CHUBB

TRAVEL INSURANCE PLAN INDIVIDUAL

GENERAL AND SPECIAL CONDITIONS

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Chubb Seguros Brasil S.A.
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GENERAL CONDITIONS

Section 1 – PRESENTATION

We present the Travel Insurance Contractual Conditions that establish the forms of operation of the coverage taken out and excluded risks.

In each case, only the conditions corresponding to the coverage expressly provided for and detailed in these General Conditions and in the respective Special Conditions shall be considered, disregarding any others, even if they exist in a similar product.

Attention:

- **Travel insurance is not health insurance! Read the contractual conditions carefully, noting your rights and obligations, as well as the limit of the insured capital contracted for each coverage.**
- **By purchasing this insurance, only coverage expressly ratified in the insurance policy shall be considered as contracted coverage, and any other coverage described in these General Conditions and Special Conditions shall be null and void.**

Section 2 – PURPOSE OF THE INSURANCE

2.1. To guarantee, in accordance with the terms expressed in the insurance card, indemnity to the insured or their beneficiaries, in the form of payment, reimbursement, or provision of service(s), as a result of a sudden and unforeseen claim occurring during the insured trip.

2.2. This insurance is intended for insureds during air, sea, or land travel, for tourism, business, or studies.

Section 3 – STRUCTURE OF THIS INSURANCE

3.1. The rules governing this insurance are subdivided into two parts, called: **general conditions and special conditions,** which, together, are called **contractual conditions,** being an integral and inseparable part hereof.

3.2. General conditions are the combination of sections, common to any coverage contracted in the insurance contract/individual card, which establish the obligations and rights of the contracting parties.

3.3. Special conditions are the combination of sections that change the general conditions, modifying or revoking existing provisions, or even introducing new provisions, and possibly expanding or restricting coverage.

Section 4 – DEFINITIONS

For purposes of this insurance, as the following definitions apply:

PERSONAL ACCIDENT: event with a specific date, exclusive and directly external, sudden, involuntary, violent, and causing physical injury that, by itself and irrespectively of any and all other causes, has as a direct consequence death, permanent, total or partial disability, temporary incapacity, or which makes medical treatment necessary, observing that:

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This concept includes:

a) Suicide, or attempted suicide, which shall be considered equivalent to a personal accident for indemnity purposes, in accordance with the applicable law;

b) Accidents resulting from the action of the ambient temperature or atmospheric influence, when the insured is subject to them as a result of a covered accident;

c) Accidents resulting from the accidental release of gases and vapors;

d) Accidents resulting from kidnapping and attempted kidnapping; and

e) Accidents resulting from anatomical or functional changes to the spinal column, of traumatic origin, caused exclusively by fractures or dislocations, radiologically proven.

The following are excluded from this concept:

a) Diseases, including occupational diseases, whatever their cause, even if provoked, triggered, or aggravated, directly or indirectly, by an accident, except for infections, septicemia, and embolisms resulting from visible injuries caused as a result of a covered accident;

b) Incidents or complications resulting from examinations, clinical or surgical treatments, when not resulting from a covered accident;

c) Injuries resulting from, dependent on, predisposed or facilitated by repetitive efforts or cumulative microtraumas, or which have a cause and effect relationship with them, as well as injuries classified as: Repetitive Strain Injury – RSI, Work-Related Musculoskeletal Diseases – WMSD, Injury due to Continuous or Ongoing Trauma – LTC, or similar that come to be accepted by the medical-scientific class, as well as their post-treatment consequences, including surgical, at any time; and

d) Situations recognized by official social-security institutions or similar institutions, such as "accidental disability", in which the event causing the injury does not fully fall under the definition of disability due to personal accident, as defined above.

COMPANION: person who shares the same trip with the insured, that is, same date, same place of accommodation, same tourist package.

AGGRAVATION OF RISK: any action by the insured, whether intentional or not, which may compromise and/or cause and/or compromise the progression of their illness and/or accident. This concept includes cases of failure to follow medical advice, before and/or during the term of the insurance, and its consequences.

MENTAL ALIENATION: characterized when, due to a mental illness, there is a decrease in cognitive processes, that is, when there is a significant loss of knowledge acquisition in factors such as: thought, language, perception (of reality), memory, reasoning, and other related factors.

HOSPITAL DISCHARGE: consists of authorization with medical agreement, of the patient's health from the hospital treatment environment, signed by the attending physician responsible for the treatment.

MEDICAL DISCHARGE: release signed by the responsible physician, which indicates the completion and/or conditions for safe continuation of the patient's treatment, assuming the patient's cure or improvement in their illness.

GEOGRAPHIC SCOPE: location for the scope of insurance coverage.

OUTPATIENT CARE: is that not characterized as urgency or emergency, has an elective nature, and aims to carry out clinical and/or laboratory and/or radiological controls of acute and/or pre-existing diseases and which seeks to continue investigations and/or treatments that no longer fit into the context of urgency and emergency, being in a non-hospitalization regime, and which can usually be carried out by prior appointment.

INTENTIONAL ACT: is the intentional act practiced with the intention of harming another person.

UNLAWFUL ACT: is any voluntary action or omission, negligence, malpractice, or recklessness that violates the rights of others or causes harm to others.

TERRORIST ACT: consists of conduct qualified as such by law, treaty, convention and/or rule, as well as the use of force, violence, threat, by any person or group, motivated by political, religious, ideological, social, cultural, or similar causes, with the intention of exerting influence over any mass thinking, of the government, of the entity in power and/or with the intention of frightening a group of people and/or any segment of the population.

BASIC PERSONAL HYGIENE ITEMS: the combination of items for basic hygiene habits such as bathing, asepsis (deodorant and alcohol gel), razor blade, sanitary pads, and oral hygiene (toothpaste, mouthwash, toothbrush, and dental floss).

BASIC CLOTHING ARTICLES: are clothes used to cover certain parts of the body. Defined as: underwear, pants, t-shirts, sweaters, shorts, socks, shoes.

CLAIM NOTICE: specific communication, made by the insured and/or beneficiary, informing the Insurer of the occurrence of a claim, immediately, as provided for in the insurance contractual conditions, so that it can take the necessary measures, in its own interest and in the interest of the insured and/or beneficiary.

BAGGAGE: all items stored in a closed compartment, checked in, demonstrably under the responsibility of the transport company. **Unchecked baggage transported with the insured (hand luggage) shall not be considered for the purposes of this insurance.**

BENEFICIARY: individual designated to receive the insured capital amounts, in the event of a claim.

INSURANCE CARD: document issued by the Insurance Company that formalizes the acceptance of the coverage requested by the insured, replaces the individual policy, and dispenses with the need to fill out a proposal, in accordance with specific legislation.

INSURED CAPITAL: maximum amount of indemnity to be paid by the Insurer for coverage contracted in the insurance policy in the event of occurrence of the covered claim, in effect on the date of the event.

WAITING PERIOD: period, starting from the start of the insurance term, the increase in the insured capital, or its renewal after suspension, during which the Insurer is exempt from any liability for indemnity.

PRE-EXISTING CONDITION: any and all changes in health status, illness, injury, clinical condition or symptom of which the insured is aware, or of which there are already objective or subjective indications, identifiable or identified by a qualified professional, through diagnostic tests, before the date on which the insurance was taken out, even if it has not been diagnosed or treated at the time.

CONTRACTUAL CONDITIONS: the combination of provisions governing the contract, including those contained in the general conditions, special conditions, and the Insurance Card.

GENERAL CONDITIONS: the combination of sections that govern the same insurance plan, establishing obligations and rights of the Insurer, the insured, and the beneficiaries.

SPECIAL CONDITIONS: the combination of sections that specify the different types of coverage that can be contracted within the same insurance plan.

PARTNER: partner who maintains a civil partnership relationship with the insured, characterized by public, continuous and lasting cohabitation, with the aim of forming a family, regardless of gender. The civil partnership is recognized for both heterosexual and homosexual unions, according to the applicable law.

NATURAL CONVULSION: storms, lightning, hailstorms, floods, collapses, landslides or rockslides, falling trees or large structures, earthquakes, tsunamis, hurricanes, strong winds, as well as other natural phenomena of great energy and destructive power.

CLAIM CONTAINMENT AND SALVAGE:

a) **claim containment:** taking immediate measures to avoid imminent risk that would be covered by insurance, from an incident, without which the risks covered and described in the individual certificate would be unavoidable or would actually occur, however, in any situation, under the exact terms of the coverage contracted;
b) **salvage:** taking of immediate measures, after the occurrence of a claim, in order to minimize its consequences, avoiding the spread of covered risks, salvaging and protecting the assets and/or interests described in the individual certificate.

THE FOLLOWING ARE NOT INCLUDED IN CLAIM CONTAINMENT AND SALVAGE:

a) EXPENSES INCURRED ON PREVENTIVE, PREDICTIVE, AND CORRECTIVE MAINTENANCE, SECURITY AND REPAIR;
b) DEFENSE COSTS;
c) EXPENSES RELATED TO INADEQUATE, UNTIMELY, DISPROPORTIONATE OR UNREASONABLE MEASURES, UNDERSTOOD AS MEASURES TAKEN WITHOUT ANY DIRECT RELATION TO AN INCIDENT COVERED BY THE INSURED, AS WELL AS WHEN SUCH MEASURES ARE UNTIMELY TAKEN.

INSURANCE BROKER: an individual or legal entity duly qualified to mediate the sale of insurance contracts. The insurance broker shall be liable under the civil law to the policyholders, insureds, and the Insurers for any losses caused by omission, malpractice, or negligence in the

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exercise of the profession, and shall also be responsible for providing the policyholder/insured with any information relating to the insurance and/or communication made by the Insurer.

DEFENSE COSTS: costs, charges, fees, attorneys' and experts' fees, appeal bonds, suretyships, and other expenses incurred and necessary for investigation, negotiation, settlement, defense and/or appeal by the insured, in any arbitration, judicial or extrajudicial action or proceedings, under the civil law, relating to a claim covered by insurance.

If and when applicable, the Insurer shall bear the premium for contracting a surety bond, or any other type of suretyship or bond necessary for the defense and/or appeal by the insured, relating to a claim covered by the insurance, however, without any obligation to contract or present such surety bond, suretyship or bond, including with regard to any counter-guarantee that may be required by the insured, subject to the limit of insured capital contracted for the respective coverage.

THE FOLLOWING SHALL NOT BE DEEMED DEFENSE COSTS:

a) AMOUNTS OF AN ACCOUNTING, FISCAL, TAX, SOCIAL-SECURITY, AND LABOR NATURE;
b) EXPENSES RELATING TO ADMINISTRATIVE OR CRIMINAL INVESTIGATIONS, ACTIONS, PROCEEDINGS, OR PROCEDURES.

THE INSURANCE GUARANTEE FOR DEFENSE COSTS IS PART OF THE MAXIMUM INDEMNITY LIMIT OF CIVIL LIABILITY COVERAGE ABROAD, AND IS NOT AN ADDITION TO THIS ITEM.

AESTHETIC DAMAGE: lasting or permanent change in the appearance of an asset, causing a reduction or elimination of its standard of beauty, however, without preventing its normal functioning and/or use.

EVENT DATE: date of occurrence of the event/risk covered.

MEDICAL DECLARATION: document prepared in the form of a report or similar, in which the attending physician expresses their opinion on the insured's state of health and related medical facts.

ADDRESS: address where the insured permanently settles in Brazil, that is, the address of daily use, duly indicated by the insured on the insurance card.

EMERGENCY: situation in which the insured person needs immediate care, as there is a risk of death.

EMOLUMENTS: the combination of additional expenses that the insurer charges the insured corresponding to the installments of tax origin.

TRANSPORT COMPANY: air, land or sea transport company licensed to operate regular passenger transportation. For purposes of this insurance, this definition does not include individual passenger transportation, such as taxis, vans, rideshares, motorcycles, or rental vehicles, as well as uninspected means of transportation, chartered transportation, or private use transportation, such as motorcycles, automobiles, boats, aircraft, and helicopters.

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MISHANDLING: situation in which the transport company is unable to locate the volume dispatched under its responsibility after search and tracking procedures.

COVERED EVENT: future and uncertain event, of an involuntary nature, occurring during the term of the insurance and provided for in these general conditions.

VENUE: location of the Judiciary branch to be contacted in the event of disputes arising from this contract.

WAITING PERIOD: continuous period of time, counted from the date of occurrence of the covered event, during which the insured shall not be entitled to insurance coverage.

FRAUD: obtaining, for oneself or for another, a financial or material illicit advantage, to the detriment of another, maintaining or even inducing someone in error, through artifice, deceit, or any other deceptive means. Under Brazilian criminal law, it is one of the forms of swindling.

THEFT: stealing, for oneself or for someone else, someone else's personal property.

QUALIFIED THEFT: action committed to steal someone else's personal property, with destruction or breaking of an obstacle, abuse of trust, fraud, climbing or skill, use of a false key or through the participation of two or more people, which leaves traces, that is, proven through a police investigation.

GUARANTEES: are the obligations that the Insurer assumes to the insured when a covered event occurs.

DEGREE OF KINSHIP: as determined by law, the following are understood as degree of kinship:

- By consanguinity:
  - First-degree relatives: father, mother, and children;
  - Second-degree relatives: siblings, grandparents, and grandchildren;
  - Third-degree relatives: uncles, nephews, great-grandparents, and great-grandchildren.
- By affinity:
  - First-degree relatives: father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather, stepmother, and stepchildren;
  - Second-degree relatives: brothers-in-law and sisters-in-law.

HOSPITAL: legally qualified and licensed establishment organized in Brazil or abroad, duly installed and equipped for medical, clinical and/or surgical treatment of its patients. The following are not understood as hospital establishments:

a) Clinics, daycare centers, nursing homes, or convalescent homes for the elderly;
b) A place that functions as a drug and/or alcohol treatment center, even if it is part of an in-hospital ward;
c) Any establishment that does not fall under the definition of hospital above;
d) Hydrotherapeutic health institution or natural healing methods clinic;
e) Health home for convalescents and/or rehabilitation of any kind;
f) Home care.

HOSPITALIZATION: is the stay in the hospital under an inpatient regime, characterized by the use of accommodation of any type, for medical treatment that cannot be carried out at home.

INDEMNITY: payment to the beneficiary(ies) of the contracted amount or reimbursement, or also provision of service(s), in the event of occurrence of covered risks, provided they are related to the trip, during the period previously determined in the insurance card, under the terms established in these contractual conditions.

START OF TERM: is the date from which risk coverage is guaranteed by the Insurer.

IPCA: Broad National Consumer Price Index calculated monthly by the Brazilian Institute of Geography and Statistics (IBGE).

HOSPITAL ADMISSION: is the stay in a hospital for a minimum period of twenty-four (24) hours as an inpatient, indicated by a qualified medical professional, for clinical or surgical treatments, clinical observation and/or diagnostic measures that cannot be performed at home or in a physician's office, provided that the charge of at least one (1) daily fee is proven by means of invoices, medical request for admission accompanied by a medical report, statement from the hospital where the admission occurred, or any legal collection instrument.

PERMANENT DISABILITY DUE TO ACCIDENT: is the loss, reduction, or permanent functional impotence, whether partial or total, of one of the limbs or organs provided for in the Table for Calculating Indemnity Percentages in the event of Permanent Disability due to Accident, due to physical injuries resulting exclusively from a covered personal accident, provided that such injuries are not susceptible to rehabilitation and/or recovery by the therapeutic means available at the time of their occurrence.

MEDICAL REPORT: document issued by a physician duly registered with the Regional Medical Council, on the physical and health conditions of the applicant.

BAD FAITH: acting, intentionally, in a way that is contrary to the law or customs.

SUITCASE: accessory used to transport clothes and other objects during travel.

PHYSICIAN: a professional legally licensed to practice medicine, who provides information about the insured's health. The insured himself, his spouse or partner, his dependents, blood relatives or relatives by marriage shall not be accepted as a physician, even if they are qualified to practice medicine.

REMOTE MEDIA: these are media that allow the exchange or access to information and/or all types of data transfer through communication networks involving the use of technology such as the Internet (worldwide web), telephony, cable or digital television, satellite communication systems, etc.

REQUIRED MEDICATION: medication recommended by a physician when it is consistent with the symptoms, diagnosis, and treatment of the insured's condition and appropriate in relation to the rules of correct medical practice.

ASSISTANT PHYSICIAN: physician who is assisting the insured or who has already provided ongoing assistance.

FAMILY MEMBERS: father, mother, siblings, spouse or partner, children and stepchildren of the insured.

INSURANCE OBJECTIVE: is the generic designation of any insured interest, whether things, people, assets, liabilities, obligations, rights, and guarantees.

OMISSION: is the concealment of facts or circumstances that, if revealed, would lead the insurer to refuse the contract, or to accept it with increased rates and/or under other conditions.

ORTHOSIS: temporary device used to assist the functions of a limb, organ, or tissue.

OVERBOOKING: strategy intentionally adopted by airlines, in which they sell a greater number of tickets in relation to the number of seats available on a given flight, anticipating the possibility of some passengers not being present.

REGULAR PASSENGER: passengers who have physical and mental capacity, or who do not have any medical condition that requires individual attention, resulting from a covered medical event, whether upon boarding, during the trip and/or arrival, different from that provided to other passengers.

FINANCIAL HARM: reduction or elimination of the expectation of gain or profit, exclusively from financial values, such as money or credits.

TERM: is the term of the insurance duly specified on the insurance card.

PET: for this insurance, it is any pet dog or cat of the insured that is traveling with the insured.

LOSS: economic/material loss resulting from events covered in the insurance policy.

FINANCIAL LOSS: reduction or elimination of existing funds, such as credits or money. It differs from "financial harm" in the sense that it represents this reduction or elimination of the expectation of gain or profit, and not a concrete reduction in financial resources.

PREMIUM: amount paid by the insured to the Insurer in return for accepting and covering the risk to which the insured is exposed.

STATUTE OF LIMITATIONS: legal principle that determines the extinction of a right as a result of the expiration of the legal term to exercise it.

DENIED BOARDING: occurs when an airline, due to its own responsibility, sells more tickets than there are seats available on flights. This results in the impossibility of boarding for one or more passengers with confirmed reservations, due to lack of space.

PRO RATA: method for calculating insurance premiums with a term of less than one year, based on the total number of days the policy is valid.

APPLICANT: the person interested in purchasing insurance plan coverage.

PROSTHESIS: permanent or temporary device that replaces and/or assists, in whole or in part, the functions of a limb, organ, or tissue. Therefore, it refers to devices of any nature, except prostheses for the loss of natural tooth(s) resulting from a covered personal accident.

CLINICAL CONDITION: the combination of objective and subjective organic manifestations presented by a patient.

INSURANCE REPRESENTATIVE: is the legal entity that assumes the obligation to promote, on a non-occasional basis and without a relationship of dependency, the execution of insurance contracts on behalf of the Insurer.

LEGAL REPRESENTATIVE: A person or entity appointed or designated to act on behalf of another person in legal and administrative matters. This representative has the power and authority to make decisions on behalf of the person they represent, in matters that may include business, finances, health, property, or other legal matters. The appointment of a legal representative occurs in situations where the person represented is unable to make decisions or take necessary actions on their own, such as in cases of incapacity, absence, or death.

SUMMER OR WEEKEND RESIDENCE: property used by the insured for leisure and rest purposes, during vacations, holidays, and weekends.

HABITUAL RESIDENCE: property used as the insured's permanent residence.

P.I.R. REPORT: Property Irregularity Report issued by the transportation company.

RISK: uncertain event or event of uncertain date that is beyond the control of the contracting parties and against which insurance is taken out.

EXCLUDED RISKS: are those risks, provided for in the general and/or special conditions, which will not be covered by the insurance.

ROBBERY: theft of property, committed through threat or use of violence against a person or after having, by any means, led to the impossibility of resistance, whether by physical action, the use of narcotics, or armed robbery.

INSURED: individual who takes out insurance.

INSURER: is the insurer, duly organized and legally authorized to operate in the country, which assumes the risks inherent to the contracted guarantees.

SEQUELA: any anatomical or functional lesion that remains after the clinical evolution of a disease has ended.

CLAIM: is the occurrence of the covered event, during the term of the insurance card.

SUSEP: Private Insurance Superintendence, an agency linked to the Ministry of Finance, which is responsible for supervising, standardizing, and regulating private insurance.

ELECTIVE TREATMENT: treatment characterized as non-emergency, which can be scheduled in advance.

BODY TRANSFER: consists of transporting the insured's body from the location of the covered event to their domicile or burial site.

MEDICAL TRANSFER: removal or transfer of the insured to the nearest clinic or hospital able to assist them.

URGENCY: situation in which the insured person requires care, not characterized as an emergency and/or outpatient care, and may wait for emergency cases to be handled.

AIR, SEA, OR LAND TRAVEL: refers to any means of air, sea, or land transport operated under a valid license for the paid transport of passengers, with regular routes and fees, provided that the insured is not a member of the crew.

This definition does not include chartering (by air or sea), individual passenger transport, such as motorcycles, or unsupervised means of transport, such as boats.

DOMESTIC TRAVEL: a national trip is understood as the insured's travel between their habitual residence and a destination within the country of residence. In the case of land travel, only trips that are more than 70 km from the insured's habitual residence are covered. The calculation of the distance shall be considered from the insured's city of residence.

TRAVEL ABROAD: travel abroad is understood as the insured's travel between their country of habitual residence and a destination outside the country of residence.

INSURED TRIP: is the period of time between the start and end of the term of the insurance coverage. **Travel for an indefinite period, whether as a tour or individually, does not qualify as insured travel.**

TERM: period of time during which the insurance covers the insured's risks, under the terms of the contractual conditions.

Section 5 – INSURANCE COVERAGE

5.1. This insurance includes the following coverage:

5.1.1. Basic Coverage:
a) Medical, Hospital and/or Dental Expenses for Domestic Travel (DMHO-VN);
b) Medical, Hospital and/or Dental Expenses for International Travel (DMHO-VI);
c) Body Transfer (TC);
d) Medical Repatriation (RS);
e) Medical Transfer (TM);
f) Death During Travel (MV);
g) Accidental Death During Travel (MAV);
h) Total or Partial Permanent Disability due to Accident During Travel (IPAV).

5.1.2. Additional Coverage:
a) Baggage Mishandling (EB);
b) Return of the Insured (RS);
c) Hotel Accommodation after Hospital Discharge (HHAH);
d) Accompanying Hospitalized Insured Users (AUSH);
e) Pharmaceutical Expenses (DF);
f) Accompanying Minors and/or Elderly People (AMI);
g) Refund in case of Flight Cancellation or Flight Delay (over 6 hours) (RCV);
h) Indemnity for Delayed Baggage (CAB);
i) Trip Cancellation/Interruption – "Plus Reason" or Trip Change (CIV-PR);
j) Suitcase Damage (DM);
k) Expenses with "PET" (DP);
l) Vehicle Deductible (FV);
m) Home Away – Fire in the Residence While Traveling (HA-IRV);
n) Civil Liability Abroad (RCE);

o) Special Baggage Mishandling (EBE);
p) Qualified Theft or Robbery of Electronic Devices (RFE).

5.2. The insured shall purchase at least one type among the aforementioned basic coverage types. Coverage not specified in the individual insurance policy is not part of the insurance.

5.3. The purchase of coverage for Medical, Hospital and/or Dental Expenses for International Travel (DMHO-VI), Body Transfer (TC), Medical Repatriation (RS) and Medical Transfer (TM) is mandatory for insurance plans that cover trips abroad.

5.4. Body Transfer (TC) coverage cannot be purchased separately.

5.5. When purchasing coverage for Medical, Hospital and/or Dental Expenses for Domestic Travel (DMHO-VN) and/or Medical, Hospital and/or Dental Expenses for International Travel (DMHO-VI), it is mandatory to purchase Medical Transfer (TM) coverage.

5.6. In the event of a claim related to air transport, the payment of indemnity shall be governed by the provisions of the Montreal Convention, in accordance with its applicable terms and limits.

Section 6 – EXCLUDED RISKS

6.1. This insurance shall not cover any of its guarantees for the events below and their consequences, unless otherwise provided in the individual insurance card:

a) **premeditated or unpremeditated suicide and its attempt;**
b) **use of nuclear material, for any purpose, including nuclear exposure, whether provoked or not, as well as radioactive contamination or exposure to nuclear or ionizing radiation;**
c) **acts of hostility or war, invasion, act of a foreign enemy, civil or military war operations, revolution, terrorism, nationalization, subversion, conspiracy, rebellion, insurrection, confiscation, agitation, revolt, sedition, uprising, riots, sedition, lockouts, or other disturbances of public order and arising therefrom, unless the insured is demonstrably performing military service or if their acts are justified by gestures of humanity in aid of third parties;**
d) **losses and damage directly or indirectly caused by or related to a terrorist act, with the insurer being responsible for proving this with suitable documentation, accompanied by a detailed report that characterizes the nature of the attack, regardless of its purpose, and provided that it has been duly recognized as an attack on public order by the competent authority, notwithstanding anything to the contrary that may be provided for in the contractual conditions of this insurance;**
e) **intentional unlawful acts committed by the insured, the beneficiary, or the legal representative of one or the other;**
f) **epidemics, endemics, and pandemics declared by the competent body, except COVID-19;**
g) **events in which the insured has intentionally attempted against the life and physical integrity of others, whether or not consummated, except in cases of self-defense or assistance to the person during the period, provided that this is duly proven by suitable documentation issued by the local police authority;**
h) **volcanic eruption, flood and inundation of any kind, gale, hurricane, cyclone, tornado, and hail or any other convulsion of nature;**
i) **voluntary and premeditated mutilation or its attempt;**

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j) any and all types of elective and/or routine treatment and procedure, as well as their consequences and complications, such as, but not limited to: cosmetic surgeries, fertility treatments, sterilization procedures, etc., even when they generate an urgent and/or emergency clinical condition;
k) organ or tissue donations or transplants, unless otherwise provided for in the special conditions of the coverage contracted;
l) procedures not provided for in the Brazilian or International Code of Medical Ethics and not recognized by the Brazilian National Service for the Inspection of Medicine and Pharmacy, regardless of the place where the insured receives care;
m) tooth loss not caused by traumatic accident and aesthetic damage;
n) events caused by the insured's failure to use safety equipment required by law;
o) events caused by the insured driving a motor vehicle, or any other type of vehicle and/or equipment that requires a legal, appropriate, and valid license at the destination where the event occurred and appropriate to the type of vehicle, in addition to being required to be in possession of said license at the time of the event;
p) illegal competition events involving aircraft, vessels, and motor vehicles, including preparatory training;
q) the practice of an activity that is not considered a sport by associations, federations, or even committees;
r) the practice of the activity, even if it is considered a sport by associations, federations, or even committees, which is carried out without the use of safety equipment, qualifications, or other necessary precautions;
s) the practice of hunting sports, any type of diving using a cylinder without an insured who is not properly qualified, speleology and cave exploration;
t) any and all types of outpatient care;
u) travel for the purpose of carrying out any type of examination, diagnostic investigation, medical treatment and/or requesting a second medical opinion;
v) travel in aircraft, vessels and/or any type of vehicle that: does not have authorization in force from the competent authorities for flight or navigation; driven by pilots who are not legally qualified; being military officers, are not on official service;
w) treatments in natural healing clinics, convalescent nursing homes, hospital units used for the treatment of drug or alcohol addiction, or as a convalescent or rehabilitation health institution;
x) weight loss clinics, SPA, palliative treatments for terminal patients, treatments related to psychiatric and/or emotional illnesses, home care services, and rehabilitation clinics;
y) abortion induced by the pregnant woman or with her consent, except in cases provided for in Brazilian legislation, unless provided for in a special condition of a given coverage;
z) high-risk pregnancy and/or pregnancy longer than thirty-two (32) weeks;
aa) accidents that occurred before the start of the term of this insurance, as well as their consequences;
bb) the continuity of medical care for symptoms/events prior to the start of the insurance term, control of treatments prior to the insured trip, and the extension of prescriptions;
cc) acute or prolonged acute pre-existing conditions or investigations that are prior to the start of the insurance term;
dd) investigations or treatments that are not directly related to the primary cause of the covered event, or the reason for the insurance claim;

ee) deduction or refusal of amounts already reimbursed or indemnified previously by another insurer or health plan;
ff) accidents resulting from the use of motorcycles;
gg) coverage not contracted.

Section 7 – GEOGRAPHIC SCOPE

7.1. The territorial scope of coverage, for domestic travel plans, is Brazil, taking into account the purpose of this insurance and the destination of the trip described in the insurance card.

7.2. The territorial scope of coverage, for international travel plans, are the countries covered in accordance with the contracted plan and the destination of the trip described in the insurance card, in accordance with the purpose of this insurance.

Section 8 – TAKING OUT OF INSURANCE

8.1. The insurance shall be taken out by the applicant before the start of the insured trip, upon issuance of the insurance card, in compliance with specific legislation.

8.2. This insurance can also be taken out remotely.

8.3. In the case of inclusion of children under 14 years of age, it is permitted, exclusively, to offer and contract coverage whose indemnity is given in the form of reimbursement for expenses or provision of services related to reimbursement for expenses, provided that the expense or service is directly related to an event covered by the insurance.

8.4. Insureds under sixteen (16) years of age shall be represented by their parents or legal guardians, and those over sixteen (16) and under eighteen (18) years of age shall be assisted by them.

Section 9 – TERM

9.1. The insurance card shall include details of the start and end dates of each coverage taken out. The coverage of this insurance shall start and end at midnight on the dates stated on the insurance policy.

9.2. The coverage shall always begin at midnight on the dates stated on the insurance card:

a) Coverage the triggering event of which is the non-occurrence of the insured trip shall be effective from a date prior to the scheduled start date of the trip as described in the insurance policy. For other coverage, the start date of the trip shall coincide with the start of the trip and shall end upon arrival of the insured at the place of origin of the start of the trip, as established in the insurance policy.

b) The following are considered to be the start and end of the trip, depending on the means of transport used and the terms of the insurance card issued:

b.1) Air or sea transport: the term begins after the insured passes through the boarding gate and ends at the arrival gate.

b.2) Bus or train: the term begins when the insured boards the bus or train and ends at the arrival gate.

b.3) Car: the term begins and ends 70km from the insured's residence or the place of origin of the start of the trip, depending on the situation. The calculation of the distance shall be considered from the insured's habitual residence/domicile.

c) If the insured is unable to return due to a covered event, the coverage period shall automatically extend until the insured returns to their place of residence or the start of the trip, respecting the limit of the insured capital agreed.

d) If the insured returns early from the insured trip, the insurance shall be cancelled upon arrival at the place of origin of the trip or their home, as the case may be, and any losses that occurred prior to the cancellation shall be covered.

Section 10 – RENEWAL

10.1. This insurance shall not be renewed.

Section 11 – WAITING PERIODS AND DEDUCTIBLES

11.1. There will be no waiting period for the coverage of this insurance.

11.2. The deductible, when provided for, shall be described in the special conditions of the respective coverage.

Section 12 – PAYMENT OF PREMIUM

12.1. For the purposes of this insurance, the cost shall be contributory, that is, the insureds pay the premium.

12.2. The premium for this insurance may be paid in a single payment, monthly, or in installments, the latter consisting of payment of the premium in successive monthly installments. The number of installments and the premium amount shall be expressly described in the insurance card.

12.2.1. The deadline for payment of the premium cannot exceed the thirtieth day from the date of issuance of the card and shall be expressly described in the respective insurance collection document.

12.2.2. If the deadline for payment of the premium coincides with a day when banks are closed, payment may be made on the first business day following such date.

12.3. The premium for this insurance must be paid through a bank or other methods permitted by law by the due dates established in the insurance card and in the collection document issued by the Insurer, which shall be sent directly to the insured or their legal representative, or, at the express request of either of these, to the insurance broker, at least five (5) business days before the due date.

12.4. The premium paid to the Insurance Representative is considered to have been paid to the Insurer.

12.5. Failure to pay the premium in full or the first installment in the case of payment in installments, by the deadline expressly described in the collection document, shall result in cancellation of the insurance card regardless of any judicial or extrajudicial notice.

12.6. In monthly insurance, failure to pay the premium by the insured party by the deadline expressly described in the collection document shall result in automatic waiver of the right to the coverage taken out, starting from the first day of validity of the coverage period to which the collection refers.

12.6.1. If a covered event occurs during the waiting period, the insured shall be entitled to indemnity, however the value of the premium(s) shall be charged retroactively or, where applicable, deducted from the total value of the indemnity for the beneficiary(ies).

12.6.2. After sixty (60) consecutive days of default, the insurance shall be automatically cancelled, and the insured shall be notified at least ten (10) calendar days before the end of said term.

12.7. For insurance paid for through premium paid in installments, the criteria adopted shall be the following:

12.7.1. No additional amount may be charged by way of administrative costs for payment in installments.

12.7.2. The insured shall be guaranteed, when applicable, the possibility of paying any of the installments in advance with the consequent proportional reduction of the agreed interest.

12.7.3. The due date of the last installment cannot exceed the term of the insurance policy.

12.7.4. If any of the installments subsequent to the first is not paid, the coverage term shall be adjusted based on the premium actually paid, in proportion to the term of the insurance policy, i.e., pro-rata per month.

12.7.5. The Insurer shall inform the insured or their legal representative, by means of written notice, of the new term adjusted as per subitem 12.6.4.

12.7.6. Once payment of the premium for unpaid installments is reestablished, plus the contractually stipulated charges, within the new coverage term, the original term of the insurance policy shall be automatically restored.

12.7.7. If the new coverage term expires and the premium payment has not been resumed, the insurance contract shall be automatically cancelled, provided that there is an express contractual provision to this effect.

12.7.8. The Insurer shall send a notice, by mail, to the insured, at least ten (10) days before cancellation, informing them of the need to pay the outstanding installments, under penalty of cancellation of the insurance policy, which shall be carried out even if the insured, as the case may be, claims not to have received the aforementioned cancellation notice.

12.8. Payment of the insurance premium in installments shall not imply its full payment if all installments have not been paid.

12.9. The cancellation of insurance whose premium has been paid in cash, through financing obtained from financial institutions, is prohibited in cases where the insured fails to pay the financing.

12.10. If a claim occurs within the premium payment term for any of its installments and such installment has not been paid, the right to indemnity shall not be adversely affected if the respective amount is paid within that term.

12.11. When the payment of indemnity results in cancellation of the insurance contract, the outstanding premium installments shall be deducted from the indemnity amount.

Section 13 – INSURED CAPITAL

13.1. For purposes of this insurance, the insured capital is the maximum amount to be paid or reimbursed based on the value established for each coverage, in force on the date of the covered event.

13.1.1. The insured capital and premiums established for each coverage shall be included in the insurance policy.

13.1.2. It is incumbent upon the insured to choose the value of the insured capital for each coverage contracted, subject to the limitations and coverage available in the plan.

13.2. The insured may request an increase in the insured capital, by means of a written request to the Insurer, which shall analyze whether or not it is accepted and shall formally respond with the new conditions and changes to the premium, if applicable.

13.2.1. The increase in the insured capital, when available for contracting, shall only be valid if contracted during the period of fifteen (15) days prior to the start of the trip.

13.3. For domestic and inbound trips, all amounts shall be expressed in Brazilian currency.

13.4. For international travel, the insured capital of coverage that provides for reimbursement or payment of indemnity related to expenses incurred by the insured abroad shall be established in foreign currency.

13.5. When the insured capital is established in foreign currency:

a) The corresponding premium shall be paid in Brazilian currency, converted on the date of contracting, based on the provisions of the specific rules of the National Monetary Council – CMN and the Central Bank of Brazil – Bacen, where applicable; and

b) The insurance contractual documents shall inform the insured capital defined in foreign currency.

13.6. Reimbursement or payment of indemnity related to expenses incurred abroad shall be made in Brazilian currency, observing the insured capital of each coverage taken out, established in Brazilian or foreign currency, the value of which shall be converted and adjusted for inflation, in accordance with specific legislation, based on the date of the actual payment made by the insured, in the case of coverage that provides for the reimbursement of expenses, or of the event, for the purpose of determining the insured capital, in the case of coverage that provides for payment of the insured capital.

13.7. Alternatively to the provisions of item 13.5, provided that this requested by the insured or beneficiary, the reimbursement or payment of indemnity related to expenses incurred abroad may be settled in foreign currency, in case the insured or beneficiary is still abroad on the effective date of settlement.

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13.8. For purposes of the above items, the specific rules of the National Monetary Council – CMN and the Central Bank of Brazil shall be observed, where applicable.

13.9. The Insurer, in lieu of payment of the insured capital in the form of reimbursement or indemnity in kind, may offer the provision of services corresponding to the coverage taken out, provided that it maintains an authorized service network at the insured's travel destination(s). The Insurer shall make an authorized service network available at the travel destination(s).

a) In the event of provision of services, the Insurer shall provide a free telephone number for assistance to the insured, 24 (twenty-four) hours a day, with service in Portuguese, and inform this clearly on the Insurance Card.
b) If the insured is proven unable to contact the telephone, as well as any other free means of communication made available by the Insurer and/or the use of professionals and/or accredited service network, the insured or beneficiary may choose service providers of their choice, as long as they are legally qualified, and the Insurer shall be liable for reimbursing expenses, after analyzing all necessary documentation, when provided for and covered by the General Conditions, up to the limit of the insured capital contracted.
c) The provision of services does not imply, on the part of the Insurer, recognition that indemnity provided for by other coverage indicated in the insurance card, the approval of which shall depend on the technical analysis of all documentation by the Insurer, shall become due.
d) The option to provide assistance services terminates the right to any reimbursement or indemnity for any expenses under the respective coverage activated.
e) If the insured opts for a service other than that indicated by the assistance, they are hereby informed that they shall pay for the entire service and request reimbursement, the approval of which shall depend on the technical analysis of all documentation by the Insurer.

13.10. Once the indemnity has been paid, the insured capital of the corresponding coverage shall be deducted as from the date of the claim and shall not be reintegrated, except:

a) As otherwise provided in the respective special conditions;

b) Reintegration of coverage is valid for any coverage except: BODY TRANSFER (TC); MEDICAL REPATRIATION (RS); DEATH DURING TRAVEL (MV); ACCIDENTAL DEATH DURING TRAVEL (MAV); RETURN OF THE INSURED (RS); HOTEL ACCOMMODATION AFTER HOSPITAL DISCHARGE (HHAH), and TRIP CANCELLATION/INTERRUPTION– "PLUS REASON" (CIV-PR);

c) In the case of contracting the Annual Multi-Trip Insurance, the insured capital of the coverage shall be reintegrated at the beginning of each insured trip, except for the coverage BODY TRANSFER (TC); DEATH DURING TRAVEL (MV); ACCIDENTAL DEATH DURING TRAVEL (MAV).

13.10.1. If indemnity is paid for coverage of Death During Travel (MV), Accidental Death During Travel (MAV), Medical Repatriation (RS), Return of the Insured, Trip Cancellation/Interruption – "Plus Reason" (CIV-PR), or Total Permanent Disability due to Accident, the insurance card shall be automatically cancelled.

13.10.2. Notwithstanding the above, if the insured capital of a given coverage is exhausted, in accordance with item 13.10, the insurance guarantee relating to such

coverage shall be automatically cancelled, but the insurance shall remain in force in relation to the other coverage whose respective insured capitals have not been exhausted.

13.10.3. No refund of premium shall be due for the cancellation of any coverage or cancellation of the insurance card due to exhaustion of the insured capital and/or payment of indemnity.

Section 14 – DATE OF THE EVENT

14.1. For the purpose of calculating indemnity, the date of the event when claims are settled shall be determined in the Special Conditions of the respective coverage.

Section 15 – ADJUSTMENT OF AMOUNTS

15.1. Insured Capital, Premiums and Deductibles

15.1.1. The insured capital, deductibles and premiums shall be adjusted annually, on the insurance anniversary date, according to the rules established in the insurance policy.

15.1.2. There shall be no adjustment of insured capital, deductibles and premiums for insurance with a term of less than one (1) year.

15.2. Insurer's Pecuniary Obligations Relating to the Insurance Contract

15.2.1. The amounts of the Insurer's monetary obligations relating to this contract are subject to adjustment for inflation and/or late payment interest as from the date on which they become due, under the terms of these general conditions, in accordance with the following rules:

a) **in the event of undue receipt of premium:** adjustment for inflation based on the positive variation of the IPCA/IBGE, calculated between the last index published before the date of receipt of the premium and that published immediately before the date of actual return.

b) **in the event of cancellation of the contract:** adjustment for inflation based on the positive variation of the IPCA/IBGE, calculated between the last index published before the date of receipt of the cancellation request, or the date of the actual cancellation, if this is at the initiative of the Insurer, and the one published immediately prior to the date of the actual refund.

c) **in the case of indemnity for claim:**

c.1) adjustment for inflation based on the positive variation of the IPCA/IBGE, calculated between the last index published before the occurrence of the claim and that published immediately before the date of the effective settlement, except in the case of reimbursement for expenses, in which the adjustment for inflation shall be based on the last index published before the date of the effective expenditure; and

c.2) late payment interest at the rate of one percent (1%) per month, calculated from the first day after the term until the date of actual settlement of the claim.

15.2.2. Payment of amounts relating to adjustment for inflation and late payment interest shall be made regardless of notice or judicial notification, in a single payment, together with the other amounts under the contract.

15.2.3. If the IPCA/IBGE is extinguished, the Insurer shall adopt the INPC/IBGE, or, in the event of both being extinguished, the index that the Government creates in its place.

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15.2.4. Notwithstanding the above, the parties may establish other indices permitted by the applicable law, provided that they are expressly ratified in the insurance policy.

15.2.5. Adjustment for inflation and late payment interest on the Insurer's monetary obligations for insurance taken out in foreign currency shall only apply when such obligations are settled in Brazilian currency. In the event that the obligations of such insurance are settled in foreign currency, only late payment interest shall apply.

Section 16 – CLAIM SETTLEMENT

16.1. The maximum period for settlement of the claim is thirty (30) days from the delivery of all basic documents provided for in section 17 of these general conditions.

16.2. If new documentation is requested, the term for settling claims shall be suspended, and the term shall start counting again from the business day following the day on which the requirements are fully met.

16.3. The insurance may only provide for the request for documents other than those contractually provided for in order to qualify for the receipt of indemnity in the event of well-founded and justifiable doubt.

16.4. Subject to the insured capital in force on the date of the loss, the indemnity shall comply with the value stated on the insurance card.

16.5. In insurance taken out in foreign currency, the conversion into Brazilian currency or conversion of the Brazilian currency into foreign currency shall be made using as reference the official selling exchange rate of the business day immediately prior to the date of effective indemnity, except in the case of reimbursement for expenses incurred abroad, which shall be based on the official selling exchange rate of the date of effective payment made by the insured, both cases based on the specific rules of BACEN and CMN.

16.6. If indemnity is not paid by the Insurer within the term stipulated in accordance with items 16.1 and 16.2 above, the corresponding amounts are subject to adjustment for inflation and late payment interest, in accordance with the provisions of section 15 (adjustment of amounts) of these general conditions.

16.7. For international bank transactions, if fees and taxes are charged when sending the indemnity amount, they shall be deducted from the amount to be indemnified. We also inform you that, if the fee and tax charge is greater than or equal to the indemnity amount, the insured shall not receive the amount to which they would be entitled if a bank account in Brazilian territory without fees and taxes were provided.

16.8. In the case of reimbursement for expenses incurred abroad, the Insurer shall accept documents in the language of the country of origin of said expenses for the purposes of claims adjustment and settlement. However, if translation of these documents is necessary, the corresponding expenses shall be borne exclusively by the Insurer, whose receipts or proof shall be submitted to it by the insured or their beneficiaries.

16.9. Prior notice to the Insurer is not required for coverage that exclusively provides for reimbursement for expenses caused by a covered event during travel. **However, reimbursement for expenses is subject to effective proof of the occurrence of the covered**

events, in accordance with the contractual conditions, and clearly excessive demands are prohibited.

16.10. In order to receive indemnity, the occurrence of the event shall be satisfactorily proven, as well as all circumstances related thereto, and the Insurer shall be entitled to adopt any measures aimed at clarifying the facts.

16.11. In the event that a claim is covered by more than one of the coverage contracted in the insurance policy, the one that is most favorable to the insured, at their discretion, shall prevail and shall respect its insured capital, waiting period, and deductible, it being understood that the accumulation of said insured capitals is not permitted.

16.12. If the Insurer concludes that indemnity is not due, it shall formally notify the insured with the justification for non-payment, within thirty (30) days from the delivery of all the basic documentation required for adjustment of the process.

16.13. Medical Board

16.13.1. In the event of disagreements regarding the cause, nature, or extent of injuries, as well as the assessment of the insured's disability, the Insurer shall propose to the insured, by written correspondence, within fifteen (15) days from the date of the dispute, the formation of a medical board. The medical board shall be composed of three (3) members, one appointed by the Insurer, another by the insured, and a third, a tiebreaker, chosen by those appointed. Each party shall pay the fees of the physician they have appointed, and the fees of the third physician shall be paid, in equal parts, by the insured and the Insurer. The term for formation of the medical board shall be, at most, fifteen (15) days from the date of indication of the member appointed by the insured.

16.13.2. The insured person, their spouse or partner, their dependents, their blood relatives or relatives by marriage, even if they are qualified to practice medicine, shall not be accepted as experts.

16.14. Expertise

16.14.1. To determine the indemnity due, the Insurer reserves the right to request expert assessments in all cases where there is reasonable doubt to prove the occurrence of admission to the hospital.

16.14.2. When purchasing the insurance, the insured authorizes their attending physician and the medical and hospital care providers involved in their care to provide the information requested by the Insurer's expert, who undertakes to ensure the confidentiality of said information. The results obtained, including the examination reports, shall be available only to the insured, their physician, and the Insurer.

16.14.3. In all notifications of hospital admission of the insured, medical examinations may be carried out to prove the classification of the event and the number of days of hospital admission, and analysis of medical, hospital, and dental expenses.

16.14.4. If it is impossible to perform the expert examination due to the disappearance of symptoms or the condition of disability, the Insurer shall return the documentation to the insured, who shall not be entitled to receive any indemnity. In cases of temporary

incapacity, a situation in which the symptoms may disappear after the insured's recovery, even if a claim has occurred, the impossibility of conducting an expert examination, per se, shall not be grounds for denying payment of indemnity. However, the Insurer may use other mechanisms provided for in the general, special, and specific conditions of the insurance product to analyze the reported event.

16.14.5. If any type of fraud is proven, the Insurer shall suspend payment of indemnity, cancel coverage, and initiate legal proceedings to obtain reimbursement for any expenses incurred and indemnity paid, without prejudice to any applicable legal actions.

Section 17 – PROCEDURES IN THE EVENT OF CLAIMS

17.1. Basic conditions:

17.1.1. Upon occurrence of a covered event:

17.1.1.1. The insured, beneficiary(ies), or their legal representative may, at their option, provided that the Insurer maintains an accredited service network at the destination(s) of the trip, request the provision of services through the Customer Service Center number available on the insurance card.

17.1.1.2. If the option is not to provide services, the claim shall be communicated immediately by the insured, beneficiary(ies), or their legal representative and the documentation sent to the Insurer through instructions received through the Call Center, as soon as they become aware thereof.

17.1.1.3. The date of communication shall be considered the date of the delivery filing and receipt by the Insurer. If made by mail, the date stated on the notice of receipt signed by the Insurer shall also be considered.

17.2. The insured, beneficiary(ies), or their legal representative at the time of the claim may opt for the provision of services by the Insurer, or shall immediately seek legally authorized medical services, at their own expense, and undergo the required treatment.

17.3. If the insured has more than one travel insurance policy in force for the same period and event, the reimbursement shall be limited to the amounts effectively proven as losses, respecting the limits of each insurance policy. The reimbursement shall follow the principle of complementarity, avoiding unjust enrichment, and the order of activation of the insurance policies shall be defined in accordance with the applicable legislation and the contractual provisions of each insurance policy.

17.4. Basic documents in case of claims

To speed up the claim adjustment and settlement process, the insured, beneficiary, or legal representative shall present the following documents/information when reporting the claim:

17.4.1. For all Guarantees:

a) Original Insurer's claim notice form;
b) Proof of insurance purchase;
c) Copy of the insured's Identity Card and CPF;
d) Copy of the insured's current proof of residence, telephone number, and area code;
e) Proof of travel (voucher, tickets, proof of hotel stays, and passports (when applicable).

17.4.1.1. In addition to the documents listed above, specific documents for the coverage of the claim contained in the respective Special Condition shall be sent to the Insurer.

17.4.1.2. The Insurer may require certificates or certifications from competent authorities, as well as the results of investigations or proceedings initiated due to the event that caused the claim, without prejudice to indemnity within the due period. Alternatively, it may request a copy of the institution of any investigation that may have been initiated.

17.4.1.3. If, after analyzing the basic documents presented, as per items 17.4.1 and 17.4.1.1 above, there are well-founded and reasonable doubts, the Insurer has the right to request other documents and/or additional information necessary to clarify the event and determine the losses.

17.4.2. All expenses incurred in proving the event and providing the qualification documents shall be borne by the insured and/or the party interested in receiving indemnity, except in relation to those directly incurred or authorized by the Insurer.

17.4.3. The acts or measures that the Insurer takes after the event do not represent, per se, recognition of the obligation to pay the indemnity claimed.

Section 18 – BENEFICIARIES

18.1. The insured may indicate their beneficiary(ies), as well as the respective percentages of insurance indemnity that are due to the indicated party, subject to the limitations provided for in the applicable law.

18.2. The insured may replace their beneficiaries at any time, by notifying the Insurer, in compliance with the provisions of the item above.

18.3. The change of beneficiaries may be made in writing or remotely, only if the insured has not previously waived this right, or if the insurance does not have as its declared reason the guarantee of some obligation. **The designation or replacement of beneficiary(ies) by means of a power of attorney shall not be accepted.**

18.4. In the event of a claim, the last indication and/or replacement of beneficiaries made by the insured and received by the Insurer before payment of the indemnity shall be considered. In the absence of an express indication of a beneficiary, or if, for any reason, the one made does not prevail, the beneficiaries shall be those indicated by law.

18.5. When there is no quantitative distribution of the amount to be indemnified to the beneficiaries, the insurance shall be divided into equal parts.

18.6. When indemnity is made through reimbursement for expenses, the beneficiaries shall be those who prove that they have borne the expenses covered by the insurance.

18.6.1. If there is more than one person responsible for the expenses, indemnity shall be paid to each of the responsible parties in proportion to the duly proven expenses and limited to the amount of insured capital contracted for coverage.

Section 19 – CANCELLATION OF INSURANCE

19.1. The insurance may be cancelled at any time by agreement between the insured and the Insurer, subject to the term corresponding to the premium paid.

19.2. In the event of total or partial cancellation of the insurance, at any time on the initiative of any of the contracting parties and by mutual agreement, the Insurer shall retain from the premium received, in addition to the fees, the share proportional to the time elapsed between the start of the validity and the date of cancellation.

19.3. In premium split plans, if the insured is in default for a period in excess of 60 consecutive days, the Insurer may automatically cancel the insurance, and the coverage term shall be adjusted based on the premium actually paid in proportion to the term of the insurance policy using the monthly pro-rata method.

19.4. Any amount to be returned by the Insurer by way of a refund of premium shall be adjusted in accordance with the provisions of section 15 of these general conditions.

19.5. Right of Withdrawal

19.5.1. The insured may cancel the insurance taken out, provided that this is done before the trip, within seven (7) calendar days from the date of issue of the insurance card or the effective payment of the premium, whichever occurs last.

19.5.2. If the insured exercises the right of withdrawal, any amounts paid, for any reason, during the period referred to in the item shall be returned immediately.

19.5.3. The insured may exercise their right of withdrawal using the same means used to enter into the contract, without prejudice to other means made available.

19.5.4. The Insurer, or its Insurance Representatives, and the qualified Insurance Broker, as the case may be, shall provide the insured with immediate confirmation of receipt of the statement of regret.

19.5.5. The refund shall be made using the same method and form as the premium payment, without prejudice to other methods made available by the Insurer and expressly accepted by the insured.

Section 20 – LOSS OF RIGHTS

20.1. In addition to the cases provided for by law, the Insurer shall be exempt from any liability arising from this insurance, when the insured:

a) fails to comply with any of the obligations agreed upon in this contract;
b) acts in bad faith, or seeks, by any means, to obtain illicit benefits, whether by its own action or in conjunction with third parties;
c) intentionally aggravates the risk.

20.2. If the insured, their legal representative or their insurance broker makes inaccurate statements or omits circumstances that may influence the taking out of the insurance or the value of the premium, the right to indemnity shall be impaired, and the insured shall be required to pay the overdue premium.

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20.3. If the inaccuracy or omission in the statements does not result from the bad faith of the insured, the Insurer shall:

I. In the event of no claim occurring:
a) Cancel the insurance, retaining, from the originally agreed premium, the portion proportional to the time elapsed; or
b) By agreement between the parties, allow the insurance to continue, charging the applicable premium difference or restricting the agreed coverage.

II. In the event of a claim with partial payment of the insured capital:
a) Cancel the insurance, after payment of the indemnity, retaining, from the originally agreed premium, plus the applicable difference, the portion calculated proportionally to the time elapsed; or
b) By agreement between the parties, allow the insurance to continue, charging the applicable premium difference or deducting it from the amount to be paid to the insured or beneficiary or restricting the coverage contracted for future risks.

III. In the event of a claim with full payment of the insured capital: cancel the insurance, after payment of the indemnity, deducting the applicable premium difference from the amount to be indemnified, making the payment.

20.4. The insured is obliged to inform the Insurer, as soon as they becomes aware thereof, of any fact likely to aggravate the covered risk, under penalty of losing the right to coverage, if it is proven that they remained silent in bad faith.

20.5. Provided that it does it within fifteen (15) days of receiving the notice of increased risk, the Insurer may notify you, in writing, of its decision to cancel the insurance or, by agreement between the parties, restrict the agreed coverage or charge the applicable premium difference.

20.6. Cancellation of the insurance shall only be effective thirty (30) days after notice, and the difference in the premium shall be refunded, calculated proportionally to the period to elapse.

20.7. In addition to the obligations that may be provided for in these general conditions, the insured is obliged to observe the conditions below, under penalty of suspension, termination, or nullity of the insurance contract:

20.7.1. Register the occurrence of the claim with the competent authorities, if applicable;

20.7.2. Provide the Insurer with and facilitate its access to all types of information about the circumstances and consequences of the loss, as well as the documents necessary to assess the losses, clarify the facts, and determine the indemnity;

20.7.3. In the event of a claim, follow the instructions set out in the special conditions of each coverage;

20.7.4. Pay the insurance premiums on time, as set out in the Insurer's billing documents or in another agreed manner;

20.7.5. Inform the Insurer about the claim as soon as they become aware thereof and take immediate steps to mitigate its consequences.

20.8. Failure by the insured to comply with the obligations and rules established in this section, as well as in these general conditions, may result in suspension or termination of the insurance contract, depending on the analysis carried out by the Insurer.

Section 21 – EMBARGOES AND SANCTIONS

21.1. The insurance coverage provided for in the insurance policy arising from these General Conditions shall not be effective to the extent that commercial or economic sanctions or other laws, regulations, restrictions, or sanctions imposed by the Office of Foreign Assets Control of the US Department of the Treasury (OFAC) and/or the United Nations ("UN") and/or the United Kingdom and/or the European Union prohibit the Insurer from granting it, including, but not limited to, the payment of indemnity.

21.2. The exclusion indicated in section 21.1 above also covers the list of specially designated nationals and persons prevented from transacting with the United States of America ("USA") and its Territories, made by the Office of Foreign Assets Control of the US Department of the Treasury (Specially Designated Nationals And Blocked Persons List – "SDN").

21.3. For purposes of the exclusions described in sections 21.1 and 21.2 above, the sanction, regulation, law, restriction, or inclusion in the SDN list shall be characterized at the time of the claim.

21.4. If the Triggering Event of a possible claim is prior to a sanction, regulation, law, inclusion in the embargo list, or restriction imposed by the Office of Foreign Assets Control of the US Department of the Treasury (OFAC) and/or by the UN and/or by the United Kingdom and/or the European Union; and, although such claim is covered by the policy, it has not yet been fully settled, the insurance coverage and consequently the indemnity due shall be suspended, without any payments and/or reimbursement for expenses, until such sanction, regulation, law, or restriction is extinguished, or, in the event that the insured and/or beneficiary are on the list of specially designated nationals and persons prohibited from transacting with the USA (SDN list), and/or on any other block/sanctions lists made by the USA or by the UN or by the United Kingdom and/or the European Union, until the Insured and/or beneficiary are no longer on such list(s).

21.5. The insured may consult the list of OFAC embargoes and sanctions through the official website of the US Department of the Treasury: https://sanctionssearch.ofac.treas.gov/. Should the insured have any questions or need to understand the exclusions above, they may contact the Insurer's Customer Service Center and SAC telephone numbers, as stated in the insurance policy.

Section 23 – FINANCIAL REGIME

23.1. This insurance is structured on a simple distribution financial basis. Therefore, there is no provision for the return or redemption of premiums to the insured or the insurance Representative.

Section 24 – FREE CHOICE

24.1. The insured or, where applicable, their beneficiary may choose service providers of their choice, provided they are legally qualified, and shall be reimbursed for expenses incurred up to the maximum limit of the insured capital for each coverage contracted.

Section 25 – VENUE

25.1. Legal matters between the insured or beneficiary and the Insurer shall be processed in the jurisdiction of the insured or the beneficiary's domicile, as the case may be. In the event of no relationship of insufficiency between the parties, the election of a venue other than that of the insured's domicile shall be valid.

Section 26 – DISCLOSURE MATERIAL

26.1. Advertising and promotion of this insurance may only be carried out with prior and express authorization from the Insurer, respecting the contractual conditions and the applicable law.

Section 27 – FINAL PROVISIONS

27.1. Product registration is automatic and does not represent approval or recommendation by SUSEP.

27.2. This insurance is governed by the Brazilian law.

27.3. Failure to report the claim within the limitation periods represents a contractual exclusion.

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SPECIAL CONDITION FOR BASIC COVERAGE FOR MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES FOR DOMESTIC TRAVEL (DMHO – VN)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. This coverage, provided that it is contracted and upon payment of the corresponding premium, consists of indemnity, limited to the amount of the insured capital, in the form of provision of service(s) or reimbursement of medical, hospital and/or dental expenses incurred by the insured for their treatment under medical supervision, caused by a personal accident or sudden and acute illness occurring during the period of domestic travel, previously determined in the insurance card, and once their departure from their city of residence has been confirmed, **observing the excluded risks and other terms established in these Special Conditions.**

2.2. This coverage covers episodes of crisis caused by a pre-existing or chronic illness, when this generates an emergency or urgent clinical condition, up to the limit of the contracted insured capital. Expenses related to the stabilization of the insured's clinical condition that allows them to continue traveling or return to their place of residence are covered. **There is no coverage for the continuation and monitoring of previous treatments, check-ups, and extension of prescriptions.**

2.3. The following definitions apply:
a) Emergency: situation in which the insured person needs immediate care, as there is a risk of death;
b) Urgency: situation in which the insured person needs care, not characterized as an emergency, and may wait for emergency cases to be dealt with.

2.4. The maximum insured capital limit shall be expressly described in the insurance policy.

2.5. Urgent and emergency care under medical supervision shall occur while the insured is traveling and within the term of the insurance card.

2.6. When this coverage is contracted, it is mandatory to contract Medical Transfer (TM) coverage.

2.7. This coverage is extended to emergency events caused by complications arising from pregnancy, for pregnant women up to the 32nd week of pregnancy.

2.7.1. From the 32nd week of pregnancy, medical care shall be guaranteed exclusively for covered personal accidents.

2.7.2. This coverage does not include the provision of service(s) or reimbursement for expenses for treatment, even under medical supervision, of the newborn.

2.7.3. It is essential that pregnant women travel with the written consent of their attending physician.

2.8. The insured is free to choose medical, hospital, and dental service providers, as long as they are legally qualified.

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Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Convalescence states, after medical discharge and expenses for companions;
b) Devices that refer to prostheses of any nature, except prostheses for the loss of natural teeth resulting from a covered personal accident;
c) Replacement of lenses, glasses, orthodontic braces, etc.;
d) Injuries or illnesses that do not require medical attention;
e) Nerve compression syndromes;
f) Pathological fractures;
g) Back pain, hernias, radiculopathies, sciatica, and other chronic neuritis;
h) Practice of the following sports and activities:
h.1) Hunting practice;
h.2) Any type of diving using a cylinder by insured persons who are not duly qualified;
h.3) Cave exploration;
h.4) Speed or time trials or races of any kind that are motorized;
h.5) Any type of sport practiced on an unregulated track.
i) Any expenses arising from a trip to a specific country or region where some competent authority/body advises against travel to that location;
j) Any expenses resulting from the insured not having taken the recommended vaccinations and medications for the trip;
k) Services exclusively for prescribing medication;
l) Performing common and/or low complexity dressings;
m) Failure to follow medical guidelines and/or prescriptions.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be understood as the date stated in the documents proving the need for expenses, **with no change in the insured capital made after the covered event taking precedence.**

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital value of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Police report, if applicable;
b) Invoices and other original receipts for expenses incurred for the insured's treatment, under medical supervision;
c) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;
d) Report with technical specifications and necessary diagnoses, completed by the qualified professional who provided the service, with signature and stamp containing the CRM (Medical Regional Council)

enrollment number.

6.2. If the insured has more than one insurance contract, with this or another Insurer, and which guarantees reimbursement of Medical, Hospital and/or Dental Expenses, the Insurer's liability for the insurance shall be equal, for each coverage, to the amount obtained by dividing the total amount of expenses incurred proportionally to the insured limits for each coverage in all insurance policies in force on the date of the covered event. The insured may indicate a single person responsible for conducting the procedures necessary to adjust their claim.

6.2.1. If the insured is unable to carry out the procedures necessary to adjust their claim or to indicate a person responsible for this purpose, it shall be incumbent upon the legal guardian to carry out such procedures and/or indicate a person capable of doing so.

6.2.2. For purposes of this section, the person responsible for carrying out the procedures necessary to adjust their claim shall be the only person to be contacted by the Insurer and responsible for all decision-making, sending of documents, updates, etc.

Section 7 – RATIFICATION

7.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION FOR BASIC COVERAGE FOR MEDICAL, HOSPITAL AND/OR DENTAL EXPENSES FOR INTERNATIONAL TRAVEL (DMHO – VI)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of provision of service(s) or reimbursement for medical, hospital and/or dental expenses incurred by the insured for their treatment under medical supervision, caused by a personal accident or sudden and acute illness occurring during the period of international travel, previously determined in the insurance card, and once their departure from the country of domicile has been confirmed, **observing the excluded risks and other terms established in these Special Conditions.**

2.2. This coverage covers episodes of crisis caused by a pre-existing or chronic illness, when this generates an emergency or urgent clinical condition, up to the limit of the contracted insured capital. Expenses related to the stabilization of the insured's clinical condition that allows them to continue traveling or return to their place of residence are covered. **There is no coverage for the continuation and monitoring of previous treatments, check-ups, and extension of prescriptions.**

2.3. The following definitions apply:

a) Emergency: situation in which the insured person needs immediate care, as there is a risk of death;

b) Urgency: situation in which the insured person needs care, not characterized as an emergency, and may wait for emergency cases to be dealt with.

2.4. The maximum insured capital limit shall be expressly described in the insurance policy.

2.5. Urgent and emergency care under medical supervision shall occur while the insured is traveling and within the term of the insurance card.

2.6. When this coverage is contracted, it is mandatory to contract Medical Transfer (TM) coverage.

2.7. This coverage is extended to emergency events caused by complications arising from pregnancy, for pregnant women up to the 32nd week of pregnancy.

2.7.1. From the 32nd week of pregnancy, medical care shall be guaranteed exclusively for covered personal accidents.

2.7.2. This coverage does not include the provision of service(s) or reimbursement for expenses for treatment, even under medical supervision, of the newborn.

2.7.3. It is essential that pregnant women travel with the written consent of their attending physician.

2.8. The insured is free to choose medical, hospital, and dental service providers, as long as they are legally qualified.

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Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Convalescence states, after medical discharge and expenses for companions;
b) Devices that refer to prostheses of any nature, except prostheses for the loss of natural teeth resulting from a covered personal accident;
c) Replacement of lenses, glasses, orthodontic braces, etc.;
d) Injuries or illnesses that do not require medical attention;
e) Nerve compression syndromes;
f) Pathological fractures;
g) Back pain, hernias, radiculopathies, sciatica, and other chronic neuritis;
h) Practice of the following sports and activities:
h.1) Hunting practice;
h.2) Any type of diving using a cylinder by insured persons who are not duly qualified;
h.3) Cave exploration;
h.4) Speed or time trials or races of any kind that are motorized;
h.5) Any type of sport practiced on an unregulated track.
i) Any expenses arising from a trip to a specific country or region where some competent authority/body advises against travel to that location;
j) Any expenses resulting from the insured not having taken the recommended vaccinations and medications for the trip;
k) Services exclusively for prescribing medication;
l) Performing common and/or low complexity dressings;
m) Failure to follow medical guidelines and/or prescriptions.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be considered the date stated in the documents proving the need for expenses, **with no change in the insured capital made after the covered event taking precedence.**

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital value of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Police report, if applicable;
b) Invoices and other original receipts for expenses incurred for the insured's treatment, under medical supervision;
c) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;

d) Report or report with technical specifications and necessary diagnoses, completed by the qualified professional who provided the service, with signature and stamp containing the CRM (Medical Regional Council) enrollment number.

6.2. If the insured has more than one insurance contract, with this or another Insurer, and which guarantees reimbursement of Medical, Hospital and/or Dental Expenses, the Insurer's liability for the insurance shall be equal, for each coverage, to the amount obtained by dividing the total amount of expenses incurred proportionally to the insured limits for each coverage in all insurance policies in force on the date of the covered event. The insured may indicate a single person responsible for conducting the procedures necessary to adjust their claim.

6.2.1. If the insured is unable to carry out the procedures necessary to adjust their claim or to indicate a person responsible for this purpose, it shall be incumbent upon the legal guardian to carry out such procedures and/or indicate a person capable of doing so.

6.2.2. For purposes of this section, the person responsible for carrying out the procedures necessary to adjust their claim shall be the only person to be contacted by the Insurer and responsible for all decision-making, sending of documents, updates, etc.

Section 7 – RATIFICATION

7.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

SPECIAL CONDITION OF BASIC COVERAGE BODY TRANSFER (TC)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of provision of service(s) or reimbursement for expenses **for the release and transportation of the body or remains of the insured,** from the place where the covered event occurred to the home or place of burial or cremation, including in these expenses the preparation of the body, documentation, transportation and urn (coffin) expenses and all other procedures and objects essential for transfer of the body, of the basic category, provided that it occurs during the travel period previously determined in the insurance card, **observing the excluded risks and other terms established in these Special Conditions.**

2.2. If the family chooses to have the insured person cremated at the location of the event, the expenses related to transportation of the urn containing the ashes shall be covered by this coverage. **Under no circumstances shall this coverage cover cremation expenses.**

2.3. The maximum insured capital limit shall be expressly described in the insurance policy.

2.4. In the provision of services, all procedures shall be in the basic category. If the person responsible for the insured chooses to contract procedures with a value above the basic, the person responsible shall bear the expenses and, subsequently, submit the reimbursement analysis, where the indemnity shall be limited to the value of the basic category, taking into account the insured capital contracted for this coverage.

2.5. Body Transfer means: transportation of the insured's body from the place where the covered event occurred to the home or place of burial or cremation.

Section 3 – EVENT DATE

3.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date of the insured's death, verified through analysis of the documentation presented.

Section 4 – DOCUMENTATION IN THE EVENT OF A CLAIM

4.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Death certificate of the insured;
b) Copy of the Necroscopic Report – IML (Legal Medical Institute);
c) Invoice for all transfer expenses, as defined in item 2 of these Special Conditions;
d) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the insured;
e) Copy of the Alcohol and/or Toxicological Test Report, in case of an accident;
f) Copy of the Report on the technical expert examination carried out at the accident site (if any).

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4.2. The insured may indicate a person responsible for carrying out the procedures necessary to adjust their claim.

4.3. For purposes of this coverage, the person responsible for carrying out the procedures necessary to adjust the claim shall be the only person to be contacted by the Insurer and responsible for all decision-making, sending of documents, updates, etc.

Section 5 – RATIFICATION

5.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF BASIC COVERAGE MEDICAL REPATRIATION (RS)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the value of the insured capital, in the form of provision of service(s) or reimbursement for expenses **for the insured's return transfer,** immediately after discharge from the hospital and/or medical discharge, by the most appropriate means of transport, to their place of residence, whether to a hospital or their own residence, if they are unable to return as a regular passenger due to a **personal accident or sudden and acute illness** occurring during the travel period previously determined in the insurance card, **observing the excluded risks and other terms established in these Special Conditions.**

2.2. Illnesses with episodes of crisis are covered, even if caused by a pre-existing or chronic illness, when they generate an emergency or urgent clinical condition and with a medical indication of the need for **Medical Repatriation**.

2.3. Daily accommodation expenses of the insured may be covered, at the sole discretion of the Insurer, in the event of a necessary and unavoidable extension of the stay due to logistics for carrying out the return transfer.

2.4. All procedures adopted for the provision of adequate service are subject to the deadlines of medical authorities, hospital units, regulatory authorities, airports, airlines, etc.

2.5. The maximum insured capital limit shall be expressly described in the insurance policy.

2.6. For purposes of this coverage, in the event of service provision, the insured shall contact the Insurer so that it can indicate and coordinate the service.

2.6.1. The service includes organizing the return trip with coordination on boarding and arrival, with technical and operational infrastructure, including accompaniment by a physician and/or nurse specialized in international medical transport, if necessary.

2.6.2. This service shall only be provided upon presentation and access to the complete medical records relating to the event venue service, which shall be accessed by the medical assistance department.

2.7. If the client's destination must be a hospital:

2.7.1. It shall be incumbent upon the insured's legal guardian to locate and guarantee a hospital bed at the destination;

2.7.2. It shall be incumbent upon the insured's legal guardian to send the Insurer written confirmation of the hospital vacancy, duly signed and identified with the Regional Medical Code (CRM) of the physician at the hospital to which the insured shall be transferred;

2.7.3. Repatriation procedures shall only begin when a hospital bed at the destination is guaranteed.

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2.8. The use of air ICU shall only occur when:

2.8.1. The insured's origin and destination are a hospital ICU;

2.8.2. There is a technical need for its use, provided that it is proven and justified through medical records and that there is evidence of serious organic dysfunctions, which require intensive monitoring during repatriation and which cannot be carried out in any other way.

2.9. If the Insurer, in the absence of providers, does not have the appropriate means to carry out the repatriation, the insured may do so through reimbursement analysis, however, always with the consent and adjustment of the Insurer and in compliance with all the requirements of the general conditions, with the insured or their legal guardian being responsible for obtaining all supporting documentation.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Medical repatriation not due to a personal accident or illness certified by a qualified physician.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be understood as the date stated in the documents proving the need for expenses, with no change in the insured capital made after the covered event taking precedence.

Section 5 – DOCUMENTATION IN THE EVENT OF A CLAIM

5.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Police report, if applicable;
b) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;
c) Report completed by the qualified professional who provided the service, with the necessary technical specifications and diagnoses;
d) Declaration/Report from the attending physician, attesting that the insured was not in a condition to return as a regular passenger due to a personal accident or sudden and acute illness, with signature and stamp containing the CRM (Medical Regional Council) enrollment number;
e) Invoices relating to expenses for the insured's return transfer to the place of origin of the trip or their home.

5.2. The insured may indicate a single person responsible for carrying out the procedures necessary to adjust their claim.

5.3. If the insured is unable to carry out the procedures necessary to adjust their claim or to indicate a person responsible for this purpose, it shall be incumbent upon the insured's legal representative to carry out such procedures and/or indicate a person capable of doing so.

5.4. For purposes of this section, the person responsible for the claim shall be the only person to be contacted by the Insurer and responsible for all decision-making, sending of documents, updates, etc.

Section 6 – RATIFICATION

6.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

SPECIAL CONDITION OF BASIC MEDICAL TRANSFER COVERAGE (TM)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the value of the insured capital, in the form of provision of service(s) or reimbursement, of the **expenses with removal or transfer** of the insured from the clinic or hospital where they received the first treatment, provided that it is proven that the location does not have the technical and/or technological structure necessary to treat the case, through a medical report that attests to this condition and the real need for transfer, to the nearest clinic or hospital capable of treating them, due to a **covered personal accident or sudden and acute illness** occurring during the travel period previously determined in the insurance card, **observing the excluded risks and other terms established in these Special Conditions.**

2.2. Illnesses with episodes of crisis are covered, even if caused by a pre-existing or chronic illness, when they generate an emergency or urgent clinical condition and with a medical indication of the need for **Medical Transfer.**

2.3. When requested by a physician or medical team responsible for the care, this coverage shall include more than one removal, subject to the limit of the amount of the insured capital contracted.

2.4. The maximum insured capital limit shall be expressly described in the insurance policy.

2.5. For purposes of using this coverage, transportation carried out by vehicles specifically intended for medical transfers is considered valid, and shall be compatible with the proven clinical need of the case.

2.6. For purposes of this coverage, it is essential that the decision for medical transfer be preceded by an analysis by the Insurer, which may request additional information from the attending physician.

Section 3 – EVENT DATE

3.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be understood as the date stated in the documents proving the need for expenses, with no change in the insured capital made after the covered event taking precedence.

Section 4 - REINTEGRATION

4.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 5 – DOCUMENTATION IN THE EVENT OF A CLAIM

5.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Declaration/Report from the duly qualified attending physician responsible for the first on-site care, attesting and specifying the technical and/or technological insufficiency of the Clinic or Hospital, as well as the real need to transfer the insured to a clinic or hospital that has the conditions to care for them, with signature and stamp containing the CRM (Medical Regional Council) enrollment number;

b) Invoice for all expenses incurred in removing or transferring the insured.

5.2. The insured may indicate a single person responsible for carrying out the procedures necessary to adjust their claim.

5.3. If the insured is unable to carry out the procedures necessary to adjust their claim or to indicate a person responsible for this purpose, it shall be incumbent upon the insured's legal representative to carry out such procedures and/or indicate a person capable of doing so.

5.4. For purposes of this section, the person responsible for carrying out the procedures necessary to adjust the claim shall be the only person to be contacted by the Insurer for all decision-making, sending of documents, updates, etc.

5.5. For the purposes of using this coverage, ratifying the provisions of these general conditions, prior communication from the insured to the Insurer is required.

Section 6 – RATIFICATION

6.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF BASIC COVERAGE FOR DEATH DURING TRAVEL (MV)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of the payment of the insured capital to the beneficiary(ies) indicated on the insurance card, in a single payment, in the event of **death of the insured, due to natural or accidental causes,** occurring during the travel period previously determined on the insurance card, **observing the excluded risks and other terms of these Special Conditions.**

2.1.1. Important: In the case of insurance for children under 14 years of age, the indemnity shall be exclusively intended to reimburse funeral expenses, which shall be proven by presenting original receipts. The indemnity shall be limited to the insured capital contracted for this coverage.

2.2. Indemnity for Death and Total Permanent Disability due to an Accident does not accumulate. If, after payment of indemnity for Total Permanent Disability, the insured dies as a result of the same accident, the Insurer shall pay the indemnity due for the event of Death, minus the amount already paid for Total Permanent Disability due to an Accident.

2.3. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Accidents suffered before the insurance was taken out, even if the consequences appeared during its term.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date of the insured's death, verified through analysis of the documentation presented.

Section 5 – DOCUMENTATION IN THE EVENT OF A CLAIM

5.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Death Certificate;
b) Police Report issued by the police authority, if applicable;
c) Necroscopic report;
d) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;
e) Beneficiary(ies) Documentation:
- If the beneficiary is the insured's spouse or partner: marriage certificate, declaration and/or

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public deed of civil partnership, and identity card of the spouse or partner;

- If the beneficiary is a member of the insured's family: note on the Employment Record or proof of dependents at the INSS and identity card of the family member;
- If the beneficiary is the insured's child: birth certificate;
- If the beneficiary is not the spouse or partner, family member, or child of the insured: identity card.

Section 6 – RATIFICATION

6.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF BASIC COVERAGE ACCIDENTAL DEATH WHILE TRAVELING (MAV)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of the payment of the insured capital to the beneficiary(ies) indicated on the insurance card, in a single payment, in the event of **death of the insured, exclusively due to a covered personal accident** occurring during the travel period previously determined on the insurance card, **observing the excluded risks and other terms of these Special Conditions.**

2.1.1. Important: In the case of insurance for children under 14 years of age, the indemnity shall be exclusively intended to reimburse funeral expenses, which shall be proven by presenting original receipts. The indemnity shall be limited to the insured capital contracted for this coverage.

2.2. Indemnity for Death and Total Permanent Disability due to an Accident does not accumulate. If, after payment of indemnity for Total Permanent Disability, the insured dies as a result of the same accident, the Insurer shall pay the indemnity due for the event of Death, minus the amount already paid for Total Permanent Disability due to an Accident.

2.3. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Accidents suffered before the insurance was taken out, even if the consequences appeared during its term.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date of the insured's death, verified through analysis of the documentation presented.

Section 5 – DOCUMENTATION IN THE EVENT OF A CLAIM

5.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Death Certificate;
b) Police Report issued by the police authority, if applicable;
c) Necroscopic report;
d) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;
e) Beneficiary(ies) Documentation:

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- If the beneficiary is the insured's spouse or partner: marriage certificate, declaration and/or public deed of stable union and identity card of the spouse or partner;
- If the beneficiary is a member of the insured's family: note on the Employment Record or proof of dependents at the INSS and identity card of the family member;
- If the beneficiary is the insured's child: birth certificate;
- If the beneficiary is not the spouse or partner, family member, or child of the insured: identity card.

Section 6 – RATIFICATION

6.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF BASIC COVERAGE FOR TOTAL OR PARTIAL PERMANENT DISABILITY DUE TO AN ACCIDENT DURING TRAVEL (IPAV)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 – WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of the payment of the contracted insured capital, **in the event of loss, reduction, or permanent functional impotence, total or partial, of the limbs or organs** as a result of physical injury suffered by the insured, caused by **a covered personal accident** that occurred during the travel period previously defined in the insurance card, **observing the excluded risks and other terms of these Special Conditions.**

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

2.3. After completion of treatment, or exhaustion of available therapeutic resources for recovery, once permanent disability has been confirmed and assessed upon definitive medical discharge, the Insurer shall pay indemnity, in accordance with the table:

TABLE FOR CALCULATING INDEMNITY PERCENTAGES IN THE EVENT OF PERMANENT DISABILITY DUE TO AN ACCIDENT		
Permanent Disability	Discrimination	% of the Insured Capital
TOTAL	Total loss of vision in both eyes	100%
	Total loss of use of both upper limbs	100%
	Total loss of use of both lower limbs	100%
	Total loss of use of both hands	100%
	Total loss of use of one upper limb and one lower limb	100%
	Total loss of use of one hand and one foot	100%
	Total loss of use of both feet	100%
	Total and incurable mental alienation	100%
	Bilateral nephrectomy	100%
PARTIAL MISCELLANEOUS	Total loss of vision in one eye	30%
	Total loss of vision in one eye, when the Insured no longer has the other eye	70%
	Incurable total deafness in both ears	40%
	Incurable total deafness in one ear	20%
	Incurable muteness	50%

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	Non-union fracture of the lower jaw	20%
	Immobility of the cervical segment of the spine	20%
	Immobility of the thoracic -lumbar-sacral segment of the spine	25%
PARTIAL UPPER LIMBS	Total loss of use of one of the upper limbs	70%
	Total loss of use of one hand	60%
	Non-union fracture of one of the humeri	50%
	Non-union fracture of one of the radioulnar segments	30%
	Total ankylosis of one shoulder	25%
	Total ankylosis of one elbow	25%
	Total ankylosis of one wrist	20%
	Total loss of use of one thumb, including the metacarpal	25%
	Total loss of use of one of the thumbs, excluding the metacarpal	18%
	Total loss of use of the distal phalanx of the thumb	9%
	Total loss of use of one of the index fingers	15%
	Total loss of use of one of the little fingers or one of the middle fingers	12%
	Total loss of use of one of the ring fingers	9%
	Total loss of use of any phalanx, excluding those of the thumb: equivalent to 1/3 of the value of the respective finger	
PARTIAL LOWER LIMBS	Total loss of use of one of the lower limbs	70%
	Total loss of use of one foot	50%
	Non-union fracture of a femur	50%
	Non-union fracture of one of the tibiofibular segments	25%
	Non-union fracture of the patella	20%
	Non-union fracture of a foot	20%
	Total ankylosis of one knee	20%
	Total ankylosis of one ankle	20%
	Total ankylosis of a hip	20%
	Partial loss of one foot, that is, loss of all toes and part of the same foot	25%
	Amputation of the first (1st) finger	10%
	Amputation of any other finger	3%
	Total loss of use of one phalanx of the 1st finger, equivalent to ½, and of the other fingers, equivalent to 1/3 of the respective finger	
	Shortening of one of the lower limbs:	

	Five (5) centimeters or more	15%
	Four (4) centimeters	10%
	Three (3) centimeters	6%
	Less than three (3) centimeters: no indemnity	0%
JAW	Lower jaw movement reduced to a minimal degree	5%
	Lower jaw reduced movement to a moderate degree	10%
	Lower jaw movement reduced to a maximum degree	20%
NOSE	Total amputation of the nose with total loss of smell	25%
	Total loss of smell	7%
	Loss of smell with changes in taste	10%
VISUAL SYSTEM AND OCULAR ADNEXA	Diplopia	15%
	Tear duct injuries – Unilateral	7%
	Lacrimal duct injuries - Unilateral with fistulas	15%
	Lacrimal duct injuries – Bilateral	14%
	Lacrimal duct injuries - Bilateral with fistulas	25%
	Eyelid injuries - Unilateral ectropion	3%
	Eyelid injuries - Bilateral ectropion	6%
	Eyelid lesions - Unilateral entropion	7%
	Eyelid Lesions - Bilateral Entropion	14%
	Eyelid injuries - Unilateral eyelid malocclusion	3%
	Eyelid injuries - Bilateral eyelid malocclusion	6%
	Eyelid lesions - Unilateral eyelid ptosis	5%
	Eyelid lesions - Bilateral eyelid ptosis	10%
PHONATORY SYSTEM	Loss of speech (incurable muteness)	50%
	Loss of substance (soft and hard palate)	15%
AUDITORY SYSTEM	Total amputation of an ear	8%
	Total amputation of both ears	

SEVERAL	Spleen Loss	15%
URINARY SYSTEM	Chronic urinary retention (mandatory catheterization)	15%
	Cystostomy (definitive)	30%
	Permanent urinary incontinence	30%
	Loss of a kidney, with kidney with preserved renal function	30%
	Loss of a kidney, with kidney having reduced kidney function (non-dialysis)	50%
	Loss of a kidney, with kidney having reduced kidney function (dialysis)	75%
	Loss of a single kidney	75%
GENITAL AND REPRODUCTIVE SYSTEM	Loss of a testicle	5%
	Loss of two testicles	15%
	Traumatic amputation of the penis	40%
	Loss of an ovary	5%
	Loss of two ovaries	15%
	Loss of uterus before menopause	30%
	Loss of uterus after menopause	10%
NECK	Stenosis of the pharynx with difficulty in swallowing	15%
	Esophageal injury with motor function disorders	15%
	Definitive tracheostomy	40%
RESPIRATORY SYSTEM	Post-traumatic pleural sequelae	10%
	Total or partial resection of a lung (pneumectomy – partial or total) with preserved respiratory function	15%
	Total or partial resection of a lung (pneumectomy – partial or total) with minimal reduction in function	25%
	Total or partial resection of a lung (pneumectomy – partial or total) with moderate reduction in function	50%
	Total or partial resection of a lung (pneumectomy – partial or total) with respiratory failure	75%
BREASTS (FEMALE)	Unilateral mastectomy	10%
	Bilateral mastectomy	20%

ABDOMINAL (ORGANS AND VISCERA)	Subtotal gastrectomy	20%
	Total gastrectomy	40%
SMALL INTESTINE	Partial resection	20%
	Partial resection with malabsorptive syndrome or definitive ileostomy	40%
LARGE INTESTINE	Partial colectomy	20%
	Total colectomy	40%
	Definitive colostomy	40%
RECTUM AND ANUS	Fecal incontinence without prolapse	30%
	Fecal incontinence with prolapse	50%
	Anal retentiveness	10%
LIVER	Hepatic lobectomy without functional alteration	10%
	Lobectomy with liver failure	50%
NEUROLOGICAL SYNDROMES	Post-traumatic epilepsy	20%
	Ventriculoperitoneal shunt (hydrocephalus)	20%
	Concussion syndrome	5%

2.3. The loss or reduction of strength or functional capacity considered is that which does not result from joint injuries or amputated segments, as set out in the appropriate boxes in the table.

2.4. The payment of any indemnity for permanent disability due to an accident, whether total or partial, shall be subject to the verification of permanent disability, that is, after the insured's treatment has been completed (or therapeutic resources for their recovery have been exhausted) and the existence of permanent disability has been verified, assessed upon final medical discharge, with the degree(s) and type(s) of disability definitively characterized and upon final diagnosis to be presented by the insured.

2.5. If the functions of the injured limb or organ are not completely abolished, indemnity for partial loss is calculated by applying the percentage provided for in the plan for its total loss to the degree of functional reduction presented. In the absence of an exact indication of the degree of functional reduction

presented, and if said degree is classified only as maximum, medium or minimum, indemnity shall be calculated based on percentages of 75%, 50%, and 25%, respectively. In cases not specified in the plan, indemnity is established based on the permanent reduction of the insured's physical capacity, regardless of their profession.

2.6. When the same accident results in disability in more than one limb or organ, the indemnity shall be calculated by adding the percentages established for each one, according to the Table for Calculating Indemnity Percentages in the event of Permanent Disability due to Accident in item 2.3, and the total indemnity may not exceed one hundred percent (100%) of the insured capital for total or partial permanent disability due to accident.

2.7. If there are two or more partial injuries to the same limb or organ, the sum of the indemnities may not exceed the total provided for in the Table for Calculating Indemnity Percentages in the event of Permanent Disability due to Accident in item 2.3, if there were complete loss of that limb.

2.8. Indemnity Percentages in the event of Permanent Disability due to Accident in item 2.3, the indemnity shall be established based on the permanent reduction in the insured's physical capacity, regardless of their profession.

2.9. Permanent disability shall be proven by means of a medical declaration, and disability retirement granted by official social security institutions, or similar institutions, does not in itself characterize a state of permanent disability.

2.10. The insurer reserves the right to carry out a medical examination at any time in order to clarify any doubts regarding the occurrence of the event. The examination shall be carried out by a physician designated by the Insurer, who shall bear the costs related to their fees, without any burden to the insured.

2.11. In the event of disagreements regarding the cause, nature, or extent of injuries, as well as the assessment of the insured's disability, the Insurer shall propose to the insured, by written correspondence, within fifteen (15) days from the date of the dispute, the formation of a medical board. The medical board shall be composed of three (3) members, one appointed by the Insurer, another by the insured, and a third, a tiebreaker, chosen by both appointees. Each party shall pay the fees of the physician they have appointed; the fees of the third shall be paid, in equal parts, by the insured and the Insurer. The term for the formation of the medical board shall be, at most, fifteen (15) days from the date of the indication of the member appointed by the insured.

2.12. If, after payment of indemnity for permanent disability due to an accident, the insured person dies as a result of the same accident, the amount already paid for permanent disability shall be deducted from the value of the capital insured for death, if contracted for this coverage.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Accidents suffered before the insurance was taken out, even if the consequences appeared during its term.

Section 4 – REINTEGRATION

4.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means

that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 5 – EVENT DATE

5.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date of the insured's accident, verified through analysis of the documentation presented.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Police Report issued by the police authority, if applicable;

b) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;

c) Report completed by the qualified professional who provided the service, with the technical specifications, necessary diagnoses, degree and date of disability.

Section 7 – RATIFICATION

7.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION FOR ADDITIONAL COVERAGE FOR BAGGAGE MISHANDLING (EB)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the value of the insured capital, in the form of reimbursement **for losses resulting from the total and definitive baggage mishandling** during its transportation by regular air/sea/land aviation, **observing the excluded risks and other terms established in these Special Conditions.**

2.1.1. The actual baggage mishandling shall only be covered if it occurs between the time it is handed over to authorized personnel of the Airline/Sea/Land Company for boarding and the time it is returned to the passenger at the end of the trip.

2.1.2. It is essential that the regular Airline/Sea/Land Company has assumed responsibility for the baggage mishandling so that the effective indemnity for baggage mishandling provided for in this coverage is paid.

2.1.3. The actual baggage mishandling shall only be covered if it is reported immediately to the airline, before leaving the delivery area and/or the airport where the insured discovered the mishandling, with the insured obtaining written proof of the mishandling, using the "P.I.R." (Property Irregularity Report) form.

2.1.4. The insured shall only be entitled to indemnity in cases where the "P.I.R." (Property Irregularity Report) and the baggage ticket are in the name of the insured person.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

2.3. Indemnity shall be calculated exclusively based on the weight of the baggage stated on the transport company's ticket, regardless of its contents.

2.3.1. Notwithstanding the description in item 3.3 above, the insured capital shall be calculated based on the weight of the checked bag(s), considering the value per kilo defined in the contracted plan, observing the maximum limit of insured capital expressly defined in the insurance card.

2.4. The maximum weight to be contracted for trips shall be in accordance with the classification provided by the transport company.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Normal depreciation or deterioration of objects;

b) Damage resulting from confiscation, seizure, or destruction at the behest of Customs or other governmental authority, *de facto* or *de jure*;

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c) Precious metals and their alloys, whether worked or not, jewelry, natural or synthetic furs, paintings and any works of art, costume jewelry of any nature, watches, and bonds;
d) Any type of animals;
e) Objects that the insured carries with them or in hand luggage, for which they are responsible, including, among other goods: clothes, watches, pens, key rings, personal items, glasses, cinema, photo, and optical equipment, sound and video equipment;
f) Losses occurring to an insured person who acts as an operator or crew member of the means of transport that causes the loss;
g) Event in which the insured does not notify the transport company, by filling out the irregularity report (P.I.R. – Property Irregularity Report), before leaving the arrival site;
h) Event in which the insured does not take the necessary measures to safeguard or recover mishandled luggage;
i) Physical damage caused to goods dispatched during the trip;
j) Any amounts relating to the contents of the baggage, with indemnity calculated exclusively based on the weight of the baggage, as per proof from the transport company;
k) Losses occurring during journeys prior to baggage check-in;
l) Physical damage caused to baggage.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be understood as the date of notification to the Transport Company, as stated in the irregularity report, completed before the insured leaves the arrival location.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:
a) Written proof that the loss has been reported to the company responsible for transport;
b) Written proof of acceptance of responsibility by the company responsible for transport upon presentation of original components;
c) Indemnity receipt from the company responsible for transport signed by the claimant (copy and original);
d) Report proving loss or damage issued by the responsible transport company (P.I.R. – Property Irregularity Report) attesting the weight, in kilograms, of the mishandled baggage(s). It is necessary to present a P.I.R. (Property Irregularity Report) for each mishandled baggage;
e) Original baggage check-in ticket, certifying the weight, in kilograms, of the baggage;
f) Document issued by the transport company confirming the total and definitive baggage mishandling.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement, to the rights and actions of the insured against

those whose acts, facts, or omissions caused or contributed to the claim.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of fraud, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE RETURN OF THE INSURED (RS)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and the corresponding premium is paid, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of reimbursement for expenses **for the insured's return transfer to their place of residence or origin of the trip,** if they are unable to complete the insured trip.

2.1.1. The reimbursement described for this coverage shall be due to the necessary and/or unavoidable return, as a consequence solely and exclusively of:

a) Fire, explosion, robbery with damage and/or violence at the insured's habitual residence upon presentation of a copy of the Police Report and Fire Department Report;
b) Sudden illness or covered personal accident of the insured or their traveling companion, provided that the need to return is proven by means of a complete medical record and report attesting to the need to return;
c) Sudden serious illness or serious accident of family members who are not traveling with the insured;
d) Death of their traveling companion;
e) Death of a family member of the insured or their traveling companion.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

2.3. For purposes of this coverage, the following are understood as expenses for the insured's return transfer: the cost of rebooking the original return ticket, in original class, or, when rebooking is not possible, the cost of a return ticket, in economy class, from the location where the insured is located to their city of residence or place of origin of the trip.

2.4. The following are considered family members: father, mother, siblings, spouse or partner, children, and stepchildren of the insured.

2.5. A serious illness is understood as a health condition that poses a significant risk to life, requiring urgent medical intervention or prolonged hospitalization for recovery.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Return expenses of the insured's traveling companion.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date shown on the documents proving the need for expenses.

Section 5 – DOCUMENTATION IN THE EVENT OF A CLAIM

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5.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Beneficiary Documentation:

- If the beneficiary is the insured's spouse or partner(s): marriage certificate, declaration and/or public deed of civil partnership, and identity card of the spouse or partner;
- If the beneficiary is a member of the insured's family: note on the Employment Record or proof of dependents from the National Social-Security Institute (INSS) and identity card of the family member;
- If the beneficiary is the insured's child: birth certificate.

b) Original invoices and receipts for expenses related to the insured's early return transfer to the place of origin of the trip or their home;

c) Duly legalized death certificate, in case of death;

d) In case of accident or illness, complete medical documentation;

e) Letter from the operator/agency detailing the penalties and costs to be borne by the insured;

f) Documentation proving a problem at the residence:

f.1) Letter reporting the incident in detail, informing the damage and containing the insured's signature;

f.2) In case of fire or explosion: Certificate from the Fire Department, if they are present; Report from the Technical Police Institute (if applicable); Photos of the damage to the property;

f.3) In case of robbery or qualified theft: Report from the Technical Police Institute (if applicable); Photos of the damage to the property.

Section 6 – RATIFICATION

6.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION FOR ADDITIONAL COVERAGE FOR HOTEL ACCOMMODATION AFTER HOSPITAL DISCHARGE (HHAH)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of provision of service(s) or reimbursement **of daily hotel expenses for the insured,** in the event of a necessary extension of stay due to **sudden illness or covered personal accident** occurring during the travel period previously determined in the insurance card, **observing the excluded risks and other terms established in these Special Conditions.**

2.1.1. Expenses for daily allowances, duly proven by presentation of invoices, shall be covered if the medical team of the location where the insured is staying and the medical team indicated by the Insurer determine the need to extend the period of stay of the insured, due to a **covered personal accident or sudden illness** occurring during the insured trip. **The Insurer shall only be liable for daily allowances that exceed the period of stay originally contracted by the insured.**

2.1.2. The recommendation for the insured not to return to their place of origin of the trip or their home shall be made through a medical report.

2.1.3. There will be no indemnity for amounts under any circumstances if the hotel chosen by the insured has daily rates lower than the limit of the contracted insured capital.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Additional expenses not related to accommodation, such as, but not limited to: meals, entertainment, rentals, telephone, fax, cell phone, etc.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be considered the date shown on the documents proving the need for expenses.

Section 5 – DOCUMENTATION IN THE EVENT OF A CLAIM

5.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Invoices and other original receipts for expenses incurred by the insured for accommodation;

b) Declaration/Report from the attending physician, justifying the reason and confirming the illness and/or personal accident of the insured that prevents them from returning to their place of origin

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of travel or their home, even after hospital discharge, requiring an extension of accommodation, with signature and stamp containing the CRM (Medical Regional Council) enrollment number.

Section 6 – RATIFICATION

6.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR ACCOMPANYING HOSPITALIZED INSURED USERS (AUSH)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage, consists of indemnity, limited to the value of the insured capital, in the event of **a covered personal accident or sudden illness** occurring to the insured during the travel period previously determined in the insurance card, **subject to the excluded risks,** in the form of **provision of service(s) or reimbursement of expenses with:**

I. **If the insured is accompanied:** rebooking of the original return air or bus ticket in original class, or, when rebooking is not possible, purchase of a new return ticket in economy class, from the place where the accompanying person is located to their city of residence or place of origin of the trip, and accommodation for the accompanying person, in the event of a trip extension necessary due to the insured's hospitalization. **The Insurer shall only be liable for daily expenses that exceed the period of stay originally contracted by the accompanying person.**

II. **If the insured is unaccompanied:** transportation, round-trip air or bus ticket in economy class, and accommodation for a single person indicated by the insured.

2.1.1. This guarantee shall cover the provision of service(s) or reimbursement for expenses, if the insured's hospitalization is expected, certified by the physicians of the assistance service, in a hospital located outside the city of their residence, where the insured is traveling alone or unaccompanied, for a **period in excess of seventy-two (72) hours.**

2.1.2. This coverage also guarantees indemnity, in the form of provision of service(s) or reimbursement for accommodation expenses for the insured's companion, in the event of an extension of stay required due to a covered personal accident or sudden illness occurring to the insured during the travel period previously determined in the insurance card.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

2.3. The companion shall be indicated by the insured or, if it is not possible to indicate one, the person indicated by the insured to provide warnings in cases of emergency shall be considered. In the absence of the latter, the spouse or partner or any first-degree relative, of legal age.

2.3.1. For purposes of this coverage, the person designated to accompany the insured shall reside in the insured's country of domicile.

2.4. There will be no indemnity for amounts under any circumstances if the hotel chosen by the insured has daily rates with values lower than the limit of the insured capital.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General

Conditions of this insurance, the following are not guaranteed by this coverage:

a) Additional expenses not related to accommodation, such as, but not limited to: meals, entertainment, rentals, telephone, fax, cell phone, etc.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date shown on the documents proving the need for expenses.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Police report, if applicable;

b) National Driver's License (CNH), in the event of the accident involving a vehicle driven by the insured;

c) Invoices and other original receipts of expenses incurred by the insured for accommodation and transportation of the person indicated by the insured to accompany them;

d) Declaration/Report from the attending physician, attesting to the hospitalization with date of admission, signature, and stamp containing the CRM (Medical Regional Council) enrollment number.

Section 7 – RATIFICATION

7.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

SPECIAL CONDITION FOR ADDITIONAL COVERAGE REFUND IN CASE OF FLIGHT CANCELLATION OR FLIGHT DELAY (OVER 6 HOURS)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and the corresponding premium is paid, this coverage consists of indemnity, limited to the value of the insured capital, in the form of reimbursement for the **insured's accommodation and food expenses, resulting from the cancellation or delay of a flight for a period in excess of 6 consecutive hours,** caused by:

a) severe weather conditions that delay the scheduled arrival or departure of a flight, **with the exception of natural phenomena or convulsions expressly excluded by this insurance;**

b) labor issue that interferes with the departure or arrival of a flight (strike by airline and/or airport employees);

c) sudden, unforeseen breakdown in a scheduled airline aircraft.

2.1.1. For purposes of this coverage, severe weather conditions are understood as: atmospheric conditions that compromise the safety of the aircraft, such as rain, wind, hail, snow, fog, or excessive heat.

2.1.2. For purposes of this coverage, the loss of connection due to cancellation and/or delay of a previous flight, belonging to the same locator, caused by the covered events mentioned in item 2.1 of these special conditions, is also considered.

2.1.3. This coverage refers **exclusively to scheduled Airline flights,** and therefore does not cover chartered flights.

2.1.4. The insured's flight delay shall be understood as period equal to or greater than 6 hours.

2.1.5. For purposes of this coverage, the period of six (6) hours does not consider the sum of hours of delay of different flights.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) The insured has not checked in at the recommended time;

b) A statement from the transport company or competent authority stating the cause and duration of the delay of the insured journey is not presented;

c) Transfer expenses;

d) Extra expenses not related to accommodation and/or meals, such as, but not limited to: entertainment, rentals, telephone, fax, cell phone, alcoholic beverages, etc.;

e) Missed flight other than due to a connection.

Section 4 – EVENT DATE

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4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date shown on the documents proving the need for expenses.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Original invoices and receipts for accommodation and meal expenses;
b) Statement from the airline confirming the delay, unless it is due to a publicly known fact;
c) Copy of airline ticket and boarding pass;
d) Receipt of indemnity from the company responsible for transport signed by the claimant.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of fraud, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE INDEMNITY FOR DELAYED BAGGAGE (CAB)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and the corresponding premium is paid, this coverage consists of indemnity, limited to the value of the insured capital, in the form of reimbursement for expenses arising from **delayed baggage** under the responsibility of the transport company, **observing the excluded risks and other terms of these Special Conditions.**

The reimbursement shall be due to expenses with purchases of personal items related to the delay caused to the insured's baggage(s), provided that it is the responsibility of the transport company, duly proven through the presentation of the PIR – Property Irregularity Report. The Insurer shall indemnify the insured when the baggage **has not arrived within six (6) hours** after the insured's arrival time at the destination shown on their airline ticket – provided that it is not the insured's place of residence. **Reimbursement for expenses shall be made for the outbound and return legs of the trip (air travel), provided that the insured has not arrived at their final destination (place of residence).**

2.1.1. Important: Reimbursement is limited to the payment of expenses for the purchase of basic clothing and personal hygiene items that have not been paid for by the carrier, for the duration of the delay. Once the baggage has been located, no further indemnity shall be paid.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:
a) Loss of luggage on the insured's return journey to their usual place of residence.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date shown on the documents proving the need for expenses.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital value of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

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a) Original invoices and receipts for expenses incurred by the insured on basic items;
b) Declaration from the transport company confirming the delay;
c) Proof of communication of the incident to the competent authorities;
d) Copy of the Police Report, when completed by the insured;
e) Boarding pass or e-ticket;
f) Original P.I.R. (Property Irregularity Report) form, which shall be in the name of the insured or their guardian, in accordance with the procedures of each transport company;
g) Original document with the baggage check-in tag number of the insured and also of their guardian, when used;
h) Original receipt of delivery of baggage by the transport company to the insured.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of fraud, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR TRIP CANCELLATION/INTERRUPTION – "PLUS REASON" OR TRIP CHANGE (CIV-PR)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - DEFINITIONS

2.1. Non-refundable expenses: amounts charged by the transport company, hotel, tour operator/travel agency and/or companies providing entertainment/attraction services, as fines or advances for reservations, in the event of cancellation (interruption or change) of a trip, provided for in a services agreement or similar instrument as non-refundable and which have been paid in advance by the insured. Expenses shall be considered non-refundable when all possibilities of rescheduling the travel date or refunding the amounts paid have been exhausted.

2.2. Trip cancellation: trip not taking place due to a covered event that occurred before the start of the trip.

2.3. Change of trip: change in the initial date of the trip, but without any change in the itinerary/route.

2.4. Trip interruption: change in the end date of the trip, but without any change in the itinerary.

Section 3 - WARRANTY

3.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the insured capital amount, in the form of reimbursement for **non-refundable expenses with the acquisition of tourist packages and/or travel services, such as transportation and accommodation, in the event of cancellation or change of trip** resulting from the occurrence of a covered event that prevents the insured from starting the trip, or, **in the event of interruption of trip** resulting from the occurrence of a covered event that prevents the insured from completing the trip on the end date previously determined in the insurance card, **observing the excluded risks and other terms established in these Special Conditions.**

3.2. The reimbursement described for this coverage shall be due to the necessary and/or unavoidable Cancellation (C), Change (A) or Interruption (I) of the trip, as a consequence solely and exclusively of:

3.2.1. Death of the insured; **(C) (A) (I)**

3.2.2. Personal accident of the insured that makes it impossible to start or continue their trip; **(C) (A) (I)**

3.2.3. Death or hospitalization for more than 24 (twenty-four) hours as a result of a personal accident or sudden and acute illness of the insured, spouse or partner, first-degree family member, person designated for custody of minors or incapacitated persons or professional substitute; **(C) (A) (I)**

3.2.4. Death of a family member up to the third degree of kinship; **(C) (A) (I)**

3.2.5. Receipt of a non-extendable court notification for the insured to appear in court, provided that the receipt of said notification is subsequent to the contracting of the trip and/or tourist services; **(C) (A) (I)**

3.2.6. Declaration by a competent health authority placing the insured in quarantine, provided that the

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declaration is made after the contracting of the trip and/or tourist services, **unless such disease is classified as epidemic or pandemic by the competent bodies, which is considered a risk excluded by this insurance, except in the case of COVID-19;** (C) (A) (I)

3.2.7. Quarantine imposed on the insured by medical prescription, duly proven, because they have been diagnosed with an infectious disease, considered to be a vital risk to the insured and/or other people during the trip, acquired within the period of up to 14 days before the insured trip, **unless such disease is classified as epidemic or pandemic by the competent bodies, which is considered a risk excluded by this insurance, except in the case of COVID-19;** (C) (A) (I)

3.2.8. Serious losses resulting from fire or theft at the insured's residence or place of work; (C) (A) (I)

3.2.9. Involuntary unemployment of the insured person who maintains an employment relationship with a legal entity, through an employment contract formalized by the Professional Card (CPTS) and receives consecutive periodic payments, this being the main form of their income; (C)

3.2.10. Incorporation into a new job position, in a different company, with an employment contract; (C) (A) (I)

3.2.11. Vacation cancellation letter issued by the insured's company, provided that the previous vacation scheduling and programming prior to the start of the insurance contract is proven; (C) (A) (I)

3.2.12. Submission to public examinations, duly proven by publication in the official gazette; (C) (A) (I)

3.2.13. Appointment to a position through public examination, duly proven by publication in the official gazette; (C) (A) (I)

3.2.14. Summons as a member of the electoral board, duly proven by official documentation; (C) (A) (I)

3.2.15. Theft of documentation that prevents the insured from starting or continuing their trip, provided that an attempt to resolve said impossibility is proven; (C) (A) (I)

3.2.16. Visa denied for destinations where it is issued upon entry into the country; (I)

3.2.17. Non-admission of passenger/visa issued in Brazil, i.e. notification of refusal issued by the country of destination; (C) (A)

3.2.18. Extension of employment contract; (C) (A) (I)

3.2.19. Forced work transfer, with displacement exceeding three (3) months; (C) (A)

3.2.20. Unexpected and unavoidable call for surgical intervention for organ transplant or urgent surgical procedure in which the insured has been officially summoned by a unit of the Unified Health System (SUS); (C) (A) (I)

3.2.21. Cancellation of the insured's civil marriage; (C) (A) (I)

3.2.22. Separation/divorce of the insured, provided that the official procedures for legalizing the separation/divorce occur after the date of purchase of the travel insurance ; (C) (A) (I)

3.2.23. Pregnancy complication; (C) (A) (I)

3.2.24. Miscarriage; (C) (A) (I)

3.2.25. Companion cancellation for covered cause; (C) (A) (I)

3.2.26. Rejection or recovery of materials from the insured, spouse or partner, or first-degree relative participating in the trip, which demonstrably impacts the period of the trip and whose respective dates cannot be postponed; (C) (A)

3.2.27. Indemnity for changes in dates of tests, assignments, presentations by the insured, spouse or partner or first-degree relative; (C) (A)

3.2.28. Summons as a party or witness to a court or jury; (C)(A)(I)

3.2.29. Legal requirement before the start of the trip (summons/notification by the court). (C) (A)

3.3. In cases of cancellation due to the death of the insured or members of their family, the same shall have occurred within the period of thirty (30) days prior to the start of the trip, unless otherwise provided in the contract;

3.4. If the reimbursement is partial, the Insurer shall only be liable for the difference between the amount reimbursed by the service provider company(ies) and the total amount of expenses, taking into account the limit of the contracted insured capital.

3.5. If the service provider is not notified of the cancellation within 48 hours after occurrence of the event that caused the cancellation of the trip, demonstrably resulting in an increase in the fine to be paid, the Insurer reserves the right to make payment of the amount due that would be paid if the notification occurred immediately after the event, the remainder shall be paid by the insured.

3.6. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 4 – EXCLUDED RISKS

4.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Events not reported within forty-eight (48) hours after the occurrence that led to the cancellation;
b) Participation in a criminal act;
c) Wounds that the insured inflicts on themselves;
d) Cases in which it is an immigration requirement, the lack of an entry visa for the destination country, which shall have been issued prior to occurrence of the event that gave rise to the cancellation;
e) When the cancellation is the result of a cancelled charter flight;
f) Circumstances known before purchasing insurance or at the time of booking any travel service, which could reasonably be expected to lead to cancellation of the trip;
g) Any costs that have already been paid in advance by the insured and which are reimbursable by:
  g.1) transport company, hotel, tour operator/travel agency and/or companies providing entertainment/attraction services or other form of indemnity;
  g.2) credit or debit card administrator or other payment method company.
h) Any claim arising from a reason not listed as covered;

i) Denied boarding;
j) Overbooking;
k) Cases in which the insured has previously had a visa denied for the same destination and is making a new application for the same trip, unless there is evidence of a substantial change in the circumstances that caused the previous denial.

4.2. Hospitalizations in institutions of the types listed below are excluded from coverage:
a) Institution for the care of the mentally disabled, that is, an institution primarily dedicated to the treatment of psychiatric illnesses, including intellectual disabilities; or the psychiatric department of a hospital;
b) Place for the elderly, rest homes, nursing homes, and the like;
c) Clinics or places for recovery from alcohol and drug addiction;
d) Hydrotherapeutic health institutions or natural healing clinics; convalescent home; special hospital unit used primarily as a place for drug or alcohol addicts, or as a convalescent health institution or rehabilitation facility; weight loss clinics and spas.

Section 5 – EVENT DATE

5.1. For purposes of calculating the indemnity, the date of the event when claims are settled shall be understood as the date stated on the document proving the actual reason for cancellation of the trip.

Section 6 – REINTEGRATION

6.1. After the occurrence of a covered event of Travel Change, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured shall have the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 7 – DOCUMENTATION IN THE EVENT OF A CLAIM

7.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:
a) Beneficiary(ies) Documentation:
- If the beneficiary is the insured's spouse or partner: marriage certificate, declaration and/or public deed of civil partnership, and identity card of the spouse or partner;
- If the beneficiary is a member of the insured's family: note in the Employment Record or proof of dependents at the National Social-Security Institute (INSS) and identity card of the family member;
- If the beneficiary is the insured's child: birth certificate.

b) Invoices and receipts proving payments made to the travel agency and/or tour operator where the services were contracted, coinciding with the declarations made by the travel agency or Insurer;
c) In case of accident or illness, complete medical documentation;
d) Documents proving the amounts paid;
e) Proof of fine amounts retained in the event of cancellation;
f) Services agreement for travel organizers, which shall provide for fines in the event of cancellation, as determined by law;
g) Technical report and/or documentation proving the reason for cancellation in accordance with the events covered;
h) For cancellations due to a travel companion, all documents proving that the person was the insured's

travel companion shall be required;

i) Due to illness: Declaration/Report from the attending physician, justifying the reason and confirming the insured's hospitalization on the scheduled travel date, signed and notarized.

j) Due to an accident: Results of tests performed and a statement/report from the attending physician, stating the injury that occurred and proving the inability to move, signed and notarized.

k) Due to death: Copy of the death certificate.

Section 8 – SUBROGATION TO RIGHTS

8.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the regulation and settlement of the process, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

8.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

8.3. The Insurer may not use the subrogation institute against the insured.

8.4. Except in the case of fraud, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 9 – RATIFICATION

9.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR SUITCASE DAMAGE (DM)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of **replacement or repair of damage caused to the insured's suitcase(s),** while in the care of a regular transport company linked to the insured's trip and duly proven through the presentation of the PIR – Property Irregularity Report. The Insurer shall indemnify the difference between the contracted insured capital and the amount paid by the transport company, based on the cost of replacing or repairing damaged bags.

2.2. If repairs are not possible, as proven by a report, the insured shall purchase a new suitcase, present the invoice, and shall then be entitled to a refund.

2.3. This coverage consists of indemnity or repair to the insured in case of damage to the suitcase only, not including baggage or contents.

2.4. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Superficial/aesthetic damage resulting from the dispatch and handling process caused to the contents of the baggage;
b) Damage to glasses, contact lenses, and any orthodontic braces;
c) Jewelry, furs, watches, bonds, policies, and money (including traveler's checks);
d) Events not notified to 0, by filling out the irregularities report, before leaving the arrival location;
e) Suitcase that has not been delivered under the responsibility of the transport company and hand luggage;
f) Pre-existing damage to the bags and previously known to the insured before delivery thereof to the transport company;
g) Confiscation, seizure, damage or destruction of the bag by Customs or any other government authority;
h) Bags of pilots, crew members, employees, or people who have interest in the transport company;
i) Defects inherent to the suitcase, spillage or leakage of liquids, gnawing, or any other damage, even total, caused by moths, insects, or mold, the cause of which cannot be demonstrably attributed to accidents or fire involving the means of transport;
j) Simple theft and loss of luggage under the responsibility of the insured;
k) Any object stolen from inside the suitcase;
l) Failure by the Insured to collect the suitcase as soon as it is made available by the transport company.

Section 4 – EVENT DATE

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4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date stated on the document proving the actual occurrence of damage to the bags.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Original Baggage Tickets for all checked items (in the case of airlines or shipping companies with the respective registered weights);
b) P.I.R – Property Irregularity Report, for incidents with airlines, reporting damage to the suitcase;
c) Report of irregularities of the transport company for maritime, land, and rail transport;
d) Original invoice for repair of the suitcase or report of impossibility of repairing the suitcase issued before the purchase of a new suitcase;
e) Description of the volume(s) damaged as a result of a covered loss;
f) Indemnity receipt from the company responsible for transport signed by the claimant (copy and original);
g) Photo of the damaged property.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of willful misconduct, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION FOR ADDITIONAL COVERAGE FOR EXPENSES WITH "PET" (DP)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and the corresponding premium is paid, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of reimbursement for expenses **incurred by the insured with visit(s) and medication(s) prescribed under veterinary guidance for a pet (dog and/or domestic cat) covered by this insurance,** resulting from **an accident or sudden illness** occurring during the insured trip and also caused by **theft, robbery, or loss of the Pet** occurring during the flight, **subject to the excluded risks and other terms established in these Special Conditions.**

2.1.1. In the event of an accident or sudden illness occurring to a pet covered by the insurance, during an insured trip, this coverage provides for the payment of indemnity in the form of reimbursement for expenses incurred by the insured with:

a) visits, exams, surgeries, medications, hospitalization, transfer, and other veterinary procedures, aiming to stabilize the animal's clinical condition that allows it to continue the journey or return to its place of residence;
b) funeral, including cremation, if applicable;
c) transfer of the animal's body from the place of death to the place of residence or funeral.

2.1.2. In the event of theft, robbery, or loss of the pet during the flight, this coverage provides for payment of the insured capital contracted for this coverage, provided that all of ANAC's (National Aviation Agency) basic requirements for traveling with a pet have been met.

2.2. This coverage is only valid for domestic dogs and cats that meet all of the following conditions:

a) that presents a certificate to the transport company, containing the name, age, and breed of the animal, signed by a veterinarian dated no more than ten (10) days before the start of the trip, declaring the good health status (including any diseases, injuries, deformations or anomalies, congenital or pre-existing, recent surgeries or treatments), accompanied by an updated vaccination card, except when traveling by car;
b) which are not intended for sale and/or reproduction;
c) which are traveling with the insured.

2.5. The maximum insured capital limit shall be expressly described in the insurance policy.

2.6. This coverage does not allow concurrence of policies, and therefore it cannot be complemented by another insurance policy that insures the same risk.

2.7. Those responsible for the animal shall provide all the necessary documentation to carry out the cremation.

2.8. This coverage shall be extended to reimburse expenses for documentation required to repatriate the animal covered by this insurance, only in the event of illness and the International Veterinary Certificate

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issued or endorsed by the veterinary authorities of the animal's countries of origin shall be presented, as well as the Vaccination Certificate or any other health certification upon entry into the country.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Expenses for pets that are not traveling with the insured;
b) Transporting the animal to the veterinarian;
c) Non-admission to the destination country due to lack of vaccination or failure to comply with any immigration requirement that prevents entry or return to the country of origin;
d) Accidents or sudden illnesses resulting from the animal's participation in an exhibition, sporting event, fighting or hunting, or during use for guarding, scientific research, breeding, artistic events, sale, or carrying out any other type of work. The exclusion related to the performance of any type of work mentioned in this paragraph "d" does not apply to guide dogs and emotional assistance dogs, duly proven;
e) Elective and/or routine treatment, including, but not limited to, neutering, tail docking, ear docking, acupuncture, physiotherapy, dental treatment, vaccinations, and microchipping;
f) Diseases, injuries, deformations, or anomalies, whether congenital or pre-existing, declared in the veterinary certificate referred to in item "a" of subitem 2.2 of this special condition.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date shown on the documents proving the need for expenses.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital value of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Travel ticket for the animal with the transport company, except for car trips;
b) Proof of expenses incurred;
c) Veterinarian's report, justifying the reason and confirming the illness and/or accident and the necessary medication, signed and stamped;
d) Death certificate signed by a veterinarian, if applicable;
e) Veterinary certificate referred to in item "a" of subitem 2.2 of this special condition, accompanied by an updated vaccination card, except for car journeys;
f) Letter issued by the airline confirming the permanent loss of the pet or original P.I.R. ("Property Irregularity Report") form, which shall be in the name of the insured or their guardian, in accordance with the procedures of each transport company, in case of theft, robbery, or loss of the pet during the flight.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the regulation and settlement of the process, to the rights and actions of the insured against those whose acts, facts or omissions caused or contributed to the loss.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of willful misconduct, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE VEHICLE DEDUCTIBLE (FV)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of **reimbursement of the deductible amount** that the insured is responsible for paying under the rental contract **in the event of an accident with a vehicle rented in their name,** provided that the accident occurred during the travel period previously determined in the insurance card, **subject to the excluded risks and other terms established in these Special Conditions.**

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

2.3. Under no circumstances may indemnity be higher than the vehicle's Deductible.

Section 3 - DEDUCTIBLE

3.1. This coverage is subject to the application of a deductible**.**

Section 4 – EXCLUDED RISKS

4.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Damage whose repair value is less than the deductible of the rented vehicle that the insured is responsible for paying under the rental agreement;
b) Total loss cases;
c) Accidents occurring outside the period of the insured trip;
d) Accidents involving drivers without a valid driver's license;
e) Accidents involving drivers under the influence of alcohol, drugs, or narcotics;
f) Accidents involving the vehicle during street racing or speed races;
g) Accidents occurring with a driver not recognized by the rental contract;
h) Vehicles damaged before the accident;
i) Accidents occurring as a result of the insured violating any term of the rental agreement.

Section 5 – EVENT DATE

5.1. For purposes of calculating indemnity, the date of the event when settling claims shall be considered the date of the accident with the rented vehicle.

Section 6 - REINTEGRATION

6.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 7 – DOCUMENTATION IN THE EVENT OF A CLAIM

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7.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Claim notice;
b) Vehicle rental agreement;
c) Document from the vehicle rental company specifying the amount of the deductible and the amount of total damage to the vehicle;
d) Vehicle inspection form completed and signed when contracting the rental agreement;
e) Copy of CNH – National Driver's License or copy of CPF/MF – Individual Taxpayers' Register and RG – Identity Card, in this case accompanied by the nature of the document, issuing body and issue date, or Passport number, with identification of the country of issue;
f) Proof of payment of the vehicle deductible amount by the insured to the vehicle rental company.

Section 8 – SUBROGATION TO RIGHTS

8.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the regulation and settlement of the process, to the rights and actions of the insured against those whose acts, facts or omissions caused or contributed to the loss.

8.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

8.3. The Insurer may not use the subrogation institute against the insured.

8.4. Except in the case of willful misconduct, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 9 – RATIFICATION

9.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF HOME AWAY ADDITIONAL COVERAGE – FIRE IN THE RESIDENCE DURING TRAVEL (HA-IRV)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of the payment of indemnity, limited to the amount of the insured capital, in the event of **a fire in the insured's residence,** occurring during the travel period previously determined in the insurance card, **observing the excluded risks and other terms established in these Special Conditions.**

2.2. The following are also covered:

2.2.1. Material damage and expenses arising from measures taken to mitigate the consequences of the insured event, as well as for any possible clearance of debris from the site;

2.2.2. Collapse resulting from covered risk;

2.2.3. Expenses necessary to restore personal documents destroyed due to a covered loss.

Section 4 – EXCLUDED RISKS

4.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Intrinsic defect, poor quality, natural wear and tear or wear and tear due to use, gradual deterioration, humidity, mold, gnawing, or damage by harmful animals or pests, mechanical breakdown, fatigue, cavitation, corrosion of mechanical, thermal, or chemical origin, oxidation, erosion, incrustation, dust, and soot;
b) Any faults or defects that pre-existed the effective date of the contracted coverage and which were already known to the insured or their representatives;
c) Burnings in rural and urban areas;
d) Electrical damage;
e) Third-party properties;
f) Uninhabited properties, properties under construction, reconstruction, structural alteration or renovations (when this renovation requires the temporary vacating of the property and/or there is a compromise in the safety of the property), including construction materials intended for this use;
g) Any collective areas of condominiums and buildings;
h) Property and its contents that are not being used exclusively for residential purposes, even if the property is used for informal commercial activities;
i) Place of risk other than the address of the insured specified in the insurance card;
j) Vacation or weekend property, smallholdings, farms, ranches, low-rise or mixed-use residences;
k) Collective properties (student co-ops, boarding houses, nursing homes, and the like);
l) Damage caused during the restoration and/or repairs of objects in the insured residence;
m) Fall and/or breakage, denting or scratching, unless resulting from a covered event specified in these special conditions, duly characterized;

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n) Hurricanes, cyclones, tsunamis, earthquakes, tidal waves, landslides, collapses, floods, inundations, floods, earthquakes, volcanic eruptions, and other natural disasters, unless specific coverage is contracted for one of the events mentioned herein;
o) Acts of public authority, except to prevent the spread of damage covered by this insurance;
p) Short circuit, overload in the electrical network, including as a result of lightning strike outside the property, which causes loss or damage to wires, lamps, switches, fuses and any electrical or electronic devices and/or components;
q) Any damage caused by fires occurring in the insured's residence outside the travel period previously determined in the insurance policy.

Section 5 – NOT COVERED ASSETS

5.1. The following assets/interests are not covered by this insurance:
a) Trees, gardens, and any type of landscaping;
b) Plantation or vegetation;
c) Animals of any species;
d) Airplanes, trailers, boats, scooters, motorcycles and the like, including their parts, components, accessories, and objects installed or deposited therein;
e) Properties and any dependencies built entirely or partially of wood, allowing wooden floors, floors, ceilings and coverings, provided they are for decorative purposes, laid or placed on concrete or masonry walls and slabs. Wooden beams are also permitted, provided they are covered with non-combustible material;
f) Money of any kind, checks, bonds, paper money, coins, lottery tickets, shares, rough stones of any kind, cut stones, stamps, minted currency and any other papers that represent value;
g) Any objects of estimated value, except as regards intrinsic material;
h) Rare carpets, tapestries, paintings, art objects, antiques, ceramics, porcelain, valuable collections, crystal objects, and special wines;
i) Personal items of employees;
j) Explosives and firearms of any kind;
k) Beverages, cosmetics, food, medicines, and perfumes;
l) Software of any nature, as well as data stored in covered assets;
m) Machines, devices, instruments, and other utensils used for professional purposes, as well as goods intended for sale;
n) Third-party assets, even if in the possession of the insured;
o) Goods resulting from illicit trade and transport and smuggling;
p) Manuscripts, models, lamps, valves, keys, circuits, that is, any goods that have a short useful life;
q) Cars, motorcycles and similar belonging to the insured and/or people who live with him, including their parts, components and accessories installed therein;
r) Equipment and tools suitable for farming;
s) Imported goods whose origin and/or acquisition cannot be proven, or which do not have the respective import documentation;
t) Goods out of use and/or scrap;
u) Furs, articles of gold, silver, platinum, precious stones, and precious metals;
v) Portable equipment, including notebooks, netbooks, laptops, cell phones, MP3 and MP4 players and other varieties, IPODs, IPADs and other types of Tablets, GPS receivers, portable transmitters and the like;
w) Rural cellular telephone equipment, including accessories and installations;
x) Jewelry and watches;
y) Insured's property in places not specified as the insured's residential address in the

insurance card;

z) Properties listed as municipal, state, federal, or world heritage;

aa) Properties not regularized with the municipal government.

Section 5 – EVENT DATE

5.1. For purposes of calculating indemnity, the date of the event when settling claims shall be understood as the date of the fire that occurred in the insured's residence as stated in the insurance policy.

Section 6 - REINTEGRATION

6.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 7 – DOCUMENTATION IN THE EVENT OF A CLAIM

7.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Claim Notice Form, with the insured's bank details, duly completed and signed by the insured;

b) Police report, if applicable;

c) Three (3) quotes for repairing damage.

Section 8 – SUBROGATION TO RIGHTS

8.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

8.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss without prior and express authorization from the Insurer.

8.3. The Insurer may not use the subrogation institute against the insured.

8.4. Except in the case of willful misconduct, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 9 – RATIFICATION

9.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE CIVIL LIABILITY ABROAD (RCE)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 – DEFINITIONS

For purposes of this coverage, the following definitions apply:

2.1. Damage: in the broad sense, a change, for a smaller amount, in the economic value of goods or in the expectation of gain of an individual or legal entity, or violation of their rights, or even, in the case of individuals, injury to their body or mind, or to their personality rights. THE GENERALITY OF THIS DEFINITION MADE IT NECESSARY TO INTRODUCE MORE RESTRICTIVE CONCEPTS THAT WOULD CHARACTERIZE THE TYPES OF DAMAGE WITH WHICH INSURANCE COMPANIES WOULD BE WILLING TO OPERATE. THUS THE CONCEPTS OF "ENVIRONMENTAL DAMAGE", "BODILY INJURY", "AESTHETIC DAMAGE", "MATERIAL DAMAGE", "MORAL DAMAGE", AND "FINANCIAL LOSS" WERE CREATED.

2.2. Environmental Damage: degradation of the environment, caused by facts or acts that are harmful to biological cycles.

2.3. Bodily Injury: any offense caused to the normal functioning of the human body, from an anatomical, physiological and/or mental perspective, including diseases, temporary or permanent disability, and death. AESTHETIC DAMAGE, MATERIAL DAMAGE AND MORAL DAMAGE ARE NOT COVERED BY THIS DEFINITION, ALTHOUGH, IN GENERAL, SUCH DAMAGE MAY OCCUR IN CONJUNCTION WITH BODILY INJURY, OR AS A CONSEQUENCE THEREOF.

2.4. Aesthetic Damage: type of damage characterized by a lasting or permanent change in a person's external appearance, causing a reduction or elimination of their standard of beauty.

2.5. Material Damage: any alteration (physical damage) to a tangible asset that reduces or eliminates its economic value. THIS CONCEPT DOES NOT INCLUDE THE REDUCTION OR ELIMINATION OF EXISTING FINANCIAL ASSETS, SUCH AS MONEY AND/OR CREDITS, WHICH ARE CONSIDERED "FINANCIAL LOSSES". THE REDUCTION OR ELIMINATION OF THE EXPECTATION OF PROFITS OR MONEY GAINS ALSO DOES NOT FALL UNDER THE DEFINITION OF MATERIAL DAMAGE, BUT RATHER WITH THAT OF "FINANCIAL LOSS".

2.6. Moral Damage: injury, caused by another person, to the psychological assets or dignity of an individual, or more broadly, to the rights of personality, causing psychological suffering, embarrassment, discomfort and/or humiliation. For legal entities, moral damage is associated with offenses to the name or image of the company.

2.7. Third party: this is the person harmed by an act or fact for which the insured is liable. THIS DEFINITION DOES NOT INCLUDE:
a) THE INSURED THEMSELVES;
b) THE SPOUSE OR PARTNER IN A CIVIL PARTNERSHIP, ASCENDANTS OR

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DESCENDANTS OF THE INSURED, OR ANY OTHER PERSONS, WHETHER RELATIVES OR NOT, WHO ARE ACCOMPANYING THE INSURED ON THE INSURED TRIP;

c) THE INSURED'S EMPLOYEE, OR ANY OTHER PERSON, IN WHOM THE EMPLOYMENT RELATIONSHIP AND LABOR RELATIONSHIP WITH THE INSURED IS CHARACTERIZED, PURSUANT TO THE PROVISIONS OF THE LAW.

Section 3 - WARRANTY

3.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of the payment of indemnity, limited to the amount of the insured capital, in the form of **reimbursement for the amounts for which the insured is held liable under the civil law,** in a final court ruling or irrevocable arbitration decision, or even in a settlement expressly authorized by the Insurer, relating to the repair of **bodily injury and/or material damage involuntarily caused to third parties,** during the period of international travel, previously determined in the insurance card, and once the departure from the country of residence has been confirmed, **observing the risks not covered and other terms established in these Special Conditions,** resulting from accidents related to:

a) actions or omissions of the insured;
b) actions or omissions of the insured's domestic employees, in the performance of their work, or on the occasion of their work, during an insured international trip;
c) domestic animals owned by the insured, **unless resulting from the victim's fault or for reasons of force majeure**.

3.2. This coverage shall also extend to guarantee material damage and/or bodily injury caused to third parties and/or to property owned by third parties, by the insured, during the period of insured international travel.

3.3. This coverage also includes claims arising from risks covered under the terms of these special conditions, provided that they result from:

a) financial losses, including loss of profits;
b) defense costs;
c) disaster containment and rescue expenses.

Section 4 – EXCLUDED RISKS

4.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are excluded from this coverage: repairs and/or expenses, due and/or paid by the insured, directly or indirectly, caused by or arising from, or in any way, attributable to or related to, or in connection with or occurring simultaneously or in sequence, with the following events:

a) Expenses arising from accidents related to pets that are not traveling with the insured;
b) Damage, of any kind, caused to an individual or legal entity that does not fall under the definition of "third party", as defined in section 2 of these special conditions;
c) Moral and aesthetic damage;
d) Financial losses, including loss of profits, not arising from bodily injury and/or material damage covered under the terms of these special conditions;
e) Material damage caused to the insured person and/or their travel companion;
f) Damage, of any kind, caused by professional actions and/or omissions of the insured or of a person under their authority or company during the insured trip;
g) Accidents during the practice of the following sports: hunting (including underwater), target

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shooting, archery, horse riding, golf, water skiing, surfing, windsurfing, hang gliding, sailing, fishing, canoeing, fencing, boxing, martial arts, parachuting, and any other extreme sports;

h) Failure to comply with obligations assumed by the insured or their travel companion in contracts and/or agreements;
i) Accidents related to commercial and/or industrial operations carried out during the travel period previously determined in the insurance card;
j) Failure to comply with accounting, fiscal, tax, labor, and social-security obligations, including, but not limited to, any expenses, costs, fines, penalties, or pecuniary reparations, as a consequence of administrative or court action, proceedings, or procedure brought against the insured or their travel companion;
k) Liability related to the existence, use, and maintenance of helicopters, helipads, marinas, and similar facilities;
l) Liability relating to ownership, custody, or possession of aircraft, vessels, and vehicles subject to the provisions of the laws of the respective country of destination of the insured trip.
m) Material damage caused to tangible assets, documents and/or valuables of third parties, in the possession of the insured, for storage, transfer, transportation, use, or execution of any work;
n) Disappearance, loss, theft, robbery, fraud, misappropriation, indirect extortion, extortion through kidnapping, or any other form of subtraction of tangible assets, documents and/or valuables from third parties;
o) Occupational diseases, work-related illnesses and the like;
p) Bodily injuries and injuries suffered by the insured's domestic employees, or by any self-employed, casual or occasional worker, whilst providing services during the travel period previously determined in the insurance card;
q) Any phenomena or convulsions of nature, such as, but not limited to, floods, inundations, gales, hurricanes, cyclones, storms, lightning, droughts, earthquakes, tidal waves, tsunamis, and volcanic eruptions;
r) Environmental damage that is covered by another branch of insurance, called civil liability for environmental risks, which is completely different from this contract;
s) Fines, of any nature, imposed on the insured, as well as punitive and/or exemplary compensation they are ordered to pay by the courts;
t) Intentional unlawful acts or acts due to serious fault comparable to intent, exclusively and demonstrably carried out by the insured, the beneficiary, or the representative of one or the other;
u) Acts of hostility or war, whether declared or not, conspiracy, subversion, rebellion, insurrection, civil war, guerrilla warfare, revolution, usurped power, popular uprisings, social unrest, public demonstrations, riots, strikes, lockouts, riots, piracy and, in general, any and all acts or consequences of such events, including vandalism, looting, and pillaging;
v) Act committed by any person acting on behalf of, or in connection with, any organization the activities of which are aimed at overthrowing the government or instigating its downfall;
w) Terrorist act, regardless of its purpose, when recognized as an attack on public order by the competent authority;
x) Detonation of mines, torpedoes, bombs, grenades, and other war devices;
y) Accidents caused by chemical, biological, biochemical, or electromagnetic weapons;
z) Accidents related to the peaceful or military use of nuclear energy;
aa) Accidents related to nuclear fusion, force, or matter, or any other similar reaction, including radioactive or ionizing contamination resulting from the use of weapons, military devices, or any emanations arising from the production, storage, handling, transportation, disposal,

use and/or neutralization of fissile materials and their waste, even if resulting from tests, experiments, or explosions caused for any purpose;

bb) Accidents resulting from the custody, storage, use, or handling of fireworks, pyrotechnic devices, detonators, or any other similar types of explosives;

cc) Cyber act or cyber incident, including, but not limited to, any action taken with the aim of controlling, preventing, suppressing, or stopping such cyber act or cyber incident. Likewise, this coverage excludes any loss, damage, liability, or expenses of any nature directly or indirectly caused by the functionality, repair, replacement, restoration, or reproduction of data, including any value related to such data, regardless of any other cause or event that contributes simultaneously or in any other sequence due to the above;

dd) Accidents caused by wild animals owned, guarded, or in the possession of the insured during the travel period previously determined in the insurance card;

ee) Damage, of any kind, occurring prior to the start of insurance coverage, regardless of whether or not it was notified to the Insurer;

ff) Damage, of any kind, occurring after the end of the insurance coverage.

Section 5 – LIABILITY LIMITS

5.1. The maximum indemnity limit specified in the insurance policy for this coverage represents the amount up to which the Insurer shall be liable for each claim.

5.2. A second maximum indemnity amount is also established, called aggregate limit, which represents the amount up to which the Insurer shall be liable, considering all claims covered by this coverage.

5.2.1. The aggregate limit for this coverage is defined as the product of the maximum indemnity limit and a factor equal to one.

5.2.2. The aggregate limit neither eliminates nor replaces the maximum indemnity limit of this coverage, which continues to be, without prejudice to other provisions of this insurance, the amount up to which the Insurer shall be liable for each claim, except, however, for the possibility of variations in the two limits, as set out below.

5.3. Once the indemnity has been paid, the following shall be set for this coverage:

a) a new aggregate limit, defined as the difference between the aggregate limit in force on the date of settlement of the claim and the corresponding indemnity paid;

b) a new maximum indemnity limit, defined as the lesser of the following amounts:
   b.1) the maximum limit of indemnity initially stipulated; or
   b.2) the amount defined in item "a" of this item 4.3.

5.4. Exhaustion of the aggregate limit shall result in automatic cancellation of this coverage, and the insured shall not be entitled to any refund of premium.

Section 6 – PROCEDURES IN THE EVENT OF A CLAIM

For purposes of this coverage, section 17 of the general conditions is revoked in its entirety and replaced by the following wording:

6.1. In the event of a claim or any event or circumstance that may result in a claim covered by this contract, the insured, UNDER PENALTY OF LOSS OF RIGHTS, is obliged to:

6.1.1. Communicate it immediately to the Insurer, as soon as they become aware thereof, by the quickest

means available, without prejudice to written notice, which shall be formalized as quickly as possible;

6.1.2. Take the measures considered unavoidable and within its reach, with the purpose of avoiding the claim and/or minimizing its effects, preserving the damaged assets and/or providing assistance to adversely affected third parties, until the arrival of a representative of the Insurer;

6.1.3. Grant the Insurer access to the location of the incident, enabling the loss inspection;

6.1.4. Make all documentation proving the event available to the Insurer, providing the requested clarifications;

6.1.5. Ensure that subrogation rights against third parties are preserved and exercised;

6.1.6. Defend themselves, as provided in section 7 of these special conditions. In addition, the insured shall:

a) provide assistance to the Insurer, do whatever is possible and allow the practice of any and all necessary acts, or those considered indispensable, with the purpose of stopping, remedying, or correcting failures or inconveniences, cooperating spontaneously and willingly for a correct resolution of disputes;
b) keep the Insurer aware of all steps of the action, informing it immediately about any act carried out by or due to a jurisdictional determination, until complete resolution or termination of the proceedings.

6.1.7. Wait for instructions and authorization from the Insurer before starting any negotiation or settlement with adversely affected third parties, except in relation to the loss containment and salvage measures described in subitem 6.1.2 of this section;

6.1.8. Deliver to the Insurer, with due diligence, the basic documents requested, among those listed below:

a) detailed report on the event containing location, date, cause, nature, extent of damage, adversely affected third parties and witnesses, if any;
b) copy of the identification documents of the insured, third parties and beneficiaries, in accordance with the provisions of item 8.12 of these special conditions;
c) complete copy of the arbitration or judicial proceedings brought against the insured seeking compensation for damage, if any;
d) proof of expenses borne by third parties and beneficiaries;
e) instrument of discharge of expenses borne by the insured and beneficiaries;
f) list of other insurance policies covering the same assets and/or against the same risks covered by this insurance.

6.2. In the case of reimbursement for expenses incurred abroad, the Insurer shall accept documents in the language of the country of origin of said expenses for purposes of adjusting and settling the claim. However, if translation of these documents is necessary, the corresponding expenses shall be borne exclusively by the Insurer, and proof of said expenses shall be provided to the Insurer by the insured.

6.3. The Insurer may require certificates or certifications from competent authorities, as well as the results of inquiries or proceedings initiated due to the event that caused the loss, without prejudice to indemnity within the due period. Alternatively, it may request a copy of the certificate of opening of the investigation that has been initiated, if any.

6.4. If, after analyzing the basic documents presented, as set out in subitem 6.1.8, there are well-founded

and justifiable doubts, the Insurer has the right to request other documents and/or additional information necessary to clarify the event and assess the damage.

6.5. All expenses incurred in proving the event and providing the qualification documents shall be borne by the insured and/or the interested party upon receipt of indemnity, except in relation to those directly incurred or authorized by the Insurer.

6.6. The acts or measures that the Insurer takes after the event do not represent, per se, recognition of the obligation to pay the indemnity claimed.

Section 7 – INSURED'S DEFENSE

7.1. In the event that an arbitration, judicial or extrajudicial proceedings or procedure is initiated against the insured, linked to risks covered by this contract, it shall be their responsibility to immediately notify the Insurer of the fact, sending a copy of the notice, petition, summons, service of process, or any other document received, under penalty of loss of the right to indemnity.

7.1.1. In such cases, the insured (or whoever represents them) shall be obliged to appoint, to defend their rights, an attorney-at-law or lawyer, except in cases where the law waives such appointment.

7.1.2. The insured shall be responsible for all actions pertinent to their defense, and may not adopt any measure that harms the position of the Insurer.

7.1.3. The Insurer shall not be obliged to defend claims made against the insured, but it may, at its discretion and expenses, join forces with the insured, as an assistant, for defense, investigation, negotiation, or settlement purposes.

7.2. The insured is prohibited from compromising, paying or adopting other measures and/or liabilities that may influence the outcome of negotiations or disputes, as well as recognizing their liability or confessing facts, unless there is prior and express consent from the Insurer.

7.2.1. If there is a settlement authorized by the Insurer and accepted by the interested third party, but not agreed to by the insured, the Insurer shall only be liable up to the limit established in said settlement.

7.3. The Insurer shall indemnify the insured's defense costs, within the limit established for this coverage, observing the proportion of liability for the main indemnity in relation to attorneys' and experts' fees. Reimbursement of attorneys' and experts' fees is subject to the submission, prior analysis, and validation by the Insurer of the services agreement, UNDER PENALTY OF LOSS OF THE RIGHT TO INDEMNITY.

7.3.1. The insured shall freely choose the lawyer and experts for their defense, however, the setting of fees shall be done in line with the values usually practiced in the market.

7.3.2. The Insurer shall advance the defense costs to the insured, before the final and unappealable judgment or irrevocable arbitration decision, provided that they are formally requested by the insured, to the extent and under the conditions in which they become payable.

7.3.3. The granting of advances does not mean nor may it be invoked as formal or implicit recognition of the existence of coverage.

7.3.4. The insured is obliged to return to the Insurer, adjusted for inflation, any advance payment made if, subsequently, it is found that there is no coverage for the claim. In addition, the insured shall reimburse the Insurer for the amount of the appeal deposit, bond, or surety bond premium that it may have paid.

7.3.5. The total reimbursement amount including defense costs shall be made after the final and unappealable judgment or irrevocable arbitration decision. For extrajudicial claims, the total reimbursement shall only be made after the Insurer receives proof of the provision of services and actual payment.

7.3.6. If the insured and the Insurer, being parties to the same lawsuit, appoint different counsel and experts, in the event that reimbursement for defense costs has not been contractually provided for, each party shall individually assume the fees, court costs, and other expenses related to the proceedings or procedure.

Section 8 – CLAIM SETTLEMENT

For purposes of this coverage, section 16 of the general conditions is revoked in its entirety and replaced by the following wording:

8.1. Payment of any indemnity, based on this contract, shall only be made after the circumstances of the event have been reported, its causes have been determined, the amounts to be indemnified and the right to receive them have been proven, and it is the responsibility of the insured, or whoever represents them, to provide all assistance so that this can be achieved.

8.2. If the damage caused to third parties results from the same triggering event, producing several claims and, as a result of these, the insured claims the guarantee several times, always under this coverage, all the successful claims shall constitute a single loss, regardless of the number of third-party claimants.

8.3. If the loss occurs on an uncertain date, and the occurrence has been intermittent,, periodic or continuous, it is agreed that, unless otherwise agreed between the parties:

a) the date on which bodily injury occurred shall be the date on which, for the first time, the fact was diagnosed by a specialist physician, when consulted by the adversely affected third party;
b) the date on which material damage occurs shall be the date on which the fact became evident to the adversely affected third party, even if the cause is unknown.

8.4. To determine the indemnifiable losses, having complied with all the provisions of this insurance, the Insurer shall use the documentation requested and presented, and any other legal means available.

8.5. The Insurer shall indemnify the amount of regularly determined losses, up to the maximum indemnity limit in force on the date of settlement of the claim, or, when applicable, up to the maximum guarantee limit, less, in any of these cases, the deductible, if any.

8.6. The Insurer may pay the indemnity directly to adversely affected third parties, provided that this is made with the prior and express consent of the insured.

8.7. With respect to claims involving the insured with other individuals or legal entities not insured by the insurance policy, the contracting parties agree to use their best efforts to determine the fair and

adequate allocation of liability between them. The same procedure shall be adopted between the insured and the Insurer, in the event that the claim involves risks covered and not covered by this insurance.

8.8. Once the insured's right to the insurance guarantee has been confirmed, the Insurer shall have a term of thirty (30) days from the delivery of all basic documentation for claim adjustment and settlement to, upon agreement between the parties, pay the indemnity in cash or carry out the necessary transactions.

8.9. The thirty- (30)-day period provided for in the previous item shall be suspended for each new request for delivery of documents and/or additional information, as defined in section 6 of these special conditions, and shall restart on the business day following the day on which the requirements are fully met.

8.10. If indemnity is not paid by the Insurer within the term stipulated in accordance with items 8.8 and 8.9 of this section, the indemnity amounts are subject to adjustment for inflation and late payment interest, in accordance with the provisions of section 15 of these general conditions.

8.11. If the Insurer concludes that indemnity is not due, it shall formally notify the insured with the justification for non-payment, within thirty (30) days from the delivery of all the basic documentation required for the adjustment of the process.

8.12. For purposes of settling the claim, it is mandatory to present at least the following documents from the person who will receive the indemnity, without prejudice to others that may be required by the applicable regulations:

8.12.1. Legal Entities:

8.12.1.1. Joint-stock Companies, Condominiums, and other Entities such as Political Parties, Churches, Foundations, etc.:

a) current bylaws;
b) latest minutes of the election of the executive board and board of directors;
c) copy of the CNPJ card or the Foreign Company Registry/BACEN (CADEMP) for offshore companies, except the universality of rights that, by legal provision, are exempt from registration with the CNPJ and CADEMP;
d) copy of the current power of attorney granted by the company's members with the identification of the attorney-in-fact or officers, when the company is not directly represented by the owner or controlling member;
e) copy of the taxpayer card (CPF) and identity card (RG) or other identification document containing the nature of the document, issuing body, and date of issue (OAB, CREA, and others), of the beneficiaries and representatives, in the event that the company's representative is appointed through power of attorney;
f) copy of proof of address of the company, containing street, district, postal code – CEP, city, state, dated less than three (3) months before the date of payment of indemnity;
g) telephone number and area code – DDD.

8.12.1.2. Limited-Liability Companies (Ltda):

a) articles of association and latest amendment;
b) copy of the taxpayer card (CNPJ) or the Foreign Company Registry/BACEN (CADEMP) for offshore companies, except the universality of rights that, by legal provision, are exempt from registration with the CNPJ and CADEMP;
c) copy of the current power of attorney granted by the company's members with the identification of the attorney-in-fact or officers, when the company is not directly represented by the owner or

controlling member;

d) copy of the CPF and RG or other identification document containing the nature of the document, issuing body and date of issue (OAB, CREA and others), of the beneficiaries and representatives, in the event that the company's representative is appointed through power of attorney;
e) copy of proof of address of the company, containing street, district, postal code – CEP, city, state, dated less than three (3) months before the date of payment of indemnity;
f) telephone number and area code – DDD.

8.12.1.3. Individuals:

a) copy of CPF and RG or other identification document containing the nature of the document, issuing body and date of issue (OAB, CREA and others);
b) copy of proof of residence (electricity bill and, in the absence thereof, any other supporting document) containing the full address (street, district, postal code, city, state), dated less than three (3) months from before date of payment of indemnity;
c) telephone number and area code – DDD;
d) proof of occupation carried out.

Section 9 – REINTEGRATION OF THE MAXIMUM LIMIT OF INDEMNITY

9.1. The right to reintegration of the maximum indemnity limit for this coverage is prohibited.

Section 10 – ADDITIONAL PROVISIONS

10.1. This coverage may only be purchased by individuals.

Section 11 – RATIFICATION

11.1. The contractual conditions of this insurance that have not been expressly changed or revoked by these special conditions are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR BAGGAGE MISHANDLING (EBE)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 – DEFINITIONS

For purposes of this coverage, the following definition applies:

2.1. Special Baggage: items with dimensions or weights greater than those permitted for common baggage, or which require special treatment due to their nature, and have special transportation fees and specific regulations, including packaging and transportation, such as, but not limited to:

a) Sports equipment (bicycles, surfboards, skis, diving equipment, etc.)

b) Musical equipment (guitars, cellos, etc.)

c) Audiovisual equipment (televisions, monitors, drones, etc.).

d) Other items that exceed the size and weight limit for checked baggage.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of the payment of the insured capital, once only, in the event of **permanent loss of the contents of the baggage checked in as Special Baggage, as defined in this** special condition, provided that it is transported on a flight operated by a regular commercial airline and duly registered as such at the time of check-in, **subject to the excluded risks and other terms established in these Special Conditions.**

2.1.1. This coverage shall be due upon presentation of the required supporting documentation, limited to the insured capital described in the insurance card, observing the depreciation criteria below:

a) Eighty percent (80%) of the value of the item, for items purchased as new up to twelve (12) months prior to the request, as per the original purchase invoice;

b) Fifty percent (50%) of the value of the item, for items purchased as new between twelve (12) and thirty-six (36) months prior to the request, as per the original purchase invoice;

c) Items purchased as new more than thirty-six (36) months before shall not be covered, as per the original purchase invoice.

2.2. The value of the asset shall be proven by means of **an original invoice, in the name of the insured and linked to their CPF.**

2.3. This coverage is restricted to items checked in as Special Baggage and does not cover the repair or servicing of the items, nor any damage or breakdown to the suitcase, packaging, or external casing.

2.4. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

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3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Goods not covered by the definition of special baggage set out in item 2.1 of these special conditions;
b) Loss and/or damage not recognized by the transport company;
c) Items whose value cannot be proven by an invoice issued in the name of the insured and linked to their CPF;
d) Damage, breakdown, or partial loss to the contents of special baggage;
e) Damage to the suitcase, case, or outer packaging;
f) Repair of lost goods;
g) Non-definitive loss or without formal proof from the airline.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be considered the date stated in the documents proving the loss of special baggage, with no subsequent changes to the insured capital taking effect.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital value available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) PIR (Property Irregularity Report) issued by the airline at the time the loss was registered;
b) Proof of dispatch of lost Special Baggage;
c) Copy of airline tickets for the insured trip, especially the section in which the loss occurred;
d) Proof of permanent loss of the dispatched item;
e) Proof of negotiation and payment of any indemnity by the airline (receipt or equivalent);
f) Invoice for lost goods, issued in the name of the insured and linked to the insured's CPF;
g) Personal documents of the insured (ID and CPF);
h) Proof of payment of the airfare for lost Special Baggage;
i) Proof of the insured's current address.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss without prior and express authorization from the Insurer.

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7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of fraud, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR QUALIFIED THEFT OR ROBBERY OF ELECTRONIC DEVICES (RFE)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage consists of indemnity, limited to the amount of the insured capital, in the form of **reimbursement of 60% of the value of the electronic device's Invoice,** ***in the event of robbery or qualified theft, or physical damage caused to the equipment as a result of attempted robbery and/or qualified theft,*** occurring during the travel period previously determined in the insurance card, **subject to the excluded risks and other terms of these Special Conditions.**

2.1.1. For purposes of this coverage, qualified theft is defined as the theft of another person's personal property, through serious threat, destruction/breaking of an obstacle, or use of violence against a person, or after having, by any means, reduced the person to the impossibility of resistance, whether by physical action, the application of narcotics, or armed robbery.

2.1.2. For purposes of this coverage, electronic devices are defined as any and all portable personal equipment that operates using electrical energy or batteries and contains electronic components in its structure, such as, but not limited to, cell phones, notebooks, tablets, cameras and camcorders, electronic headphones, digital storage devices, and smartwatches.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

2.3. For purposes of this coverage, electronic devices that are up to one (1) year and six (6) months old, counting from the date of the purchase invoice, are eligible.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Equipment left inside the vehicle;
b) Any willful act on the part of the insured;
c) Simple theft, understood as that committed without the use of violence and without leaving any traces;
d) Loss or disappearance of equipment.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when claims are settled shall be understood as the date of occurrence of the covered event.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means

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that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Invoice for the purchase of electronic devices;
b) Police report and equipment description (ID/IMEI);
c) In the case of telephones or Smartphones, it is mandatory to present the telephone block for the equipment, as stated in the Police Report;
d) Boarding pass or e-ticket.

Section 7 – SUBROGATION TO RIGHTS

7.1. Once indemnity has been paid, the Insurer shall subrogate, up to this amount, plus other expenses and costs related to the process adjustment and settlement of the process, to the rights and actions of the insured against those whose acts, facts, or omissions caused or contributed to the loss.

7.2. The insured may not hinder or perform any act that may harm or impede the Insurer's right of subrogation, under penalty of loss of right to indemnity, nor may they enter into a settlement or conciliation with any person responsible for the loss, without prior and express authorization from the Insurer.

7.3. The Insurer may not use the subrogation institute against the insured.

7.4. Except in the case of fraud, subrogation shall not take place if the loss is caused by the insured's spouse or partner in a civil partnership, their descendants or ascendants, blood relatives and relatives by marriage.

Section 8 – RATIFICATION

8.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

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SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR ACCOMPANYING MINOR AND/OR ELDERLY PEOPLE (AMI)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage guarantees indemnity, limited to the value of the insured capital contracted, in the form of provision of service(s) or reimbursement of the expenses of transport of a responsible person, designated by the insured's family, to accompany the minor(s) under the age of 14 and/or elderly person(s) over the age of 60, who are left unaccompanied due to hospitalization under medical supervision as a result of a personal accident or illness covered or the death of the insured, **subject to the excluded risks and other terms established in these Special Conditions.**

2.1.1. This coverage guarantees reimbursement for expenses, provided they are duly proven by presenting invoices and for a single companion, with:

a) Transport;
b) Rebooking of the return ticket for the minor(s) and/or elderly person(s), in economy class;
c) Purchase of a round-trip ticket in economy class so that a guardian, designated by the insured's family, can accompany the minor(s) and/or elderly person(s) back home.

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Extra expenses not related to transportation, such as, but not limited to, lodging, meals, entertainment, rentals, telephone, fax, cell phone, etc.;
b) Expenses and/or procedures related to travel documentation, such as, but not limited to, passports, visas, vaccination cards, exams, etc.

Section 4 – EVENT DATE

4.1. For purposes of calculating indemnity, the date of the event when settling claims shall be considered the date shown on the documents proving the need for expenses.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the

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documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Documents proving that the minor(s) and/or elderly person(s) were in fact traveling companions of the insured, such as copies of the original tickets;

b) Copies of the RG (identity card), CPF (Individual Taxpayer Registry) and proof of residence of the minor(s) and/or elderly person(s);

c) Declaration/Report from the attending physician, justifying the reason and confirming the illness and/or personal accident of the insured that prevents them from continuing to accompany the minor(s) and/or elderly person(s), with signature and stamp containing the CRM (Medical Regional Council) enrollment number.

Section 7 – RATIFICATION

7.1. The General Conditions of Travel Insurance that have not been revoked by this Special Condition are hereby ratified.

SPECIAL CONDITION OF ADDITIONAL COVERAGE FOR PHARMACEUTICAL EXPENSES (DF)

Section 1 - PURPOSE

1.1. This Special Condition is part of the **Individual Travel Insurance** and can only be sold as coverage for this insurance.

Section 2 - WARRANTY

2.1. Provided that it is contracted and upon payment of the corresponding premium, this coverage guarantees indemnity, limited to the amount of the insured capital contracted, in the form of **reimbursement for expenses with the purchase of** prescribed medicines under medical supervision, due to a **covered personal accident or illness, observing the excluded risks and other terms established in these Special Conditions.**

2.2. The maximum insured capital limit shall be expressly described in the insurance policy.

Section 3 – EXCLUDED RISKS

3.1. In addition to the exclusions described in section 6 – Risks Excluded from the General Conditions of this insurance, the following are not guaranteed by this coverage:

a) Medications for continuous use;
b) Orthopedic boot, knee brace, splint, crutches, etc.

Section 4 – EVENT DATE

4.1. For the purpose of calculating indemnity, the date of the event when settling claims shall be considered the date shown on the documents proving the need for expenses.

Section 5 - REINTEGRATION

5.1. After the occurrence of a covered event, the total insured capital amount of the contracted coverage shall be automatically reestablished, without charging an additional premium to the insured. This means that, after using the coverage, the insured remains with the full insured capital amount available for new events covered by the same coverage during the term of the insurance.

Section 6 – DOCUMENTATION IN THE EVENT OF A CLAIM

6.1. In addition to section 17 – Procedures in the event of claims of these general conditions, the documents required for the settlement of claims are listed below and shall be sent to the Insurer in original counterparts or certified copies:

a) Medical prescription;
b) Invoice for expenses incurred in purchasing medication during the insured trip;
c) Declaration/Report from the attending physician, justifying the reason and confirming the illness and/or personal accident of the insured and the necessary medications, with signature and stamp containing the CRM (Medical Regional Council) enrollment number.

Section 7 – RATIFICATION

7.1. The General Conditions of Travel Insurance that have not been revoked by this Special

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Condition are hereby ratified.

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