



RNA – Multiviagens Travel Agencies and Tour Operators

GENERAL CONDITIONS
CG.202.APV.009.29_04_2026

In compliance with the provisions of Article 37(3) of the legal regime of the insurance contract, approved by Decree-Law No. 72/2008, of 16 April, it is clarified that the clauses or articles that establish causes for invalidity, extension, suspension or termination of the contract at the initiative of any of the parties, the scope of the coverage, namely its exclusion or limitation, and those that impose on the Policyholder or the Beneficiary notice duties dependent on the deadline, are written in highlighted and larger characters than the others.

Document prepared in accordance with Law 32/2021, of 27-05, which amends DL 446/85, of 25-10 (which defines the font size and spacing between lines).

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GENERAL CONDITIONS

PRELIMINARY CLAUSE

Between RNA Seguros, S.A., hereinafter referred to as the Insurer, and the Policyholder, identified in the Particular Conditions, this contract is concluded, which is governed by these General, Special and Particular Conditions of this Policy, in accordance with the statements contained in the subscribed insurance proposal, which served as its basis and of which it is an integral part.

CHAPTER I - DEFINITIONS, OBJECT AND COVERAGE

Clause 1 - Definitions

For the purposes of this contract, the following shall be considered:

Serious Accident: Fortuitous, sudden and unpredictable event that causes clinically and objectively verifiable bodily injuries that endanger life or that causes more than 1 day of hospitalization.

Accident: Fortuitous, sudden and abnormal event, due to an external cause beyond the control of the Policyholder, the Beneficiary and the Insured Person and which produces bodily injury, temporary or permanent disability or death, clinically and objectively verified.

Companion: Companion is understood to be the Insured Persons who participate in the same travel program contracted in the same travel agency or operator and who are also holders of this insurance contract and who have a degree of kinship or professional relationship with the Insured Person or who are included in the same reservation;

Retail Travel Agency: The Travel Agency that sells or offers for sale package travel or related travel services, arranged by an Organiser.

Household: The spouse (or equivalent) of the Insured Person, or the person who lives with him/her in a de facto union situation, the children, stepchildren or adoptees of any of the spouses (or equivalent), and also ascendants, who reside in the Insured Person's domicile.

Significant change: A significant flight change occurs when the airline changes the departure/arrival time (more than 30 minutes on domestic flights or 1 hour on international flights) or changes the itinerary.

Policy: Document that certifies the contract entered into between the Policyholder and the Insurer, which contains the respective General and Special Conditions, if any, and the agreed Certificate of Insurance.

Additional Minutes: Document that entitles the amendment of the Policy.

Beneficiary: The natural or legal person in favour of whom the Insurer's benefit arising from the insurance contract reverts.

Insurance Certificate: Document issued by the Insurer proving the adhesion of each Insured Person to the Insurance Contract, mentioning, namely, validity period, Guarantees, Contracted, Insured Capital, identification of the Insured Person.

Unavoidable and exceptional circumstances: Any situation beyond the control of the party relying on it and the consequences of which could not have been avoided even if all reasonable measures had been taken, including: War, invasion, acts of a foreign enemy, hostilities or warlike operation (whether war is declared or not), civil war, rebellion, military uprising, insurrection, revolution, usurped military power, strikes, riots, civil commotion, acts of terrorism, weather conditions exclusively when they prevent the effective enjoyment of the services initially contracted (e.g. Dry Mist, Snowfall, Ashes), acts of nature exclusively when they prevent the effective enjoyment of the services initially contracted (e.g.: fire, flood, earthquake, explosion, tsunami, volcanic eruption, landslide, avalanches, hurricane, cyclone, storms, snow, fall of celestial bodies, or other analogues in their effects of disturbing safe travel).

General Conditions: Set of clauses that define and regulate generic and common obligations, inherent to a line or modality of insurance.

Particular conditions: Document containing the specific and individual elements of each contract, which distinguish it from all others.

Reasonable Conditions: Reasonable conditions are understood to be solutions that allow the injured Insured Person to enjoy more than 50% of the nights originally contracted.

Spouse: In addition to the marriage, a spouse must be understood as the person who lives with him or her in a de facto union.

Serious Illness: Any change in health status that puts life at risk or that leads to more than 1 day of hospitalization.

Pre-existing Disease: A pathological condition that the insured person could not have been unaware of, or should have known about, before the date of taking out the insurance, due to, in particular, having undergone treatment or other medical act, having been diagnosed, or having specific evidence and symptoms.

Disease: Disease is considered to be any involuntary, sudden and unpredictable change in the function or internal structure of the Insured Person's body, not resulting from an accident, which negatively affects their state of health and well-being, and which is confirmed by a doctor.

Domicile: The place where the Insured Person habitually resides, with stability and continuity and where he has installed and organized his domestic economy.

Chargeback: Return to the Policyholder of a part of the Premium already paid.

Proof of Illness: Detailed medical report, medical history including report of diagnostic tests, treatments performed and medication.

Lack of conformity: The non-compliance or poor performance of the travel services included in a package.

Sunk Expenses: Expenses for accommodation, transport and other services included in the travel program contracted to the policyholder or his representatives at the destination, duly proven by the Tourist Service Provider, obtaining from him the respective proof of the non-recoverability of the expense. The amount to be reimbursed either to the Insured Person or entity that has booked on behalf of the Insurer, directly by the Insurer or through the Policyholder, or to the Policyholder directly, in the event that no payment has been made for the insured trip, resulting from the difference between the value of the insured trip and the amounts recovered by the Operator, Organiser and/or Retail Travel Agency of the Tourist Service Providers. Irrecoverable expenses are not considered vouchers, vouchers, credit notes or equivalent documents of reserved services that are in the patrimonial sphere of the Insured Person. The Insured Person will always be responsible for the costs inherent to contracting the insurance policy, and are therefore not considered irrecoverable expenses.

Permanent Disability: The situation of permanent functional limitation of the Insured Person, arising as a result of sequelae produced by an Accident.

Start of Coverage: The date of receipt by the Insurer of the respective membership, for the Early Trip Cancellation guarantee, and the effective use of the first service contracted for the other guarantees.

Start of the trip: The beginning of the execution of the tourist services included in the safe trip.

Tour Operator: Any person, natural or legal, public or private, who, in the contracts covered by Decree-Law 17/2018 of 8 March, acts, including through another person acting in their name or on their behalf, for purposes related to their retail activity, operator that facilitates related travel services or as a provider of a travel service.

Organiser: Any operator that combines, sells or proposes for sale package trips, directly through another operator or jointly with another operator, or the operator that transmits the traveller's data to another operator, as stipulated in article 2 i) of Decree-Law 17/2018 of 8 March.

Insured Person: The person(s) identified in the Insurance Certificate(s), and who are subject to the risks that, under the agreed terms, are the object of the contract.

Premium or Total Premium: Consideration for the agreed coverage and which includes everything contractually owed by the Policyholder, namely the costs of covering the risk, the costs of acquisition, management and collection and the charges related to the issuance of the policy. The prize receipt also includes legal charges and taxes, and its sum is the total premium to be paid.

Tourism Service Provider: Companies or individuals, hired by the Policyholder or his local representative at the destination of the trip, who provide tourist services to the Insured Person or who assist the Policyholder or his local representative at the destination of the trip, intermediating the acquisition of tourist services to the Insured Person.

Price Reduction: Amount to be reimbursed either to the Insured Person or entity that has booked on their behalf, directly by the Insurer or through the Policyholder, or to the Policyholder directly, in the event that there has been no payment for the insured trip, based on the value of the insured trip, which will be based on the value of the tourist services that were affected by the lack of conformity, deducted from the amount recovered by the Policyholder, Operator, Organiser and/or Retail Travel Agency from the Tourism Service Providers.

Insurer: RNA Seguros, S.A. or, for short, RNA Seguros, an entity legally authorized to carry out the Insurance activity.

Contributory group insurance: Group insurance in which Insured Persons contribute in whole or in part to the payment of the premium.

Group insurance: Insurance of a group of people linked to each other and to the Policyholder by a common bond or interest, other than that of insuring.

Assistance Service: Service performed by an entity that organizes and provides, on behalf of the Insurer, the guarantees granted under this insurance contract, whether they are of a pecuniary nature or the provision of services.

Services not used: Amount to be reimbursed by the Insured Person or entity that has booked on their behalf, directly by the Insurer or through the Policyholder, or to the Policyholder directly, in the event that there has been no payment for the insured trip, based on the value of the insured trip, deducted from the value of the air tickets, to be divided by the number of days of the trip and multiplied by the effective time period of loss of use, and deducting any amount that has been returned to the Operator, Organiser and/or Retail Travel Agency and/or the Insured Person by the Tourist Service Providers.

Claim: Any event or series of events resulting from the same cause, of a fortuitous, sudden and unforeseen nature, capable of making the warranties of this Agreement work.

Term of Coverage: In the case of the Trip Cancellation Guarantee, it will end after the start of the travel program, considering the effective use of the first contracted service. For other guarantees, the end of the coverage coincides with the return date.

Policyholder: Person or entity that contracts with the Insurer, being responsible for the payment of premiums.

Value of the Safe Trip: Amount invoiced for the trip object of this Contract, demonstrated through the issuance of the respective invoice. Exceptionally, in the event that this issue has not occurred by the date of the start of the trip, demonstrated by a booking confirmation with express

indication of the value, provided that this confirmation occurs prior to the start of the date of travel.

Package: The trip purchased from the Policyholder or the Retail Travel Agency that intermediates it, consisting of at least two different types of travel services, namely transport, accommodation or other tourist services that are not intrinsically part of them, pursuant to the provisions of Article 2(1)(p) of Decree-Law No. 17/2018, of March 8.

Safe Travel: The trip purchased from the Policyholder or the Retail Travel Agency that intermediates it, under the terms of Decree-Law No. 17/2018, of 8 March, regardless of whether it is a package trip, related travel services or isolated travel services, as well as travel services purchased during the trip, provided that the latter are purchased exclusively from the Policyholder's local representative, for the sole purpose of delimiting the scope of the guarantees of this Policy, without prejudice to the rights of the traveller and the legal responsibilities of the organiser or retailer.

Journey: The route identified on the Insurance Certificates, in which the origin, destination and duration are indicated, corresponding to the period during which the Insured Person benefits from the guarantees provided for in this Policy.

Clause 2 – Object of the contract

1. This contract guarantees, up to the limit of the contracted capital, the payment of compensation in the event of an accident occurring with the Insured Person, indicated in the Insurance Certificate, during the period of the trip acquired from the Policyholder, from his domicile to start the trip and during the period indicated in the Insurance Certificate, ending on the return to their home, whether it is for tourist or professional reasons.
2. This contract shall be effective regardless of whether the trips have been purchased for professional or non-professional reasons; however, and with regard to trips contracted for professional reasons, only the professional activity of the Insured Person is guaranteed, which does not involve greater danger than that of ordinary travelers.
3. The coverage of this contract is in line with the provisions of article 34 of Ordinance 413/99, of 8 June.

Clause 3 - Coverage

A) The contract guarantees, under the terms of the respective contracted coverages, and described in the Special Conditions, the compensation due for:

1. **Death or Permanent Disability in the event of an Accident;**
2. **Funeral Expenses;**
3. **Early trip cancellation – Base Coverage;**
4. **Roadside assistance – According to paragraph B);**

B) Additionally, and provided that it is contracted and duly expressed in the Insurance certificate, the following Special Conditions may be contracted regarding Travel Assistance coverage:

4. Roadside Assistance Coverages

4.1 Civil liability

4.2 Medical, surgical, pharmaceutical and hospitalization expenses for an accident or illness that occurred abroad or for an accident that occurred in Portugal

4.3 Medical, surgical, pharmaceutical and hospitalization expenses in Portugal

4.4 Pre-existing disease

4.5 Treatment costs in Portugal in the event of an accident abroad

4.6 Sanitary transport of the wounded and sick to the nearest hospital unit

4.7 Repatriation to the point of origin

4.8 Repatriation to the point of origin when terminally ill or similar

4.9 Monitoring of the hospitalized insured person

4.10 Round-trip ticket for a family member and their stay

4.11 Extension of hotel stay

4.12 Transport or repatriation of the deceased insured person

4.13 Urgent shipment of medicines

4.14 Baggage theft assistance abroad

4.15 Delivery of funds abroad

4.16 Delay in receiving baggage

4.17 Processing costs for loss of documents

4.18 Opening and repairing safes and safety boxes

4.19 Charge for children or people with special needs

4.20 Professional Driver Dispatch

4.21 Search and rescue of the insured person

4.22 Transmission of urgent messages

4.23 Early return due to the death of a family member

4.24 Additional expenses for kidnapping in means of transport

4.25 Flight delay

4.26 Missed air connections

4.27 Online medical consultation

4.28 Medical advice by phone

4.29 Psychological support

4.30 Runway relief expenses

4.31 Return of ski pass due to closure of the resort due to weather conditions

4.32 Early trip cancellation due to lack of snow

4.33 Return of ski pass for accident that prevents the practice of snow sports

4.34 Theft and loss of luggage

4.35 Theft, robbery, loss and damage to luggage

4.36 Baggage theft - laptop, tablet or laptop

4.37 Loss, theft, breakage of rented equipment

4.38 Traveler's Consultation

4.39 Pet travel assistance

- 4.40 Passenger support for cancellation, denied boarding or flight delay
- 4.41 PVFM base
- 4.42 PVFM top
- 4.43 Vip medical expenses
- 4.44 Covid-19 protection
- 4.45 Adventure activities
- 4.46 Cruise insurance
- 4.47 Vip cruise insurance
- 4.48 Rent-a-car
- 4.49 Sports equipment
- 4.50 Theft of musical instruments
- 4.51 CIV
- 4.52 CIV Plus
- 4.53 PVFM RNA

C) Unless otherwise agreed, the capital for Death is only due if it occurs within two years from the date of the Accident.

D) The capital for Permanent Disability is only due if it is clinically verified within two years from the date of the Accident.

E) The insured capital of the coverage indicated in point 1 of paragraph 1 of this clause, for the risks of Death or Permanent Disability, is not cumulative, so that, if the Insured Person dies as a result of an Accident, the amount of the capital due to Permanent Disability that may have been attributed or paid in relation to the same Accident will be deducted from the capital due to Death.

F) For children under 14 years of age, the capital for Death is converted into Funeral Expenses.

Chapter II - Temporal and Territorial Scope

Clause 4 – Temporal Scope

This Agreement shall be effective in respect of each of the trips made by the Insured Person during the term of the policy, 24 hours a day, commencing from the Insured Person's departure from his or her habitual residence or place of work, and ending on the Insured Person's arrival at his or her habitual residence or place of work, whichever comes first.

Clause 5 - Territorial Scope

As indicated on the insurance certificate.

CHAPTER III - Exclusions

Clause 6 – Exclusions

1 - General exclusions

Accidents that result directly or indirectly from:

- a) Intentional acts or omissions committed by the Policyholder or the Insured Person;

- b) Sporting competitions, official or private, including respective training and preparatory tests;
- c) State of drunkenness or intentional consumption of narcotics, drugs, over-the-counter medicines, or other substances that alter the state of consciousness;
- d) Mental illness or any psychiatric illness;
- e) War (declared or not), invasion, hostility, war operations, civil war, rebellion, revolution, military uprising, or acts of legitimate or usurped military power;
- (f) explosion, release of heat or radiation from fission of atoms or radioactive contamination;
- g) Strikes, riots, disturbances of public order, acts of terrorism, vandalism or sabotage;
- h) Suicide, suicide attempt, and its consequences.

2 - Exclusions related to expenses

No expenses are covered for:

- a) Treatment of hernias of any nature, chronic spinal cord diseases, occupational diseases, degenerative muscle or joint diseases, varicose veins and their complications, hemorrhoids and lumbagos;
- b) Treatments in spas, beaches, changes of scenery, rest or similar cures;
- c) Travel for the purpose of processing;
- d) Births and pregnancy complications after the first six months, unless unforeseeable or authorized by a attending physician.
- e) Expenses with prostheses, glasses and contact lenses, as well as dental expenses, except when contracted abroad and exclusively for pain removal, always and only under the terms of the capital sub-limit provided for this purpose.

3 - Legislation and sanctions

The Insurer shall not be liable for claims that:

- a) Are covered by sanctions, prohibitions or restrictive measures provided for in applicable legislation;
- b) Demand payment that violates international regulations.

If this occurs, the coverage will be suspended until the measure is eliminated or a specific authorization is issued.

4 - Specific exclusions

Exclusions are extended to all persons covered by the contract for:

- a) Failure to comply with obligations in the event of an accident (Clause 23 of the General Conditions);
- b) Practice of fraud, falsehood, or other malicious means, including the use of false documents;
- c) Professional, federated or "special" sports, such as mountaineering, martial arts, bullfighting, motor sports, extreme sports, or similar;
- d) Use of aircraft or vessels outside commercial lines;

- e) Services contracted directly at the place of destination of the trip, or acquired, without the intervention of the Policyholder;
- f) Transport in military aircraft;
- g) Pandemics.

5 - Exclusions of previous claims and provable losses

Claims are excluded:

- a) That occurred on a date prior to the contracting of the Policy, even if its consequences have been prolonged or manifested after that date;
- b) Where the Policyholder does not provide full proof of having made the best efforts to obtain the cancellation, free of charge, of the remaining services that make up the Package;
- c) Where the pecuniary losses resulting from the cancellation result from delays, on the part of the Policyholder, in canceling the other services that make up the Package;
- d) Losses not directly proven by the Insurer;
- e) All expenses related to facts or services that are not reported within a maximum period of 1 (one) month from the date of cancellation of the Package;
- f) Events caused by any of the Insured's suppliers that imply a change in the characteristics of the trip or its cancellation.

6 - Cyber Risks:

Direct or indirect losses arising from, contributed by, or resulting from any are excluded:

- i. Cyber Attack or Cyber Incident or fear or threat (whether actual or perceived as such) of any Cyber Attack or Cyber Incident; or
- ii. All actions taken to control, prevent, suppress or remedy any Cyber Attack or Cyber Incident or the fear or threat (whether actual or perceived as such) of any Cyber Attack or Cyber Incident.

(a) Definitions of this exclusion:

- b) Computer System – Computer, hardware, software, communications system, electronic device (including but not limited to smartphone, laptop, tablet, *wearable*), server, cloud or microcontroller, including any similar system or any configuration of the foregoing and including any associated input, output, data storage device, network equipment or backup facility.
- c) Cyber Attack – Unauthorized, malicious or criminal act or a series of unauthorized, malicious or criminal related acts, regardless of time and place, involving the access, processing, use or operation of any Computer System.
- d) Cyber Incident – Any error or omission or series of related errors or omissions, involving the access, processing, use or operation of any Computer System; or any partial or total unavailability or failure or series of partial or total unavailability or failures in accessing, processing, using or operating any Computer System.

Chapter IV - Initial and Supervening Risk Statement

Clause 7 - Initial Risk Statement

1. The Policyholder or Insured Person is obliged, before entering into the contract, to accurately state all the circumstances that he knows and reasonably should consider significant for the Insurer's assessment of the risk.
2. The provisions of the previous paragraph shall also apply to circumstances whose mention is not requested in a questionnaire eventually provided by the Insurer for this purpose.
3. The Insurer who has accepted the contract, unless there is intent on the part of the Policyholder or the Insured Person for the purpose of obtaining an advantage, cannot prevail:
 - a) Failure to answer the questionnaire question;
 - b) The question formulated in too general terms is imprecise;
 - c) Evident inconsistencies or contradictions in the answers to the questionnaire;
 - d) In fact, his representative, at the time of entering into the contract, knows that it is inaccurate or, having been omitted, knows;
 - e) Circumstances known to the Insurer, especially when they are public and notorious.
4. The Insurer, before entering into the contract, must clarify the Policyholder or the Insured Person about the duty referred to in paragraph 1, as well as the regime of its non-compliance, under penalty of incurring civil liability, in general terms.

Clause 8 - Intentional non-compliance with the duty of initial risk declaration

1. In the event of intentional breach of the duty referred to in the previous clause, the contract is voidable by means of a declaration sent by the Insurer to the Policyholder.
2. If there has been no claim, the declaration referred to in the previous paragraph must be sent within 3 months of becoming aware of that non-compliance.
3. The Insurer is not obliged to cover a claim that occurs before becoming aware of the intentional breach referred to in paragraph 1 or during the period provided for in the previous paragraph, following the legal regime of voidability.
4. The Insurer is entitled to the premium due until the end of the period referred to in paragraph 2, unless there has been intent or gross negligence on the part of the Insurer or its representative.
5. In the event of intent on the part of the Policyholder or the Insured Person for the purpose of obtaining an advantage, the premium is due until the end of the contract.

Clause 9 - Negligent non-compliance with the duty of initial risk declaration

1. In the event of negligent non-compliance with the duty referred to in paragraph 1 of clause 7, the Insurer may, by means of a declaration to be sent to the Policyholder, within 3 months from its knowledge:

- a) Propose an amendment to the contract, setting a deadline of not less than 14 days for sending the acceptance or, if it admits it, the counterproposal;
- b) Terminate the contract by demonstrating that under no circumstances does it enter into contracts to cover risks related to the omitted or inaccurately stated event.

2. The contract ceases to be effective 30 days after the declaration of termination is sent or 20 days after the Policyholder receives the proposed amendment, if the Policyholder does not respond or rejects it.

3. In the case referred to in the previous number, the prize is returned *Pro-rata temporis*, that is, proportionally, taking into account the coverage provided.

4. If, prior to the termination or amendment of the contract, an accident occurs, the occurrence or consequence of which was influenced by facts in respect of which there have been negligent omissions or inaccuracies:

- a) The Insurer covers the claim in proportion to the difference between the premium paid and the premium due, if, at the time of entering into the contract, it had known the fact omitted or declared inaccurately;
- b) The Insurer, demonstrating that, in no case, would it have entered into the contract if it had known the omitted or inaccurately stated fact, does not cover the claim and is only bound by the return of the premium.

Clause 10 - Aggravation of the risk

1. The Policyholder or the Insured Person has the duty, during the performance of the contract, within 14 days from the knowledge of the fact, to communicate to the Insurer all the circumstances that aggravate the risk, provided that these, if they were known by the Insurer at the time of entering into the contract, could have influenced the decision to contract or the conditions of the contract.

2. In particular, situations that may alter the risk are considered:

- a) Any illness or alteration of the physical integrity and/or state of health of the Insured Person, such as alterations in vision, hearing, consciousness, epilepsy, paralysis, diabetes, tuberculosis, cardiovascular disorders, spinal cord, blood and rheumatic disorders of any nature;
- b) The change in the Insured Person's professional activity, as well as its termination;
- c) The change of the Insured Person's permanent residence;

d) The conclusion or alteration of other personal accident insurance;

e) The occurrence of more than two Accidents, whether or not they have given rise to the payment of any capital or compensation under this contract.

3. Within 30 days from the moment it becomes aware of the aggravation of the risk, the Insurer may:

- a) Submit to the Policyholder a proposal for modification of the contract, which he must accept or refuse within the same period, at the end of which the proposed modification is deemed approved;
- b) Terminate the contract by demonstrating that it does not in any case enter into contracts covering risks with the characteristics resulting from such increased risk.

4. The termination of the contract takes effect within 30 days from the date of issuance of the respective declaration.

Clause 11 - CLAIM AND AGGRAVATION OF RISK

1. If, prior to the termination or amendment of the contract under the terms provided for in the previous clause, there is an accident whose occurrence or consequence has been influenced by the aggravation of the risk, the Insurer:

- a) Covers the risk, by making the due instalments, if the increase has been correctly and timely communicated before the accident or before the expiry of the period provided for in paragraph 1 of the previous clause;
- b) It partially covers the risk, reducing its performance in proportion to the premium actually charged and that which would be due according to the real circumstances of the risk, if the aggravation has not been correctly and timely communicated before the claim;
- c) You may refuse coverage in the event of intentional behaviour by the Policyholder or the Insured Person, with the purpose of obtaining an advantage, while retaining the right to the overdue premiums.

2. In the situation provided for in paragraphs a) and b) of the previous paragraph, if the aggravation of the risk results de facto from the Policyholder or the Insured Person, the Insurer is not obliged to pay the instalment, if it demonstrates that, under no circumstances, it enters into contracts that cover risks with the characteristics resulting from such aggravation of the risk.

Chapter V - Beginning of Effects, Duration and Vicissitudes of the Contract

Clause 12 - FORMATION OF THE CONTRACT

The statements made by the Policyholder and the Insured Person, both in the proposal and in the other documents necessary for the assessment of the proposed risk, serve as the basis for the acceptance and formal execution of the insurance contract.

Clause 13 - START AND DURATION OF THE CONTRACT

1. This contract takes effect with the payment of the initial premium or instalment.
2. The contract is considered to have been concluded from zero o'clock on the day immediately following the acceptance of the proposal by the Insurer, unless, by agreement of the parties, another date is established, which cannot, however, be prior to the receipt of the proposal.
3. In individual insurance, the proposal is considered approved on the 14th day from the date of receipt of the Policyholder's proposal made on the Insurer's own form, duly completed, accompanied by the documents that the Insurer has indicated as necessary, unless, in the meantime, the candidate for Policyholder or Insured Person is notified of the refusal of the risk.
4. When the contract is concluded for a certain period, its effects cease at 24 hours on the last day.
5. If the contract is concluded for one year and continues for the following years, it is considered successively renewed for annual periods, unless either party denounces it in writing, at least 30 days before the end of the annuity.

Clause 14 - TERMINATION OF THE CONTRACT

1. The insurance contract can be terminated by either party, at any time, with just cause, in general terms.
2. The contract is resolved by succession of claims when there are two claims in a period of 12 months or, if the contract is annual, during the annuity.
3. The termination provided for in the previous paragraph is not retroactive and must be exercised, by written declaration, within 30 days after the payment or refusal of the claim.

Clause 15 - TERMINATION OF THE CONTRACT

1. The termination of the contract is equivalent to its non-renewal.
2. The Insurer or Policyholder, by written notice to the other party thirty (30) days prior to the effective date, may terminate the contract on the expiration date.

Clause 16 - EXPIRY OF THE CONTRACT

The insurance contract expires with the extinction of the risks and whenever the payment of the insured capital is verified, under the terms established in the policy. It is understood that there is extinction of the risk when the Insured Person dies or becomes permanently disabled during the term of the policy.

Chapter VI - Payment and Modification of Premiums

Clause 17 - PAYMENT OF THE PREMIUM

1. The coverage of the risks provided for in the Certificate of Insurance depends on the prior payment of the premium.

2. During the term of the contract, RNA Seguros must notify the Policyholder in writing of the amount to be paid, as well as the form and place of payment, at least 30 days in advance of the date on which the premium, or fractions thereof, is due, as well as the consequences of non-payment of the premium or its fraction.

3. In insurance contracts in which the payment of the premium is agreed in instalments of a frequency equal to or less than three months and in which the contractual documentation indicates the due dates of the successive instalments of the premium and the respective amounts to be paid, as well as the consequences of its non-payment, RNA Seguros may choose not to send the notice referred to in paragraph 2, in this case, it is up to him to prove the issuance, acceptance and sending to the Policyholder of the contractual documentation mentioned in this paragraph.

4. Under the terms of the legislation in force, failure to pay the initial premium, or the first fraction thereof, on the due date, determines the termination of the contract from the date of its conclusion.

5. Failure to pay the subsequent annuity premium, or the first fraction thereof, on the due date prevents the contract from being extended.

6. Failure to pay determines the automatic termination of the contract on the due date of:

- a) A fraction of the premium in the course of an annuity;
- b) A hit prize or part of a variable amount prize;
- c) An additional premium resulting from an amendment to the contract based on a supervening increase in the risk.

7. Failure to pay, by the due date, an additional premium resulting from a contractual amendment determines the ineffectiveness of the amendment, and the contract remains with the scope and conditions in force before the intended amendment, unless the contract remains impossible, in which case it is considered terminated on the due date of the unpaid premium.

Clause 18 - SPLITTING OF THE PREMIUM

1. The insurance premium is due in full.
2. The Insurer may, however, accept that in contracts for one year and subsequent years, the payment is divided into installments, depending on what may be agreed in the Particular Conditions.
3. Failure to pay any of the instalments in which the premium is split determines the automatic termination of the contract.

Clause 19 - REVERSAL OF THE PRIZE

When, by virtue of the modification of the contract, the premium is reversed, it will be calculated proportionally to the period of risk not elapsed, and the Insurer may deduct from the amount to be reversed the expenses and charges that it has been proven to have incurred. The premium due

may not, in any case, be lower than the premium charged by the Insurer for temporary insurance of the same duration.

Chapter VII - Obligations and Rights of the Parties

Clause 20 - OBLIGATIONS OF THE INSURER

1. The Insurer's obligations are:
 - a) Inform the Policyholder, during the term of the contract, under the terms of the law and contractual conditions, of all changes to the insurance contract and the execution of the Insurer's obligations that may influence the formation of its will to keep the insurance contract in force;
 - b) Respond to all requests for clarification from the Policyholder, necessary to understand the conditions and management of the insurance contract;
 - c) Promote, after the report of the Accident and as soon as possible, the determination of the causes and mode of occurrence of the Accident, as well as the determination of the injuries and the mode of occurrence;
 - d) Pay the compensation or capital due, within a maximum period of 30 working days from the date on which the agreement is signed regarding the Insurer's liability, the amount of the losses to be compensated and the form of payment.
2. Unless otherwise expressly stated in a particular condition, if the consequences of an accident are aggravated by a disease or infirmity prior to the date of the accident, the Insurer's liability may not exceed that which it would have had if the accident had occurred to a person who did not have such an illness or infirmity.

Clause 21 - OBLIGATIONS OF THE POLICYHOLDER, THE INSURED PERSON AND THE BENEFICIARY

1. In the event of any event that makes the guarantees of this contract work, the Policyholder and the Insured Person, under penalty of being liable for losses and damages, undertake to:
 - a) Take all measures to avoid aggravating the consequences of the Accident;
 - b) Contact the Assistance Services through the telephone number indicated on the insurance certificate, whose service is guaranteed 24 hours and every day of the year, in the 8 days immediately after its occurrence, indicating the day, time, place, causes, consequences, witnesses and any other elements considered relevant;
 - c) Promote the sending to the Insurer, up to 8 days after the Insured Person has been clinically assisted, of a medical report, which includes the nature and location of the injuries, their diagnosis, as well as the indication of possible Permanent Disability;
 - d) Communicate to the Insurer, up to 8 days after its verification, the healing of the lesions, promoting the sending of a medical statement, which contains, in

addition to the date of discharge, a copy of the reports of the auxiliary diagnostic tests carried out and the percentage of Permanent Disability eventually found;

- e) Deliver to the Insurer, for the reimbursement to which it is due, the original documentation and all documents justifying the expenses incurred and covered by the contract.

2. In the event of an Accident, the Insured Person, under penalty of being liable for losses and damages, is obliged to:

- a) Comply with the medical prescriptions, under penalty of the Insurer only being liable for the consequences of the Accident that would presumably have occurred if those prescriptions had been observed;
- b) Be subject to examination by a doctor designated by the Insurer, whenever the latter requests it;
- c) Authorise doctors to provide all requested information.

3. If the Accident results in the death of the Insured Person, in addition to the report of the accident, a death certificate (indicating the cause of death) and, when deemed necessary, other documents elucidating the Accident and its consequences must be sent to the Insurer.

4. In the event that it is proven that it is impossible for the Policyholder or the Insured Person to comply with any of the obligations set forth in this contract, such obligations are transferred to whoever (Policyholder, Insured Person or Beneficiary) can fulfill them.

5. In group insurance, the Policyholder is responsible for informing Insured Persons about the coverage contracted and their exclusions, the obligations and rights in the event of a claim, as well as about changes to the contract.

6. The Policyholder is liable for any damages caused to Insured Persons, resulting from non-compliance with the duty to inform provided for in the previous paragraph.

Paragraph

In case of impossibility to travel, the Insured Person will have to cancel the services contracted with the Tour Operator or Travel Agency up to a maximum of 8 (eight) days after the date of the accident. The Insurer's liability goes up to the amount of irrecoverable expenses with the cancellation of the services if it had been carried out within this obligation. The date of the claim occurs when the Insured Person or any of their companions becomes aware of the cause that may cause the claim.

Clause 22 - SAFE VALUES

The maximum amounts guaranteed per cover are expressly stated in the Insurance Certificates.

Clause 23 - OFFSETTING OF CREDITS

In the act of payment of any amount to the Policyholder, under this contract, the Insurer may discount the amounts

owed to it by the Policyholder and related to the same contract, including the fractions of the premium due.

Chapter VIII - Group Insurance

Clause 24 - GROUP INSURANCE

The rules of the previous Clauses apply to Group Insurance, and the following elements must also be included in specific Particular Conditions:

- Obligations and rights of Insured Persons;
- Entry into force of coverage for each Insured Person;
- Eligibility conditions, stating the requirements for the Insured Person candidate to be able to join the group.

Clause 25 - LOSS OF RIGHT TO COMPENSATION

The Policyholder and/or the Insured Person lose the right to compensation if:

- a) Voluntarily and intentionally aggravate the consequences of the Accident;
- b) Use fraud, simulation or any other malicious means, as well as false documents to justify their claim.

Clause 26 - COEXISTENCE OF CONTRACTS

1. The Policyholder and/or the Insured Person are obliged to inform the Insurer, under penalty of being liable for losses and damages, the existence of other insurances guaranteeing the same risk.
2. If there is more than one insurance contract at the time of the accident, guaranteeing the costs of treatment, repatriation and funeral, this contract will only operate in the event of nullity, voidability, ineffectiveness or insufficiency of previous insurance.

Clause 27 - CHANGES OF THE BENEFICIARY

1. The Policyholder or the Insured Person, as the case may be, may amend, at any time, the beneficiary clause concerning him/her, but such amendment will only be valid from the moment the Insurer has received the corresponding written communication and issued the respective additional minutes.
2. Where the Insured Person and the Policyholder are separate persons, the written agreement of the Insured Person is required for the transfer of the position of beneficiary in any capacity.
3. The beneficiary's right to change ceases at the time when he acquires the right to payment of the insured amounts.
4. The beneficiary clause will be considered irrevocable whenever there is acceptance of the benefit by the beneficiary and the Policyholder expressly renounces to change it.
5. The Policyholder's waiver of changing the beneficiary clause, as well as the acceptance of the benefit, must be included in a written document whose validity depends on the effective communication to the Insurer.

6. If the beneficiary clause is irrevocable, the prior agreement of the beneficiary will be required for the exercise of any right, including the right to modify the contractual conditions.

Chapter IX - Miscellaneous Provisions

Clause 28 - COMMUNICATIONS AND NOTIFICATIONS BETWEEN THE PARTIES

1. The communications or notifications of the Policyholder or the Insured Person, provided for in this policy, are considered valid and effective if they are made to the Insurer's registered office.
2. The communications provided for in this contract must be in writing or be provided by another means of which there is a lasting record, namely through electronic communications.
3. RNA Seguros is only obliged to send the communications provided for in this contract if the recipient of the same is duly identified in the contract, and they will be considered validly made if sent to the respective address stated in the policy.

Clause 29 - SUBROGATION

1. The Insurer, once the indemnity has been paid in relation to benefits of an indemnifying nature, is subrogated, until the indemnified amount concurs, to all the rights of the Policyholder and the Insured Person, against a third party responsible for the losses, and the latter are obliged to do whatever is necessary to enforce these rights.
2. The Policyholder and the Insured Person will be liable for losses and damages for any culpable act or omission that may prevent or impair the exercise of these rights.

Clause 30 - COMPETENT SUPERVISORY AUTHORITY

The competent supervisory authority under this modality is the Insurance and Pension Funds Supervisory Authority (ASF).

Clause 31 - GOVERNING LAW AND ARBITRATION

1. The law applicable to this contract is Portuguese law.
2. Claims may be submitted under this contract to the Insurer's services identified in the contract and to the Insurance and Pension Funds Supervisory Authority (www.asf.com.pt).
3. In disputes arising under this contract, arbitration may be used, to be carried out in accordance with the law.

Clause 32 - EXERCISE OF THE RIGHT TO COMPLAIN

1. Policyholders and Insured Persons may, if they so wish, request the intervention of the Insurance and Pension Funds Supervisory Authority (www.asf.com.pt),

for matters relating to the insurance contract, without prejudice to the right of recourse to the Court.

2. Complaints may be submitted under this contract to the Complaints Management of RNA Seguros, as well as to the Ombudsman, when applicable, as well as to the Insurance and Pension Funds Supervisory Authority (www.asf.com.pt).

c) The contacts and procedures regarding the submission of complaints are on the RNA Seguros website, www.rnaseguros.pt.

Clause 33 - ARBITRATION AND COMPETENT JURISDICTION

1) All disagreements that may arise regarding the validity, interpretation, performance and non-performance of this insurance contract may be resolved by arbitration, in accordance with the respective law in force.

2) The competent forum to settle any dispute arising from this contract is that of the place of issue of the policy, without prejudice to the provisions of civil procedural law with regard to territorial jurisdiction in matters of compliance with obligations.

CLAUSE 34 – PROTECTION OF PERSONAL DATA

RNA Seguros will process the Insured's data in accordance with the current legislation on Personal Data Protection, as the Entity Responsible for the Processing.

All personal data processed within the scope of RNA Seguros' channels are intended exclusively for the provision of services contracted by Customers, therefore, for the execution of the contractual relationship.

The basis of legitimacy of the data processing operations carried out by RNA Seguros is eradicated in the execution of the insurance contract, and there may be situations in which the basis is consent or compliance with a legal obligation.

Personal data is processed by RNA Seguros in accordance with the fundamental legal principles in the field of Data Protection, namely: Principle of Lawfulness, Principle of Transparency, Principle of Purpose, Principle of Proportionality, Principle of Integrity and Confidentiality.

The holders of personal data may exercise, at any time, their rights to: access, rectification, erasure, portability, limitation or opposition to processing, under the terms and with the limitations provided for in the applicable regulations. This request must be addressed to the Data Protection Officer:

Encarregado.protecao.dados@rnaseguros.com

For more information, please consult the Privacy and Personal Data Processing Policy on the RNA Seguros website: www.rnaseguros.pt

SPECIAL CONDITIONS

PRELIMINARY CLAUSE

The Special Conditions indicated below are only applicable to those that are expressly mentioned in the Particular Conditions of the contract, and expressed in the respective insurance certificate, and they are governed by the respective clauses and, in everything that is not provided for therein, by the clauses of the General Conditions.

For all intents and purposes, it is stipulated that the provisions of the Special and Particular Conditions prevail over the content of the General Conditions, with regard to the guarantees specifically contracted.

1. DEATH OR PERMANENT DISABILITY IN THE EVENT OF AN ACCIDENT

DEATH IN THE EVENT OF AN ACCIDENT

a. In the event of Death in the event of an Accident, the Insurer will pay the corresponding insured capital to the Beneficiary(ies) expressly designated in the contract.

b. In the absence of the designation of beneficiary(ies), the insured capital will be allocated in accordance with the rules of Article 2133 of the Civil Code and in the order established in paragraph 1 – paragraphs a) to d), unless, in the absence of heirs of the classes provided for in paragraphs a) and b), there are testamentary heirs.

c. If the death of the Insured Person, in the event of an accident, cannot be proven in any other way, this fact will be considered to have occurred, by the Insurer, for the purposes of payment of compensation, one year after the disappearance, sinking or sinking of the means of transport

in which the Insured Person was traveling, although his body has not been found.

d. This guarantee does not apply to minors under 14 years of age or to all those who, due to mental anomaly or other cause, are incapable of governing their person, except if they are part of a trip contracted by school, sports or similar institutions that are not beneficiaries of it.

PERMANENT INCAPACITY IN THE EVENT OF AN ACCIDENT

a. In the event of Permanent Disability in the event of an Accident, the Insurer will pay the percentage of the maximum contracted capital, determined according to the attached Devaluation Table, which is an integral part of this contract.

b. The payment referred to in the previous paragraph will be made to the Insured Person, without prejudice to the indication otherwise contained in the Particular Conditions.

c. Devaluations other than those that are part of the Devaluation Table may be adopted, provided that they are expressly mentioned in the Particular Conditions.

d. Injuries omitted in the Depreciation Table, even if of minor importance, will be compensated in proportion to their severity, compared to the cases listed in the Table and without taking into account the profession exercised by the Insured Person.

e. In the event that the Insured Person is left-handed, the percentages of disability, referred to in the Table for the right upper limb, are applicable to the left upper limb and vice versa.

f. In any limb or organ, the physical defects that the Insured Person already had at the time of the Accident will be taken into account when setting the degree of devaluation resulting from it, which will correspond to the difference between the existing disability and the one that has come into existence.

g. The partial or total functional incapacity of a limb or organ is equated with its partial or total loss.

h. The accumulated devaluations in relation to the same limb or organ may not exceed that which would correspond to the total loss of that limb or organ.

i. Whenever an Accident results in injuries to more than one limb or organ, the total compensation is obtained by adding the value of the compensation related to each of the injuries, without the result exceeding the insured capital.

Warranty Exclusions:

1. The risks of:

1.1. Injuries or illnesses diagnosed before the insurance was subscribed;

1.2. Mental illness or any psychiatric illness;

1.3. Accidents resulting from an illness or pathological state existing before the start of the trip, as well as injuries resulting from surgical interventions or other medical acts not motivated by an Accident guaranteed by the contract;

1.4. Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts performed by the Insured Person on himself;

1.5. Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;

1.6. Actions or omissions of the Insured Person influenced by the use of narcotics, without a medical prescription, or alcoholic beverages resulting in a blood alcohol level equal to or greater than that which, in the case of driving under the influence of alcohol, determines the practice of either an administrative offence or a crime;

1.7. Expenses with prostheses, glasses and contact lenses, as well as dental expenses, except when contracted abroad and exclusively for pain removal,

always and only under the terms of the capital sub-limit provided for this purpose;

1.8. Accidents resulting from the practice of professional or amateur sports and respective training as well as the practice of other "special" sports such as mountaineering, boxing, karate and other martial arts, bullfighting, skydiving, paragliding, hang gliding, all so-called extreme sports, caving, fishing and spearfishing, winter sports such as Skiing and Snowboarding, any sports involving motor vehicles (2-wheeled or other), powerboat and other similar sports in their dangerousness;

1.9. Accidents resulting from the use by the Insured Person of two-wheeled motor vehicles or four-wheelers;

1.10. Births and complications due to the state of pregnancy, unless unforeseeable and occurring during the first six months of gestation or if the safe trip is duly authorized by the attending physician, regardless of the gestation period;

1.11. Urn and expenses with the burial or funeral ceremony. This exclusion does not apply in the case of the Special Condition of Funeral Expenses and in the cases provided for in the Special Conditions of Travel Assistance, and does not apply to insurance contracted under article 34 of Ordinance 413/99, of 8 June;

1.12. Assaults, strikes, labor disturbances, riots and any other disturbances of public order, rebellion, acts of terrorism and sabotage or insurrection;

1.13. Accidents resulting from the use by the Insured Person of aircraft or vessels not belonging to commercial lines or routes;

1.14. Situations resulting from explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination;

1.15. Treatment in hot springs or beaches and, in general, cures of change of scenery or rest as well as aesthetic treatments;

1.16. Expenses for preventive medicine, vaccines or similar including medical fees;

1.17. Rehabilitation and physiotherapy expenses incurred without the agreement of the Insurer's medical team;

1.18. Medical expenses relating to treatment initiated in the country of residence or nationality;

1.19. Medical, surgical and hospitalization expenses in Portugal due to illness, regardless of the place or origin of the same, including those incurred during the trip;

1.20. Pandemics.

DEROGATION:

1. By way of derogation from the provisions of point 1.12, it is hereby declared that the risks due to accidents resulting from assaults, strikes, labour disturbances, riots and any other disturbances of public order,

rebellion, acts of terrorism and sabotage or insurrection are guaranteed.

An act of terrorism is understood to be a violent action, threat of violence, or any act harmful to human life, tangible or intangible property, or infrastructure, with the intention of influencing a government or instilling fear in the population or in part of it.

In all lawsuits and proceedings in which the Insurer alleges that as a result of this derogation clause the damages, losses, costs or expenses are not covered by this contract, it shall be up to the Insured Person to prove that they would be covered.

In the event of a claim, the insured capital for Death or Permanent Disability coverage is reduced to 50% per Insured Person.

2. By derogation from clause 6 of the General Conditions, it is declared that the risks due to accidents resulting from Revolution, civil war, invasion and war declared or not, hostilities between foreign nations, whether or not there is a declaration of war and acts of war arising directly or indirectly from these hostilities, are guaranteed. The insured capital for Death or Permanent Disability coverage is 100% of the capital per Insured Person.

3. The risks due to accidents resulting from these derogations shall be guaranteed for a maximum period of 14 days after the start of such events and under the following conditions:

- The Insured Person does not take an active part directly or indirectly in such events,
- They were not easily foreseeable, and the person who had moved abroad was surprised by the beginning of such events during his trip abroad, without being able to avoid it.

Without prejudice to the exclusions applicable in this warranty, the extension in its scope of application will not guarantee the following situation:

- Accidents or injuries as a result of ABC weapons (*Atomic, Biological or Chemical*) or accidents resulting from nuclear or radioactive explosion, pollution or contamination;
- Accidents or injuries that result from intentional acts of the Insured Persons, or that result from foreseeable and unforeseeable situations;
- Psychological or mental illnesses;
- Bodily injury as a result of the arrest, imprisonment, capture or captivity of the Insured Persons.

TABLE TO SERVE AS A BASIS FOR CALCULATING COMPENSATION DUE FOR PERMANENT DISABILITY AS A RESULT OF AN ACCIDENT

a) Total permanent disability

	%
Total loss of both eyes or vision of both eyes	100
Complete loss of use of both lower or upper limbs	100
Incurable and total mental alienation, resulting directly or exclusively from an accident	100
Complete loss of both hands or both feet	100
Complete loss of an arm and a leg or a hand and a leg	100
Complete loss of an arm and a foot or a hand and a foot	100
Hemiplegia or complete paraplegia	100

b) Partial Permanent Incapacity

	%
Head	%
Complete loss of one eye or halving of biocular vision	25
Total deafness	60
Complete deafness of one ear	15
Post-commotional head trauma syndrome, without objective signs	5
Post-traumatic generalized epilepsy, one or two seizures per month, with treatment	50
Absolute anosmia	4
Fracture of the bones of the nose or nasal septum with respiratory discomfort	3
Total nasal stenosis, unilateral	4
Unconsolidated fracture of the lower jaw	20
Total or almost total loss of all teeth:	
- With possibility of prosthesis	10
- No possibility of prosthesis	35
- Complete ablation of the lower jaw	70
Loss of substance from the skull, involving the two tables, and with a maximum diameter:	

- Greater than 4 cm	35	
- Greater than 2 cm and equal to or less than 4 cm	25	
- 2 cm	15	
Upper Limbs and Shoulders	D %	E %
Clavicle fracture with clear sequelae	5	3
Shoulder stiffness, mild	5	3
Shoulder stiffness, forward projection and abduction not reaching 90°	15	11
Complete loss of shoulder motion	30	25
Upper third amputation of the arm or complete loss of use of the arm	70	55
Complete loss of one-handed use	60	50
Unconsolidated fracture of one arm	40	30
Pseudoarthrosis of the two bones of the forearm	25	20
Complete loss of use of elbow movement	20	15
Amputation of the thumb:		
- Losing the metacarpal	25	20
- Conserving the metacarpal	20	15
Amputation of the indicator	15	10
Amputation of the midfinger	8	6
Upper Limbs and Shoulders	D %	E %
Ring amputation	8	6
Amputation of the little finger	8	6
Complete loss of wrist movements	12	9
Single-bone pseudoarthrosis of the forearm	10	8
Fracture of the 1st metacarpal with sequelae that determine functional incapacity	4	3
Fracture of the 5th metacarpal with sequelae that determine functional incapacity	2	1
Lower Limbs	%	
Disarticulation of a lower limb by the hip joint or complete loss of use of a lower limb	60	
Amputation of the thigh by the middle third	50	
Complete loss of use of one leg below the knee joint	40	
Complete loss of the foot	40	
Nonunion fracture of the thigh	45	
Non-union fracture of one leg	40	
Partial amputation of one foot, comprising all toes and a part of the foot	25	
Complete loss of hip movement	35	
Complete loss of knee motion	25	
Complete ankylosis of the ankle in a favorable position	12	
Moderate sequelae of transverse fracture of the kneecap	10	
Shortening of the lower limb in:		
- 5 cm or more	20	
- 3 cm to 5 cm	15	
- 2 cm to 3 cm	10	
Amputation of the big toe with its metatarsal	10	
Complete loss of any toe, excluding big toe	3	
Rachis-Thorax	%	
Cervical spine fracture without spinal cord injury	10	
Dorsal or lumbar spinal fracture:		
- Compression with sharp spinal rigidity, without neurological signs	10	
Cervicalgia with clear spinal rigidity	5	
Low back pain with sharp spinal rigidity	5	
Paraplegia fruste, gait possible, spasmodicity dominating the paralysis	20	
Irradiated root pain (mild form)	2	
Isolated fracture of the sternum with minor sequelae	3	
Unicostal fracture with minor sequelae	1	

Multiple rib fractures with major sequelae	8
Residues from a traumatic stroke with radiological signs	5
Abdomen	%
Ablation of the spleen, with haematological sequelae, without clinical manifestations	10
Nephrectomy	20
Abdominal scar from surgical intervention with 10 cm eventration, non-operable	15

MAXIMUM ACCUMULATION OF RISK

The Insurer's maximum risk accumulation is limited to the amount of €6,000,000 (six million euros) per event/annuity. In the event of an accident whose amount exceeds that amount, it will be apportioned among the insured persons injured in the accident.

2. FUNERAL EXPENSES

a. The Insurer will reimburse, up to the amount set out in the Particular Conditions, the funeral expenses of the Insured Person, in the event of an Accident.

b. The reimbursement will be made to those who demonstrate that they have paid the expenses, against delivery of the supporting documentation.

3. TRIP CANCELLATION – BASIC COVERAGE

If the Insured Person, due to force majeure, is forced to cancel a trip already signaled or settled, exclusively before its start, the Insurer, through the Assistance Services, will ensure the reimbursement of irrecoverable expenses, up to the limit of the contracted capital and indicated in the Particular Conditions and expressed in the Individual Insurance Certificate.

With regard to transport costs, the Insured Person undertakes to take the necessary measures in order to recover in whole or in part the amounts already paid, and it is incumbent on the Insurer, through the Assistance Services, to assume in addition the transport costs considered irrecoverable.

For this purpose, force majeure shall be understood as:

- 1) Death, in the country of domicile of the insured person, of the Insured Person himself, his spouse (it should also be understood as a de facto union) as well as of the ascendants or descendants of both up to the 1st degree.
- 2) Serious illness or accident, to be confirmed jointly by the attending physician and the Insurer's medical team, through the Assistance Services, of which the Insured Person himself, his/her spouse, as well as the ascendants or descendants of both, up to the 1st degree, are victims, in the country of domicile.

It is considered a serious illness or accident to be a clinical situation that makes it impossible to make the trip and that results in more than 2 consecutive days of hospitalization.

The Insured Person must demonstrably the hospitalization and the non-pre-existence of the disease, through a report supported by a detailed medical report and clinical history.

The reimbursement provided for in this paragraph cannot be combined with others, which may be provided for in the policy for the same situation.

4. ROADSIDE ASSISTANCE COVERAGES

Clause 1 – Exclusions from Travel Assistance Coverage

The following are always excluded from the scope of Travel Assistance coverage:

- a) This insurance does not cover services that have not been requested from the Insurer through the Assistance Services, nor expenses that have not been incurred with its agreement, except in cases of force majeure or proven material impossibility.
- b) Failure to Comply with Obligations in the Event of a Claim.
- c) Injuries or illnesses diagnosed before the subscription of travel insurance, except if it is a sudden and clinically proven manifestation, occurring during the period of the trip expressed in the insurance certificate, up to the limit of the contracted capital, with a maximum of 30,000.00 (thirty thousand) euros;
- d) Mental illness or any psychiatric illness;
- e) In the case of claims occurring within the scope of work activity, which is guaranteed by a Work Accident insurance, this guarantee only works in any excess not guaranteed by said insurance. If it is not immediately possible to settle the claim through the Occupational Accident insurance, the Insurer, through its Assistance Services, provides the necessary assistance care, having the right of recourse against the Occupational Accident Insurer.
- f) Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts performed by the Insured Person on himself;
- g) Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are

material or moral perpetrators or of which they are accomplices;

h) Actions or omissions of the Insured Person influenced by the use of narcotics, without a medical prescription, or alcoholic beverages resulting in a degree of alcohol equal to or greater than that which, in the case of driving under the influence of alcohol, determines the practice of either an administrative offence or a crime;

i) Expenses with prostheses, orthoses, glasses and contact lenses, except surgical prostheses with a value of less than 1,000 (one thousand) euros;

j) Dental expenses, except for treatments indispensable for pain removal;

k) Accidents resulting from the practice of professional or amateur federated sports and respective training as well as the practice of other "special" sports such as mountaineering, boxing, karate and other martial arts, bullfighting, skydiving, paragliding, hang gliding, all so-called extreme sports, caving, fishing and spearfishing, winter sports, such as Skiing and Snowboarding, any sports involving motor vehicles (2-wheeled or others), powerboat and other similar sports in their dangerousness;

l) Skiing and snowboarding in places not authorized or not supervised by a ski resort;

m) Claims resulting from the use by the Insured Person of two-wheeled motor vehicles or quad bikes;

n) Births and complications due to the state of pregnancy, unless unforeseeable and occurring during the first six months of gestation or if the safe trip is duly authorized by the attending physician, regardless of the gestation period;

o) Urn (with the exception of that which is organized by the assistance services within the exclusive scope of the guarantee of Transport of the Deceased Insured Person) and expenses with the burial or funeral ceremony, except for trips made in the school environment, in accordance with the legislation in force;

p) Claims resulting from the use by the Insured Person of aircraft or vessels not belonging to commercial lines or routes;

q) Accidents resulting from explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination or chemical weapons;

r) Treatment in hot springs or beaches and, in general, cures for change of scenery or rest;

s) Expenses for preventive medicine, including vaccines or similar, and including medical fees;

t) Rehabilitation and physiotherapy expenses incurred without the agreement of the Insurer's medical team, through the Assistance Services;

u) Medical expenses related to treatment started in the country of residence or nationality;

v) Medical, surgical and hospitalisation expenses in Portugal due to illness, regardless of the place or origin of the same, including those incurred during the trip.

w) Treatment of Hernias of any nature, varicose veins and their complications, hemorrhoids, lumbagos.

x) Muscle diseases and joint diseases, both when degenerative;

y) Transportation in military aircraft;

z) This insurance contract does not cover medical expenses in countries adhering to the European Health Card, or similar, where the insured person does not present it when requested;

aa) Any aesthetic, plastic or reconstructive treatment, intervention or surgery, as well as its consequences, carried out with the intention of improving personal appearance or removing body tissue are, not being considered a valid reason for psychological reasons, and except for situations arising from an accident or malignant illness that occurred during the term of the policy;

(ab) Consultations, treatments, infertility tests and medical acts carried out in the context of medically assisted reproduction, as well as artificial insemination methods;

(ac) Pandemics.

Clause 2 - Coverage

4.1 CIVIL LIABILITY

Under this coverage, the Insurer, through the Assistance Services, guarantees the payment, up to the capital limit indicated in the Insurance Certificate, of the indemnities due to injured third parties derived from the Non-contractual Civil Liability, attributable to the Insured Person, as a result of acts that occurred exclusively in the period between the start and end date of the contracted trip and exclusively at the place of destination, including the outbound and return legs.

Without prejudice to other exclusions provided for in the policy, the following are also excluded from this coverage:

a) Criminal liability, as well as fines of any nature and pecuniary consequences of criminal proceedings or litigation in bad faith;

b) Professional activity of the Insured Person;

c) Damage suffered by objects or animals that are in the possession or custody of the Insured Person, even if rented, and also by those that have been delivered to him for transport, handling or use;

d) Driving or owning any air, land, or water vehicle;

e) Use or transport of any type of weapons;

f) Damage caused to the Policyholder and/or the Insured Person, to their spouses or persons living with them in a de facto union, to ascendants, descendants and collateral up to the 2nd degree, as well as to persons who

live with them in a common economy and to employees in their service.

4.2 MEDICAL, SURGICAL, PHARMACEUTICAL AND HOSPITALIZATION EXPENSES FOR AN ACCIDENT OR ILLNESS THAT OCCURRED ABROAD AND FOR AN ACCIDENT THAT OCCURRED IN PORTUGAL

If, as a result of an accident or illness occurring abroad, or as a result of an accident occurring in Portugal, during the trip and during the period of the Insurance Certificate, the Insured Person needs medical, surgical, pharmaceutical or hospital assistance, the Insurer, through the Assistance Services, shall bear, up to the limit of the contracted Capital and expressed in the Insurance Certificate, or reimburse upon prior agreement and justifications:

- 1) Medical and surgical expenses and fees;
- 2) Pharmaceutical expenses prescribed by a doctor;
- 3) Hospitalization expenses;
- 4) Expenses with crutches;
- 5) When hospitalization occurs, the expenses in communications of the Insured Person or Companions with the Assistance services, the Insurer, with the Insured Person's doctor or with their spouses and ascendants and descendants in the first degree;
- 6) Dental Expenses – Only when properly identified in the Certificate of Insurance.

This Coverage, in the case of countries adhering to the European Health Card or similar, works in excess not guaranteed by the European Health Card or similar.

In the case of surgical intervention, it is only guaranteed, when it is urgent and unpostponable, and cannot wait for the Insured Person to return to his or her usual home.

It is the responsibility of the Insurer, through its Assistance Services:

- a) The organization and direct settlement to the Health Service Providers of all guaranteed clinical acts to be carried out up to the limit of the contracted insured capital and indicated in the Insurance Certificate, as well as reimbursement of expenses incurred by the Insured Person to which they have given express consent, or which without their express consent could not be avoided or minimized.
- b) Assist the injured party in the coordination of additional means, namely in contact with other Insurers who may contribute to the payment of medical expenses, when the Insured Capital indicated in the Insurance Certificate has been exhausted and always in coordination with the injured Insured Person.

Capital limit:

In the event of contracting the guarantee 4.43 - VIP MEDICAL EXPENSES, the capital provided for therein will prevail, not being cumulative with that of this guarantee.

If the accident occurs in Portugal, the capital will be limited to 10,000.00 (ten thousand) euros.

Sole Paragraph

This guarantee provides that the journey begins in Portugal. However, if the trip starts in another country, accidents that occur in the country of origin of the trip, while in transit to the beginning of the trip, are also guaranteed, considering Portugal as a foreign country.

4.3 MEDICAL, SURGICAL, PHARMACEUTICAL AND HOSPITALIZATION EXPENSES IN PORTUGAL

If, as a result of an accident in Portugal, which occurred during the trip and during the period of the Insurance Certificate, the Insured Person needs medical, surgical, pharmaceutical or hospital assistance, the Insurer, through the Assistance Services, will bear, up to the limit of the contracted Capital and expressed in the Insurance Certificate, or will reimburse by prior agreement and justification:

- 1) Medical and surgical expenses and fees;
- 2) Pharmaceutical expenses prescribed by a doctor;
- 3) Hospitalization expenses;
- 4) Expenses with crutches;
- 5) When hospitalization occurs, the expenses in communications of the Insured Person or Companions with the Assistance services, insurer, with the Insured Person's doctor or with their spouse and ascendants and descendants in the first degree.

This guarantee in the case of surgical intervention only guarantees when it is urgent and cannot be postponed, and cannot wait for the Insured Person to return to his or her usual home.

It is the responsibility of the Insurer, through its Assistance Services:

- a) The organization and direct settlement to the Health Service Providers of all guaranteed clinical acts to be carried out up to the limit of the contracted insured capital and indicated in the Insurance Certificate, as well as reimbursement of expenses incurred by the Insured Person to which they have given express consent, or which without their express consent could not be avoided or minimized.
- b) Assist the injured Insured Person in the coordination of additional means, namely in contact with other Insurers who may contribute to the payment of medical expenses, when the insured capital indicated in the Insurance Certificate has been exhausted and always in coordination with the injured Insured Person.

4.4 PRE-EXISTING DISEASE

The Insurer, through the Assistance Services, guarantees up to the capital sub-limit indicated in the Certificate of Insurance for Pre-existing Diseases, the expenses related to medical, surgical, pharmaceutical and hospitalization

expenses, even if the causes are determined to be pre-existing diseases at the beginning of the trip. However, its use ceases when it is identified that the reason for the medical emergency that needs treatment is, in fact, a pre-existing disease.

4.5 TREATMENT COSTS IN PORTUGAL IN THE EVENT OF AN ACCIDENT DURING THE JOURNEY

The Insurer, through the Assistance Services, will assume, up to the limit of the contracted Capital and expressed in the Insurance Certificate, the expenses necessary for the treatment of injuries suffered, as a result of an accident covered by the policy, provided that they are incurred in Portugal, after the return of the injured Insured Person.

It is the responsibility of the Insurer, through its Assistance Services, to organise health care providers after the end of the trip to meet the medical needs of the victim, as well as to pay directly to the Providers all clinical acts to be carried out in the country of origin. However, other medical expenses may be paid when there is prior agreement by the Assistance Services.

After the Insured Person's return home and if there is bodily injury resulting from an accident guaranteed by the policy, without, however, having participated and accompanied the Insurer at the scene of the accident, the Insured Person must, within a maximum period of 8 days after the return, contact the Insurer, so that he can take the necessary steps, in order to organize a medical consultation to frame the claim and subsequent follow-up.

4.6 MEDICAL TRANSPORT OF THE WOUNDED AND SICK TO THE NEAREST HOSPITAL UNIT

If the Insured Person suffers injuries or falls ill during the trip during the period of validity and insured capital, indicated in the Certificate of Insurance and when the clinical situation justifies it, the Assistance Services, through its Medical Team, will be in charge:

- a) The means and costs of transport to the nearest clinic or hospital with adequate medical resources for the treatment of the injured person's injuries;
 - b) Supervision by the medical team of the Assistance Service, in collaboration with the attending physician of the injured or sick Insured Person, in the follow-up of the appropriate measures for the best treatment to be followed;
 - c) Organization and cost of this transfer by the most appropriate means of transport.
 - d) The means and costs of transport to return the insured person to the continuation of his journey.
- In any case, the means of transport to be used will be decided by the medical team of the Assistance Services.

4.7 REPATRIATION TO THE POINT OF ORIGIN

If the Insured Person suffers injuries or falls ill during the trip and during the period of validity and insured capital,

indicated in the Insurance Certificate and is unable to return by the means initially foreseen, the Insurer, through the Assistance Services, will organize the transport back to his home, up to the contracted capital limit and expressed in the Insurance Certificate.

In any case, the means of transport to be used will be decided by the medical team of the Assistance Services.

4.8 REPATRIATION TO THE POINT OF ORIGIN WHEN TERMINALLY ILL OR SIMILAR

When there are cases in which the Insured Person becomes paraplegic, quadriplegic or similar states, including vegetative states or non-regressive clinical situations within 30 (thirty) days and that prevent the return of the Insured Person on a commercial aircraft, the Insurer, through the Assistance Services, will organize the return transport to the Public Hospital closest to his home, up to the limit of contracted capital and expressed in the Insurance Certificate.

In any case, the means of transport to be used will be decided by the medical team of the Assistance Services.

4.9 MONITORING OF THE HOSPITALIZED INSURED PERSON

If the Insured Person is hospitalized and his condition does not advise repatriation or immediate return, the Insurer, through the Assistance Services, will bear the expenses of staying in the hotel, as well as the costs of repatriation, if it is not possible to use the means and ticket of transport initially planned, to a family member or person designated by him/her, as well as descendants and minors, companions on the safe trip and who are already on site, to stay with the Insured Person, up to the limit of the contracted capital and expressed in the Insurance Certificate.

In the event that the Insured Person is under 18 years of age and is part of a trip organized by educational, sports, cultural, recreational or similar institutions, the capital limits established for this coverage include the reimbursement of accommodation expenses as well as food expenses, maintaining the contracted capital limit and expressed in the Insurance Certificate.

4.10 ROUND-TRIP TICKET FOR A FAMILY MEMBER AND THEIR STAY

If the hospitalization of the Insured Person exceeds 5 days and if it is not possible to activate the Hospitalized Insured Person Follow-up guarantee, the Insurer, through the Assistance Services, will bear the expenses to be incurred by a family member, with the return ticket by train in 1st class or by plane in tourist class, to stay with it, also being responsible for the accommodation expenses, up to the limit of the contracted capital and expressed in the Insurance Certificate.

In the event that the Insured Person is under 18 years of age and is part of a trip organized by educational, sports, cultural, recreational or similar institutions, the period from which the guarantee can be activated becomes 2 days. The capital limit established for this coverage now allows the reimbursement not only of accommodation expenses, but also of food.

4.11 HOTEL STAY EXTENSION

If, after the occurrence of illness or accident, the condition of the Insured Person does not justify hospitalization or medical transport, and if their return cannot take place on the date initially scheduled, the Insurer, through the Assistance Services, will be responsible, if any, for the expenses actually incurred with the hotel stay, by themselves, by a person and accompanying descendants and minors under their responsibility who will accompany them, up to the limit of contracted capital and expressed in the Insurance Certificate.

4.12 TRANSPORTATION OR REPATRIATION OF THE DECEASED INSURED PERSON

The Insurer, through the Assistance Services, will bear the costs of all the formalities to be carried out at the place of death of the Insured Person as well as those relating to their transport or repatriation to the place of burial.

In the event that an Insured Person has died as a result of hospitalization and the Round Trip Ticket guarantee for a Family Member and Respective Stay has not been activated, the Insurer, through the Assistance Services, also bears the costs of returning the companions to their home, up to the limit of the contracted capital and expressed in the Insurance Certificate.

4.13 URGENT SHIPMENT OF MEDICINES

The Insurer, through the Assistance Services, will bear the costs of sending to the place where the Insured Person is, the essential medicines of the Person's usual use, provided that they do not exist in the country where he is located or that they do not have substitutes there, up to the limit of the contracted capital and expressed in the Certificate of Insurance.

4.14 BAGGAGE THEFT ASSISTANCE ABROAD

In the event of theft of luggage and/or personal effects, the Insurer, through the Assistance Services, will assist the Insured Person in reporting it to the authorities if requested. Both in the event of theft and in the event of loss or misplacement of said belongings, if found, the Insurer, through the Assistance Services, will be in charge of sending them to the place where the Insured Person is located or to their home, up to the limit of the contracted capital and expressed in the Insurance Certificate.

4.15 DELIVERY OF FUNDS ABROAD

In the event of theft or loss of luggage, monetary values, or means of electronic payment, not recovered within 24 hours, the Insurer, through the Assistance Services, will deliver the necessary funds to replace the missing goods up to the contracted capital limit and expressed in the Insurance Certificate.

For the use of this guarantee, it will be necessary to deposit or deliver to the Insurer, through the Assistance Services, by a person mandated by the Insured Person, a certified cheque or bank transfer of the requested amount.

4.16 DELAY IN RECEIVING BAGGAGE

The Insurer, through the Assistance Services, will reimburse the Insured Person for the amount of expenses proven to be caused by the delay in retrieving baggage during air travel, namely the acquisition of basic necessities (clothing, hygiene or medicines of usual use), up to the limit of the contracted capital and expressed in the Insurance Certificate and provided that this delay is greater than 24 (twenty-four) hours.

It is essential and mandatory to present the original invoices/receipts in advance that justify the amount of the costs of acquiring the goods, as well as proof of the claim and the delivery of the baggage by the Carrier Entity.

Delays that may occur in the arrival of baggage at the airport of origin are excluded from this guarantee, which will always coincide with the Insured Person's country of residence.

4.17 PROCESSING COSTS FOR LOSS OF DOCUMENTS

Expenses for processing and obtaining documents, duly justified, caused by substitution, that the Insured Person has to incur due to the loss or theft of credit cards, bank checks, travel checks, gasoline checks, transport tickets, passport or visas, which occur during the trip and stay, up to the limit of the contracted capital and expressed in the Insurance Certificate, are covered.

Any losses derived from the accident and consequent misuse by third parties are excluded.

4.18 OPENING AND REPAIRING SAFES AND SAFETY BOXES

Included are the duly justified opening and repair expenses of safes and security boxes, booked in a hotel, caused by the loss of the key, up to the limit of the contracted capital and expressed in the Insurance Certificate.

4.19 CHARGE FOR CHILDREN OR PEOPLE WITH SPECIAL NEEDS

In the event of hospitalization of the Insured Person, when he/she is accompanied by his/her children under 16 years of age or with disabilities or incapacity (no age limit) and is not accompanied by his/her spouse, the Insurer, through the Assistance Services, guarantees up to the capital limit

indicated in the Insurance Certificate, the accompaniment of the same(s) by hiring a nanny up to a maximum limit of 10 days, as well as the costs of transport in tourist class if air transport, business class and land transport, to and from a family member in the country of origin who can take care of the return of that minor to his or her usual home, also bearing this return if it cannot be carried out by the means initially planned.

4.20 PROFESSIONAL DRIVER DISPATCH

When the Insured Person has been transported or repatriated or is unable to drive as a result of illness, accident or death and when none of the other occupants can replace him/her, the Insurer, through the Assistance Services, will bear the cost inherent in hiring a professional driver who can drive the vehicle and its occupants to the home or to the place of destination initially planned and up to the limit of the contracted capital and expressed in the Certificate of Insurance.

The Insurer, through the Assistance Services, exclusively guarantees the expenses with the driver, namely, accommodation, transport, food and fees.

All expenses related to the vehicle are the responsibility of the Insured Person, namely fuel expenses, tolls or any other similar expenses, and no compensation can be demanded from the Insurer.

4.21 SEARCH AND RESCUE OF THE INSURED PERSON

In the event of loss or disappearance of the Insured Person, occurring during an organized trip, the Insurer, through the Assistance Services, will organize and use all human, correspondent and technical means to locate and rescue the Insured Person, up to the limit of the contracted Capital and expressed in the Insurance Certificate.

Search and rescue in mountain, sea and/or desert is excluded from this warranty.

4.22 TRANSMISSION OF URGENT MESSAGES

The Insurer, through the Assistance Services, will be responsible for transmitting urgent messages that are entrusted to it by the Insured Person, resulting from the occurrence of a Claim covered by this contract, up to the limit of the contracted capital and expressed in the Insurance Certificate.

4.23 EARLY RETURN DUE TO DEATH OF A FAMILY MEMBER

If, during the course of the trip, a direct first-degree family member dies, either in the direct line or in the collateral line, of the Insured Person or spouse and in the event that the ticket purchased does not allow him to anticipate the return, the Insurer, through the Assistance Services, will organize and bear the transport expenses, in tourist class if it is by plane and in business class if it is by train, up to

the place of burial, up to the limit of the contracted capital and expressed in the Insurance Certificate.

4.24 ADDITIONAL EXPENSES FOR KIDNAPPING IN MEANS OF TRANSPORT

In the event of kidnapping of the Insured Person in the means of transport where he/she is travelling, the Insurer, through the Assistance Services, will pay, by prior agreement, the expenses justified for the continuation of the trip, up to the limit of the contracted Capital and expressed in the Insurance Certificate.

4.25 FLIGHT DELAY

The Insurer, through the Assistance Services, will reimburse the Insured Person for the amount of accommodation expenses caused by delays in the departure of the aircraft, up to the limit of the contracted capital and expressed in the Certificate of Insurance, provided that this delay is for a period of more than 12 (twelve) hours, as well as when the delay in the departure of the aircraft implies more than 4 hours of waiting at night between 22:00 local time and 08:00 local time of the next day.

Events for which the Airline is held responsible for any operational problems, such as breakdowns, lack of fuel or lack of crew rest, are expressly excluded from this guarantee.

4.26 MISSED AIR CONNECTIONS

If the Insured Person misses a connection between two flights due to delays in the arrival of the aircraft, the Insurer will have insured by the Insurer, through the Assistance Services, the accommodation expenses up to the limit of the contracted Capital and expressed in the Insurance Certificate. In order for the coverage to work, the difference between the expected arrival of the initial flight cannot be less than the estimated time of the subsequent flight by one hour and thirty minutes. Events for which the Airline is responsible and are caused by operational problems or breakdowns of its aircraft, including subcontracted aircraft, are expressly excluded from this guarantee, for example, due to lack of fuel, lack of crew rest.

4.27 ONLINE MEDICAL CONSULTATION

The Assistance Services provide an online medical consultation via video call to support the insured person during the safe journey.

4.28 MEDICAL ADVICE BY PHONE

Through the telephone service line available 24 hours a day, the Insured Person may request accompaniment from the Insurer's Medical Team during the safe trip.

4.29 PSYCHOLOGICAL SUPPORT

Upon request to the Insurer's Assistance Services, the team of psychologists of the Assistance Services will provide psychological guidance through a telephone call to the Insured Person who, during the Safe Trip, is in difficulty or in a situation of need, providing assistance and under the conditions that are compatible with the deontological rules of the profession, these guidelines being issued by the professionals based on the elements provided by the Insured Person, the Helpdesk is not responsible for interpreting these answers. The advice provided by telephone implies, solely and exclusively, the responsibility arising from this type of intervention, within the conjuncture in which it is practiced. This advice does not replace the use of hospital emergency services nor does it constitute in itself a medical consultation.

4.30 RUNWAY RESCUE EXPENSES

In the event of an accident occurring on the Ski slope, the Insurer, through the Assistance Services, shall bear the costs of collection, up to the limit indicated in the Certificate of Insurance, carried out with rescue means provided by the Ski resort, and transport, of the injured Insured Person, from the duly authorized slope to the Medical Center of the Resort or, if necessary, to the nearest Hospital to the resort.

4.31 RETURN OF SKI PASS DUE TO CLOSURE OF THE RESORT DUE TO WEATHER CONDITIONS

Meteorological reasons are considered to be unforeseen events of a natural nature that prevent the opening of the Resort to the public.

If the Insured Person is unable to practice winter sports, due to the closure of the Resort, the Insurer, through the Assistance Services, will ensure the reimbursement of the daily value of the *ski pass* for the days that the Resort remains closed for a maximum of 3 days, up to the contracted limit and indicated in the Insurance Certificate. The amount to be refunded is the result of the purchase value of the *ski pass* divided by the number of days purchased and multiplied by the number of days not used. The collection of this information is supported by the official written confirmation of the Resort, and the Safe Person is responsible for immediate communication, via telephone and on the day of the event. If these requirements are not met, the Insurer reserves the right to refuse to settle the claim.

This guarantee can only be activated if the Resort does not refund the amount of the Ski Pass, either directly to the Insured Person or through the Tour Operator Organizing the Trip.

4.32 EARLY TRIP CANCELLATION DUE TO LACK OF SNOW

The Insurer, through the assistance services, guarantees the payment of the irrecoverable expenses of the purchased trip to the policyholder in the following circumstances:

- Whenever the skiable route of the Resort initially chosen is less than 25% of the total area available for the practice of winter sports and the Travel Agent of the Insured Person has not been able to provide an alternative option identical or similar to the package initially purchased.
- The collection of this information is mandatorily supported by official written confirmation from the SKI Resort.

This coverage can only be activated if the following requirements are met:

- The Estancia is officially in operation.
- The reason for the cancellation of the trip provided for in this paragraph occurred between the 15th day and the 7th day before the date of departure.

4.33 RETURN OF SKI PASS FOR AN ACCIDENT THAT PREVENTS THE PRACTICE OF SNOW SPORTS

The Insurer, through the Assistance Services, will reimburse the Insured Person for the value of the days of forfait not used, in the event of an accident with the Insured Person that prevents him from practicing snow sports.

The amount to be refunded is the result of the purchase value of the *ski pass* divided by the number of days purchased and multiplied by the number of days not used. This Coverage can only be activated if the Resort does not refund the corresponding amount of the Ski Pass, either directly to the Insured Person or through the Tour Operator Organizing the Trip.

4.34 THEFT AND LOSS OF BAGGAGE

Baggage: Suitcases or travel bags and their contents in their entirety.

Contents: The following are only guaranteed by this Special Condition:

- Garments,
- Footwear,
- Ornamental objects (handbags, belts, jewellery),
- Toiletries or personal makeup.

Sole Paragraph:

The capitals included in this Special Condition are not cumulative with the capitals included in the Theft, Robbery, Loss and Damage to Baggage guarantee, therefore, whenever the Theft, Robbery, Loss and Damage to Baggage guarantee is contracted, the insured capitals of this guarantee will be considered and any claim that occurs and is reported will be settled under this guarantee.

The Insurer, through the Assistance Services, will compensate the Insured Person, up to the contracted limit and expressed in the Insurance Certificate, for the theft or loss of their baggage while it is accompanied by the Insured Person or delivered to the care of the carrier exclusively in the following situations:

1. Robbery committed with violence or imminence of physical violence against the insured person

Theft is considered the illegitimate appropriation of baggage through violence, threat or coercion on the Insured Person.

Proof of the claim must be provided to the local police authorities responsible for the occurrence of the facts within 24 hours of the occurrence of the claim.

2. Loss of baggage when handed over to the custody of a transport company

Baggage is considered exclusively as the complete volume delivered to the custody of the air carrier against a certificate of receipt.

Any and all partial disappearance of baggage is expressly excluded from this guarantee coverage.

a) In the case of air transport, the insured person must initially submit the claim to the air carrier obtaining from it the regularization according to the weight of the lost baggage, as stated in the air transport contract (compensation per kg). The insurer will compensate the insured person for the lost baggage (full volume only) after the carrier has made the compensation and only for the remainder of the amount that has not been paid by the latter.

b) In the case of land transport, only baggage that has disappeared as a result of theft of the luggage compartment is guaranteed, only when there are clear traces of tampering with the luggage compartment.

A luggage compartment is considered to be the physical location in the vehicle suitable for transporting and storing luggage, not visible from the outside.

c) In the case of maritime or inland waterway transport, only baggage that has not been delivered to the Insured Person's cabin at the time of check-in and check-out procedures is guaranteed and exclusively when this responsibility lies with the maritime or inland waterway carrier.

Amount of compensation: To the amount to be compensated by the Insurer, through the assistance services, a devaluation of 25% will be applied compared to the new value.

Exclusions:

Losses or damages, directly or indirectly, resulting from:

a) **Smuggling, embezzlement, prohibited or clandestine trade;**

b) **Sanitary or disinfection measures;**

c) **Poor packaging or packaging deficiency under the responsibility of the Insured Person, mechanical,**

electrical and/or electronic malfunctions and manufacturing or material defects;

d) **Defect itself, or alteration of the intrinsic nature, of safe objects;**

e) **Damage caused by normal wear and tear due to use, gradual deterioration, proper medium, latent defect, effects of light, temperature, humidity, insects, worms, fungi, cigarette burns, acts of madness;**

f) **Loss of value of the insured object and/or loss of market;**

g) **Intentional actions or omissions of the Policyholder or Insured Person, their family members, employees, agents or representatives, or practiced with their complicity or participation;**

h) **Direct or indirect effect of explosion, release of heat and radiation, resulting from the disintegration or fusion of the nucleus of atoms, artificial acceleration of particles or radioactivity;**

i) **Theft occurred during transport in a bus contracted to the Policyholder, if the insured goods are not in the luggage compartment of the policyholder or if the luggage compartment is not properly closed;**

j) **When the luggage is inside the contracted vehicle, parked on a public road without any occupant, in the period between 10:00 p.m. and 7:00 a.m.;**

k) **Theft, such as: theft committed without resorting to violence or intimidation of people;**

l) **Objects of gold, silver, platinum, precious stones, watches, mobile phones, money, securities, cheques, documents, coupons, bills of exchange, promissory notes, credit documents, personal documents, travel tickets, manuscripts, deeds, projects, art objects, antiques, collections;**

m) **Portable electronic equipment, namely: Laptops, laptops, cameras, mobile phones and their chargers and accessories Smartphones, video cameras, portable video/hi-fi players, MP3 and MP4 players, I-Pods, I-Pads, Tablets, Netbooks, portable game consoles and the like;**

n) **Musical instruments;**

o) **All goods that, even if accompanied by the Insured Person or delivered against proof of receipt, in the custody of a Transport Company, are different from those that appear in the definition of Baggage.**

4.35 THEFT, ROBBERY, LOSS AND DAMAGE TO LUGGAGE

Baggage: Suitcases or travel bags and their contents in their entirety.

Contents: The following are only guaranteed by this Special Condition:

- a) Garments,
- b) Footwear,
- c) Ornamental objects (handbags, belts, jewellery),
- d) Toiletries or personal makeup.

The Insurer, through the Assistance Services, will indemnify the Insured Person, up to the contracted limit and expressed in the Insurance Certificate, for theft, robbery, loss or damage to their baggage while it is accompanied by the Insured Person or delivered to the care of the carrier exclusively in the following situations:

1. Theft of luggage

a) Theft of baggage is considered to be the illegitimate appropriation of baggage without violence, threat or coercion on the Insured Person and provided that it is in the custody of the transport company or in a tourist accommodation establishment contracted by the Policyholder, while the Insured Person is staying there.

b) Proof of the claim must be provided to the local police authorities responsible for the occurrence of the facts within 24 hours of the occurrence of the claim.

2. Robbery committed with violence or imminence of physical violence against the insured person

Theft is considered the illegitimate appropriation of baggage through violence, threat or coercion on the Insured Person.

Proof of the claim must be provided to the local police authorities responsible for the occurrence of the facts within 24 hours of the occurrence of the claim.

3. Loss of baggage when handed over to the custody of a transport company

Baggage is considered exclusively as the complete volume delivered to the custody of the air carrier against a certificate of receipt.

Any partial disappearance of baggage is expressly excluded from this guarantee.

In the case of air transport, the Insured Person must initially submit the claim to the air carrier, obtaining from it the regularization according to the weight of the lost luggage, as stated in the air transport contract (compensation per kg). The Insurer will compensate the Insured Person for the lost baggage (full volume only) after the carrier has made its compensation and only for the remainder of the amount that has not been paid by it.

In the case of land transport, only baggage that has disappeared as a result of theft of the luggage compartment is guaranteed, only when there are clear traces of tampering with the luggage compartment. A luggage compartment is considered to be the physical location in the vehicle suitable for transporting and storing luggage, not visible from the outside.

In the case of maritime or inland waterway transport, only baggage that has not been delivered to the Insured Person's cabin at the time of check-in and check-out procedures is guaranteed and exclusively when this responsibility lies with the maritime or inland waterway carrier.

For the purposes of this coverage, partial damage to baggage is only guaranteed, regardless of the means of transport, only if an accident occurs with the transporting vehicle that causes damage to the insured baggage.

Proof of the claim must be provided by the entities responsible for transporting the baggage within 24 hours of the occurrence of the claim.

4. Damage to Baggage

Damage to Baggage, exclusively a suitcase or travel bag, is considered to be due to a sudden and accidental accident that occurs while the baggage is in the care of the transport company, if it is caused by a sudden and accidental accident that occurs while the baggage is in the care of the Carrier Company.

It is up to the Insured Person to claim directly from the transport company, the damage to the suitcase or travel bag in its custody.

The Insurer, through the assistance services, after framing the claim, indemnifies the value of the suitcase or travel bag injured, only when the carrier does not compensate it or when the insured person does not receive a response from the carrier within 4 months from the date of the claim to the carrier.

Amount of compensation: To the amount to be compensated by the Insurer, through the assistance services, a devaluation of 25% will be applied compared to the new value.

Exclusions:

Losses or damages, directly or indirectly, resulting from:

- a) **Smuggling, embezzlement, prohibited or clandestine trade;**
- b) **Sanitary or disinfection measures;**
- c) **Poor packaging or packaging deficiency under the responsibility of the Insured Person, mechanical, electrical and/or electronic malfunctions and manufacturing or material defects;**
- d) **Defect itself, or alteration of the intrinsic nature, of safe objects;**
- e) **Damage caused by normal wear and tear due to use, gradual deterioration, proper medium, latent defect, effects of light, temperature, humidity, insects, worms, fungi, cigarette burns, acts of madness;**
- f) **Loss of value of the insured object and/or loss of market;**
- g) **Intentional actions or omissions of the Policyholder or Insured Person, their family members, employees, agents or representatives, or practiced with their complicity or participation;**
- h) **Direct or indirect effect of explosion, release of heat and radiation, resulting from the disintegration or fusion of the nucleus of atoms, artificial acceleration of particles or radioactivity;**

- i) Theft occurred during transport in a bus contracted to the Policyholder, if the insured goods are not in the luggage compartment of the policyholder or if the luggage compartment is not properly closed;
- j) When the luggage is inside the contracted vehicle, parked on a public road without any occupant, in the period between 10:00 p.m. and 7:00 a.m.;
- k) Theft, such as: theft committed without resorting to violence or intimidation of people;
- l) Objects of gold, silver, platinum, precious stones, watches, mobile phones, money, securities, cheques, documents, coupons, bills of exchange, promissory notes, credit documents, personal documents, travel tickets, manuscripts, deeds, projects, art objects, antiques, collections;
- m) Portable electronic equipment, namely: laptops, laptops, cameras, mobile phones and their chargers and accessories Smartphones, video cameras, portable video/hi-fi players, MP3 and MP4 players, I-Pods, Tablets (including I-Pads), Netbooks, portable game consoles and the like;
- n) Musical instruments;
- o) All goods that, even if accompanied by the Insured Person or delivered against proof of receipt, in the custody of a Transport Company, are different from those that appear in the definition of Baggage.

4.36 BAGGAGE THEFT - LAPTOP, TABLET OR LAPTOP

Insured electronic equipment: Equipment owned by the Insured Person or the company through which the Insured Person makes the trip, and which exclusively covers Laptop, tablet or laptop and respective transport bag, duly identified in the Insurance Certificate.

- a) The Insurer, through the Assistance Services, will indemnify the Insured Person, up to the contracted limit and expressed in the Insurance Certificate of the theft of the electronic equipment while it is accompanied by the Insured Person exclusively when there is theft committed with violence or imminence of physical violence against the Insured Person, considering as such, the illegitimate appropriation of the luggage through violence, threat or coercion on the Safe Person.
- b) The Insurer, through the Assistance Services, will indemnify the Insured Person, up to the contracted limit and expressed in the Insurance Certificate, for the theft of the insured electronic equipment while it is properly packed in the accommodation, provided that there are clear traces of burglary.
- c) Amount of compensation:

Tablets - A deductible of 150.00 Euros per insured object will be applied to the amount to be compensated by the Insurer, through the Assistance Services.

Proof of the claim must be provided to the local police authorities responsible for the occurrence of the facts within 24 hours of the occurrence of the claim.

Exclusions:

Losses or damages, directly or indirectly, resulting from:

- a) Smuggling, embezzlement, prohibited or clandestine trade;
- b) Sanitary or disinfection measures;
- c) Poor packaging or packaging deficiency under the responsibility of the Insured Person, mechanical, electrical and/or electronic malfunctions and manufacturing or material defects;
- d) Defect itself, or alteration of the intrinsic nature, of safe objects;
- e) Damage caused by normal wear and tear due to use, gradual deterioration, proper medium, latent defect, effects of light, temperature, humidity, insects, worms, fungi, cigarette burns, acts of madness;
- f) Loss of value of the insured object and/or loss of market;
- g) Intentional actions or omissions of the Policyholder or Insured Person, their family members, employees, agents or representatives, or practiced with their complicity or participation;
- h) Direct or indirect effect of explosion, release of heat and radiation, resulting from the disintegration or fusion of the nucleus of atoms, artificial acceleration of particles or radioactivity;
- i) Theft occurred during transport in a bus contracted to the Policyholder, if the insured goods are not in the luggage compartment of the policyholder or if the luggage compartment is not properly closed;
- j) When the luggage is inside the contracted vehicle, parked on a public road without any occupant, in the period between 10:00 p.m. and 7:00 a.m.;
- k) Theft, such as: theft committed without resorting to violence, intimidation of people or without force over things;
- l) Objects of gold, silver, platinum, precious stones, watches, mobile phones, money, securities, cheques, documents, coupons, bills of exchange, promissory notes, credit documents, personal documents, travel tickets, manuscripts, deeds, projects, art objects, antiques, collections;
- m) Cameras, mobile phones, smartphones, video cameras, portable video/hi-fi players, MP3 and MP4 players, I-Pods, I-Pads, tablets, portable game consoles and the like;
- n) All goods that, even if accompanied by the Insured Person, are different from those listed in the Particular Conditions.

4.37 LOSS, THEFT, BREAKAGE OF RENTED EQUIPMENT

The Insurer, through the assistance services, guarantees, up to the contracted capital and expressed in the Insurance Certificate, the reimbursement of the costs borne by the

insured person in the event of loss, theft or breakage of rented equipment.

- a) In case of loss, the Insured Person is responsible for a deductible of €150.00 (one hundred and fifty euros);
- b) In case of theft, the Insured Person must report to the authorities within 24 hours of the occurrence;
- c) In the event of equipment breakage, the Insured Person must provide proof with a photograph and a document of compensation paid to the damaged equipment rental company.

4.38 TRAVELER CONSULTATION

The Insured Person will be able to carry out the Traveler's Consultation online, where they will be able to clarify their questions about the necessary care to be taken before, during and after their trip.

The medical team of the Insurer's Assistance Services will ensure personalized medical advice, providing guidance on the care to be taken with food, drinking water, insects, as well as prevention through vaccines or other medications. After the consultation, a summary of the personalized advice and, if necessary, the prescription of vaccines and medication recommended for the trip to be made will be sent to you by email.

The Insured Person must request a prior appointment through the telephone number indicated in the Insurance Certificate (call to the national fixed network), available from Monday to Friday, from 9 am to 7 pm.

This consultation has an agreed and previously informed cost at the expense of the Insured Person.

4.39 PETS ROADSIDE ASSISTANCE

Definitions of this Special Condition:

Pet Animal: Any animal kept or intended to be kept by human beings, namely in their home, for their entertainment and companionship.

Insured Animal: Dog or cat, registered in the name of the Insured Person, with registration and license valid under the legal terms and that accompanies the Insured Person identified in the insurance certificate during the trip contracted to the Policyholder.

Pre-Existing Illness or Injury: Pre-existing illness or injury of the insured animal is considered to be any illness or injury of the Insured Animal that the Insured Person could not have ignored or of which he should have been aware by the evidence of symptoms or by virtue of which he has received medical and legal notice or has undergone treatment, prior to the start date of the trip.

Veterinarian: The graduate of a faculty of veterinary medicine, legally authorized to practice the profession, registered and recognized by the Order of Veterinary Doctors.

Scope of Coverage:

In the event of illness or accident of the Insured Pet during the trip contracted to the Policyholder, the

reimbursement of medical and surgical expenses is guaranteed up to the limit of the contracted capital and expressed in the Insurance Certificate, namely:

- a) **Medical and surgical expenses and fees;**
- b) **Pharmaceutical expenses prescribed by a veterinarian.**

EXCLUSIONS

Claims are excluded whenever:

- a) **The Insured Person or Policyholder voluntarily aggravates the consequences of the claim or intentionally hinders the procedure for the settlement of the claim;**
- b) **Services that have not been requested from the Insurer's assistance services;**
- c) **The Insured Person or Policyholder uses fraud, falsehood or any other malicious means as well as false documents to justify the claim to the Insurer;**
- d) **Intentional actions or omissions of the Insured Person or Policyholder or all those for which the Policyholder is civilly liable;**
- e) **Intentional, criminal or contrary to public order acts are committed by the Policyholder or the Insured Person, as material or moral perpetrators or in which they are accomplices;**
- f) **Explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination;**
- g) **Intentional actions or omissions of the Policyholder or all those for which the Policyholder is civilly liable;**
- h) **Pandemics, Epidemics and other similar events.**

4.40 PASSENGER SUPPORT FOR CANCELLATION, DENIED BOARDING OR FLIGHT DELAY

Scope of Coverage:

This coverage provides support to passengers who are deprived of their rights, provided for in Article 7 of Regulation (EC) 261/2004, excluding all other situations, exclusively if the flight in question has been purchased from the Policyholder.

The Insurer, through the Assistance Services, will make the respective claim due and on behalf of the Passenger, Insured Person in the policy and identified in the Insurance Certificate, with the transport company, in the event of:

- a) **Delay in the arrival of the flight, in accordance with the legislation in force;**
- b) **Cancellation of a flight without notification to the passenger within the period provided for by law;**
- c) **Denied boarding.**

The Insured Person has the obligation to provide the Insurer with all the evidence necessary to defend its rights, namely proof of flight delay, with a description of the expected and actual departure and arrival time.

Reimbursements or indemnities under this guarantee are not cumulative with any others provided for in the same policy and relating to the same event.

Any claim report falling under this Special Condition must be made exclusively on the website indicated in the Insurance Certificate.

4.41 PVFM BASE - ASSISTANCE INSURANCE AFTER TRIP STARTED AND EARLY CANCELLATION OF TRIP AND TRAVEL DISRUPTION DUE TO FORCE MAJEURE

CLAUSE 1 - GUARANTEE OF EARLY CANCELLATION OF TRIP

The Insurer, through the assistance services, guarantees the payment of irrecoverable expenses up to the limit established in the individual Insurance Certificate, when the Insured Person or Policyholder unilaterally terminates the trip, in the latter case, with the agreement expressly communicated to the Policyholder in writing by the Insurer, whenever before the start of the trip there are unavoidable and exceptional circumstances in the place of destination or in its immediate proximity that considerably affect the performance of the same or the transport of the Insured Person to the destination.

CLAUSE 2 - GUARANTEE OF ASSISTANCE FOR LACK OF CONFORMITY

The Insurer, through the assistance services, guarantees the payment of the price reduction, up to the limit of the insured capital, only when unavoidable and exceptional circumstances occur that give rise to a lack of compliance.

CLAUSE 3 - GUARANTEE OF ADDITIONAL ACCOMMODATION DUE TO IMPOSSIBILITY OF RETURN

The Insurer, through the assistance services, guarantees the payment to the Insured Person or the Policyholder, up to the limit of the contracted capital and expressed in the individual insurance certificate, of the accommodation expenses due to him/her, up to a limit of three nights, in accordance with the provisions of Article 30 Numbers 3 to 7 of Decree-Law 17/2018 of 8 March, if, due to unavoidable and exceptional circumstances, the Insured Person is unable to return from the destination

1) The 3-night limit referred to above does not apply if the Insured Person:

- a) Is a person or companion of a person with reduced mobility;
- b) Is pregnant;
- c) Is an unaccompanied child;
- d) Is a person who needs specific care;

2) This extension of the guarantee provided for in paragraph 2 shall not occur in cases where the Insured Person who is part of any of the paragraphs provided for in the previous paragraph of this clause has not notified the Policyholder or the Retail Travel Agency that sold the insured trip by the Policyholder at least 48 hours in advance of the start of the trip.

CLAUSE 4 - EXCLUSIONS

These exclusions are extended to all persons who can invoke the guarantees of this special condition.

a) This insurance does not guarantee services that have not been requested from the assistance services, in accordance with the provisions of Clause 7 - Obligations in the Event of a Claim.

b) Compensation or indemnity is not guaranteed if they result from liabilities attributable to the Policyholder that do not result exclusively and specifically from the occurrence of force majeure or unavoidable and exceptional circumstances, in particular those found in the uniform Civil Liability policy.

c) Compensation or compensation is not guaranteed if it does not result from unavoidable and exceptional circumstances beyond the control of the insured person, the policyholder, the airline or other carrier, or another service provider contracted by the policyholder.

d) Indemnities or compensation are not guaranteed if they result from claims arising from financial failure or bankruptcy of the providers.

e) No benefits, compensations or indemnities are guaranteed in the event that the Insured Person or Policyholder voluntarily aggravates the consequences of the claim or intentionally hinders the procedure for settling the claim.

f) Use fraud, falsehood or any other malicious means as well as false documents to justify the claim.

g) Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices.

h) Claims resulting from the use by the Person of aircraft or vessels not belonging to commercial lines or routes;

i) All services purchased without having been through or recommended by the Policyholder.

j) Transportation in military aircraft.

k) Event or circumstances that are public knowledge on or before the date of insurance subscription or travel contracting. Exclusively if the occurrence derives from volcanic ash or Dry Mist, this contract excludes occurrences whenever in the 28 consecutive days prior to the contracting of the insurance, or to the contracting of the trip, whichever occurs first, volcanic ash or Dry Mist activity is public knowledge. Exclusively in the case of a Pandemic, such an event is considered to be public knowledge from the day after the official declaration of a Pandemic by the WHO – World Health Organization.

l) Losses in the continuation of the trip to destinations where the local authorities of the destination, or of Portugal, have advised against the trip before its start, and that such recommendations are

publicly known on the community portal of the Ministry of Foreign Affairs in the "Advice to Travelers" section.

m) The Insured Person's unilateral willingness not to continue a trip purchased from the Policyholder, or not to accept the reasonable conditions proposed by the Policyholder, in order to start or continue the trip, under this contract.

n) No expenses or compensation for non-material damage, moral damage, inconvenience or inconvenience are guaranteed.

o) The Insurer shall not be liable for any expenses or damages arising out of or attributing to: debt, insolvency, commercial failure, recovery of any property by a holder or any other financial cause. Except when bankruptcy occurs before the reimbursement is made to the Policyholder, which is due to him for cancellation of services contracted with a refundable rate as provided for in Clause 7, No. 8.

p) Payment of expenses recovered by the Policyholder, Operator, Organiser, Retail Travel Agency and/or Insured Person is not guaranteed.

q) The extension of the limit provided for in paragraph b) of paragraph 2 of Clause 6 is not guaranteed, if the pregnancy has a duration equal to or greater than 6 months of gestation, or if it is a risk pregnancy.

r) This contract does not cover any claims caused by or resulting from the use of pathogenic, poisonous, biological or chemical materials, nuclear reaction, nuclear radiation or radioactive contamination.

s) Any loss or damage caused or resulting from an infectious or contagious disease, whose outbreak has been declared by the World Health Organization (WHO) as Pandemic or Epidemic and which enters into force from the date on which such declaration is made by the World Health Organization (WHO) is not guaranteed. Infectious or contagious disease means any disease that can be transmitted from an infected person, animal, plant or species to another person, animal or species by any means.

The exclusion will continue to apply until WHO cancels or withdraws any relevant Pandemic or Epidemic declaration.

t) This insurance does not cover any claim caused by or resulting in any way from:

- a) Coronavirus Disease (COVID19);
- b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
- c) any mutation or variation of SARS-CoV-2;
- d) any fear or threat of a), b) or c) above.

4.42 PVFM TOP - ASSISTANCE INSURANCE AFTER TRIP STARTED AND EARLY TRIP CANCELLATION AND TRAVEL DISRUPTION DUE TO FORCE MAJEURE

CLAUSE 1 - GUARANTEE OF EARLY CANCELLATION OF TRIP

The Insurer, through the assistance services, guarantees the payment of irrecoverable expenses up to the limit established in the individual Insurance Certificate, when the Insured Person or Policyholder unilaterally terminates the trip, in the latter case, with the agreement expressly communicated to the Policyholder in writing by the Insurer, whenever before the start of the trip there are unavoidable and exceptional circumstances at the place of destination or in its vicinity that considerably affect the performance of the same or the transportation of the Insured Person to the destination.

CLAUSE 2 - GUARANTEE OF ASSISTANCE FOR LACK OF CONFORMITY

1) The Insurer, through the assistance services, guarantees the payment of the price reduction, up to the limit of the insured capital, only when unavoidable and exceptional circumstances occur that give rise to a lack of compliance.

2) The compensation provided for in point 1 may not, under any circumstances, be cumulative with that referred to in point 1.1 of Clause 3.

CLAUSE 3 - GUARANTEE OF ASSISTANCE FOR TRAVEL DISRUPTION

1) The Insurer, through the assistance services, guarantees the following compensations, up to the limit of the insured capital, exclusively when unavoidable and exceptional circumstances occur that force the Insured Person to postpone, and/or cancel, and/or interrupt, and/or prolong, and/or change the trip purchased, and/or when feasible and accepted by the client, receive compensation for services not used.

1.1. Reimbursement of sunk expenses with services not used whenever the country of destination of the trip and/or the country of the connecting cities to the destination of the trip and/or the country of start of the trip, is adversely affected by the occurrence of force majeure or unavoidable and exceptional circumstances, and strictly only for the period in which such damage affects the effective enjoyment of the purchased trip.

Specifically in the case of terrorism, the effective use of the contracted services is considered impaired, only as long as the local authorities have exceptional security measures in place.

1.2. Reasonable additional costs for accommodation and transport when, due to the occurrence of force majeure or unavoidable and exceptional circumstances, the victim is unable to return home or continue the journey initially planned. Any amounts that have been returned to the Operator, Organiser and/or Retail Travel Agency and/or to the Insured Person by the Tourist Service Providers, in relation to the services initially

contracted, will be deducted from the amount to be paid by the Insurer.

For the purposes of this clause, reasonable expenses are considered to be those in which the injured party incurs a standard similar to those originally contracted.

2) The compensation provided for in this clause cannot, under any circumstances, be cumulative with that referred to in Clause 1.

CLAUSE 4 - GUARANTEE OF ADDITIONAL ACCOMMODATION DUE TO IMPOSSIBILITY OF RETURN

1) In the event of exhaustion of the available capital with regard to the guarantee provided for in Clause 3, and if, due to unavoidable and exceptional circumstances, the Insured Person is unable to return from the destination, the Insurer, through the assistance services, also guarantees payment to the Insured Person or the Policyholder, up to the contracted limit established in the individual Insurance certificate, of the accommodation expenses due to him, up to a limit of three nights, in accordance with the provisions of Article 30 Numbers 3 to 7 of Decree-Law 17/2018 of 8 March.

2) The 3-night limit referred to above does not apply if the Insured Person:

- a) Is a person or companion of a person with reduced mobility;
- b) Is pregnant;
- c) Is an unaccompanied child;
- d) Is a person who needs specific care;

3) This extension of the guarantee provided for in paragraph 2 shall not occur in cases where the Insured Person who is part of any of the paragraphs provided for in the previous paragraph of this clause has not notified the Policyholder or the Retail Travel Agency that sold the insured trip by the Policyholder at least 48 hours in advance of the start of the trip.

CLAUSE 5 - EXCLUSIONS

These exclusions are extended to all persons who can invoke the guarantees of this special condition.

a) This insurance does not guarantee services that have not been requested from the assistance services, in accordance with the provisions of Clause 8 - Obligations in the Event of a Claim.

b) Compensation or indemnity is not guaranteed if they result from liabilities attributable to the Policyholder that do not result exclusively and specifically from the occurrence of force majeure or unavoidable and exceptional circumstances, in particular those found in the uniform Civil Liability policy.

c) Compensation or compensation is not guaranteed if it does not result from unavoidable and exceptional circumstances beyond the control of the insured person, the policyholder, the airline or other carrier, or another service provider contracted by the policyholder.

d) Indemnities or compensation are not guaranteed if they result from claims arising from financial failure or bankruptcy of the providers.

e) No benefits, compensations or indemnities are guaranteed in the event that the Insured Person or Policyholder voluntarily aggravates the consequences of the claim or intentionally hinders the procedure for settling the claim.

f) Use fraud, falsehood or any other malicious means as well as false documents to justify the claim.

g) Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;

h) Claims resulting from the use by the Person of aircraft or vessels not belonging to commercial lines or routes;

i) All services purchased without having been through or recommended by the Policyholder.

j) Transportation in military aircraft.

k) Event or circumstances that are public knowledge on or before the date of insurance subscription or travel contracting. Exclusively if the occurrence derives from volcanic ash or Dry Mist, this contract excludes occurrences whenever in the 28 consecutive days prior to the contracting of the insurance, or to the contracting of the trip, whichever occurs first, volcanic ash or Dry Mist activity is public knowledge. Exclusively in the case of a Pandemic, such an event is considered to be public knowledge from the day after the official declaration of a Pandemic by the WHO – World Health Organization.

l) Losses in the continuation of the trip to destinations where the local authorities of the destination, or of Portugal, have advised against the trip before its start, and that such recommendations are publicly known on the community portal of the Ministry of Foreign Affairs in the "Advice to Travelers" section.

m) The Insured Person's unilateral willingness not to continue a trip purchased from the Policyholder, or not to accept the reasonable conditions proposed by the Policyholder, in order to start or continue the trip, under this contract.

n) No expenses or compensation for non-material damage, moral damage, inconvenience or inconvenience are guaranteed.

o) The Insurer shall not be liable for any expenses or damages arising out of or attributing to: debt, insolvency, commercial failure, recovery of any property by a holder or any other financial cause. Except when bankruptcy occurs before the reimbursement is made to the Policyholder, which is due to him for cancellation of services contracted with a refundable rate as provided for in Clause 8 No. 9

p) **Payment of expenses recovered by the Policyholder, Operator, Organiser, Retail Travel Agency and/or Insured Person is not guaranteed.**

q) **The extension of the limit provided for in paragraph b) of paragraph 2 of Clause 7 is not guaranteed, if the pregnancy has a duration equal to or greater than 6 months of gestation, or if it is a risk pregnancy.**

r) **This contract does not cover any claims caused by or resulting from the use of pathogenic, poisonous, biological or chemical materials, nuclear reaction, nuclear radiation or radioactive contamination.**

s) **Any loss or damage caused or resulting from an infectious or contagious disease, whose outbreak has been declared by the World Health Organization (WHO) as a Pandemic or Epidemic and which enters into force from the date on which such declaration is made by the World Health Organization (WHO) is not guaranteed.**

Infectious or contagious disease means any disease that can be transmitted from an infected person, animal, plant or species to another person, animal or species by any means.

The exclusion will continue to apply until WHO cancels or withdraws any relevant Pandemic or Epidemic declaration.

t) **This insurance does not cover any claim caused by or resulting in any way from:**

a) **Coronavirus Disease (COVID19);**

b) **Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);**

c) **Any mutation or variation of SARS-CoV-2;**

d) **Any fear or threat of a), b) or c) above.**

4.43 VIP MEDICAL EXPENSES

CLAUSE 1 – GUARANTEES

The provision of the guarantees of this contract are organized and paid directly to the service providers, by the Insurer, through the assistance services.

The provision of the guarantees of this contract must be directed, when coordinated by the Insurer, whenever possible to the national health service of the country of destination of the trip, when the country of destination of the trip adheres to the figure of the European health card. The guarantees provided in this contract must be provided in the clinical services of the Hotel in which the Insured Person is staying, for a first triage and first aid treatments. In the event of a failure or untimely response to the clinical situation that arises, the Insurer will coordinate the appropriate response.

The Insurer cannot be held liable if, for justifiable reasons, the provision of services cannot be carried out, always maintaining, however, the availability of reimbursement of contractually guaranteed expenses, only if duly proven by

documentation and previously accepted by the Insurer through the Assistance Services.

1. MEDICAL, SURGICAL, PHARMACEUTICAL, AND HOSPITALIZATION EXPENSES

a) **By accident or illness abroad and by accident in Portugal**

If, as a result of an accident or illness abroad or as a result of an accident in Portugal, occurring during the trip and during the period indicated in the insurance certificate, the Insured Person needs medical, surgical, pharmaceutical or hospital assistance, the Insurer, through the Assistance Services, will support, up to the stipulated limit, the insurance certificate, or reimburse by prior agreement and justification:

1) **Medical and surgical expenses and fees;**

2) **Pharmaceutical expenses prescribed by a doctor;**

3) **Hospitalization expenses;**

4) **Payment of crutches;**

It is the responsibility of the Insurer, through its Assistance Services, to organize and pay directly to the Health Service Providers, all guaranteed clinical acts to be carried out up to the limit of the contracted insured capital, with all the remaining being expressly excluded, unless duly proven by documentation and previously accepted by the Insurer, through the Assistance Services.

In the event of surgical intervention in Portugal or abroad, it will only be the responsibility of the Insurer, through the Assistance Services, if it is urgent and unavoidable, and cannot wait for the Insured Person to return to his home.

This guarantee, in the case of countries adhering to the European Health Card or similar, operates in excess not guaranteed by the European Health Card or similar.

CLAUSE 2 - EXCLUSIONS

These exclusions are extended to all persons who can activate the guarantees of this insurance contract, namely:

a) **Failure to comply with obligations in the event of a claim as provided for in clause 23 of the General Conditions;**

b) **Injuries or illnesses that have been diagnosed prior to taking out the insurance;**

c) **Mental illness or any psychiatric illness;**

d) **In the case of accidents occurring within the scope of work activity, which is guaranteed by an occupational accident insurance, this guarantee only operates in any excess not guaranteed by said insurance. If it is not immediately possible to settle the claim through the occupational accident insurance, the insurer,**

through its assistance services, provides the necessary assistance and has the right of recourse against the occupational accident insurer.

e) Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts performed by the Insured Person on himself;

f) Intentional, criminal or contrary to public order acts of which the policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;

g) Actions or omissions of the Insured Person influenced by the use of narcotics, without a medical prescription, or alcoholic beverages resulting in a degree of alcohol equal to or greater than that which, in the case of driving under the influence of alcohol, determines the practice of either an administrative offence or a crime;

h) Expenses with prostheses, orthoses, glasses and contact lenses, except surgical prostheses with a value of less than 1,000 (one thousand) euros;

i) Dental expenses, except for essential treatments for pain removal;

j) Accidents resulting from the practice of federated professional or amateur sports and respective training as well as the practice of other "special" sports such as mountaineering, boxing, karate and other martial arts, bullfighting, skydiving, paragliding, hang gliding, all so-called extreme sports, caving, fishing and spearfishing, any sports involving motor vehicles (2-wheeled or other), powerboat and other similar sports in their dangerousness;

k) Skiing and snowboarding in places not authorized or not supervised by a ski resort;

l) Claims resulting from the use by the Insured Person of two-wheeled motor vehicles or quad bikes;

m) Childbirth and complications due to the state of pregnancy, unless unforeseeable and occurring during the first six months;

n) Urn (except for that which is organized by the assistance services within the exclusive scope of the guarantee of transport of the deceased Insured Person) and expenses with the burial or funeral ceremony;

o) Claims resulting from the use by the person of aircraft or vessels not belonging to commercial lines or routes;

p) Accidents resulting from explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination;

q) Treatment in hot springs or beaches and, in general, cures of change of scenery or rest as well as aesthetic treatments;

r) Expenses for preventive medicine, vaccines or similar including medical fees;

s) Rehabilitation and physiotherapy expenses incurred without the agreement of the insurer's medical team, through the assistance services;

t) Medical expenses related to treatment started in the country of residence or nationality;

u) Medical, surgical and hospitalization expenses in Portugal due to illness, regardless of the place or origin of the same, including those incurred during the trip;

v) Hernias of any nature, varicose veins and their complications, hemorrhoids, lumbagos.

w) Muscle diseases and joint diseases, both when degenerative;

x) Transportation in military aircraft;

y) This insurance does not cover services that have not been requested from the insurer through the assistance services, nor expenses that have not been incurred with its agreement, except in cases of force majeure or demonstrated material impossibility;

z) This insurance contract does not cover medical expenses in countries adhering to the European Health Card, or similar, where the Insured Person does not present it when requested. It is therefore essential that for travel in these countries, insured persons must first carry it;

aa) Pandemics.

CLAUSE 3 – INSURED VALUE AND ACCUMULATION OF RISK

1) The Insurer's liability is always limited to the insured capital fixed by coverage in the Insurance certificate held by the Insured Person;

1) Without prejudice to the provisions of the previous paragraph, after the occurrence of a claim, the insured value will be, until the expiration of the contract, automatically reduced by the amount corresponding to the compensation paid;

2) Whenever the cause of the claim is considered to be Covid-19, the insurer's maximum liability for all insured persons is limited to the amount of 250,000 euros (two hundred and fifty thousand euros) per calendar year, with a sub-limit of 100,000 euros (one hundred thousand euros) per Insured Person on the same trip, with the amount of their expenses being used up to the limit of the annual risk accumulation, in order of participation and until exhaustion of this accumulation of capital for all policies in the insurer's portfolio.

4.44 COVID-19 PROTECTION

CLAUSE 1 – SCOPE OF COVERAGE

The Insurer, through this Special Condition, derogates from the exclusion of Pandemics.

1) Whenever contracted by the Insured Person, the Insurer is guaranteed through the Assistance Services:

a. Early cancellation of the trip, if i) the Insured Person, ii) their Spouse, iii) person who lives with them and is in a de facto union, iv) ascendants and descendants in the first degree who cohabit with them,

presents a PCR test (*Polymerase chain reaction*) positive for Covid-19 in the 60 days before the start of the Trip or remains in mandatory quarantine, the Insurer, through the assistance services, will bear the irrecoverable expenses resulting from the services purchased directly from the Policyholder, concerning the Insured Person and their companions (maximum of 4), registered in the same reservation.

b. Sunk expenses arising from Trip Interruption, if the Insured Person indicated in a), presents a PCR test (*Polymerase chain reaction*) positive for Covid-19 or remains in mandatory quarantine during the trip, the Insurer, through the Assistance Services, will ensure the reimbursement of irrecoverable expenses up to the limit indicated in the Coverage and Capital table.

c. Early return of the Insured Person due to impediment to entry into the country of destination or transit due to modification by the authorities of the entry requirements therein, the Insurer, through the assistance services, will make available to the Insured Person a transport ticket for the return to his or her usual residence, in the event that the trip is interrupted due to an impediment to entry into the country of destination or transit, provided that the modification of requirements has occurred after the start date of the trip and the Insured Person has already left its origin.

d. Medical, surgical, pharmaceutical and hospitalization expenses, if the Insured Person indicated in a), presents a PCR test (*Polymerase chain reaction*) positive for Covid-19 during the trip, up to the limit indicated in the Coverage and Capital table of the contracted Travel Assistance, and expenses related to tests for COVID-19 disease screening are also guaranteed, exclusively when prescribed by doctors at the destination.

e. In the case of hospitalisation, if the Insured Person indicated in a), presents a PCR test (*Polymerase chain reaction*) positive of Covid-19 during the trip, the expenses of staying in a hotel as well as the costs of repatriating a companion, if it is not possible to use the means and ticket of transport initially planned, to a family member or person designated by him, who is already on site, to stay with the Insured Person will bear the expenses up to twice the maximum limit of the capital indicated in the insurance certificate for the guarantee of Monitoring of the hospitalized Insured Person, maintaining the same maximum daily limit.

f. If there is no hospitalization and if the Insured Person indicated in a), presents a PCR test (*Polymerase chain reaction*) positive for Covid-19 or being in a mandatory quarantine regime imposed by a public authority during the trip, thus not being able to return on the initially scheduled date, the Insurer, through the Assistance Services, will be responsible, if any, for the expenses actually incurred with hotel accommodation, by you and by a person who will accompany you, up to twice

the maximum capital limit indicated in the insurance certificate for the Hotel Extension of Stay guarantee, maintaining the same daily limit.

g. Return Ticket for a Family Member and Respective Stay, if the hospitalization of the Insured Person, defined in a), exceeds 5 days and if it is not possible to activate the guarantee provided for in paragraph e), the Insurer, through the Assistance Services, will bear the expenses to be incurred by a family member, with the return ticket by train in 1st class or by plane in tourist class, departing from Portugal, to stay with her, also being responsible for the expenses of stay, up to twice the maximum limit of the capital indicated in the insurance certificate for the guarantee of a Round Trip Ticket for a family member and respective stay, maintaining the same maximum daily limit.

h. Organization and cost of Transport and Repatriation of the Insured Person and companion by the most appropriate means, as long as the means of transport initially planned and the date of return cannot be used.

i. Urgent Shipment of Medicines, the Insurer, through the medical team of the Assistance Services, will bear the costs of sending to the place abroad where the Insured Person is, of the essential medicines of his/her usual use, provided that they do not exist in the country visited or that they do not have substitutes there.

j. Transport or Repatriation of the deceased Insured Person, the Insurer, through the Assistance Services, will bear the costs of all the formalities to be carried out at the place of death of the Insured Person as well as those relating to their transport or repatriation to the place of burial in Portugal. In the event that an Insured Person has died as a result of hospitalization and the Round Trip Ticket guarantee for a Family Member and Respective Stay has been activated, the Insurer, through the Assistance Services, also bears the costs of returning the family member to his or her home in Portugal.

k. Child Charge, in the case of hospitalization of the Insured Person indicated in a), and when accompanied by children under 16 years of age, the Insurer, through the Assistance Services, guarantees the accompaniment of the same(ren) by hiring a nanny up to a maximum limit of 10 days, as well as the expenses of transport in tourist class and air transport, business class if ground transport, to and from a family member in Portugal who can take care of the return of that minor to his home in Portugal, also supporting this return if it cannot be carried out by the means initially foreseen.

l. Health Transport of Wounded and Sick People to the nearest Hospital Unit in case and the Insured Person indicated in a), presents a positive PCR (*Polymerase chain reaction*) test for Covid-19 during the trip and when the clinical situation justifies it, the Assistance Services, through their Medical Team, will be in charge:

- a) The means and costs of transport to the nearest clinic or hospital;
- b) Supervision by the medical team of the Assistance Service, in collaboration with the attending physician of the Insured Person, in the follow-up of the appropriate measures for the best treatment to be followed;

- c) Organization and cost of this transfer by the most appropriate means of transport.

In any case, the means of transport to be used will be decided by the medical team of the Assistance Services.

- m. Online medical consultation, through video call with a doctor indicated by the assistance services for support and screening for Covid-19 or other diseases;

- n. Medical advice by telephone, through the telephone line available 24 hours a day, the customer may request follow-up from the Insurer's Medical Team.

- o. Telephone consultation for psychological support, upon request to the Insurer's Assistance Services, the team of psychologists from the Assistance Services will provide psychological guidance through a telephone call to the Insured Person who, during the Safe Trip, is in difficulty or in a situation of need resulting from Covid-19 infection, providing assistance and under conditions that are compatible with the deontological rules of the profession, these guidelines are issued by professionals based on the elements provided by the Insured Person, and the Assistance Service is not responsible for interpretations of these answers. The advice provided by telephone implies, solely and exclusively, the responsibility arising from this type of intervention, within the conjuncture in which it is practiced. This advice does not replace the use of hospital emergency services nor does it constitute in itself a medical consultation.

CLAUSE 2 – SPECIFIC EXCLUSIONS

The following are excluded from this Special Condition:

- a) Mental illness or any psychiatric illness;

- b) Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts performed by the Insured Person on himself;

- c) Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;

- d) Actions or omissions of the Insured Person influenced by the use of narcotics, without a medical prescription, or alcoholic beverages resulting in a degree of alcohol equal to or greater than that which, in the case of driving under the influence of alcohol, determines the practice of either an administrative offence or a crime;

- e) Urn (with the exception of that which is organized by the assistance services within the exclusive scope of the guarantee of Carriage of the Deceased Insured Person) and expenses with the burial or funeral ceremony;

- f) This insurance does not cover services that have not been requested from the Insurer through the Assistance Services, nor expenses that have not been incurred with its agreement, except in cases of force majeure or demonstrated material impossibility;

- g) This insurance contract does not cover medical expenses in countries adhering to the European Health Card, or similar, where the Insured Person does not present it when requested. It is therefore essential that for travel in these countries, insured people first carry it.

- h) Any costs with Covid-19 screening tests that are required by the local border control authorities, with the aim of the Insured Person being able to access the final destination, transit destination or return to origin, are never guaranteed.

CLAUSE 3 – LIMITS OF COVERAGE

The coverages of this Special Condition can only be activated when contracted by the Insured Person and indicated in the insurance certificate.

Roofs

	Insured Capital
a. Early Trip Cancellation.....	View contracted capital
b. Trip Interruption	View contracted capital
c. Early return of the Insured Person due to impediment to entry into the country of destination or transit	500,00€
d. Medical, surgical, pharmaceutical, and hospitalization expenses	View contracted capital
e. Hotel Accommodation Expenses in Case of Hospitalization.....	View contracted capital
f. Expenses for staying in a Hotel without Hospitalization.....	View contracted capital
g. Round-Trip Ticket for a Family Member and Respective Stay	View contracted capital
h. Organization and cost of Transportation and Repatriation of the Insured Person	View contracted capital
i. Urgent Shipment of Medicines	Unlimited
j. Transport or Repatriation of the deceased Insured Person.....	Unlimited
k. Child Charge.....	Unlimited
l. Sanitary Transport of Wounded and Sick to the nearest Hospital Unit.....	Unlimited
m. Online medical consultation.....	Unlimited
n. Medical advice by phone	Unlimited
o. Telephone consultation for psychological support.....	Unlimited

Maximum Accumulation of Risk – The maximum Insured capital for the guarantee of medical, surgical, pharmaceutical and hospitalization expenses, regardless of the contracted product, is limited to 100,000.00 euros.

4.45 ADVENTURE ACTIVITIES, INCLUDING EXTREME ACTIVITIES

CLAUSE 1 – GUARANTEES

The Insurer, through the assistance services, extends the scope of applicability of the travel insurance contracted, exclusively in the guarantees of travel assistance.

The contracted travel insurance now guarantees all activities with a higher risk than that of the common traveler, including those usually designated as extreme activities.

a) The following exclusions are derogated by this Special Condition, namely:

1. Accidents resulting from the practice of federated professional or amateur sports and respective training as well as the practice of other "special" sports such as mountaineering, boxing, karate and other martial arts, bullfighting, skydiving, paragliding, hang gliding, all so-called extreme sports, caving, fishing and spearfishing, any sports involving motor vehicles (2-wheeled or other), powerboat and other similar sports in their dangerousness;

2. Claims resulting from the use by the Insured Person of two-wheeled motor vehicles or quad bikes.

b) Hyperbaric chamber treatment expenses

Whenever it is indispensable and duly authorized by the Insurer, the expenses of treatment of the Insured Person in a Hyperbaric Chamber are guaranteed up to the limit of the capital contracted for the guarantee of Medical, Surgical and Hospitalization Expenses indicated in the insurance certificate.

Clause 2 – Exclusions

In addition to the exclusions in the policy, this Special Condition excludes claims arising from snow sports.

Clause .3 – Maximum Limit of Insured Capital

Whatever the insured capital indicated in the Insurance Certificate for the guarantee of medical, surgical, pharmaceutical and hospitalization expenses, it will always be limited to the maximum insured capital of 30,000 (thirty thousand) euros in this special condition.

4.46 CRUISE INSURANCE

Under this Special Condition, damages arising from claims occurring on the cruise trip organized by the Policyholder are guaranteed, extending the scope to the services provided by the cruise company or by this subcontractor and derogating from the respective exclusions.

The limits and insured capitals provided for the guarantees remain unchanged in relation to the contracted amount, and can be consulted in the table of coverage and capital indicated in the insurance certificate.

4.47 VIP CRUISE INSURANCE

Under this Special Condition, damages arising from claims occurring on the cruise voyage organized by the Policyholder are guaranteed:

1 - Additional expenses with forwarding to the next port of embarkation:

Up to the amount of 1,500.00 euros (one thousand five hundred euros) of insured capital, all expenses of accommodation, transport, food, are guaranteed, with a view to putting the Insured Person back in a position to embark at the next port, in case he misses the boarding for a reason that is not his responsibility. This guarantee operates whenever the policyholder arranges travel or travel and stay to the city that will allow the first boarding of the cruise, and in subsequent ports whenever he purchases City Tours through the policyholder or directly inside the ship.

In the event of an accident, the first transport option will be a train if there are conditions for the Insured Person to spend the night in an individual cabin with the possibility of sleeping, in order to be able to arrive the next day at the destination/port in time to embark and continue the journey.

2 – Leisure and adventure activities on the ship

The exclusion of radical activities in the travel assistance coverages is waived, for all activities that may be considered as radical, or similar, and that are available on board and exclusively when practiced inside the ship.

4.48 RENT-A-CAR – RENT-A-CAR EXCESS REIMBURSEMENT

CLAUSE 1 – GUARANTEES

1) Excess refund

The Insurer, through the Assistance Services, guarantees, up to the maximum contracted and indicated

in the particular conditions, the reimbursement of the amounts that are debited from the credit card (or similar) of the Insured Person, within the scope of a vehicle rental contract, on account of damage caused to the rented vehicle, upon sending by the Insured Person to the Insurer, proof of the debt made by the rent-a-car to the insured person.

CLAUSE 2 - EXCLUSIONS

These exclusions are extended to all persons who can activate the guarantees of this insurance contract, namely:

- a) Failure to comply with obligations in the event of an accident as provided for in clause 23 of the General Conditions;
- b) Failure to comply with the contractual conditions stipulated in the car rental contract;
- c) Collection of amounts corresponding to damages caused by a driver not licensed to drive, and or under the influence of alcohol that determines an administrative offence in the country of the occurrence or illicit substances, and or when he has negligent behavior.
- d) Any costs that do not derive directly from damage to the rental vehicle, such as transport charges, administrative charges, insufficient fuel, insurance or additional services.

4.49 SPORTS EQUIPMENT

CLAUSE 1 – GUARANTEES

The Insurer, through the assistance services, extends the scope of applicability of the travel insurance contracted, exclusively in the guarantees of travel assistance.

The travel insurance contracted now guarantees sports equipment as luggage.

1. Under this Special Condition, the following are guaranteed, up to the capital limit indicated in the Certificate of Insurance:

- a) Theft, robbery or loss of sports equipment
Sports equipment: Equipment owned by the insured person or in his custody resulting from the sporting activity to be carried out.

The Insurer, through the Assistance Services, will indemnify the Insured Person, up to the contracted limit and expressed in the insurance certificate, for the theft or robbery of the sports equipment while it is accompanied by the Insured Person or delivered to the care of the carrier exclusively in the following situations:

- i. Theft of sports equipment
- a) Theft of equipment is considered the illegitimate appropriation of equipment without violence, threat or coercion on the Insured Person and provided that it is in the custody of the transport company.

- b) Proof of the claim must be provided to the local police authorities responsible for the occurrence of the facts within 24 hours of the occurrence of the claim.

ii. Robbery committed with violence or imminence of physical violence against the insured person
Theft is considered the illegitimate appropriation of equipment through violence, threat or coercion on the Insured Person.

Proof of the claim must be provided to the local police authorities responsible for the occurrence of the facts within 24 hours of the occurrence of the claim.

iii. Loss of equipment when handed over to the custody of a transport company
Sports equipment is considered to be exclusively as the complete volume delivered to the custody of an air carrier against a certificate of receipt.
Any partial disappearance of the equipment is expressly excluded from this warranty.

- a) In the case of air transport, the Insured Person must initially submit the claim to the air carrier, obtaining from it the regularization according to the weight of the lost luggage, as stated in the air transport contract (compensation per kg). The Insurer will compensate the Insured Person for the lost equipment (full volume only) after the carrier has made its compensation and only for the remainder of the amount that has not been paid by it.

- b) In the case of land transport, only sports equipment that has disappeared due to theft of the luggage compartment is guaranteed, only when there are clear traces of tampering with the luggage compartment.

iv. A luggage compartment is considered to be the physical location in the vehicle suitable for transporting and storing luggage, not visible from the outside.

- a) In the case of maritime or inland waterway transport, only baggage that has not been delivered to the Insured Person's cabin at the time of check-in and check-out procedures is guaranteed and exclusively when this responsibility lies with the maritime or inland waterway carrier.

For the purposes of this special condition, partial damage to baggage is only guaranteed, regardless of the means of transport, only if an accident occurs with the transporting vehicle that causes damage to the insured baggage.

Proof of the claim must be provided by the entities responsible for transporting the baggage within 24 hours of the occurrence of the claim.

4.50 THEFT OF MUSICAL INSTRUMENTS

CLAUSE 1 – SCOPE OF COVERAGE

The Insurer, through the assistance services, guarantees, up to the contracted capital and expressed in the Insurance Certificate, the reimbursement of the costs borne by the insured person in the event of theft of musical instruments while they are in the care of the Airline or accompanied by the Insured Person, exclusively when there is theft committed with violence or imminence of physical violence against the insured person, considering as such, the illegitimate appropriation of the insured object through violence, threat or coercion on the Insured Person during the contracted trip.

- a) In case of theft, the Insured Person must report to the authorities within 24 hours of the occurrence;
- b) For the purposes of this EC, only the musical instrument and its carrying case are guaranteed.

CLAUSE 2 – EXCLUSIONS

Losses or damages, directly or indirectly, resulting from:

- a) Intentional actions or omissions of the Insured, its employees, agents or representatives or persons for whom it is civilly liable, or practiced with its complicity or participation;
- b) Smuggling, embezzlement, prohibited or clandestine trade;
- c) Sanitary or disinfection measures;
- d) Poor packaging or packaging deficiency under the responsibility of the Insured Person, mechanical, electrical and/or electronic malfunctions and manufacturing or material defects;
- e) Defect itself, or alteration of the intrinsic nature, of safe objects;
- f) Damage caused by normal wear and tear due to use, gradual deterioration, proper medium, latent defect, effects of light, temperature, humidity, insects, worms, fungi, cigarette burns, acts of madness;
- g) Loss of value of the insured object and/or loss of market;
- h) Intentional actions or omissions of the Policyholder or Insured Person, their family members, employees, agents or representatives, or practiced with their complicity or participation;
- i) Direct or indirect effect of explosion, release of heat and radiation, resulting from the disintegration or fusion of the nucleus of atoms, artificial acceleration of particles or radioactivity;
- j) Theft occurring during transport in a bus contracted to the tourist service provider, if the insured goods are not in the luggage compartment of the same or if the luggage compartment is not properly closed;
- k) When the insured object is inside the contracted vehicle, parked on a public road without any occupant, in the period between 10:00 p.m. and 7:00 a.m.;

l) Theft, such as: theft committed without resorting to violence, intimidation of people or without force over things;

m) All goods that, even if accompanied by the Insured Person, are different from those listed in the Particular Conditions.

4.51 CIV - TRIP CANCELLATION AND INTERRUPTION

CLAUSE 1 – OBJECT OF THE CONTRACT

The Insurer guarantees the claims incurred to the Insured Person and their companions under the terms of the respective contracted Guarantees and up to the limit of the insured capital indicated in the insurance certificate, whether it has a tourist or professional motivation for the guarantee of Cancellation or interruption of the trip. The maximum limit in the event of trip interruption is 30 days after the start of the trip.

CLAUSE 2 – GUARANTEES

1) Early Trip Cancellation

The Insurer, through the assistance services, guarantees, up to the contracted limit indicated in the Particular Conditions and expressed in the Insurance Certificate, the reimbursement of irrecoverable expenses of Trip Cancellation, if the Insured Person and their companions have a maximum of 4 (four), for any of the reasons expressed in this Clause, provided that such circumstances occur before the start of the trip, Cancel a trip under the following circumstances:

a) In case of Death, Serious Accident and Serious Illness:

i. Insured Person, spouse, as well as ascendants and descendants in the 1st and 2nd degree of both, and also: brothers, brothers-in-law, daughters-in-law and sons-in-law of both. For the purposes of this paragraph, a serious accident or serious illness is considered to be any sudden, unpredictable and non-pre-existing clinical situation that makes it impossible to carry out the trip, putting life at risk, as well as that which causes more than 1 day of hospitalization. In both cases, supported by a detailed medical report, clinical history including results of diagnostic tests, treatments performed and medication, to be presented by the Insured Person, who is responsible for demonstrably demonstrating the severity and non-pre-existence of the disease, and to be confirmed by the Insurer, through the assistance services.

ii. Person in charge of taking care of minors and/or family members who are proven to be dependent on them during the Insured Person's travel period. For the purposes of this paragraph, a serious accident or serious illness is considered to be any sudden, unpredictable and non-pre-existing clinical situation that gives rise to a sick leave

issued by the Social Security Services that prevents you from performing your professional activity.

iii. Person who professionally replaces the Insured Person during the period of his/her absence. For the purposes of this paragraph, a serious accident or serious illness is considered to be any sudden, unpredictable and non-pre-existing clinical situation that gives rise to a sick leave issued by the Social Security Services that prevents you from performing your professional activity.

For the purposes of this Guarantee, any sudden, unpredictable and non-pre-existing clinical situation that, in addition to making it impossible to make the trip, is also considered a serious accident or serious illness that:

- a) Impairs locomotor limbs by not allowing movement by their own means;
- b) The use of the means of transport initially intended is not clinically advised. Specifically in the case of otitis, it will only be accepted if proven by the Insurer's doctor, who will provide and organize a doctor at home to confirm the diagnosis, so that, in order to allow compliance with this Clause, the cancellation must be communicated to the assistance telephone on the day of the diagnosis of the disease and the victim must be available to receive the doctor indicated by the assistance at his residence.
- c) The Insured Person is refused, due to a contagious disease, the use of the contracted services.

The Insured Person must demonstrably demonstrate hospitalization and the non-pre-existence of the disease, through a detailed medical report, clinical history including results of diagnostic tests, treatments performed and medication, however, claims that, having been reported as a disease or serious accident, and that result in death within 15 days following the expected date of return of the contracted trip to the Policyholder, are exempt from this procedure.

b) Sudden and fortuitous event that requires the presence of the Insured Person in any of the following situations:

i. Sudden and fortuitous event, with serious consequences, occurring at the Insured Person's residence, which causes:

- damage greater than 50% of the value of the filling, or
- damage greater than 50% of the value of the walls of the house.

Only claims whose origin has an external cause and beyond the will of the Insured Person are considered, excluding all the others.

For this guarantee, a maximum annual risk accumulation of 50,000.00 euros is stipulated for all policies in the portfolio.

ii. Automobile accident in Portugal resulting in serious bodily injury to third parties that implies hospitalization of more than 2 days, if the driver of the vehicle responsible for the accident is the Insured Person

or his spouse, or dependent 1st degree descendants, and that the accident is not excluded under the conditions of the uniform Automobile Civil Liability policy, in force.

iii. Theft of the Insured Person's or spouse's vehicle on the same day or two days prior to the start of the trip.

iv. Called to a new job, with an open-ended employment contract, with the exception of a change from a temporary contract to an open-ended contract.

v. Relocation of the company in which the Insured Person works, provided that it is made to a different Municipality from the previous location, or to a Municipality different from the Insured Person's habitual residence.

vi. Dismissal of the Insured Person within fifteen days prior to the date of departure, only if he had an open-ended contract and if the six-month probationary period had already expired.

vii. If the Insured Person is an employee and the company where he works has started a judicial liquidation process within sixty days prior to the date of departure.

viii. If the Insured Person is an employee and the company has not paid the monthly remuneration, and there is a judicial process to settle the remuneration due, and only in this case, the reimbursement may be made within three months following the cancellation.

ix. Theft of the documentation essential for the continuation of the trip in the five days prior to the start date of the trip.

x. By means of the Insured Person or spouse having won a travel package in a public lottery and before a notary, which will have to be enjoyed in a period that overlaps with the purchased trip.

xi. Any illness of Insured Persons under the age of 2 years that prevents them from traveling, duly and mandatorily proven by the Insurer's Medical Services, through the assistance services.

XII. Summoned to testify in court as a witness.

XIII. Call for polling stations in elections for: Presidential, European, Parliamentary and Municipal.

xiv. Unexpected call for surgical intervention when on a waiting list in a public hospital.

xv. Summoned for organ transplantation.

xvi. Pregnancy complications, in the first six months, except if foreseeable, or when considered a risk pregnancy, of the Insured Person, spouse or dependants.

xvii. Reception of an adopted child.

XVIII. Receive from the Ministry of Finance a note of assessment of IRS tax for an amount greater than € 10,000.00 (ten thousand euros).

XIX. Service of the Insured in divorce proceedings.

xx. Acts of air, land or naval piracy, which make it impossible for the Insured Person to start their trip.

xxi. Unexpected recruitment by the employer in case the profession of the Insured Person is military, police, firefighter, member of the civil protection forces or coast guard or republican civil guard, doctor, nurse, analyst of epidemic pathologies in a public institute, for a mission in

a period prior to or coinciding with that of the purchased trip.

xxii. Annulment of the Insured Person's marriage ceremony in Portugal, provided that it was scheduled on a date prior to the purchase of the trip, whenever documented by the competent official entity, with express indication in the document of the dates of booking and cancellation.

xxiii. Accident or illness of the pet, exclusively dog, cat or horse, registered in the name of the Insured Person, occurring within 10 (ten) days prior to the start date of the trip and requiring emergency surgical intervention, prescribed by its veterinarian.

xxiv. If the Insured Person becomes pregnant after subscribing to the travel insurance and on the end date of the trip initially purchased, the pregnancy is more than six months old.

xxv. If the person who is going to provide accommodation in the country of destination of the trip to the Insured Person on a private basis, has a hospital stay due to an accident or illness, or dies.

xxvi. Granting of an official scholarship that prevents the trip from taking place.

2) Trip Interruption

The Insurer, through the assistance services, guarantees the reimbursement of irrecoverable expenses related to the days not used, including return transport to the place where the trip starts (tourist class plane ticket, or 1st class train ticket), in the case of the Insured Person and their Companions, a maximum of 4, for any of the reasons expressed in this article, up to the limit provided for in the Particular Conditions.

For the purpose of determining the days not used, the amount to be reimbursed is the result of the total sunk expenses, less the cost of air transport, to be divided by the number of days of the trip, multiplied by the number of days not used, and limited to a maximum of €200 per insured person and per day in the following points a) and b).

Reimbursement of expenses under this Clause is provided for under the following conditions:

a) In case of Death, Serious Illness or Serious Accident of:

i. Insured Person, spouse, as well as ascendants and descendants in the 1st and 2nd degree of both, and also: brothers, brothers-in-law, daughters-in-law, sons-in-law of both.

ii. Person in charge of taking care of minors and/or family members who are impaired in their capacities and who are proven to be dependent on them during the Insured Person's travel period.

iii. Person who professionally replaces the Insured Person during the period of his/her absence.

For the purposes of this Guarantee, any sudden, unpredictable and non-pre-existing clinical situation that harms the locomotor limbs, does not allow them to move by their own means, or is medically inadvisable to use the means of transport initially planned, is also considered a serious accident or serious illness.

b) Sudden and fortuitous event that requires the presence of the Insured Person in any of the following situations in Portugal:

i.

Sudden and fortuitous event, with serious consequences, occurring at the Insured Person's residence, which causes:

- damage greater than 50% of the value of the filling, or
- damage greater than 50% of the value of the walls of the house.

Only claims whose origin has an external cause and beyond the will of the Insured Person are considered, excluding all the others.

For this guarantee, a maximum annual risk accumulation of 50,000.00 euros is stipulated for all policies in the portfolio.

ii. Automobile accident in Portugal resulting in serious bodily injury to third parties that implies hospitalization of more than 2 days, if the driver of the vehicle responsible for the accident is his spouse, or 1st degree descendants of both, and provided that the accident is not excluded under the conditions of the uniform insurance policy for Motor Vehicle Civil Liability, currently in force in Portugal.

iii. Unexpected call for surgical intervention when on a waiting list in a public hospital.

iv. Summoned for organ transplantation.

v. Pregnancy complications, in the first six months, except if foreseeable, or when considered a risk pregnancy, of the Insured Person, spouse or dependants.

CLAUSE 3 - EXCLUSIONS

These exclusions are extended to all persons who can activate the guarantees of this insurance contract, namely:

a) Failure to comply with obligations in the event of an accident as provided for in clause 23 of the General Conditions;

b) Intentionally hindering the procedure of the procedures for the settlement of the claim.

c) Use fraud, falsehood or any other malicious means as well as false documents to justify the claim.

d) Pre-existing diseases;

e) Mental illness or any psychiatric illness;

f) Claims resulting from a serious illness or serious accident that is not the Insured Person's, when more than seven days occur between the date of discharge (in case of hospitalization) or the episode in question and the start date of the trip.

- g) Hernias of any nature, varicose veins and their complications, hemorrhoids, lumbagos.
- h) Muscle diseases and/or joint diseases, both of which have a degenerative character.
- i) Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts performed by the Insured Person on himself;
- j) Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;
- k) Actions or omissions of the Insured Person influenced by the use of narcotics, without a medical prescription, or alcoholic beverages resulting in a blood alcohol level equal to or greater than that which, in the case of driving under the influence of alcohol, determines the practice of either an administrative offence or a crime;
- l) Claims resulting from the practice of federated professional or amateur sports and respective training as well as the practice of "special" sports such as mountaineering, boxing, karate and other martial arts, bullfighting, skydiving, paragliding, hang gliding, all so-called extreme sports, caving, fishing and spearfishing, winter sports, any sports involving motor vehicles (2-wheeled or others), powerboat and other similar sports in their dangerousness;
- m) Claims resulting from the use by the Person of two-wheeled motor vehicles or quad bikes, after the start of the safe trip and whose services have not been purchased from the Policyholder;
- n) Childbirth and complications due to the state of pregnancy, except in the first 6 months;
- o) Claims resulting from the use by the Person of aircraft or vessels not belonging to commercial lines or routes, after the start of the safe voyage and whose services have not been purchased from the Policyholder;
- p) Accidents resulting from explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination;
- q) All services contracted directly at the place of destination of the trip, or purchased without having been through the Policyholder.
- r) Transportation in military aircraft.
- s) Pandemics.

Claims arising from services provided by the cruise company or by this subcontractor are not guaranteed by this insurance contract.

Capital limit:

In case of contracting the guarantee 4.52 - CIV PLUS - CANCELLATION AND INTERRUPTION OF TRIP - "CIV PLUS", the capital provided for in it will prevail, not being cumulative with that of this guarantee.

4.52 CIV PLUS - TRIP CANCELLATION AND INTERRUPTION - "CIV PLUS"

CLAUSE 1 – OBJECT OF THE CONTRACT

The Insurer guarantees the claims incurred to the Insured Person and their companions under the terms of the respective contracted Guarantees and up to the limit of the insured capital indicated in the insurance certificate, whether it has a tourist or professional motivation for the guarantee of Cancellation or interruption of the trip. The maximum limit in the event of trip interruption is 30 days after the start of the trip.

CLAUSE 2 – GUARANTEES

1) Early Trip Cancellation

The Insurer, through the assistance services, guarantees the reimbursement of the irrecoverable expenses of Trip Cancellation, if the Insured Person and their companions of a maximum of 4 (four), for any of the reasons expressed in this clause, cancels a trip, in the following circumstances:

a) In case of Death, Accident or Illness:

- i. From the Insured Person, with proof of sending a death certificate or medical report with the aforementioned diagnosis that proves the impossibility of traveling, including the medical history;
- ii. Spouse, ascendants and descendants in the 1st degree, with proof of sending a death certificate or medical report and medical history;

b) In case of Death, Serious Accident or Serious Illness:

Proof of the submission of a death certificate or medical report and medical history to be presented by the insured person:

- i. The spouse, as well as ascendants and descendants in the 1st and 2nd degree of both, and also: brothers, brothers-in-law, daughters-in-law and sons-in-law of both.
- ii. Person in charge of taking care of minors and/or family members who are proven to be dependent on them during the Insured Person's travel period.
- iii. Person who professionally replaces the Insured Person, during the period of absence of the latter, in the face of an accident guaranteed by this Special Condition and that gives rise to a sick leave issued by the Social Security services that prevents him or her from performing his professional activity.

c) Sudden and fortuitous event that requires the presence of the Insured Person in any of the following situations:

- i. Sudden and fortuitous event, with serious consequences, occurring at the Insured Person's residence, which causes:
 - damage greater than 50% of the value of the filling, or

- damage greater than 50% of the value of the walls of the house.

Only claims whose origin has an external cause and beyond the will of the Insured Person are considered, excluding all the others.

For this guarantee, a maximum annual risk accumulation of 50,000.00 euros is stipulated for all policies in the portfolio.

ii. Automobile accident in Portugal resulting in serious bodily injury to third parties that implies hospitalization of more than 2 days, if the driver of the vehicle responsible for the accident is the Insured Person or his or her spouse, or dependent 1st degree descendants, and that the accident is not excluded under the conditions of the uniform Automobile Civil Liability policy, in force.

iii. Theft of the Insured Person's or spouse's vehicle on the same day or two days prior to the start of the trip.

iv. Called to a new job, with an open-ended employment contract, with the exception of changing from a temporary contract to an open-ended contract.

v. Relocation of the company in which the Insured Person works, provided that it is made to a different Municipality from the previous location, or to a Municipality different from the Insured Person's habitual residence.

vi. Dismissal of the Insured Person within fifteen days prior to the date of departure, only if he had an open-ended contract and if the six-month probationary period had already expired.

vii. If the Insured Person is an employee and the company where he works has started a judicial liquidation process within sixty days prior to the date of departure.

viii. If the Insured Person is an employee and the company has not paid the monthly remuneration, and there is a judicial process to settle the remuneration due, and only in this case, the reimbursement may be made within three months following the cancellation.

ix. Theft of the documentation essential for the continuation of the trip in the five days prior to the start date of the trip.

x. By means of the Insured Person or spouse having won a travel package in a public lottery and before a notary, which will have to be enjoyed in a period that overlaps with the purchased trip.

xi. Any illness of Insured Persons under the age of 2 years that prevents them from traveling, duly and mandatorily proven by the Insurer's Medical Services, through the assistance services.

xii. Summoned to testify in court as a witness.

xiii. Call for polling stations in elections for: Presidential, European, Parliamentary and Municipal.

xiv. Unexpected call for surgical intervention when on a waiting list in a public hospital.

xv. Summoned for organ transplantation.

xvi. Pregnancy complications, in the first six months, except if foreseeable, or when considered a risk pregnancy, of the Insured Person, spouse or dependants.

xvii. Reception of an adopted child.

XVIII. Receive from the Ministry of Finance a note of assessment of IRS tax for an amount greater than € 10,000.00 (ten thousand euros).

XIX. Service of the Insured in divorce proceedings.

xx. Acts of air, land or naval piracy, which make it impossible for the Insured Person to start their trip.

xxi. Unexpected recruitment by the employer in case the profession of the Insured Person is military, police, firefighter, member of the civil protection forces or coast guard or republican civil guard, doctor, nurse, analyst of epidemic pathologies in a public institute, for a mission in a period prior to or coinciding with that of the purchased trip.

xxii. Annulment of the Insured Person's marriage ceremony in Portugal, provided that it was scheduled on a date prior to the purchase of the trip, whenever documented by the competent official entity, with express indication in the document of the dates of booking and cancellation.

xxiii. Accident or illness of the pet, exclusively dog, cat or horse, registered in the name of the Insured Person, occurring within 10 (ten) days prior to the start date of the trip and requiring emergency surgical intervention, prescribed by its veterinarian.

XXIV. If the Insured Person becomes pregnant after subscribing to the travel insurance and on the end date of the trip initially purchased, the pregnancy is more than six months old.

xxv. If the person who is going to provide accommodation in the country of destination of the trip to the Insured Person on a private basis, has a hospital stay due to an accident or illness, or dies.

xxvi. Granting of an official scholarship that prevents the trip from taking place.

Important Note:

The Insurer reserves the right to request further information if the destination or means of transport used is affected by an unavoidable and exceptional circumstance.

2) Travel Disruption and Disruption

a) Trip Interruption

The Insurer, through the assistance services, guarantees the reimbursement of the Services not used and the return transport to the place where the trip starts (plane ticket in tourist class, or train ticket in 1st class), in the case of the Insured Person and their companions, a maximum of 4, for any of the reasons expressed in this guarantee, up to the maximum limit of contracted capital and indicated on the insurance certificate.

For the purpose of determining the days not used, the amount to be reimbursed is the result of the total sunk

expenses, less the cost of air transport, divided by the number of days of the trip, multiplied by the number of days not used.

Reimbursement of expenses under this guarantee is provided for under the following conditions:

1. In the event of Death, Serious Illness or Serious Accident of:

- i. Insured Person, spouse, as well as ascendants and descendants in the 1st and 2nd degree of both, and also: brothers, brothers-in-law, daughters-in-law, sons-in-law of both.
- ii. Person in charge of taking care of minors and/or family members who are impaired in their capacities and who are proven to be dependent on them during the Insured Person's travel period.
- iii. Person who professionally replaces the Insured Person during the period of his/her absence.

2. Sudden and fortuitous event that requires the presence of the Insured Person in any of the following situations in Portugal:

- i. Sudden and fortuitous event, with serious consequences, occurring at the Insured Person's residence, which causes:
 - damage greater than 50% of the value of the filling, or
 - damage greater than 50% of the value of the walls of the house.

Only claims whose origin has an external cause and beyond the will of the Insured Person are considered, excluding all the others.

For this guarantee, a maximum annual risk accumulation of 50,000.00 euros is stipulated for all policies in the portfolio.

- ii. Automobile accident in Portugal resulting in serious bodily injury to third parties that implies hospitalization of more than 2 days, if the driver of the vehicle responsible for the accident is his spouse, or descendants in the 1st degree of both, and provided that the accident is not excluded under the conditions of the uniform insurance policy of Motor Civil Liability, currently in force in Portugal.

- iii. Unexpected call for surgical intervention when on a waiting list in a public hospital.

- iv. Summoned for organ transplantation.

- v. Pregnancy complications, in the first six months, except if foreseeable, or when considered a risk pregnancy, of the Insured Person, spouse or dependants.

b) Travel Disruption

The Insurer, through the assistance services, guarantees the reimbursement of additional expenses with accommodation and transport services (air ticket in tourist class, or train ticket in 1st class required) to continue the journey, in the event that it is disturbed by the occurrence of illness or accident, under the terms defined in this clause, after the start of the journey, to the Insured Person and their companions, a maximum of 4, up to the

maximum limit of contracted capital and indicated in the insurance certificate.

CLAUSE 3 - EXCLUSIONS

These exclusions are extended to all persons who can activate the guarantees of this insurance contract, namely:

- a) Failure to comply with obligations in the event of an accident as provided for in clause 23 of the General Conditions;
- b) Intentionally hindering the procedure of the procedures for the settlement of the claim.
- c) Use fraud, falsehood or any other malicious means as well as false documents to justify the claim.
- d) Mental illness or any psychiatric illness;
- e) Claims resulting from a serious illness or serious accident that is not the Insured Person's, when more than seven days occur between the date of discharge (in case of hospitalization) or the episode in question and the start date of the trip.
- f) Hernias of any nature, varicose veins and their complications, hemorrhoids, lumbagos.
- g) Muscle diseases and/or joint diseases, both of which have a degenerative character.
- h) Suicide or attempted suicide of the Insured Person and its consequences, as well as other intentional acts performed by the Insured Person on himself;
- i) Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;
- j) Actions or omissions of the Insured Person influenced by the use of narcotics, without a medical prescription, or alcoholic beverages resulting in a blood alcohol level equal to or greater than that which, in the case of driving under the influence of alcohol, determines the practice of either an administrative offence or a crime;
- k) Claims resulting from the practice of federated professional or amateur sports and respective training as well as the practice of "special" sports such as mountaineering, boxing, karate and other martial arts, bullfighting, skydiving, paragliding, hang gliding, all so-called extreme sports, caving, fishing and spearfishing, winter sports, any sports involving motor vehicles (2-wheeled or others), powerboat and other similar sports in their dangerousness;
- l) Claims resulting from the use by the Person of two-wheeled motor vehicles or quad bikes, after the start of the safe trip and whose services have not been purchased from the Policyholder;
- m) Childbirth and complications due to the state of pregnancy, except in the first 6 months;
- n) Claims resulting from the use by the Person of aircraft or vessels not belonging to commercial lines or

routes, after the start of the safe voyage and whose services have not been purchased from the Policyholder;

- o) Accidents resulting from explosion or any other phenomena directly or indirectly related to the disintegration or fusion of nuclei of atoms, as well as the effects of radioactive contamination;
- p) All services contracted directly at the place of destination of the trip, or purchased without having been through the Policyholder.
- q) Transportation in military aircraft.
- r) Pandemics.

Claims arising from services provided by the cruise company or by this subcontractor are not guaranteed by this insurance contract.

4.53 PVFM RNA

CLAUSE 1 – SCOPE OF COVERAGE

Whenever contracted and only as a complement to the EC. PVFM BASE or CE. PVFM TOP, the Insurer guarantees the Irrecoverable Expenses of the claims incurred to the Insured Person, under the terms of the respective contracted guarantees and up to the limit of the insured capital indicated in the insurance certificate.

CLAUSE 2 – GUARANTEES

I - Claims arising from:

- a) Use of pathogenic, poisonous, biological or chemical materials, nuclear reaction, nuclear radiation or radioactive contamination.
- b) Infectious or contagious disease, whose outbreak has been declared by the World Health Organization (WHO) as Pandemic or Epidemic and which enters into force from the date on which such declaration is made by the World Health Organization (WHO), except for the exclusions indicated in clause 4 r) of this EC.

1) Early Trip Cancellation:

The Insurer, through the assistance services, guarantees the payment of irrecoverable expenses up to the limit established in the individual Insurance Certificate, when the Insured Person or Policyholder unilaterally terminates the trip, in the latter case, with the agreement expressly communicated to the Policyholder in writing by the Insurer, whenever before the start of the trip there are unavoidable and exceptional circumstances in the place of destination or in its immediate proximity that considerably affect the performance of the same or the transport of the Insured Person to the destination.

2) Guarantee of assistance for lack of conformity:

The Insurer, through the assistance services, guarantees the payment of the price reduction, up to the limit of the insured capital, only when unavoidable and exceptional circumstances occur that give rise to a lack of compliance.

3) Additional accommodation due to impossibility of return:

The Insurer, through the assistance services, guarantees the payment to the Insured Person or the Policyholder, up to the limit of the contracted capital and expressed in the individual insurance certificate, of the accommodation expenses due to him/her, up to a limit of three nights, in accordance with the provisions of Article 30 Numbers 3 to 7 of Decree-Law 17/2018 of 8 March, if, due to unavoidable and exceptional circumstances, or reasons of force majeure, the Insured Person is unable to return from the destination

1. The 3-night limit referred to above does not apply if the Insured Person:

- a) Is a person or companion of a person with reduced mobility;
- b) Is pregnant;
- c) Is an unaccompanied child;
- d) Is a person who needs specific care.

4) Travel disruption assistance guarantee:

a) The Insurer, through the assistance services, guarantees the following compensations, up to the limit of the insured capital, exclusively when unavoidable and exceptional circumstances or force majeure occurs that oblige the Insured Person to postpone, and/or cancel, and/or interrupt, and/or prolong, and/or change the trip purchased, and/or when feasible and accepted by the client, receive compensation for services not used.

i) Reimbursement of sunk expenses with services not used whenever the country of destination of the trip and/or the country of the connecting cities to the destination of the trip and/or the country of start of the trip, is affected by the occurrence of force majeure or unavoidable and exceptional circumstances, and strictly only for the period in which such damage affects the effective enjoyment of the trip purchased.

ii) Specifically in the case of terrorism, the effective use of the contracted services is considered impaired, exclusively while the local authorities have exceptional security measures in place.

iii) Reasonable additional costs for accommodation and transport when, due to the occurrence of force majeure or unavoidable and exceptional circumstances, the victim is unable to return home or continue the journey initially planned. Any amounts that have been returned to the Operator, Organiser and/or Retail Travel Agency and/or to the Insured Person by the Tourist Service Providers, in relation to the services initially contracted, will be deducted from the amount to be paid by the Insurer.

For the purposes of this guarantee, reasonable expenses are those in which the injured party incurs a standard similar to those originally contracted.

iv) The compensation provided for in this clause cannot, under any circumstances, be cumulative with that referred to in the Early Trip Cancellation guarantee.

II – This Special Condition also guarantees:

1. Expenses with an alternative flight due to non-compliance by the airline (up to 14 days before the trip):

a) The Insurer, through the assistance services, guarantees, up to the limit of the insured capital, the reimbursement of the difference between the fare initially contracted and the fare of the alternative flight, whenever there is a cancellation or significant change of the flight for reasons attributable to the airline, which obliges the Insured Person to purchase an alternative flight.

b) For the purposes of this guarantee, the cancellation of the flight or significant change must occur at the airline's initiative, for operational reasons, and no later than the 14th day prior to the date of departure.

c) Pecuniary losses related to the cancellation or significant change of the flight, as well as expenses for accommodation, meals and/or any other services not related to the flight, are excluded from this guarantee.

2. Hotel stay due to flight change

The Insurer, through the Assistance Services, will reimburse the Insured Person for the amount of accommodation expenses (1 night in the hotel), resulting from the change of the flight initially planned and covered by this Special Condition, up to the limit of 125.00 euros (one hundred and twenty-five euros).

CLAUSE 3 – INSURED VALUE AND ACCUMULATION OF RISK

1) The Insurer's liability is always limited to the insured capital fixed by coverage in the Insurance certificate held by the Insured Person;

2) Without prejudice to the provisions of the previous paragraph, after the occurrence of a claim, the insured value will be, until the expiration of the contract, automatically reduced by the amount corresponding to the compensation paid;

3) **The insurer's maximum liability for all insured persons is limited to the amount of 1,000,000.00 euros (One million euros) per calendar year/claim, and the amount of its expenses will be used up to the limit of the annual risk accumulation.** The payment of compensation will be calculated after 60 (sixty) days from the date of the event until this accumulation of capital is exhausted for all participations made, with apportionment taking place if the capital is exhausted. If the insured capital is not exhausted within the indicated period, the indemnities will be settled, in chronological order, up to the respective limit.

CLAUSE 4 - EXCLUSIONS

These exclusions are extended to all persons who can invoke the guarantees of this special condition.

a) **This insurance does not guarantee services that have not been requested from the assistance services, in accordance with the provisions of Clause 7 - Obligations in the Event of a Claim.**

b) **Compensation or indemnity is not guaranteed if they result from liabilities attributable to the Policyholder**

that do not result exclusively and specifically from the occurrence of force majeure or unavoidable and exceptional circumstances, in particular those found in the uniform Civil Liability policy.

c) **Compensation or compensation is not guaranteed if it does not result from unavoidable and exceptional circumstances beyond the control of the insured person, the policyholder, the airline or other carrier, or another service provider contracted by the policyholder.**

d) **Indemnities or compensation are not guaranteed if they result from claims arising from financial failure or bankruptcy of the providers.**

e) **No benefits, compensations or indemnities are guaranteed in the event that the Insured Person or Policyholder voluntarily aggravates the consequences of the claim or intentionally hinders the procedure for settling the claim.**

f) **Use fraud, falsehood or any other malicious means as well as false documents to justify the claim.**

g) **Intentional, criminal or contrary to public order acts of which the Policyholder or the Insured Person are material or moral perpetrators or of which they are accomplices;**

h) **Claims resulting from the use by the Person of aircraft or vessels not belonging to commercial lines or routes;**

i) **All services purchased without having been through or recommended by the Policyholder.**

j) **Transportation in military aircraft.**

k) **Event or circumstances that are public knowledge on or before the date of insurance subscription or travel contracting. Exclusively if the occurrence derives from volcanic ash or Dry Mist, this contract excludes occurrences whenever in the 28 consecutive days prior to the contracting of the insurance, or to the contracting of the trip, whichever occurs first, volcanic ash or Dry Mist activity is public knowledge. Exclusively in the case of a Pandemic, such an event is considered to be public knowledge from the day after the official declaration of a Pandemic by the WHO – World Health Organization.**

l) **Losses in the continuation of the trip to destinations where the local authorities of the destination, or of Portugal, have advised against the trip before its start, and that such recommendations are publicly known on the community portal of the Ministry of Foreign Affairs in the "Advice to Travelers" section.**

m) **The unilateral will of the Insured Person not to start or continue a trip acquired from the Policyholder, when reasonable alternatives are provided, that is, those that allow the enjoyment of at least 50% of the trip.**

n) **No expenses or compensation for non-material damage, moral damage, inconvenience or inconvenience are guaranteed.**

o) The Insurer shall not be liable for any expenses or damages arising out of or attributing to: debt, insolvency, commercial failure, recovery of any property by a holder or any other financial cause. Except when bankruptcy occurs before the reimbursement to the Policyholder is made, which is due to him for cancellation of services contracted with a refundable rate as provided for in Clause 7, No. 9.

p) Payment of expenses recovered by the Policyholder, Operator, Organiser, Retail Travel Agency and/or Insured Person is not guaranteed.

q) The extension of the limit provided for in paragraph b) of paragraph 2 of Clause 7 is not guaranteed, if the pregnancy has a duration equal to or greater than 6 months of gestation, or if it is a risk pregnancy.

r) This insurance does not cover any claim caused by or resulting in any way from:

- a) Coronavirus Disease (COVID19);
- b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
- c) Any mutation or variation of SARS-CoV-2;
- d) Any fear or threat of a), b) or c) above.

Claims are also excluded:

a) That occurred on a date prior to the contracting of the Policy, even if its consequences have been prolonged or manifested after that date;

b) Where the Policyholder does not provide full proof of having made the best efforts to obtain the cancellation, free of charge, of the remaining services that make up the Package;

c) Where the pecuniary losses resulting from the cancellation result from delays, on the part of the Policyholder, in canceling the other services that make up the Package;

d) Losses not directly proven by the Insurer; e) All expenses related to facts or services that are not reported within a maximum period of 1 (one) month from the date of cancellation of the Package;

f) Events caused by any of the Insured's suppliers that imply a change in the characteristics of the trip or its cancellation.

(g) any direct or indirect loss arising out of, contributed to, or resulting from any:

i. Cyber Attack or Cyber Incident or fear or threat (whether actual or perceived as such) of any Cyber Attack or Cyber Incident; or

ii. All actions taken to control, prevent, suppress or remedy any Cyber Attack or Cyber Incident or the fear or threat (whether actual or perceived as such) of any Cyber Attack or Cyber Incident.

(a) Definitions of this exclusion:

b) Computer System – Computer, hardware, software, communications system, electronic device (including but not limited to smartphone, laptop, tablet, wearable), server, cloud or microcontroller, including any similar

system or any configuration of the foregoing and including any associated input, output, data storage device, network equipment or backup facility.

c) Cyber Attack – Unauthorized, malicious or criminal act or a series of unauthorized, malicious or criminal related acts, regardless of time and place, involving the access, processing, use or operation of any Computer System. d) Cyber Incident – Any error or omission or series of related errors or omissions, involving the access, processing, use or operation of any Computer System; or any partial or total unavailability or failure or series of partial or total unavailability or failures in accessing, processing, using or operating any Computer System.

Very important note:

This document has been translated from the original text written in Portuguese. In the event of any discrepancy or dispute, the original document shall prevail.