

Family Insurance

Family Insurance may be concluded subject to the present General and Special Terms and Conditions between AEGON Magyarország Általános Biztosító Zrt. (hereinafter: Insurance Company) and any private person, business organization or condominium (hereinafter: Policyholder). Pursuant thereto, upon the occurrence of a specific insurance event as defined in the terms and conditions, the Insurance Company shall be obliged to pay the insurance benefit also specified therein, and the Policyholder shall be obliged to pay an insurance premium therefor. The main insurance shall be a property insurance which is a condition to the conclusion of any rider.

General Terms and Conditions

The present Terms and Conditions shall be applicable in all cases when a property insurance or any rider(s) of the Family Insurance is (are) concluded between the Policyholder and the Insurance Company, but shall only be applicable unless the provisions in the Special conditions of the property insurance and the rider(s), or in the Annex thereto, or in the Proposal or the policy are otherwise specifically stipulated.

I. POLICYHOLDER, INSURED

1. Policyholder

the natural person or legal entity (business organization) (§685(c) Civil Code) who initiated a proposal for effecting the contract, and upon the conclusion thereof will be paying the insurance premium. The Policyholder shall be the recipient of the legal declarations of the Insurance Company, and is entitled and bound to submit any legal declarations related to the insurance.

2. Insured

The Insured shall be defined in the relevant sections of the Special Conditions of the property insurance and the rider(s).

II. THE CONCLUSION AND EFFECT OF THE CONTRACT

1. The Policyholder shall initiate the conclusion of the contract by a written proposal. The Insurance Company is entitled to underwriting within 15 days following the date of issuing the Proposal. Should the Proposal have been received by an insurance broker acting on behalf of the Policyholder, the underwriting period of the Insurance Company shall commence upon receipt thereof by the organizational unit authorized to issue the policy. The insurance contract shall be concluded if the Insurance Company accepts the Proposal within the above 15-day period.

The contract shall be concluded even if the Insurance Company fails to respond to the Proposal of the Policyholder within 15 days.

In such a case, the contract shall be concluded retroactively as of the date when the Proposal was signed and with a content equivalent thereto.

2. Should the Insurance Company reject the Proposal within the period specified above, it shall not be liable for any loss or damage occurring within such period. Should there be a refusal, the first premium paid upon signing the Proposal shall be repaid without interest within 15 days subsequent to the decision. A premium repaid after the specified time shall not affect the risk-taking of the Insurance Company. The Insurance Company is entitled to make a proposal for modification within the above period, and provided that the Policyholder is specifically informed of any significant amendments or modifications, the insurance shall take effect subject to the modified policy.
3. The Insurance Company shall issue a policy to the Policyholder of the contract concluded.
4. The Insurance Company is not obliged to divulge its reasons for refusing the Proposal.

5. **Should the Insurance Company obtain information regarding material facts affecting the contract only after concluding the contract, furthermore, if it is informed of any changes regarding material facts specified in the contract, it may propose a modification to the contract in writing within 15 days – or if pursuant to the regulations it cannot take the risk – shall be entitled to cancel the contract in writing with thirty-days' notice.**
6. **The risk-bearing of the Insurance Company shall commence**
 - at 0 hours on the day following the day of receipt of the Proposal,
 - prior to the receipt of the first premium should there be an agreement on premium payment deferment, at 0 hours on the day following the day when the Proposal was signed,
 - at 0 hours on the day following the day when the first premium was received to the cash desk or account of the Insurance Company,
 - if the Policyholder pays the first premium to the representative of the Insurance Company, the premium must be considered as having been received and in the account of the Insurance Company on the fourth day following the payment date at the latest,
 - on the date – in the interest of the Insured parties – specified in the Proposal, subsequent to the payment of the first premium (deferred risk bearing)

provided that the insurance contract has been concluded or shall be concluded thereafter.

7. The insurance is concluded for a definite, one year term. The policy year shall commence on the first day of the month following the signature of the Proposal (technical commencement), which at the same time is the commencement of the premium payment. The insurance shall always be automatically concluded for the subsequent policy year unless the Policyholder or the Insurance Company indicates their intention not to renew the contract in writing at least 30 days prior to the end of the policy year.

Should the Policyholder or the Insurance Company **cancel the insurance contract in writing at least 30 days prior to the end of the policy year**, the contract **shall terminate** without residual rights at 24 hours on the last day of the policy year.

III. INSURANCE PREMIUM, PREMIUM PAYMENT

1. The present insurance has an **annual premium**, the frequency of the payment of the annual premium is defined in the Proposal (month, quarter, half year, year).
2. **The Policyholder is bound to pay the premium defined in the policy** at a frequency specified ibidem, by the payment method agreed upon beforehand, at the due date at the latest. The first premium of the insurance is due upon signing the insurance proposal. Henceforth, the regular **premium is always due in advance**, i.e. it is **due** on the first day of the month or period that the premium refers to.
3. **Non-payment of premiums** shall entail the termination of the contract. In the lack of premium payment, the insurance shall terminate in 3 months after the due date of the first overdue valid premium if the overdue premium is not paid – for whatever reason – until then inclusive.
4. **Should the insurance event occur within the risk-bearing period of the Insurance Company not covered by any insurance premium, but the insurance has not yet been terminated, the Insurance Company may deduct the premium(s) not paid but due for the specific period from the payable sum of the insurance benefit or the indemnity.**

If an insurance event occurs, the Insurance Company shall be entitled to demand payment of the premium for an entire policy year.
5. Within 3 months subsequent to the termination of the contract, the parties by common consent and with the original contents may reinstate the contract (reactivation).

Neither the reinstatement nor the subsequent payment of the premium shall entail risk bearing of the Insurance Company for the period between the termination of the contract and the reinstatement thereof. The parties must agree upon the date of the reinstatement.
6. **Upon termination of the main insurance, riders also terminate without residual rights.**

IV. SUM INSURED – INDEXATION

The sum insured shall mean the sum indicated in the insurance proposal and Annex respectively, which is paid by the Insurance Company upon the occurrence of an insurance event, or the sum which is the top marginal rate of the benefit(s) and at the same time serves as a basis for the calculation of the insurance premium.

1. In order to maintain the real value of the insurance benefits, the Insurance Company shall automatically modify the sum of the insurance benefits and the full insurance premium each year (indexation).
2. The Insurance Company shall establish the rate of the index on the basis of the data received from the Central Statistical Office of Hungary (KSH) by 1st March each year. The basis thereof is the **annual consumer price index referring to the calendar year** preceding the indexation, **from which the Insurance Company may deviate by 5 percentage points**. The index established thereby shall apply from June 1 of the given year to May 31 of the subsequent year.
3. The sum insured modified by the indexation is the product of the sum insured applicable to the preceding policy year multiplied by the index established by the Insurance Company. The insurance premium shall change proportionally to the sum insured. Other insurance elements shall change likewise proportionally in compliance with the rules of rounding.
4. The Insurance Company shall **notify the Policyholder in writing** of the **rate of the index** established by the Insurance Company and of the **escalation modifications to the sums insured at least 60 days prior to the end of the policy year**.
5. Together with the indexation the Insurance Company may initiate the modification of insurance premium rates and premium modifying factors by reasons of exposure to risk or other. The Insurance Company – at the same time with the indexation notice, in a special warning – shall notify the Policyholder in writing of the modifications to the premium rates at least 60 days prior to the end of the policy year.
6. The insurance contract is valid for the particular year with the sum insured, the insurance premium or the premium rate disclosed by the Insurance Company, but pursuant to Clause II.3 of the General Terms and Conditions, the Policyholder is entitled to cancel the contract upon the anniversary. Should the contracting party fail to reject the modification of the contract related to the premium increase in writing, the Insurance Company shall deem it accepted.
Cancellation of the main insurance shall entail termination of the entire contract.
- 6.1. While the main insurance is kept in force (Clause II.A. of the Property Insurance Terms and Conditions), both parties may cancel any of the insurance forms selected by the Policyholder (insurances with supplementary premium, insurances with malus or riders) in writing at least 30 days prior to the policy anniversary. In such a case, the contract shall remain in force without the cancelled insurance services with addition premium or malus or of the rider.
Cancellation on behalf of the Policyholder related to certain elements of the contract shall be understood as an insurance proposal, and pursuant to Clause II.1 of the General terms and Conditions, the Insurance Company is entitled to underwriting as of a new proposal.

V. NO-CLAIM BONUS

1. If within the particular policy year no payment is effected upon the insurance contract – neither for the main insurance nor for the riders – the Insurance Company shall grant a bonus as of the following:
 - after one no-claim policy year: 5%,
 - after two consecutive no-claim policy years: 10%,
 - three or more consecutive no-claim policy years: maximum 15%of bonus.
2. The Insurance Company shall include the bonus in the insurance premium of the subsequent year. If a claim payment is effected for the contract during the period with a no-claim bonus, the bonus shall be lost in the subsequent policy year, and can be granted again after another whole no-claim policy year with the lowest possible bonus rate.
3. Should the location of the Insured change, within 3 months upon termination of the home insurance concluded with the Insurance Company, considered as precedence insurance, a granted no-claim bonus may be enforceable by the Insured named on the policy of the precedence insurance in the premium payment for the new home insurance.

VI. SPECIAL OBLIGATIONS OF THE PARTIES

1. Obligation to Disclose and Notification Obligation because of Changes

- 1.1. Upon conclusion of the contract, the **Policyholder and the Insured shall be bound to inform the Insurance Company** fully and truthfully about **all the circumstance** of which he was or must have been aware that **are substantial in terms of providing insurance coverage** and which the Insurance Company specifically **requested in writing**. The obligation to disclose and the notification obligation because of changes are jointly and severally binding for both the Policyholder and the Insured: **neither of them may claim as a defence that they were not aware of any circumstance or change they failed to disclose to the Insurance Company**, or report thereto, although of which they must have been aware and were bound to disclose.
- 1.2. If the Policyholder and the Insured is not the same person, the **Policyholder shall be bound to inform the Insured (parties) of the contents of the contract**, and about all changes effected thereto.
- 1.3. Both the Policyholder and the Insured shall be liable for the veracity of the data. The Insurance Company shall be given the means to check the data disclosed. The Insurance Company's being able to check the data shall not exempt the Policyholder or the Insured from their obligation to disclose.
- 1.4. The Policyholder and the Insured – with regard to the provisions on overinsurance – shall be bound to disclose to the Insurance Company in writing within 15 days if there has been an insurance contract concluded with another insurance company to provide cover for such insurance events or assets which subject to the present insurance contract the Insurance Company also provides cover for.
- 1.5. The **Policyholder (Insured) shall be bound** to inform the Insurance Company **within 15 days in writing** about any change in any of the **circumstances that are substantial** in terms of providing insurance coverage. All circumstances shall be regarded as substantial which the insurance proposal contains data about, either in an answer to a question or as a declaration.
- 1.6. **The Policyholder (Insured) shall be bound to disclose within 15 days if the address or domicile of the Policyholder or the Insured has changed.**
- 1.7. A business organization shall be bound to disclose the commencement of any proceedings related to the restructuring, liquidation, bankruptcy or dissolution of the business.
- 1.8. **In the event of an infringement of the obligation to make disclosure and report changes, the obligation of the insurer shall not take effect**, unless it is proved that the insurer was aware of the concealed or undisclosed circumstance when the contract was concluded or that such circumstance had no influence on the occurrence of the insurance event.

2. Notification of Loss and Damage

The insurance event must be reported to the Insurance Company in a way and within the period set forth in the Special Conditions of the property insurance and riders of the Family Insurance. The Insurance Company shall not pay interest for the duration of the late enforcement of a claim.

3. The Disclosure Obligation of the Insurance Company

The Insurance Company is bound to disclose to the Policyholder:

- the details of the contract,
- the settlement of the claims reported,
- the payment of the sums insured, the claims payment or of the obstacles thereto.

4. Fulfilment Obligation

- 4.1. **The occurrence of an insurance event must be reported** to the Insurance Company **within the period specified in the Special conditions, and the circumstances related thereto shall be made available for inspection by the Insurance Company.**
- 4.2. The Insurance Company shall fulfil its services **within 15 days upon receipt of all the documents necessary for the assessment of the claim by the Insurance Company**. Should the Insurance Company be late in its obligation for fulfilment, it shall be bound to pay interest on late payment as set forth in the Civil Code. For the assessment the documents required by the Insurance Company **must be furnished by the party enforcing the claim.**

- 4.3. The **Insurance Company shall be exempt from paying the benefit** in the event of **infringement of the obligation to disclose** and **notification obligation because of changes** by the Policyholder (Insured) if consequent thereupon substantial circumstances become undetectable.

VII. MISCELLANEOUS PROVISIONS

1. **Claims** arising under the cover of the insurance contract have a **limitation period of two years** upon the occurrence of the insurance event.
2. All definitions of the conditions, Proposal, current data sheet of the Family Insurance shall be understood as everyday language usage except those which are specifically indicated and defined in the General or Special Terms and Conditions.
3. The Policyholder and the Insured parties shall agree that the Insurance Company – within the framework of the present insurance – may process and keep records of their data related to the insurance contract.
4. By signing the contract, the Policyholder/Insured shall agree that the Insurance Company may use their data under the insurance, and pursuant to §155-159. of Act LX of 2003 (hereinafter: Insurance Act) may lawfully disclose them to a third party.
 - 4.1. The Insurance Company shall use personal data in consideration of the document “Information and Statement about the use of data” approved by the Policyholder and the Insured through their respective signatures, which constitutes an integral part of the contract.
 - 4.2. Privacy in insurance shall apply to all data – other than classified as state secret – at the disposal of the Insurance Company which concern the personal circumstances, financial standing or economic conditions of the particular client, or are related to his contracts concluded with the Insurance Company.
 - Data related to the physical health of clients for the purposes set forth in Paragraph (1) of Article 155, pursuant to the provisions of Act XLVII of 1997 on Management of health care and related personal details, solely by written consent from the party concerned, which consent the insurance company shall obtain upon the signing of the Proposal.
 - The Insurance Company shall be entitled to manage the business secrets of their clients which are related to the insurance contract, the conclusion or administration thereof, and to the insurance benefit. The purposes of data processing are limited to purposes necessary for the conclusion, modification, maintenance of the contract within the portfolio, the assessment of claims arising from the insurance contract, or any other purposes set forth in this Act.
 - The insurance company may use the data for purposes other than those set forth in the previous paragraph upon the prior consent of the client, which consent the insurance company shall obtain upon the signing of the Proposal. Clients may neither suffer any disadvantage impaired due to their refusal nor benefit from the granting of such consent.
 - Concerning privacy in insurance, without any temporal limitation, unless otherwise provided for by law, an obligation of privacy shall be binding on the owners, senior officers, and employees of the insurance company together with all other parties who may have access to insurance secrets in the course of performing their tasks related to the insurance company.
 - 4.3. The insurance company may only disclose the insurance secrets of its clients with the consent of the client or pursuant to legislation. Pursuant to the provisions of the Act, no obligation of privacy prevails against:
 - a) the Supervision acting within its scope of responsibilities,
 - b) prosecuting and investigating officials acting within the scope of on-going criminal proceedings,
 - c) a court acting in criminal proceedings, civil procedures, bankruptcy, and liquidation proceedings, and independent judicial executors acting in enforcement proceedings,
 - d) public notaries acting in legacy cases,
 - e) the tax authority acting in proceedings specified as per Paragraph (2),
 - f) the National Security Office acting within its scope of responsibilities,
 - g) the Competition Office acting within its scope of competition supervisory responsibilities related to insurance companies, insurance carriers, consultants, Hungarian representatives of third-country insurance companies, independent insurance carriers or consultants, interest-representing organisations thereof, and to insurance, insurance intermediary, and consulting activities,
 - h) the Public Guardianship Authority acting within its scope of responsibilities,

- i) the medical authority as specified in §108 (2) of Act CLIV of 1997 on Health care services,
- j) the agencies authorised to use clandestine means and methods to gather intelligence information provided that the terms and conditions set forth in separate legislation prevail,
- k) the reinsurance company, and in the case of common risk bearing (coinsurance), the risk bearing insurance companies,
- l) the recipient insurance company with respect to a ceded insurance portfolio in the framework of portfolio-ceding,
- m) the organization managing the Guarantee Fund, the Information Centre, the Indemnification Organization, and the person in charge of claim investigation with respect to data required for claims settlement and compensation claim enforcement,
- n) the entity performing outsourced activities with respect to data required for outsourced activities,
- o) information must be promptly disclosed to the investigative authorities, together with the civil National Security Office if facts arise indicative of the insurance transaction being related to a criminal offence of
 - drug trafficking,
 - terrorism,
 - illegal trade in arms, or
 - money laundering.

4.4. As regards data related to the deceased person, the rights of the party concerned may be exercised by the heir of the deceased or the successors or assigns named in the insurance contract.

5. In regard to complaints related to the contract which may not be remediable at the Insurance Company's competent Complaints Office in charge of the contract, the party entitled may turn to the Central Client Service Office of the Insurance Company (*Budapest, District II, Bécsi út 3–5.*) or in writing to the Complaints Office thereof (*1813 Budapest, Pf.: 245*). Supervisory authority: Hungarian Financial Supervisory Authority (*1013 Budapest, Krisztina Krt. 39*). The party entitled may refer to the Directorate-General for Consumer Protection, to the arbitration court of the Chamber of Commerce and Industry and may submit an appeal against any decision unacceptable to him through public administrative procedures.

6. As regards issues not regulated in the General and Special Terms and Conditions of the insurance, the provisions of the Hungarian Civil Code, the current acts on personal income tax and of the Hungarian legislation shall apply.

7. The language of the contract is Hungarian. If requested by the Policyholder, the Insurance Company may in writing agree to and thus be obliged to have the contract prepared in a foreign language and submit the necessary documents, but the Hungarian wording thereof shall be regarded as the authoritative wording.

Family Insurance

Special Terms and Conditions of Property Insurance

Subject to the provisions of the present terms and conditions and in consideration of the payment of the premium the Insurance Company shall indemnify in respect of loss or damage occurring at the insured location during the insurance period to the insured property caused by the insurance events.

As regards issues not regulated herein, provisions of the General Terms and Conditions of the insurance and of the Hungarian Civil Code shall govern.

I. POLICYHOLDER, INSURED

1. The property insurance may be concluded by a person (hereinafter: Policyholder) who has an interest in protecting the property, or a person who concludes the contract for the benefit of such a person (hereinafter: Insured).

The Insurance Company shall always disclose the information related to the insurance to the Policyholder, who – if necessary – shall be obliged to inform the Insured parties thereof.

2. Subject to the present conditions

2.1. with respect to **buildings and structures** the **Insured parties** may be:

- a) the person named on the policy as insured: owner, lessee, joint lessee
- b) the co-owners in proportion to their share of ownership,
- c) the building co-operative in proportion to the total number of the apartments thereof and those insured with the Insurance Company,
- d) the condominium or building co-operative indicated on a policy,
- e) other business organizations (as per Article 685 (c) of Civil Code).

2.2. with respect to **movables** the **Insured parties** may be:

- a) the Insured parties of the buildings, structures, and
- b) the close dependants and dependants (as per Article 685 (b) of Civil Code) who at the time of the occurrence of the insurance event permanently live in the same household with the Insured named on the policy.

2.3. **The Insured may not be:**

- a subtenant, a paying guest,
- a household employee,
- a guest.

II. TERRITORIAL SCOPE OF THE INSURANCE

1. The location insured by the Insurance Company shall be in Hungary, and within the country:

With respect to buildings and structures:

- the address indicated on the Proposal or on the policy, should an address be lacking, the allotment indicated as of the section number.

With respect to movables:

- the address indicated on the Proposal or on the policy, should an address be lacking, the allotment indicated as of the section number,

- should there be a case of official dislodgement, the location where the Insured has to reside temporarily, because his apartment has become uninhabitable consequent upon an insurance event.
 - the whole territory of Hungary up to 5% of the sum insured of the household movables with respect to the movables the Insured carried with him. The insurance does not cover movables placed on the property or the part of a property within the Insured's ownership, permanent renting, or exclusive tenure, provided that the Policyholder (Insured) could have affected an independent insurance for such.
2. The above specified insured locations must comply with the safety regulations indicated in the contract or in the Appendixes thereof.
 3. **The Insurance Company shall not indemnify for the damage occurring in the Valuables (Clause V. 3.3 b) if those were not kept in rooms used for permanent dwelling (e.g. cellar, attic, auxiliary building, barn, summer home, cottage) or were kept outside.**

III. SUM INSURED – INSURANCE PREMIUM – INDEXATION

1. The sum insured shall be specified by the Policyholder based upon the relevant chapters of the terms and conditions. Each property group and category thereof indicated in separate lines on the Proposal with separate sums insured must be specified and treated independently. The sums insured applicable to the property groups and the property categories listed within them may not be merged.
2. The basis of the establishment of the sum insured is the costs of reconstructing, rebuilding or purchasing the property to be insured in a new condition applicable at the time of the conclusion of the contract. If the sum insured is lower than the costs of the reconstructing, rebuilding or purchasing the property to be insured in a new condition, **underinsurance** occurs. In such a case, the Insurance Company shall apply proportional indemnification, which means it indemnifies the loss at such a rate as the sum insured as of the date of loss is proportional to the costs of the reconstructing, rebuilding or purchasing the property in a new condition as at the date of the loss.
3. If the contract is concluded with the sums insured proposed by the Insurance Company with respect to the property groups "Buildings" (Clause V.2) and Household Movables" (Clause V.3.3 a)), in the event of a claim the legal consequence of underinsurance, i.e. proportional indemnification shall not apply. In such a case the maximum benefit of the Insurance Company is the sum insured proposed by it and accepted by the Policyholder.

The Insurance Company shall establish the proposed sum insured with respect to the net floor space of the building. Should the net floor space at the date of the loss not equal the floor space indicated on the Proposal, the Insurance Company shall pay indemnity with respect to the real and net floor space under cover.

With respect to the property group "**Entrepreneurial Assets**" (Clause V.3.3 c)) the following shall not apply; in all such cases the present provisions of Clauses 1 and 2 of Chapter III shall prevail.

4. Within the framework of the present contract, with respect to insurances of condominiums and building cooperatives, where the address of the insured location is indicated, and which are **exclusively managed by AEGON Magyarország Általános Biztosító Zrt.**, there is an option to take out a supplementary, additional value insurance for the sums insured applicable to the specified property groups.

The additional value insurance shall only apply to property groups which appear in the collective insurances of condominiums and building cooperatives, too, thus the full sum insured shall constitute of the sums insured of two contracts, but even jointly they may not exceed the value of the insured property.

Reference to the additional value insurance shall appear both on the Proposal and the policy.

The sum insured applicable to the specific property group (which may be buildings, household movables, valuables) shall be established by the Policyholder.

In the case of riders taken out for additional value insurances, during the validity term of collective insurances of condominiums and building cooperatives the Insurance Company shall not examine underinsurance.

In the event of termination of collective insurances of condominiums and building cooperatives, within the property groups of the riders of additional value insurance, the Insurance Company shall act in compliance with the General Terms and Conditions applicable to the sums insured. (Clauses 1, 2, 3 of III)

In the case of insurance events specified in the conditions occurring to the property groups covered by the additional value insurance, the primary loss bearer in all cases shall be the collective insurance of condominiums and building cooperatives. Claiming the sum insured specified in the present contract and receiving the benefit of the Insurance Company is possible if upon the occurrence of an insurance event, the Insured has taken and depleted the sums insured, as specified in the collective insurances of condominiums and building cooperatives.

5. Notwithstanding the above, the Insurance Company may apply a minimum premium, from which a further bonus may not be granted. If the contract is concluded with a minimum premium, the risk bearing of the Insurance Company shall be appropriate to the minimum premium, and up to the sum insured calculated with respect to the insurance rates.
6. When stipulating the sum insured and establishing the premium, the Insurance Company shall act applying the rules of mathematical rounding and according to the following:
 - the sums insured, the limit of the liability insurance and the sum of reimbursement applicable to the particular property groups shall be established in integer thousand forints,
 - the annual insurance premium shall be established in integer forints.
7. The Policyholder may initiate the modification of the sums insured of the property insurance contract at any time by submitting a written declaration to the Insurance Company. Such a declaration shall be understood as a proposal, and the Insurance Company shall execute the underwriting as for a new proposal in compliance with clause II.1 of the General Terms and Conditions.

IV. SPECIAL OBLIGATIONS OF THE PARTIES

1. Notification Obligation due to Changes

The notification obligation of the Policyholder (Insured) includes a notification should the property/assets covered by the insurance be included into a business organization.

2. Loss Prevention and Mitigation Obligation

The Policyholder (Insured) is especially obliged:

- to have the buildings built and to maintain them in compliance with the national building standards and regulations,
- to act with due care and diligence when managing the movable and immovable (real estate) property,
- to comply with the safety regulations stipulated by the Insurance Company in the General Terms and Conditions and the Attachments thereof,
- to lock the premises, with the insured properties inside, in compliance with the applicable level of protection, and to activate the available safety devices and alarm devices when absent, even for a short period.
- to promptly make the necessary and reasonable steps to mitigate the extent of the loss or damage upon occurrence of damage.

3. Notification obligation of loss and damage

The Policyholder (Insured) must report the insurance event to the Insurance Company within 2 days after obtaining information in regard to it. The Insurance Company must be given the means to check the contents of the claim report. In the event of fire or explosion, the insurance event must be reported to the fire brigade, and in the event of burglary and robbery to the police.

The Insured should not interfere with the condition of the damaged properties – other than for the mitigation of loss – within 5 days following the claim report. The Insurance Company shall not fulfil its services obligation if consequent upon changes greater than those allowed, the conditions essential to the assessment of the servicing obligation, and the establishment of the extent of the damage becomes undetectable.

V. THE INSURED PROPERTIES

1. The Insurance Company shall provide coverage for properties which are found on the specified insured location(s), indicated separately in the policy, and which are qualified as buildings*, structures (hereinafter: **buildings, structures**) by the National Building Acts, i.e.
 - a) buildings providing conditions for a permanent residence (houses, apartments, rented buildings) indicated as buildings on the Proposal,

* **Building:** Buildings are self supporting structures constituting a space partly of totally separated by building structures from the surrounding outer space, and providing the conditions for permanent or temporary residence or usage.

- b) holiday homes (weekend houses, mountain cottages, vinery houses, farm buildings etc.) indicated as buildings on the Proposal,
 - c) buildings providing conditions for business purposes indicated as buildings on the Proposal,
 - d) buildings, parts of buildings providing conditions not for residence (barns, garages, stalls or sties, crop storages) indicated as auxiliary building 1 or auxiliary building 2 on the Proposal,
 - e) structures (swimming pools, fences, garden structures etc.) which are not indicated separately on the Proposal, but for which the Insurance Company shall provide coverage within the sum insured applicable to the buildings property group,
- together with
- f) household movables,
 - g) valuables,
 - h) entrepreneurial assets
- (hereinafter: **movables**).

2. Buildings, Structures

2.1. *Buildings and Structures in Proprietary Possession*

In the case of buildings and structures in the proprietary possession of the Policyholder (Insured) the Insurance Company shall provide coverage for the whole of the insured buildings and parts of buildings both complete and under construction, including parts and accessories thereof both built in and not yet built in, together with the fixtures of the building.

2.2. *Rented buildings*

2.2.1. the Insurance Company shall provide coverage for built-in fixtures and equipment of buildings within the bordering walls of the rented building, or under the ownership of the lessee or lessor as specified below:

- the structure of doors and windows, shutters, jalousies, Venetian blinds, shades, roller-blinds, sun shades together with their fittings,
- the doorbell and the intercom, together with the burglar and fire alarms,
- the built-in furniture and the partitions,
- the built-in cooking, heating, water supply, hygiene and ventilating equipment with their fittings,
- the electric system and its fittings on the section beginning from the electric meter of the apartment (junction-board),
- the inside dividing walls, the cover, plaster, paintwork, glazing and wallpapering,
- the inside floor cover (parquet, carpet, etc.),
- antennas for reception of TV and radio broadcasts.

3. Movables

3.1. Subject to the present conditions movables shall be understood as properties not built in, necessary for the day-to-day running of the household, serving for the personal usage or consumption of the Insured parties, or are assets related to the earning activity used or stored on the insured location not belonging to the properties excluded from the risk-bearing listed under a separate heading.

3.2. The Insurance Company shall provide coverage only for movables within the possession of or rented, leased, or borrowed by the Insured parties.

3.3. With respect to the risk bearing of the Insurance Company, movables are classified into the following property groups:

a) *Household movables*

- 1.) *Household movables*: Those properties not built in which are necessary for the day-to-day running of the household, and serve for the personal usage or consumption of the Insured parties, and
 - garden furniture and equipment,
 - spare parts and accessories used in the daily operation of vehicles (cars, motorcycles) generally accepted in a household, except for the main parts,

- hobby tools, DIY equipment,
 - harvested crops, grown for own consumption stored on the insured location, unharvested plants, and domestic animals kept to supply own needs, to a maximum of 5% of the sum insured applicable to the property group Household Movables, upon occurrence of an insurance event specified in the conditions.
- 2.) if an auxiliary building at a different address is also insured – see auxiliary building 2 – with respect to the household movables placed there the risk bearing of the Insurance Company is a maximum of **5% of the sum insured** applicable to the property group Household Movables.

b) Valuables

- 1.) Precious metals*, precious stones, real pearls, or objects made using such.
- 2.) Stamp and coin collections provided that with respect to the coins and stamps in circulation only one row per type per issuing year, and should the row not be damaged one piece per type shall be indemnified by the Insurance Company as part of the collection.
- 3.) Works of fine arts**, especially works of arts certified by a committee and registered at art foundations. Handicrafts and folk works of arts shall be considered as household movables and not valuables.
- 4.) Real furs, hand-knotted or woven oriental carpets.
- 5.) Antique objects and special, highly valuable antiquities.

This property group shall contain movables which – with respect to their age, curiosity value and condition – have prominent value. In the case of furniture, that manufactured before 1900 shall be classified herein.

c) Entrepreneurial Assets

- machines, equipment, crops, and animals belonging to a small-scale production, and
- assets (tangible assets, stocks etc.) of small-scale industrial, or retailing activities or of other enterprises used or stored by the Insured in the insured location.

4. The insurance shall not cover the following properties:

With respect to Buildings, Structures

- a) **subterranean structures without stone walls,**
- b) **foil tents and greenhouses,**
- c) **in the case of insurance of rented buildings, the bordering walls of the rented building, the bearing structures, roofing and common rooms of the building.**

With respect to Movables

- a) **cash, currency, credit cards, savings bank-books, savings certificates, securities, together with cash substitute instruments and articles of value,**
- b) **official documents, manuscripts, plans, documentations, data stored on data media, computer software of own development,**
- c) **water-, air-, and motor vehicles, caravans and the main parts thereof,**
- d) **properties of lessees, joint lessees, tenants, paying guests, guests if the above mentioned are not named as Insured parties in the contract,**

* **Precious Metals:** Objects of precious metals shall be understood as jewels, ornaments, objects made of gold, silver, platinum (hereinafter: precious metals) or of alloys of such metals and other metals.

Objects of precious metals are considered

- gold objects should they be made of gold or of alloys of gold and other metals,
- silver objects should they be made of silver or of alloys of silver and other metals,
- platinum objects should they be made of platinum or of alloys of platinum and other metals

provided that the precious metal contents of the object reaches 10%.

** **Works of fine arts:** listed works of art which were certified by a committee, primarily paintings, graphics, etchings, statues. Organizations and persons listed in the list of experts approved by the authority are entitled to certify works of arts.

e) movables, materials belonging to the fire-risk categories “A” or “B”, not of household type and quantity.

5. If the interest of the Insured parties to protect the property ceases, the contract shall also terminate on the last day of the month of the cessation of interest. The Insurance Company shall be entitled to the insurance premium due by the end of the month of the cessation of interest.

VI. INSURANCE EVENTS

Subject to the present contract, the Insurance Company shall indemnify for damage and losses in direct consequence to the insurance events listed below.

The Insurance Company shall not indemnify for damage arising as indirect consequences, or losses arising in relation to events related to war, civil war or other hostilities, riots, mutinies, acts of terror or the harmful effects of radioactive or ionizing radiation.

A) Basic Insurance Events of Property Insurance

1. *Fire*: subject to the present conditions, fire shall mean the course of combustion or smouldering with subsistent flames that is able to spread.

With respect to a fire insurance event, the Insurance Company shall not indemnify for:

- the fire damage occurring to properties exposed to fire, flames or heat during their proper functions, and fire damage occurring to electric wires, appliances, devices, machines if the fire does not spread to other objects,
- the fire damage occurring to self-combusting, sour or mow-burnt materials; damage occurring in the form of colour or shape deformation, smoke and soot pollution consequent upon singing or heat if these are not consequences of real fire damage,
- the fire damage if materials qualified as being at risk of fire and explosion with respect to the fire-risk categories “A” or “B” are used or stored on the insured location at other than in household quantities or quality, and the damage occurs in relation thereto.

2. *Explosion*: subject to the present conditions, explosion shall mean the sudden and excessively quick energy release of gases and fumes accompanied by destruction and noise, during which the pressure difference generated in two separate places levels off in seconds as a consequence of the concurrent change of the position and the static qualities of the partition.

With respect to an explosion insurance event, the Insurance Company shall not indemnify for:

- the damage caused by a sonic boom,
- the damage caused by the explosion or contamination of fissile or radioactive materials,

* *Materials belonging to fire-risk categories “A” and “B”*: Materials classified into this category in the National Fire-Protection Regulations.

1. “Increased Risk of Fire or Explosion” (marked “A”) fire-risk category includes:

- a)
 - materials whose profuse burning or explosion in whatever consistence may be induced by (initiating) ignition, or any other physical or chemical effect,
 - liquid the flash-point of which in a closed area is a maximum of 20°C,
 - gas, fume, smoke, the bottom combustibility (explosion) limit of which is not more than 10% compared to the volume of air.
- b) the danger zone, room, open air, where the materials with the qualities specified in point a) are produced, processed, used, stored or sold and in the course of such activities these materials appear in a quantity of increased risk of fire and explosion.

2. “Risk of Fire or Explosion” (marked “B”) fire-risk category includes:

- a)
 - liquid the flash-point of which in a closed area is a maximum of 20°C,
 - powder which can create an explosive mixture with air,
 - liquid the flash-point of which in a closed area is higher than 20°C, and the flash-point of which in open air is maximum 50°C,
 - gas, fume, smoke the bottom combustibility of which (explosion) limit compared to the volume of air is higher than 10%
- b) the danger zone, room, open air, where the materials with the qualities specified in point a) are produced, processed, used, stored or sold and in the course of such activities these materials appear in a quantity of increased risk of fire and explosion.

- the damage caused by the collapse of a closed area due to its lower pressure than that of its environment,
- the explosion damage if materials qualified as being at risk of fire and explosion with respect to the fire-risk categories “A” or “B” (for definition see previous Clause) are used or stored in the insured location in other than in household quantities or quality, and the damage occurs in relation thereto.

3. *Lightning*: The Insurance Company shall indemnify for the damage caused by the destructive and igniting effects of lightning which directly strikes the insured property.

The Insurance Company shall also indemnify for the damage caused by the inductive effects of lightning in electric machines, appliances and equipment if the point of impact of lightning is within the 1000-meter zone from the insured property.

4. *Storm*: The event is regarded as an insurance event if a wind reaching or exceeding 54 kilometres per hour wind velocity causes damage in the insured property in the insured location.

The Insurance Company shall also indemnify for the damage caused by the storm with respect to

- the doors and windows of the insured buildings including
- water damage in the insured properties caused by the precipitation penetrating through a roof layer built with adequate workmanship, from materials accepted as a permanent cover in compliance with the construction standards.

With respect to the present insurance event, the Insurance Company shall not indemnify for:

- damage caused to the properties by air currents within the rooms,
- damage to the glazing, outer mortar coating, cover and painting of the building, and
- damage caused to movables, animals, unharvested plants, crops and fodder kept in the open air.

5. *Rainstorm*: Subject to the present conditions, the event is regarded an insurance event if the water channel system built and maintained in compliance with the regulations fails to absorb the precipitation falling with an intensity exceeding 0.5 mm/minute, resulting in the precipitation flowing on the ground inundating the insured rooms and causing damage to the insured buildings or the insured properties placed therein.

With respect to the present insurance event, the Insurance Company shall not indemnify for:

- damage to the outer mortar coating, cover and painting of the buildings and structures,
- damage to the properties placed in parts of buildings not qualified as dwelling rooms with a floor lower than ground level if these are inundated,
- damage occurring in the form of fungi and mould.

6. *Flood*: The event is regarded as an insurance event and the Insurance Company shall indemnify for the damage which is caused in the insured properties on a territory qualified as protected as regards flood protection, on an insured location by the flooding of surface natural waterfowls together with channels or lakes connecting to them with an open issue by overflow of dikes and dams.

Subject to the present conditions, the Insurance Company shall not indemnify for the damage even if it is subsequent upon flooding if the damage:

- is caused by the water boilings and dwelling-ups on the area protected by the dam,
- is caused by the rising level of underground water or by the flow of underground water, or caused by the movement of soil related to either of these.
- occurred on the open flood area* or flood plain**,
- is caused by inland water.

7. *Pressure of Snow*: The event is regarded as an insurance event and the Insurance Company shall indemnify for the damage which is caused by the pressure of snow against the roofing of insured buildings and structures or the roof layer thereof built with adequate workmanship, from materials accepted as permanent cover in compliance with the construction standards.

The Insurance Company shall also indemnify for the damage in the insured properties caused by the precipitation penetrating into the building simultaneously with the insurance event through a roof layer as specified above damaged by the snow pressure.

The Insurance Company shall also indemnify for the damage caused in the insured buildings by snow sliding off.

* *Open flood area*: flood areas not protected by flood protection structures.

** *Flood plains*: The open flood area between the river and flood protection dikes.

8. **Hailstorm:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage which is caused in the roofing – built with adequate workmanship, from materials accepted as permanent cover in compliance with the construction standards – of the insured buildings and structures by hailstorm or drift.
- The Insurance Company shall also indemnify for the damage in the insured properties caused by the precipitation penetrating into the building simultaneously with the insurance event through a roof laying as specified above damaged by the hailstorm or drift.
- With respect to the present insurance event the Insurance Company shall not indemnify for the damage caused to unharvested plants or in the orchards or the damage consequent upon the death of domestic animals.**
9. **Earthquake:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage which is caused in the insured properties on the insured location by an earthquake reaching 5th degree on intensity scale MSK-64.
10. **Landslide:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage which is caused in the insured properties by an unexpected sliding of the underground soil layers on sloping ground.
- The event is not regarded as being unexpected if the construction is carried out regardless of being aware of the danger of landslide, independently of the construction having permission or not.
- Subject to the present conditions, the Insurance Company shall not indemnify for the damage in the supporting walls, artificial slopes or other artificial structures caused by landslide.**
11. **Stone-fall, Earth-fall:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage which is caused in the insured properties by falling stones and rocks or soil.
- Subject to the present conditions, the Insurance Company shall not indemnify for the damage in the supporting walls, artificial slopes or other artificial structures caused by stone-fall and earth-fall.**
12. **Subsidence of Unknown Structure or Unknown Cavity:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage which is caused in the insured properties by the subsidence of an unknown structure or unknown cavity.
- The structure or cavity is not regarded as unknown, whose existence the Insurance Company, the Policyholder or the Insured or the competent authority was aware of prior to the occurrence of the insurance event.
- With respect to the present insurance event, the Insurance Company shall not indemnify for the damage caused by:**
- the subsidence of the underground parts/shafts of mines, or
 - ground subsidence below the foundations or the sinking of the sedimentation below the flooring.
13. **Collision of Unknown Vehicle:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage which is caused by the impact of the vehicle, or parts or cargo thereof not in the possession of the Insured against a building or structure in the insured properties on the insured location indicated with the address thereof on the policy.
- With respect to the present insurance event the Insurance Company shall not indemnify for the damage caused to unharvested plants or the damage consequent upon the death of domestic animals.**
14. **Toppling of Unknown Objects:** The event is regarded an insurance event and the Insurance Company shall indemnify for the damage if an unknown object – from the outside – topples over the insured property and therefore causes damage in the insured property.
- An unknown object shall be understood as one which at the time of the insurance event was not in the possession or use of the Insured or leased, borrowed or rented by him, and was not used in his interest and was not placed in the insured location.

B) Insurance events of the property insurance which may be covered against a supplementary premium

Subject to the present conditions, the damage caused by the insurance events listed below is only indemnified if the Policyholder has paid the supplementary premium applicable to them.

1. **Burglary, Robbery:** “burglary” insurance event occurs when the perpetrator commits the theft by forcibly entering the locked internal space* of the premises in the insured location, or enters through an open door or window whose lower edge is higher than 2 meters from the footway below.

The event is not regarded as an insurance event if the perpetrator commits the theft by picklock, master or copy key, lock-comb or lost key, or by a key acquired or used not by the materialization of an insurance event, or by a tool or method which leaves no visible marks of forcible entry in the plug or the structure of the lock.

Robbery insurance event occurs when in the course of abstracting the insured properties the perpetrator uses force against the Insured or direct threat to the life or health thereof, or in order to acquire the insured properties he causes the person(s) to lose consciousness or places them into a defenceless state, moreover, if the robber caught in the act in order to retain the stolen insured properties uses force or poses a direct threat to the life or health of the Insured (parties).

The Insurance Company shall cover the damage consequent upon a burglary insurance event up to the limited specified in Clause VII.2.3. of the Special Terms and Conditions of the Property Insurance, and in the General Measures of Protection Against Burglary provided as an attachment.

The Insurance Company shall indemnify for the nuisance damage resulting from or related to burglary, robbery or an attempt thereof, including nuisance damage to the building, fixtures of the building, and damage from theft if the Policyholder indicated the building as an insured property as well on the insurance proposal. Maximum limits of the indemnity with respect to damage to the elements of the building structure resulting from burglary are also included in the General Measures of Protection Against Burglary.

With respect to the present insurance event, the Insurance Company shall not indemnify for burglary damage occurring in the internal spaces jointly used by the tenant communities of condominiums or building co-operatives which are not exclusively used by the Insured (e.g. common storage room, lockup corridor).

2. **Water Damage:** “water damage” insurance event occurs when the leakage of water or liquids due to the breaking, cracking, bursting, or disjuncting of water pipes, sewers, heating and steam pipes including their accessories and fittings, and the attached household appliances, including taps left open causes damage to the insured properties on the insured location.

The Insurance Company shall not indemnify for:

- the costs of the repairs or replacement of the damaged water pipes, sewers, heating and steam pipes including their accessories and fittings, and the attached household appliances causing damage,
- the costs of the leaked liquid,
- the damage occurring in the form of fungi and mould.

3. **Glass Breakage:** The event is regarded as an insurance event and the Insurance Company shall indemnify for the breakage and cracking damage of the buildings and apartments insured in the property insurance with respect to the glazing of their structurally built-in

- doors and windows,
- balconies and loggias.

Upon payment of a supplementary premium, Insurance may be taken out for shop-windows, windows of cellars and name signs and company signs.

The Insurance Company shall not indemnify for damage to the glazing of:

- glass roofs, glass walls,
- glass bricks,
- glass houses, hot and cold beds,
- show-glasses,

* **Internal space:** Part of the building or the auxiliary building which is bordered by solid structures, has an air space of its own and is used for specific purposes.

Locked internal space: Internal space the protection of which is secured by any of the protection levels against burglary as specified in the Appendix to this contract. (Internal space bordered partially or entirely by wirework, different girder structures, plastic or woven materials or equipped with windows and doors made of such materials is not considered locked internal space.)

- **mirror surfaces,**
- **buildings under construction or reconstruction.**

4. **Cash Insurance:** The Insurance Company shall indemnify for the damage to cash and currencies listed by the National Bank of Hungary up to the sum indicated in the policy, the loss and damage of which is caused by the insurance events of the basic and supplementary coverage.

A precondition to the validity of the insurance covering cash damage is the existence of an insurance covering movable.

5. **Exclusive Insurance**

Subject to the present supplementary insurance contract, the Insurance Company shall indemnify for the damage resulting from the insurance events listed below.

5.1. **Theft and Loss of Key**

Insurance Event: Theft or loss of key(s) of the entrance door, doors of the insured building from or by the Insured (parties).

Insurance Benefit: The Insurance Company shall indemnify for the costs of changing the safety lock, the plug of the safety roll lock or of the magnetic lock.

5.1.1. The Insurance Company shall pay the indemnity for the above damage once every two years (as per the policy anniversary of the contract), up to a maximum limit of HUF 7,300.

5.1.2. The Insurance Company shall pay the benefit only against an invoice issued to the name of the Insured.

5.2. **Theft and Loss of Bank Card**

***Insurance Event:* Theft, loss or other destruction – by a cause independent upon the will of the Insured – of the bank or credit card belonging to a retail/personal current account or credit account managed in any bank licensed by the supervisory authority, functioning within the territory of Hungary.**

***Insurance Benefit:* The Insurance Company shall pay the indemnity for the costs of disabling and replacement of the card related to the above events once every two years (as per the policy anniversary of the contract), up to a maximum limit of HUF 14,300.**

5.2.1. The Insurance Company shall pay the benefit only against an invoice issued to the name of the Insured, and a certificate from the bank.

5.2.2. The Insurance Company shall not indemnify for any damage or expenses consequent upon or arising from the theft or loss of the bank or credit card other than the costs of the disabling and replacement of the card as specified above.

5.3. **Breakage and Cracking of Special Glass Surfaces**

Insurance Event: Breakage or cracking of

- windows of cellars,
- glazing of furniture,
- mirrors, except for Venetian mirrors,
- glass ceramic cooking plates of electric cookers

within the possession of the Insured at the address of the insured location.

Insurance Benefit: The Insurance Company shall pay the indemnity of the above damage once a year (as per the policy anniversary of the contract), up to a maximum limit of HUF 71,800.

5.3.1. **The Insurance Company shall not indemnify for the additional value resulting from the antique nature of the glazing of furniture, and of the mirrors, and for the costs resulting from damage to the furniture and frames embracing the damaged glazing, mirrors.**

5.4. **Spoilage of Frozen Food**

Insurance Event: Spoilage of food stored in freezers of the Insured due to a continuous power cut of the power supply company for a minimum of 8 hours.

***Insurance Benefit:* The Insurance Company shall pay the indemnity of the above damage up to a maximum limit of HUF 71,800 per insurance event.**

- 5.4.1. A precondition to the settlement of the claim is a certificate issued by the power supply company competent at the insured location stating the occurrence and duration of the power cut.
- 5.4.2. The Insurance Company shall not indemnify for the damage if it results from the technical breakdown of the freezer or from a failure of the electrical system of the property.
- 5.5. ***Water Damage Caused by the Breakage or Cracking of an Aquarium***
Insurance Event: The breakage or cracking of an aquarium in the insured location at the junction of the glass plates, the leakage of the gluing, sealing.
Insurance Benefit: The Insurance Company shall indemnify for the damage to the insured property caused by the leakage of water due to the breakage or cracking of the aquarium or the leakage of the gluing, sealing.
- 5.5.1. **The Insurance Company shall not indemnify for the damage to the glazing and contents (fish, plants, filters, other accessories) of the aquarium.**
- 5.6. ***Theft of the Alarm System, or the Security Camera***
Insurance Event: Theft or injury to the outdoor alarm system (light and/or sound activation) and to the security camera placed on the insured location at a minimum height of 3 meters above the footway below.
Insurance Benefit: The benefit may amount to a maximum of HUF 71,800 and the insurance service may be claimed once in the term of the policy.

VII. THE SERVICE OF THE INSURANCE COMPANY

In order to claim the service of the Insurance Company, the following documents must be submitted:

- the policy and proof of the premium payment,
- resolution of the authorities,
- budget, invoice, customs declaration,
- document certifying ownership, right of leasehold and of rights of use,
- any other document, certificate with proof of data necessary for the assessment of the claim.

1. Parties entitled to the Insurance Benefit

The Insured is entitled to receive the insurance benefit. Should it be stipulated by a special clause in the contract, the mortgagee shall be entitled to the benefit up to the amount specified.

2. The Maximum Limit of the Insurance Benefit

- 2.1. The maximum limit of the insurance benefit per insurance event is the sum insured applicable to the particular property group specified in the policy, in consideration of Clauses III.2 and 3 of the present terms and conditions.

Failing to report a wealth increment or change in value which exceeds the rate of the indexation results in underinsurance, which shall entail proportional (pro-rata) indemnity.

In each case the Insurance Company pays the indemnity in Hungarian forints, in the case of cash loss or damage, damage occurring to any foreign currencies is also indemnified for in HUF calculated based upon the medium foreign exchange rates of the MNB (the National Bank of Hungary) as of the date of the loss.

- 2.2. In the case of a burglary insurance event, the Insurance Company shall only indemnify for the damage up to the sum insured applicable to the protection level existing and operating at the time of the insurance event. The limits of indemnity applicable to the particular protection levels are indicated in the General Measures of Protection Against Burglary constituting a part of the insurance contract.

In the case of an additional value insurance (Clause III.4), the limits specified in the General Measures of Protection Against Burglary for the particular insurance events shall be understood by merging the two contracts. The limits shall apply to the aggregate amount of the sums insured indicated in the present contract, and in the contract concluded for the collective insurances of condominiums and building cooperatives calculated for the Insured. Accordingly, the sum payable subject to the present contract shall be reduced by the sum payable subject to the contract of condominiums and building cooperatives.

With respect to the supplementary coverage of cash insurance, the Insurance Company shall be liable for the damage caused by the theft of cash at a maximum up to the sum indicated on the policy.

- 2.3. With respect to a “robbery” insurance event, the Insurance Company’s maximum limit of liability – if the robbery is committed:
- at the insured location, is at a maximum the sum insured applicable to the property group selected for the threat of robbery,
 - on other than the insured location but within the territory of Hungary, it is a maximum 5% of the sum insured applicable to “Household movables” (Clause V.3.3. a)), but maximum the actual damage.

2.4. **Reimbursement of expenses**

- 2.4.1. Besides the sum insured, maximum up to 5% of sum insured applicable to buildings or movables – the higher one of the two shall be determinant – for each insurance event, the Insurance Company shall reimburse the certified and reasonable expenses of:

- clearing away the rubbish and the debris, one-time cleaning,
- extinguishment, rescue charged against the Insured,
- planning and official permission,
- any other reasonable mitigation

related to the damage of the insured property

If the insured building is deemed uninhabitable by the competent authorities by reason of the damage caused by the insurance event, the Insurance Company shall reimburse the costs resulting from the rent of a temporary lodging and from moving within the limits specified above.

The Insurance Company shall only reimburse the costs of moving out caused by water damage if the Insured has concluded an insurance against water damage in consideration of an additional premium.

- 2.4.2. In the case of underinsurance, the Insurance Company shall reimburse the expenses pro rata up to the percentage proportional to the underinsurance.

3. **Basic principles of specifying the sum of indemnity**

3.1. **Buildings, structures**

The Insurance Company shall indemnify for the reconstruction of the damage caused by the insurance events in the insured buildings and structures calculated at the new value thereof as of the date of loss or damage, maximum up to the sum insured. The basis of specifying the new value is by comparing the building costs of a building equal in size, design and quality to that of the damaged one.

If the depreciation of the building, the auxiliary building or the structures exceeds 75% on the date of loss or damage, the indemnity shall be reduced in proportion to the rate of depreciation.

The Insurance Company shall indemnify for the reconstruction of the whole surface of the internal space, if

- its ceiling and one of its sidewalls of identical structure,
- or two of its sidewalls with homogeneous painting, colour-washing or wallpapering is damaged.

In the case of damage occurring to rented buildings and structures, based on the insurance concluded by the lessee, the damage is indemnified for to the extent as much the Insured is liable for it pursuant to the legal regulation. The upper limit of the benefit, here too, is the actual damage, but maximum the sum insured.

In the case of condominiums, if the owners do not conclude an independent insurance for the building and the parts in shared ownership, damage occurring to the shared parts of the building shall be indemnified for by the Insurance Company according to the ownership share, in the case of building cooperatives, according to the proportion of the apartments insured with the Insurance Company and the number of the apartments in the damaged building.

3.2. **Movables**

The Insurance Company shall – up to the sum insured – indemnify for costs of the reconstruction of the damage caused by an insurance event to the insured movables through repairs as of the date of the damage or the repurchase thereof, but neither of these may exceed the new value of the properties as of the date of the damage.

The basis for establishing the new value of the damaged properties:

- if the product is available on the domestic market at the time of the damage or loss, it is the average purchasing price,

- if the product is not available on the domestic market, it is the purchasing price of a product most similar to it in its features, in consideration of the value distorting effects of the differences.

In the case of such movable properties where the depreciation thereof exceeds 85%, the indemnity shall be reduced in proportion to the rate of depreciation.

In the case of rented, leased, borrowed household movables or those otherwise owned by the Insured, indemnification is effected at the depreciation value, up to the liability of the Insured.

3.3. The insurance benefit shall in all cases be reduced by

- the value of the usable (utilizable) remains,
- or the sum reclaimed from the tax authority or from any other place, or the sum refunded for any other reason.

The coverage shall not include:

- **the fancy value,**
- **the material damage resulting from the truncation, or incompleteness of collections, sets, suites, sorts by reason of the damage occurring to individual pieces thereof,**
- **the losses and excess costs resulting from a reduction in the flow of trade,**
- **the depreciation of value**
- **the profit lost.**

Should the Insurance Company have indemnified for the damage or a part thereof, it shall be entitled to the rights which the Insured has against the person liable for the damage.

Other conditions to claim the insurance service are stipulated in Clause VI.4. of the General Terms and Conditions.

VIII. EXEMPTION OF THE INSURANCE COMPANY

1. **The Insurance Company shall be exempt from its obligation of service if it can prove that the Insured, or the Policyholder, or a relative cohabiting therewith in the same household, the employee, trustee, member or organizational body of the Insured in charge of managing the property caused the damage**
 - **by their unlawful, wilful behaviour, or in gross negligence,**
 - **by wilful or grossly negligent omission of their mitigation obligations, or as a consequence thereof,**
 - **by not compiling with the safety regulations stipulated in the terms and conditions and the attachments of the contract, or**
 - **by non-fulfilment of their mitigation obligation.**

2. **The Insurance Company shall not indemnify for the damage directly caused by the insurance events whose occurrence had a direct causal connection with the depreciation of the building, the omission of its maintenance, or non-compliance with the construction regulations.**

Should other damaging events or factors – other than those stipulated in the preceding paragraph – besides the insurance event have interfered in the occurrence of the damage, the Insurance Company shall indemnify for the damage to the proportion equal to its causal connection to the insurance event.

Family Insurance

Special Terms and Conditions of the Liability Rider

Subject to the provisions of the present terms and conditions and in consideration of the payment of the premium, AEGON Magyarország Általános Biztosító Zrt. (hereinafter: Insurance Company) shall contract for the obligation to pay indemnity up to the extent stipulated in the contract for the damage caused by the Insured within the territory of Hungary in the quality specified in the present terms and conditions provided that pursuant to the regulations of the Hungarian Civil Law he – as the damaging party – is legally liable for indemnification.

The present supplementary insurance is only jointly valid with the **General Terms and Conditions of Family Insurance and the Special Conditions of Property Insurance**. As regards issues not regulated herein, such issues shall be governed by the Hungarian Civil Code.

I. THE INSURED PARTIES

The Insured parties of the present supplementary insurance may be the Insured parties specified in Clause 1.2 of the Special Conditions of the Property Insurance.

II. INSURANCE EVENTS

1. Subject to the present terms and conditions, an event is regarded an insurance event and the Insurance Company shall indemnify for the damage resulting in bodily injury and the tort caused and occurring to objects exclusively within the territory of Hungary by the Insured acting
 - a) as an owner, lessee, user of the building, apartment, auxiliary building, structure and land indicated on the policy, or the commissioner of the building or renovation thereof,
 - b) as a user of bottled gas, or gas canisters for household purposes according to the rules
 - c) as a caretaker of persons without discretion, or with limited discretion,
 - d) as a pedestrian causing a road accident,
 - e) as a user of a bicycle, a vehicle for disabled persons, or a transport facility operated manually,
 - f) as a keeper of domestic animals,
 - g) in the capacity of pursuing sporting activities or hobbies but not within an organized framework and he caused and reported the damage within the scope of the contract provided that pursuant to the regulations of the Hungarian Civil Law he – as the damaging party – is legally liable for indemnification.
2. **Subject to the present terms and conditions, the event is not regarded an insurance event and the Insurance Company shall not indemnify for the damage caused:**
 - a) **by the Insured parties to each other or to their relatives,**
 - b) **by the Insured as a person who has reached the age of 12 and his representative is legally liable for indemnification if court proceedings are initiated against the child because of his wilful action, or proceedings could be initiated if his age did not constitute a culpability impediment.**
 - c) **by the Insured parties in the course of their income earning professions or activities or in consequence thereof,**
 - d) **by the Insured parties as users or operators of motor vehicles,**
 - e) **by the Insured parties using a machine-driven land, sea or air vehicle or machine-driven sports equipment,**
 - f) **by the Insured parties using a vehicle for disabled persons under the scope of a compulsory motor third-party liability insurance,**

- g) by the Insured parties polluting the environment,
- h) by the Insured parties in the course of work using animal power, or in the consequence thereof,
- i) by the animals of the Insured in plant growing or vehicles.

III. BENEFIT/SERVICE OF THE INSURANCE COMPANY

1. The Insurance Company shall indemnify for the damage for insurance events and for insurance years up to the maximum limit specified in the contract. If the parties suffering the injury or damage become entitled to allowances or annuities consequent upon the insurance event, the capital value of the allowance or the annuity shall be included in the amount of the payments effected by the Insurance Company up to the limits specified for each insurance event.
The capital value of the allowance of the annuity is established in consideration of the mortality table of the Hungarian population as of 1988 and a technical interest rate of 2%.
2. The Insurance Company shall indemnify for the liability damage – chargeable to the owners – caused by the Insured as a co-owner in proportion to the Insured's share of ownership.
The Insurance Company shall indemnify for the liability damage chargeable to the tenants of a building co-operative in proportion to the total number of the apartments thereof and those insured with the Insurance Company.
If the damage caused in the quality of co-owners is indemnified for based upon the individual liability insurance of the tenants and the claimant is a co-owner, or lessee himself or a relative thereof, the Insurance Company shall not take his insurance into consideration when establishing the saturation.
3. In the course of indemnification the Insurance Company shall not apply deductibles.

IV. MISCELLANEOUS PROVISIONS

1. The Insurance Company shall pay the indemnity to the claimant; however, the claimant may not submit a direct claim against the Insurance Company. The Insured may request direct payment from the Insurance Company only if the Insured already settled the claim with the damaged party.
2. The agreement between the Insured and the claimant will only be binding upon the Insurance Company if the Insurance Company acknowledged the same. Court rulings against the Insured shall only be binding upon the Insurance Company if the Insurance Company participated in the trial and provided legal defence for the Insured or waived its right thereto. The Insurance Company has the right to represent the Insured in court or out of court. The costs of legal representation shall be borne by the Insurance Company.
3. The Insurance Company shall not be exempt from its obligation to indemnify the claimant **by reason of the wilful or grossly negligent behaviour of the Insured**. However, **the Insurance Company may demand a refund of the indemnity from the Insured** as specified in the policy should the Insured or a representative thereof, or a relative cohabiting therewith in the same household have caused the damage wilfully or in gross negligence.

Family Insurance

General Measures of Protection Against Burglary

Valid and Applicable: in the case of proposals signed after May 1 2007

In consideration of the protection levels existing at the time of the insurance event, in the case of damage consequent upon burglary the Insurance Company shall bear the risk up to the following value limits. In the case of the burglary insurance danger upon the occurrence of an insurance event the maximum limit of the Insurance Company's indemnity is the sum – as indicated in the table herein – applicable to the actual protection level existing at the time of the loss and damage (a maximum of the sum insured) provided that the safety devices installed were operative according to their purposes at the time of the loss and damage.

In the case of an additional value insurance, the limits specified for the particular insurance events shall be understood by merging the two contracts. The limits specified for the property groups are applicable to the aggregate amount of the sums insured indicated in the proposal table of the present contract, and that calculated for the Insured in the contract concluded for the collective insurances of condominiums and building cooperatives. Accordingly, the sum payable subject to the present contract shall be reduced by the sum payable subject to the contract of condominiums and building cooperatives.

KEY TO TABLE

- B. Valuables property group (as per row B of the proposal table)
- C. Household Movables (as per row C of the proposal table), and damage to the building and fixtures of the building
- D. Entrepreneurial Assets and Assets belonging to an Earning Activity (as per row D of the proposal table)

Indemnity Value Limits Applicable to Protection Level in HUF							
	Type of Building		Electronic Alarm System				
			none	minimum	partial	full-scale	
Mechanical Protection	minimum	Permanently inhabited building	B	318,000	424,000	1,667,000	4,241,000
			C	4,241,000	5,300,000	14,842,000	21,537,000
		Non-permanently inhabited building (e.g. holiday home)	C	318,000	424,000	902,000	2,121,000
			Independent on inhabitancy	D	20% of the sum insured, but maximum		3,277,000
		1,209,000		1,553,000			
	partial	Permanently inhabited building	B	848,000	1,667,000	4,241,000	8,485,000
			C	8,479,000	14,842,000	21,537,000	31,850,000
		Non-permanently inhabited building (e.g. holiday home)	C	1,483,000	1,801,000	2,121,000	4,242,000
			D	3,276,000	6,380,000	12,062,000	22,916,000
	full-scale	Permanently inhabited building	B	1,483,000	4,241,000	8,479,000	21,193,000
			C	14,841,000	21,537,000	31,850,000	42,384,000
		Non-permanently inhabited building (e.g. holiday home)	C	3,182,000	3,605,000	4,242,000	6,032,000
D			6,380,000	12,062,000	22,916,000	25,404,000	

If the partial or full-scale electronic alarm system is connected to a remote supervision system, the limits specified in the table shall be doubled.

The movables belonging to the “valuables” property group which can be stored locked up must be kept in a safe above the value limit of HUF 800,000. Within the risk-bearing value limits specified above, the value of the safe as per the qualification by MABISZ (Association of Hungarian Insurance Companies) is the upper limit of the risk bearing.

I. MINIMUM MECHANICAL PROTECTION

Minimum mechanical protection is the case when the bordering walls, flooring, ceiling and outside doors and windows of the protected premises meet the following requirements:

- doors are protected against the pulling of latches,
- doors are locked by safety locks*,
- the resistance of walls, ceilings and floors should be equal to or exceeding an at least 6 cm thick compact brick wall made of traditional, small size bricks.

II. PARTIAL MECHANICAL PROTECTION

Partial mechanical protection is the case when the bordering walls, flooring, ceiling and outside doors and windows of the protected premises meet the following requirements in addition to the minimum mechanical protection:

- openings (windows, shop-windows, entrances) accessible without aidance or those with a bottom edge lower than 2 meters are protected by bars which comply with the regulations,
 - or are protected by similar mechanical devices qualified and recognized by MABISZ (Association of Hungarian Insurance Companies) adequate to replace bars (e.g.: inside drop-bars),
 - or should there be no bars or any mechanical protection, if the frame of the door or window is made of metal and its accuracy of closing is within 5 mm, they are protected by a security glass foil qualified by MABISZ and professionally installed in compliance with the regulations, or by security glass qualified as of equal protection thereto,
- the casing of windows and doors are appropriately fixed to the walls with walling nails or in other ways to protect against prying,
- door structures are protected against lifting or prying,
- doors are locked by a minimum of 2 pieces of safety locks per entrance door, and the distance between the 2 closing points is a minimum of 30 cm, and the warp of the door-plate and the door-case does not affect the safety of locking,
- should there be 2 locks, at least one is protected against breaking,
- the door-plate is fixed to the door-case with a minimum of 3 pieces of normal or 2 pieces of security hinges per entrance door,
- lock blades on entrance doors are at least 15 mm deep,
- the accuracy of the closing of the door-plate and the casing is within 5 mm,
- in the case of carved-in locks the outer surface of the door-plate is reinforced by a metal plate,
- should there be a wooden casing, the lock plates are reinforced,
- the resistance of walls, ceilings and floors should be equal to or exceeding an at least 12 cm thick compact brick wall made of traditional, small size bricks.

III. FULL-SCALE MECHANICAL PROTECTION

Full-scale mechanical protection is the case when the bordering walls, flooring, ceiling and outside doors and windows of the protected premises meet the following requirements in addition to the partial mechanical protection:

- the attackable doors and windows are protected at least by bars complying with the partial mechanical protection,

* *Safety locks are:*

- *minimum 5-pegged cylinder locks,*
- *minimum 6-rotor magnetic locks,*
- *two-web key lock,*
- *lock with a number or letter combination if the number of variations exceeds 10,000,*
- *special certified lamellar lock,*
- *and every other lock, the protection level of which is similar to the ones above.*

** *Certified bars are:*

- *characterized by a division of max. 100 x 300 mm,*
- *made of circle steel with a diameter of min. 12 mm,*
- *fastened to the wall every 300 mm, but with a minimum of walling nails,*
- *the minimum building depth is 100 mm, or any other equivalent technical solution which is non-removable from the outside.*

- doors and door-cases are made of metal, hardwood; in the case of a wooden door-plate, the door must be solid and at least 40 mm thick,
- the lock should work at least two ways and have a 4 point locking facility,
- lock blades on entrance doors should be at least 18 mm deep,
- the accuracy of the closing of the door-plate and the casing is within 2 mm,
- the lock is protected against drilling, the cylinder lock is protected against breaking and drilling,
- the resistance of walls, ceilings and floors should be equal to or exceeding an at least 38 cm thick compact brick wall made of traditional, small size bricks.

V. MINIMUM ELECTRONIC ALARM SYSTEM

The electronic alarm system qualifies as a minimum level, if no object protection and personal protection is in place, and surface protection applies only to the openings (doors, windows) with a lower edge under 2 meters, or a trap-like area protection is in place.

Requirements for the electronic system:

- the centre of the burglar alarm and the power supply unit must form one module and must be placed within a protected area,
- the system must be protected against sabotage,
- the central unit must indicate the on and off operating modes separately both on the protected cycles and on the sabotage line,
- the cover of the central unit must be sabotage-protected i.e. with a design that cannot be opened even by the operator, made of 1 mm thick mild steel, or of a material the solidity of which is equal thereto, and upon its removal must trigger alarm signals on the signalling line,
- the system must indicate any failure of any of the units,
- when activated, the control unit must supervise all signalling lines, signalling circuits, and switch-boards, and its alarm must activate within 1 second following the signal,
- the system must indicate if the signalling circuit is broken,
- the outdoor sound signal must cease automatically in 1-3 minutes after the cessation of the cause, and must be releasable by a competent operator or maintainer, and the system must automatically activate after the alarm,
- the outdoor signalling units must be installed at such a distance from surfaces, objects, structures, building structures, roads suitable for people so that access to the would not be possible without a tool,
- the cover of the outdoor signalling unit must be protected against sabotage, and must be made of a minimum of 1.5 mm thick mild steel or must have a mechanical protection the solidity of which is equal thereto, its sound volume must exceed 100 dB/m, while its alarm must alternate with two-sound signals.
- the system must have two sources of power with no interference, and which are independent of each other, from the mains and from secondary batteries,
- in case of a power-cut in the main supply, the batteries must provide a 24-hour operation to the device automatically and without interruption. After the end of the 24-hour period it must enable at least one cycle of alarm activation,
- the automatic recharging of the batteries must be attended to,
- wires installed outdoors or doors outside the protected area must run inside walls or in protective tubes,
- the system can be operated by code- or lock-switch,
- should the alarm system be placed within the protected area the entrance delay must be a maximum of 30 seconds, should it be placed outdoors, it must be stored in a box made of a minimum of 1 mm thick mild steel and equipped with a safety lock.

V. PARTIAL ELECTONIC ALARM SYSTEM

The electronic alarm system qualifies as partial, if there is a full-scale area protection, or a full-scale surface protection, or at least a trap-like area protection in place.

Requirements for the electronic system:

- the units of the electronic alarm system must have a valid qualification adequate to at least the partial electronic protection, given out by MABISZ (Association of Hungarian Insurance Companies),

- the central unit of the burglar alarm must be placed within the protected/supervised area,
- the cover of the central unit and that of the secondary power supply unit must be protected against sabotage and with a design openable in the servicing operation mode, and must be made of 1.2 mm thick mild steel, or of a material the solidity of which is equal thereto,
- the availability and the “no alarm” state of the system must be indicated on the operating panel,
- in activated mode, the control unit must supervise all, immediate – alarming – signalling lines, signalling circuits, switch units, and following a signal must give an alarm signal within one second,
- the central unit or the operating panel thereof must indicate the on or off state separately both on the protection cycles (minimum 3 immediate alarms) and on the sabotage line,
- the system must indicate any failure or error of any of the units on the operating panel, while the other units must remain in operation,
- the system must have two sources of power with no interference and must be independent of each other, from the mains and from secondary batteries,
- the automatic recharging of the batteries must be attended to,
- in case of a power-cut in the main supply, the batteries must provide 48 hours of operation of the device automatically and without interruption. After the end of the 48-hour period it must enable at least one cycle of alarming (in case it is unsupervised),
- the system must be operated by a code-switch. The personal code must have a minimum of 4 digits. In the case of a 4-digit code, the operating panel must be located in the protected area, and a maximum of 30 seconds must be available for the operation,
- in case of a 6-digit code, the operating panel may be placed outside of the protected area, but it must be installed in a box which is mechanically protected, which can only be opened with a key,
- the alarm must be signalled by a sound-and-light signal apparatus which has a minimum of one separate battery and by another sound signal apparatus which is not operated by batteries,
- the cover of the outdoor sound signalling unit must be protected against sabotage, must be made of a minimum of 1.2 mm thick mild steel (or from a material of equal solidity), its sound volume must exceed 100 dB/m, and the alarm must activate with alternate, two-sound signals,
- the optical signal must be yellow, must flash and have a luminosity of at least 200 lx,
- the outdoor sound signal must cease automatically in 1-3 minutes after cessation of the cause, or must be releasable by a competent operator or maintainer, and the system must automatically be activated after the alarm,
- the opening-sensors must only be installed concealed or sunken,
- the wires installed outdoors or outside the protected area must run inside walls or in protective tubes.

VI. FULL-SCALE ELECTRONIC ALARM SYSTEM

The electronic alarm system qualifies as full-scale, if there is a full-scale area protection, and a full-scale surface protection in placed.

Requirements for the electronic system:

- The units of the system must have a valid qualification for full-scale electronic protection, granted by the MABISZ (the Association of Hungarian Insurance Companies).
- The system installed in the location must have the following documents:
 - declaration from the designer
 - declaration from the executor
 - declaration on standards
 - system description, drawing on installation and routes
 - operating manual.
- The central unit of the burglar alarm must be placed within the protected/supervised area,
- the central unit must be installed within the protected area forming one single unit with the supply unit and the secondary power supply unit. If reasonable, the batteries providing the secondary power supply should be made of 1.2 mm thick mild steel to protect against sabotage, or of a material the solidity of which is equal thereto, and this may be placed in a separate house. In such a case the sabotage-protection of the connecting wire must also be provided.

- The cover of the central part must be made of 1.2 mm thick mild steel, or of a material the solidity of which is equal thereto,
- the operating unit must indicate the completeness of the activation/deactivation of the electronic alarm system with sound and optical signalling,
- the central unit must supervise and display the state of the sensors of the signalling system even if deactivated. If activated it must alarm based upon the signals received from the sensors,
- the central unit must indicate any failure to its own internal system and that of the signal-transmission system,
- the central or the operating unit must indicate the on or off state individually both on the protection cycles and on the sabotage line,
- the system must indicate any failure or error of any of the units on the operating panel, while the other units must remain in operation,
- it must be possible to activate the system should all its sensors be preset and should all the units be available,
- in activated mode, the control unit must supervise all, immediate – alarming – signalling lines, signalling circuits, switch units, and upon receipt of a signal must give off an alarm within one second,
- all units of the electronic alarm system must be protected against sabotage, and all the signals thereof must be received by the central unit independent of the alarm signals of the sensors. The protection against sabotage must have a continuous, 24-hour operation – independent on the activation of the electronic alarm system.
- The signals of the sabotage-lines – even if deactivated – must be received and stored by the operating panel in both sound and optical forms,
- the signalling apparatuses must have two sources of power with no interference and be independent of each other, from the mains and from secondary batteries,
- the main supply must be provided from 230 V, 50 Hz mains. The power supply of the electronic alarm system must be provided through the central unit,
- in case of a power-cut to the 230 V, 50 Hz mains, the electronic alarm system must remain in operation for at least 72 hours,
- the automatic recharging of the batteries must be attended to,
- the system must be operated by a code- or block-switch. The personal code must have minimum 4 digits. In the case of a 4-digit code, the operating panel must be located in the protected area, and a maximum of 20 seconds must be available for the operation,
- in the case of a 6-digit code, the operating panel may be placed outside of the protected area, but it must be installed in a box which is mechanically protected, and which can only be opened with a key. For all operating panels, either installed indoors or outdoors, after entering three wrong codes, the centre must disable the operating panel and must give out an alarm. The disabled mode can only be released by the operator with the highest rights.
- Local alarming must be executed from at least two outdoor signalling apparatus. At least one of them must have its own batteries, and must be a sound and optical signalling device ignited by voltage-load. The sound volume of both apparatuses must exceed 120 dB within 1 meter and – adjusted to the features of the building – must be installed to different directions, creating the maximum possible alarm effect,
- the outdoor sound signal must cease automatically in 1-3 minutes after the cessation of the cause, or must be releasable exclusively by a competent operator or maintainer. Following the release of the alarm, the system must automatically get activated after the alarm,
- the outdoor sound signalling unit must alarm with alternate, two-sound signals and must have a sabotage-protected, double-cover box which protects against or delays the penetration of foam,
- the optical signal must be yellow, flashing and must have a luminosity of at least 200 lx,
- the wires installed outdoors or outside the protected area must run inside walls or in protective steel tubes.

VII. REMOTE SUPERVISION SYSTEM

Remote supervision systems collect, process, display and document the signals of alarm, operating mode and others given out by the electronic alarm systems installed in premises at a clear distance from each other.

The Insurance Company cannot recognize those remote supervision systems meeting the following requirements:

- with a qualification of medium protection level system issued by Mabisz,
- in the case of an alarm signal, one which emits remote signals, notifies the police or other armed forces, armed property protection specialized services.

Full-scale surface protection shall mean: when the activated electronic alarm system supervises all the openings exposed to attack, together with the walls, roofing, flooring not complying with the requirements of the full-scale mechanical protection, and signals any attempt at penetration or breaking through.

Full-scale area protection shall mean: when the activated electronic alarm system signals any human movement within the protected area.

Trap-like area protection shall mean: when the activated electronic alarm system supervises the routes of approach of all the endangered objects and places of enhanced importance within the protected premises.

Family Insurance

Special Terms and Conditions of Life-, Accidental- and Surgery Rider (Family Personal Insurance)

Subject to the present terms and conditions and in consideration of the payment of the premium, AEGON Magyarország Általános Biztosító Zrt. (hereinafter: Insurance Company) shall contract for an obligation to provide life-, accident-, and surgery insurance for the Insured parties.

The present supplementary insurance is only valid jointly with the **General Terms and Conditions of Family Insurance and the Special Conditions of Property Insurance**. As regards issues not regulated herein, such issues shall be governed by the Hungarian Civil Code.

I. EXPLANATORY PROVISIONS

1. The **Policyholder** of the present supplementary insurance may be a natural person who concluded the Property Insurance of the Family Insurance as a main insurance.
2. The **Insured** of the present supplementary insurance may be a natural person aged 65 at most upon the conclusion of the contract who is the Policyholder himself, a close relative thereof, or a relative cohabiting therewith in the same household (685.§ b) of the Civil Code).

The Insured (parties) shall be named on the Proposal and on the insurance policy. Only the legal representative may conclude a Family Insurance whose beneficiary is a minor (child). The same Insured may be the Insured of only one valid Family Personal Insurance at the same time with AEGON Magyarország Általános Biztosító Zrt.
3. The **Beneficiary (Beneficiaries)** of the Family Personal Insurance:
 - The Beneficiary of all insurance benefits due in the life of the Insured is the Insured himself.
 - The Beneficiary (Beneficiaries) at the death event of the Insured is/are the heir(s) of the Insured.
4. With respect to the present supplementary insurance, the Insurance Company shall establish **the age** of the Insured by subtracting the year of birth of the Insured's from the technical commencement of the insurance (Clause II.3 of the General Terms and Conditions) or in the case of submitting a notification on changes, from the year of the first day of the continuous policy year.

II. THE CONCLUSION, MODIFICATION AND TERMINATION OF THE FAMILY PERSONAL INSURANCE

1. In order to conclude the contract, the Insurance Company may require a preliminary medical examination. Subject to the provisions of Act CLIV of 1997 on health services, the client may be informed about the results of the medical examinations carried out on him by the medical service provider.
2. The Policyholder may – without giving reasons – cancel the **life insurance part of the contract** in writing within 30 days upon receipt of the written notice concerning the conclusion of the contract by submitting a declaration to the Insurance Company. The Insurance Company shall be bound **to settle the payments effected** by the Policyholder **in consideration of the life insurance part of the contract** within 15 days upon receipt of the cancelling declaration. In such a case, the Insurance Company shall deduct the risk bearing fee calculated until the last day of the month of the cancellation from the paid premiums.

The policyholder cannot validly waive his right to cancellation.
3. At the same time when issuing the policy, the Insurance Company shall provide the Policyholder with a statement of any changes in data. The modification of the Insured persons may be initiated – by submitting the statement of changes in

data to the Insurance Company in a registered letter – in each policy year effective for the next policy year. If a person becomes the Insured by submitting a statement of changes, the waiting period shall be 6 months commencing on the first day of the policy year in which the naming of the particular person as the Insured becomes effective.

4. The statement of changes in data must be submitted to the Insurance Company at least 90 days prior to the end of the given policy year.
5. If an infant is named as the Insured, the following provisions shall apply; should the Policyholder report the birth of the child within 30 days following the child's birth, the risk bearing of the Insurance Company – in consideration of a waiting period of six months (VIII.3. és X. 2.3.) – shall commence at 0 hours of the day following the birth of the child. In such a case the Insurance Company shall bear the risk without payment of the premium until the end of the policy year in which policy year the child was born. Should the Policyholder fail to report the child as the Insured within the given period of time, pursuant to the regulations referring to other persons the child may become the Insured in consideration of premium payment with the insurance entering into force in the next policy year.
6. Should the Insured die within the policy term, the risk bearing of the Insurance Company applicable thereto shall cease.

III. PREMIUM, PREMIUM PAYMENT AND NON-PAYMENT OF PREMIUM OF THE FAMILY PERSONAL INSURANCE

1. The Insurance Company shall establish the initial premium effective at the conclusion of the contract in consideration of the gender and age of the Insured parties subject to the premium tariffs table.
2. As regards premium payment and non-payment of the insurance premium the provisions of Chapter III of the General Terms and Conditions of the Family Insurance shall govern.

IV. INDEXATION OF THE FAMILY PERSONAL INSURANCE

1. On the occasion of the indexation, the Insurance Company may modify the insurance premium in consideration of the age of the Insured subject to the premium tariffs table with entry into force in the subsequent policy year.
2. As regards other rules on indexation, provisions of Clause IV of the General Terms and Conditions of the Family Insurance shall govern.

V. THE BENEFIT OF THE INSURANCE COMPANY

Upon occurrence of the insurance events specified in the present terms and conditions, the beneficiaries shall be paid the sums insured specified in the effective Annex which is an inherent part of the Family Insurance by the Insurance Company independent from the findings and services of the Social Insurance Authority.

VI. EXEMPTION AND EXCLUSION OF RISK OF THE INSURANCE COMPANY

1. **The Insurance Company shall be exempted from the obligation to pay any indemnity hereunder if there is evidence to prove that the death of the Insured was caused by the wilfully committed serious criminal offence of the Insured or in consequence thereof.**
2. **Should there be evidence to prove that the death of the Insured was caused by the wilful behaviour of the Beneficiary the Beneficiary causing the death event does not have the right to claim the service of the Insurance Company.**

3. The Insurance Company shall be exempted from the obligation to pay the accidental and surgical benefits if there is evidence to prove that the accident or surgery of the Insured was unlawfully caused by the wilful or grossly negligent behaviour of the Insured.
4. The insurance event shall be regarded as caused by a grossly negligent behaviour if it occurs
 - a) in direct consequence of the Insured being severely intoxicated (blood alcohol level at or exceeding 0.251%),
 - b) in consequence of the Insured driving without a driving license or being intoxicated, and in both cases the Insured has committed other traffic offences,
 - c) while the Insured is under the influence of any narcotic, or hallucinogenic drug or under the influence of any chemical used as a hallucinogenic material or in consequence thereof.
5. For the purposes of the present terms and conditions, the insurance policy does not provide coverage if the insurance event is directly or indirectly related to:
 - interstate armed clashes, or actions of civil war, or its occurrence is related to
 - HIV infection.
6. With respect to the accident and surgical insurance regulated in Chapters IX and X of the present terms and conditions, suicide, self-mutilation, or an attempt thereof shall not be considered an insurance event even if committed under conditions of psychotic disturbance in non-compos mentis of the Insured.
7. The data of the Insured and the statements referring to the health conditions thereof shall be recorded on the Proposal, and on its inherent part, on the "Health Disclosure". The Insured and the Policyholder shall be bound to make it possible for the Insurance Company to check the data.

With the Proposal the Insured shall agree to release the physicians, the health institutions – who or which examined, treated or will examine or treat them prior or subsequent to the conclusion of the insurance contract – from the obligation of medical secrecy against the Insurance Company with respect to the contents of the insurance contract, and the facts and data in connection with the insurance event. Failure to do so shall mean that the insurance company shall be exempt from its obligation of service if consequent thereupon essential circumstances may become undetectable.
8. Should 5 years have passed from the conclusion of the contract to the occurrence of the insurance event, despite an infringement of the disclosure obligation, the obligation of service of the Insurance Company shall prevail.
9. In the case of a misstatement of age, should the Insurance Company become aware thereof, the Insurance Company shall be entitled to re-establish the premium applicable to the particular contract with retroactive effect in consideration of the risk factors applicable to the real age of the Insured, and the Policyholder shall be bound to pay the established difference in premium without delay. If the Insurance Company becomes aware of the real age of the Insured in relation to the occurrence of the insurance event, the Insurance Company shall be entitled to deduct the difference of premium established as per the above from the sum insured.

Otherwise, provisions on the infringement of the obligation of disclosure shall govern in that the Insurance Company – pursuant to Clause II.3 of the General Terms and Conditions – may terminate the contract.

VII. MISCELLANEOUS PROVISIONS OF THE FAMILY PERSONAL INSURANCE

1. The supplementary insurance contract concluded subject to the present insurance terms and conditions cannot be surrendered, cannot be exempted from charges (waived), cannot be debited with a loan, and upon its termination no residual rights shall remain.
2. The insurance event must be reported to the Insurance Company within 8 days following its occurrence.
3. In order to claim the insurance service/benefit the following documents must be furnished:
 - a) the insurance policy,
 - b) the proof of payment of the premium,
 - c) the official document providing proof of age and personal identification,

- d) the document necessary for the establishment of the entitlement of the Beneficiary
- e) in case of an administrative action, a binding resolution on the refusal or the discontinuance of the proceedings, or a legally binding court decision,
- f) other documents required by the Insurance Company for the assessment of the claim.

Further documents required for the enforcement of the claim shall be established with respect to the particular insurance events. During the claim assessment the medical expert of the Insurance Company may order the execution of further medical tests and examinations.

VIII. LIFE INSURANCE

1. Insurance Event

The death of the Insured in Hungary or outside the borders of the country consequent upon any reason during the policy term.

2. Insurance Benefit

The Insurance Company shall pay the death benefit effective at the time of the death. (Clause 1 of Annex to the Family Insurance)

3. With respect to the present insurance event, the Insurance Company stipulates a 6-month **waiting period** from the commencement of the risk bearing period. If the death of the Insured occurs during the 6-month waiting period, the insurance with respect to the particular Insured shall terminate without the payment of the sum insured.

4. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause VII.3:

- death certificate,
- medical certificate attesting the cause of death.

IX. ACCIDENT INSURANCE

Under the terms of the present insurance conditions, **accident** shall be understood as a sudden external impact occurring independently of the will of the Insured resulting in a temporary injury thereof, or within 1 year subsequent to the accident the death thereof, or within 2 years subsequent to the accident a permanent injury to health. A temporary injury shall mean an accident-related fracture or splitting of the bone.

Under the terms of the present insurance overstrain caused by lifting, sprain, occupational diseases (harm), together with sunstroke, heat apoplexy and frost-bite shall not be considered as an insurance event.

1. Accidental Death Insurance

1.1. Insurance Event

An **accident** suffered by the Insured **resulting in death** during the policy term in Hungary or outside the borders of the country.

1.2. Insurance Benefit

Besides the death benefit specified in the Annex to the Family Insurance, the Insurance Company shall pay the accidental death benefit effective at the time of the accident. (Clause 2.1 of the Annex to the Family Insurance).

- 1.3. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause VII.3:

- a) death certificate,
- b) medical certificate attesting the cause of death.

2. Insurance for accident-related permanent injury to health (disability)

2.1. Insurance Event

An **accident** suffered by Insured **resulting in a permanent injury to health (permanent disability)** during the policy term in Hungary or outside the borders of the country.

2.2. Insurance Benefit

- a) Should the accident-related disability be **permanent and complete** (100%), the Insurance Company shall pay the No. I accidental disability benefit effective at the time of the accident. (Clause 2.2 a) of the Annex to the Family Insurance
- b) Should the accident-related disability be **permanent and partial** and its degree **reach or exceed 10%**, or should the degree not reach 10%, but cause **dismemberment, paralysis, or complete stiffening**, the Insurance Company shall pay a part of the No. I accidental disability benefit effective at the time of the accident proportional to the degree of the disability. (Clause 2.2 b) of the Annex to the Family Insurance)
- c) Should the accident-related disability be **permanent and partial** and the degree of the disability is **between 1 and 9%**, and **not cause dismemberment, paralysis, or complete stiffening** the Insurance Company shall pay the No. II accidental disability benefit effective at the time of the accident. (Clause 2.3 of the Annex to the Family Insurance)

2.3. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause VII.3:

- the medical certificates attesting the accident-related permanent injury to health.

2.4. The degree of permanent injury to health in respect of loss of limbs and organs listed in the table of the present clause shall be determined on the basis of the medical certificate. As regards cases not listed herein, the degree of the accident-related permanent injury to health shall be determined by the medical expert of the Insurance Company within 2 years at the latest subsequent to the accident.

The determination of the degree of the accident-related injury to health by the Insurance Company is independent of determinations made by other panels of medical experts and professionals of the Insured.

Injury to Parts of Body

Degree of Injury to Health

Total loss of sight in both eyes	100%
Loss of both upper or lower arms or both hands	100%
Loss of both one arm or hand and thigh or lower leg (that is dismemberment of both upper limb and lower limb)	100%
Loss of both thighs	100%
Loss of both lower legs or feet	90%
Loss of one thigh	80%
Loss of one upper arm	80%
Loss of one lower leg	70%
Loss of one lower arm	70%
Total loss of speech	70%
Total loss of hearing in both ears	70%
Loss of right hand (below wrist)	65%
Loss of left hand (below wrist)	50%
Total loss of one foot (below ankle)	40%
Total loss of sight in one eye	35%
Total loss of hearing in one ear	25%

2.5. At the time of reporting the claim, the Insured may submit a written declaration in regard to his being left-handed. In such a case the percentages in the above table establishing the degree of the injury to health referring to the loss of the right hand and that of the left hand shall be reversed.

2.6. With respect to the accident-related disability benefits the last payment expressed in percentage may be as much that the aggregate percentage of the benefits paid may not exceed 100% independent on the number of accidents causing the disability.

- 2.7. With respect to the present insurance event, any parts of the body or any organ already permanently injured or not complete consequent upon any reason prior to the conclusion of the contract shall be excluded from the coverage.
- 2.8. The Insurance Company shall be bound to pay the accident-related disability benefits only if the accident resulting in the disability is reported to the Insurance Company during the lifetime of the Insured and the degree of the disability has been determined by the Insurance Company.

Should the Insured die subsequent to the determination of the degree of the disability but prior to the payment of the benefit, the heir(s) of the Insured shall be entitled to receive the accident-related benefit.

3. **Insurance for accident-related fracture or splitting of the bone**

3.1. *Insurance Event*

An **accident** suffered by the Insured **resulting in the fracture or splitting of the bone** during the policy term in Hungary or outside the borders of the country.

3.2. *Insurance Benefit*

The Insurance Company shall pay the benefit for an accident-related **fracture or splitting of the bone** effective at the time of the accident. (Clause 2.4 of the Annex to the Family Insurance).

- 3.3. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause VII.3:

- the medical certificates attesting to the accident-related fracture or splitting of the bone.

- 3.4. In the case of accidents resulting in several cases of fracture or splitting of the bone, the benefit for an accident-related fracture or splitting of the bone shall be paid only once.

X. **SURGERY INSURANCE**

1. **For the purposes of the present insurance terms and conditions**

1.1. *Surgery*

A surgical procedure or intervention with a therapeutical purpose – not with a diagnostic one – executed by a physician, which is necessary and medically reasonable consequent upon the illness or accident of the Insured, and which is carried out in compliance with the effective medical professional regulations, and which – pursuant to the legislation in force at any given time – belongs to the services of the compulsory health insurance scheme.

1.2. *Hospital*

Medical institutions licensed and registered by the competent Hungarian or foreign authorities in compliance with the legislative provisions effective in the domicile of the hospital, and which institutions:

- operate with the primary objective of providing diagnostic and therapeutical, medical and nursing capacity for the in-patient medical treatment of injured or ill people,
- operate under permanent medical attendance and control, and
- perform their tasks in continuous operations with the involvement of skilled nursing staff.

1.3. *Accident*

A sudden external impact occurring independently of the will of the Insured and resulting in a medically reasonable surgery executed on the Insured.

2. **The Risk Taking of the Insurance Company**

2.1. *Insurance Event*

The surgery of the Insured following the effective date of the insurance contract carried out in a hospital in Hungary during the policy term, and which may be classified among the operational procedures or surgical interventions within the **List of Surgeries** constituting the Annex to the present terms and conditions, and

- a) should the illness or state necessitating the surgery have developed subsequent to the insurance entering into force, and

- b) should the illness or state necessitating the surgery already have existed prior to the insurance entering into force, but the Insured needed no medical treatment in connection with these or showed no symptoms thereof within 2 years prior to the insurance entering into force.

2.2. *Non-insurance events*

- a) **surgical intervention the necessity of which has a direct causal connection with the permanent injuries to the parts of body or organs of the Insured which developed prior to the date of insurance entering into force.**
- b) **or surgical intervention the cause of which is an illness or state which existed prior to the date of the insurance entering into force and the necessity of which the Insured knew of or must have known of (“postponed surgery”).**

2.3. *Waiting Period*

The Insurance Company stipulates a 6-month **waiting period** from the commencement of the risk bearing period. The risk bearing of the Insurance Company shall not cover the insurance events occurring during the waiting period except for surgeries consequent upon accidents occurring subsequent to the insurance entering into force.

3. **Insurance Benefit**

The basis for the establishment of the insurance benefit (sum insured) applicable to the particular insurance event is the list of surgeries (Appendix), which classifies the surgeries into four benefit categories, and includes the surgeries excluded from the risk bearing of the Insurance Company. The classification of the surgeries shall be established by the physician of the Insurance Company through comparison to the procedures included in the list of surgeries in consideration of the detailed list of the Surgical procedures (by benefit categories).

The sums insured applicable to the particular benefit groups are included in Clause 3 of the Annex to the Family Insurance.

4. Should several interventions be performed on a number of parts of the body or a number of organs during one operation, the insurance benefit shall be established based upon the intervention with the highest benefit category among the surgeries carried out on the Insured.
5. Should several surgeries be executed at different times consequent upon the same illness or accident during the term of the insurance, the Insurance Company shall pay the benefit applicable to a maximum of the first four consecutive operations of these.
6. Should several surgeries be executed on the Insured during the policy year, the aggregate sum of the benefits payable against those surgeries may not exceed the triple amount of the insurance benefit of the highest surgery category.
7. The Insurance Company may condition the payment of the benefit on a medical supervision of the Insured by the Insurance Company’s physician.
8. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause VII.3:
- final hospital report,
 - other medical documents related to the surgery, in the case of surgery carried out in a foreign hospital, the Hungarian translation thereof.

9. **Other Provisions**

The detailed list of surgical intervention may be studied at the selected units of the Insurance Company.

The Insurance Company shall be entitled to modify the classification of the surgical intervention pertaining to the certain benefit categories included in the present Appendix in justifiable cases in every two years by reason of the changes occurring to the medical procedures or surgeries. In case modifications are effected the Insurance Company shall notify the Policyholder in writing about the changes referring to the surgeries executable subsequent to the anniversary at the same time with the notice on indexation.

Family Insurance

Appendix

Please note that underwriting is conducted based upon the detailed list of surgeries. The surgeries listed in the present attachment considered to be the most frequent ones will serve only for information purposes.

Sections concerned	Surgeries of Benefit Category I.	Surgeries of Benefit Category II.	Surgeries of Benefit Category III.	Surgeries of Benefit Category IV.
Cerebral, Intracranial sections	Cerebral and Intracranial surgeries	Minor Cerebral and Intracranial surgeries <i>e.g. incision of cerebral cortex or pericranium, cysta punctio</i>		
Dorsal spine, vertebra	Major Spinal surgeries	Surgeries of medium severity on the spine and the vertebra <i>e.g.: unilateral extirpation of dorsal vertebral column, surgical intersection of nerve roots</i>	Minor interventions <i>e.g.: therapeutic drainage of spinal liquid</i>	
Nerves	Major Surgeries on Nerves <i>e.g.: cerebral/cranial nerve decompression</i>	Surgeries of medium severity on nerves <i>e.g.: interception or extirpation of nerve sutures, sympathetic nerve-fibers (neurectomy).</i>	Minor interventions on nerves	
Endocrine Organs	Extensive surgeries on endocrine organs <i>e.g.: surgeries on the hypophysis, suprarenals,</i>	Minor surgeries on endocrine organs <i>e.g.: thyroidectomy, parathyroidectomy.</i>		
Eyes	Major surgeries of the orbit <i>e.g.: surgeries on the retina</i>	Average eye surgeries, reconstructive eye surgery <i>e.g.: iris plastic surgery, eye muscle surgery, lens surgeries, surgeries on iris</i>	Minor eye surgeries <i>e.g.: minor surgeries on the conjunctiva, minor surgeries on the cornea</i>	
Ear, Nose, Larynx, Maxillary sinus, Tongue, Mouth, Pharynx	Major ear, nose, larynx, surgeries and surgeries related to the maxillary sinus, or pharynx <i>e.g.: surgeries on the internal ear, partial or complete surgical extraction of the tongue, larynx, cheek-bone, jaw-bone, surgical extraction of part of the pharynx, artificial forming of larynx</i>	Average ear, nose, larynx, surgeries <i>e.g.: extraction of the external ear and the auditory meatus, extraction of the nose, surgeries on partial deformation of the cheekbone and jaw-bone</i>	Minor ear, nose, larynx, surgeries and other oral (not dental) surgeries <i>e.g.: surgeries on the salivary glands, salivary ducts, tonsillectomy and rhinal tonsillectomy above the age of 18</i>	Tonsillectomies under the age of 18

Sections concerned	Surgeries of Benefit Category I.	Surgeries of Benefit Category II.	Surgeries of Benefit Category III.	Surgeries of Benefit Category IV.
Thorax, Lungs, Costal pleura, Diaphragm	Major thoracic surgeries <i>e.g.: partial or complete extraction of the lung, oesophagus</i>	Average thoracic interventions <i>e.g.: pneumectomy, surgeries on the diaphragm</i>	Minor thoracic inter-ventions <i>e.g.: treatment of pneumothorax, removal of foreign body with bronchoscope</i>	
Heart	Cardiac Surgeries <i>e.g.: surgeries on coronary vessels, valve surgeries, heart transplantation</i>	Minor surgeries on the surface of the heart <i>e.g.: pericardial surgeries</i>		
Vascular system	Major surgeries on the vascular system <i>e.g.: reconstructive surgeries of large vessels (aorta, throat-veins, other replacements)</i>	Average surgeries on the vascular system <i>e.g.: surgical removal of embolism, vessel transplantation, vessel reposition</i>	Minor surgeries on the vascular system	
Lymphatic system, Spleen	Radical surgeries of the lymphatic system	Surgeries of medium extension on the lymphatic system, surgeries on the spleen	Minor surgeries of lymphatic structures	
Digestive system (oesophagus, stomach, intestines)	Major interventions on the digestive system <i>e.g.: partial or complete extraction of the stomach, colon</i>	Average interventions on the digestive system <i>e.g.: surgeries on minor deformations of the stomach or intestines, treatment of gastrostomy</i>	Minor interventions on the digestive system <i>e.g.: appendectomies, surgical diaeresis of adhesions, haemorrhoidectomy, surgeries on the abscess, syrxinx near the rectum</i>	
Liver, Bile, Pancreas	Major surgeries related to the liver, bile, pancreas <i>e.g.: extraction of 3 or more segments of the liver, extraction or transplantation of the pancreas, liver transplantation</i>	Average surgeries related to the liver, bile, pancreas <i>e.g.: surgeries on the bile, pancreas, minor liver surgeries</i>	Minor interventions related to the liver, bile, pancreas <i>e.g.: endoscopic or laparoscopic comminution of hepatolith, extraction of hepatolith</i>	
Hernia		Surgeries related to major abdominal hernia	Abdominal reconstructive surgeries, surgeries on femoral hernia, inguinal hernia, and sciatic hernia	
Kidney, Bladder	Major surgeries on the kidney or bladder <i>e.g.: extraction of kidney, transplantation of kidney, extraction of bladder</i>	Average surgeries on the kidney or bladder <i>e.g.: parietal resection of nephritic cyst, lancing a nephritic abscess</i>	Minor interventions on the kidney or bladder <i>e.g.: ureteroscopic comminution of nephrolith</i>	

Sections concerned	Surgeries of Benefit Category I.	Surgeries of Benefit Category II.	Surgeries of Benefit Category III.	Surgeries of Benefit Category IV.
Genitals	Major surgeries related to the genitals, radical surgeries on pelvis	Average surgeries related to the genitals <i>e.g.: other surgeries on prostate, extraction of testicles, other gynaecological surgeries (myoma, hysterectomy and ovariectomy), laparoscopic gynaecological surgeries, extra-uterine pregnancy</i>	Minor surgeries related to the genitals <i>e.g.: intersection on the scrota, resection of a mutation of the cervix, extraction of polypus of the uterus,</i>	
Bone system	Major osteological surgeries <i>e.g.: reconstructive surgeries, major surgeries on the femur, extension of limbs, reduction of limbs</i>	Average osteological surgeries <i>e.g.: major osteological surgeries on limbs (insertion of screw, plate, medullar nail, bone removal, bone replacement)</i>	Minor osteological surgeries <i>e.g.: minor surgical intervention related to bone fractures, wire stitching, surgeries on simpler mutations of bone</i>	
Muscles, tendons, joints	Major surgeries on muscles, tendons, joints <i>e.g.: surgeries on large joints (shoulders, hip-joint), implantation of prosthesis of large joints</i>	Average surgeries on muscles, tendons, joints <i>e.g.: tendon transplant</i>	Minor surgeries on muscles, tendons, joints <i>e.g.: arthroscopic surgeries, surgeries on tendon and ligament sutures, surgical extraction of membrane of joints</i>	
Amputation	Complete amputation of limb	Partial amputation of limb	Amputation of fingers	
Breast surgeries	Major breast surgeries <i>e.g.: breast surgeries affecting the lymphatic system</i>	Average breast surgeries <i>e.g.: partial or complete mammectomy</i>	Minor breast surgeries <i>e.g.: minor, therapeutic surgical interventions on the breasts</i>	
Surgical Treatment of Burns	Surgical treatment of severe burns	Surgical treatment of burns of medium severity	Surgical treatment of minor burns	

Exclusions:

- tooth extraction, dental surgeries,
- surgeries related to pregnancy and delivery, interventions, intra uterine or on an unborn embryo and the mother, artificial abortions and curettage, surgeries relating to infertility and sterility,
- circumcision
- surgery to change the patient's sex,
- surgery on congenital disorders,
- cosmetic surgeries (plastic surgeries for beauty purposes),
- endoscopic excision of tissue, laparoscopic examinations and other excision of tissue for diagnostic purposes,
- extraction of foreign bodies inserted during surgery (e.g. plate, nail),
- treatment of minor injuries and deformations of the skin surface and tissues under the skin,
- post operative treatment of wounds/scars and the complications thereof, treatment (débridement),
- implantation of punctures, cannula, or catheters,
- removal of foreign body from tissue under the skin and body openings,
- varicotomy,
- implantation of pacemaker.

Family Insurance

Special Terms and Conditions of the Accidental Rider

Subject to the present terms and conditions and in consideration of the payment of the premium, AEGON Magyarország Általános Biztosító Zrt. (hereinafter: Insurance Company) shall contract for an obligation to provide accident insurance for the Insured parties.

The present supplementary insurance is only valid jointly with the **General Terms and Conditions of Family Insurance and the Special Conditions of Property Insurance**. As regards issues not regulated herein, such issues shall be governed by the Hungarian Civil Code.

I. EXPLANATORY PROVISIONS

1. Under the terms of the present insurance conditions, **accident** shall be understood as a sudden external impact occurring independently of the will of the Insured resulting in a temporary injury thereof, or within 1 year subsequent to the accident the death thereof, or within 2 years subsequent to the accident a permanent injury to health. A temporary injury shall mean the accident-related fracture or splitting of the bone.

Under the terms of the present insurance strain caused by lifting, sprains, occupational diseases (harm), together with sunstroke, heat apoplexy and frost-bite shall not be considered as an insurance event. Suicide, self-mutilation, or an attempt thereof shall not be considered an insurance event even if committed under conditions of psychotic disturbance in non-compos mentis of the Insured.

2. Subject to the present terms and conditions, the **Insured** is the person named on the policy, and the close relative thereof, or the relatives cohabiting therewith in the same household (685.§ b) of the Civil Code) at the time of the occurrence of the insurance event.
3. Subject to the present terms and conditions the **Beneficiary** of all insurance benefits due in the life of the Insured is the Insured himself.
At the death event of the Insured the heir(s) thereof shall be entitled to the accident-related benefits.

II. REPORTING THE CLAIM TO THE BENEFIT

1. The insurance event must be reported to the Insurance Company within 8 days following its occurrence.
2. In order to claim the insurance service/benefit the following documents must be furnished:
 - a) the insurance policy,
 - b) the proof of payment of the premium,
 - c) the official document providing proof of personal identification,
 - d) the document necessary for the establishment of the entitlement of the Beneficiary
 - e) in the case of an administrative action, a binding resolution on the refusal or the discontinuance of the proceedings, or a legally binding court decision,
 - f) other documents required by the Insurance Company for the assessment of the claim.Further documents required for the enforcement of the claim shall be established with respect to the particular insurance events. During the claim assessment the Insurance Company's medical expert may order the carrying out of further medical tests and examinations.
3. No deductibles shall apply to the benefit of the supplementary accident insurance.

III. INSURANCE EVENTS, THE BENEFIT/SERVICE OF THE INSURANCE COMPANY

1. Accidental Death Insurance

1.1. Insurance Event

An **accident** suffered by the Insured **resulting in death** during the policy term in Hungary or outside the borders of the country.

1.2. Insurance Benefit

The Insurance Company shall pay the accidental death benefit effective at the time of the accident. (Clause 2.1 of the Annex to the Family Insurance).

1.3. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause II./2.:

- a) death certificate,
- b) medical certificate attesting to the cause of death.

2. Insurance for accident-related permanent injury to health (disability)

2.1. Insurance Event

An **accident** suffered by the Insured **resulting in a permanent injury to health (permanent disability)** during the policy term in Hungary or outside the borders of the country.

2.2. Insurance Benefit

- a) Should the accident-related disability be **permanent and complete** (100%), the Insurance Company shall pay the No. I accidental disability benefit effective at the time of the accident. (Clause 2.2 a) of the Annex to the Family Insurance)
- b) Should the accident-related disability be **permanent and partial** and its degree **reach or exceed 10%**, or should the degree not reach 10%, but cause **dismemberment, paralysis, or complete stiffening**, the Insurance Company shall pay a part of the No. I accidental disability benefit effective at the time of the accident proportional to the degree of the disability. (Clause 2.2 b) of the Annex to the Family Insurance)
- c) Should the accident-related disability be **permanent and partial** and the degree of the disability is **between 1 and 9%**, and should it **not cause dismemberment, paralysis, or complete stiffening** the Insurance Company shall pay the No. II accidental disability benefit effective at the time of the accident. (Clause 2.3 of the Annex to the Family Insurance)

2.3. The degree of permanent injury to health in respect of loss of limbs and organs listed in the table of the present clause shall be determined on the basis of the medical certificate. As regards cases not listed herein, the degree of the accident-related permanent injury to health shall be determined by the medical expert of the Insurance Company within 2 years at the latest subsequent to the accident.

The determination of the degree of the accident-related injury to health by the Insurance Company is independent upon determinations made by other panels of medical experts and professionals of the Insured.

Injury to Parts of Body	Degree of Injury to Health
Total loss of sight in both eyes	100%
Loss of both upper or lower arms or both hands	100%
Loss of both one arm or hand and thigh or lower leg (that is dismemberment of both upper limb and lower limb)	100%
Loss of both thighs	100%
Loss of both lower legs or feet	90%
Loss of one thigh	80%
Loss of one upper arm	80%
Loss of one lower leg	70%
Loss of one lower arm	70%

Injury to Parts of Body**Degree of Injury to Health**

Total loss of speech	70%
Total loss of hearing in both ears	70%
Loss of right hand (below wrist)	65%
Loss of left hand (below wrist)	50%
Total loss of one foot (below ankle)	40%
Total loss of sight in one eye	35%
Total loss of hearing in one ear	25%

2.4. At the time of reporting the claim, the Insured may submit a written declaration concerning his being left-handed. In such a case the percentages in the above table establishing the degree of the injury to health referring to the loss of the right hand and that of the left hand shall be reversed.

2.5. **With respect to the present insurance event, any parts of the body or any organ already permanently injured or not complete consequent upon any reason prior to the conclusion of the contract shall be excluded from the coverage.**

2.6. With respect to the accident-related disability benefits the last payment expressed in percentage may be as much that the aggregate percentage of the benefits paid may not exceed 100% independent on the number of accidents causing the disability.

2.7. The Insurance Company shall be bound to pay the accident-related disability benefits only if the accident resulting in the disability is reported to the Insurance Company still in the life of the Insured and the degree of the disability has been determined by the Insurance Company.

Should the Insured die subsequent to the determination of the degree of the disability but prior to the payment of the benefit, the heir(s) of the Insured shall be entitled to receive the accident-related benefit.

2.8. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause II./2.:

a) the medical certificates attesting to the accident-related permanent injury to health.

3. **Insurance for accident-related fracture or splitting of the bone**

3.1. *Insurance Event*

An accident suffered by the Insured resulting in the fracture or splitting of the bone during the policy term in Hungary or outside the borders of the country.

3.2. *Insurance Benefit*

The Insurance Company shall pay the benefit for an accident-related **fracture or splitting of the bone** effective at the time of the accident. (Clause 2.4 of the Annex to the Family Insurance).

3.3. In the case of accidents resulting in several cases of **fracture or splitting of the bone**, the benefit for an accident-related fracture or splitting of the bone shall be paid only once.

3.4. In order to claim the insurance benefit, the Beneficiary shall submit the following documents to the Insurance Company in addition to the documents specified in Clause II./2.:

a) the medical certificates attesting to the accident-related fracture or splitting of the bone.

IV. **EXEMPTION AND EXCLUSION OF RISK OF THE INSURANCE COMPANY**

1. **The Insurance Company shall be exempted from the obligation of services if there is evidence to prove that the accident of the Insured**

a) **was caused by the wilfully committed serious criminal offence of the Insured or in consequence thereof.**

b) **was unlawfully caused by the wilful or grossly negligent behaviour of the Insured.**

2. The insurance event shall be regarded as caused by a grossly negligent behaviour if it occurs
 - a) in direct consequence of the Insured being severely intoxicated (blood alcohol level at or exceeding 0.251%),
 - b) in consequence of the Insured driving without a driving license or being intoxicated, and in both cases the Insured has committed other traffic offences,
 - c) while the Insured is under the influence of any narcotic, or hallucinogenic drug or under the influence or any chemical used as a hallucinogenic material or in consequence thereof.
3. For the purposes of the present terms and conditions, the insurance policy does not provide coverage if the insurance event is directly or indirectly related to:
 - interstate armed clashes, or actions of civil war, or its occurrence is related to
 - HIV infection.
4. Should there be evidence to prove that the death of the Insured was caused by the wilful behaviour of the Beneficiary, the Beneficiary causing the death event does not have the right to claim the service of the Insurance Company.

AEGON "Household Doctor" Assistance

AEGON Magyarország Általános Biztosító Zrt. (hereinafter: Insurance Company) undertakes that in conformity with the present terms and conditions, in exchange for an insurance premium payment the "Household Doctor" hotline shall stand available to receive telephone calls from Insured parties every day of the year 24 hours a day, and shall grant the services as stipulated herein.

The present rider shall be effective only in conjunction with the special terms and conditions of General and Property Insurance with the exception of the right to terminate, in writing, the present supplementary service by either party at least 30 days prior to the policy anniversary, in which case the main policy and its other riders shall remain in force without the present service.

The service shall be provided as an outsourced activity by the Insurance Company through an external service provider. Should the agreement between the Insurance Company and the external service provider be terminated for any reason, the Insurance Company shall acquire the right to terminate the present supplementary service by way of exceptional termination with pro-rata return of the premium, if necessary.

I. INSURED PARTIES

The Insured Parties of the present rider shall be the Insured as stipulated in Section I.2 of the special terms and conditions of Property Insurance.

II. SERVICES

1. Emergency prevention

The Insurance Company undertakes to organize emergency prevention and other household assistance (rapid help) in the form of repair services and those provided by contractors in the following crafts and trades:

- plumber, gas- and heating-fitter,
- roof tiler,
- glazier,
- electrician,
- fixing plugged drains,
- lock repairer,
- locksmith.

Emergency prevention shall qualify as any unexpected failure or damage in the insured building or building engineering, which requires immediate intervention in order to prevent any possible further damage or the risk of an accident provided that the prevention of the emergency situation may be resolved with the services of the crafts and trades as listed in Section II/1. The Insurance Company shall establish the nature of the emergency on the basis of the telephone conversation pursued with the Insured.

If the emergency is related to the risks specified by any terms and conditions of the insurance policy (e.g. broken pipes, glass breakage, damage to the roof), the present service shall be available on an unrestricted number of occasions, while emergencies that are not caused by an insurance event shall be available

- once every insurance year for those who have concluded their Family Insurance by themselves, and
- as frequently as there are sub files in the policy in the case of complex insurance contracts concluded by condominiums and building cooperatives every insurance year irrespective of what kind of assistance the Insured requested.

2. Reimbursement of the emergency costs

The Insurance Company undertakes to reimburse the emergency repair costs of the contractor up to the limit as specified in the policy. The types of costs that qualify to be reimbursed by the Insurance Company shall be:

- contractor's fee,
- costs of materials,
- travelling allowance.

Should the costs of an emergency prevention exceed the limit specified in the policy then any additional costs shall be borne by the Insured. If such additional costs arise from a causal relationship with the risks listed in the insurance contract, pursuant to the terms and conditions and during the claims settling proceedings, the Insurance Company shall retrospectively reimburse the Insured those additional costs the Insured may have paid to the contractor of the "Household Doctor".

Upon reporting an emergency, the Insurance Company shall send a qualified contractor to the premises within 24 hours. If the Insured requires that the appointment be later, which should be within two days, but has dealt with the prevention of further damage, the Insurance Company shall treat the event as an emergency and reimburse the repair costs pursuant to the conditions stipulated herein.

The Insurance Company shall have no responsibility for the activities of the contractor in regard to the direct relationship between the Insured and the contractor; except in respect to ensuring that the contractor arrives at the appointed time.

3. Referring contractors

In cases that are not regarded as an emergency the Insurance Company shall recommend a contractor that specializes in the crafts and trades listed in Section II.1 to the Insured to deal with the reported damage or failure.

The Insured shall order services that are of a non-emergency nature from contractors who are recommended by the Insurance Company at his/her own risk and shall pay the costs involved (contractor's fees, costs of materials, travelling allowance) to the contractor. However, if such services arise from a causal relationship with the risks listed in the insurance contract, pursuant to the terms and conditions and during the claims settling proceedings, the Insurance Company shall reimburse the Insured retrospectively.

The Insurance Company shall have no responsibility for the activities of the contractor in regard to the direct relationship between the Insured and the contractor.

III. FEE OF EMERGENCY SERVICES

The fee of the emergency services shall be specified in the insurance proposal and in the policy.

The Insurance Company shall be entitled to amend the fee every year upon the anniversary of the main insurance policy.

The Insurance Company may deviate from the principles as stipulated by Section IV.2 of the General Terms and Conditions of the contract upon amending the premium to the extent that it shall be entitled to amend the premium due to substantial changes in the risk conditions.

The insurance policy shall be effective for the given year with the premium the Insurance Company discloses upon indexation, however, pursuant to these terms and conditions, the Policy-owner has the right to terminate the present additional service for the insurance anniversary. If the Policy-owner shall not exercise the above right of termination following the amendment of the contract due to the increase of the premium, the Insurance Company shall regard it as an acceptance of the increase.

Family Insurance

Annex

Valid and current: in the case of proposals signed after May 1, 2004

1. LIFE INSURANCE

1.1 Death Benefit 128,000 Ft

2. ACCIDENTAL INSURANCE

2.1. Accidental Death Benefit 256,000 Ft

2.2. Insurance for accident-related permanent injury to health (disability)

a) No. I accidental disability benefit if the accident-related disability is permanent and complete (100%) 512,000 Ft

b) No. I accidental disability benefit if the degree of the accident-related permanent and partial disability
– reaches 10% or exceeds it, and should it
– not reach 10%, but cause dismemberment, paralysis, or complete stiffening a part of 512,000 Ft proportional to the degree of disability

2.3. No. II accidental disability benefit should the degree of the accident-related permanent and partial disability be between 1–9%, and does not cause dismemberment, paralysis, or complete stiffening 42,400 Ft

2.4. Benefit for accident-related fracture or splitting of the bone 6,500 Ft

3. SURGERY INSURANCE

3.1. Surgeries of Benefit Category I. 106,100 Ft

3.2. Surgeries of Benefit Category II. 52,900 Ft

3.3. Surgeries of Benefit Category III. 21,400 Ft

3.4. Surgeries of Benefit Category IV. 4,300 Ft