret, in the absence of any alternative stipulations in the Insurance Act, the owners, managers, employees of the insurer, the independent insurance mediator and the insurance consultant, as well as all those who, in the

course of their activities bound to the insurer came to know insurance secrets, are burdened with secrecy obligation without any time restriction.

4. Insurance secret may be handed over to a third party if
 - a) the client of the Insurer or his/her legal representative gave a written waiver in this respect, which accurately indicates the scope of secret that could be handed over,
 - b) the secrecy obligation is lifted by the Bit.

5. Obligation to keep insurance secret does not hold in respect, among others, the following:
 - a) the State Supervision of Financial Organisations acting in its scope of authority,
 - b) the investigation authority and the attorney's office acting in the frames of a criminal case in progress,
 - c) the court acting in respect of a criminal or civil case or bankruptcy or liquidation procedure, and the independent debt collector acting in enforcement cases,
 - d) the notary public acting in inheritance cases,
 - e) the tax authority if the insurer is burdened with the obligation of making declaration within the scope specified by the Law, or with data delivery obligation specified by the Law concerning payments entailing tax obligation,
 - f) the national security services acting in their scope of authority,
 - g) insurer, insurance mediator, insurance consultant, the Hungarian representative office of an insurer, independent insurance mediator, insurance consultant incorporated in a third country, or their interest representation organisations, or the Office of Economic Competition acting in its scope of authority as the supervisor of the insurance, insurance mediation and consulting competition,
 - h) the guardianship office acting in its own scope of authority,
 - i) health care authority specified in paragraph (2) of Article 108 of ct CLIV of 1997 on health care,
 - j) agencies authorised to apply secret service means for collecting information, provided that certain conditions specified in the relevant prevail,
 - k) the reinsurer, and in the case of joint underwriting (coinsurance): the participating coinsurers,
 - l) policy record management firms actually managing policy registration systems, in respect of data transferred in accordance with the rules stipulated in ct LX of 2003 on insurers and insurance activity,
 - m) if an insurance contract portfolio would be handed over in the frames of portfolio transfer: the insurer that takes the portfolio over,
 - o) as regards data necessary for the performance of activities outsourced: the performer of such outsourced activity,
 - p) in the case of local branch offices of foreign companies – provided that requirements stipulated in the Hungarian legal rules concerning data management are met in respect of each and every data and provided also that the data protection legal rules of the State of the country where the seat of insurer from third country can be found meet the requirements stipulated in the Hungarian data protection legal rules – insurer, insurance mediator or consultant in the third country,
 - q) the data protection commissioner acting within the scope of its responsibility,
 - r) in the event when a Hungarian criminal investigation organisation or the National Police Department – acting within its scope of responsibility specified

in the Act on prevention and hindrance of money laundering, or acting in order to comply with a request submitted in writing by a foreign criminal investigation agency or Foreign Financial Intelligence Unit based on international obligations – filed to the insurer a written request for data qualifying as insurance secret, provided that such query contains the secrecy endorsement signed by the foreign inquirer.

6. The Insurer, the insurance mediator and the consultant may handle personal data as long as the insurance legal relationship exists as well as during the period until any claim could be enforced under the insurance legal relationship.
7. The Insurer may handle personal data related to contracts not concluded as long as any claim in respect of the failure of the conclusion of the contract could be enforced.
8. The Insurer, the insurance mediator and the consultant will be obliged to delete all personal data related to its clients and former clients and to any contract not concluded where the aim of the data management has ceased, or where the consent of the parties concerned is missing, or where the legal grounds of the data management are missing.

XII. Miscellaneous stipulations

1. If the insurer settled the amount of indemnification, it will become entitled for all of the rights that the insured would have been vested with in respect of the perpetrator, except if the latter is a family member of the insured living in the same household.
2. Any claims arising from the insurance contract will lapse after two years from the occurrence of the insurance event.
3. The Policyholder may turn with his/her complaints to the State Supervision of Financial Institutes (Pénzügyi Szervezetek Állami Felügyelete), or to the National Consumer Protection Inspectorate (Fogyasztóvédelmi Főfelügyelőség, 1088 Budapest, József krt. 6.), or to the mediating bodies and ultimately to the court of justice.

Any issues not regulated in these terms and conditions will be governed by the provisions of the relevant legal rules in force.

In addition to these general terms and conditions, the provisions of the special and supplementary terms and conditions of Home & Peace III household insurance of UNIQA Insurance Ltd., as well as the Hungarian legal rules in force should be applied to the insurance.

C) Special conditions of the Home & Peace III household insurance

I. Scope of insureds

1. Under these special terms and conditions the insured is the
 - a) owner and the co-owners in accordance with their rate of ownership;
 - b) the usufructuary;
 - c) tenant, co-tenant;
 - d) those who at the time of the occurrence of an insurance event live permanently and in community of life together with the insured listed in points a), b), c) on the insured site designated by their names in the policy;
 - e) a housing cooperative or a condominium in such proportion as is borne by the apartments insured with UNIQA Insurance Co. Ltd. to all apartments.
2. Insurance benefits will be payable to the insured.

II. Insured properties

1. Building/apartment and constructions

This insurance covers the following:

- a) family house; in the case of town houses or semi-detached house (part): the building within the plot indicated by the address stated in the policy;
- b) in the case of apartment houses: parts of the buildings in the exclusive possession of the insured furthermore his/her share in the common properties;
- c) in the case of rental dwellings – in the absence of any agreement to the contrary – the insurer's liability covers those parts of the building or the apartment that pursuant to Article 13 of Act LXXVIII of 1993 and its amendments come under the maintenance obligations of the insured.

The insurance covers only those buildings for which the competent authority issued occupation permission.

1.1 Building shall mean

- a) buildings serving for permanent or temporary residential purposes (e.g. house, apartment, rental flat)
- b) buildings and sections of building not dedicated to residential purposes (spaces dedicated to auxiliary purposes)
 - auxiliary buildings,
 - garage, workshop, boiler house, hovel, cellar and attic,

forming a space that is partly or fully separated from the outer space with architectural elements.

Constructions created for a period less than three years shall not qualify as buildings.

1.2 Constructions shall mean:

- a) constructions connected to the buildings with architectural elements (e.g. terrace)
- b) constructions that are not connected by architectural elements to the building but that are made of brick, concrete or that were constructed in any other way that is in compliance with the architecture of the building (e.g. septic tank, swimming pool, etc.)
- c) all types of fences (except for hedges)

1.3 Functional supplementary structural elements and additions should be taken into consideration in the determination of the value of the building, specifically the following:

- lightning rod and its accessories assembled on the building
- solid separation walls and space separators, other fixed elements (excluding movable or built-in furniture)
- fixed floor and edge paving, tiles
- fixed wainscot and other wall finishes
- stairs and ladders built to the building
- flag rods fastened to the building
- electronically controlled gates together with their moving devices
- shades and blinds installed between or outside plate glasses, together with their accessories
- fixed interim floors, floor covering, suspended ceiling, galleries
- pits, floor channels, ducts and tunnels, etc. made of concrete or brick, provided that they are within the building or connected to the building with architectural elements
- electric appliances and accessories of the building together with the metering devices (electric appliances, lighting bulbs and tubes are excluded – except for air conditioning, electric stove, electric boiler and heat-exchanging electric water heaters)
- gas distribution system within the building together with the metering devices (excluding gas appliances except for gas oven and gas boiler)
- the water system of the building, all devices serving for water supply and drainage together with their metering devices, accessories, pumps, screening and cleaning devices and their accessories
- WC, bath and basin appliances
- elevators
- terrace pavement
- aerial appliances
- intercom
- garbage duct
- protective devices, gratings, alarm system, safety vault built into the wall

2. Contents of buildings/apartments

2.1 Household movables

2.1.1 General household movables

This will cover all properties that appear in general in a household except for movables specifically mentioned in points 2.1.2, 2.1.3, 2.1.4 and 2.2 and property items excluded from the insurance coverage.

- *Limits of indemnification in respect of burglary risk of these property items can be found in Enclosure 1.*

2.1.2 Art objects

Those movables qualify as art objects that are unique fine and decorative art objects of high quality, antiquities, are not mass-produced, whose number is restricted and from the aspect of their artistic value are deemed as art objects

- paintings, graphic art works
- statues
- etchings and prints
- antique furniture
- ceramics, china, glass objects
- antique books
- philatelic and numismatic collections
- old armours
- ornamental objects (decorated with noble metal or precious stone)
- handwoven carpets

- *Limits of indemnification in respect of burglary risk of these property items can be found in Enclosure 1.*

2.1.3 Movables of high value

- a) With their individual value in excess of HUF 200,000
 - telecommunication and technical devices
 - hobby means and tools
 - other collections
- b) noble metals, precious stones, pearl, and jewellery, watches made with the use of same,
- c) costly furs

- *Limits of indemnification in respect of burglary risk of these property items can be found in Enclosure 1.*

2.1.4 Cash

Cash (domestic exchange medium), securities, saving book

- *Limits of indemnification in respect of burglary risk of these property items can be found in Enclosure 1.*

2.2 Movables not for household purposes

This property group includes all properties that do not serve expressly the operation of a household, such as:

- properties of third parties up to a limit of HUF 100,000, provided that these could not be reimbursed under any other insurance. The following qualify as properties of third parties: properties rented, borrowed, taken for custody, properties of the guests of the insured, excluding the properties of tenants, subtenants and paying guests.
- properties of supplementary entrepreneurial activity

- *Limits of indemnification in respect of burglary risk of these property items can be found in Enclosure 1.*

3. Value recording and assessment obligation

Art objects (2.1.2) and properties of outstanding value (2.1.3) should be included in an itemised list or be photographed, together with the description of the volume, characteristics and value of the property. At the contract conclusion this list should either be handed over in a closed envelop to the insurer or deposited with a third party and the name and address of the depositary should be handed over to the insurer. The insurer's expert might open the value list only in the presence or with the consent of the insured.

A value assessment certificate/document issued by a chartered official valuer is necessary in the case of all household insurances where the sum insured of the art objects and movables of outstanding value exceeds HUF 1,000,000. The document issued by the valuer should be attached to the proposal.

Value assessment could be carried out by any organisation, enterprise or person having the appropriate licence or the expert of UNIQA Insurance Ltd., the costs of such assessment should be borne by the policyholder/insured.

The insurer will not request value assessment if the policyholder can certify the value of the objects with the invoice.

4. Exclusions

This insurance does not cover the following:

- a) airborne, waterborne and engine propelled vehicles, caravans, trailers;
- b) deeds, foreign currency, foreign exchange, manuscripts, plans and documents;
- c) valuables to be kept at locked places, cash, securities, and the properties used for entrepreneurial activity in apartments or buildings qualifying as uninhabited (inhabited for less than 270 days a year).
- d) movables stored outside the insured rooms, open-air or rooms not locked.

5. Properties that could be insured in consideration of additional premium

In consideration of the relevant specific premium, summerhouse, weekend house, winery and household properties of general purpose stored therein can be insured. This insurance does not cover objects of outstanding value, art objects and properties not for household purposes that were stored in the buildings mentioned above.

Summerhouse (weekend house, winery, or an apartment in a resort condominium) is a building located in an area that according to OÉSZ or OTÉK qualifies as resort area, or in an agricultural area (parcel), or which by its construction or occupation permit qualifies as a "summerhouse". A building that qualifies as a summerhouse could be insured in consideration of the relevant specific premium.

6. Properties that can be insured in consideration of additional premium

If the apartment or the building qualifies as uninhabited, the building as well as the properties for general household purposes can be insured in consideration of the additional uninhabitancy premium.

A building (apartment, family house) shall qualify as uninhabited if it is located in an area that according to the National Construction Regulation (OÉSZ) is a residential area or according to the National Town-Planning and Construction Requirements (OTÉK) is a residential or mixed area, and it is not resided or inhabited permanently. Temporary leave from the insured site, not for more than 30 days (vacation, travel, etc.) does not make the building uninhabited.

III. Insured perils and losses

From among the perils detailed herein, the liability of the insurer will cover the risks specified for the type of coverage (insurance package) indicated in the proposal and on the policy, and losses incurred in consequence of such perils. Risks covered by a given type of coverage are specified in *Enclosure 3*. The insurer will reimburse those losses that were incurred by the insured properties in direct causal relation with the insured perils, and thus the properties were damaged, depreciated, destroyed, or appropriated during the time scope of the contract.

1. Fire and allied perils

Under these terms and conditions the liability and the indemnification obligation of the insurer do not cover those cases when at the insured site combustible or explosive materials classified in A or B fire hazard category were stored or used – if their volume exceeds the volume of the use for general household purposes –, or any activities are carried out on the site with such materials.

1.1 Fire

From insurance aspect fire shall be understood to mean a fire that occurs outside a fire chamber – or occurs inside a fire chamber but escapes it –and is capable of spreading by itself.

If a loss could be originated from any of the following causes:

- a) fermentation, warming up, roasting, changes in colour or shape, biological decomposition, corrosion, or chemical processes occurring below combustion temperature,
- b) properties thrown or falling into a fire chamber
- c) soot contamination without fire damage;
- d) exposure to fire or heat treatment, or to the effect of smoke, for processing or other purposes;
- e) losses of or damages to insured electric machinery, equipment or appliances – whether or not accompanied by luminous phenomenon – caused by electric current (e.g. over-current, short circuit, insulation deficiencies, inappropriate contact, etc.)

it shall not be qualified as fire and therefore the insurer will not reimburse the damage or destruction of insured properties.

If a fire caused by reasons described in paragraphs d) and e) would spread to other insured properties, the Insurer shall reimburse losses incurred by such other insured properties in consequence of fire.

1.2 Lightning

The insurer will deem those losses to be lightning losses that were caused to the insured properties directly by the power and heat effect of the striking lightning or ball lightning, and

losses of or damages to insured electric machines, equipment and appliances, caused by overvoltage or induction in consequence of a lightning.

1.3 Explosion

Explosion shall mean a sudden force of energy based on the inherent expansion abilities of gases, steam and dust. In the case of a closed system (boiler, pipelines) the explosion could be deemed as an insurance event only in that case when its wall would burst to such extent that the difference between the internal and external pressure could abruptly equalise.

The insurer will not deem those explosion losses to be insurance events and therefore will not reimburse them, which

- a) occurred in a tank/appliance, if the explosion could be derived from the technical deficiency of the tank/appliance or the omission of maintenance;
- b) arose in consequence of explosions inside internal combustion engines, or losses in consequence of the gas pressure existing or generated in the contact breakers (air pressure switch or gas pressure switch);
- c) were produced by a sonic boom caused by aircraft;
- d) resulted from mechanic impact under normal operation (e.g. water hammer, burst of pipes, etc.);
- e) implosion;
- f) resulted from any planned explosion bound to authoritative licence.

2. *Elementary perils*

2.1 Storm

Storm loss shall mean loss caused by the pressure and suction effects of the wind with a speed of at least 54 km/h to the insured property, including losses caused concomitantly by the water penetrating through the roof damaged by the storm. This insurance does not cover losses caused by the current of air (draught) within internal spaces.

2.2 Hail

Hail loss shall mean breakage, tear or damage caused by precipitation falling in the form of ice drops to the insured property, including losses caused by water concomitantly penetrating through the roof damaged by the hail.

2.3 Snow pressure

Damage to the insured building/structure, caused by the static pressure of large volume of accumulated snow. The liability of the insurer will cover also those losses that were caused:

- a) to the insured properties by the precipitation penetrating into the building through the roof damaged by snow pressure, concomitantly with the insurance event;
- b) to the gutter or to the structural elements of the building by the snow slipping down from the insured building, provided that the number and quality of snow guards on the roof are in compliance with the relevant architectural regulations.

2.4 Stone and rockfall, landslide

This shall mean those losses that were caused to the insured properties by stone or rock, mass of soil falling down or moving off their places.

The Insurer will not reimburse losses

- a) that occurred in consequence of conscious human activities;
- b) that occurred in consequence of sedimentation or sinking of the filling under buildings;
- c) that occurred in consequence of the deficient construction or planning of retaining walls, or if the occurrence of the loss was a consequence of the failure in the maintenance of the retaining walls. The insurer will be waived from its indemnification obligation if the static properties of the site would necessitate the construction of a retaining wall but it was not constructed for whatsoever reason and the loss was a consequence of that.

2.5 Subsidence of unknown structure or cavern

This shall mean losses caused by the cessation of the natural equilibrium in consequence of an external impact, which results in sudden movement or slide of the soil. Unknown caverns are caverns that are not mentioned in the construction permit, and are not explored by the authorities.

The insurer does not reimburse claims if the subsidence of the unknown cavern occurred in a mine, in the course of mining operations, or in an abandoned mine.

2.6 Impact of unknown vehicle

This shall mean loss caused when any unknown vehicle or its load directly hit the insured property.

The Insurer will not reimburse

- a) losses that could be settled under compulsory motor third party liability insurance;
- b) losses caused by vehicles operated by the insured or his/her employee;
- c) losses of or damage to the vehicles themselves.

2.7 Impact of an aircraft or its load

This shall mean losses caused by the impact or falling of parts of or load from a manned aircraft, including losses caused in the course of fire extinguishing, rescue, demolition or evacuation due to such event.

2.8 Rainstorm

This shall mean losses caused to the insured properties by large volume of water originating from rainstorm and flowing on the ground surface, through destruction and inundation. Inundation shall mean also events when the drainage system proved to be insufficient. Rainstorm shall mean precipitation falling suddenly in excessive volume (minimum 1 mm/minute).

The insurer will not reimburse losses caused by

- a) wetting and/or watering if no inundation occurred;
- b) flood, inland water and ground water in consequence of a rainstorm.

3. *Catastrophe perils*

3.1 Flood

This shall mean losses when natural waters or artificial channels running among protective banks and opening to natural waters through non-regulated mouth, or artificial ponds overflow their banks and inundate the insured properties.

The Insurer does not reimburse losses

- a) caused by or in consequence of inland or ground water.
- b) incurred by properties located in the wave-area or in unprotected flood area.

3.2 Earthquake

This shall mean losses caused at the insured site by an earthquake that reaches at least grade five of MSK-64 scale.

3.3 Supplementary condition to flood and earthquake

The maximum amount of indemnification payable by the insurer on corporate level in respect of flood or earthquake losses occurring at a given time, is restricted to HUF 2 000 000 000. If the aggregate loss exceeds HUF 2 000 000 000, a pro-rata amount of compensation shall be paid under each and every contract in the same proportion as is borne by HUF 2 000 000 000 to the sum of the aggregate loss.

The Insurer stipulates in the contract a waiting period that lasts for 30 days from the contract conclusion. During the waiting period the insurer's liability does not cover earthquake and flood perils.

4. *Burst of pipe losses*

This shall mean those losses that are caused by water that escaped in consequence of burst, cracking or clogging of inlet and outlet pipes of the water supply, waste water or precipitation conduits built into the external wall of the building, or within the building, and – in the case of family house, town houses or semi-detached houses – in the insured plot, or the connecting water, hot water and central heating systems.

The Insurer does not reimburse

- a) repair and/or replacement costs of accessories, equipment and household appliances, or their parts, attached to the insured water pipelines;
- b) the value of the escaped liquid or steam;
- c) losses occurring in the form of fungus or mould.

5. *Extended cover for burst of pipe losses*

This shall mean those losses that are caused by water or steam that escaped from the inlet and outlet pipes of the water supply, waste water or precipitation conduits built into the external wall of the building, or within the building, and – in the case of family house, town houses or semi-detached houses – in the insured plot, or the connected water, hot water and central heating systems and their fixtures, accessories and appliances.

In addition to the above the insurer will reimburse the following:

- a) costs incurred in respect of the detection of the damaged points in the insured pipelines;
- b) costs designated to loss elimination and reinstatement;
- c) in the case of burst, cracking or puncture the purchase and laying costs of at most 6 meters of new pipelines;
- d) in the case of burst of pipe in consequence of frost, the costs of melting and the costs of reinstatement of at most 6 meters of pipelines.

The insurer does not reimburse

- a) repair and/or replacement costs of accessories, equipment and household appliances, or their parts, attached to the insured water pipelines;
- b) the value of the escaped liquid or steam;
- c) losses occurring in the form of fungus or mould.

6 Burglary risk

The insurer grants coverage for the contents of buildings/apartments against burglary peril in accordance with the security prescriptions regulated in *Enclosures 1 and 2*. The indemnification obligation of the Insurer will be limited to the amounts specified in *Enclosure 1*, which corresponds to the protection category that actually existed and was stated by the insurer during the loss adjustment procedure, when the underinsurance described in point 2 of Chapter V of the General Terms and Conditions will also be investigated.

6.1 Burglary

Insurance event will be constituted if the offender appropriated the insured property by

- a) breaking in or penetrating into the closed locations with the application of violent means (stressing or breaking the door or the window, demolition of wall, floor, ceiling or the roof);
- b) passed into the closed location by using a picklock or any tool suitable for picking locks;
- c) passed into the closed location by using the original key or its copy if s/he acquired it by way of burglary or robbery specified in articles a) and b);
- d) penetrated in the manner specified in points a) and b) into a location where there was an orderly locked safe-deposit (safe, cashbox, wall-safe or other depository approved by the insurer) that was
 - appropriated by the offender, or
 - broken or opened by the offender with a picklock or any other means or tools not designated for unlocking locks;
 - opened by the offender with the key appropriated through burglary committed elsewhere, provided such key was kept elsewhere in a permanently inhabited building, or such key was robbed from the person eligible for keeping the key.

6.2 Robbery

Robbery insurance event is constituted if the offender on the insured site appropriates illegally the insured property by way of using violence or threat to the life or health of the insured or poses the insured into stunned or defenceless state. If the robbery would be committed outside the insured site, the insurer's liability will be limited to the territory of Hungary and to 5% of the sum insured specified for the household content or to maximum HUF 100,000.

6.3 Vandalism

Insurance events are those damages that were caused by the offender(s) at the insured site to the insured property in the course of burglary or any attempt.

7. Glass insurance

Insurance of structural glazing can be concluded only as a supplement to the insurance of the building. In the absence of such basic insurance, glasses (special glasses) can be insured only on the basis of individual premium calculation. This, however, does not refer to furniture glazing covered by the Komfort and Európa packages where the cover is included in the insurance of the household content.

Insurance event shall mean breakage or cracking of insured glasses.

7.1 In the frames of general plate glass insurance the liability of the insurer covers

- a) plate glasses of doors and windows built into the building structurally, and plate glasses, heat insulation, wire glasses and cathedral glass (with thickness not more than 10 mm) of balconies and loggias, limited in size to the measures listed under the scopes of risks covered by household insurance packages (Enclosure 3);
- b) costs of disassembling and assembling obstacles (protective grating, internal locks and similar objects assembled on a door or window) that render the glass replacement impossible;
- c) furniture glazing (except for the Bázis package)

7.2 Insurance of special glasses

The liability of the insurer will cover the following, subject to the conclusion of the relevant special agreement:

- a) glasses with plate size in excess of the measures specified in Enclosure 3, or thicker than 10 mm;
- b) structural glazing, such as glass roofing, glass walls, mirror walls, portal glazing, veranda or railing glazing;
- c) construction materials made of glass, such as glass brick, roof tiles made of glass, copolyt glasses;
- d) glazing of plant houses, winter gardens, aquariums, terrariums;
- e) specially manufactured glasses, such as mirror and light reflecting, safety, foil coated glass, Plexiglass and acrylic glass, sand-blasted glass, glass corroded with acid, ornamented or decorative glasses, mirror wall tiles;
- f) losses incurred by the diffractive and other foils or the decoration on the surface of the plate glass due to the breakage of the plate glass;
- g) breakage and crack losses of electric ceramic hob

7.3 The insurer will not reimburse the following:

- a) damages on the surface or in the decoration of glasses (including light-reflecting covers and foils) arising from scratching and cracking (conchoidal fracture);
- b) damages to the frame (mounting) of the insured glass;
- c) additional damages to the glasses that were already broken, cracked or lengthened at the time of concluding the insurance contract;
- d) damages occurring to treading glasses, glass handicrafts, and to glasses of chandeliers, neon lamps or other illuminators;
- e) damages arising from or occurring during the reconstruction of the building, including those due to moving or changing the insured glass.

8. Replacement costs of lost bankcards

If following the loss or theft of the insured's own bankcard (VISA, EDC, ATM etc.) that is issued to his account denominated either in forint or in foreign currency, kept with a financial institute (bank) operating in the territory of Hungary under the license issued by the supervisory authority, the bankcard should be cancelled and replaced, the insurer will reimburse the certified expenses of cancellation and replacement, up to a limit of HUF 5000. This insurance does not cover and therefore does not reimburse any losses stemming from money withdrawal or purchase managed with the bankcard lost or stolen.

9. Losses stemming from tainting of frozen foods

This insurance covers losses stemming from the tainting of food stored in a chest freezer in the insured apartment (family house), provided that the loss was a consequence of lasting shortage or interruption of the electric energy supply or other technical failure that is obviously in causal relation with the insurance event. The limit of indemnification is the commercial purchase value of the foods, but HUF 5000 at most.

10. Cost of justified lock replacement

This insurance covers the costs of the justified replacement of the locking mechanism in a structurally inbuilt entrance door of the insured apartment (family house). Justified reason shall mean the replacement of the lock cylinder due to vandalism, replacement due to broken key in the lock, or replacement due to key lost by the owner or his/her family members. The upper limit of indemnification is the value of the new lock assembled but HUF 5000 at most. This coverage is not extended to the replacement of locks in doors between rooms within the apartment.

11. Reimbursement of accommodation costs

If in consequence of an insurance event specified in the contract, the competent authority declares that the apartment covered by the insurance contract is uninhabitable, the insurer will reimburse – from the time of relocation until the apartment becomes inhabitable – the justified and certified rent of the temporary dwelling, but maximum HUF 10,000/day and HUF 300,000 in total.

12. Reimbursement of auxiliary expenses

The insurer will reimburse justified and expedient expenses listed hereunder that were incurred in respect of the insurance event, provided that these expenses are burdened on the insured. The limit of indemnification in the case of Komfort package will be 1% of the total sum insured covered by the insurance and in the case of Európa package 5% thereof:

- a) costs of demolition, debris removal and cleaning;
- b) in the case of saving books and securities the expenses related to their cancellation;
- c) justified and certified costs of loss mitigation.

The insurer will not reimburse claims referring to loss of profit or the loss of use of rooms.

IV. Insured site

The insured site will be the address specified in the policy.

This insurance covers also properties owned by the insured and specified in the proposal that were used or stored by the insured outside the location specified in the policy, except if these properties in such external places are covered by another insurance. The upper limit of indemnification is HUF 100,000.

V. Loss recovery

1. If properties appropriated through burglary or robbery would be found before the payment of indemnification, the insured shall be obliged to take such property back, except if such repossession cannot be expected from the insured because in the belief that the property was lost, replaced same with another. In such case the insurer will settle the claim in accordance with the relevant provisions, and the insured will transfer the proprietary rights of the property to the insurer.
2. If the properties would be found after the settlement of indemnification, the owner may either take them over and refund the amount of indemnification to the insurer, or – if the owner would not take such property over because such repossession cannot be expected – he/she may retain the amount of indemnification and the proprietary rights will be transferred to the insurer.
3. If in consequence of the insurance event the properties would be damaged but the insured would take over such properties found, the liability of the insurer will be restricted to the reimbursement of any depreciation or the costs of repair.

D) General terms and conditions supplementary insurances

1. Thee present insurance terms and conditions are applicable for those contracts of UNIQA Insurance Ltd., which were concluded with reference to these terms and conditions. The following supplementary insurance(s) could be concluded only in addition to and maintained together with the Home and Peace III household insurance(the basis insurance). Any issues not regulated herein shall be governed by the Civil Code and the provisions stipulated in the general and special terms and conditions of the Home and Peace III household insurance.
2. The policyholder under the supplementary insurance is identical with that of the basic insurance.
3. This supplementary insurance will be terminated:
 - if the basic insurance is terminated;
 - in case of non-payment of premium for this supplementary insurance (1 of LÁF),
 - in case the insurer's liability ceased in respect of all of the insured persons,
 - if the supplementary insurance is cancelled.

The policyholder may cancel this/these present supplementary insurance(s) in writing with effect of the insurance anniversary (LÁF).

On the day when the contact(s) are terminated, the insurer's liability will cease in respect of all of the insured persons.

4. Conclusion or modification of these supplementary insurances is conditional upon the written consent of the insured person(s)

D1) Terms and conditions of the Plusz-24 supplementary insurance

(Phone: 06-40/500-000)

I. General provisions

1. These terms and conditions describe the rules of the **Plusz-24 Service** insurance that supplements household insurance.
2. Any issues not regulated by these terms and conditions will be governed by the Civil Code and the provisions of the general and special terms and conditions of the Home & Peace III household insurance.

II. Insured persons

1. The Plusz-24 Service supplementary insurance could be concluded by those who have a valid household insurance with UNIQA Insurance Co. Ltd., provided that this service has been indicated in the proposal and the policy.
2. This insurance is a supplementary insurance forming part of the existing household insurance contract, and will be terminated concurrently with the termination of the basic insurance.

3. The benefits provided by the insurer shall be due for the insured at the insured location specified in the insurance contract.

III. Insurance event

All such *unforeseen, sudden, unexpectedly occurring* physical impact will qualify as insurance event, which may result in an emergency situation in the household. Should such impact not be eliminated, the given object, tool, or building could not be used appropriately, the insured could not be able to live his/her normal life.

IV. Exclusions

Those contingencies will not qualify as insurance events and therefore the insurer will not be obliged to pay indemnification, which could not be fixed by professionals involved in the crafts listed in Chapter VI.

V. Loss reporting

1. The insured should report the occurrence of the contingency on the telephone number indicated on the policy, which can be called around the clock. The nature of the loss should be reconciled with the coordinator, and the coordinator's decision must be accepted concerning the qualification of the given event as a contingency. In this case the insurer will undertake to provide services described in Chapter VI.
2. Should there be any claim in excess of the insurance benefits granted by the Plusz-24 Service supplementary insurance, the insured may enforce such claims in accordance with the provisions of the household insurance.

VI. Services under this insurance

The insurance benefits under the Plusz-24 Service supplementary insurance cover services in six crafts. This grants the elimination of contingency and performance of specialist work on each day of the year from 0 to 24 hour in such manner that is acceptable for the insured.

- Crafts:
- Lock repair
 - Plumbing
 - Clog removal
 - Electricity work
 - Roofing
 - Glazing

1. Services available in emergency situation

In the cases listed in Chapter III the insured calls the coordinator of the insurer and after giving his/her name, address and policy number, reports the loss. The coordinator contacts the appropriate craftsmen who within the shortest possible time will visit the site and eliminate contingency.

The insurer will cover the service provision up to the sum insured indicated in the supplementary Plusz-24 Service insurance line of the policy. If the costs of the elimination of the contingency would exceed this limit, the difference should be paid by the insured on the site.

Any materials or accessories used in the course of the elimination of contingency or glazing, might be exclusively of identical type and category with the original, the purpose of the elimination of the contingency is the reinstatement of the state prior to such contingency.

2. Convenience services

Recommending craftsmen

In the events other than those listed as contingencies in Chapter III, the insurer can offer reliable craftsmen who are in good relationship with the insurer and work on guaranteed prices. The craftsmen will carry out the requested work on the site at the time reconciled via the coordinator.

In such cases the base fee, the work fee and the material expenses will be paid by the insured on the spot.

Information services

The insurer will provide information via telephone in respect of the following:

- *Travel information package*

 - Hotel addresses

 - Addresses and telephone numbers of the Hungarian embassies

 - Medical duty services, hospitals

 - Information concerning vaccination prescriptions

 - Country entry information

 - Hungary Direct numbers

 - Taxi call

- *Free time information package*

 - Theatre, cinema

 - Museums, exhibitions

 - Concerts

 - Ticket office information

 - Opening hours of warehouses

 - Flower delivery info

- *Household information package*

 - Information on bankcard cancellation

 - Insect and vermin extermination

 - Moving and relocation

 - Child sitting

 - Pet caring

 - Security companies

 - Household machinery repair (franchise services).

D2) Terms and conditions of the supplementary liability insurance

I. General provisions

These present terms and conditions describe the rules of the supplementary liability insurance.

1. Insureds

Under these terms and conditions the insured shall be the person designated by his/her name in the policy and those persons who at the time of the occurrence of the insurance event lived permanently and intimately with him/her.

II. Insurance event

1. Insurance event shall mean a loss event for which the insured either as the perpetrator or a person responsible for the occurrence of the loss is in his/her capacity listed in point 2 hereunder burdened with compensation obligation under the Hungarian law, in respect of personal injuries caused to third parties or in respect of extra-contractual property losses and any ensuing financial claim.
2. The insurance covers losses that were caused by the insured in the following capacities:
 - a) owner, tenant, lessee or user of the property indicated in the policy;
 - b) guardian of a person with unsound mind;
 - c) operator of electro-acoustic or electric household equipment;
 - d) user of a bicycle or any mean of transportation or conveyance not qualifying as a vehicle;
 - e) performer of non-professional sport activity (except for hunting/shooting);
 - f) user of licensed means of self-defence, gun;
 - g) breeder of pets;
For the purpose of this insurance contract pet will be cat, poultry, and hobby pets such as hamster, guinea pig, mouse, parrot and other birds, turtles, aquarium fishes.
For the purpose of this insurance the following animals will not qualify as pets and therefore the insurance protection does not cover the breeders of the following: dog or exotic animals such as snake, crocodiles and alligators, venomous spiders, scorpions, monkeys.
 - h) operator of non-engine propelled waterborne vehicles;
 - i) pedestrian causing traffic accident;
 - j) user of fuel oil storage, user of gas cylinder, gas tank, excluding losses from the pollution of the soil or waters.

Additionally, in the case of receiving strangers for other than profit making purposes, this insurance covers the liability in respect of the destruction of properties brought by such strangers to the building.

III. Exclusions

This insurance will not cover the following:

- a) liability losses for which the insured is responsible in his/her private person capacities not specified in the contract;

- b) claims stemming from breach of contract;
- c) losses caused in the capacity of the operator of air- or waterborne vehicles, road vehicles, trailers;
- d) any loss that was incurred by the insured him/herself or any of his/her relatives listed in point b) of Article 685 of the Civil Code;
- e) indemnification obligations in respect of losses that were incurred by:
 - properties (things) borrowed, rented, leased or taken for custody by the insured or any person acting on the insured’s behalf, even if it qualified as an auxiliary obligation;
 - movables during their transportation, processing or in consequence of entrepreneurial activities performed with them;
 - those parts of non-movable things that were subjected to direct processing or other activities;
- f) liquidated damages, penalty or other exemplary damages.

IV. Time scope of insurance

The insurer’s indemnification obligation will cover losses that were caused, incurred and reported during the scope of the insurance contract.

Those events that occurred after the effective day of the insurance but in respect of which the underlying cause has existed before the effective day, are covered by this insurance only in that case if the insured was not aware of the existence of such underlying cause prior to the effective day of the insurance.

V. Indemnification

1. The insurer will reimburse losses covered by the contract in accordance with the rules of the Hungarian Civil Law.
2. The insurer will reimburse those expenses that are necessary for the mitigation or elimination of the financial or non-financial loss incurred by the claimant.
3. The insurer will – within the sum insured – reimburse expenses coming under the scope of loss prevention and loss mitigation, even if they did not prove to be successful.
4. The limit of indemnification per any one insurance event and per year is the following:

– Bázis package:	HUF 5,000,000
– Komfort package:	HUF 10,000,000
– Európa package:	HUF 30,000,000

In respect of Bázis and Komfort packages the geographical scope of insurance is Hungary, in respect of the Európa package it is Europe.

5. The insurer will pay indemnification exclusively in domestic currency.

VI. Recourse rights of the insurer

1. The insurer may claim that the insured should refund the indemnification having been paid, if the loss was caused by the insured:
 - deliberately,
 - with grossly negligent behaviour.

2. The behaviour of the perpetrator shall be deemed as grossly negligent if:
 - a) the insured caused the loss in severely drunken or stupefied state and the occurrence of the loss was related to such state;
 - b) the insured performed activity otherwise bound to authoritative licence without such licence and therefore caused loss;
 - c) the insured caused the loss repeatedly and under identical circumstances and – despite the relevant notification from the insurer – did not eliminate circumstances resulting in the loss although such circumstances could have been eliminated;
 - d) breached the authoritative prescriptions related to the use of weapon;
 - e) the insured has been warned by a third party on the possibility of the occurrence of a loss event and the loss event occurred afterwards in the absence of the necessary measures.
3. The insurer may claim that the insured should refund any additional loss if the insured failed to comply with his/her loss mitigation obligation.

VII. Miscellaneous

Any issues not regulated in these terms and conditions will be governed by the general and special terms and condition of the Home & Peace III household insurance.

D3) Terms and conditions of the supplementary family accident insurance

I. General provisions

These present insurance terms and conditions describe the rules of the family accident insurance.

II. Parties of the insurance contract

1. The insured(s) is/are the person(s) who is/are covered by the liability of the insurer.

Those persons might be designated as insured persons

- whose permanent residential address is at the insured site and who normally lives there,
 - whose age in the time of the submission of the insurance proposal was between 1 and 65,
 - who is not disabled or disability pensioner,
 - until the time of the conclusion of the insurance has not submitted any application to a unit of the Social Insurance Administration for the statement of reduced working capacity,
2. Conclusion and any amendment of this insurance is conditional upon the consent of the insured(s).

The insurer will hand its declarations over to the policyholder and the policyholder will be obliged to inform the insured on the content of the contract and any amendment thereof, or on his/her intention regarding the modification of the contract.

3. The beneficiary is the person who will be entitled for the insurance benefit when the insurance event occurs.

The beneficiary, if the insured is alive, will be the insured. The policyholder should designate beneficiaries to whom the proceeds are to be paid upon the insured's death for each insured, which should, however, be consented by the insured concerned. The beneficiary may at any time during the life of the insured be changed.

If no beneficiary was designated in the contract or if the beneficiary would die before the occurrence of the insurance event, the beneficiary will be the insured's heir.

III Conclusion of the supplementary insurance

1. For the conclusion of the supplementary insurance the insurer will request health declarations from each insured person. On the basis of the proposal submitted for the supplementary insurance and the health declaration, the insurer will evaluate the risk. Approval of the proposal is certified by the policy issued.
2. The insurer will be entitled to quote higher premium than that shown on the proposal, or accept the proposal with modifications. In the case of significant modifications the insurer will notify the policyholder in writing when the policy is issued. If the content of the policy would differ from that of the proposal and the policyholder would not object such difference within fifteen days, the contract comes to force with the content of the policy.

3. Within the deadline set in point 3 of the Chapter II of LÁF the insurer is entitled to refuse the proposal for the insurance entirely or in respect of any of the insureds, without justification.
4. The liability of the insurer in respect of the insureds designated in the proposal will come to force in accordance with the provisions in Chapter II of the LÁF.
5. The supplementary insurance may at any time during the insurance period be concluded, or be extended to new insured persons with effect from the insurance anniversary. If the supplementary insurance would be concluded or extended to new insureds successively, the insurer's liability will come to force in this respect earliest on the day of the next insurance anniversary, provided that the insureds have been designated by their names and the underwriting function of the insurer accepted the extension of the contract.

IV. Termination of the supplementary insurance

The liability of the insurer will cease to exist in respect of the given insured(s)

- on the day of the insured's death;
- one day prior to the insurance anniversary following the 70th birthday of the insured;
- if during the contract period the insurer pays benefit due to permanent disability reaching 100%: on the day following the day when the payment was made;
- if the designated unit of the social insurance stated at least 67% reduction in the working capacity: at the end of the month when the resolution was dated;
- if the permanent residential address of the insured is not any more identical with that of the insured site: one day prior to the insurance anniversary following the change of the address.

V. Insurance premium

1. The premium payable for the supplementary insurance depends upon the type of the coverage stated on the proposal.
The insurer is entitled to quote higher premium than that shown on the proposal if it could be justified by the profession, scope of activity or health condition of any of the insureds.
2. The premium for this supplementary insurance should be paid concurrently with and in the same manner and with the same frequency as that of the basic insurance.
3. Indexation described in point V.6 of the LÁF is not applicable to this present supplementary insurance.

VI. Insurance events and benefits

1. Under this present supplementary insurance the insurer provides coverage in respect of the consequences of accidents occurring during the insurance period, depending upon the content of the insurance package selected. Following the occurrence of an insurance event the beneficiary becomes entitled for the sum insured indicated in respect of the given insurance event in the type of coverage selected.
2. Accident shall mean any sudden external impact that is independent of the insured's will and results in the death, bodily injury or permanent disability of the insured.

3. Insurance event will be constituted if the insured would die in consequence of an accident occurring during the insurance period, within one year form the occurrence of the accident.
Following the occurrence of the insurance event, the insurer will pay the sum insured for the beneficiary designated.
4. Insurance event will be constituted if an insured would in consequence of an accident that occurred during the insurance period incur permanent disability in excess of 10% that was stated within 2 years from the occurrence of such accident.
5. Permanent disability in consequence of an accident shall mean loss of function, permanent disability, lasting reduction of the physical or mental capacity of the insured, which accompanies anatomical changes.
6. Following the occurrence of an insurance event the insurer will pay a part of the sum insured specified for the given insurance event, calculated with the percentage of the permanent disability.

The percentage of invalidity or health impairment incurred as a result of the physical loss or functional loss of the parts and senses of the body listed hereunder will be stated by a medical examination that takes all circumstances into consideration, on the basis of the percentages given in the table hereunder as a guideline:

Loss of the sight of both eyes	100%
Loss of the sight of one eye	50%
Loss of the hearing of both ears	60%
Loss of the hearing of one ear	30%
Total loss of olfaction	10%
Total loss of gustation	5%
Total loss of one arm from the shoulder joint or total loss of functionality of one arm	70%
Total loss of one arm from beyond the elbow joint or total loss of function	65%
Total loss of one arm from under the elbow joint or total loss of function	60%
Total loss of one hand	55%
Loss of a thumb	20%
Loss of the pointing fingers	10%
Loss of fingers, per each	5%
Total loss of a leg from over the middle of the thigh or total loss of function	70%
Total loss of one leg from the middle of the thigh or total loss of function	60%
Loss of one leg up to the knee	50%
Loss of one leg from under the knee	45%
Loss of a foot	40%
Loss of a big toe	5%
Loss of any other toes, per each	2%

In the case a part of the body or a sense would incur partial physical or functional loss, the figures given in the table will appropriately be reduced by the insurer.

In the case of the loss of organs or parts of the body or any loss of function not mentioned in the above table, the medical expert of the insurer will for the purpose of

this insurance specify the percentage of the reduction of the normal physical or mental capacity of the insured. The judgement made by the insurer's medical experts is independent of judgements made by any other medical or social insurance bodies, or other medical experts.

7. If within the period of the supplementary insurance several accidents would occur or in consequence of one single accident several functions would become reduced, the degrees of disabilities specified should be added up, however in no case will the insurance benefit within the period of this supplementary insurance and in aggregate exceed the sum of the insurance benefit payable for 100% disability.
8. If in the course of an accident such functions or parts of the body the functionality of which has already been reduced before the accident, would be damaged, the extent of such previous disability will be deducted from the amount of the insurance benefit.
9. Insurance event will be constituted if an insured would incur permanent disability at a degree under 10% in consequence of an accident that occurred during the period of this supplementary insurance, and has been stated within 2 years from the occurrence. Following the occurrence of the insurance event the insurer will pay to the insured the sum insured specified for the said insurance event. In respect of this insurance event any permanent disability of those parts of the body that has already before the conclusion of the insurance been damaged or harmed, will be excluded.
10. Insurance event will be constituted if an insured incurs breakage of bone in consequence of an accident during the period of this supplementary insurance. Following the occurrence of the insurance event the insurer will pay to the insured the sum insured specified for the said insurance event.
11. Insurance event will be constituted if an insured should be hospitalised in consequence of any injury stemming from an accident during the period of this supplementary insurance. The insurer will pay benefit for each inpatient days becoming necessary for the treatment of one and the same injury stemming from an accident, provided that the duration of the hospitalisation reaches 3 days. The days of admission to and leave from the hospital are deemed as full days. The insurer caps its benefit payment obligation at 180 days of hospitalisation following one and the same accident, irrespective whether consecutive or aggregated days, within 2 years from the day of the accident.
For the purpose of these terms and conditions hospital shall mean an institution recognised and licensed by the supervision exercised by the Hungarian medical officer and the professional bodies, which provides inpatient care and which is managed and supervised by physicians.
Sanatorium, rehabilitation institute, spa, medical resort, institutes providing mental treatment and care, gerontology institute and social care institute do not qualify as hospital.
12. Insurance event will be constituted if during the period of this supplementary insurance an insured should undergo operative surgery in consequence of an accident. For the purpose of these terms and conditions operative surgery shall mean all surgical interventions conducted in a hospital by a physician in due observation of the professional rules, which has been carried out for the treatment of an accident injury, and which needs at least 3 consecutive inpatient days.
In the case of the operative surgery of the insured in consequence of an accident, the insurer will pay the sum insured.

VII. Reporting and change reporting obligation

1. The policyholder and the insured are equally burdened with reporting obligation in accordance with the provisions of Chapter VII of LÁF.
The insurer will be entitled to check these data and for this purpose it may ask further questions about the health conditions, occupation, lifestyle.
2. During the contract period the policyholder and the insured are obliged to notify the insurer within 15 days on any change in the insured's occupation, leisure-time activities, which would be of significance from the aspect of the risk underwritten (e.g. accident hazard).
3. By virtue of his/her signature the insured authorises his/her treating physicians, hospitals and health care institutes, as well as the National Health Insurance Administration and social insurance pay offices that in response to the relevant request from the insurer they would hand over data kept in their records, which are relative to the underwriting of the risk and the occurrence of the insurance event and refer to the health conditions of and the health insurance benefits received by the insured.

VIII. Conditions of the payment of the insurance benefit

1. The insurance event should be reported in accordance with point 1 of Chapter VIII of LÁF.
2. The insurer will pay the benefit within 15 days from the receipt of all of the documents that are necessary for the assessment of the claim or from the day when the degree of health impairment was stated.
The insurer will state the final degree of permanent disability earliest after 30 days from the day of the accident, latest or finally after two years from the day of the accident.
3. If the insured would die in consequence of an accident within 30 days, only the accident death benefit could be claimed for.
4. Person entitled to receive the insurance benefit should present or hand over the following documents:
 - insurance policy and - if requested by the insurer - the certificate of the payment of the premium;
 - death certificate of the insured and the medical or authoritative certificate on the cause of death;
 - detailed description of the place, time and circumstances of the accident; and documents in the matter;
 - in the case of any authoritative procedure: the resolution on the closure of the investigation (or its refusal), indictment and the adjudication;
 - certification of eligibility (beneficiary capacity), and any other document necessary for the clarification of the insurance event and the sum insured.

The insurer, at its discretion, may ask for other documents and will be entitled to verify the content of the reports and information.

IX. Waiver of the insurer, exclusions

1. If the reporting and change reporting obligation would be breached, the insurer will be exempted from its indemnification obligation, except if it is proven that the concealed or unreported circumstance has already been known by the insurer at the conclusion or amendment of the contract, or such circumstance did not interfere with the occurrence of the insurance event.
2. The insurer will be exempted from its indemnification obligation if the insurance event was not reported within the deadline and therefore substantial circumstances became undiscoverable.
3. The insurer will be exempted from its indemnification obligation if the insured lost his/her life in an accident that occurred in consequence of the deliberate behaviour of the beneficiary.
4. The insurer excludes from the scope of the coverage those events that either directly or indirectly are related to any of the following:
 - Intoxication or injuries in consequence of deliberately taking solid, liquid or gaseous materials, including drugs and narcotics;
 - Hiatus hernia, inguinal hernia (strain) if it was not in causal relation with a personal accident.
 - Intervertebral disc injuries, distortion, dislocation or bleeding not originating from an accident.
 - impact of radioactive nuclear energy, ionising radiation (except medical treatment).
 - events related to extremely hazardous hobby or sport activity, extreme sports (among others caving, diving, wall and rock climbing, hiking, bungee jumping), or any sport exercised with engine propelled road and waterborne vehicles or with airborne vehicles either engine propelled or not.
 - events related to flying (among others parachuting and hang-gliding), except for participation in air passenger service as a passenger, pilot or crew member;
 - events of war, civil war, terrorist action, rebellion, riot, insurrection;
 - events related to the disturbed state of the mind or consciousness of the insured, or to suicide or any attempt thereof;
 - bacterial or viral infection communicable by humans or animals, which cannot be deemed as an accident;
 - events occurring during sport competition or training;
 - events occurring when the insured served for armed forces, or in the course or in consequence of the insured's carrying or using weapon.
5. The insurer will be exempted from its indemnification obligation if the accident was caused by the deliberate or grossly negligent behaviour of the insured, or his/her severe criminal action committed deliberately.

An accident will be deemed to be committed through grossly negligent behaviour specifically in that case if it was in direct causal relation with

- the severely drunken state of the insured (reaching 2.5 per mille blood alcohol level), or
- the state of the insured following consumption of stupefying, narcotic substances or other substances producing similar effect, or with the addiction of the insured to toxic substances, or

- the driving without valid licence or in drunken state achieving 0.8 per mille blood alcohol level.

6. The supplementary insurance covers only those events that occurred within the territory of Europe.

Optional types of coverage

Insurance event	SUM INSURED		
	Bázis package	Komfort package	Európa package
Accident death	HUF 300 000	HUF 500 000	HUF 750 000
Permanent disability caused by accident, in excess of 10%	max. HUF 500 000	max. HUF 750 000	max. HUF 1 000 000
Permanent disability caused by accident, under of 10%	HUF 4000	HUF 6000	HUF 8000
Breakage or cracking of bone	HUF 2000	HUF 3000	HUF 4000
Daily hospitalisation allowance following an accident	-	HUF 2000/day	HUF 4000/day
Accident surgery benefit	-	HUF 15 000	HUF 30 000

D4) Special conditions of the supplementary life insurance

I. General provisions

1. These present insurance terms and conditions describe the rules of the life insurance supplementing household insurance.

II. Parties of the insurance contract

1. The insured(s) is/are the person(s) who are covered by the liability of the insurer.

Those persons might be designated as insured persons

- whose permanent residential address is at the insured site and who normally lives there,
- who by the time of the submission of the insurance proposal reached the age of 1 year,
- who are not disabled or disability pensioner.

2. Conclusion and any amendment of this supplementary insurance is conditional upon the consent of the insured(s).

The insurer will hand its declarations over to the policyholder and the policyholder will be obliged to inform the insured on the content of the contract and any amendment thereof, or on his/her intention regarding the modification of the contract.

3. The beneficiary is the person who will be entitled for the insurance benefit when the insurance event occurs. The policyholder should designate beneficiaries to whom the proceeds are to be paid upon the insured's death for each insured, which should, however, be consented by the insured concerned. The beneficiary may at any time during the life of the insured be changed.

If no beneficiary was designated in the contract or if the beneficiary would die before the occurrence of the insurance event and no one else has been designated, the beneficiary will be the insured's heir.

III Conclusion of the supplementary insurance

1. For the conclusion of the supplementary insurance the insurer will request health declarations from each insured person. On the basis of the proposal submitted for the supplementary insurance and the health declaration the insurer will evaluate the risk. Approval of the proposal is certified by the policy issued.
2. The insurer will be entitled to quote higher premium than that shown on the proposal, or accept the proposal with modifications. In the case of significant modifications the insurer will notify the policyholder in writing when the policy is issued. If the content of the policy would differ from that of the proposal and the policyholder would not object such difference within fifteen days, the contract comes to force with the content of the policy.
3. Within the deadline set in point 3 of the Chapter II of LÁF the insurer is entitled to refuse the proposal for the insurance entirely or in respect of any of the insureds, without justification.

4. The liability of the insurer in respect of the insureds designated in the proposal will come to force in accordance with the provisions in Chapter II of the LÁF, save that the insurer will stipulate a 6-month waiting period.
During the waiting period the insurer covers only those events that stem from an accident. If an insurance event occurring during the waiting period would not be the consequence of an accident, insurance benefit will not be paid and the insurer refunds the premium paid for the insured in question.
5. The supplementary insurance may at any time during the insurance period be concluded, or be extended to new insured persons with effect from the insurance anniversary.
If the supplementary insurance would be concluded or extended to new insureds successively, the insurer's liability will come to force in this respect or the waiting period would start earliest on the day of the next insurance anniversary, provided that the insureds have been designated by their names and the underwriting function of the insurer accepted the extension of the contract.

IV. Termination of the supplementary insurance

1. The liability of the insurer will cease to exist in respect of the given insured(s)
 - on the day of the insured's death;
 - one day prior to the insurance anniversary following the 65th birthday of the insured;
 - if the permanent residential address of the insured is not any more identical with that of the insured site: one day prior to the insurance anniversary following the change of the address.
2. If the policyholder is a natural person who concluded the insurance outside the scope of his/her self-employment or business activity, he/she will be entitled to cancel the supplementary insurance contract within 30 days from the receipt of the notification of its effectiveness (policy), without justification.
In this case the insurer will, within 15 days from the receipt of the written declaration made by the policyholder in the matter refund the premium paid for the insurance.

V. Insurance premium

1. The initial premium belonging to the discretionary sum insured will be determined separately for each insured, dependently upon the age group of each.
The insurer is entitled to quote higher premium than that shown on the proposal if it could be justified by the profession, scope of activity or health condition of any of the insured.
2. At the insurance anniversary the insurer will review the premium payable for the supplementary insurance and, should any of the insureds from the aspect of premium calculation be included in a higher age group, will increase that in line with the age of the insured, while the sum insured remains unchanged.
3. Indexation described in point V.5 of the LÁF is not applicable to this present supplementary insurance.
4. The premium for this supplementary insurance should be paid concurrently with and in the same manner and with the same frequency as that of the basic insurance.

VI. Insurance benefit

1. Insurance event will be constituted if an insured would die within the period of this supplementary insurance.
2. Following the insurance event, the beneficiary will become entitled for the sum insured specified for this present supplementary insurance. The sum insured – the same amount for each insured – should be specified by the policyholder at the submission of the proposal.

VII. Reporting and change reporting obligation

1. The policyholder and the insured are equally burdened with reporting obligation in accordance with the provisions of Chapter VII of LÁF.
The insurer will be entitled to check these data and for this purpose it may ask further questions about the health conditions, occupation, lifestyle and request medical examination.
2. During the contract period the policyholder and the insured are obliged to notify the insurer within 15 days on any change in the insured's occupation, leisure-time activities, which would be of significance from the aspect of the risk underwritten (e.g. accident hazard).
3. By virtue of his/her signature the insured authorises his/her treating physicians, hospitals and health care institutes, as well as the National Health Insurance Administration and social insurance pay offices that in response to the relevant request from the insurer they would hand over data kept in their records, which are relative to the underwriting of the risk and the occurrence of the insurance event and refer to the health conditions of and the health insurance benefits received by the insured.

VIII. Conditions of the payment of the insurance benefit

1. The insurance event should be reported in accordance with point 1 of Chapter VIII of LÁF.
2. The insurer will pay the benefit within 15 days from the receipt of all of the documents that are necessary for the assessment of the claim.
3. Person entitled to receive the insurance benefit should present or hand over the following documents:
 - insurance policy and – if requested by the insurer – the certificate of the payment of the premium;
 - death certificate of the insured and the medical or authoritative certificate on the cause of death;
 - in the case of any authoritative procedure: the resolution on the closure of the investigation (or its refusal), indictment and the adjudication;
 - certification of eligibility (beneficiary capacity), and any other document necessary for the clarification of the insurance event and the sum insured.

The insurer, at its discretion, may ask for other documents and will be entitled to verify the content of the reports and information.

IX. Waiver of the insurer, exclusions

1. If the reporting and change reporting obligation would be breached, the insurer will be exempted from its benefit payment obligation, except if
 - it is proven that the concealed or unreported circumstance was known by the insurer at the conclusion or amendment of the contract, or such circumstance did not interfere with the occurrence of the insurance event, or
 - 5 years have already passed between the conclusion of the contract and the occurrence of the insurance event.
2. The insurer will be exempted from its benefit payment obligation if the insurance event was not reported within the deadline and therefore substantial circumstances became undiscoverable.
3. The insurer will be exempted from its benefit payment obligation if the insured lost his/her life in consequence of the deliberate behaviour of the beneficiary.
4. The contract will be terminated without the payment of the sum insured if the insured died
 - because or in consequence of his/her severe criminal action committed deliberately, or
 - in consequence of suicide committed within two years from the contract's conclusion.
5. The insurer excludes from the scope of the coverage those events that either directly or indirectly are related to any of the following
 - HIV infection;
 - impact of radioactive nuclear energy, ionising radiation (except medical treatment).
 - events related to the disturbed state of the mind or consciousness of the insured
 - events occurring during sport competition or training;
 - events related to extremely hazardous hobby or sport activity, extreme sports (among others caving, diving, wall and rock climbing, hiking, bungee jumping), or any sport exercised with engine propelled road and waterborne vehicles or with airborne vehicles either engine propelled or not.
 - events related to flying (among others parachuting and hang-gliding), except for participation in air passenger service as a passenger, pilot or crew member;
 - events occurring when the insured served for armed forces, or in the course or in consequence of the insured's carrying or using weapon;
 - events of war, civil war, terrorist action, rebellion, riot, insurrection;

X. Miscellaneous stipulations

1. This supplementary insurance does not entitle for sharing in any excess yield.
2. This present supplementary insurance does not ensure non-forfeiture rights, i.e. it cannot be surrendered and made paid-up.
3. Under this present supplementary insurance policy lien cannot be applied for.

4. An insured under this present supplementary insurance may replace the policyholder only with the consent of the policyholder of the basic insurance and the rest of the insureds. Such replacement should be notified to the insurer in writing.

Optional types of coverage

	Bázis package	Komfort package	Európa package
Sum insured	HUF 100 000	HUF 200 000	HUF 300 000

Age groups

Age (years)
1-10
11-20
21-30
31-40
41-50
51-60
61-65

* Age: year of birth should be deducted from the year of the actual anniversary

D5) Terms and conditions of the supplementary travel insurance

I. General stipulations

1. These terms and conditions describe the regulation of the Travel insurance supplementing household insurance.

II. Insured persons

1. The Travel insurance is available for those who have a valid household insurance concluded with UNIQA Insurance Ltd. provided that this service has been indicated on the insurance proposal and in the policy.
2. The following may not be insured persons:
 - persons who on the day of the submission of the proposal have already reached the age of 65;
 - persons who work for more than 90 days (hereinafter: permanently) outside the territory of Hungary (hereinafter: abroad) and their accompanying family members, or persons who stay abroad permanently for whatever reason;
 - persons qualifying as non-residents;
 - who does not have sufficient financial resources for medical care in Hungary in the amount stipulated by the law, or any insurance that would cover such costs.

III. Assistance service provider

1. The assistance service provider is a legal person being in contractual relationship with the Insurer and represents the insurer in respect of assistance service provision. Assistance services would be provided exclusively by the designated service provider.
2. Services provided under the insurance coverage will be paid by the insurer to the service provider that issues the invoice. An exception is when the invoice has, with the consent of the assistance service provider, already been settled, in which case the assistance service provider will reimburse the costs of the party that has settled the invoice.

IV. Territorial scope

The liability of the insurer covers the entire territory of Europe, except Hungary. Under the vehicle assistance coverage the liability of the insurer will not be extended to the following areas: Iceland, Spitzberg Island, Canary Islands.

V. Insurance benefits

Under this present contract the insurer undertakes that following the insurance event it will organise and arrange the assistance services with the involvement of the assistance service provider, and to cover the costs up to the sum insured specified in the coverage opted for, in accordance with the coverage type indicated in the proposal and the policy. The insurer undertakes the provision of the services on all days of the year and around the clock.

1. Vehicle

For the purpose of this contract vehicle shall mean a passenger car that has been put to operation and equipped with valid Hungarian registration plate and traffic licence by the competent Hungarian authority, provided that less than 6 years passed between the first putting to operation and the insurance event.

The liability of the insurer covers:

- all vehicles where the principal insured is travelling as the driver, or any of the co-insured persons are travelling as driver and the principal insured is a passenger, including rental car, too;
- towed trailer, baggage and boat trailer, cargo carried; except for livestock and goods transported for business purposes.

1.1 On-road assistance service

If due to its breakdown for whatever reason, the vehicle is unable to continue its journey, the insurer provides the following services:

a) Immediate assistance

Right on the spot where the insurance event occurred, with the help of towing vehicle(s) and professionals, reinstatement of the road-worthiness of the vehicle, in correspondence with the requirements set by the vehicle authorities. This benefit could be utilised at most three times in each insurance year.

The immediate assistance shall be deemed as temporary repair. The insured is responsible for the permanent and reliable repair of the vehicle as soon as possible.

b) Towing

If the road-worthiness of the broken-down vehicle cannot be reinstated on the spot of the insurance event, the towing service will tow (carry) the vehicle to the closest garage. This benefit could be utilised at most three times in each insurance year.

1.2 Travelling home or further, following the breakdown of the vehicle

If during its journey, the vehicle would become inapt for travelling due to a breakdown for whatever reason - including the theft of the car in abroad - and therefore the insured could not travel on (including the case when he/she should return to his/her place of permanent residence), the insurer provides the following benefit:

The insurer will bear the travel costs of the insureds, either between the original destination of the journey and the spot of the insurance event (including the trip to and from the garage) or to the permanent residence of the insured and from there a trip of the insured or a person designated by him/her to and from the garage. Such trip should be made on the shortest route with scheduled public transport means chosen by the traveller.

1.3 Rental car

If during its journey, the vehicle would become inapt for travelling due to a breakdown for whatever reason - not including the theft of the car - and therefore the insured should interrupt his/her trip (including returning to the place of his/her permanent residence), the insurer provides the following benefit:

The insurer undertakes to finance rental car for at most two days.

In the case of one single insurance event from among the insurance benefits provided under section *Travelling home or further, following the breakdown of the vehicle* or section *Rental car*, only one could be utilised.

2. Accident, illness

For the purpose of this contract

Accident shall mean

A sudden external mechanical or chemical impact occurring beyond the control of the insured, in consequence of which the insured dies within one year or suffers bodily injury or health impairment.

Severe illness shall mean

Unexpected and adverse change in the health conditions of the insured - acute illness - that, in the absence of emergency medical assistance or professional medical treatment would result in further impairment of the health, or in death.

The benefit payment obligation of the insurer does not hold in respect of complaints and illnesses that occurred as a consequence of an accident or illness calling for medical assistance, which has existed already in the six-month period prior to the commencement of the trip.

The insurer's benefit payment obligation cover the accident and the severe illness of the insured.

Decision on the scope of benefits

The decision on the form any type of insurance benefits, which is based on medical considerations, will be made by the head of the medical duty service available on the assistance call number.

2.1 Search, rescue, evacuation

If in consequence of an accident or severe illness occurring during his/her journey the insured should be searched or rescued, the insurer will organise the possibly most efficient assistance. In this framework the insurer will pay the costs of the search for the insured person and the certified costs of his/her transportation to the closest road suitable for vehicle traffic, or to the hospital to be found closest to the spot of the accident. If it would be medically justified or - in view of the spot of the accident - necessary, the rescue could be organised with whatever means.

2.2 Transportation home, transportation with ambulance car

If in the course of his/her journey the insured, due to an accident or severe illness would need sick transport (including transportation home from abroad by ambulance car), the insurer will organise the assistance. In such cases the insurance covers transportation by hospital plane.

Within the sum insured and provided that it is necessary from the medical aspect or requested by the treating physician, the insurer offers transportation by hospital plane to the place of residence or to a hospital that has the appliance specifically suitable for the treatment of the illness or accident incurred. This includes normal nursing and medical treatment during the flight, provided that the insured person is exposed to direct life danger or severe health impairment. Within the frames of the sum insured, the insurer covers the costs of other rescue tools and means (ambulance car, ship, etc.). The necessity of sick transport by air will be subjected to the decision of the physicians on duty available on the assistance call number, following possible consultation with the treating physician; also, they are responsible for the selection of the appropriate transportation mean. The insurance covers the costs of transportation home in those cases when according to the medical opinion the insured needs

inpatient care for more than four consecutive weeks. If the insured would be transported home from abroad by scheduled flight, the insurer undertakes to pay the travel costs of one accompanying family member living in the same household with the insured person. A companion might escort the patient even if the transportation is carried out with a hospital plane, provided that there is room enough on the plane.

2.3 Relocation

The insurer will organise the transportation of the insured to another hospital, his/her place of residence, to the hospital closest to his/her place of residence if it would be in relation with his/her accident or severe illness and expedient from medical aspect. The service and the transportation mean will be decided by the physician on duty, available on the assistance call number. The insurance covers relocation with hospital plane, too, which means that the patient will be relocated from the hospital administering primary care to a central hospital or to a specialised department that is appropriately equipped with means of further treatment.

2.4 Repatriation of the corpse

If during the trip the insured would die in consequence of an accident or severe illness, the insurer, in accordance with the will of the relatives will either organise the repatriation of the corpse to a burial place in Hungary or to his/her residential place, or the burial place abroad.

2.5 Transportation of minor child or family home

If due to the death or severe illness of the insured neither the insured nor any accompanying family member that otherwise lives with the insured in the same household could take care for children under the age of 14 travelling with the insured, the insurer will organise the escorted transportation of the children home.

The insurer offers this service also in that case if the insured who is the sole driver of his/her own car would become unable to drive in consequence of an accident or severe illness, and his/her passengers, his/her family members living in the same household with him/her, as well as the vehicle itself should be transported home.

The insurer undertakes that following the occurrence of the above event, it will arrange the transportation of pets travelling with the insured.

2.6 Costs of medical treatment

If in the course of the journey of the insured, following an accident or severe illness, inpatient or outpatient treatment would become necessary, the insurer will organise the medical treatment.

The insurer undertakes to acquire and hand over to the insurer or his/her treating physician those drugs that following the occurrence of the above insurance event will become necessary and that cannot be acquired on the spot. The insurer's liability covers only the costs of organisation, delivery and custom clearance, and does not cover the price of the drug and any attaching levies (custom, tax, etc.).

The insurer is not obliged to provide services if the treatment becomes necessary due to any illness or consequences of an accident that have been medically treated or checked already during the six-month period immediately prior to the stay abroad. In the case of dental treatment, the insurer grants coverage only for emergency treatment, up to EUR 150 per teeth and up to 3 teeth.

2.7 Patient visit

If during his/her trip the insured due to an accident or severe illness should be hospitalised for more than 10 days, the insurer will organise the trip of one person to the place of hospitalisation and back to the place of permanent residence. The insurer will reimburse the costs of such trip and accommodation.

2.8 Extension of stay

If in the course of his/her trip the insured would incur accident or severe illness that precludes appropriate sick transport, and the trip back to the place of permanent residence could not be started at the date planned originally, the insurer will organise the extension of the stay and the accommodation. The insurer also undertakes to reimburse any additional cost of the trip home, which are certified with the relevant invoice.

2.9 Interruption of the trip/return

If the insured person should finish his/her trip prior to the date planned originally because he/she or his/her family member living in the same household would suddenly suffer severe illness or accident or die, or because he/she incurred significant financial loss, or because at the destination of the trip any sudden war or riot broke out or a natural catastrophe occurred, the insurer will organise the return home. The insurer undertakes to reimburse any additional costs incurred in excess of the costs of the return as planned originally.

3. Travel

3.1 Repeated acquisition of official documents

If the insured person would lose his/her document necessary for continuing his/her trip, the insurer will assist in the repeated acquisition of the documents. Costs of such repeated acquisition will be reimbursed by the insurer.

*3.2 Legal consulting **

The insurer will organise legal consulting for the insured person if it would become necessary in the course of his/her private trip, related to any insurance benefit or any authoritative procedure started against the insured.

The insurer will reimburse the costs of the first legal consulting, which were incurred abroad.

3.3 Call back from trip

If due to the death, sudden illness of a family member living in the same household or a close family member, or due to a significant damage to or loss of the insured's property the insured should be called back from his/her foreign trip, the insurer, in response to the written request of a close family member, will take the necessary steps through instruments suitable to the purpose, and undertakes to reimburse any costs incurred in this respect.

* In accordance with the provisions of article 103 of Act LX of 2003 on insurance institutes and insurance activity (Bit.)

3.4 Interpreter service

The insurer undertakes to ensure the interpreter services related to any insurance benefit or any authoritative procedure started against the insured. The insurer will reimburse the costs incurred in this respect.

3.5 Bail

Should any proceeding be started against the insured person in the course of his/her travelling abroad charging him/her with misdemeanour or negligently committed criminal action, the insurer undertakes to pay the bail or similar surety burdened on the insured, up to the amount specified in the policy. Such bail is qualified as interest-free loan that the insured will be obliged to repay to the insurer within six months.

4. Baggage insurance

4.1 Territorial scope of the insurer's liability

The insurer's liability is, in addition to Hungary, extended to the entire territory of Europe.

4.2 Insurance event, insurance benefits

The insurer undertakes to reimburse losses stemming from the theft or robbery of the baggage carried by the insured person on his/her foreign trip, or from its destruction in consequence of an elementary peril or accident, up to the limit stated for the contract in the table, and up to two events per insurance year.

Properties excluded from this present contract:

- jewels (including wristwatch)
- noble metals, precious stones,
- collections,
- art objects,
- payment instruments, any payment substituting instrument (including cash, bankcard, check, any voucher entitling for the use of any service, travel pass or ticket)
- securities, saving book,
- fur,
- personal documents,
- sport instruments (including bicycle),
- technical articles (specifically: video camera, (digital) photo camera, laptop, palmtop computer, cellular phone, manager calculator),
- musical instruments,
- work tools and means.

Baggage insurance does not cover the tools of carriage (suitcase, bag, etc.).

4.3 Events excluded from this contract

- missing, mislaying of the baggage or its disappearance because left unattended,
- appropriation of the baggage from a section, passenger space (including the glove compartment) that is visible from outside,

- appropriation of the baggage from a rigid, unlocked baggage compartment of the vehicle,
- appropriation of the baggage from a non-rigid baggage compartment of the vehicle,
- appropriation of the baggage from the baggage compartment of the vehicle, if the violent forcing into the compartment cannot unambiguously be proven,
- disappearance at night (between 10 p.m. and 6 a.m.), or from a car left unattended after occupying place of accommodation,
- in the case of camping, if the appropriation occurred not in a camping place designated by the local authority.

4.4 Documents to be submitted for the assessment of the claim

For the assessment of any baggage insurance claim, in addition to the documents specified in the terms and conditions of the Assistance Services, the following documents should be submitted:

- detailed protocol taken by the police, authoritative document issued for the name of the insured (describing the circumstances, place, time, etc. of the event),
- invoices certifying the value of the baggage lost (in the absence of this the insurer will take into consideration the replacement value based on the declaration made by the insured and the figures published by the Central Statistical Office).

VI. Reporting obligation

At the conclusion of the contract, the policyholder and the insured shall be obliged to inform the insurer on all material circumstances that are of importance from the underwriting aspect, which they were or would be aware of.

In the interest of the protection of the insured risk population, the insurer, pursuant to the authorisation granted in the matter by the policyholder at the contract conclusion, is entitled to verify the data submitted. In respect of his/her health data the insured exempts any physician or hospital or any health institute that has or will any time in the future treat him/her, or social insurance pay offices from their medical secrecy obligation, or any other insurer from its insurance secrecy obligation. The insured/policyholder shall be obliged to notify the insurer in writing on all changes in the circumstances or data, not qualifying as insurance event, which occurred during the insurance period and are of significance from the underwriting aspect. This refers specifically to circumstances and data mentioned in the insurance proposal. If the reporting or change reporting obligation would be breached, the indemnification obligation of the insurer will not arise, except if it is proven that such concealed or unreported circumstance was known by the insurer at the conclusion of the contract or such circumstance did not interfere with the occurrence of the insurance event.

VII. Waiver of the insurer, exclusions

The insurer will not be obliged to pay indemnification at all or may proportionally reduce the amount payable if it can prove that costs incurred in consequence of an insurance event would be recovered under other benefit payment obligations (e.g. agreement made between countries, social insurance, liability insurance), whereas accident insurance is deemed to be an exemption.

The following are excluded from the scope of benefits granted under vehicle assistance:

- losses occurring during any competition or the heating for such competition;
- the insured persons as the driver of the vehicle uses the vehicle for commercial transportation of persons or cargo;

- insurance events occurring within 20 kilometre radius of the permanent residence of the insured.

Furthermore the following exclusions apply to the accident or disease of the insured:

- accidents related to the disturbed state of the mind or consciousness of the insured, or to suicide or any attempt thereof; or drunken state of the insured.
- accidents caused directly or indirectly by events of war or civil war, or accidents occurring as a result of internal riots, demonstrations with the active involvement of the insured.
- accidents occurring in the course of flying with any aircraft either without or with engine, flying instruments, hang-gliders, or in the course of parachuting, or accident incurred in the capacity of air-crew member.
- accidents caused directly or indirectly by radioactive nuclear energy or ionising radiation.
- accidents caused by sunstroke, heatstroke, burning caused by sunrays, or frost.
- health impairments caused by medical treatment or medical intervention (except if such treatment or intervention has been administered in consequence of an accident event coming under the scope of this insurance).
- infections that cannot be interrelated with any accident, or any illness resulting from the bite of insects that are alien to the European fauna.
- toxicosis or injury caused by deliberate intake of solid, liquid or gaseous substances, including drugs and narcotics.
- hiatus hernia, inguinal hernia (strain) if it was not in causal relation with an accident.
- intervertebral disc injuries, furthermore bleeding not originating from an accident, or cerebral hemorrhage.
- accidents occurring during sport competitions or heating.
- accidents occurring in the course or in consequence of the insured's carrying or using weapon.

VIII. Benefit payment obligation of the insurer

1. Insurance claim reporting

The insured/policyholder is obliged to do his/her best to eliminate the loss or mitigate the extent of the loss occurred.

The insurance event should be reported to the insurer without delay but latest within 24 hours, on the following assistance line:

(36-1) 458-4484, 458-4485

In respect of costs related to losses reported beyond the 24-hour deadline, the insurer limits its indemnification obligation to EUR 150!

The insured/policyholder is obliged to furnish the insurer with comprehensive and true information on the circumstances of the insurance event and on the insurance contract, and to enable the verification of the contents of the report and information. The person reporting the insurance event shall be obliged to give complete and true answers to the questions raised by the staff member of the assistance provider, actually on duty.

The insurer's indemnification obligation will not arise if the insured/policyholder would not comply with the above obligation and therefore material circumstances become undiscoverable.

2. For the provision of the benefit, the insurer/assistance service provider may ask for the submission of the following documents:

- policy,
- certificate of eligibility (personal identification),
- detailed description of the insurance event,
- official documents issued in respect of the insurance event (e.g. protocol taken by the police or other authority, death certificate, medical documents, invoice in certification of the costs incurred in respect of the insurance event),
- other documents necessary for the assessment of the insurance benefit.

Optional benefit packages

Benefits	Bázis package	Komfort package	Európa package
• Costs of medical treatment	EUR 8 000	EUR 8 000	EUR 8 000
• Ambulance, rescue	EUR 15 000	EUR 15 000	EUR 15 000
• Transportation home from abroad	EUR 70 000	EUR 70 000	EUR 70 000
• Transportation to hospital, relocation	EUR 15 000	EUR 15 000	EUR 15 000
• Transportation of children home	EUR 1 500	EUR 1 500	EUR 1 500
• Patient visit	EUR 750	EUR 750	EUR 750
• Extension of stay	EUR 750	EUR 750	EUR 750
• Trip interruption	EUR 1 500	EUR 1 500	EUR 1 500
• Repatriation of corpse	EUR 7 250	EUR 7 250	EUR 7 250
• Repeated acquisition of documents	EUR 400	EUR 400	EUR 400
• Legal consulting	EUR 400	EUR 400	EUR 400
• Bail	EUR 4 000	EUR 4 000	EUR 4 000
• Recall from trip	unlimited	unlimited	unlimited
• Interpreter service	EUR 400	EUR 400	EUR 400
• Baggage insurance	-	HUF 150 000	HUF 150 000
• Emergency aid	abroad	-	EUR 125
• Towing	abroad	-	EUR 125
• Travelling home or further by train	abroad	-	EUR 400
• Rental car for at most 2 days	abroad	-	EUR 75/day

D6) Terms and conditions of the supplementary art object insurance

1. General terms and conditions

1. These terms and conditions describe the regulation of the Art Object insurance supplementing the household insurance.

II. Insured persons

1. The supplementary art object insurance is available for those who have a valid household insurance with UNIQA Insurance Ltd., provided that this service has been indicated in the proposal and the policy.

III. Insured site

The insured site is at the address indicated in the policy.

IV. Insured properties

1. Art objects indicated in the insurance proposal or on the Value Registration Form attached to the proposal.
2. Art objects could be insured only in that case when they are captured in a value register or if they are valued in accordance with the provisions of point 3 of Chapter II.

V. Insured perils

1. The insurance of art objects covers on the insured site indicated in the contract all damage, destruction and loss in consequence of any of the perils that the art object is exposed to, and which is not listed under exclusions and waivers.
2. The insurer grants coverage for the burglary peril described in point III.6 of the special terms and conditions, only if the requirements concerning protective measures described in Enclosures 1 and 2 are met. The indemnification obligation of the insurer will be limited in accordance with the level of anti-burglary system found and stated in the course of loss adjustment, in the amounts stated in *Enclosure 1*.

VI. Exclusions

Losses (damage, vandalism, destruction or disappearance) that are the consequences of any of the following, irrespective whether or not any other event interfered, are excluded:

1. frost, heat, temperature and atmospheric fluctuations, humidity, smoke, soot, dust, light and radiation impacts;
2. natural characteristic or shortage of the insured art object;
3. wear and tear or damage of the insured art object in consequence of normal use;
4. losses caused by vermin and pests, except for rodents;
5. working, cleaning, repair or restoring;
6. increase of former damages: e.g. existing hairline cracks on glass or china objects;
7. embezzlement, misappropriation, illegal appropriation, fraud or blackmailing;

8. packaging that in view of the conveyance, the route, the properties and the size of the object was inappropriate for the trials
9. any warlike event (irrespective whether war be declared or not), civil war, revolution, riot, commotion, strike, and any measures of military or civil authorities in respect of these;
10. terrorist or anti-terrorist action; terrorist action shall mean actions of persons or groups aimed at the achievement of political, religious, ethnic, ideological or similar targets, which are suitable for putting the society or any layer of it under fear and therefore influence the government or its agencies;
11. atomic energy, radioactive isotopes or ionising radiation;
12. use of chemical, biological or biochemical substances or electromagnetic waves as weapons;
13. nationalisation, sequestration or other governmental measures.

VII. Insured value

The insured value will be determined in the following manner:

1. Insured value shall mean the value agreed jointly by the insurer and the insured and documented appropriately.

The insurer is entitled to inspect the insured value regularly, at least once biannually.

2. Should the insurer and the insured not determine the insured value, the "declared value" specified by the insured will be effective. In the case of a loss this value should be certified by the Insured.
3. If it would be discovered that the insured object is counterfeit, the real value will qualify as the insured value retroactively from the commencement of the current insurance period. The Insurer will refund the excess premium proportionally.

VIII. Indemnification

If charges should be filed to the police department, the indemnification would cover only art objects described in such charges.

A) In the case of unique art objects

1. If the insured objects are destroyed or would disappear, the insurer will pay the insured value in accordance with Section VII.
2. If the insured objects would be damaged, the Insurer, at its discretion, meanwhile in consideration of the interests of the Insured, will pay the following:
 - a) indemnification in accordance with point 1, in consideration of the art object taken over;
 - b) indemnification in the amount of the value lost;
 - c) costs of restoring (including freight and documentation costs), and the permanent loss of value if any, but in no case more than the insured value as per Section VII.

B) In the case of loss incurred by pairs, pendants, series and many-piece objects related to each other, the insurer pays the following indemnification, however, in no case more than the insured value of such pairs, pendants or series in accordance with Section VII:

1. In the case of the destruction of a full pair or all items of a series, etc. the Insurer pays the insured value specified as per Section VII.

2. In the case of the destruction or disappearance of certain parts, the insurer at its discretion but in consideration of the interests of the insured will pay the following:

a) In the case of the destruction or disappearance of certain parts:

- in accordance with point 1 the insurer will pay the unique value of the part destroyed or disappeared, as well as the value lost by the entire art object; or
- the insurer pays the procurement costs of a comparable art object that also in terms of art-historical value could replace the part that has been damaged or appropriated.

b) In the case of damages incurred by certain parts

- costs of restoring (including freight and documentation costs), and the permanent loss of value, if any, incurred on the part restored or by the entire art object;
- indemnification in respect of the damaged parts, as well as the loss of value incurred by the entire art object, in accordance with point VII.1, in consideration of the art object taken over; or
- repurchase costs of a comparable art object that also in terms of art-historical value could replace the part that has been damaged or appropriated, in consideration of the art object taken over; or
- the loss of value incurred by the art object in its entirety if the acquisition of an appropriate object is impossible, but not more than the total insured value of the pairs, series, etc.

C) Prior to the full payment of the indemnification payable for the appropriated art object, the insured, in response to the relevant request from the insurer, is obliged to officially sign a deed prepared by the insurer, whereat the insured obliges himself that should he regain the art object in question, he will transfer the proprietary and all related rights.

In the case of receiving the art object, the insured shall be obliged to transfer the property, the proprietary and all related rights to the insurer and sign all deeds in this respect that have been prepared by the insurer.

D) *Regained art objects*

Both the Policyholder or the Insured, should they gain knowledge on the whereabouts of the art object lost, shall be obliged to inform each other in writing without delay, and take all measures that are necessary for the identification and the recovery of the art object.

If the unlawfully appropriated art object would be recovered before the payment of the full amount of indemnification in accordance with the terms and conditions, the insured, provided that a part of the indemnification has already been paid, in consideration of the refunding of the indemnification that has been received, will be obliged to repossess the art object. If the unlawfully appropriated art object would be damaged, the Insurer will be obliged to pay the indemnification to the Policyholder/Insured in accordance with the provisions of Section VII.

If the unlawfully appropriated art object would be recovered after the payment of the full amount of indemnification in accordance with the terms and conditions, the insured, at his discretion:

- a) either refunds the indemnification together with the interests calculated in accordance with the law then in force and net of the loss of value if any, or
- b) transfers the art object to the Insurer.

If the insured would be obliged to hand the recovered art object over to the insurer, he will be obliged to transfer to the insurer the proprietary and all related rights that he is vested with in respect of the art object, and shall be obliged to officially sign a deed prepared by the insurer in the matter.

IX. Deductible

The supplementary art object insurance stipulates deductible. The insurer will not reimburse losses under HUF 30,000. In respect of losses in excess of the said amount a deductible will be applied at a rate of 10% of the claim amount but at least HUF 30,000, which will be deducted from each and every loss event.

D7) Supplementary legal defence assistance

I. General provisions

1. These terms and conditions describe the regulation of the Family legal defence assistance that supplements the household insurance.

II. Insured persons

The family legal defence assistance is available for those who have a valid household insurance with UNIQA Insurance Ltd., provided that this service has been indicated in the proposal and the policy.

III. Insurance event

1. Within the frames of these terms and conditions insurance event shall mean the violation of a law committed by or against the insured or occurring during the insurance period, in consequence of which the insured's rights should be enforced or defended.
2. With the exclusion of legal defence in the field of labour law, this insurance covers events of the private life only. For this purpose private life means the life circumstances of the insured persons outside the scope of his/her job, profession, political or business activities.
3. Several events stemming from the same cause and interrelated in time should be deemed to be one single insurance event, irrespective of the number of persons involved.

IV. Territorial scope

This insurance covers insurance events that occurred within the territory of Hungary and coming under the jurisdiction of the Hungarian court of justice or other Hungarian authorities.

V. Time scope

This insurance covers those insurance events that occurred during the insurance period. As regards legal defence in the field of labour law, this insurance does not cover cases that would occur before 3 months would have been passed from the effective day of the insurance contract.

VI. Insurance benefits

1. Should its indemnification obligation arise, the insurer undertakes to reimburse justified costs that have been incurred from the date of the insurance event, in respect of the defence of the rights of the insured; in the manner detailed hereunder.
2. This insurance covers costs incurred prior to the occurrence of the insurance event if such costs have been incurred not earlier than 30 days prior to the reporting of the insurance event, in respect of measures taken by the party involved in a legal dispute

with the insured, or a court of justice, or any non-postponable measure taken in the interest of the insured.

3. The insurer will reimburse the following:
- a) fee invoiced by the legal representative;
 - b) fees and stamp duties based on legal rules, which are related to litigation or out-of-court procedure;
 - c) fees and expenses charged by the expert designated by the court;
 - d) fees due for the independent expert involved with the consent of the insurer;
 - e) after the legal sequestration title (e.g. court decision) has been granted in favour of the insured: the costs of legal enforcement for at most 2 sequestration attempts;
 - f) fees and expenses incurred by the party involved in legal dispute with the insured or by the State, which have been imposed on the insured;
 - g) expenses of travelling to the seat of the court if the insured is summoned.

4. The rules of the insurer's benefit payment obligation are as follows:

- a) The limit of the insurer's indemnification obligation in respect of all losses occurring within one insurance period will be the sum insured corresponding the type of coverage chosen by the policyholder, which is indicated on the proposal, irrespective of the duration of the enforcement of the claim stemming from an insurance event.
- b) In respect of several insurance events that constitute a causally interrelated series of events the sum insured is available only once. This sum is specified in correspondence with the time when the violation of law or interest constituting the insurance event has occurred.
- c) In the case of consent judgement, the insurer will bear the costs determined by the court, in the proportion as is borne by the favourable judgement and the defeat to each other, also as per the court's decision. In the case of out-of-court compromise, the costs will be borne by the insurer.
- d) The insurer will grant coverage for court and authoritative cases in progress until their final closure, even if the insurance contract would, in the meantime, be terminated, provided that the insurance event would have occurred during the effectiveness of the insurance contract and the case was reported to the insurer during the effectiveness of the insurance contract.

VII. Scope of the insurance coverage

1. Legal defence in compensation cases

Legal defence in compensation cases include the enforcement of extra-contractual compensation claims based on the liability stipulated by the civil law, in respect of pecuniary and non-pecuniary losses either caused or suffered.

2. Protection of proprietary rights

Protection of proprietary rights include the protection of the private law interests of the insured in the framework of legal debates over

- a)* transfer of title in respect of land and building,
- b)* transfer of title in respect of movables,
- c)* letting and rent of land and building.

3. Legal defence in criminal and misdemeanour cases

Legal defence in criminal and misdemeanour cases include the protection of the legal interest of the insured in any proceeding over negligent criminal actions or misdemeanour, which takes place before a court or misdemeanour authority.

4. Protection of labour law

Protection of labour law include the legal defence of the insured in proceedings carried out at Hungarian Courts of Labour Affairs as well as during the phase precedent to the litigation, when the insured in his/her capacity of employee, civil servant or public servant enforces claims against the employer in the following cases:

- a)* claims, procedures and/or demands started by the employer on the basis of employment, civil service, public service legal relationship against the employee/civil servant/public servant,
- b)* claims in respect of the termination of employment or civil service or public service legal relationship.

This insurance does not cover legal defence in respect of claims made by the employees of the insurer itself, against the insurer in its employer capacity.

5. Protection of general contractual rights

Protection of general contractual rights include the defence of the interests of the insured stemming from contracts under the civil law, in the following cases:

- a)* enforcement of claims stemming from deficient performance;
- b)* enforcement of claims stemming from insurance contracts, excluding the contracts of the insured concluded with UNIQA Insurance Ltd., and claims stemming from extra-contractual legal relationship.

VIII. General exclusions

1. The insurance protection does not cover the defence of the legal interests in the following cases:

- a)* insurance events related to the operation and/or driving of vehicles, or transfer of property;
- b)* when the amount of the claim forming the subject matter of the legal dispute or the amount of the penalty assessed in the misdemeanour proceeding does not reach 5% of the sum insured. If this could not be stated at the time of reporting the insurance event, the indemnification obligation of the insurer will hold until the above exclusion condition would be clarified;
- c)* cases directly or indirectly related to warlike events, internal riots, demonstrations, violent actions occurring during public meetings and actions in public places;
- d)* events stemming from tax, custom and other stamp duty legislation;
- e)* any events stemming from contractual or extra-contractual legal relationship with UNIQA Insurance Ltd.

2. The following are excluded from the insurance protection:

- a)* protection of the conflicting interests of persons insured under the same policy;
- b)* representation of the conflicting interests of close family members (Article 685 of the Civil Code);
- c)* enforcement of claims that have been assigned to the insured, or the legal enforcement of claims stemming from debts, where the insured undertook to replace the lender;
- d)* any penalty assessed against the insured or his/her legal representative in the procedure related to the insurance event, with reference to dishonest conduct or omission, or additional expenses incurred due to the above behaviour.

IX. Obligations of the insured

1. The insured shall be obliged to:

- a)* give comprehensive and true information for the insurer on the actual facts and, in response to the relevant request, furnish the insurer with all documents, as well as exempt the representing lawyer from his/her secrecy obligation towards the insurer;
- b)* grant comprehensive rights of representation for the lawyer acting in the matter, furnish the lawyer with all comprehensive and true information, and, in response to the relevant request, furnish the lawyer with all documents, as well as other means and objects of probative force;
- c)* apply for personal cost-exemption (or duty deferment right) if according to the stipulations of the relevant legal rules the insured would be eligible for cost-exemption or right of duty deferment in the given litigation;

- d) hand the certificate of cost occurred over to the insurer for verification, at least 3 days prior to the deadline for settlement;
- e) prior to the enforcement or refusal of claims or the contesting of the court decision to request the opinion of the insurer, specifically as regards the anticipated success, and to obtain the consent of the insurer to any compromise. Compromise arranged without the consent of the insurer will not be binding for the insurer as regards the payment of the insurance benefit.

X. Evaluation of the chances for claim enforcement

The insurer will at any time after the receipt of the claim report be entitled to investigate the anticipated success of the claim enforcement or the legal defence.

Should the insurer after the evaluation of the legal and probatory situation come to the conclusion that good chances are anticipated as regards the enforcement of claims, it will undertake the payment of the insured costs, in writing.

The insurer will be entitled to refuse the provision of the legal defence coverage if according to its legal opinion the successful protection of the legal interests of the insured is unlikely.

This entitlement of the insurer will hold even if such unfavourable perspective could be derived from facts and circumstances discovered only after the receipt of the claim report. In this latter case the costs incurred until such discovery will be borne by the insurer, provided that the rest of the conditions of the insurance protection prevail.

If the insured would not agree with the decision of the insurer on the refusal of bearing such costs, he/she may within 15 days from the receipt of the decision request the convention of an interest reconciliation committee simultaneously naming a lawyer undertaking his/her representation.

Members of the interest reconciliation committee are: a lawyer designated by the insured, the insurer's legal representative, and a chair elected by the two former members.

The interest reconciliation committee shall be obliged to pass a decision in writing within 5 workdays from the day when the insurer received the said application for interest reconciliation, regarding the issues of the possibility of a successful outcome and the beating of costs. The interest reconciliation committee passes its decisions with simply majority.

The decision passed by the interest reconciliation committee shall be binding for both the insurer and the insured; legal remedy against the decisions is not available. The interest reconciliation committee may charge for its activities at most half of the lawyer fee that could be assessed by the court.

Cost of the interest reconciliation committee should be borne by the insurer if according to the decision of the interest reconciliation committee the chances for the enforcement of the claims are good; meanwhile both parties should bear their respective expenses if according to the decision of the interest reconciliation committee there are no chances for the enforcement of claims.

If in the course of an event that rises the indemnification obligation of the insurer there are two or more rivalrous insureds with legal defence or liability insurance contract with the same insurer, the insurer will grant coverage without investigating the perspectives. The insurer grants coverage without investigating the perspectives in the case of penal and misdemeanour proceedings.

XI. Representation of the insured

If in the frames of services provided by the insurer a legal adviser should be assigned with the representation of the insured, the insurer will recommend a proper lawyer or an appropriately

licensed jurist. Irrespective of that, however, the insured will be entitled chose his/her legal representative either following the occurrence of the insurance event, or in the course of any court or public administration proceeding, or prior to the commencement of such proceedings, or in the course of any proceeding aimed at avoiding those proceedings or if the reconciliation procedure failed. Fees and costs of the legal representative chosen by the insured at his/her discretion will be reimbursed by the insurer up to the amount of the fees and costs of the legal representative recommended by the insurer.

The lawyer will be assigned directly by the insured. The insured should report the name and the seat of the lawyer assigned to the insurer in writing, within three days from the assignment. The lawyer will be responsible for the completion of his/her assignment directly to the insurer. The insurer cannot be held responsible for the activities of the lawyer.

The above discretion could be exercised by the insured in respect of lawyers whose office is in the area of competence of the court or public administration authority acting on the first instance. If there would be no or just one lawyer in the said area, the lawyer could be selected from the area of competence of the county court.

Optional types of coverage

	Bázis package	Komfort package	Európa package
Limits	HUF 200 000	HUF 500 000	HUF 1 000 000

E) Household insurance endorsements

Endorsement V-6: Application of safe deposit

This insurance will cover cash property group (see Chapter C) locked in vaults qualified by MABISZ or recommended by the insurer, provided

- that the vault is built into the wall or on the floor in accordance with its qualification certificate or the installation instructions of the manufacturer, or
- the strongbox or furniture safe with a mass less than 300 kg or the vault with a mass of less than 1000 kg is fastened to a structural building element or furniture in such manner that it could resist a leverage force of 3000 N or 10000 N respectively.

The insurer will be exempted from its indemnification obligation if the above requirements are not completely met or are completely met but the insured failed to arrange their commissioning.

Endorsement L-1: Insurance of rented residential objects

The liability of the insurer will cover the following parts and accessories of the building forming the property of the lessor:

- a) If the insurance was concluded by the tenant (tenant = policyholder):
- structure of the door and the window, shutter, jalousie, Venetian blind, shade, roller shade, curtain and their accessories;
 - bell, intercom, alarming and fire alarming devices;
 - built-in separation elements; built-in boiling, heating, water supply, sanitary appliances, ventilation devices and their accessories;
 - electric network and the accessories from the meter (switch rack) of the dwelling;
 - internal separation walls of the flat their coating, plaster, painting, wallpaper;
 - floor pavement (parquet, flooring, wall-to-wall carpet, etc.)

The insurance does not cover the following:

- the external walls, roof structure and common elements of a building;
- auxiliary buildings and workplaces rented;
- and any properties not listed above.

- b) If the insurance is concluded by the landlord (landlord = policyholder) the liability of the insurer will cover the external wall of the building, the roof structure, the load bearing wall, and any components not listed in point a).

Endorsement L-2: Dog keeper liability extension

Under this present endorsement the insurance coverage is extended to losses incurred by third parties, which were caused in the course of dog keeping and come under the scope of civil liability.

The upper limit of indemnification is HUF 2,000,000/year, geographical scope: Hungary. This endorsement may not be interpreted and applied to the insurance of the liability of dog pensions and commercial dog breeders.

Endorsement L-3: Exclusion of breakage of glass

(This endorsement can be applied only to such insurance that covers solely the contents, where the building is covered by a separate insurance that is extended to structural glazing.)

Under this present endorsement the insurance shall not cover from among the perils specified in the policy the breakage of plate glass.

Endorsement L-5: Insurance of garages outside the plot

This endorsement refers exclusively to the insurance of garages designated in the contract, located outside the insured plot and used exclusively by the insured. The insurance covers the risks listed in *Enclosure 3* of the terms and conditions of Home & Peace III household insurance, in accordance with the package chosen.

Insurance of the contents could cover exclusively household movables of general purpose. The insurance coverage for the content covers risks as per described in the package selected. In the case of burglary and robbery insurance, the existence of the mechanical protection criteria specified under V-1 is a basic requirement. The limits of indemnification in the case of burglary or robbery as regards garages outside the plot are the following:

V-1 criteria met:	50,000 HUF
V-2 criteria met:	80,000 HUF
V-3 criteria met:	100,000 HUF

Endorsement L-9: Contract concluded for at least three years

The parties mutually agree that the insurance contract will be concluded for at least three years, however the parties reserve the right to cancel the contract at the insurance anniversary with a 30-day cancellation period. For contracts concluded for at least three years, the insurer will guarantee the time discount specified on the proposal. If the policyholder would cancel the contract before the expiry date indicated herein, he/she will be obliged to refund the amount of such rebate retroactively, except if the insured property incurred total loss.

Endorsement L-10: Average content insurance amount

The insurer will not apply the consequence of underinsurance specified in the general terms and conditions of the household insurance in respect of the household content of general purpose, if the policyholder/insured accepted the automatic indexation at each insurance anniversary, as specified herein.

Endorsement L-11: Insurance of building under construction

The insurance cover will be extended to the entire substance of buildings and part of buildings under construction, extension or reconstruction bound to construction permit – including the parts and accessories built in or not yet built in – in respect of perils specified in the insurance package indicated on the household insurance proposal, for the period ending when the user permit would be issued.

In the case of partial loss the insurer will cover the amount of the loss occurred, in the case of total loss the insurer will pay at most the sum insured corresponding to the level of readiness of the building as at the date of loss.

Endorsement L-12: Application of deductible

Under this present agreement the insurer will not indemnify losses occurring in consequence of insured perils, which are under HUF 15,000; from losses reaching or exceeding HUF 15,000, HUF 15,000 will be deducted. The deductible will not be applied to plate glass losses.

Endorsement L-13: Average content insurance amount

The insurer will not apply the consequence of underinsurance specified in the general terms and conditions of the household insurance in respect of the following property groups: building/apartment and auxiliary rooms and spaces, if the policyholder/insured accepted the automatic indexation at each insurance anniversary, as specified herein.

Endorsement L-14: Insurance of the properties belonging to the auxiliary entrepreneurial activity

- a) Under this endorsement the insurer's liability will be extended to the losses incurred by the properties insured in the frame of supplementary entrepreneurial activity (in respect of the perils belonging to the insurance package chosen), provided that:
 - the area dedicated to such activity does not exceed 1/3 part of the apartment or the building;
 - the activity is performed exclusively in the building/apartment (supplementary space/room excluded);
 - such activity is performed exclusively by the insured(s);
 - the building is not uninhabited (definition for uninhabitation see in *point II.6 of Chapter C*);
 - the value of the properties of the entrepreneurial activity may not exceed 50% of the sum insured of the properties for general household purposes.
- b) Under this endorsement the insurable properties are
 - machinery, equipment, tools;
 - goods, stocksused for the entrepreneurial activity.
- c) The coverage will not be extended to goods burdened with excise tax (alcoholic drink, tobacco ware, etc.) or to intellectual products (software, plans, data, etc.).
- d) In respect of the properties belonging to the activity performed, the new replacement value should be given as the sum insured. The indemnification amount includes reimbursement payable for the loss of value, destruction or appropriation of the insured properties (in consequence of an insurance event), as well as any amount paid for loss elimination, loss mitigation and other expenses. If the sum insured is lower than the actual replacement value of the properties, average will be applied.
- e) In the case of machinery, equipment, tools, goods and stocks the specification of the amount of indemnification will be based on the new replacement value as at the date of loss. If the degree of depreciation of a property exceeds 50%, the amount of indemnification will be the new replacement value reduced in accordance with the degree of depreciation.

Perils covered under the supplementary entrepreneurial property insurance are identical with the perils specified in the insurance package concluded for the main building.

Security levels and the corresponding limits of indemnification under Home & Peace III household insurance

The insurer's indemnification obligation will be capped at the limits corresponding to the de facto burglary protection level that was found and stated by the insurer in the course of loss adjustment following burglary, robbery and concomitantly committed vandalism, in accordance with the following table. If the requirements under protection level I have not been met, the insurers indemnification obligation will not hold.

Protection category	Insured property	Maximum limit of indemnification (in HUF thousand) for property groups, in respect of burglary, robbery and concomitantly committed vandalism						
		Permanently inhabited building/apartment				Auxiliary spaces/rooms	Summer house ² and uninhabited building	
		Total of that ->	Art objects	Movables of outstanding value		Cash ¹ in safe deposit qualified by MABISZ	General household contents (rooms in exclusive self-use)	General household content
				- telecommunication and technical articles - hobby tools and instruments - Other collections	Noble metal, pearl, precious stones, and jewels, watches ³ made with use of same, costly furs			
Protection category I	3000	500	500	100	100	200	-	
Protection category II	4000	1000	1000	100	100	300	-	
Protection category III	8000	3000	3000	200	200	500	2000	
Protection category IV	15000	5000	5000	200	200	700	3000	
Protection category V	unlimited	10000	unlimited	500	500	1000	unlimited	

¹ Cash and securities without safe deposit are insured: in the case of Komfort package up to HUF 10,000, in the case of Európa package up to HUF 20,000, provided that the cash was specified on the proposal. In the case of a loss, the insurer, in accordance with the General Terms and Conditions will investigate underinsurance!

² The electronic alarm system supplementing the mechanical protection of a summer house must be E2 type i.e. alarm system enabling remote alerting.

³ Should the noble metal, pearl, precious stone and jewels and watches made with the use of the same be appropriated from a safe deposit qualified by MABISZ, the upper limit of indemnification will be identical with the limit assigned to the qualification, provided that the safe deposit has been installed in accordance with the relevant prescriptions.

Protection level criteria

I. Protection levels achieved with the combination of mechanic protection criteria and electronic alarm systems

Protection level I	V-1 mechanic protection criteria
Protection level II	V-2 mechanic protection criteria, or V-1 mechanic protection criteria + E1 type electronic alarm system
Protection level III	V-3 mechanic protection criteria, or V-2 mechanic protection criteria + E1 type electronic alarm system
Protection level IV	V-3 mechanic protection criteria + E1 type electronic alarm system or V-2 mechanic protection criteria + E2 type electronic alarm system
Protection level V	V-3 mechanic protection criteria + E2 type electronic alarm system

II Mechanical protection requirements

	V-1 protection criteria	V-2 protection criteria	V-2 protection criteria
Walling, ceiling, floor			
Quality and thickness of material	6 centimetres thick compact brick wall or 6-10 centimetres thick coursed construction or at least 10 centimetres thick bi- or multi-layer plates or at least bi-layer light element or wooden house assembled of prefabricated panels	12 centimetres thick compact brick wall or 6 cm thick reinforced concrete	12 centimetres thick compact brick wall or 6 cm thick reinforced concrete
Doors			
material of door, door frame	optional	optional	optional
thickness of door pane	optional	optional	Wooden door: at least 40 mm
lock	Safety lock ¹ or self-driving moving apparatus (garage doors)	Safety lock ¹	Safety lock ¹
number of locks	at least 1 piece	at least 2 pieces	at least 2 pieces
distance between the locks	–	At least 30 cm	At least 30 cm
sliding depth of the bolt	–	at least 15 mm	at least 20 mm
protection of plugs	–	against breaking down	against breaking down

strike plate receiving the bolt	optional	fastened to the wall structure at least at two points	fastened to the wall structure at least at two points
protection against unbolting ⁵	necessary	necessary	necessary
protection against unhinging ⁶	–	necessary	necessary
accuracy of closing	not maximized	maximum 5 mm	maximum 5 mm
fixing of the door plate to the frame	with any kind of hinges	minimum 3 pcs of hinges	minimum 3 pcs of hinges
protection of lock mechanism ⁷	–	150 x 300 mm cover made of 1 mm thick steel plate	150 x 300 mm cover made of 1 mm thick steel plate
fixing of the frame to the wall	optional	optional	At most 30 cm distance, and 10 cm depth
Windows⁴			
Windows at a height less than 3 meters and having bigger surface than 30x30 cm	–	Fitted with fixable roller-blind or shutter lockable from inside or fastened with appropriate means inaccessible from outside, or is supplied with safety glass foil ² or minimum P2A ⁸ grade safety glazing	fix ³ or mobile grating or grating qualified by MABISZ at least as an element of partial mechanical protection, roller-blind or minimum P6B ⁸ grade safety glazing
locking of mobile gratings	–	–	Equipped with safety lock with two bolts, protected against breaking down, or with a moving apparatus with own engine.

Explanations to the terms with index numbers

- The following locks are qualified as safety locks, in case number of variations exceeds 10,000: cylinder locks with minimum 5 pins, magnetic locks with minimum 6 rotors, key-locks with double-bit keys, number- or letter-combinations locks, individual qualified lamellar locks, safety padlocks qualified by MABISZ (padlock and hasp)
- Safety glass foil minimum 0,1 mm thick, qualified by MABISZ, the following requirements are normative to its installation:
 - fixing lath should be used for installing the glass plate in its frame, which cannot be removed from outside;
 - the foil must be stuck on an at least 4 mm thick glass table, from inside, without air-holes;
 - the distance between the frame and the edge of the foil cannot be more than 1 mm.

3. Gratings with a division up to 100x300 mm, round steel min. 12 mm in diameter – or material with the same solidity – not removable from the outside. The fixed gratings must be fastened to the walling by building claws placed 10 cm deep, by 30 cm around the window, but at least at 4 points.
4. The followings qualify as window, so the regulations concerning to windows concern to them as well:
 - portal (show) window built in fixed,
 - removable or fixed glass having bigger surface than 30x30 cm, built in the door,
 - door having bigger glass surface than 30x30 cm, on which there is no opening mechanism from the outside (terrace door).

The height of the windows is counted from the walking or approach level up to their lower sill.

5. In case of double-hung doors – if the fixed leaf is fastened by thimble mortise thumb-latches up and down – it is necessary to impede forcing in of the moving leaf or moving of the thimble. This can be achieved by installing extra locks at the height of the thimble, or by fixing the thimbles with screws.
Double-hung doors with tilting devices meet the requirements of protection against unbolting.
6. Impeding of lifting down of the locked door from its hinges.
It can be carried out e.g. by a peg affixed to the door, sinking into the door-frame when the door is closed, or by screws countersunk into the door-frame above the hinges, offering resistance to any lifting force.
7. A lock inlaid into the door panel (mortise lock) must be protected on one hand against rip from the door panel that is not compact, on the other hand against drilling through the door panel by fastening a steel panel not removable from the outside.
8. As per Hungarian Standard no MSZ EN 356:2000.

III. Requirements of the electronic signalling system

E-1 type electronic signalling system:

In accordance with the requirements of this endorsement, the electronic signalling system should perform a local alarming under the conditions below. A basic requirement is either the joint realisation of the proper surface protection and the trap-like area protection, or realisation of the full-scale area protection.

1. Proper surface protection is
 - when the activated electronic signalling system watches all of the doors, windows and portals, and signals any attempt of penetration or breaking through;
 - in the course of the accomplishment of the protection for doors and windows, the devices installed should be mortised and must perceive any movement reaching 1-2 centimetres.
 - the glass surface watching sensors must signal even the cracking of the glass. The sensor must watch the whole surface of the glass.

2. Trap-like area protection is constituted
 - when the activated electronic signalling system watches the routes of approach of all the endangered objects and places of enhanced importance within the inner area of the protected building.
3. Comprehensive space protection is constituted when
 - the activated electronic signalling system watches all of the doors, windows and portals, and signals any attempt of penetration or breaking through.

Requirements prescribed for the system

- On the sabotage-lines sensors should be installed in such grouping that the offended zone could easily be identified. [Offence alarm system installation should be made up of fixed devices. If the devices are in operation, the system that is not connected to a remote watch centre, in inactive mode should produce a voice signal. It should be installed in such manner that each signal separately could be identified (address identification, signal loop identification)].
- Lengthened sections of the wires should be either in walls in protective tubes or in the case of soldering technology, in a shrunk conduit.
- Light/voice or voice generating devices mounted for giving alarm signal in sabotage proof box that meets the technical requirements, should be installed outside the building in such manner that they could not be reached with simply means. In the case of remote watch system, local voice and light signal is unnecessary.
- The system can be operated by code- or lock-switch. The personal code must contain at least 4 digits. The control appliance must be placed within the protected area and can leave at most 30 seconds for activating/deactivating.
- In case of 6-digit codes the control appliance can be placed outside of the protected area as well, but only in a mechanically protected box opening with a safety lock, the box must be sabotage-proof, and at most 30 seconds should be left for its use following the opening or damaging of the box.
- the system should have at least 4 separately programmed user codes, and at least two outputs that could carry specified signals to the remote centre.
- outdoor alarm signal should be given with a voice and light generator having at least one own battery. In the protected area there should be at least one sound generator. The loudness of the voice signal must be at least 100 dB/m.
- all devices should have MABISZ qualification.
- the central unit or control panel should signalise on all protection circles separately the activated/deactivated state (on at least 3 immediate alarm and sabotage lines),
- the individual channels should not be switched on and off directly (the adjustment of the zone statuses in centres without supervision should not be changeable by unauthorised persons),
- the cover of the central unit and the additional power source should be made of at least 1.2 mm thick mild steel – or material of equivalent resistance characteristics –, could be opened for servicing, and be protected against sabotage.
- the sign-processing circuit of the code-switching panel should be placed within the central unit if possible, but in any case within the supervised area;
- Any defect of the different components should be signalled to the control unit, but the rest of the components should remain operable.
- All elements of the system should be sabotage-proof.
- When the system is activated, the control unit should monitor all – alarming – sabotage-lines, signal circuits, switching devices, and within 1 second from the receipt of any alert signal it should produce alarm.

- The signals of the sabotage-lines – in deactivated state as well must be indicated both optically and acoustically to the operator, and must be stored.
- The system should signal any break in the sabotage-circuits and sabotage lines, or short circuit, or 40% change in the electric resistance of the loop.
- at least one outdoor acoustic and optical signal generator and one indoor acoustic signal generator should be installed.
- The outdoor sound signal must cease automatically in 1-3 minutes after cessation of the evoking cause, or must be releasable manually by a competent operator or maintainer, and the system must get activated after the alarm automatically.
- External voice alarms should be mounted in double-walled rack made of 1,2 mm thick mild steel (or other material with the same resistance characteristics) and produce alternating alarm signal.
- The system must have two sources of energy independent of each other, supply-main and battery.
- In the case of any failure in the electric main, the battery should be able to operate the whole system for another 24 hours without interruption and after that period should be able to produce one more alarm cycle.
- automatic recharging of the battery should be ensured.
- opening sensors should be mounted out of sight or mortised,
- wires outside the protected area should be laid within wall or in protective tube.

E-2 Alarm signal transmission to permanent remote duty service

The policyholder hereby declares that he/she has the alarm system described in Endorsement E-1, which transmits alarm signal to the police duty service or in the centre of a property security watch system licensed by the appropriate authority.

Types of coverage in Home & Peace III household insurance

Perils	Európa	Komfort	Bázis
Fire and allied perils – Fire – Lightning (direct and secondary effects) – Explosion	+	+	+
Elementary perils – Storm – Hail – Pressure of snow – Rock slide, stone slide, land slide – Subsidence of unknown structure, cavity – Impact of unknown vehicle – Impact of aircraft and its cargo – Rainstorm	+	+	+
Plate glass	Up to pane size 5m ² + furniture glazing	Up to 3m ² pain size + furniture glazing	Up to pain size 3m ²
Supplementary liability insurance	+	+	+
Burst of water pipe	+	+	+
Extended burst of water pipe	+	+	
Burglary peril – Burglary – Robbery – Vandalism	+	+	
Catastrophe perils – Flood – Earthquake	+	+	
Reimbursement of auxiliary expenses	+	+	
Reimbursement of accommodation costs	+		
Replacement costs of lost bankcard	+		
Tainting of frozen foods	+		
Costs of justified lock replacement	+		

Other options available for additional premium

Perils	Európa	Komfort	Bázis
Plusz-24 Service (supplementary insurance)	+	+	+
Liability of dog keepers (Endorsement L-2)	+	+	+
Supplementary family accident insurance	+	+	
Supplementary life insurance		+	
Supplementary travel insurance	+	+	+
Supplementary art object insurance	+	+	+
Supplementary family legal defence assistance	+	+	+

Insurance packages for the insurance of properties in summerhouses

Európa	Komfort	Bázis
<ul style="list-style-type: none"> - Fire and allied perils - Elementary perils - Burst of water pipe - Extended burst of water pipe - Plate glass - Burglary - Reimbursement of auxiliary expenses - Catastrophe - Burst of ceramic hub 	<ul style="list-style-type: none"> - Fire and allied perils - Elementary perils - Burst of water pipe - Plate glass - Burglary - Reimbursement of auxiliary expenses 	<ul style="list-style-type: none"> - Fire and allied perils - Elementary perils - Burst of water pipe - Plate glass