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GLOSSARY

The technical terms used herein are defined below:

1. DEFINITIONS

Aesthetic Damages: any physical/bodily injury caused to the person who, although not causing sequelae that interfere in the functioning of the organism, implies the reduction or elimination of the beauty or aesthetic standards.

Aesthetic damages are excluded from the coverage of this insurance.

Aggravated Theft: action committed to steal chattels, with the destruction or breaking of an obstacle to steal the object, with abuse of confidence, or through fraud, trespassing or dexterity, using a false key or by more than one offender, leaving traces.

Applicant: individual interested in contracting the insurance coverage(s).

Beneficiary(ies): individual(s) or legal entity(ies) to whom the Insured grants the right to receive the compensation, or part of it, payable on account of this insurance. Beneficiaries may be known (determinate), when nominally appointed in the proposal, or unknown (indeterminate) when not appointed at the moment of execution of the insurance agreement.

Claim: the occurrence of a covered event, during the effectiveness of the Insurance Policy.

Claim Regulation: set of procedures performed after the occurrence of a claim and respective notice to determine its causes and other circumstances involved, in order to verify the characterization of the event and the payment of compensation pursuant to the conditions agreed.

Compensation: payment made by the Insurer to the Insured or to the Beneficiary(ies), upon the occurrence of the covered event, in compliance with the limitations established in the Contractual Conditions.

Contractual Conditions: mean the General Conditions, Special Conditions and Particular Conditions or Clauses of the same insurance, including those specified in the Insurance Policy.

Coverage: guarantees made available by the Insurer after being contracted, defined in the Special Conditions. The contracted Coverage and particularities thereof will be expressly stated in the Insurance Policy.

Coverage Period: period during which the Insured has the protection for each guarantee contracted in the Insurance Policy.

Deductible: a continuous period of time, considered from the moment of the covered event, during which the Insured will not be entitled to receive the compensation or fixed amount provided for in the Contractual Conditions and that will be discounted in the assessment base of the compensation due.

Disease: the acute sudden change of the health conditions of the Insured, verified by a physician.

Emergency: situation in which the Insured needs immediate medical assistance, because of the existence of risk of death;

Excluded Risks: risks not covered by the insurance, provided for in the General Conditions and in the Special Conditions.

General Conditions: the provisions governing the insurance plan, and which establish the rules, obligations and rights of the Insured, Beneficiaries and the Insurer.

Grace Period: uninterrupted period of time, considered from the effective date of commencement of the insurance, during which the Insured is not entitled to the contracted Coverages. The grace period may encompass some or all coverages and will be indicated in the Contractual Conditions. The grace period, except in the case of suicide or attempt to suicide, shall not exceed half the term of validity of the individual coverage.

Insurance Broker: an individual or legal entity legally authorized to collect and promote insurance contracts between the Insurer and the Insured.

Insurance Policy: document issued by the Insurer formalizing the acceptance of the coverage(s) requested by the Insured, which replaces the individual policy and waives the filling of the proposal, in accordance with the applicable law.

Insurance Representative: the legal entity which assumes the obligation to promote, in a non-occasional basis and without dependency bonds, the insurance on behalf of the Insurer.

Insurance Term: period between the start date and the end date of the Insurance Policy.

Insured: individual exposed to the risks specified in the contracted coverages and effectively included in the Insurance by the Insurer, upon the issuance of the Insurance Policy.

Insurer: Sompo Seguros S.A., a company duly authorized by SUSEP to operate in Brazil and that, after receiving the premium, undertakes the risks described in the Insurance Policy.

Limitation: loss of the right to claim any and all requests claiming an interest, due to the expiration of the period established by law.

Luggage: means all personal belongings carried by the Insured or properly secured in compartments locked with a key, padlock or secret.

Moral Damages: nonpecuniary damages caused to the person, as a result of accidents or claims, which offend the personality, dignity, morals, beliefs, affection, ethnicity, nationality, freedom, profession, well-being, psyche, credit or the good reputation of the Insured. **Moral damages are excluded from the coverage of this insurance.**

Notice of Claim: communication informing the occurrence of a claim made by the Insured to the Insurer, which shall be made as soon as the Insured becomes aware of such claim.

Personal Accident: it is the event with a described date, exclusive and directly external, sudden, involuntary, violent, and which may cause physical injuries which, by itself and regardless of any other cause, directly results in death or permanent disability, either total or partial, of the Insured, or that requires medical treatment, noting that:

- a) **This concept comprises:**
- i. **suicide, or the attempt to suicide, which shall be considered, for compensation purposes, as a personal accident, subject to the applicable law;**
 - ii. **accidents caused by the weather conditions or atmospheric influence, in such cases where the Insured is subject thereto as a result of a covered accident;**
 - iii. **accidents resulting from accidental leakage of gases and vapors;**
 - iv. **accidents resulting from kidnappings and attempts of kidnappings; and**
 - v. **accidents resulting from anatomical or functional abnormalities of the spine, resulting from trauma caused exclusively by fractures or dislocations, provided that radiologically demonstrated.**
- b) **This concept excludes:**
- i. **diseases, including occupational ones, regardless of their causes, even if caused, triggered or aggravated, directly or indirectly by accident, except for infections, septicemic states and embolisms resulting from a visible wound caused as a result of a covered accident;**
 - ii. **events or complications resulting from exams, clinical or surgical treatments, provided that not resulting from a covered accident;**
 - iii. **injuries resulting from, depending on, predisposed to or facilitated by repeated strains or cumulative microtraumas, or that have a cause-effect relationship therewith, as well as injuries classified as: Occupational Overuse Syndrome - OOS, Occupational Musculoskeletal Diseases - OMD, Injury Caused by Continuous Trauma – ICT, or similar injuries as may be accepted by the medical-scientific class, as well as their post-treatment consequences, including surgical, at any time; and**
 - iv. **situations recognized by social security official institutions or similar institutions as “accidental disability” in which the event causing the injury does not fit, in full, in the characterization of disability due to personal accident, defined above.**

Physician: professional legally licensed to practice medicine and who is responsible for the treatment of a person or who is issuing medical documents (reports, certificates, declarations, etc.) to whom it may concern, under the patient's authorization. **The Insured, his or her spouse, dependents, blood relatives or the like shall not be accepted as a Physician, even if they are eligible to practice medicine, and in such cases there shall be no compensation payable by the Insurer.**

Premium: amount payable to the Insurer for the contracted coverages. Each contracted coverage will determine the collection of a corresponding premium.

Providers: individuals or legal entities selected and hired by the Insurer for the provision of Travel Assistance Services to Insured Persons, in accordance with the clauses and within the limits defined in the Contractual Conditions.

Reintegration of the Sum Insured: recomposition of the insured sum after the occurrence of a covered claim, for the same period, under the same conditions that were previously in effect or under new conditions, in the latter case whenever there were changes in the insurance scope, in the interest of the Insured or in the tariff bases of the insurance.

Relatives: persons related to the Insured by consanguinity or by affinity, according to the following order, presented to define some of the coverages of this insurance:

a) by affinity:

First degree = spouse or partner, mother-, father-, son, and daughter-in-law, stepfather, stepmother, stepdaughter, stepson;

Second degree: sister-in-law/brother-in-law.

b) by consanguinity:

First degree: father, mother, daughter, son;

Second degree: sister/brother, grandmother/grandfather, granddaughter/grandson;

Third degree: aunt/uncle, niece/nephew, great-grandmother/great-grandfather, great-granddaughter/great-grandson.

Remote Means: means that allow for the exchange, transfer and/or the simple access to data and information through communication channels, such as telephony, world wide web, digital, cable or fiber optics TV, satellite communication systems, as well as any other means of communication whose use may be regulated.

Residence: the home address of the Insured in Brazil, declared at the moment of execution of the insurance agreement.

Risk Aggravation: any action or omission committed by the Insured, either intentionally or unintentionally, which enhances the probability of occurrence of a claim.

Robbery: the taking of a thing or asset, upon threat or violence against the person or after having caused such person to be unable to resist such taking, either via physical action or the use of narcotics, or through armed robbery.

Simple Theft: means to steal, for themselves or for others, chattels, without threat or violence to the person.

Special Conditions: set of specific provisions relating to the additional coverages, which, when contracted, amend and prevail over the General Conditions.

Sum Insured: it is the maximum amount established for each coverage, payable by the Insurer in the event of a claim covered by the Insurance, provided that in full force on the date of such an event. The sum insured will be indicated in the Insurance Policy.

SUSEP Process: procedure by which the Product is registered at SUSEP, not implying, however, an incentive or recommendation for its commercialization by the local authority.

Urgency: events resulting from personal accidents, acute diseases and acute complications, in which the Insured person needs rapid care, not characterized as an emergency, and which can wait until emergency cases are assisted.

GENERAL CONDITIONS

1. PURPOSE OF THE INSURANCE

1.1. The purpose of this insurance is to ensure to the Insured or its Beneficiary(ies) a compensation limited to the amount of the Sum Insured, the refund of expenses up to the limit of said sum insured or, also, the provision of services, in the event of occurrence of covered risks, always in accordance with the contracted coverage(s), provided that said risks are related to the travel whose period is previously stated in the Insurance Policy, and in compliance with the provisions set forth therein, except as a result of excluded risks and in compliance with the other Contractual Conditions.

1.2. Any translation costs required for the settlement of claims shall be fully paid by the Insurer.

IMPORTANT: "TRAVEL INSURANCE IS NOT A HEALTH INSURANCE! READ CAREFULLY THE CONTRACTUAL TERMS AND CONDITIONS, TAKING NOTICE OF YOUR RIGHTS AND OBLIGATIONS AND THE LIMITS OF THE SUM INSURED FOR EACH COVERAGE"

2. COVERAGE

2.1. The Coverages to be contracted for this insurance are listed below, in accordance with the combinations offered by the Insurer. The types of Coverage of this insurance are divided into Basic – in which at least one shall be contracted for the effectiveness of the insurance -, Additional and Supplementary Clauses:

2.1.1. BASIC COVERAGE:

- 2.1.1.1. Medical and hospital expenses when travelling within the country
- 2.1.1.2. Medical and hospital expenses when travelling abroad
- 2.1.1.3. Dental expenses when travelling within the country
- 2.1.1.4. Dental expenses when travelling abroad
- 2.1.1.5. Medical, hospital and dental expenses when travelling within the country
- 2.1.1.6. Medical, hospital and dental expenses when travelling abroad
- 2.1.1.7. Transfer of dead body
- 2.1.1.8. Clinically-Supervised Return
- 2.1.1.9. Medical Transfer
- 2.1.1.10. Death while travelling
- 2.1.1.11. Accidental death while travelling
- 2.1.1.12. Total or partial permanent disability caused by accident while travelling

2.1.2. ADDITIONAL COVERAGE

- 2.1.2.1. Total permanent disability caused by accident while travelling
- 2.1.2.2. Physiotherapy
- 2.1.2.3. Medical, hospital and dental expenses caused by Accident while travelling within the country
- 2.1.2.4. Luggage – Complementary Insurance
- 2.1.2.5. Luggage – Supplementary Insurance
- 2.1.2.6. Luggage Delay
- 2.1.2.7. Damaged Luggage
- 2.1.2.8. Damage to Special Luggage
- 2.1.2.9. Funeral
- 2.1.2.10. Travel Cancellation
- 2.1.2.11. Travel Interruption
- 2.1.2.12. Travel Cancellation and/or Interruption
- 2.1.2.13. Travel Cancellation and/or Interruption - Plus
- 2.1.2.14. Travel Cancellation - Plus
- 2.1.2.15. Travel Interruption - Plus
- 2.1.2.16. Early return
- 2.1.2.17. Pharmaceutical Expenses

- 2.1.2.18. Purchase protection
- 2.1.2.19. Medical, Hospital and Dental Expenses for Practicing Sports
- 2.1.2.20. Loss and theft of credit card while travelling abroad
- 2.1.2.21. Extraordinary Expenses due to Forced Extension of the Trip
- 2.1.2.22. Flight Delay or Cancellation
- 2.1.2.23. Missed Flight Connection
- 2.1.2.24. Theft of luggage in taxis or similar, hotels or similar and public transportation
- 2.1.2.25. Stealing, theft, or accidental breaking of corporate laptop
- 2.1.2.26. Repatriation of a minor or an elderly person
- 2.1.2.27. Accompanying family member
- 2.1.2.28. Return of Accompanying Person
- 2.1.2.29. Transfer of Substitute Executive
- 2.1.2.30. Extension of Stay
- 2.1.2.31. Assistance for the Refund of Expenses with Attorneys' Fees
- 2.1.2.32. Assistance for the Refund of Expenses with Bail
- 2.1.3. **SUPPLEMENTARY CLAUSES**
 - 2.1.3.1. Inclusion of Pregnant Women
 - 2.1.3.2. Inclusion of Dependents

2.2. When travelling abroad, the basic coverage for medical, hospital and dental expenses while travelling, in addition to transfer of dead body, clinically-supervised return and medical transfer shall be mandatorily contracted by the Insured, in accordance with the specific regulation.

2.3. The coverage for medical and hospital expenses, and dental expenses while travelling within the country, when contracted, shall be mandatorily contracted jointly with the medical transfer coverage.

2.4. The coverage for the Transfer of Dead Body cannot be contracted separately.

2.5. In trips with multiple destinations, including domestic and international destinations in the same period of validity of the insurance contract, the coverage contracted for travel abroad will be extended to events occurring in Brazil, as long as they occur during the insurance term.

2.6. The Coverages for Total or Partial Permanent Disability caused by Accident and Permanent and Total Disability caused by Accident cannot be contracted jointly.

2.7. If the coverage for Medical, Hospital and Dental Expenses while Travelling within the Country or Abroad is contracted, it is not permitted to contract the Coverages for Medical and Hospital Expenses and Dental Expenses separately in the same plan.

2.8. The Coverage for Complementary Luggage and Supplementary Luggage cannot be contracted jointly.

2.9. The coverage for Travel Cancellation, Travel Cancellation Plus, Travel Cancellation and/or Interruption and Travel Cancellation and/or Interruption Plus cannot be contracted jointly.

2.10. The coverage for Travel Interruption, Travel Interruption Plus, Travel Cancellation and/or Interruption and Travel Cancellation and/or Interruption Plus cannot be contracted jointly.

2.11. For children aged under 14 years old, pursuant to the applicable law, it is permitted to exclusively contract the Coverages that provide for the refund of expenses.

3. GEOGRAPHIC SCOPE

The contracted Coverages will be applicable within the geographical scope specified in the Insurance Policy.

4. EXCLUDED RISKS

4.1. The Coverages of this insurance expressly excludes the events occurring as a consequence of:

- a) directly or indirectly, resulting from or to which they have contributed: the use of nuclear material, ionizing radiations from radioactive contamination of any nuclear fuel, or nuclear waste, resulting from the combustion of nuclear material, as well as those directly or indirectly caused by nuclear weapons, it being understood that, for the purposes of this exclusion, the term combustion will

- encompass any self-sustaining process of nuclear fusion;
- b) acts or operations of war, whether declared or not, chemical or bacteriological war, civil war, guerrilla, revolution, agitation, mutiny, rebellion, sedition, uprising or other disturbances of public order or resulting therefrom, strikes, commotion, riots, lock-out, unless demonstrably providing military services or the actions are justified by acts of humanity aimed at assisting any third-parties;
 - c) any type of mental illness (cases involving pathology of psychiatric and psychological origin);
 - d) medical treatments related to hemophilia or chronic dialysis;
 - e) epidemics and pandemics declared by the competent body;
 - f) suicide, or attempt to suicide, in the first two (2) years, from the date of commencement of the Insurance Term;
 - g) an act known as being dangerous which is not originated from a justified need, except the occurrence of death or incapacity resulting from the use of riskier means of transportation, from the provision of military service, from the practice of a given sport, or from acts of humanity to assist others;
 - h) Damage suffered as a result of extraordinary phenomena of nature, such as floods, earthquakes, volcanic eruptions, atypical cyclonic storm, hurricanes, tsunamis, falls of sidereal bodies, meteorites or any cataclysms resulting from natural disasters or public calamity;
 - i) disturbances and intoxications resulting from the action of chemicals or drugs, except when prescribed by a physician, as a result of a covered accident;
 - j) travel on aircraft not approved or which do not have the relevant certificate of airworthiness in force; on official or military aircraft in operations other than the simple transportation of authorities or passengers; on stolen aircraft, hijacked or driven by pilots not legally qualified, except when providing military service or acts of humanity to assist others;
 - k) directly or indirectly from acts of terrorism, and in this case, the Insurer shall evidence with the appropriate documentation, accompanied by a detailed report characterizing the nature of the terrorist attack, regardless of its purpose, and provided that it has been duly recognized as a threat to public order by the competent public authority;
 - l) any type of hernia and the consequences thereto, provided that it is not a direct result from a covered personal accident;
 - m) pregnancy, delivery, abortion and any complications resulting thereto, provided that it is not a direct result from a covered personal accident;
 - n) intentional illicit acts committed by the Insured, by the Beneficiary(ies), or by their legal representative;
 - o) accidents during the participation of the Insured in bets or races;
 - p) accidents in which the Insured, as the driver of the vehicle or equipment that requires ability, does not have legal authorization to do so, pursuant to the law of the country where the accident occurred.
- 4.2. This insurance also does not guarantee:
- a) elective treatments of any kind, even if scheduled during the trip, as well as any type of medical check-up in general, routine and diagnostic exams;
 - b) the continuation, in Brazil, of medical treatments due to an accident or illness initiated abroad during the Insurance Term while travelling;
 - c) the continuation of medical treatments when the Emergency or Urgency condition has ceased;
 - d) diagnostic procedures and experimental clinical or surgical treatments not recognized by the Brazilian medical-scientific and dental societies;
 - e) moral and/or aesthetic damages;
 - f) any types of loss and damages, Loss of Profits, interruption of income and/or pension;
 - g) any consequences resulting from death or injury caused directly or indirectly by criminal or

fraudulent activities committed by the client, as well as those caused by acts, action or omission of the Insured, caused by bad faith;

- h) cosmetic or reconstructive plastic surgeries, aesthetic or rejuvenating treatments and expenses with the purchase of prosthesis and braces, glasses and lenses, except for restorative surgeries and expenses with repair or replacement of prosthesis damaged as a result of a covered personal accident;
- i) expenses with the replacement of natural or artificial teeth, unless the coverage for dental expenses is contracted;
- j) injuries resulting from the practice of amateur or professional sports, except if the Additional Coverage of Medical, Hospital and Dental Expenses is contracted for Sports Practice.
- k) injuries and damages suffered as a result of participation in trips or excursions to unexplored areas; the care provided in the attendance of courses, technical qualification and/or previous technical training for the development of sports considered of risk or extreme sports.
- l) accidents, illnesses and any effect resulting from the participation in tests involving aircraft, automobiles or any other mechanical propulsion vehicles, underwater travel, use of aircraft including helicopters, except in the case of a passenger on a paid flight using a company authorized to carry passengers, or a helicopter operating only between commercial airports or heliports and authorized to carry paying passengers;
- m) events occurring in means of transportation not licensed or authorized by the competent authority;
- n) expenses with funeral, urn or funeral services, except in the refund of expenses with funeral of children aged under 14 (fourteen) years old, or if Funeral Coverage is contracted;
- o) rescue at sea, mountains and uninhabited areas or even in countries in states of declared war or notorious political instability, which poses a risk to the life and health of their population and of foreigners entering the country;
- p) repatriation in an ICU aircraft or Regular Airline, in case, at the discretion of the client's medical team, the client can be treated locally and there is no impediment to continuing the trip;
- q) expenses of accompanying persons relating to phone calls, minibar and any costs with extraordinary expenses during the hospitalization of the Insured;
- r) expenses with consultations intended for the application of vaccines, any nursing practice, such as the application, monitoring, nebulization, drainage, dressing, glucose control, except as a result of medical recommendation as a result of Personal Accident, sudden and acute illness or Emergency or Urgency clinical condition;
- s) damages suffered as a result of acts or activities of the Armed Forces or Security Forces in peacetime;
- t) medical, surgical, pharmaceutical, dental, and hospitalization expenses incurred or prescribed in Brazil prior to the commencement of the trip, including consultations to obtain medical prescriptions for medications taken chronically, such as antihypertensive drugs (high blood pressure medicines), oral hypoglycemic agents (medicines for diabetes), among others;

5. INSURANCE AGREEMENT

5.1. This insurance agreement will be executed through an Insurance Policy containing all the registration data informed by the applicant, issued at the time of execution of the insurance agreement, which may occur in the following ways and the proof of which is the responsibility of the Insurer, including and when applicable, with the submission of proof of receipt and other information provided for in the applicable rules:

- a) after the verbal request from the Applicant, its legal representative or the insurance broker;
- b) by remote means, in a secure environment, accessed by login and password, digitally certified and with mandatory prior registration, or, accessed by biometric identification. If the insurance agreement is executed by the insurance broker, the registration and means of access must be individual, for the applicant and broker.

5.2. This insurance shall only be executed by **persons who are in good health conditions**, and the **Insurer shall be responsible for analyzing the acceptance of the proposed risk.**

5.3. Applicants aged over fourteen (14) years old and under 18 (eighteen) years of age shall only contract the Insurance if they are represented or assisted by their legal guardians, pursuant to the applicable laws.

5.4. Applicants aged under 14 (fourteen) years shall only contract the Insurance if they are represented by their legal guardians, pursuant to the applicable laws, and subject to the provisions of item 2.11. of Clause 2 (Coverage) above.

6. INSURANCE POLICY

At the time of execution of the Insurance Agreement, the Insured will receive an Insurance Policy, with the essential information of the insurance agreed.

7. RIGHT OF WITHDRAWAL BY THE APPLICANT

7.1. The Insured may withdraw from the contracted insurance, provided that prior to the trip, within seven (7) calendar days from the actual payment of the Premium.

7.2. The Insured may exercise the right of withdrawal by the same means used to enter into the insurance agreement, subject to other means available.

7.2.1. To facilitate the manifestation of withdrawal, the Insured may fill out and sign a specific form made available on the website of the Insurer or prepare a document in writing, delivering it to his/her insurance agent, Sales Representative or one of the subsidiaries of the Insurer.

7.3. The Insurer, its representative or the insurance broker, according to the delivery procedure, shall provide to the applicant the immediate confirmation on the receipt expressing the desire to withdraw from the insurance and the Insurer shall immediately refund of the amount of the Premium paid, if any.

8. INSURANCE TERM

8.1. The Insurance Term shall correspond to the period of the Trip stated in the Insurance Policy and duly proven by the Insured.

8.2. Coverages whose triggering event is the non-occurrence of the covered Trip shall have their Term initiated at 00:00 of the date of execution of the insurance agreement and end at the time of the boarding of the Insured to begin his/her trip.

8.3. In the event the Insured is unable to return due to a covered event, the Insurance Term shall be automatically extended up to the return of the Insured to the place of Residence or beginning of the trip, subject to the limit of the Sum Insured.

8.4. In compliance with the period corresponding to the Premium paid, the insurance coverage automatically ceases at the end of the validity period of the Insurance Policy.

8.5. If the trip covered by the Insurance Policy is extended, and the Insured wishes to maintain the insurance coverage, the Insured shall request the issuance of a new Insurance Policy, in accordance with item 5 (Insurance Agreement) hereof, prior to the expiration of the initial Insurance Policy.

8.6. This insurance is valid for a limited period, and there is no option for renewal.

9. DEDUCTIBLE AND GRACE PERIOD

9.1. This insurance provides for deductibles for some of the additional coverages, which will be expressly stated in the Special Conditions and in the Insurance Policy.

9.2. This insurance provides for a grace period for the coverage of Medical, Hospital and Dental Expenses listed in item 2 of these Conditions, whose period is specified in the Special Conditions of said coverages and will be specified in the Insurance Policy, **only in case of acceptance for the issuance of a new Insurance Policy during a trip that already started**, as provided for in item 8.5. above, in addition to the grace period determined in the applicable law in case of suicide or the attempt to suicide.

9.2.1. The grace period does not apply to events resulting from personal accidents.

10. DESIGNATION AND CHANGE OF BENEFICIARY(IES)

10.1. For death coverages, the Insured is exclusively entitled to, at any time, appoint or replace his/her Beneficiary(ies), upon written notice to the Insurer, subject to the legal restrictions.

10.1.1. The replacement of the Beneficiary(ies) may only be made if the Insured has not previously waived this option and if the insurance does not have as a declared cause the warranty towards an obligation.

10.1.2. The partner may be included as a Beneficiary if, at the moment the Insurance Policy was issued, the Insured was single, divorced, legally separated or de-facto separated.(Article 793 of the Brazilian Civil Code).

10.1.3. In the event of failure to indicate the beneficiary, or if, for any reason, such indication is not accepted, the sum insured shall be paid half to the spouse which is not legally separated, and the remainder to the heirs of the Insured, subject to the inheritance order.

10.2. In the event of claim, the last change of Beneficiary(ies) made by the Insured shall be considered, provided that it is received by the Insurer prior to the occurrence of the claim.

10.3. If the Insurer is not communicated up to the date set forth in item 10.2 of this Clause, with regard to the replacement of Beneficiary(ies), it will be released, paying the Sum Insured to the former Beneficiary.

10.4. In the event of simultaneous death of the Insured and his/her Beneficiary(ies), the compensation relating to the contracted coverage shall be paid pursuant to Article 792 of the Brazilian Civil Code.

10.5. The beneficiary of the other coverages is the Insured.

11. INDIVIDUAL SUM INSURED

11.1. For the purposes hereof, the Sum Insured established in the Insurance Policy is the maximum amount to be paid as a result of a covered claim, in force on the date of the event, characterized according to the Contractual Conditions of the insurance.

11.2. The Sum Insured for each contracted Coverage will be established in the Insurance Policy.

11.3. The refund or payment of compensation related to expenses incurred abroad shall be made in national currency, in accordance with the sum insured of each contracted coverage, established in national and foreign currency, the amount of which shall be converted and adjusted for inflation, in accordance with the applicable laws, based on the date:

a) of the actual payment made by the Insured, when it refers to a coverage that provides for the refund of expenses; or

b) of the event, for the purpose of determining the sum insured, when it refers to a coverage that provides for the payment of the sum insured.

11.4. When the Sum Insured is denominated in foreign currency:

11.4.1. The corresponding Premium shall be paid in local currency (BRL), converted at the time of contracting, based on the provisions of the specific rules of the National Monetary Council - CMN and the Central Bank of Brazil - Bacen, as applicable;

11.4.2. The contractual documents of the insurance shall inform the Sum Insured defined in foreign currency.

11.5. **The acceptance, by the Insurer, of the establishment of a sum insured above the respective withholding limit shall cause the compliance with such amount for the purpose of payment of the compensation, regardless of the applicable penalties in case of non-transfer of the amount exceeding said limit.**

11.6. The Sum Insured shall be compatible with those applied by the service market of the place(s) of destination of the trip.

12. ADJUSTMENT TO THE INDIVIDUAL SUM INSURED

12.1. The Sum Insured contracted by the Insured and consequently, the respective Premium, may be adjusted every 12 months after the commencement of the Insurance Term, only for policies with a multi-year term, that is, policies valid for more than 12 months, based on the cumulative variation of the index indicated in sub-item 12.2 of these General Conditions, during the period of twelve (12) previous months, counted from the second (2nd) month prior to the annual adjustment, as determined in the Contractual Conditions.

12.2. For the purposes of monetary adjustment, the Extended Consumer Price Index of the Brazilian Institute of Geography and Statistics - IPCA/IBGE will be used.

12.2.1. In the absence, extinction or prohibition of the use of the defined index, the adjustment will be based on the Consumer Price Index of Fundação Instituto de Pesquisas Econômicas of Universidade de São Paulo – IPC/FIPE or any other index that may replace it.

13. RATE AND PREMIUM CRITERIA

13.1. The rates will be adopted according to the plans sold, which will be determined according to the technical equation of each plan sold, and the Premium is determined by multiplying the rates by the sum insured for each Coverage.

13.1.1. The final rate will include technical charges and taxes.

13.2. The rate will be calculated at the beginning of the Insurance Term, and there will be no adjustments in the rates during the Insurance Term.

14. PAYMENT OF PREMIUM

14.1. The payment of Premium shall be made within the period agreed between the parties and indicated in the Insurance Policy, in cash, at the time of execution, or on a monthly, bimonthly, quarterly, four-monthly, semi-annual or annual basis, which shall not characterize split of the insurance premium.

14.2. The payment of Premium shall be made to the Insurer through the banking network, via deposit in a checking account, debit or credit card or other payment methods admitted by law, previously agreed between the Insured and the Insurer at the time of contracting and shall be made up to the due date indicated in the collection document.

14.2.1. When the payment is made through the banking network, the billing document should include, if applicable, an indication that the Premium can be paid at any branch of the same or other banks.

14.3. When the due date of the Premium falls on days in which there is no banking service available, the payment may be made in the first (1st) subsequent business day with banking service available.

14.4. Regardless of the payment method adopted for the payment of Premium, the Insurer shall keep track of the dates of the transactions performed.

14.5. The failure to pay the Premium of any installment up to the due date shall cause the Insurance Policy to be automatically canceled and the coverages cannot be recovered, regardless of any judicial or extrajudicial notification, without any previous refund of premium being payable.

14.6. When the payment of compensation leads to the cancellation of the Insurance Policy, the maturing installments of the premium shall be deducted from the compensation.

14.7. In the event the insurance is contracted by remote means, the Insurer shall submit the information about the maturities of the installments, delays and payment confirmation by the means chosen by the Insured. The confirmation of settlement of the payment in cash or the first installment sent by the Insurer with the use of remote means will also serve as proof of the effective contracting or renewal of the plan.

15. OCCURRENCE OF CLAIMS

15.1. The Insured or his/her Beneficiary(ies) shall, in the event of a claim, except for the Coverages that exclusively provide for the refund of expenses caused by a covered event while travelling, immediately communicate the Insurer, by means of a Notice of Claim, Registered Letter or any other means of communication available, indicating all the circumstances related thereto.

15.1.1. The communication made by any means does not exempt the Insured from the obligation to submit the original form of the Notice of Claim to the Insurer.

15.2. It is hereby agreed that the completion of the regulation of the claim and payment of the Sum Insured due shall be made within thirty (30) calendar days, as from the receipt, by the Insurer, of the entire basic documentation referred to in Clause 16 (List of Documents for the Settlement of Claim) and those Indicated in the Special Conditions of each contracted Coverage.

15.3. In case of justified and substantiated questions, the Insurer may request to the Beneficiary(ies) or the Insured documents other than those referred to in Clause 16 (List of Documents for the Settlement of Claim) and its sub-items, including additional information or clarification. In this case, the period referred to in sub-item

15.2 of this Clause shall be suspended, being resumed as soon as the Insurer receives the additional documents and information.

15.3.1. The failure to meet the deadline referred to in sub-item 15.2 of this Clause shall cause the amounts of monetary obligations due to be increased by default interest and inflation adjustment, paid on a single installment, as defined in sub-items 15.4 and 15.5 of this Clause, regardless of judicial notification or order.

15.4. As default interest, the percentage of six percent (6%) per year, calculated pro rata die from the first day after the deadline established in item 15.2 up to the actual payment date.

15.5. The compensations will be subject to adjustment according to the positive variation of the index established in sub-item 12.2 of these General Conditions, from the date of the event to the actual payment date.

15.5.1. The adjustment referred to in this clause will be based on the variation calculated between the last index published before the due date of the monetary obligation and that published immediately preceding the date of its effective settlement.

15.6. The payment shall be made in a single installment, by means of deposit in a checking account, payment order or nominal check, payable at the address or place indicated by the Beneficiary(ies) or Insured in the notice of claim.

15.6.1. In the event of Insured or Beneficiary over sixteen (16) years of age, inclusive, and younger than eighteen (18) years, the payment shall be made provided that said Insured or Beneficiary is assisted by a legal representative, in accordance with the applicable law.

15.6.2. In the event of Insured or Beneficiary younger than sixteen (16) years of age, the payment shall be made provided that said Insured or Beneficiary is assisted by a legal representative, in accordance with the applicable law.

15.7. The expenses incurred with the proof of the claim and the necessary documents shall be the responsibility of the Insured and/or the Beneficiary, except those directly incurred by the Insurer.

15.7.1. Any translation costs required for the settlement of claims involving the refund of expenses incurred abroad shall be fully paid by the Insurer.

15.8. The Insurer, provided that it maintains, at the place of the Travel destination of the Insured, an authorized service network, may, in replacement of the payment of the Sum Insured, in the form of refund or compensation, offer the corresponding service, as provided for in the Contractual Conditions. In this case, the Insurer shall maintain a toll-free telephone number to provide assistance to the Insured, available twenty-four (24) hours and in Portuguese, which shall be specified in the Insurance Policy.

15.8.1. In the event it is impossible to contact the free telephone number provided by the Insurer and/or to use of professionals and/or authorized service network, the Insured or Beneficiary may opt for service providers of their choice, provided that they are legally qualified, and the Insurer shall be responsible for refunding the expenses up to the maximum amount of the Sum Insured.

15.9. As long as applicable to the Coverage, according to the Contractual Conditions, the Insured or, where applicable, the Beneficiary, may opt for service providers at their own discretion, provided that they are legally qualified, being refunded for the expenses incurred up to the maximum limit of the Insured Capital, provided that the expenses are proven to the Insurer.

15.10. The payment or refund of expenses incurred abroad shall be made based on the official selling rate on the date of the actual payment made by the Insured, subject to the coverage limit established, adjusted for inflation pursuant to the applicable law.

15.10.1. Any amount of expenses incurred abroad in a currency other than the US dollar shall initially be converted into said currency, based on the commercial exchange rate and subsequently converted into the Brazilian Real and adjusted for inflation pursuant to the applicable law, based on the date:

- a) of the actual payment made by the Insured, when it refers to a Coverage that provides for the refund of expenses; or
- b) of the event, for the purpose of determining the Sum Insured, when it refers to a coverage that provides for the payment of the sum insured.

15.11. The Insurer shall not subrogate in the rights and actions of the Insured, or the Beneficiary, against the agent causing the claim.

16. LIST OF DOCUMENTS FOR THE SETTLEMENT OF CLAIM

16.1. For the settlement of claims, the Insured or Beneficiary shall submit the following basic documents, in addition to those specified in the Special Conditions of each contracted Coverage, and if the Insured or Beneficiary sends copies thereof, said copies must be certified:

16.1.1. For any claim

16.1.1.1. Forms provided by the Insurer, with all fields duly completed:

- a) Form for the notice of claim;
- b) Form of Authorization for the Payment of Compensation/Refund of Expenses;

16.1.1.2. Documents of the Insured (certified copies):

- a) Identity Card (RG) or Birth Certificate, when aged under 18 years old;
- b) Individual Taxpayer Identification (CPF);
- c) Proof of address;
- d) Proof of Travel (passport and flight tickets).

16.1.1.3. Documents of the Beneficiary(ies) aged above 18 years old (certified copies):

- a) Identity Card (RG);
- b) Individual Taxpayer Identification (CPF);
- c) Proof of address;
- d) Birth Certificate (if single) or Marriage Certificate issued after the death of the Insured;
- e) In the case of a partner, in addition to the documents indicated above, provide:
 - i. Copy of the annotation in the Labor Card; or
 - ii. Proof of Dependent at the National Social Security Institute (INSS) or Income Tax; or
 - iii. Statement of Stable Union registered at a notary's office by the Insured, prior to the occurrence of the claim, with the declaration from two witnesses attesting that the Insured was living a marital life, specifying the date and whether the Insured had children, with a notarized signature.
- f) Instrument of Guardianship, in case of incapacitated Beneficiary(ies).

16.1.1.4. Documents of the Beneficiary(ies) aged under 18 years old (certified copies):

- a) Identity Card (RG);
- b) Birth Certificate (if single) or Marriage Certificate issued after the death of the Insured;
- c) Instrument of Guardianship, in case of incapacitated Beneficiary(ies);
- d) Instrument of Guardianship or, in the absence thereof, the applicable instrument of representation, when involving a minor Beneficiary(ies), orphan(s) of father and mother.

16.2. Medical reports prepared by family member(s) or by any person living with the Insured will not be accepted, regardless of whether the person is a licensed medical practitioner.

17. MEDICAL BOARD

17.1. In the event of disagreement and doubts of medical nature related to the existence of the contracted insurance coverage, especially with regard to the cause, nature or extent of the injuries, as well as on the evaluation of the incapacity or, also, on a medical matter not expressly stated in the Insurance Policy, the Insurer shall propose to the Insured, by means of written letter, within fifteen (15) days from the date of the objection, the establishment of a medical board with three (03) members, one of which shall be appointed by the Insurer, the other by the Insured and the third, arbiter, chosen jointly by the two appointed members.

17.1.1. The deadline to establish the medical board shall be no later than fifteen (15) days from the appointment of the member appointed by the Insured.

17.2. Each party shall pay the fees of the respective doctor appointed by them. The third arbiter fees shall be equally distributed between the Insured and the Insurer.

18. LOSS OF RIGHT TO COMPENSATION

18.1. The Insurer shall not pay any compensation based on this insurance if the Insured, its representative or Insurance Broker makes inaccurate statements or omit circumstances that may

influence the acceptance of the insurance or the value of the Premium. In addition, the Insured will be required to pay the overdue Premium.

18.1.1. If the inaccuracy or omission in the statements does not result from the bad faith of the Insured, the Insurer may:

a) in the event of non-occurrence of the claim:

- i. cancel the insurance, retaining, from the premium originally agreed, the portion proportional to the time elapsed; or
- ii. upon agreement between the parties, allow for the continuity of the insurance, charging the applicable premium difference or restricting the contracted coverage.

b) in the event of a claim occurring with partial payment of the sum insured:

- i. cancel the insurance, after the payment of compensation, retaining, from the premium originally agreed, plus the applicable difference, the portion calculated in proportion to the time elapsed; or
- ii. upon agreement between the parties, allow for the continuity of the insurance, charging the applicable premium difference or deducting it from the amount to be paid to the Insured or Beneficiary or restricting the contracted coverage to future risks.

c) in the event of a claim with full payment of the sum insured, cancel the insurance after the payment of the compensation, deducting, from the amount to be compensated, the applicable premium difference, making the payment and deducting from its amount the applicable premium difference.

18.2. The Insurer shall not pay any compensation, based on this insurance, in the following cases, either committed by the Insured or the Beneficiary(ies), its insurance representative or broker:

- a) failure to comply with the law or obligations agreed under these conditions;
- b) willful misconduct, fraud or attempted fraud, simulation to obtain or increase the compensation or, if the Insured or Beneficiary tries to obtain an undue advantage with the claim;
- c) intentional aggravation of the risk covered by the contract.

18.3. The Insured shall notify the Insurer, as soon as possible, of any fact likely to aggravate the Risk covered, under penalty of losing the right to compensation if it is proven that the Insured has silenced in bad faith.

18.4. Upon receipt of the notice of Risk aggravation, without fault of the Insured, the Insurer may:

- a) within fifteen (15) days from the receipt of the notice, cancel the Insurance Policy, informing the Insured of its decision in writing, or, upon agreement between the parties, restrict the contracted coverage. The cancellation of the Insurance Policy will only be effective thirty (30) days after the notification, and the refund of the premium difference shall be made by the Insurer, calculated pro rata to the period of the Risk to elapse;
- b) propose the continuity of the contract and charge the difference of the applicable premium.

19. CANCELLATION OF THE INSURANCE POLICY

19.1. Subject to other applicable penalties, the insurance shall be deemed terminated regardless of notice or judicial notification, and without compensation to any party in the following situations:

- a) the failure to pay part of the Premium, after the term set forth in item 14.5 of these General Conditions;
- b) automatically, with the occurrence of event and contracted coverage that incur in the full payment of compensation, except for the cases where there is the reintegration of the sum insured, as provided for in the respective coverages;
- c) upon request by the Insured to the Insurer;
- d) the failure to comply with any provision set forth in the Contractual Conditions;
- e) in the event of wilful misconduct, gross negligence, consummated or attempted fraud, by the Insured or the Beneficiary(ies), at the time of contracting or during the Insurance term.
- f) upon agreement between the contracting parties

19.2. The payment of Premiums by the Insured, of any amount, to the Insurer, after the date of termination, does not imply the rehabilitation of the insurance, nor does it generate any effect, and must be refunded duly adjusted.

19.3. In the event of total or partial cancellation of the insurance, at any time, at the initiative of either party and by mutual agreement, the Insurer may withhold from the premium received, in addition to the fees, the portion proportional to the time elapsed.

19.3.1. During the Insurance Term, the Insurance Policy cannot be canceled by the Insurer on the grounds of a change in the nature of the risks.

20. OTHER INSURANCE POLICIES

20.1. This insurance, due to the existence of Coverages for the refund of expenses and specific Coverages of goods, such as luggage, travel cancellation, among others, provided that contracted, provides for in its conditions the clause for informing the existence of other Insurance Policies. Therefore, the Insured who, upon execution of the insurance contract, has requested to more than one Insurer the compensation for the same goods and against the same risks, and has not informed that to all insurance companies and/or operators thereof will lose the right to compensation, pursuant to Clauses 18.1 and 18.1.1 of the General Conditions.

20.2. In the event of a claim covered by competing Coverages, that is, insuring the same interests against the same risks, in different policies, and provided that requested by the Insurer, the distribution of responsibility between the Insurance Companies involved shall comply with the following provisions:

I. the individual compensation of each coverage will be calculated as if the contract were the only one in force, considering, when appropriate, deductibles, mandatory participations of the Insured and the maximum compensation of the coverage, and apportionment clauses;

II. the “adjusted individual compensation” of each cover will be calculated as follows:

a) **if, for a given policy, it is verified that the sum of the compensations corresponding to the different coverages reached by the claim is greater than its respective maximum limit, the individual compensation of each coverage will be recalculated and thus determining the individual adjusted compensation. For the purpose of this recalculation, the individual adjusted compensations relating to coverages that do not compete with other insurance policies will be the highest possible, in view of the respective losses and maximum compensation limits. The remaining amount of the maximum limit of insurance coverage will be distributed among the concurrent coverages, subject to the losses and the maximum compensation limits of these coverages.**

b) **otherwise, the “individual adjusted compensation” will be the individual compensation calculated in accordance with the subparagraph I of this item 20.2.**

I. the sum of the individual adjusted compensations of the concurrent coverages of difference insurance policies will be defined, relating to common losses, calculated in accordance with subparagraph II;

II. if the amount referred to in subparagraph III of this article, is equal to or lower than the Loss related to the concurrent Coverage, each Insurer involved will participate with their individual adjusted compensation, and the Insured will be responsible for the difference, if any;

III. if the amount set forth in subparagraph III is greater than the loss related to the concurrent Coverage, each Insurer involved will participate with a percentage of the loss corresponding to the ratio between the individual adjusted compensation and the amount set forth in that subparagraph.

21. LIMITATION

Any claim of the Insured based on this insurance shall lapse within the periods determined by law.

22. GENERAL PROVISIONS

22.1. The registration of this plan at SUSEP - Superintendência de Seguros Privados - does not imply, by the Authority, inducement or recommendation to its commercialization; and

22.2. The Insured may check the registration status of their insurance broker on the website www.susep.gov.br, through the registration number at SUSEP, full name, CNPJ or CPF.

22.3. The acceptance of the insurance shall be subject to risk analysis;

23. CONTRACTUAL JURISDICTION

The jurisdiction of the Insured or Beneficiary is hereby elected to settle any disputes arising out of this contract.

SPECIAL CONDITIONS

A. BASIC COVERAGE FOR MEDICAL AND HOSPITAL EXPENSES WHILE TRAVELLING WITHIN THE COUNTRY

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the provision of services to the Insured, as specified in the contractual conditions and limited to the amount of the Sum Insured contracted per event, or, if it is not possible to contact or use the authorized service network, the refund of medical and hospital expenses incurred by the Insured for his/her treatment, under medical supervision, due to a personal accident or sudden and acute illness that occurs during the trip and upon proven departure from the city of residence.

1.2. Treatment includes hospitalization, at the discretion of the Insured's physician, as well as expenses with radiography, ultrasonography, computed tomography, medications used during hospitalization or emergency care, operating room, anesthesia, laboratory, emergency room, and medical fees.

1.3. This Coverage also covers, up to the limit of the Sum Insured, crisis caused by pre-existing or chronic conditions, when causing a clinical condition of Emergency or Urgency, with regard to the medical and hospital expenses related to the stabilization of the clinical condition of the Insured, which allows the Insured to continue travelling or to return to his/her place of residence, there being no coverage for the continuity and control of previous treatments, check-up and extension of prescriptions.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes:

- a) expenses with medical consultations to obtain medical prescriptions for routinely taken medications, such as antihypertensive drugs (high blood pressure medicines), oral hypoglycemic agents (drugs for diabetes), among others, unless directly related to a clinical condition of Urgency or Emergency;
- b) expenses with medications, except those used during hospitalization or emergency care;
- c) diagnostic procedures and experimental clinical or surgical treatments not recognized by the Brazilian medical-scientific societies;
- d) medical, surgical, pharmaceutical, hospitalization expenses, as well as medical and funeral repatriation or evacuation resulting from epidemics or pandemics declared by a competent body, except if directly related to a clinical condition of urgency or emergency;
- e) expenses with functional or postural reduction, homeopathic and chiropractic treatments, nursing home treatments, acupuncture, massage therapy, massage, podology and non-conventional or alternative medicine;
- f) expenses with the purchase of glasses, lenses, wheelchairs, crutches, and the like;
- g) states of convalescence (after hospital discharge) and special diets, as well as any expenses of accompanying persons and;
- h) devices related to orthoses of any nature and permanent prostheses.

3. GRACE PERIOD

This coverage provides for the fulfillment of a grace period of seventy-two (72) hours, according to the content stated in the Insurance Policy, when the insurance is purchased for a travel already in progress, except for events resulting from personal accidents.

4. OCCURRENCE OF CLAIMS

4.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

4.2. If the Insured needs medical-hospital care, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy,

in order to be referred to the authorized network by the Insurance Company.

4.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the medical service providers, provided that they are legally qualified to practice the profession.

5. SETTLEMENT OF CLAIMS

5.1. In the event provided for in sub-item 4.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the medical-hospital expenses upon submission of the following documents:

- a) Detailed report issued by the physician attesting the consultation;
- b) **Original** payment receipts of the medical and hospital expenses;
- c) Medical prescriptions;
- d) Copy of the reports of examinations and images, if any;
- e) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- f) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- g) Copy of the Alcohol and/or Drug Level Test Report, if any.

6. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is considered as the date of the first medical-hospital care, for each event covered during the insurance term.

7. REINTEGRATION OF THE SUM INSURED

This Coverage provides for the reintegration of the Sum Insured, without the collection of additional insurance premium.

8. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

9. GENERAL PROVISIONS

9.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

9.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

B. BASIC COVERAGE FOR MEDICAL AND HOSPITAL EXPENSES WHILE TRAVELLING ABROAD

1. PURPOSE OF THE COVERAGE

1.1. This Coverage ensures the provision of services to the Insured, as specified in the Contractual Conditions and limited to the amount of the Sum Insured contracted per event, or, if it is not possible to contact or use the authorized service network, the refund of medical and hospital expenses incurred by the Insured for his/her treatment, under medical supervision, due to a personal accident or sudden and acute illness that occurs during the trip and upon proven departure from the country of residence.

1.2. Treatment includes hospitalization, at the discretion of the Insured's physician, as well as expenses with radiography, ultrasonography, computed tomography, medicines used during hospitalization or emergency care, operating room, anesthesia, laboratory, emergency room, licensed nursing care and medical fees.

1.3. This Coverage also covers, up to the limit of the Sum Insured, crisis caused by pre-existing or chronic conditions, when causing a clinical condition of Emergency or Urgency, with regard to the medical and hospital expenses related to the stabilization of the clinical condition of the Insured, which allows the Insured to continue travelling or to return to his/her place of residence, there being no coverage for the continuity and control of previous treatments, check-up and extension of prescriptions.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes:

- a) expenses with medical consultations to obtain medical prescriptions for routinely taken medications, such as antihypertensive drugs (high blood pressure medicines), oral hypoglycemic agents (drugs for diabetes), among others, unless directly related to a clinical condition of Urgency or Emergency;
- b) expenses with medications, except those used during hospitalization or emergency care;
- c) diagnostic procedures and experimental clinical or surgical treatments not recognized by the Brazilian medical-scientific societies;
- d) medical, surgical, pharmaceutical, hospitalization expenses, as well as medical and funeral repatriation or evacuation resulting from epidemics or pandemics declared by a competent body, except if directly related to a clinical condition of urgency or emergency;
- e) expenses with functional or postural reduction, homeopathic and chiropractic treatments, nursing home treatments, acupuncture, massage therapy, massage, podology and non-conventional or alternative medicine;
- f) expenses with the purchase of glasses, lenses, wheelchairs, crutches, and the like;
- g) states of convalescence (after hospital discharge) and special diets, as well as any expenses of accompanying persons and;
- h) devices related to orthoses of any nature and permanent prostheses.

3. GRACE PERIOD

This coverage provides for the fulfillment of a grace period of seventy-two (72) hours, according to the content stated in the Insurance Policy, when the insurance is purchased for a travel already in progress, except for events resulting from personal accidents.

4. OCCURRENCE OF CLAIMS

4.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

4.2. If the Insured needs medical-hospital care, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, in order to be referred to the authorized network by the Insurance Company.

4.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals

and/or authorized service network, the Insured is free to choose the medical service providers, provided that they are legally qualified to practice the profession.

5. SETTLEMENT OF CLAIMS

5.1. In the event provided for in sub-item 4.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the medical-hospital expenses upon submission of the following documents:

- a) Detailed report issued by the physician attesting the consultation;
- b) **Original** payment receipts of the medical and hospital expenses;
- c) Medical prescriptions;
- d) Copy of the reports of examinations and images, if any;
- e) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- f) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- g) Copy of the Alcohol and/or Drug Level Test Report, if any.

6. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is considered as the date of the first medical-hospital care, for each event covered during the insurance term.

7. REINTEGRATION OF THE SUM INSURED

This Coverage provides for the reintegration of the Sum Insured, without the collection of additional insurance premium.

8. INFORMATION ABOUT ANOTHER INSURANCE POLICY

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

9. GENERAL PROVISIONS

9.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

9.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

SPECIAL CONDITIONS

C. BASIC COVERAGE FOR DENTAL EXPENSES WHILE TRAVELLING WITHIN THE COUNTRY

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the provision of services to the Insured, as specified in the Contractual Conditions and limited to the amount of the Sum Insured contracted per event, or, if it is not possible to contact or use the authorized service network, the refund of dental expenses incurred by the Insured for his/her treatment, under supervision of a dentist, due to a personal accident or sudden and acute illness that occurs during the trip and upon proven departure from the city of residence.

1.2. Treatment includes expenses with radiography, ultrasonography, medications used during the emergency dental treatment, operating room, anesthesia, as well as expenses with emergency care and dentists' fees.

1.3. This Coverage also covers, up to the limit of the Sum Insured, crisis caused by pre-existing or chronic conditions, when causing a clinical condition of Emergency or Urgency, with regard to the dental expenses related to the stabilization of the clinical condition of the Insured, which allows the Insured to continue travelling or to return to his/her place of residence, there being no coverage for the continuity and control of previous treatments, check-up and extension of prescriptions.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes:

- a) expenses with dental appointments to obtain medical prescriptions for routinely taken medications, unless directly related to the clinical condition of Urgency or Emergency;
- b) expenses with diagnostic procedures and experimental clinical or surgical treatments not recognized by the Brazilian dental society;
- c) expenses with medications, except those used during emergency dental treatment;
- d) surgical, pharmaceutical, dental expenses, as well as medical and funeral repatriation or evacuation resulting from epidemics or pandemics declared by a competent body, except if directly related to a clinical condition of urgency or emergency;
- e) expenses with prostheses in general not related to the surgical act of the covered event, dental prostheses and braces; and
- f) permanent prostheses, except prostheses due to the loss of natural teeth as a consequence of a covered event.

3. GRACE PERIOD

This coverage provides for the fulfillment of a grace period of seventy-two (72) hours, according to the content stated in the Insurance Policy, when the insurance is purchased for a travel already in progress, except for events resulting from personal accidents.

4. OCCURRENCE OF CLAIMS

4.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

4.2. If the Insured needs dental care, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, in order to be referred to the authorized network by the Insurance Company.

4.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the dental service providers, provided that they are legally qualified to practice the profession.

5. SETTLEMENT OF CLAIMS

5.1. In the event provided for in sub-item 4.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents

for the Settlement of Claim) also of the General Conditions, and provide evidence of the dental expenses upon submission of the following documents:

- a) Detailed report issued by the physician attesting the consultation;
- b) Original payment receipts of dental expenses;
- c) Dental prescriptions;
- d) Copy of the reports of examinations and images, if any;
- e) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- f) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- g) Copy of the Alcohol and/or Drug Level Test Report, if any.

6. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is considered as the date of the first dental care, for each event covered during the insurance term.

7. REINTEGRATION OF THE SUM INSURED

This Coverage provides for the reintegration of the Sum Insured, without the collection of additional insurance premium.

8. INFORMATION ABOUT ANOTHER INSURANCE POLICY

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

9. GENERAL PROVISIONS

9.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

9.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

**SPECIAL CONDITIONS
D. BASIC COVERAGE FOR DENTAL EXPENSES WHILE TRAVELLING ABROAD**

1. PURPOSE OF THE COVERAGE

1.1. This Coverage ensures the provision of services to the Insured, as specified in the Contractual Conditions and limited to the amount of the Sum Insured contracted per event, or, if it is not possible to contact or use the authorized service network, the refund of dental expenses incurred by the Insured for his/her treatment, under supervision of a dentist, due to a personal accident or sudden and acute illness that occurs during the trip and upon proven departure from the country of residence.

1.2. Treatment includes expenses with radiography, ultrasonography, medications used during the emergency dental treatment, operating room, anesthesia, as well as expenses with emergency care and dentists' fees.

1.3. This Coverage also covers, up to the limit of the Sum Insured, crisis caused by pre-existing or chronic conditions, when causing a clinical condition of Emergency or Urgency, with regard to the dental expenses related to the stabilization of the clinical condition of the Insured, which allows the Insured to continue travelling or to return to his/her place of residence, there being no coverage for the continuity and control of previous treatments, check-up and extension of prescriptions.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes:

- a) expenses with dental appointments to obtain medical prescriptions for routinely taken medications, unless directly related to the clinical condition of Urgency or Emergency;
- b) expenses with diagnostic procedures and experimental clinical or surgical treatments not recognized by the Brazilian dental society;
- c) expenses with medications, except those used during emergency dental treatment;
- d) surgical, pharmaceutical, dental expenses, as well as medical and funeral repatriation or evacuation resulting from epidemics or pandemics declared by a competent body, except if directly related to a clinical condition of urgency or emergency;
- e) expenses with prostheses in general not related to the surgical act of the covered event, dental prostheses and braces; and
- f) permanent prostheses, except prostheses due to the loss of natural teeth as a consequence of a covered event.

3. GRACE PERIOD

This coverage provides for the fulfillment of a grace period of seventy-two (72) hours, according to the content stated in the Insurance Policy, when the insurance is purchased for a travel already in progress, except for events resulting from personal accidents.

4. OCCURRENCE OF CLAIMS

4.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

4.2. If the Insured needs dental care, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, in order to be referred to the authorized network by the Insurance Company.

4.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the dental service providers, provided that they are legally qualified to practice the profession.

5. SETTLEMENT OF CLAIMS

5.1. In the event provided for in sub-item 4.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents

for the Settlement of Claim) also of the General Conditions, and provide evidence of the dental expenses upon submission of the following documents:

- a) Detailed report issued by the physician attesting the consultation;
- b) Original payment receipts of dental expenses;
- c) Dental prescriptions;
- d) Copy of the reports of examinations and images, if any;
- e) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- f) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- g) Copy of the Alcohol and/or Drug Level Test Report, if any.

6. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is considered as the date of the first dental care, for each event covered during the insurance term.

7. REINTEGRATION OF THE SUM INSURED

This Coverage provides for the reintegration of the Sum Insured, without the collection of additional insurance premium.

8. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

9. GENERAL PROVISIONS

9.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

9.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

E. BASIC COVERAGE FOR THE TRANSFER OF DEAD BODY

1. PURPOSE OF THE COVERAGE

This Coverage, if contracted, ensures the provision of services, limited to the amount of the Sum Insured, as specified in the Contractual Conditions or, if it is not possible to contact or use the authorized service network, the refund of expenses incurred with the release and transportation of the Insured's body, in case of death while travelling, from the place where the covered event occurred to the domicile or place of burial of the Insured, including all the procedures and objects required for the transfer of the body.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also does not cover expenses with:

2.2.1. funeral and burial of the Insured;

2.2.2. body search or recognition.

3. SERVICE PROVISION

3.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

3.2. If the Transfer of Dead Body is required, the individual in charge shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, so that the Insurance Company ensures the availability thereof in the authorized network.

3.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the service providers for the transfer of dead body.

4. SETTLEMENT OF CLAIMS

4.1. In the event provided for in sub-item 3.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the expenses incurred with the transfer of dead body upon submission of the following documents:

a) Certified copy of the Insured's Certificate of Death;

b) Detailed report issued by the physician attesting the consultation (in case of death due to natural causes);

c) Necropsy Report, if any;

d) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;

e) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;

f) Alcohol and/or Drug Level Test Report, if any.

g) Original Flight Tickets with the respective payment receipts;

h) Payment receipt of the transfer to Brazil, including expenses incurred with transportation to the place of burial.

5. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is the date of death of the Insured, during the Insurance term.

6. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the **reintegration** of the Sum Insured.

7. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

8. GENERAL PROVISIONS

8.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

8.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

F. BASIC COVERAGE FOR CLINICALLY-SUPERVISED RETURN

1. PURPOSE OF THE COVERAGE

This Coverage, if contracted, ensures the provision of services to the Insured, limited to the amount of the Sum Insured, as specified in the Contractual Conditions or, if it is not possible to contact or use the authorized service network, the refund of expenses incurred with the return transfer of the Insured to the place of origin of the trip or the Insured's domicile, as defined in the Contractual Conditions, if the Insured is not in conditions to return as a regular passenger due to a personal accident or illness covered.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. There will also be no coverage for clinically-supervised return that has not been recommended or expressly authorized by a qualified medical staff.

3. OCCURRENCE OF CLAIMS

3.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

3.2. The amount of the initial return ticket shall be offset in the negotiation with the transportation company for the purchase of a clinically-supervised return ticket, deducting from the compensation the eventual refund due to cancellation.

3.3. If the Clinically-Supervised Return is required, the Insured or individual in charge shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, so that the Insurance Company ensures the availability thereof through the authorized network.

3.4. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the service providers for the Clinically-Supervised Return.

4. SETTLEMENT OF CLAIMS

4.1. In the event provided for in sub-item 3.4, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the expenses incurred with the Clinically-Supervised Return upon submission of the following documents:

- a) Report issued by the Physician describing the clinical condition of the Insured, as well as the recommendation to return to the place of origin of the trip or the Insured's Domicile;
- b) Original Flight Tickets relating to the clinically-supervised return, with the respective payment receipts;
- c) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- d) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- e) Alcohol and/or Drug Level Test Report, if any.

5. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is the date of the first medical-hospital care, during the insurance term.

6. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

7. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

8. GENERAL PROVISIONS

8.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

8.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

G. BASIC COVERAGE FOR MEDICAL TRANSFER

1. PURPOSE OF THE COVERAGE

This Coverage, if contracted, ensures the provision of services to the Insured, limited to the amount of the Sum Insured, as specified in the Contractual Conditions or, if it is not possible to contact or use the authorized service network, the refund of expenses incurred with the removal or transfer of the Insured to the nearest clinic or hospital in conditions to assist the Insured, due to a personal accident or illness covered.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. There will also be no Coverage for medical transfer that has not been recommended or expressly authorized by a qualified medical staff.

3. OCCURRENCE OF CLAIMS

3.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

3.2. If Medical Transfer is required, the Insured or individual in charge shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, so that the Insurance Company ensures the availability thereof in the authorized network.

3.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the service providers of the medical transfer.

4. SETTLEMENT OF CLAIMS

4.1. In the event provided for in sub-item 3.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the expenses incurred with the Medical Transfer upon submission of the following documents:

- a) Medical Report describing the clinical condition of the Insured, as well as the authorization for the Insured's removal or transfer;
- b) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- c) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- d) Alcohol and/or Drug Level Test Report, if any.
- e) Original payment receipts of the medical transfer.

5. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is the date of the first medical-hospital care, during the insurance term.

6. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

7. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

8. GENERAL PROVISIONS

8.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

8.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

**INDIVIDUAL PLAN – TRAVEL INSURANCE POLICY
GENERAL CONDITIONS
SUSEP PROCESS No. 15414.900421/2016-13**



SOMPO SEGUROS

CNPJ: 61.383.493/0001-80

H. BASIC COVERAGE FOR DEATH WHILE TRAVELLING

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of the amount of the Sum Insured, at once, to the Beneficiary(ies), in the event of death of the Insured, due to natural or accidental causes, during the travel period, duly covered by the policy, except if caused by an excluded risk, subject to other clauses of these Special Conditions, the General Conditions and the applicable law.

1.2. The coverage of death for individuals aged under fourteen (14) years old is exclusively intended to refund funeral expenses, as evidenced by the submission of original and specified invoices and receives.

1.3. Expenses with funeral also include those incurred with transfer, and the expenses incurred with the acquisition of grave are not covered.

1.3.1. The Insurer may replace, at its own discretion, the provision of the proof of expenses by the provision of satisfactory documentation.

1.4. If, after the payment of compensation for a TOTAL PERMANENT DISABILITY CAUSED BY ACCIDENT, the Insured's death occurs as a result of the same accident, the Insurer shall pay the compensation payable for the Coverage of Death, deducting the amount already paid for the Coverage of Total Permanent Disability Caused by Accident.

2. EXCLUDED RISKS

All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The date of the event, for the purposes of determining the Sum Insured, is the date of death specified in the Certificate of Death.

4. BENEFICIARY

The Sum Insured relating to this Coverage will be paid to the Beneficiary(ies) indicated by the Insured or, in the absence of indication, to the legal heirs, as indicated by Clause 10 (Designation and Change of Beneficiary(ies)) of the General Conditions.

5. SETTLEMENT OF CLAIMS

5.1. In the event of a claim, the Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as:

5.2. In case of natural death, include the following documents of the Insured, and, if submitting copies, said copies must be certified:

- a) Certificate of Death of the Insured;
- b) Birth Certificate (if single) or Marriage Certificate, issued after the death of the Insured;
- c) Detailed report issued by the physician attesting the consultation;
- d) Copy of the reports of examinations and images, if any;
- e) Hospital admission form (if any).
- f) Statement of Sole Heirs, in the absence of indication of Beneficiary, pursuant to item 10.1.3. of Clause 10 (Designation and Change of Beneficiaries) of the General Conditions.

5.3. In case of death caused by accident, include the following documents, and if submitting copies, said copies must be certified:

- a) Copy of the Certificate of Death of the Insured;
- b) Birth Certificate (if single) or Marriage Certificate issued after the death of the Insured;
- c) Copy of the Certificate of Police Report or any other document issued by a competent authority of the

country, if any;

- d) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- e) Necropsy Report, if any;
- f) Alcohol and/or Drug Level Test Report, if any.
- g) Statement of Sole Heirs, in the absence of indication of Beneficiary, pursuant to item 10.1.3. of Clause 10 (Designation and Change of Beneficiaries) of the General Conditions.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

I. BASIC COVERAGE FOR TOTAL OR PARTIAL PERMANENT DISABILITY CAUSED BY ACCIDENT WHILE TRAVELLING

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures a compensation to the Insured, in the cases and degrees established in the Table for the Calculation of Compensation in case of Permanent Disability Caused by Accident, proportional to the amount of the Sum Insured, in case of permanent loss, reduction or functional disability, either total or partial, of body parts or organs, as a result of a physical injury caused by Personal Accident, duly covered, occurred within the travel period, evidenced by medical report and provided that such injuries are unsuitable for rehabilitation or recovery by the therapeutic means available at the time of finding, subject to the other clauses of these Special Conditions, the General Conditions and the applicable law.

1.2. For the purposes of this coverage, Total or Partial Permanent Disability Caused by Accident means the permanent loss, reduction or functional disability, either total or partial, of a body part or organ, listed in the Table provided for in item 1.6 of this Coverage, due to a physical injury, caused by a duly covered Personal Accident.

1.3. If the Coverage for Death while Travelling, Accidental Death while Travelling and Total or Partial Permanent Disability Caused by Accident while Travelling are contracted together, said Coverages are not cumulative.

1.3.1. If, after the payment of compensation for PERMANENT DISABILITY CAUSED BY ACCIDENT, the Insured's death occurs as a result of the same accident, the Insurer shall pay the compensation payable for the coverage of Accidental Death while Travelling, deducting the amount already paid for the Coverage of Total or Partial Permanent Disability while Travelling, not requiring, however, the return of the difference if the compensation paid exceeds the amount stipulated for the case of death and/or accidental death.

1.4. In the case of payment of compensation relating to the partial disability claim, the Sum Insured will be automatically reintegrated after the claim.

1.5. Once the treatment is finished or the therapeutic resources for recovery have been exhausted and the total or partial permanent disability caused by accident has been verified at the time of the final hospital discharge, the Insurer shall pay the Insured a compensation, according to the disability suffered and the percentages previously defined in the "TABLE FOR THE CALCULATION OF COMPENSATION IN CASE OF PERMANENT DISABILITY," set forth in sub-item 1.6 of this Coverage.

1.5.1. If the functions of the injured body part or organ are not totally disabled, the compensation for the partial loss shall be calculated by the multiplication between the percentage provided for in the said Table (sub-item 1.6) for its total loss and the percentage corresponding to the degree of functional reduction presented by the Insured.

1.5.2. In the absence of an indication of the percentage of reduction of the member or member of the Insured due to the accident and, if only the maximum, average or minimum degree of reduction is informed, the indemnity will be calculated on the basis of the percentages of 75%, 50% and 25%, respectively.

1.5.3. In cases not specified in the Table, the compensation is established based on the permanent reduction of the physical capacity of the Insured, regardless of the Insured's profession, in view of the fact that this coverage does not cover professional disability.

1.5.4. **When the same accident leads to the disability of more than one body part or organ, the compensation shall be calculated by adding the respective percentages provided for in the Table, without exceeding one hundred percent (100%) of the contracted Sum Insured.**

1.5.5. **Similarly, if there are two or more injuries to a body part or organ, the sum of the corresponding percentages shall not exceed the compensation provided for their total loss.**

1.5.6. **For the purpose of Compensation, the loss or further reduction of an already defective body part or organ prior to the accident shall be deducted from the degree of permanent disability.**

1.5.7. **The loss of teeth and Aesthetic Damages do not give right to the compensation for**

permanent disability.

1.5.8. The permanent disability must be evidenced with the submission of a medical statement to the Insurer.

1.5.8.1. The retirement due to disability granted by official social security institutions, or similar, does not characterize itself as a state of permanent disability.

1.5.9. Upon characterization of total and permanent disability of one or more body parts of the Insured, which determines the full payment of the Sum Insured contracted for this Coverage, this Coverage will be canceled, with no **reintegration** of the Sum Insured.

1.5.10. After the payment of total permanent disability, all amounts paid by the insured, after this date, will be returned, duly adjusted according to the specific regulations.

1.6. TABLE FOR THE CALCULATION OF COMPENSATION IN THE EVENT OF PERMANENT DISABILITY

BREAKDOWN	ON THE SUM INSURED
TOTAL PERMANENT DISABILITY	%
Total loss of sight 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 an upper limb and a 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 PERMANENT DISABILITY (MISCELLANEOUS)	%
Total loss of sight in one eye	30
Total loss of sight in one eye, when the Insured has already lost the other	70
Total incurable deafness of both ears	40
Total incurable deafness in one ear	20
Incurable muteness	50
Unhealed fracture in the lower jaw	20
Immobility of the cervical part of the spinal cord	20
Immobility of the thoracic-lumbar-sacral part of the spinal cord	25
PARTIAL PERMANENT DISABILITY OF UPPER LIMBS	%
Total loss of use of one of the upper limbs	70
Total loss of use of one hand	60
Unhealed fracture in one of the humeri	50
Unhealed fracture in one of the radius-ulnar parts	30
Total ankylosis of a shoulder	25
Total ankylosis of an elbow	25
Total ankylosis of a wrist	20
Total loss of use of a thumb, including the metacarpal	25
Total loss of use of a thumb, excluding the metacarpal	18
Total loss of use of the thumb distal phalanges	9
Total loss of use of an index finger	15
Total loss of use of a little finger and a middle finger	12
Total loss of use of a ring finger	9
Total loss of use of any phalanx, excluding the thumb phalanges: equivalent to one-third	

(1/3) the value of the respective finger.	
PARTIAL PERMANENT DISABILITY OF LOWER LIMBS	%
Total loss of use of a lower limb	70
Total loss of use of a foot	50
Unhealed fracture of a femur	50
Unhealed fracture of a tibial-peroneal trunk	25
Unhealed fracture in the patella	20
Unhealed fracture in a foot	20
Total ankylosis of a knee	20
Total ankylosis of an ankle	20
Total ankylosis of a hip bone	20
Partial loss of a foot, that is, total loss of all toes and a part of the same foot	25
Amputation of the first finger - thumb	10
Amputation of any other finger	3
Total loss of use of the first finger phalanx, equivalent to half (½), and of the other fingers, equivalent to one-third (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 compensation	

MISCELLANEOUS	%
JAW	
Lower jaw (mandible) reduced movements	
To a minimum degree	10
To a medium degree	20
To a maximum degree	30
NOSE	
Total loss of the nose	25
Total loss of the sense of smell	07
Loss of the sense of smell with alterations in taste	10
VISUAL SYSTEM	
Injury to the tear duct	
Unilateral	07
Unilateral with fistula	15
Bilateral	14
Bilateral with fistula	25
Injuries to the eyelid, eye socket, cornea, sclera and iris	
Unilateral ectropion	03
Bilateral ectropion	06
Unilateral entropion	07
Bilateral entropion	14
Poor unilateral closure of the eyelid	03
Poor bilateral closure of the eyelid	06
Unilateral eyelid ptosis	05
Bilateral eyelid ptosis	10

SPEECH SYSTEM	
Loss of substance (soft and hard palate)	15
Total tongue amputation	50
Partial – less than fifty percent (50%)	15
- more than fifty percent (50%)	30
HEARING SYSTEM	
Total loss of an ear	08
Total loss of both ears	16
ANKYLOSIS	
For vicious positions, add the estimated percentages of twenty-five (25), fifty (50) or seventy-five percent (75%) of its amount, according to the unfavorable position observed,	
LOSS OF STRENGTH OR FUNCTIONAL CAPACITY OF MEMBERS	
The loss or reduced strength or functional capacity considered is that which does not result from joint injuries or amputated segments, contained in the specific boxes on the table.	
Loss of spleen	15
URINARY SYSTEM	
Loss of a kidney	
Preserved kidney function	15
Kidney function reduced by a minimum degree	25
Kidney function reduced by a medium degree	50
Kidney failure	75
GENITAL ORGANS AND REPRODUCTIVE SYSTEM	
Loss of one testicle	10
Loss of two testicles	30
Traumatic amputation of the penis	50
Loss of the womb before menopause	40
Loss of the womb after menopause	10
ABDOMINAL WALL	
Traumatic hernia	10
In case of surgical cure of traumatic hernia (no compensation)	00
PSYCHIATRIC SYNDROMES	
Post-concussion syndrome	10
Neurotic disorder (post-traumatic stress disorder)	02
NECK	
	15
Esophagus injury with motor dysfunctions	15
Paralysis of one vocal cord	10
Paralysis of two vocal cords	30
Permanent tracheotomy	40
THORAX	
RESPIRATORY TRACT	
Pleurae post-traumatic sequelae	10
Total or partial resection of one lung (pneumectomy – partial or total):	
Preserved respiratory function	15

Reduction of the respiratory function by a minimum degree	25
Reduction of the respiratory function by a medium degree	50
Respiratory failure	75
BREASTS	
Unilateral mastectomy	10
Bilateral mastectomy	20
ABDOMEN (ORGANS AND ENTRAILS)	
Partial gastrectomy	10
Subtotal gastrectomy	20
Total gastrectomy	40
SMALL INTESTINE	
Partial resection without functional repercussion	10
Partial resection with functional repercussion to a minimum degree	20
Partial resection with functional repercussion to a medium degree	45
Total or partial resection with functional repercussion to a maximum degree	70
LARGE INTESTINE	
Partial colectomy without functional disorder	05
Partial colectomy with functional disorder to a minimum degree	10
Partial colectomy with functional disorder to a medium degree	35
Total colectomy	60
Permanent colostomy	50
RECTUM AND ANUS	
Fecal incontinence without prolapse	30
Fecal incontinence with prolapse	50
Hepatic lobectomy without functional alteration	10
Gall bladder removal	07

2. EXCLUDED RISKS

All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the maximum amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event. The Sum Insured due will depend on the characterization of total or partial disability, and will be calculated in accordance with the provisions set forth in sub-item 1.5.1 and the Table in sub-item 1.6.

3.2. The date of the event, for the purpose of determining the Sum Insured, is the date of the Personal Accident suffered by the Insured.

4. SETTLEMENT OF CLAIMS

4.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting copies, said copies must be certified:

- a) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- b) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- c) Alcohol and/or Drug Level Test Report, if any;
- d) Detailed report issued by the physician, specifying the sequelae caused by the accident and informing whether the Insured was undergoing treatment when the report was issued;
- e) Statement of hospital discharge;

- f) Copy of the reports of examinations and images, if any;
- g) Hospital admission form, (if any).

5. GENERAL PROVISIONS

5.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

5.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

J. ADDITIONAL COVERAGE FOR PHYSIOTHERAPY

1. PURPOSE OF THE COVERAGE

1.1. This Coverage ensures the provision of services to the Insured, as specified in the Contractual Conditions and limited to the amount of the Sum Insured, or, if it is not possible to contact or use the authorized service network, the refund of expenses incurred by the Insured for his/her physical therapy treatment, under medical supervision, due to a personal accident or sudden and acute illness that occurs during the trip, and whose application is decisive for the recovery of the Insured, allowing the continuation of the trip or return to the Insured's domicile.

1.2. This coverage includes expenses with physical therapy sessions applied during the hospitalization of the Insured, in case of personal accident or sudden and acute illness occurring during the period of the trip, subject to other contractual conditions, there being no coverage for the continuation of treatments prior to the trip or after the return to the place of residence.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes:

- a) expenses with medications indicated after physical therapy;
- b) physical therapy sessions not prescribed by a physician or not in accordance with recognized medical practices;
- c) expenses with functional or postural reduction, homeopathic and chiropractic treatments, nursing home treatments, acupuncture, massage therapy, massage, podology and non-conventional or alternative medicine;
- d) states of convalescence (after hospital discharge), as well as any expenses of accompanying persons;
- e) devices related to orthoses of any nature and permanent prostheses;
- f) medical care due to pathological fractures, occurring as a result of preexisting bone disease, such as bone tumors, infections and metabolic diseases.

3. OCCURRENCE OF CLAIMS

3.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

3.2. If the Insured needs assistance from a physiotherapist, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, in order to be referred to the authorized network by the Insurance Company.

3.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the physical therapy professionals, provided that they are legally qualified to practice the profession.

4. SETTLEMENT OF CLAIMS

4.1. In the event provided for in sub-item 3.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the physical therapy treatment, upon submission of the following documents:

- a) Detailed report issued by a physician attesting the need for physical therapy sessions;
- b) **Original** payment receipts of covered expenses;
- c) Copy of the reports of examinations and images, if any;
- d) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;

- e) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;
- f) Copy of the Alcohol and/or Drug Level Test Report, if any;

5. SUM INSURED

The date of the event, for the purpose of determining the Sum Insured, is considered as the date of the first physical therapy session, for each event covered, during the insurance term.

6. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

7. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

8. GENERAL PROVISIONS

8.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risks contracted in this policy.

8.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

K. ADDITIONAL COVERAGE FOR LUGGAGE – COMPLEMENTARY INSURANCE

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of the Sum Insured or the compensation corresponding to the losses incurred by the Insured in case of loss, robbery, theft, damage or destruction of the luggage, during air, road, rail or sea transportation, duly proven and covered by the insurance, except as a result of excluded risk, subject to other clauses of these Special Conditions, the General Conditions and the applicable law.

1.2. The payment of compensation for this coverage shall be made according to the difference between the amount paid by the transportation company and the amount of the actual loss incurred by the Insured, limited to the Sum Insured.

1.3. The Complementary Luggage coverage exclusively covers the loss or total loss of the volume claimed, the disappearance of which is certified by a transportation company licensed to carry passengers by a competent authority, upon payment of transportation tariff and issuance of luggage tag.

1.4. The luggage must be properly packed, according to the specific characteristics of each object contained therein. The actual loss of luggage shall only be entitled to the Coverage if it occurs during the delivery of the luggage to the air, road or sea transportation company's authorized personnel for boarding, upon proof of delivery, and the time of return thereof to the passenger, upon arrival. **Unchecked luggage carried with the Insured (hand luggage) will not be considered for the purpose of this insurance.**

1.5. For the Insured to be entitled to this Coverage, it is essential that the Insured informs to the transportation company the loss of the luggage as soon as the Insured realizes the luggage is missing, before leaving the baggage reclaim area, where the Insured has found it is missing and obtains written proof that it is missing, by means of a "Property Irregularity Report" (PIR) form, in case of air travel, or similar in case of different type of transportation.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. In addition to the excluded risks described in the General Conditions, the following items and events are also excluded from this Coverage:

- a) normal wear and tear of the objects;
- b) defects inherent in the luggage, as well as pre-existing damages in the luggage and previously known to the Insured before being delivered to the transportation company;
- c) damage resulting from confiscation, seizure or destruction by de facto or de jure order of an authority;
- d) damage to glasses, contact lenses, and any oral apparatus;
- e) precious metals and their alloys, worked or not, jewelry, natural or synthetic fur, frames and any works of art, jewelry of any kind, clocks, titles;
- f) losses incurred by the insured acting as an operator or member of the crew of means of transportation that lead to the claim;
- g) any kind of animals;
- h) liquids and beverages in general, alcoholic or not, as well as food of any kind, perishable or not;
- i) objects carried by the Insured with himself/herself or in the hand luggage, whose custody is under his/her responsibility and, consequently, has not been delivered to the transportation company;
- j) any objects which by their destination and/or quantity have commercial purposes or represent negotiable valuables such as money, coins or paper, checks, securities, bonds, stamps collections, etc.;
- k) luggage that has not been picked up by the Insured as soon as made available by the transportation company; and

- l) **any documents or papers that represent an obligation of any kind, as well as an estimated amount of any good belonging to the assets of the Insured.**

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the maximum amount to be paid as a result of a covered claim, regardless of the number of volumes and the value of the Insured's luggage, and will be specified in the Insurance Policy, in force on the date of the event.

3.2. The compensation shall be calculated based on the definition specified in the Insurance Policy, according to one of the following alternatives, regardless, under any claim, of the contents of the luggage:

- a) when the value of the compensation per kilogram of luggage is broken down in the Insurance Policy, the calculation will be done by multiplying the value per kilogram by the weight registered by the transportation company, deducting from the compensation, the amount under the transportation company's responsibility, limited to the sum insured;
- b) when there is no weight registered in a document issued by the transportation company, the compensation shall be calculated according to the amount declared by the Insured in the complaint made to the transportation company, deducting from the amount to be indemnified, the amount under responsibility of the latter, limited to the Sum Insured.

3.3. If the Insured's Luggage is lost or is subject to Robbery or Aggravated Theft, the Insurer shall pay the Insured the total amount of the Sum Insured, limited to the amount of the actual loss incurred, which shall be calculated based on the Police Report, in case of Robbery or Aggravated Theft, or based on the Property Irregularity Report (PIR) in case of loss.

3.4. In case the Insured has received compensation from the Transportation company, the payment of the Sum Insured shall be limited to the difference between the amount paid by the Transportation company and the amount of the actual loss incurred by the Insured due to the claim.

3.5. The date of the event, for the purpose of determining the Sum Insured, is the date specified in the Property Irregularity Report (PIR) or similar irregularity report document, when the transportation is not by air.

4. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

5. SETTLEMENT OF CLAIMS

5.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

- a) original luggage tag;
- b) written complaint made to the transportation company;
- c) document issued by the Transportation company, recognizing the loss (Property Irregularity Report form), in case of air travel);
- d) receipts of possible compensations paid by the Transportation company;
- e) instrument of settlement of compensation paid by the Transportation company or declaration of non-compensation;
- f) reports issued by a competent authority, if applicable.

6. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

7. GENERAL PROVISIONS

7.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

7.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

L. ADDITIONAL COVERAGE FOR LUGGAGE DELAY

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of the Sum Insured or the compensation corresponding to the losses incurred by the Insured in case of delay or loss of luggage, during the air or sea transportation, duly proven and covered by the insurance, except as a result of excluded risk, subject to other clauses of these Special Conditions, the General Conditions and the applicable law.

1.2. In case of delay or loss of luggage, not located within four (4) hours from the registration of complaint made to the transportation company, this coverage will refund, according to the invoices submitted, the basic items acquired by the Insured, such as clothing, footwear and toiletries, limited to the amount of the sum insured contracted for this coverage. Once the luggage has been located, and communicated by the transportation company to the Insured, nothing else shall be indemnified.

1.2.1. Basic items are those necessary for the subsistence of the insured, including clothing and toiletry items, provided that they are not paid or subsidized by the transportation company.

1.3. The luggage must be properly packed, according to the specific characteristics of each object contained therein. **The actual loss of luggage shall only be entitled to the Coverage if it occurs during the delivery of the luggage to the air, road, rail or sea transportation company's authorized personnel for boarding in trips or regulated freight, and the time of return thereof to the passenger, upon arrival.**

1.4. For the Insured to be entitled to this Coverage referred to above, it is essential that the Insured informs to the transportation company the loss of the luggage as soon as the Insured realizes the luggage is missing, before leaving the baggage reclaim area, where the Insured has found it is missing and obtains written proof that it is missing, by means of a "Property Irregularity Report" (PIR) form, in case of air travel, or similar in case of different type of transportation.

1.5. This coverage only covers travels abroad, not being applied on a domestic route and/or return trip.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. In addition to the excluded risks described in the General Conditions, the following items and events are also excluded from this Coverage:

- a) normal wear and tear of the objects;
- b) damage resulting from confiscation, seizure or destruction by de facto or de jure order of an authority;
- c) damage to glasses, contact lenses, and any oral apparatus;
- d) precious metals and their alloys, worked or not, jewelry, natural or synthetic fur, frames and any works of art, jewelry of any kind, clocks, titles;
- e) losses incurred by the insured acting as an operator or member of the crew of means of transportation that lead to the claim;
- f) any kind of animals;
- g) liquids and beverages in general, alcoholic or not, as well as food of any kind, perishable or not;
- h) objects carried by the Insured with himself/herself or in the hand luggage, under the insured's responsibility, including, among other goods, clothing, watches, pens, keychain, personal items, glasses, filming, photography and optics equipment, sound and video devices, musical instruments and equipment;
- i) objects that the Insured carries with himself/herself or that has been placed under the responsibility of the Transportation Company or the Hotel, and which are intended, or may be considered, for performing professional tasks, by the Insured or third parties, on their own account or otherwise;

- j) any objects which by their destination and/or quantity have commercial purposes or represent negotiable valuables such as money, coins or paper, checks, securities, bonds, stamps collections, etc.;
- k) any documents or papers that represent an obligation of any kind, as well as an estimated amount of any good belonging to the assets of the Insured.

1. SUM INSURED

1.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event. **The amounts paid by the transportation company will be deducted from the compensation.**

1.2. The date of the event, for the purpose of determining the Sum Insured, is the date specified in the Property Irregularity Report (PIR) or similar irregularity report document, when the transportation is not by air.

2. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

3. SETTLEMENT OF CLAIMS

3.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

- a) written complaint made to the Transportation Company;
- b) document issued by the Transportation Company, recognizing the loss (PIR – Property Irregularity Report);
- c) receipts of possible compensations paid by the Transportation Company;
- d) Instrument of settlement of the compensation paid by the Transportation Company or declaration of non-compensation;
- e) reports issued by a competent authority, if applicable;
- f) original receipts of expenses incurred for the purchase of basic items, and toiletries.

4. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

5. GENERAL PROVISIONS

5.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

5.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

M. ADDITIONAL COVERAGE FOR DAMAGED LUGGAGE

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of the Sum Insured or the compensation corresponding to the losses incurred by the Insured in case of damages caused to the luggage, during the air, road, rail or sea transportation, duly proven and covered by the insurance, except as a result of excluded risk, subject to other clauses of these Special Conditions, the General Conditions and the applicable law.

1.2. For the Insured to be entitled to this Coverage, it is essential that the Insured informs to the carrier the damages caused to the luggage as soon as the Insured has picked it up, before leaving the baggage reclaim area, where the Insured has found said damage and obtains written proof of said damage, by means of a "Property Irregularity Report" (PIR) form, in case of air travel, or similar in case of different type of transportation.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. In addition to the excluded risks described in the General Conditions, the following items and events are also excluded from this Coverage:

- a) normal wear and tear of the objects;
- b) defects inherent in the luggage, as well as pre-existing damages in the luggage and previously known to the Insured before being delivered to the carrier;
- c) luggage that has not been picked up by the Insured as soon as made available by the carrier; and
- d) damage resulting from confiscation, seizure or destruction by de facto or de jure order of an authority;
- e) damage to glasses, contact lenses, and any oral apparatus;
- f) precious metals and their alloys, worked or not, jewelry, natural or synthetic fur, frames and any works of art, jewelry of any kind, clocks, titles;
- g) losses incurred by the insured acting as an operator or member of the crew of means of transportation that lead to the claim;
- h) any kind of animals;
- i) liquids and beverages in general, alcoholic or not, as well as food of any kind, perishable or not;
- j) objects carried by the Insured with himself/herself or in the hand luggage, under the insured's responsibility, including, among other goods, clothing, watches, pens, keychain, personal items, glasses, filming, photography and optics equipment, sound and video devices, musical instruments and equipment;
- k) objects that the Insured carries with himself/herself or that has been placed under the responsibility of the Transportation Company or the Hotel, and which are intended, or may be considered, for performing professional tasks, by the Insured or third parties, on their own account or otherwise;
- l) any objects which by their destination and/or quantity have commercial purposes or represent negotiable valuables such as money, coins or paper, checks, securities, bonds, stamps collections, etc.;
- m) any documents or papers that represent an obligation of any kind, as well as an estimated amount of any good belonging to the assets of the Insured.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The amount of compensation will be calculated based on the verified loss, limited to the sum insured, deducting from the amount to be indemnified any amount paid by the transportation company.

3.3. In case the Insured's Luggage is damaged, the Insurer shall pay the Insured the compensation amount.

In the event the Transportation Company has not paid any compensation to the Insured for the damage to the luggage, the Insurer shall pay compensation for the damage suffered, up to the limit of the Sum Insured, calculating the damage by requesting the Insured to submit a repair budget or the respective invoice.

3.4. In case the Insured has received compensation from the Transportation Company, the payment of the Sum Insured shall be limited to the difference between the amount paid by the Transportation Company and the amount of the actual damage incurred by the Insured due to the claim.

3.5. The date of the event, for the purpose of determining the Sum Insured, is the date specified in the Property Irregularity Report (PIR) or similar irregularity report document, when the transportation is not by air.

4. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

5. SETTLEMENT OF CLAIMS

5.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

- a) original luggage tag;
- b) written complaint made to the Transportation Company;
- c) document issued by the airline company (PIR - Property Irregularity Report), in case of non-air transportation, containing a record of damages;
- d) receipts of possible compensations paid by the Transportation Company;
- e) Instrument of settlement of the compensation paid by the Transportation Company or declaration of non-compensation;
- f) reports issued by a competent authority, if applicable;
- g) repair budgets and technical reports for repair of damaged luggage or purchase invoices, if the repair is not possible.

6. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

7. GENERAL PROVISIONS

7.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

7.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

N. ADDITIONAL COVERAGE FOR TRAVEL INTERRUPTION

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of a compensation to the Insured or the Beneficiaries, up to the limit of the Sum Insured, seeking to reimburse the non-refundable expenses incurred with the purchase of tourist packages and/or travel services, such as transportation and lodging, in case of a covered event that prevents the Insured from concluding the trip and that **occurs after the insurance was purchased**, provided that the Travel Interruption is necessary and/or inevitable, as a sole and exclusive result of:

- I. Death, Personal Accident or serious illness of the Insured preventing the commencement of the trip;
- II. Death or hospitalization as a result of a Personal Accident or a sudden and acutely declared illness of first and second degree relatives or of a person who has undertaken responsibility for the custody of dependents of the Insured during the travel period;
- III. Receipt of non-extendable court order for the Insured to appear in Court.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes events resulting from:

- a) aesthetic and obesity treatment in any modalities, as well as surgeries and convalescence periods related thereto
- b) the lack of documentation required to travel, including compulsory vaccination certificates;
- c) hospitalizations when the patient is not under the care of legally qualified physicians;
- d) hospitalization in a place for the elderly, nursing homes, rest homes and the like;
- e) hospitalization in clinics or places for alcohol and drug rehabilitation;
- f) expenses that are not demonstrably related to travel service providers, such as regulated lodging and transport;
- g) hydrotherapeutic health institutions or natural healing method clinic; healthcare home for convalescents; special hospital unit essentially used as a place for drug or alcohol addicts or as a healthcare home for convalescents or for rehabilitation; weight loss clinics and SPA.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The amount of expenses to be reimbursed will be calculated according to the rules of the suppliers, taking into account the reimbursement rates made available to the Insured. If, according to the aforementioned rules, there is no reimbursement of expenses, the amount to be indemnified will be calculated in proportion to the number of days not used, limited to the sum insured. Amounts paid by the suppliers will be deducted from the compensation.

3.3. The date of the event, for the purpose of determining the Sum Insured, is the date of interruption of the trip specified in the documents that justify the claim.

4. SETTLEMENT OF CLAIMS

In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

- a) Certificate of death of the Insured, police report or full medical report, indicating the event that prevented the continuation of the trip;
- b) Certificate of death, Police Report or Medical Report and Hospital Admission Form, of the Insured's relative, if applicable;
- c) Proof of family relationship between the Insured and the relative, if applicable;

- d) Judicial Notice ordering the Insured to appear in Court, demonstrably received after the beginning of the trip and/or the use of tourist services;
- e) Original receipt of expenses proving the payment of the amounts claimed for not having used the services, duly recognized by the suppliers.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

- 6.1.** These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.
- 6.2.** The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

O. ADDITIONAL COVERAGE FOR TRAVEL CANCELLATION – PLUS

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of a compensation to the Insured or the Beneficiaries, up to the limit of the Sum Insured, seeking to reimburse the non-refundable expenses incurred with the purchase of tourist packages and/or travel services, such as transportation and lodging, in case of a covered event that prevents the Insured from traveling, occurring after the insurance was purchased, provided that the Travel Cancellation is necessary and/or inevitable, as a sole and exclusive result of:

- I.** Hospitalization due to serious illness, serious bodily injury or death of: Insured, Relative of first and second degree of kinship; the person designated for the custody of minors or disabled persons during the Insured's travel period, the Insured's professional substitute;
- II.** Death or the total or partial disability, or clinically declared total and permanent disability due to acute illness or serious accident of the traveling companion or partner of the insured;
- III.** Declaration issued by a competent health authority ordering the Insured to remain in quarantine;
- IV.** Unexpected call for surgical intervention of the Insured;
- V.** Cancellation of an accompanying person due to any covered cause (ensures the payment of the individual supplement and individual expenses due to the disappearance of minimum group);
- VI.** Emergency care for child delivery of the Insured, spouse and/or permanent accompanying traveler of the Insured;
- VII.** Complication in pregnancy or abortion;
- VIII.** Scheduled delivery of pregnancy occurring after the date of purchase of travel insurance;
- IX.** Serious damage to the insured's residence;
- X.** Cancellation of the Insured's wedding;
- XI.** Separation/divorce of the insured;
- XII.** Extension of the employment contract;
- XIII.** Unemployment of the insured;
- XIV.** Vacation cancellation letter issued by the company where the Insured works;
- XV.** Change of job by the insured;
- XVI.** Incorporation into a new job in a different company, with employment contract;
- XVII.** Compensation due to change on the dates of tests, papers, presentations;
- XVIII.** Meeting rescheduled due to documented reasons;
- XIX.** Forced transfer of work lasting more than three (03) months;
- XX.** Natural disasters such as tremor, earthquake, volcanic eruption, tsunami, hurricane, cyclone, tornado, flood, or strong winds that occur within the hometown of the insured or destination city, preventing the Insured from travelling and/or prevents any commercial flight from arriving at the destination and/or departing from the respective affected city.
- XXI.** Serious damage to the workplace of the insured, which requires the Insured's presence;
- XXII.** Fault or accident in the vehicle owned by the insured or his/her spouse, which prevents the insured from starting or continuing the trip;
- XXIII.** Receipt of non-extendable judicial notification for the Insured to appear in Court;
- XXIV.** Call as a party or as a witness of a court or a jury member on the date of the trip;
- XXV.** Legal requirement prior to the commencement of the trip;
- XXVI.** If the insured or his/her accompanying traveler loses documents that make it impossible to start or continue the scheduled trip, provided that the event occurred within 15 days before departure or connections of the itinerary;
- XXVII.** Denied visa for destinations where visas are issued upon the entrance in the country;

- XXVIII.** Denial of passenger/visa issued in Brazil, that is, a notice of refusal issued by the destination country;
- XXIX.** Sudden call or rescheduling of dates of public examinations and college admission exams; or member of the electoral bureau;
- XXX.** Appointment for a gazetted position;
- XXXI.** Failure in school subjects;
- 1.2. In case of any of the events described above, this coverage also covers expenses with tariff differences for rebooking flight tickets, if the insured has the option of not canceling it, subject to the limit of the Sum Insured.
- 2. EXCLUDED RISKS**
- 2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.**
- 2.2. This Coverage also excludes events resulting from:**
- a) **Pre-existing or chronic diseases suffered prior to the date of purchase of the insurance policy, whether or not known to the agent causing the claim (whether the insured or his or her spouse, parent(s), sibling(s), child(ren), as well as their consequences and sequels;**
 - b) **If the justified cause that generated the cancellation of the trip occurred prior to the effectiveness of the insurance;**
 - c) **Cancellation motivated by the incapacity of the supplier (agent, operator, hotel, airline, etc.) in accomplishing the contracted trip.**
 - d) **Expenses that are not demonstrably related to travel service providers, such as regulated lodging and transport;**
- 3. SUM INSURED**
- 3.1.** For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.
- 3.2.** The amount of expenses to be reimbursed will be calculated according to the rules of the suppliers, taking into account the reimbursement rates made available to the Insured. If, according to the aforementioned rules, there is no reimbursement of expenses, the amount to be indemnified will be calculated in proportion to the number of days not used, limited to the sum insured. Amounts paid by the suppliers will be deducted from the compensation.
- 3.3.** The date of the event, for the purpose of determining the Sum Insured, is the date of cancellation of the trip.
- 4. SETTLEMENT OF CLAIMS**
- 4.1.** In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:
- a) Certificate of death of the Insured, police report or full medical report, indicating the event that prevented the commencement of the trip;
 - b) Certificate of death of the Insured's relative, the person designated for the custody of minors or disabled persons, the Insured's professional substitute or partner, Police Report or Hospital Admission Form, if applicable;
 - c) Proof of family relationship between the Insured and the relative, if applicable;
 - d) Judicial Notice ordering the Insured to appear in Court, demonstrably received after having purchased the trip and/or tourist services;
 - e) Copy of declaration requiring the Insured to remain in quarantine, issued by a competent health authority, if applicable;
 - f) Service agreement of travel organizers, which shall provide for fines in case of cancellation, as determined by EMBRATUR;
 - g) Proof of amounts of non-refundable expenses incurred with the purchase of tourist packages and/or travel services;

- h) Report completed by the qualified professional who rendered the service;
- i) Letter stating the amount of the fine charged due to cancellation;
- j) Evidentiary Documents Issued by Official Entities for Serious Damage caused to the company where the Insured works, such as Police Report, Fire Department Certificate.
- k) Copy of Labor Card pages: page of the photo, civil qualification, admission and dismissal page, copy of the instrument of termination of the labor duly assessed.
- l) Vacation cancellation letter issued by the company where the Insured works;
- m) Official visa denial document;
- n) Official statement from the educational institution demonstrating the failure in school subjects.

4.2 The beneficiary shall submit the invoices of all suppliers of the trip purchased and a sworn declaration attesting that: a) the Insured has not received any other refund; or b) detailing all refunds received. In addition to this documentation, the beneficiary shall submit a certificate from all suppliers indicating that he/she has not received any refund, as well as the penalty applied.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

P. ADDITIONAL COVERAGE FOR TRAVEL INTERRUPTION – PLUS

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of a compensation to the Insured or the Beneficiaries, up to the limit of the Sum Insured, seeking to reimburse the non-refundable expenses incurred with the purchase of tourist packages and/or travel services, such as transportation and lodging, and educational services purchased and not used, in the event the Insured has to interrupt the trip earlier than expected, in case of a covered event, occurring after the insurance was purchased, which prevents the Insured from continuing the trip, provided that the Travel Interruption is necessary and/or inevitable, as a sole and exclusive result of:

- I.** Death, Personal Accident or serious illness of the Insured or family members preventing the continuation of the trip;
- II.** Death or the total or partial disability, or clinically declared total and permanent disability due to acute illness or serious accident of the accompanying traveler or partner of the insured;
- III.** Emergency care for child delivery of the Insured, spouse and/or permanent accompanying traveler of the Insured;
- IV.** Infectious diseases, evidenced by medical report and statement;
- V.** Serious damage to the insured's residence;
- VI.** Unemployment of the insured;
- VII.** Receipt of non-extendable court order requiring the Insured to appear in Court, demonstrably received during the trip;
- VIII.** Call as a party or as a witness of a court or a jury member during the trip;
- IX.** If the insured or his/her accompanying traveler loses documents that make it impossible to start or continue the scheduled trip, provided that the event occurred during the insurance term;
- X.** No admission of passengers/visas issued in Brazil;
- XI.** Denied visa for destinations where visas are issued upon the entrance in the country;

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes events resulting from:

- a)** cases where it is an immigration requirement, the absence of an entry visa to the destination country, issued prior to the occurrence of the event that gave rise to the interruption;
- b)** When the interruption is the result of a canceled charter flight;
- c)** Cancellation motivated by the incapacity of the supplier (agent, operator, hotel, airline, etc.) in accomplishing the contracted trip;
- d)** Expenses that are not demonstrably related to travel service providers, such as regulated lodging and transport;
- e)** Fees, fines and tariff differences arising from the reissuance/rebooking of flight tickets, accommodation, sea travel and other travel items, except in cases where they are applied with the purpose of preventing or avoiding a total interruption of the trip and provided that the incident values are lower than the values provided for the respective interruption.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The amount of expenses to be reimbursed will be calculated according to the rules of the suppliers, taking into account the reimbursement rates made available to the Insured. If, according to the aforementioned rules, there is no reimbursement of expenses, the amount to be indemnified will be calculated in proportion to the number of days not used, limited to the sum insured. Amounts paid by the suppliers will be deducted from the compensation.

3.3. The date of the event, for the purpose of determining the Sum Insured, is the date of interruption of the trip.

4. SETTLEMENT OF CLAIMS

4.1. In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting copies, said copies must be **certified**:

- a) Certificate of death of the Insured, Police Report or Full Medical Report, indicating the event that prevented the commencement or continuation of the trip;
- b) Certificate of death, Police Report or Hospital Admission Form of the Insured's relative, if applicable;
- c) Proof of family relationship between the Insured and the relative, if applicable;
- d) Judicial Notice ordering the Insured to appear in Court, demonstrably received after having purchased the trip and/or tourist services;
- e) Service agreement of travel organizers, which shall provide for fines in case of interruption, as determined by EMBRATUR;
- f) Proof of amounts of non-refundable expenses incurred with the purchase of tourist packages and/or travel services;
- g) Report completed by the qualified professional who rendered the service;
- h) Letter stating the amount of the fine charged due to interruption;

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

Q. ADDITIONAL COVERAGE FOR EARLY RETURN

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures a refund to the Insured, up to the limit of the Sum Insured, of expenses incurred with the return of the Insured to the place of domicile or origin of the trip, caused by a covered event and occurring after the insurance was purchased, subject to the excluded risks, whenever the Travel Interruption is necessary and/or inevitable, as a sole and exclusive result of:

- I. Personal Accident or serious illness of the Insured preventing the continuation of the trip;
- II. Death or hospitalization, for more than three (3) days, as a result of a Personal Accident or a sudden and acutely declared illness of first and second degree relatives of the Insured;
- III. Receipt of non-extendable court order requiring the Insured to appear in Court, demonstrably received during the trip;
- IV. In the event of a fire, explosion, flood or theft with damage and violence at the residence of a beneficiary while said beneficiary is traveling, and if there is no one who can take care of the situation, and the original return ticket cannot be rescheduled.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This coverage also excludes:

- a) expenses with specialized medical staff and clinically-supervised transportation;
- b) aesthetic and obesity treatment in any modalities, as well as surgeries and convalescence periods related thereto;
- c) hospitalizations when the patient is not under the care of legally qualified physicians;
- d) hospitalization in a place for the elderly, nursing homes, rest homes and the like;
- e) hydrotherapeutic health institutions or natural healing method clinic; healthcare home for convalescents; special hospital unit essentially used primarily as a place for drug or alcohol addicts or as a healthcare home for convalescents or for rehabilitation; weight loss clinics and SPA.

3. SETTLEMENT OF CLAIMS

3.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents of the Insured, noting that, if submitting copies, said copies must be **certified**:

- a) Police report or full medical report of the health conditions of the Insured, indicating the event that prevented the continuation of the trip;
- b) Certificate of death, Police Report or Hospital Admission Form of the Insured's relative, if applicable;
- c) Proof of family relationship between the Insured and the relative, if applicable;
- d) Judicial Notice ordering the Insured to appear in Court, demonstrably received after having purchased the trip and/or tourist services; and
- e) Original receipts of expenses resulting from the early return
- f) Police Report or equivalent document which demonstrates the claim at the residence, within 24 hours from the occurrence thereof.

4. SUM INSURED

4.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

4.2. The amount of the initial return ticket shall be offset in the negotiation with the carrier for the purchase of a clinically-supervised return ticket, deducting from the compensation the eventual refund due to cancellation.

4.3. The date of the event, for the purpose of determining the Sum Insured, is the date of return of the Insured,

always during the Insurance term.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

R. ADDITIONAL COVERAGE FOR PHARMACEUTICAL EXPENSES

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the refund to the Insured, as provided for in the Contractual Conditions and limited to the Sum Insured contracted per event, of expenses incurred with medications prescribed by a physician and taken outside the hospitalization period for a guided treatment due to the emergency medical or dental care due to Personal Accident or sudden and acute illness occurring during the period of the insured trip.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes:

- a) expenses with medical appointments, including consultations to obtain prescription for medications taken chronically, such as antihypertensive drugs (high blood pressure drugs), oral hypoglycemic agents (medicines for diabetes), among others;
- b) medications prescribed for events excluded from coverage;
- c) expenses incurred with medications taken while the Insured is hospitalized or in a clinic.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The date of the event, for the purpose of determining the Sum Insured, is the date in which the pharmaceutical expenses were incurred by the Insured, always during the Insurance term.

4. REINTEGRATION OF THE SUM INSURED

This Coverage provides for the reintegration of the Sum Insured, without the collection of additional insurance premium.

5. SETTLEMENT OF CLAIMS

5.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents of the Insured, noting that, if submitting **copies**, said copies must be **certified**:

- a) Medical prescription;
- b) Detailed report issued by the physician attesting the consultation;
- c) Copy of the reports of examinations and images, if any;
- d) Copy of the Police Report, if any;
- e) Original proof of the expenses incurred with the purchase of the prescribed drugs.

6. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

7. GENERAL PROVISIONS

7.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

7.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

S. ADDITIONAL COVERAGE FOR MEDICAL, HOSPITAL AND DENTAL EXPENSES FOR PRACTICING SPORTS

1. PURPOSE OF THE COVERAGE

1.1 Notwithstanding the provisions set forth in Clause 4 (Excluded Risks) of the General Conditions, this Coverage, if contracted, ensures the provision of the necessary medical, hospital and dental care services to the Insured provided for in the Coverage for Medical, Hospital and Dental Expenses while travelling, by an authorized network or, if it is not possible to contact or use the authorized service network, the refund of medical, hospital and dental expenses up to the limit of the Sum Insured, as a result of an event caused by Personal Accident or sudden and acute illness occurring during the direct practice of covered sports during the travel period, subject to the excluded risks.

1.2 Treatment includes hospitalization, at the discretion of the Insured's physician, as well as expenses with radiography, ultrasonography, computed tomography, medications used during hospitalization or medical or dental emergency care, operating room, anesthesia, laboratory, emergency room, licensed nursing care and medical or dentist's fees.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This coverage also excludes the following extreme sports:

- a) **bobsleigh, luge and skeleton**: winter sports characterized through the sliding in specific tracks by means of sleds, which differ from one another by the body position, number of athletes, speed and time measured;
- b) **trophy hunting of animals**;
- c) **mountaineering above 2,500 meters of altitude (considered mountaineering)**;
- d) **speleology**: scientific study of caves and practiced as a sport.
- e) **dependent diving** (modality where the air supply is received by means of an umbilical tube and monitored by a control station located on the surface, practiced for professional purposes and common in the repair of water and sewage treatment plants, oil rigs and civil constructions), **free diving** (diving in the sea using only the air contained in the lungs, a diving mask, a snorkel, and fins) and **technical diving** (deep diving with depth not limited in the non-decompression diving tables using special equipment and procedures to extend the diving range safely);
- f) **rope jumping**: variation of bungee jumping, classified as extremely radical by being performed (jumping) with the body attached to the rope without elasticity in empty space while being attached to a nylon rope (without elasticity);
- g) **big wave surf**: surfing in giant waves, where the surfer is towed in a jet-ski.
- h) **heliski**: climbing beyond the boundaries of snow-covered mountain slopes, usually by helicopter, to go down the mountain skiing.
- i) **sky surfing**: skydiving modality that uses a free fall board, at great height, to perform radical acrobatics.
- j) **base jump**: modality in which the athlete jumps from cliffs, buildings, antennas and even bridges making use of parachutes suitable for opening at low altitudes.
- k) **slackline**: sport based on balancing on a narrow and very flexible nylon tape, which should have its ends fixed on trees, poles and rocks.

2.2.1. This coverage also excludes:

- a) individual or collective competition sports, without the prior issuance evaluation and authorization issued by the Insurer;
- b) motor sports;

- c) betting, challenges and preparatory training to the practice of sports;
- d) assistance as a result of a work accident.
- e) expenses with medical consultations to obtain medical prescriptions for routinely taken medications, such as antihypertensive drugs (high blood pressure medicines), oral hypoglycemic agents (drugs for diabetes), among others, unless directly related to a clinical condition of Urgency or Emergency;
- f) expenses with medications, except those used during hospitalization or medical or dental emergency care;
- g) diagnostic procedures and experimental clinical or surgical treatments not recognized by the Brazilian medical-scientific and dental societies;
- h) medical, surgical, pharmaceutical, hospitalization expenses, as well as medical and funeral repatriation or evacuation resulting from epidemics or pandemics declared by a competent body, except if directly related to a clinical condition of urgency or emergency;
- i) expenses with functional or postural reduction, homeopathic and chiropractic treatments, nursing home treatments, acupuncture, massage therapy, massage, podology and non-conventional or alternative medicine;
- j) expenses with the purchase of glasses, lenses, wheelchairs, crutches, and the like;
- k) states of convalescence (after medical discharge) and special diets, as well as any expenses of accompanying persons and;
- l) expenses with prostheses in general not related to the surgical act of the covered event, dental prostheses and braces, as well as permanent prostheses, except prostheses due to the loss of natural teeth as a consequence of a covered event.

2.3. The failure to use compulsory and/or recommended sports equipment will be deemed as a risk aggravation, pursuant to clause 18 (Loss of Right to Compensation) of the General Conditions.

3. CONDITIONS OF ACCEPTANCE OF INSURED PERSONS

3.1. In addition to the provisions set forth in clause 5 (Insurance Agreement), this coverage can only be contracted by applicants who are sixty-five (65) years old or younger.

3.2. This coverage cannot be contracted for already initiated trips.

4. OCCURRENCE OF CLAIMS

4.1. This Coverage will be provided through an authorized service network existing at the Insured's travel destination.

4.2. If the Insured needs medical, hospital or dental care, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, in order to be referred to the authorized network by the Insurance Company.

4.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the medical, hospital and dental service providers, provided that they are legally qualified to practice the profession.

5. SETTLEMENT OF CLAIMS

5.1. In the event provided for in sub-item 4.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) also of the General Conditions, and provide evidence of the medical, hospital and dental expenses upon submission of the following documents:

- a) Detailed report issued by the physician or dentist attesting the consultation;
- b) Original payment receipts of the medical, hospital and/or dental expenses;
- c) Medical/or dental prescriptions;
- d) Copy of the reports of examinations and images, if any;
- e) Copy of the Certificate of Police Report or any other document issued by a competent authority of the country, if any;
- f) Copy of the National Driver's License (CNH), in case of an accident with a vehicle driven by the Insured;

g) Copy of the Alcohol and/or Drug Level Test Report, if any;

6. SUM INSURED

6.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

6.2. The date of the event, for the purpose of determining the Sum Insured, is the date of the first medical-hospital care, during the insurance term.

7. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

8. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

9. GENERAL PROVISIONS

9.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

9.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

T. ADDITIONAL COVERAGE FOR EXTRAORDINARY EXPENSES DUE TO FORCED EXTENSION OF THE TRIP

1. PURPOSE OF THE COVERAGE

This Coverage, if contracted, ensures a refund to the Insured, up to the limit of the Sum Insured, of the extraordinary expenses incurred due to forced stay that prevents the Insured from returning to his/her country of origin due to the following reasons:

- a) Death of the accompanying traveler;
- b) Illness requiring hospitalization where the passenger is not authorized to return to the country of origin;
- c) The insured or accompanying traveler is confined in compulsory quarantine;
- d) Loss or theft of passport or documents essential to return to the country of origin

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This coverage also excludes:

- a) expenses with specialized medical staff and clinically-supervised transportation;
- b) plastic surgeries and consequences thereof, including those derived from congenital problems. Restorative plastic surgeries resulting from a covered personal accident occurring during the term of the insurance coverage are covered;
- c) hospitalization in a place for the elderly, nursing homes, rest homes and the like;
- d) hospitalization in clinics or places for alcohol and drug rehabilitation;
- e) hydrotherapeutic health institutions or natural healing method clinic; healthcare home for convalescents; special hospital unit essentially used primarily as a place for drug or alcohol addicts or as a healthcare home for convalescents or for rehabilitation; weight loss clinics and SPA.

3. SETTLEMENT OF CLAIMS

3.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents of the Insured, noting that, if submitting copies, said copies must be certified:

- a) In case of death of the accompanying traveler: Certificate of death;
- b) In case of illness requiring hospitalization where the passenger is not authorized to return to the country of origin: Hospitalization report issued by a qualified medical institution containing the pathology, and the International Classification of Diseases (ICD);
- c) In case the insured or accompanying traveler is confined in compulsory quarantine: report issued by a qualified institution or physician stating the reasons and other information on the reason for the quarantine;
- d) Loss or theft of passport or documents essential to return to the country of origin: Copy of a document issued by an official body of the country confirming the loss/theft;

4. SUM INSURED

4.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

4.2. The date of the event, for the purpose of determining the Sum Insured, is the date of return of the Insured, always during the Insurance term.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of

loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

U. ADDITIONAL COVERAGE FOR FLIGHT DELAY OR CANCELLATION

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures a refund to the Insured, up to the limit of the Sum Insured, of expenses with food, transportation and lodging exceeding the limit established by the airline, in case of delay of more than four (4) hours or cancellation of regular line flight, caused by:

- a) severe weather condition that delays or cancels the scheduled time of departure;
- b) sudden and unforeseen breakdown of regular aircraft;
- c) labor issue.

1.2. The insured shall file a formal complaint and the coverage is valid until the reason for the delay or cancellation with solution applied by the airline has not ceased.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This coverage also excludes:

- a) Delay or cancellation of charter flights;
- b) Delay or cancellation disclosed in advance, except when the Insured has already incurred expenses with the exit from his/her home towards the departure site;
- c) Expenses not recognized by the airline.

3. SETTLEMENT OF CLAIMS

3.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents of the Insured, noting that, if submitting **copies**, said copies must be **certified**:

- a) Copy of the Flight Ticket of the stretch where the delay occurred;
- b) Copy of the statement issued by the airline certifying the flight delay;
- c) Original receipts of expenses incurred and the refund made by the airline.

4. SUM INSURED

4.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event. **The amounts paid by the transportation company will be deducted from the compensation.**

4.2. The date of the event, for the purpose of determining the Sum Insured, is the date of return of the Insured, always during the Insurance term.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

V. ADDITIONAL COVERAGE FOR STEALING, THEFT, OR ACCIDENTAL BREAKING OF CORPORATE LAPTOP

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of the Sum Insured to the Insured or the compensation corresponding to the losses sustained by the Insured in case of Stealing, Theft or Accidental Breaking of Corporate Laptop occurred during the insured trip and unless they are the result of excluded risks.

1.1.1. The loss of usefulness caused by the accidental breaking of the object will be considered when the value of the repair is equal to or greater than 70% of the value of an identical or similar new object, and provided that be duly proven.

2. Deductible

There will be a deductible of twenty-five percent (25%) and will be applied on the verified damages.

3. EXCLUDED RISKS

3.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

3.2. In addition to the excluded risks described in the General Conditions, the following objects and events are also excluded from this Coverage:

- a) Laptop in possession of third parties or the airline, as checked baggage;
- b) The stealing without violence or serious threat or committed by persons known to the insured;
- c) Any willful misconduct committed by the Insured;
- d) Acts committed by persons known to the Insured, either a relative or not;
- e) Simple Theft, meaning the theft committed without the use of violence and without leaving any traces;
- f) Robbery or Theft of any accessories separately or jointly;
- g) Theft, if the object is stolen from a car left careless without due safety measures;
- h) Loss or disappearance of the object.
- i) Breaking which after repair allows for the use and return to the state in which the laptop was prior to the event;
- j) Damage caused as a result of misuse of the object;
- k) Depreciation, natural wear and tear of the object;
- l) Faults or defects already existing at the beginning of the Insurance term;
- m) Damage resulting from cleaning, inspection, repair, adjustment or maintenance service;
- n) Any defect or accidental damage resulting from the installation or reinstallation of software or programming;
- o) Any defect arising from the use of electricity or equipment not approved by the manufacturer;
- p) Damage caused by spillage of water or any other liquids;

4. SUM INSURED

4.1. The compensation will be made in BRL for the replacement of the damaged object, limited to the Sum Insured and limited to one (1) object insured, only for hand luggage. In case of a covered event, the compensation shall be paid to the legal entity that owns the object, upon submission of a supporting document.

4.2. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event, less the deductible.

4.3. The date of the event, for the purpose of determining the Sum Insured, is the date of the official document that proves the loss generating the loss of usefulness of the object.

5. REINTEGRATION OF THE SUM INSURED

This Coverage does not provide for the reintegration of the Sum Insured.

6. SETTLEMENT OF CLAIMS

6.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

- a) declaration stating that the Insured is carrying the laptop as hand luggage;
- b) Invoice of the stolen object on behalf of the company. In the absence of said invoice, send a copy of the company's asset book, which states the asset;
- c) Three (03) budgets for the replacement of the object or purchase invoice of the new object
- d) reports or Police reports issued by a competent authority, if applicable;

6.2. If the Insured's Luggage is lost or is subject to Robbery or Aggravated Theft, the Insurer shall pay the Insured the total amount of the Sum Insured, limited to the amount of the actual loss incurred by the Insured. The loss will be calculated based on the Police Report, in case of Robbery or Aggravated Theft.

7. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

8. GENERAL PROVISIONS

8.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

8.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

W. ADDITIONAL COVERAGE FOR THE REPATRIATION OF A MINOR AND/OR AN ELDERLY PERSON

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of a compensation to the Insured, up to the limit of the Sum Insured, aiming to reimburse the expenses or the provision of monitoring services with expenses and measures taken for the repatriation of an accompanying minor and/elderly person, aged 64 years old, in case of a covered event that prevents the Insured from continuing to travel, provided that the Travel Interruption is necessary and/or inevitable as a sole and exclusive consequence of:

- I. Death, Personal Accident or serious illness of the Insured preventing the continuation of the trip;
- II. Death or hospitalization of the Insured, for more than three (3) days, as a result of a Personal Accident or a sudden and acutely declared illness;

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes events resulting from:

- a) hospitalization in a place for the elderly, nursing homes, rest homes and the like;
- b) hydrotherapeutic health institutions or natural healing method clinic; healthcare home for convalescents; special hospital unit essentially used as a place for drug or alcohol addicts or as a healthcare home for convalescents or for rehabilitation; weight loss clinics and SPA.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The date of the event, for the purpose of determining the Sum Insured, is the date of cancellation or interruption of the trip specified in the documents that justify the claim.

4. SETTLEMENT OF CLAIMS

4.1. In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting copies, said copies must be certified:

- a) Certificate of death of the Insured, Police Report or Full Medical Report, indicating the event that prevented the continuation of the trip;
- b) Proof of expenses incurred to ensure the repatriation of the minor and/or the elderly person.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

X. ADDITIONAL COVERAGE FOR ACCOMPANYING FAMILY MEMBER

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of a compensation to the Insured, up to the limit of the Sum Insured, aiming to refund the expenses or the provision of service to allow for an accompanying family member, expenses incurred with transportation, food and lodging, in case of a covered event that prevents the Insured from continuing to travel, as a sole and exclusive consequence of hospitalization for more than three (03) days as a result of Personal Accident or a sudden and acutely declared illness of the Insured, and provided that the Insured is traveling without an accompanying person.

1. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes events resulting from:

- a) hospitalization in a place for the elderly, nursing homes, rest homes and the like;
- b) hospitalization in clinics or places for alcohol and drug rehabilitation;
- c) hydrotherapeutic health institutions or natural healing method clinic; healthcare home for convalescents; special hospital unit essentially used as a place for drug or alcohol addicts or as a healthcare home for convalescents or for rehabilitation; weight loss clinics and SPA;
- d) Expenses with laundry, telephone calls, taxi transfers, internet and other expenses related to the trip.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The date of the event, for the purpose of determining the Sum Insured, is the date of cancellation or interruption of the trip specified in the documents that justify the claim.

4. SETTLEMENT OF CLAIMS

4.1. In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

- a) Police report or Full Medical Report indicating the event that prevented the continuation of the trip and hospitalization of the Insured;
- b) Invoices of covered expenses incurred by the accompanying family member.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

Y. ADDITIONAL COVERAGE FOR THE TRANSFER OF SUBSTITUTE EXECUTIVE

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of compensation to the Insured, up to the limit of the Sum Insured, aiming to refund the expenses incurred with airfare or the provision of service, for the trip of another employee appointed by the company of the main beneficiary in order to replace him/her, in case the Insured is on a business trip abroad and is hospitalized due to a serious medical emergency that prevents the Insured from continuing his/her professional commitments.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This coverage also excludes the events arising from occupational risks, if the reason of the trip of the main insured is to perform tasks that involve a professional risk.

3. SUM INSURED

3.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

3.2. The date of the event, for the purpose of determining the Sum Insured, is the date of hospitalization specified in the documents that justify the claim.

4. SETTLEMENT OF CLAIMS

4.1. In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting **copies**, said copies must be **certified**:

a) Police report or Full Medical Report indicating the event that prevented the continuation of the trip and hospitalization of the Insured;

b) Invoices with the expenses incurred with the airfare of the substitute employee.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

Z. ADDITIONAL COVERAGE FOR EXTENSION OF STAY

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the payment of a compensation to the Insured, up to the limit of the Sum Insured, aiming to reimburse the expenses or the provision of services for expenses incurred for the extension of stay in a hotel or similar accommodation, in case of a covered event that prevents the Insured from continuing to travel, as a sole and exclusive consequence of: accident or illness, provided that prescribed by the physician and that the period of hospitalization is at least 5 (five) days, up to the maximum period of 10 (ten) days of extension.

1.2. This coverage covers expenses incurred with up to ten (10) days of stay in a hotel or similar, as well as the expenses with food and costs for rebooking the return ticket of the Insured to his/her home.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. This Coverage also excludes events resulting from:

- a) hospitalization in a place for the elderly, nursing homes, rest homes and the like;
- b) hospitalization in clinics or places for alcohol and drug rehabilitation;
- c) hydrotherapeutic health institutions or natural healing method clinic; healthcare home for convalescents; special hospital unit essentially used as a place for drug or alcohol addicts or as a healthcare home for convalescents or for rehabilitation; weight loss clinics and SPA;
- d) expenses with laundry, telephone calls, taxi transfers, internet and other expenses not related to the convalescence of the Insured;
- e) expenses with accompanying persons;
- f) Replacement of lost documents that are necessary during the trip.

3. SUM INSURED

For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

The date of the event, for the purpose of determining the Sum Insured, is the date of the report issued by the Insured's physician, while hospitalized in a hospital or clinic duly recognized and authorized, and that justify the claim.

4. SETTLEMENT OF CLAIMS

In the event of a claim, the Insured or Beneficiary(ies) shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents, noting that, if submitting copies, said copies must be certified:

- a) Police report or full medical report, indicating the event that prevented the continuation of the trip and hospitalization of the Insured;
- b) Original proof of expenses incurred with the extension of the trip, such as receipts from lodging and meals;
- c) Copy of original return ticket and proof of expenses for rebooking in similar flight and class.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

AA. ADDITIONAL COVERAGE OF ASSISTANCE FOR THE REFUND OF EXPENSES WITH ATTORNEYS' FEES

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the refund, up to the limit of the Sum Insured, of expenses incurred with attorneys' fees for the provision of legal assistance to the Insured, in the event the Insured gets involved on any situation, exclusively during the travel period, necessarily requiring the involvement of a professional legally qualified to address the situation, except where arising out of excluded risks.

1.2. The expenses to be refunded are limited to those incurred during the travel period, not including those generated after the expiration of the Insurance Policy.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. Clause 18 (Loss of Right to Compensation) of the General Conditions of this insurance is hereby ratified.

2.3. This coverage also excludes expenses incurred with expert fees and/or technical legal assistant; transportation, food and lodging of the lawyer, the insured, witnesses and accompanying persons; expenses and costs of proceedings, as well as payment of compensation or other compensation payable by the Insured to third parties; burden of defeat (court costs and expenses of lawyers of the opposing party); judicial or extrajudicial conviction or agreement.

3. SETTLEMENT OF CLAIMS

3.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents of the Insured, noting that, if submitting **copies**, said copies must be **certified**:

- a) Proof of expenses incurred with attorneys' fees, containing the professional's identification to practice the profession;
- b) Police Report or document issued by a police authority;
- c) Copy of the defense or hearing documents issued, in which there was the participation of a contracted lawyer.

4. SUM INSURED

4.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

4.2. The date of the event, for the purpose of determining the Sum Insured, is the date specified in the documents proving the need for the Insured to pay the legal expenses.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

BB. ADDITIONAL COVERAGE OF ASSISTANCE FOR THE REFUND OF EXPENSES WITH BAIL

1. PURPOSE OF THE COVERAGE

1.1. This Coverage, if contracted, ensures the refund, up to the limit of the Sum Insured, of expenses incurred with bail for the pretrial release, in the event the Insured is unduly arrested or imprisoned, exclusively during the travel period, by a foreign government or authority, except where arising out of excluded risks.

1.2. The expenses to be refunded are limited to those incurred during the travel period, not including those generated after the expiration of the Insurance Policy.

2. EXCLUDED RISKS

2.1. All expenses resulting from risks defined in Clause 4 (Excluded Risks) of the General Conditions of the Insurance are excluded from this Coverage.

2.2. Clause 18 (Loss of Right to Compensation) of the General Conditions of this insurance is hereby ratified.

3. SETTLEMENT OF CLAIMS

3.1. In the event of a claim, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claims) of General Conditions, as well as the following documents of the Insured, noting that, if submitting **copies**, said copies must be **certified**:

a) Original proof of expenses;

b) Copy of the instrument of imprisonment issued by the local competent authority and/or any other document issued in judicial proceeding or any other competent proceedings proving the arrest of the Insured;

c) Police Report or document issued by a police authority;

4. SUM INSURED

4.1. For the purposes of this Coverage, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy, in force on the date of the event.

4.2. The date of the event, for the purpose of determining the Sum Insured, is the date specified in the documents proving the need for the payment of bail.

5. INFORMATION ABOUT OTHER INSURANCE POLICIES

Pursuant to Clause 20 (Other Insurance Policies) of the General Conditions, in view of the indemnification function of this Coverage, the Insurer shall request information to the applicant, at the time of execution of the insurance, as to whether there is any other insurance coverage for the same risks, under penalty of loss of the right to Coverage, if any, if the Insured fails to do so.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, and therefore all the provisions contained in the General Conditions are applicable to the coverage of the risk contracted in this policy.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Special Conditions shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

CC. SUPPLEMENTARY CLAUSE FOR THE INCLUSION OF PREGNANT WOMEN

1. SCOPE

1.1 Notwithstanding the provisions set forth in item 'm' of Clause 4.1. (Excluded Risks) of the General Conditions, this supplementary clause, acquired through the collection of an additional premium, ensures the Pregnant Woman Insured the provision of services through the authorized network or, if it is not possible to contact or use the authorized service network, the refund of expenses resulting from the use of any contracted coverage, up to the limit of the Sum Insured for each coverage, due to premature birth or obstetric complications experienced during the insured trip, **pursuant to the Conditions of Acceptance and other excluded risks.**

1.2 For coverages of medical and hospital expenses, the expenses resulting from the hospitalization and treatment of the premature newborn are considered up to the limit of thirty (30) days of hospitalization and the depletion of the sum insured, whichever occurs first.

1.3 If the insurance is executed by an applicant whose estimated gestational age is above twenty-eight (28) weeks on the date of departure, the applicant must obtain, prior to the beginning of the trip, a statement from a gynecologist and obstetrician attesting the good evolution of the pregnancy authorizing the pregnant woman to travel by air, rail, road or sea transportation.

2. EXCLUDED RISKS

2.1. All risks defined in Clause 4 (Excluded Risks) of the General Conditions, as well as all risks excluded from all coverages contracted in the Policy are excluded from this Coverage.

2.2. This coverage also excludes:

- a) expenses with the newborn, including hospitalization in neonatal ICU and other medical and hospital expenses incurred after the thirtieth (30th) day of birth;
- b) self-induced abortions;
- c) consultation or outpatient care for pregnancy monitoring (prenatal care);
- d) expenses with accompanying persons.

3. CONDITIONS OF ACCEPTANCE OF INSURED PERSONS

3.1. In addition to the provisions set forth in Clause 5 (Insurance Agreement) of the General Conditions, this coverage shall only be contracted by applicants aged forty (40) years old or less and up to thirty-two (32) weeks of pregnancy on the date of departure.

3.2. The gestational age at the date of departure shall be specified in the Insurance Policy.

4. SETTLEMENT OF CLAIMS

4.1. The coverages related to medical and hospital care shall be provided through an authorized service network at the Insured's travel destination.

4.2. If the Insured needs medical-hospital care, the Insured shall contact the toll-free telephone number, available twenty-four (24) hours and in Portuguese, specified in the Contractual Conditions and Insurance Policy, in order to be referred to the authorized network by the Insurer.

4.3. Only if it is impossible to contact the toll-free telephone number available and/or use the professionals and/or authorized service network, the Insured is free to choose the medical service providers, provided that they are legally qualified to practice the profession.

4.4. In the event provided for in sub-item 4.3, the Insured shall proceed as described in Clause 15 (Occurrence of Claim) of the General Conditions, providing the basic documents described in Clause 16 (List of Documents for the Settlement of Claim) of the General Conditions, as well as those Indicated in the clauses of Settlement of Claims of each contracted coverage, in addition to the medical report from the obstetrician authorizing the pregnant woman to travel, specifying the gestational age on the start date of the trip.

5. SUM INSURED

5.1. For the purposes of this supplementary clause, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy for each contracted coverage, in force on the date of the event.

5.2. The date of the event, for the purposes of determining the Sum Insured, is considered as the dates specified in the

clauses of the contracted coverages.

6. GENERAL PROVISIONS

6.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, therefore all the provisions contained in the General Conditions, as well as all the provisions contained in the contracted coverage and included in the Insurance Policy, are applicable to the coverage of the contracted risks.

6.2. The Clauses and other terms of the General Conditions that are not amended by this Supplementary Clause shall remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.

DD. SUPPLEMENTARY CLAUSE FOR THE INCLUSION OF DEPENDENTS

1. PURPOSE

1.1 This supplementary clause, if applicable, has the purpose of establishing the inclusion of up to five (5) dependents of the Insured in the plan, through the issuance of Individual Policies associated with the Insured's Policy, ensuring them the provision of services through the authorized network or, if it is not possible to contact or use the authorized service network, the refund of expenses resulting from the use of the contracted coverages and determined in the Insurance Policy for dependents, up to the limit of the Sum Insured for each coverage, pursuant to the **Conditions of Acceptance and other excluded risks**.

1.2 For the purposes of inclusion in the insurance, dependents shall be considered as first and second-degree relatives of the Insured.

1.3 Only coverages that have been contracted by the principal Insured may be contracted for the dependent.

1.4 The coverage contracted under this clause does not apply to dependents who enter into an Insurance Policy as principal Insured for the same insured trip.

1.5 The principal Insured is responsible for the information provided in relation to the dependents and for complying with the conditions of acceptance.

2. COVERAGES

The risks described in the special conditions of each coverage contracted for the dependents, listed in the Policy, will be covered, pursuant to the maximum Sum Insured and other contractual conditions.

3. EXCLUDED RISKS

In addition to the risks defined in Clause 4 (Excluded Risks) of the General Conditions of the insurance, the risks detailed in the clauses of the coverages contracted for dependents are also excluded.

4. CONDITIONS OF ACCEPTANCE OF INSURED PERSONS

In addition to the provisions set forth in Clause 5 (Insurance Agreement) of the General Conditions, **the insurance will only permit the inclusion of applicants up to eighty-five (85) years of age.**

5. BENEFICIARIES

The provisions set forth in Clause 10 (Designation and Change of Beneficiary(ies)) shall apply to this clause.

6. SETTLEMENT OF CLAIMS

The conditions set forth in clauses Clause 15 (Occurrence of Claim) of the General Conditions, and Clause 16 (List of Documents for the Settlement of Claim) of the General Conditions, as well as those indicated in the clauses of Settlement of Claims of each contracted coverage shall apply, in addition to the document proving the family relationship with the principal Insured.

7. SUM INSURED

1.1. The Sum Insured agreed for the dependent shall not exceed 100% of the sum of the principal Insured.

1.2. For the purposes of this supplementary clause, the Sum Insured is the amount to be paid as a result of a covered claim, established in the Insurance Policy for each contracted coverage, in force on the date of the event.

1.3. The date of the event, for the purposes of determining the Sum Insured, is considered as the dates specified in the clauses of the contracted coverages.

2. GENERAL PROVISIONS

2.1. These Special Conditions are an integral part of the General Conditions of the Insurance Policy, therefore all the provisions contained in the General Conditions, as well as all the provisions contained in the contracted coverage and included in the Insurance Policy, are applicable to the coverage of the contracted risks.

2.2. The Clauses and other terms of the General Conditions that are not amended by this Supplementary Clause shall



remain unchanged. Otherwise, the provisions of these Special Conditions shall prevail.