

**This information sheet is a brief description of the product. Full information may be found in the contractual documents (insurance application, policy and conditions). To be fully informed, you should read all the documents.**

**What does this type of insurance comprise?** Ticket cancellation insurance.



## What is insured?

### Cancellation:

- ✓ Reimbursement of ticket price up to €1,000.00

Coverage is provided by this guarantee if as a result of **COVID-19** the death of the insured person, their first- and second-degree relatives, their professional substitute or the person in charge of caring for their children during the **event**.

Coverage is also provided, by this guarantee if as a result of **COVID-19** the insured is admitted to a hospital or requires bed-rest within 7 days prior to departure **event** date.

It will be necessary that the attendance to the **event** is not medically possible on the scheduled date. Coverage would also be provided if the insured's first- and second-degree family members were hospitalized or put at risk of imminent death.



## What is not insured?

In general:

- ✗ The consequences of acts of terrorism, war, pandemic, radioactive, nuclear or biological disasters, duels and altercations.
- ✗ Incidents caused directly by the insured.
- ✗ Those guarantees and benefits that have not been communicated to the Insurer in a timely manner and / or that have not been agreed with it, except in cases of force majeure or material impossibility demonstrated.

### Anulación

- ✗ Psychological and mental illnesses and depression not involving hospitalisation.
- ✗ Cancellations occurring as a result of causes that had occurred when the policy was arranged, and were known to the Policyholder and/or the Insured.



## Existen restricciones en lo que respecta a la cobertura

- ! Travel to regions classified as risk/war zones: Cover excluded if the Ministry of Foreign Affairs has issued a recommendation not to travel.
- ! International penalties and embargoes: Cover conditional on not breaching economic, commercial or financial sanctions or embargoes instigated by the EU, France, United Kingdom or USA.
- ! Claim rejection: In the event of bad faith by the insured, all compensation entitlements are forfeited.

### Anulación

- ! Cover extends to chronic and pre-existing illnesses except for those that are being treated or that are cared for 30 days prior to both the date of purchase of the ticket and the date of inclusion in the insurance.

**Where am I covered?**

The covers provided under this insurance shall apply to events and/or shows held in Europe.

**What are my obligations?**

The Insured must inform the INSURER of the occurrence of the claim incident within a maximum period of SEVEN days of the date when it became known, employ all means available to him/her to minimise the consequences thereof, provide any evidence that might reasonably be requested regarding the circumstances and consequences, and provide documentation in accreditation or proof of the occurrence of the incident, and invoices or receipts for expenses.

The Policyholder must make payment of the premium in accordance with the payment dates and methods indicated in the policy.

**When and how must I make payment?**

When the policy is arranged, by means of one single payment made by any legally valid form of payment.

**When does cover begin and end?**

Non-attendance of the insured/Refund of services covers shall come into force from the moment that the ticket to the covered event/show has been purchased and shall expire once the INSURED have entered the premises of the corresponding event/show. The rest of the Covers shall come into force on the date specified in the Policy Schedule as the date on which the insured event is to take place and shall expire once the event has ended.

**How can I cancel the policy?**

In the case of insurance with an over a month period arranged remotely, there is a legal cooling off period for the insured of fourteen days from the date of arrangement, provided that the guarantees have not yet taken initial effect. In the case of annual renewable policies, by informing the insurer either directly or through your insurance agent, at least one month in advance of the expiry date.

## **INFORMATION DOCUMENT CONCERNING THE INSURANCE DISTRIBUTION ENTITY**

ERGO Seguros de Viaje Europäische Reiseversicherung AG, Sucursal en España, holder of Tax Identification Number W00490918E, is the Spanish branch of an insurance company, with registered office at Avenida Isla Graciosa, 1, 28703 San Sebastián de los Reyes, Madrid. Its registration details were recorded on 27 August 2015 in Volume 33458, Page 123, Section 8, Sheet M-602242, of the Companies Register of Madrid.

The entity is registered in the Official Register of Insurance Entities of the Directorate-General for Insurance and Pension Funds, under administrative code E-217, and is entitled to engage in insurance activity in Spain under the freedom of establishment regime.

In accordance with the legislation in force, ERGO Seguros de Viaje has in place a Customer Response Service to handle any grievances and claims that policyholders, insureds, beneficiaries, injured third parties or the successors of any of the above might submit in connection with their legally recognised interests and rights.

The filing of written grievances or claims with the Customer Response Service of the entity may be performed in person or by means of a duly accredited representative, at the postal address of ERGO Seguros de Viaje at Avenida Isla Graciosa, 1, 28703 San Sebastián de los Reyes, Madrid, or by computerised, electronic or remote digital channels, provided that they allow documents to be read, printed and stored, and the identity of the claimant is accredited. To this end, ERV Seguros de Viaje provides interested parties with access to the email address [sac@ergo-segurosdeviaje.es](mailto:sac@ergo-segurosdeviaje.es). Interested parties likewise have access, both in person and via the entity's website ([www.ergo-segurosdeviaje.es](http://www.ergo-segurosdeviaje.es)), to a form to facilitate the filing of grievances and claims.

The Customer Response Service of the entity will address and respond to any grievances and claims duly submitted to it within a maximum period of two months. Upon expiry of said period, or if they do not agree with the response given, the interested parties may refer the dispute for consideration by the Grievances Service of the Directorate-General for Insurance and Pension Funds.

In any event, any disputes that might arise between insurance policyholders, insureds, beneficiaries, injured third parties or the successors of any of the above and the insurance entity may be settled by the competent judges or courts.

In order to avoid conflicts of interest, the remuneration of those employees of the insurance entity responsible for the distribution of insurance policies is purely salary-based, with no commission element dependent on premiums.