

Benefits

Medical benefits abroad ^{A)}	
1. Transport to hospital/transfer transport	} up to € 500,000
2. Outpatient Treatment ^{D)}	
3. Inpatient Treatment	
4. Repatriation	up to 100%
5. Repatriation in the event of death	up to 100%
Maximum payment in respect of 1. to 5. in the event of a chronic disease or illness unexpectedly becoming acute	up to € 50,000
Search and rescue abroad ^{A)}	
6. Search & rescue costs in the event of an accident, distress on a mountain or at sea	up to € 25,000

The contractual basis are the EUROPÄISCHE travel insurance conditions ERV-RVB ÖAV 2018.

The **prerequisite** for insurance cover is the **membership** of the insured person(s) in the **Österreichischen Alpenverein**. The insurance contract can be concluded only by members of the Österreichischen Alpenverein with country of main place of residence in Europe.

^{A)} **Abroad:** agreed scope of applicability, apart from the country in which the insured person has his or her country of main place of residence.

^{D)} **Deductible:** Outpatient medical treatment including prescribed therapeutic products is subject to an obligatory deduction of € 70 per person and per stay abroad.

The insurance cover for medical benefits abroad applies to leisure and occupational accidents as well as to acute illness or death. Search & rescue costs abroad are insured in respect of leisure accidents.

Illness is an abnormal physical or mental condition in accordance with the generally recognized state of medical science.

The insurance cover includes:

Medical benefits abroad:

- Full costs for medically necessary patient-transport from a foreign country to a hospital in the country of main place of residence or to the main place of residence, including the costs for transporting one person in a close relationship to the person being transported. The prerequisites for repatriation of an insured party, in addition to such party's ability to be transported, are:
 - the existence of a life-threatening disturbance to the insured party's state of health, or
 - the locally available medical care does not ensure treatment of a standard corresponding to that available in the party's country of main place of residence, or
 - an in-patient hospital stay of more than five days is expected.
- Costs arising abroad (not in the country of main place of residence)
 - for non-deferable medically necessary treatment including prescribed therapeutic products (outpatient and inpatient treatment)
 - for medically necessary transport to the nearest suitable hospital
 up to an insured sum of € 500,000. Outpatient medical treatment including prescribed therapeutic products is subject to an obligatory deduction of € 70 per person and per stay abroad.
- Full costs for repatriating a deceased person to his/her last main place of residence.
- The transport (ambulance service, repatriation and repatriation of a deceased person) as well as the inpatient treatment must be organised by the contractual organisation stated on the Alpenverein membership card; otherwise only a maximum of € 750 will be reimbursed.
- In Austria (as far as the injured/sick person does not have his/her main place of residence in Austria) the costs of medically necessary inpatient treatment will be reimbursed at the general tariff class in public hospitals up to the agreed sum insured.

Search and rescue abroad:

- The insured amount for search and rescue costs amount to € 25,000. Rescue costs are understood as those costs of local rescue organizations (including costs of rescue organizations of neighboring countries for incidents occurring close to national frontiers) incurred when the insured person has suffered an emergency/accident, or must be rescued out of wayless area, whether injured or uninjured, from mountain or aquatic distress (the same also applies in the case of fatalities).
Rescue costs are deemed the demonstrable costs incurred in searching for and transporting the injured person from wayless area to the nearest road open to traffic or to the hospital nearest the site of the accident.

The insurance cover applies to **a trip abroad up to the selected term of insurance**. The duration of the insurance contract results from the premium selected. **The insurance premium is to be paid prior to departure**. By paying the premium the policyholder declares that he or she is in agreement with the specified terms and conditions and the insurance terms and conditions. The contractual basis are the EUROPÄISCHE travel insurance conditions, ERV-RVB ÖAV 2018, which can be found on the following pages.

Premiums

	Insured period up to	Europe ^{B)}	Worldwide	Worldwide over 6,000 m ^{C)}
Single	5 days	€ 12	€ 20	€ 400
	17 days	€ 25	€ 43	
	31 days	€ 36	€ 54	
	2 months	€ 74	€ 111	
	3 months	€ 125	€ 200	
	4 months	€ 180	€ 288	€ 1.150
Family ^{D)}	5 days	€ 26	€ 42	€ 400
	17 days	€ 52	€ 88	
	31 days	€ 74	€ 110	
	2 months	€ 150	€ 224	
	3 months	€ 252	€ 402	
	4 months	€ 362	€ 578	

^{F)} Family:

up to 7 persons travelling together (not more than 2 adults) irrespective of their family relationship

^{B)} Europe:

Europe, all Mediterranean states and islands, Jordan, Madeira, the Azores, the Canary Islands and Russia

^{C)} Worldwide over 6,000 m:

The tariff 'Worldwide over 6,000 m' covers trips with planned ascents of mountains with summits over 6,000 m in height, which are booked through a travel organizer and guided by an authorized mountain guide.

However, the whole duration of the trip must be insured with this tariff. For insurance cover of ascents of mountains with summits over 6,000 m in height which are self-organized or not guided by an authorized mountain guide the written approval of the insurer must be explicitly given.

Please note that the **prerequisite** for insurance cover is the **valid membership** of the insured person(s) in the **Österreichischen Alpenverein**. The insurance contract can be concluded only by members of the Österreichischen Alpenverein with country of main place of residence in Europe.

Restrictions on cover provided

Medical benefits abroad

No cover is provided, for example, for

- medical treatment begun before the start of a journey abroad;
- medical treatment of chronic diseases or illnesses, except as a consequence of acute attacks or episodes;
- medical treatment being the purpose of the stay abroad;
- dental treatment that is not emergency treatment serving the immediate relief of pain;
- termination of pregnancy and delivery, as well as pregnancy-related examinations, except for premature births that occur at least two months prior to the naturally expected date of birth;
- medical treatment as a result of excessive consumption of alcohol and by abuse of drugs or medication;
- cosmetic treatment, spa treatment and rehabilitation measures;
- prophylactic inoculation or vaccination;
- medical treatment of illnesses and of the consequences of accidents that arise as a result of war hostilities of any kind and as a result of active participation in civil unrest or of premeditated criminal offences;
- medical treatment of illnesses and of the consequences of accidents arising from paid, active participation in publicly held sporting competitions and the training activities in preparation for them (with the exception of climbing competitions as a member of Kletterverband Österreich)
- medical treatment of illnesses and of the consequences of accidents from active participation in provincial, national or international competitions in the field of Nordic and Alpine ski sports, snowboarding and freestyle, freeriding, bob, ski-bob, skeleton or tobogganing, and when training for such events;
- medical treatment of illnesses and of the consequences of accidents arising from the damaging effects of nuclear energy;
- medical treatment of illnesses and accidents when using aeronautical equipment (e.g. hang-gliders, paragliders), aircraft, spacecraft and sky diving. However use of motorized aircraft approved for passenger transport (e.g. commercial aircraft) as a passenger is insured – with the exception of power gliders and ultra-lights.

^{o)} over 6,000 m: In respect of the Worldwide over 6,000 m tariff, the insurance cover also applies to trips with planned ascents of mountains with summits over 6,000 m in height, which are booked through a travel organizer and guided by an authorized mountain guide or which have been pre-approved in written form by the insurer.

Passengers are defined as those who neither are in a causal relationship with the operation of the aircraft or crew member, nor performs a professional activity using the aircraft;

- medical treatment of illnesses and of the consequences of accidents of members of rescue organisations in the case of organised rescue operations or training on behalf of rescue organisations;
- medical treatment of illnesses and consequences of accidents arising from participation in motor sports competitions (even classification races and rally races) and the corresponding training runs;
- medical treatment of illnesses and accidents on trips with planned ascents of mountains with summits over 6,000 m in height^{o)} and travel to the Arctic (destinations north of the Arctic Circle), Antarctic (destinations south of the Antarctic Circle) and Greenland.

Search and rescue abroad

No cover is provided, for example, for

- accidents as part of work-related or other professional activities and accidents by members to rescue organizations, which occur as part of organized rescue deployments or training on behalf of the rescue organization. However, accidents during paid work by members of the Österreichischer Bergführerverband as qualified mountain and ski guides, and as officially approved and qualified hiking guides are insured;
- accidents when using motor vehicles;
- accidents occurring when using aeronautical equipment (e.g. hang-gliders, paragliders), aircraft, spacecraft and sky diving. However use of motorized aircraft approved for passenger transport (e.g. commercial aircraft) as a passenger is insured – with the exception of power gliders and ultra-lights.
- accidents occurring in the course of taking part in provincial, national or international competitions in the fields of Nordic and Alpine ski sports, snowboarding as well as freestyle, freeriding, bob, ski-bob, skeleton or tobogganing, and when training for such events;
- accidents on trips with planned ascents of mountains with summits over 6,000 m in height^{o)} and travel to the Arctic (destinations north of the Arctic Circle), Antarctic (destinations south of the Antarctic Circle) and Greenland.

Product Information and Claims Settlement

You can obtain product information and claims forms at www.alpenverein.at under the quick link Insurance as well as from

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Insurer:

Europäische Reiseversicherung AG
Kratohwilestraße 4, A-1220 Vienna

Seat in Vienna. Commercial register HG Wien FN 55418y, DVR-Nr. 0490083.

Supervisory authority: FMA Financial Market Authority, Department: Insurance Supervision, Otto-Wagner-Platz 5, A-1090 Vienna.


The Europäische Reiseversicherung AG belongs to the Group of Assicurazioni Generali S.p.A., Trieste, which is registered in the register of insurance groups of IVASS under no. 026.

SOS Service 24 Hour Emergency Call

Attention! Prior to repatriation, repatriation of a corpse (not in respect of rescue), transfer and inpatient treatment abroad, without fail, please contact

Europ Assistance:
(otherwise a maximum of only € 750 will be reimbursed)
T +43/1/253 3798
F +43/1/313 89 1304
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Please note: The official text is the German version of the EUROPÄISCHE travel insurance conditions ERV-RVB ÖAV 2018 the „EUROPÄISCHE Reiseversicherungsbedingungen ERV-RVB ÖAV 2018“. Any discrepancies or differences created in the translation are not binding and have no legal effect for compliance or enforcement purposes.

EUROPÄISCHE travel insurance conditions ERV-RVB ÖAV 2018

Please note, that only those parts shall apply which correspond to the scope of benefits of your insurance package.

General Section

Article 1 Who is insured?

Insured persons are the persons specifically named in the proof of insurance.

With the family tariff, up to seven persons travelling together, not more than two of whom may be adults (18th birthday has occurred before the day of the start of trip) can be specifically named as insured persons. These persons do not have to be related to each other. It is not necessary for them to live at the same address.

The prerequisite for insurance cover is the membership of the insured person(s) in the Österreichischen Alpenverein.

Additional precondition for the **Alpenverein Premium-annual travel cover** is that the insured

person has their main place of residence in Austria.

Article 2

Where does the insurance cover apply?

1. The insurance cover applies in the agreed local area of application.
2. If the agreed local area of application is "Europe" (according to tariff), the insurance cover extends to Europe in the geographical sense, the Mediterranean states and islands, Jordan, Madeira, the Azores, the Canary Islands and Russia.
3. Art. 14 and 17 shall apply only abroad.
The country in which the insured person has his/her main place of residence is regarded as that person's home country. "Abroad" is deemed to be the agreed local area of application excluding the home country.

Article 3

When does the insurance cover apply?

1. **Alpenverein Premium-single trip cover:** The insurance cover applies for one trip up to the selected insurance term.
2. **Alpenverein Premium-annual travel cover:** The insurance cover applies to the first eight weeks of each trip abroad during the agreed insurance term. The insurance term commences on the day following the taking out of the insurance at 0.00 hours and ends on 31.12. of the same calendar year; in respect of the taking out of insurance from 1 September, on 31.12 of the following calendar year.
3. The insurance cover during a journey begins with departure from the place of residence or of second residence or of the place of regular work and ends with return to there or with the prior expiry of the insurance. Travel between the aforementioned places are not covered.
4. The conclusion of two or more immediately consecutive insurances shall be deemed to be a uniform continuous insurance period and is only permissible following separate agreement with the insurer.

Article 4

When does the insurance have to be taken out?

1. Insurance must be taken out before departure.
2. An extension to the insurance cover after departure is not possible.

Article 5

When does the premium have to be paid?

The premium is to be paid when taking out the insurance.

Article 6

What is not insured (exclusions)?

There is no insurance cover for events which

1. are suffered by the insured person as a result of a disturbance of consciousness. Awareness disorders are all significant disorders of uptake and reactivity based on alcohol, narcotic drugs or medications, which make it impossible for the insured person to meet the safety requirements of their environment and have reached a level where they can no longer control the danger.
2. are caused directly or indirectly by acts of war or civil war. If the insured person is unexpectedly overtaken by any of these events during the insured trip, cover applies until immediate departure, and as a maximum until the 14th day after the start of the event in question.
The extension does not apply to trips to or through states which are already in war or civil war. It also does not apply to active participation in war or civil war, as well as accidents caused by ABC weapons.
3. arise through active participation in unrest;
4. are caused by any impact of nuclear weapons, chemical or biological weapons;
5. occur in the course of the insured person committing or attempting to commit acts which are punishable by the courts, and in respect of which malicious intent is a constituent element of the offence;
6. are caused by the effects of ionising radiation within the meaning of the Radiation Protection Act in its applicable version, or through nuclear energy;
7. are caused by participating in motor sports competitions (including classification drives and rallies) and the associated training drives;
8. are caused by active participation in provincial, national or international competitions in the field of Nordic and Alpine ski sports, snowboarding as well as freestyle, freeriding, bob, ski-bob, skeleton or tobogganing and when training for such events;
9. occur when using aeronautical equipment (e.g. hang-gliders, paragliders), aircraft, spacecraft and sky diving.
However use of motorized aircraft approved for passenger transport (e.g. commercial aircraft) as a passenger is insured – with the exception of power gliders and ultralights.
Passengers are defined as those who neither are in a causal relationship with the operation of the aircraft or crew member, nor performs a professional activity using the aircraft;
10. occurs in the course of organised rescue operations or training on behalf of the rescue organisation as a member of the rescue organisation;
11. arise in the context of diving, if the insured person does not have any internationally valid authorization for the depth in question except in the context of participation in a diving course with authorized diving instructors. In any event no cover is provided in the context of dives to a depth of more than 40 m as well as in the context of ice diving or diving expeditions;
12. occur in mountain bike competitions (Downhill, Four Cross, Dirt Jump) including official training and qualification rides;
13. occur in the context of participation in expeditions;
14. occur when performing particularly dangerous activities or extreme sports;
15. arise on trips with planned ascents of mountains with summits over 6,000 m in height and travel to the Arctic (destinations north of the Arctic Circle), Antarctic (destinations south of the Antarctic Circle) and Greenland.

In respect of Alpenverein Premium-Single Trip Cover Worldwide over 6,000 m travel cover, the insurance cover also applies to trips with planned ascents of mountains with summits over 6,000 m in height, which are booked through a travel organizer and guided by an authorized mountain guide. For insurance cover of ascents of mountains with summits over 6,000 m in height which are self-organized or not guided by an authorized mountain guide the written approval of the insurer must be explicitly given.

In addition to these general exclusions, exclusions from insurance cover are separately regulated in Articles 15 and 18.

Article 7

What do the sums insured mean?

1. The insured amount in each case constitutes the maximum payment by the insurer for all insured events during an insured trip.
2. In the case of the family tariff, the insured sum in question applies jointly to all insured persons.
3. In the event of the conclusion of two or more insurances whose respective insurance periods overlap each other, the insured sum is not multiplied.

Article 8

What obligations have to be observed to maintain the insurance cover (duties)?

What are the consequences of non-observance of the regulation?

1. Obligations prior to the occurrence of the insured event
To prevent the occurrence of an insured event or an increase in the scope of the insurance benefits, the following obligation must be observed: The insured person as a driver of a motor vehicle has obtained the relevant authorization to drive such a motor vehicle according to Austrian law; this also applies if this vehicle is not driven on public roads. If this obligation is at least slightly negligently violated, the insurer is indemnified to the extent that the violation has had an impact on the amount of the insurance benefit or the occurrence of the insured event.
2. Obligations following the occurrence of the insured event
Without the collaboration of the policyholder and the insured person, the insurer can not provide the benefit

After occurrence of the insured event, the following obligations must therefore be observed:

- 2.1. The policyholder or the insured person must as far as possible contribute to the determination of the facts;
 - 2.2. an insured event is to be notified in written form to the insurer without delay by no later than within a week;
 - 2.3. a death as a result of an accident is to be notified to the insurer within 3 days in written form, even if the accident has already been notified;
 - 2.4. A claim form sent by the insurer must be completed truthfully by the policyholder or the insured person and returned to the insurer immediately; In addition, relevant information requested by the insurer must be issued in the same way;
 - 2.5. If doctors are designated by the insurer, the insured person must also be examined by them;
 - 2.6. for claims for reimbursement of costs, proof of the costs incurred is to be provided to the insurer through original documents. The documents then become the property of the insurer.
3. Deliberate violation of any of the obligations regulated in sec. 2 with the intention of influencing the insurer's duty to or of adversely affecting the determination of such circumstances as are evidently significant as far as the insurer's duty to pay is concerned, will release the insurer from payment.
 4. If the obligation is not violated with the intention of influencing the insurer's duty to pay or of adversely affecting the determination of such circumstances as are evidently significant as far as the insurer's duty to pay is concerned, the insurer is released from payment insofar as the violation has had an influence on the determination of the insured event or the determination or scope of the payment the insurer is obliged to make.

Article 9

How do declarations have to be made?

All declarations and information provided by the policyholder, the insured person, or other third parties in connection with the insurance contract require the written form in order to be valid (in writing, but without signature). The declarations and information must be received by the recipient, and must be capable of being permanently preserved by the recipient (by printing out or storage, as in the case of fax or email, but not SMS messages), and the identity of the person making the declaration must be clearly evident from the text. Written declarations and information (with signature) are of course also valid, but verbal declarations and information are invalid.

Article 10

What applies in the event of entitlements from other insurance policies (subsidiarity)?

As far as claims are covered by Alpine Association Worldwide Service (AWS), the insurance cover included in the membership of Österreichischen Alpenverein, AWS comes first. All insurance benefits are subsidiary. This means that the insurance benefits shall be provided only when and to the extent that no other insurer (social insurance provider, private insurance) is to provide benefits or has actually provided benefits.

Article 11

When is the compensation due?

The compensation payment is due upon completion of the investigations necessary in order to determine the insured event and the extent of the benefit to be paid by the insurer. However, the compensation payment becomes due irrespective thereof if the policyholder, following the expiry of two months since request for a cash payment, demands an explanation from the insurer as to why it has not yet been possible to complete the investigations, and the insurer does not comply with this demand within one month.

If the duty of payment has only been established in terms of its basis, the entitled party can demand advance payments up to the minimum amount payable by the insurer on the basis of the nature of the case.

Article 12

What rights apply following an insured event?

1. Following the occurrence of the insured event
 - 1.1. Following the occurrence of the insured event, the insurer can terminate if it acknowledges the basis of the insurance benefit or has provided the insurance benefit or if the policyholder has submitted a fraudulent claim.
The termination is to be made within a month
– following acknowledgement of the basis of the insurance benefit;
– following provision of the insurance benefit;
following rejection of the fraudulently, submitted claim to insurance benefit made by the insured.
The termination can only be made adhering to a month's notice of termination.
 - 1.2. Following the occurrence of the insured event, the policyholder can terminate in the cases cited in 1.1; furthermore, even if the insurer has rejected or delayed acknowledgement of a justified claim for the insurance claim.
Moreover, the policyholder can terminate following the decision of the medical commission or following the legal effect of the judgement of the court in the case of a lawsuit before a court.
In all cases the termination is to be made within a month
– following acknowledgement of the basis of the insurance benefit;
– following provision of the insurance benefit;
– following rejection of the fraudulently, submitted claim to insurance benefit;
– following rejection of the justified claim for insurance benefit;
– following the legal effect of a judgement in the case of a lawsuit before a court;
– following the due date of the insurance benefit in respect of a delay in acknowledgement (Article 11) from the policyholder.
The termination can be made with immediate effect or at the end of the current period of insurance.
 - 1.3. The insurer is entitled to collect the premium pro rata until the cancellation of the policy.
2. If the policy expires due to the death of the insured, the insurer is entitled to collect the premium pro rata until the cessation of the policy.

Article 13

What law is applicable?

Austrian law applies insofar as is legally permissible.

Special section

A: Medical services abroad

Article 14

What is covered abroad?

1. The insurance cover applies to leisure and occupational accidents as well as to acute illness or death. Illness is an abnormal physical or mental condition in accordance with the generally recognized state of medical science.

2. **Alpenverein Premium-single trip cover:** the insurance cover encompasses
- 2.1. the full costs for medically necessary patient-transport from a foreign country to a hospital in the country of main place of residence or to the main place of residence, including the costs for transporting one person in a close relationship to the person being transported. The prerequisites for repatriation of an insured party, in addition to such party's ability to be transported, are
 - the existence of a life-threatening disturbance to the insured party's state of health or
 - the locally available medical care does not ensure treatment of a standard corresponding to that available in the party's country of main place of residence or
 - an inpatient stay in a hospital of more than 5 days is expected.
 - 2.2. the costs arising abroad (not in the country of main place of residence)
 - for non-deferable medically necessary treatment including prescribed therapeutic products (outpatient and inpatient treatment),
 - for medically necessary transport to the nearest suitable hospital up to an insured sum of € 500,000. Outpatient medical treatment including prescribed therapeutic products is subject to an obligatory deduction of € 70 per person and per stay abroad.
 - 2.3. the full costs for repatriating a deceased person to his or her last main place of residence.
 - 2.4. the transport pursuant to Points 2.1 and 2.3 and the inpatient treatment pursuant to Point 2.2. must be organized from one of the contractual organizations specified on the membership card; otherwise a maximum of € 750 will be compensated.
 - 2.5. In Austria (as far as the injured/sick person does not have his/her main place of residence in Austria) the costs of medically necessary inpatient treatment will be reimbursed at the general tariff class in public hospitals up to the agreed sum insured.
3. **Alpenverein Premium-annual travel cover:** The insurance cover encompasses costs arising abroad (not in the country of the main place of residence)
- for non-deferable medically necessary treatment including prescribed therapeutic products (outpatient and inpatient treatment),
 - of medically necessary patient-transport to the nearest suitable hospital up to a sum insured of € 500.000.00, whereby an excess in respect of inpatient treatment and transportation services of € 10,000.00 and in respect of outpatient treatment including prescribed therapeutic products of € 2,000.00 is applicable. The medically necessary patient-transport and the inpatient treatment must be organized from one of the contractual organizations specified on the membership card; otherwise a maximum of € 750 will be compensated.
4. The insurer shall pay in advance for the costs of inpatient remedial treatment. A payment in advance will only be made to the hospital. Remedial treatment is a medical treatment which appears suitable, in accordance with the generally recognized state of medical science, for improving the condition or to prevent a worsening. The remedial treatment ends when, according to the medical finding, there is no longer a need for remedial treatment.

Article 15

What is not insured (exclusions)?

There is no insurance cover for:

1. medical treatment begun before the start of a foreign journey;
2. medical treatment of chronic diseases or illnesses, except as a consequence of acute attacks or episodes;
3. medical treatment(s) being the purpose of the stay abroad;
4. dental treatments which are not for the initial care for the direct restriction of pain;
5. termination of pregnancy and delivery, as well as pregnancy-related examinations, except for premature births that occur at least two months prior to the naturally expected date of birth;
6. cosmetic treatment, spa treatment and rehabilitation measures;
7. prophylactic inoculation or vaccination;
8. remedial treatments of illnesses and the results of accidents from active participation for reward in sports competitions which take place in public and training for these. (With the exclusion of climbing competitions as a member of the Kletterverband Österreich which take place in public).
9. bodily injuries in the course of treatment measures and interventions which the insured person undertakes or allows to be undertaken on his body, unless an insured event was the cause thereof.

Article 16

What cover is provided in the context of existing illnesses and consequences of accidents?

An existing illness or consequence of an accident is insured if it unexpectedly becomes medically acute and is not excluded from cover in accordance with Article 15. In this case the costs as stated in Article 14 are generally reimbursed for existing illnesses up to the agreed insured sum.

B: Search and rescue

Article 17

What is insured?

1. **Alpenverein Premium-single trip cover:** The insured amount for search and rescue costs amount to € 25,000. The insurance cover applies to accidents occurring in the course of leisure activities. The insurer provides insurance cover for search and rescue when the insured has suffered an accident/emergency, or must be rescued out of wayless area, whether injured or uninjured, from mountain or aquatic distress. Rough terrain requires a rescue to the nearest, with a normal motor vehicle (rescue vehicle) passable road, or to the transfer point to another means of rescue or to the nearest doctor or hospital if medically necessary. For the purposes of this definition, "forest roads" and "forest roads" are to be understood as wayless area. Accidents in non-rough terrain, for example on public roads, sports fields, or in the house and garden, are not covered by the insurance. An emergency shall be deemed to exist when the insured person is threatened in rough terrain with an imminent danger for life, physical integrity or health, as for example acute illness or constraining situation due to weather conditions. Distress in the mountains shall be deemed to exist if the insured person in alpine terrain gets into a state of coercion or emergency due to typical dangers (for example avalanche, falling rocks, sudden fall in air temperature, loss of orientation). Aquatic distress shall be deemed to exist when the insured person gets in a state of coercion or emergency during the stay on areas of water or due to exceptional water masses (for example flood, storm surge), extraordinary weather conditions (for example storms), provided that the insured person in the course of this comes in direct (body) contact with the water surface.
2. Rescue costs are understood as those costs of local rescue organizations (including costs of rescue organizations of neighboring countries for incidents occurring close to national frontiers) incurred when the insured person has suffered an accident, or must be rescued out of wayless area, whether injured or uninjured, from mountain or aquatic dis-

stress (the same also applies in the case of fatalities).

Rescue costs are deemed the demonstrable costs incurred in searching for and transporting the injured person from wayless area to the nearest road open to traffic or to the hospital nearest the site of the accident.

Article 18

What is not insured (exclusions)?

There is no insurance cover for accidents

1. occurred during carrying out a sporting activity for remuneration and training therefor. There is remuneration if the insured receives more than pure allowable expenses;
2. in respect of a professional or otherwise remunerated activity. Remunerated activities of members of the Österreichischer Bergsportführerverband as certified mountain guides and ski guides or as officially authorized and certified hiking guides are excepted from this;
3. in respect of the use of motor vehicles.
