

CONTRACT OF VOLUNTARY INSURANCE OF MEDICAL EXPENSES FOR TRAVELING ABROAD THE COUNTRY OF PERMANENT RESIDENCE

December 24, 2024

1. GENERAL PROVISIONS

- 1.1. This Offer constitutes a public offer from Insurance Company "EIG" LLC ("**Insurer**") to enter into a contract for voluntary medical expense insurance for travelers outside their country of permanent residence (the "**Contract**" or "**Insurance Contract**") under the terms outlined herein.
- 1.2. This Contract is concluded under the Insurer's license to conduct financial services business (excluding securities market professional activities) in the area of voluntary medical expense insurance.
- 1.3. The parties to the Contract are:
 - 1.3.1. **Insurer** - Insurance Company "EIG". IC "EIG" is an insurance company headquartered in Hamchako, Mutsamudu, on the autonomous island of Anjouan, Union of Comoros, with license L15921/EIG. IC "EIG" is authorized and regulated by the Anjouan Offshore Finance Authority.
 - 1.3.2. **Policyholder** – A legally competent individual or entity that has entered into an insurance contract with the Insurer.
 - 1.3.3. **The Insured Person** is an individual aged 2 months or more (as of the trip's start date), whose last name, first name, and date of birth are recorded in the Electronic Policy. The Insurance Contract is concluded in their favor and they may exercise the rights and obligations granted to the Insured under the Insurance Contract. Limits of liability and deductibles for Insured Persons over 60 are detailed in Section 5 of this Offer.
- 1.4. The subject of this insurance is the Insured Person's (Insured) property interests concerning the need to reimburse medical expenses, arrange, and pay for medical care, medical or post-mortem repatriation to their country of permanent residence, or burial abroad. This will be provided as specified in this Contract if these events occur within the Contract's time and geographic scope, and if medical, medical and transportation expenses are agreed with the Insurer and/or its overseas assistance company and are deemed appropriate and justified by them.
- 1.5. This Contract comprises two parts: this Offer and an Electronic Policy that confirms its conclusion.
- 1.6. Insurance coverage under this Contract is provided in accordance with EU Council Decision 2004/17/EC regarding travel health insurance.
- 1.7. This Insurance Contract offers Insured Persons the opportunity to freely receive needed medical and other assistance while outside their country of permanent residence, should an insured event occur according to their chosen Insurance Program.
- 1.8. This Contract is written in English and is available at the following link:
https://ektatraveling.com/assets/files/Public_offer_ic_eig_vYPI.docx.pdf

2. CONTRACT CONCLUSION PROCEDURE

- 2.1. To conclude the Contract in electronic form, the Insurer requires the Policyholder to complete a form indicating their name, mobile phone number, email address, and other details necessary to conclude this Contract. The Policyholder should familiarize themselves with this Offer's terms and conditions, as well as information about the financial service.

- 2.2. The Contract is concluded when the Policyholder joins the Contract which is available on the Insurer's official website at the following link:
https://ektatraveling.com/assets/files/Public_offer_ic_eig_vYPI.docx.pdf
- 2.3. The Insured's completion of their personal information and payment of the insurance premium constitutes acceptance of the Contract terms.
- 2.4. Once the Insured has chosen their coverage options and completed the required data and the premium is paid, an Electronic Policy (the "**Policy**") is issued. The Electronic Policy confirms the conclusion of the Insurance Contract and includes a unique contract number, the conclusion date, the contract's validity period, and other specific conditions.
- 2.5. The Parties agree that the Insurer will provide the Policy to the Policyholder in English.
- 2.6. The Policyholder may sign the Contract by:
 - 2.6.1. Using a one-time identifier sent by the Insurer to the Policyholder's mobile phone. Prior to signing the Electronic Policy, the Policyholder must check their entered information, coverage selections, and confirm their accuracy. To sign the electronic policy, the Policyholder will enter the received one-time identifier in a designated field on the Insurer's website and confirm entry;
or
 - 2.6.2. If there is no option on the Insurer's website to use a one-time identifier, the Policyholder signs by following the instructions on the website. This includes, but is not limited to, completing an application with personal information, agreeing to the terms and conditions, and making payment. Regardless, payment of insurance premiums by the Insurer constitutes proper confirmation that the Insured has signed the Contract.
- 2.7. The Contract is considered signed by an authorized Insurer representative through their signature and seal on this Offer. For the purpose of Insurance Contract execution, the Insurer may use a facsimile of an authorized signatory's signature, and a copy of the seal imprinted by technical devices.
- 2.8. The policy will be sent to the Policyholder's email address, which was provided during the application. The Parties agree that these actions constitute proper delivery of the Insurance Contract to the Policyholder.
- 2.9. If necessary, the Parties agree to reproduce the Contract (Electronic Policy) on paper. Upon a written request from either Party, the Contract will be provided in writing within five (5) business days from the request receipt date and will be subject to signing and stamping. When reproducing the Contract on paper, the Insurer may use a facsimile signature of the authorized signatory and a copy of the seal imprinted by technical devices.
- 2.10. The Policyholder can refuse to conclude the Insurance Contract at any point before accepting this Offer.
- 2.11. The Contract is considered concluded upon the Policyholder's payment of the insurance premium.
- 2.12. The Insurer is not liable for harm or damages suffered due to a misunderstanding of this Contract's terms. If the Policyholder does not fully understand the terms, they should contact the Insurer for clarification before accepting and paying insurance premiums.
- 2.13. By accepting this offer, the Policyholder confirms that:
 - 2.13.1. they have reviewed the Rules and the Contract, fully understand their provisions, and have received all necessary clarifications from the Insurer;

- 2.13.2. they understand the implications of their actions and are not influenced by error, fraud, violence, threat, etc.;
- 2.13.3. they consent to grant the Insurer the indefinite right, in compliance with the law, to receive, collect, process, register, accumulate, store, modify, update, use, and distribute (including cross-border transfer) information which, as required by law, constitutes the Policyholder's personal data (including health information). This information will be used to comply with the law, this Contract, and other agreements, including reinsurance, exercise rights granted to the Insurer by law or contract, ensure tax relations are implemented and for purposes related to accounting, auditing, financial and assistance services, advertising, marketing, actuarial research, and service quality assessment. Use and dissemination of the Policyholder's personal data will be limited to what is necessary for the Insurer to fulfill this Contract and/or protect its interests. The Insurer is exempt from sending written notice to the Policyholder regarding rights, data collection purposes, and entities receiving the Policyholder's personal data.
- 2.13.4. they agree to receive informational SMS messages and emails from the Insurer at the address provided during contract conclusion;
- 2.13.5. they consent to allow the Insurer to record information received from the Policyholder (including telephone conversations) that relate to a possible insured event.

3. DEFINITION

- 3.1. **Active leisure** - Occasional engagement by the Policyholder (Insured) in sports and physical activities, excluding those in clause 3.6, including riding a bicycle, ATV, buggy, e-scooter, gyroscopic scooter, etc. at speeds not exceeding 15km/hr, riding a horse, camel or elephant, bungee jumping, tourist excursions, water parks, safaris, beach soccer, volleyball, swimming in a pool or open water, fishing, and hunting. In the event of an insured event, while riding a bicycle, quad bike, buggy, e-scooter, hoverboard, etc., it will be assumed that speed was greater than 15km/hr. It is the Policyholder's responsibility to prove their speed was at or below 15km/hr.
- 3.2. **Outpatient care (medical care in outpatient settings)** – Medical care provided to the Insured when the lack of immediate medical intervention could lead to serious impairment of bodily functions, including persistent organ dysfunction, or a threat to the life of the Insured. Includes expenses for doctor's services, diagnostic tests, medicines, and consumables (such as cotton, bandages, syringes, and gloves) necessary for treatment, and means of fixation (plaster casts, bandages).
- 3.3. **Assistance (Assisting Company)** - A legal entity that acts on behalf of the Insurer to organize service and medical care for the Insured in the event of an Insured Event.
- 3.4. **Insurance contract** – A written agreement between the Policyholder and the Insurer. Under this contract, the Insurer agrees to make an insurance payment to the Policyholder, or a person designated in the insurance contract, should an insured event occur (including to provide assistance or perform a service). The Policyholder agrees to pay the insurance premiums within a specific period and comply with the other terms of this contract.

Insurance coverage under this Contract is provided in accordance with EU Council Decision 2004/17/EC on travel health insurance. The Contract offers Insured Persons the opportunity to freely receive necessary medical and other assistance while traveling outside of their country of permanent residence should an insured event occur.

- 3.5. **Emergency medical care (urgent medical care)** – Medical care that involves the implementation of organizational, diagnostic, and therapeutic measures aimed at preserving a person's life in an emergency and minimizing health consequences. It is provided to the Insured when the lack of immediate medical intervention could lead to serious bodily impairment (including permanent organ dysfunction) or a threat to their life.

- 3.6. **Sports at a professional level (Professional sports / Extreme leisure)** – The Insured’s (Insured Person) regular engagement in sports, including training, competitions, and irregular physical exercises with extreme loads. This includes snowboarding, skiing, rafting, surfing, jumping from a height, mountaineering and rock climbing, acrobatics, diving, and riding bicycles, mopeds, motorcycles, quad bikes, buggies, e-scooters, hoverboards, etc. at speeds greater than 15 km/hr.
- 3.7. **Country of permanent residence** - A country in which an individual maintains permanent residence under its jurisdiction, or a country of which an individual is a citizen.
- 3.8. **Limit of liability (limit of indemnities)** - The maximum insurance payment amount, as specified in this Contract for certain types of expenses relating to insured events.
- 3.9. **Medical expenses** - Expenses for outpatient or inpatient treatment, as well as the cost of prescribed medications by a doctor, when needed as a result of an accident or sudden illness.
- 3.10. **Place of permanent residence** - A place of residence within a state's territory for at least one year, for an individual without a permanent residence in another state’s territory, and who intends to reside within this state indefinitely, without limiting their residence to a specific purpose or activity, and whose residence is not the result of official duties or contract obligations.
- 3.11. **Emergency medical care** - Medical care provided to the Insured by a polyclinic or a certified doctor in a 24-hour hospital. It is provided when acute illnesses, exacerbations of chronic diseases, or accidents threaten life and require preventative measures.
- 3.12. **Accident** - A sudden, accidental, short-term, unpredictable external event beyond the Insured’s control, that is related to Active Recreation or unlawful acts by third parties, and which occurs during the Contract's term and results in bodily injuries. These include, but are not limited to: traumatic injuries, compromised integrity and function of organs, or the deformation of the musculoskeletal system caused by external influences. Accidents also include acute poisoning by poisonous plants, fungi, and chemicals (industrial or household), use of non-prescribed drugs, drowning, asphyxia caused by foreign bodies or liquids entering the respiratory tract, and animal bites including snakes, poisonous insects, tick-borne encephalitis (encephalomyelitis), tetanus, rabies, botulism, burns, lightning or electric shock, frostbite, and hypothermia.
- 3.13. **Coverage period (period of validity of insurance coverage)** – The period during which the Insurer is obligated for insured risks under the Contract.
- 3.14. **Travel** – Travel outside the country/place of permanent residence for tourism or other purposes, with the intention of returning to the country/place of permanent residence.
- 3.15. **Search and rescue operations** - Activities carried out by trained and technically equipped specialists (upon request) to organize search and rescue in areas affected by natural disasters, man-made disasters, or difficult weather or geographic conditions to evacuate victims (including survivors and the wounded) to a safe place, and provide them with emergency medical care.
- 3.16. **Insurance Program** - A list of services provided under the Contract, which the Policyholder will organize and/or pay for should an insured event occur (the Insurance Program for each Insured Person will be detailed in the Electronic Policy).
- 3.17. **Work** - Performance of paid physical labor that is common to professions in the construction, industry, transport, mining, agriculture, utilities, or domestic households.

- 3.18. **Insurance payment** - The payment made by the Insurer according to the Contract, should an insured event occur.
- 3.19. **Sum insured** - The amount the Insurer is obliged to pay under the terms of the insurance policy, should an insured event occur. For individual insurance services specified in the Contract, limits of the sum insured (or liability) are established which the insurance payments are made within. The amounts and currency of the sums insured are specified in the Contract and are individualized for each of the Insured persons.
- 3.20. **Insurance cover** - The Insurer's contractual obligation to make payments and/or provide medical care, should an insured event occur during the Contract's validity.
- 3.21. **Insured event** – An event as defined in the Insurance Contract that triggers the Insurer's obligation to pay the sum insured (insurance indemnity) to the Policyholder, the Insured, or a third party.
- 3.22. **Insurance payment (insurance premium)** – The payment made by the Policyholder in return for insurance coverage. The Insurer may apply surcharges or discounts to premiums.

Surcharges may be applied for individuals aged 2 months to 3 years, as well as 60 to 110 years, and for individuals engaged in active recreation, professional sports, or work for remuneration during the Contract term.

- 3.23. **Insured risk** – A specific, probable, and random event that triggers insurance coverage.
- 3.24. **Insurance tariff** - The insurance premium rate per unit of the sum insured for a specific period.
- 3.25. **Hospital** – A medical facility that provides 24/7 patient care, continuous monitoring, and necessary qualified medical care.
- 3.26. **Deductible** - A portion of the loss that the Insurer does not cover under the Contract. For individual insurance services, the deductible is specified in the Contract, as a specific amount or a percentage of the sum insured. If several types of deductibles apply to an insured event, they will be applied as a total sum of deductibles.
- 3.27. **Family members of the Insured Person** – Spouses, children, parents, brothers, and sisters of the Insured Person.
- 3.28. All terms not specifically defined in the Insurance Policy will be interpreted in accordance with generally accepted principles and standards of insurance law.

4. TERM AND PLACE OF VALIDITY OF THE AGREEMENT, PROCEDURE FOR AMENDING AND TERMINATION OF THE AGREEMENT

- 4.1. This Contract comes into effect when the Insured crosses the border of their country of permanent residence (when leaving), or at 00:00 UTC + 2 of the day stated as the Contract's start date (whichever is later), and no earlier than payment of the insurance premium.
- 4.2. The Contract expires when the Insured Person crosses the border of their country of permanent residence (when entering) or at 24 hours beyond UTC+2 of the day that is stated as the Contract's end date (whichever is earlier), unless an event stipulated in the Contract causes early termination.
- 4.3. The Insurance Contract can only be concluded before the Insured Person crosses the border of their country of permanent residence, except as noted in clauses 4.5, and 4.6.

- 4.4. The Contract's term is the number of days stated in the Policy. Upon the expiration of the stated days, the Insurer will be considered to have fulfilled its obligations to the Insured Person, and the contract will terminate due to both Parties' fulfillment of their obligations.
- 4.5. If the Policyholder/Insured Person, while outside of their country of permanent residence, wishes to extend their insurance coverage, they must conclude a new Contract and purchase a new Policy before the previous Policy expires.
- 4.6. If a person crosses the border of their country/place of permanent residence without an Insurance Contract, and later wishes to purchase a Policy, they must do so within 24 hours of crossing the border/until the end of the day after crossing. In such cases, the Insurer/Insured will receive all benefits of the policy as if it were purchased before the trip.
- 4.7. If the Policyholder/Insured person purchases the Policy outside the Country/Place of permanent residence, the insurance coverage begins three days later, starting from the day following the day of the Policy purchase date.
- 4.8. The Policyholder/Insured Person's development of a disease outside their country/place of permanent residence, will only be covered under the "GOLD" or "MAX+" insurance programs, according to clause 9.6 of this Contract.
- 4.9. If the Policy provides for multiple trips, then the Insurer shall be liable within the total number of days of stay abroad specified in the Policy for the period of insurance. With each trip abroad, the period of validity of the insurance cover automatically decreases the number of days spent by the Insured person in the territory of the Contract.
- 4.10. The territory of validity will be specified in the Policy as a separate country or within one of the following geographic zones:
 - 4.10.1. Europe (EUROPE): Austria, Azerbaijan, Albania, Algeria, Andorra, Armenia, Belgium, Bulgaria, Bosnia and Herzegovina, Croatia, Czech Republic, Denmark, Estonia, Egypt, France, Finland, Great Britain, Greece, Germany, Hungary, Israel, Ireland, Italy, Iceland, Kazakhstan, Kyrgyzstan, Liechtenstein, Luxembourg, Latvia, Lithuania, Malta, Monaco, Moldova, Montenegro, Netherlands, Norway, North Macedonia, Poland, Portugal, Romania, Slovakia, San Marino, Serbia, Slovenia, Switzerland, Sweden, Tunisia, Turkey, Uzbekistan, Ukraine, Vatican.
 - 4.10.2. "The whole world" (WORLDWIDE): all countries of the world.
- 4.11. Exceptions to the territory of the Contract:
 - 4.11.1. The Insured Person's Country/Place of permanent residence;
 - 4.11.2. Specific areas (administrative subdivisions) of countries mentioned in Clause 4.10 that are undergoing military operations during the period of the insured event;
 - 4.11.3. Territories of settlements not under the effective control of state authorities, areas of military or armed conflict, areas under control of terrorists or illegal armed groups, the Russian Federation's armed forces, and areas where state authorities do not exercise temporary control.
 - 4.11.4. Locations with a "Level 4: Do Not Travel" advisory issued by the U.S. Department of State's Bureau of Consular Affairs at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>.
 - 4.11.5. The territories of Belarus and the Russian Federation.
- 4.12. The Contract's validity will be terminated prematurely, with the agreement of all parties, or in the event of:
 - 4.12.1. Expiration of the Contract term stated in the Policy;
 - 4.12.2. The Insurer fulfilling all obligations to the Insured Person;

- 4.12.3. Non-payment of insurance premiums by the Insured within the Contract's stated timeframe. In this case, the Contract is considered prematurely terminated if the first (or next) insurance premium remains unpaid for ten working days following the Insurer's written request, unless otherwise provided by the terms of this contract;
 - 4.12.4. The liquidation of the Insured (if a legal entity), or the death or loss of legal capacity of the Insured (if an individual);
 - 4.12.5. The Insurer's liquidation, following procedures established by law;
 - 4.12.6. A court decision ruling the insurance contract invalid;
 - 4.12.7. Other situations stipulated by current legislation.
- 4.13. If the Contract is terminated early by agreement of the parties at the Policyholder's request, the Insurer will refund the insurance premiums for the time remaining until the Contract's expiration. The refund amount will be calculated as the difference between the premium paid and the value of the coverage for the period between the contract's start date and the termination date. From this amount will be deducted 40% to cover standard business expenses, as well as any actual insurance payments and compensation made under this Policy (but not exceeding amounts determined by the Insurance Rules).
- 4.14. If the Insured's claim is due to a violation of the Insurance Contract terms by the Insurer, the Insurer will fully refund the insurance premium.
- 4.15. If the Insurance Contract is terminated early with the consent of both parties, at the Insurer's request, the Policyholder will be fully refunded. If the Insurer's request to terminate is due to the Policyholder's non-compliance with Contract terms, the Insurer will refund insurance payments for the remaining period until the Contract's expiration. The refund amount will be calculated as the difference between the paid premium and the cost of the insurance for the period between the start date and the termination date. From this will be deducted 40% to cover standard business expenses, as well as any actual insurance payments and compensations made under this policy (not exceeding amounts determined by Insurance Rules).
- 4.16. This Contract may be amended by agreement of all Parties, through signing an addendum to the Contract. Changes may be made to the Contract's validity.

5. SUM INSURED, INSURANCE RATE, INSURANCE PAYMENT, AND THE TERM OF ITS PAYMENT, DEDUCTIBLE

- 5.1. The insurance program, sum insured, and any additional options are selected by the Policyholder upon acceptance of this Offer and indicated in the Policy. The Insured may conclude an insurance contract under the following programs:

Insurance program	Reimbursement Limit (USD)		Deductible (general, unless otherwise stated in this Offer)
START	50 000		25%
GOLD	150 000		0%
MAX+	500 000		0%
	Medical expenses	220 000	
	Financial risks	160 000	
	Accidents	60 000	
	Civil liability	60 000	

5.2. The Policyholder makes insurance premium payments to the Insurer's account or to an Insurance Agent if the Insured wishes to enter into this Contract. The amount of the premium payment is determined by the Insured's selected insurance program, and will be displayed on the Insurer's website after program selection and any additional options.

5.3 The total insurance premium paid by the Insurer is distributed as follows:

5.3.1. The insurance premium for medical expense coverage is 44% (forty-four percent) of the total insurance premium paid by the Insurer when entering into the Insurance Agreement.

5.3.2. The insurance premium for financial risk coverage is 32% (thirty-two percent) of the total insurance premium paid by the Insurer when entering into the Insurance Agreement.

5.3.3. The insurance premium for accident coverage is 12% (twelve percent) of the total insurance premium paid by the Insurer when entering into the Insurance Agreement.

5.3.4. The insurance premium for liability coverage to third parties is 12% (twelve percent) of the total insurance premium paid by the Insurer when entering into the Insurance Agreement.

5.3. The Parties agree that the specific amount of the insurance rate, the sum insured, and the deductible will be determined in the Policy.

5.4. If an Insured Event occurs and the insurance indemnity paid is less than the Sum Insured as determined by the Insurance Program, the insurance Contract remains valid after the payment, but the Sum Insured will be reduced by the amount of the insurance indemnity paid.

5.5. The Insurer's Limit of Liability and deductible amount is determined by the Insured Person's age, regardless of the Insurance Program:

Age of the Insured person, years	Limit of liability (USD)	Deductible
60-65	10 000	10%
65-70	9 000	20%
70-75	8 000	30%
75-80	7 000	40%
80-85	6 000	50%
85-90	5 000	60%
90-95	4 000	70%
95-100	3 000	75%
over 100	2 000	80%

6. INSURED EVENT

6.1. Insured risks are events, which insurance coverage is provided for, and which have signs of probability and randomness. Namely:

- 6.1.1. Seeking medical care from a medical institution and receiving medical assistance for the Insured Person while this Insurance Contract is valid, for a sudden illness, injury, poisoning, or an accident's consequence. Medical care and services must remain within the limits stated in this Contract;;
 - 6.1.2. An appeal by the Insured's heirs, should death occur due to sudden illness or accident while the Insurance Contract is valid. This is in connection with covering the repatriation costs for the Insured person.
- 6.2. The following events are recognized as Insured Events:
- 6.2.1. A sudden illness of the Insured Person which poses a threat to life and health, requiring emergency medical care, urgent (ambulance) medical care, and which cannot be postponed until the Insured Person returns to their country of permanent residence;
 - 6.2.2. Damage and injury resulting from an accident. The Insurer's liability limit for an insured event due to an accident is 10% (ten percent) of the sum insured, as specified in the Policy;
 - 6.2.3. Emergency dental care (acute toothache caused by an acute disease of the tooth or surrounding tissue, or jaw trauma caused by an accident) *when purchasing insurance under the GOLD or MAX+ programs;*
 - 6.2.4. Pregnancy complications up to 27 weeks *when purchasing insurance under the "GOLD" or "MAX+" programs;*
 - 6.2.5. First and second-degree sunburns;
 - 6.2.6. A confirmed case of COVID-19 through laboratory polymerase chain reaction (PCR) testing;
 - 6.2.7. An illness of the Insured Person involving acute respiratory viral infection (ARVI);
 - 6.2.8. The death of the Insured Person as a result of the situations described in Clauses 6.2.1 to 6.2.7 of this Policy;
 - 6.2.9. Damage to all or part of baggage; loss of baggage when baggage insurance is included in the contract;
 - 6.2.10. An event in which a third party files a claim for damage or moral injury against the Insured, provided civil liability insurance is included in the contract.
- 6.3. The scope of services to be organized or paid for to the Policyholder/Insured Person as a result of an insured event, will be determined by the selected Insurance Program, indicated in the Policy.
- 6.4. **Under the "START" Insurance Program, the Insured Person is entitled to the following:**
- 6.4.1. Reimbursement of the cost of COVID-19 testing using a polymerase chain reaction (PCR) method, when the PCR test result is positive;
 - 6.4.2. Organization and payment of emergency medical care services on-site, conducting primary diagnostic procedures, providing necessary medical care and medicine to stabilize the Insured Person's condition;
 - 6.4.3. Organization and payment of medical care and treatment in outpatient settings, including examinations necessary to establish a diagnosis, and doctor consultations;
 - 6.4.4. Organization and payment for inpatient treatment, including doctor consultations, diagnostics, treatment, urgent surgery, medication, stay in standard wards, and meals according to standards adopted in the medical institution. The Insurer will cover the cost of treatment abroad to the extent of its liability (sum insured) under the Policy, but only until the Insured Person's health condition stabilizes by the doctor's decision or the Insured is discharged or can be safely evacuated to their country of permanent residence;
 - 6.4.5. Reimbursement for medication and consumables needed for emergency treatment, or compensation for self-purchased, prescribed medicines from a pharmacy, within the liability limits of the insured event, excluding medication and medical devices for the treatment of COVID-19;

6.4.6. Transportation services for the injured Insured Person by ground transport to a medical facility, if their health condition prevents them from moving independently;

6.4.7. Transportation services for the deceased Insured Person's body (repatriation) to their previous place of residence. Repatriation requires a confirmation from the deceased's relatives stating their readiness to receive the body after it crosses the border;

The insurer will indemnify the costs of:

- registering documents for repatriation;

- preparing the body for repatriation;

- transporting the body to the airport or the nearest customs office in the country of permanent residence. The Insurer will cover the repatriation costs of the Insured person to the airport or the nearest customs office in the country of permanent residence, within the established liability limits of liability, up to 5% (five percent) of the sum insured. The Insurer determines the type of transport, repatriation terms, method of transporting the body, and route.

6.4.8. Organization and payment for a suite of services related to transportation and medical support of an Insured Person who requires inpatient treatment abroad, to the nearest medical facility of their permanent residence when further inpatient treatment is medically necessary.

Medical evacuation of the Insured Person will only take place upon the Insurer's written agreement. The Insurer will not cover the costs for continued treatment and rehabilitation after the Insured Person returns to their country of permanent residence. If a doctor authorized by the Insurer confirms the evacuation of the Insured Person is possible, but the Policyholder (or Insured Person) refuses, the Insurer will immediately stop covering any further costs. Written approval will consist of sending the Insurer a cost estimate for transport by email, and obtaining written consent from the Insurer using the same method;

6.4.9. The Insurer will reimburse expenses related to the diagnosis and/or treatment of COVID-19, within the established liability limit of 1,000 USD.

6.5. Under the "GOLD" Insurance Program, the Insured Person is entitled to the following:

6.5.1. Services under the "START" insurance program, as long as they do not conflict with this program;

6.5.2. Medical services required for the treatment of COVID-19 and ARVI, within the established liability limit of 10,000 USD for one insured event. This includes a sub-limit of no more than 5 (five) days of inpatient treatment or (for outpatient care) a maximum of 5 specialist appointments;

6.5.3. Emergency gynecological care during pregnancies of 27 weeks or less, within the established liability limit of 5,000 USD and a sub-limit of no more than 5 (five) days of inpatient treatment or (for outpatient care) no more than 5 specialist appointments.

The Insured Person's pregnancy status must be confirmed by a medical certificate. If the gestational age at the insured event exceeds 27 weeks and 1 day, any related medical services will not be reimbursed by the Insurer, and must be paid for independently by the Insured Person. In all cases, childbirth costs and postnatal care allowances are not covered;

6.5.4. Medication and medical devices for the treatment of COVID-19;

6.5.5. Organization and payment of treatment for the Insured in a hospital for up to 15 days after the end of the insurance period, when medically necessary;

6.5.6. Emergency dental care, including dental examinations, X-rays, and tooth extractions or fillings with temporary filling material. The Insurer covers the cost of emergency dental care within the established liability limit of 500 USD per insured event

6.5.7. Total and permanent disability resulting from an accident sustained while traveling. "Permanent Disability" will be understood as a permanent invalidity, caused by accident, and determined independently of the Insured Person's career or occupation.

This point will cover:

- An incurable and permanent state of mental alienation which prevents the Insured Person from performing any type of work for the remainder of their life;
- An incurable fracture of the spinal cord causing total and permanent disability.

The maximum sum insured is as defined in your Policy.

6.6. Under the MAX+ Insurance Program, the Insured Person has the right to the following:

Medical expenses insurance

6.6.1. Reimbursement for COVID-19 tests using polymerase chain reaction (PCR), when the PCR test is positive;

6.6.2. Organization and payment of emergency medical services on-site, conducting initial diagnostic procedures, providing necessary medical assistance and medications to stabilize the Insured Person's condition;

6.6.3. Organization and payment of medical services and treatment in outpatient or polyclinic settings, including examinations to establish a diagnosis, and necessary consultations with doctors;

6.6.4. Organization and payment for services related to inpatient treatment, including consultations with doctors, diagnostics, treatment, emergency surgery, medication provision, and stay in standard wards, with meals provided according to standards set by the medical institution. The Insurer will cover costs for treatment abroad within the extent of its liability (insurance amount) until the Insured Person's condition stabilizes by a doctor's decision, or if the Insured can be discharged or evacuated to their country of permanent residence, as allowed by their condition;

6.6.5. Reimbursement for medicines and consumables prescribed for emergency treatment, or compensation for the independent purchase of prescribed medicines from a pharmacy within the insurance event parameters. This excludes medicines and medical products for the treatment of COVID-19;

6.6.6. Ground transportation services for the Insured Person to a medical institution if their health condition prevents them from traveling independently;

6.6.7. Organization and payment for a suite of services related to transportation and medical support of an Insured Person undergoing inpatient treatment abroad, to the nearest medical facility of their permanent residence, as medically indicated for further inpatient treatment. Medical evacuation of the Insured Person will only be carried out with the Insurer's written consent. The Insurer does not cover costs for continuing treatment or rehabilitation after the Insured Person returns to their country of permanent residence. Should a doctor authorized by the Insurer consider that evacuation is possible, but the Policyholder (or Insured) refuses, the Insurer will immediately terminate payments for treatment. Written consent will be understood as sending the Insurer a cost estimate for transportation by email, and receiving the Insurer's written consent using the same method;

- 6.6.8. The Insurer reimburses expenses relating to the diagnosis or treatment of COVID-19 within the established liability limit of USD 1,000;
- 6.6.9. Medical services for the treatment of COVID-19 and influenza, within the established liability limit of 10,000 USD per insured event and a sublimit of no more than 5 (five) days of hospital treatment, or a maximum of 5 specialist visits for outpatient care;
- 6.6.10. Urgent gynecological care for pregnancies of 27 weeks or less, within the established liability limit of 5,000 USD and a sublimit of no more than 5 (five) days of hospital treatment, or a maximum of 5 specialist visits for outpatient care;
- 6.6.11. Necessary medicines and medical products for the treatment of COVID-19;
- 6.6.12. Organization and payment of the Insured Person's treatment in a hospital, when medically necessary, for a maximum of 15 days after the end of the insurance period;
- 6.6.13. Urgent dental care, including dental examinations, X-rays, and tooth extraction or temporary filling. The Insurer will cover the costs of urgent dental care within the established liability limit of 500 USD per insured event;
- 6.6.14. Payment of expenses up to 75 USD per day for a maximum period of 15 days, for the Insured Person's stay under mandatory observation/quarantine as a result of COVID-19 infection, where such observation/quarantine is mandatory according to local legislation;
- 6.6.15. Organization and payment for the Insured Person's return transportation, in economy class, to their country of permanent residence following hospital treatment, up to a maximum of 400 USD per insured person. The Insured Person must provide the Insurer with any unused tickets or refunded fares as proof for refused transportation due to illness;
- 6.6.16. Organization and payment for expenses relating to the Insured Person's early return to their country or place of permanent residence, when medically necessary;
- 6.6.17. Payment of expenses up to 75 USD per day for a maximum period of 5 days, for the Insured Person's stay abroad following the policy's expiry, if they are unable to return immediately to their country of permanent residence upon discharge from hospital;
- 6.6.18. Payment of expenses, up to 75 USD per day for a maximum of 5 days for hotel accommodation for a companion of the Insured Person while abroad after expiry of the Contract. This applies if the Insured Person is hospitalized, and their companion is either a family member or also insured under the same policy;
- 6.6.19. Payment for economy class travel to the country of permanent residence for a family member of the Insured Person, or a person insured under the same policy, should the Insured Person be hospitalized or deceased;
- 6.6.20. Compensation for telephone communication between the Insured Person or their representatives and the Insurer, relating to notification of an insured event. The maximum compensation amount will be 100 USD;
- 6.6.21. Payment for legal or interpreter services to ensure the Insured Person can obtain medical services, or ensure their return to their country of permanent residence. In these cases, the liability limit of the Insurer is 500 USD per Insured Person;

- 6.6.22. Receiving medical services under this program for insured events that result from terrorist acts or natural disasters;
- 6.6.23. Organization and payment for the early return to their country of permanent residence of Insured children under 14 (fourteen) years of age. If needed, the Insurer will pay for a third party to accompany children if the Insured Person is unable to do so because of sudden illness, a health disorder resulting from an accident, or their death. The Insurer covers costs of transportation to their place of permanent residence only if none of the accompanying individuals over 18 are able to care for them as a result of acute illness, exacerbation of a chronic illness, a health disorder caused by an accident, or death. The Insurer determines the route, mode, and class of transportation. After fulfilling its obligations, the Insurer is entitled to use any return ticket belonging to the Insured Person's child(ren). The Insurer will cover the expenses for organizing any necessary early returns to the country of permanent residence for Insured children under 14 (fourteen) years of age within the liability limit of 5,000 USD per event.

Insurance of financial risks

- 6.6.24. Compensation for damages resulting from loss or destruction of rented sports equipment or inventory, when the Insured Person's Policy includes the "Sport" or "Extreme rest" coverage;
- 6.6.25. Posting bail to release the Insured Person from arrest. The amount of bail must not exceed the Insured Amount;
- 6.6.26. Reimbursement of expenses for documentation required for the Insured Person's return to their country of permanent residence;
- 6.6.27. Reimbursement of costs for stay in a comfort zone following flight cancellation or flight delay of more than 4 hours after the scheduled departure time. In this case, the Insurer's liability limit is 100 USD per Insured Person, but no more than 500 USD per Policy;
- 6.6.28. Compensation up to 200 USD for the transportation of the Insured Person's passenger vehicle to the nearest service station, when it has become unserviceable due to sudden technical failure or road accident;
- 6.6.29. Reimbursement for the cost of travel, by regular public transport in economy class (excluding air and taxi), for insured drivers and passengers to their Country of permanent residence, should their passenger vehicle be stolen or damaged as a result of a road accident and is no longer usable. The reimbursement amount will not exceed 200 USD per Insured Person;
- 6.6.30. Compensation up to 200 USD for repairs to sudden technical failures or road accident damage to the Insured Person's passenger vehicle, or cost of temporary storage in a guarded parking lot if it cannot be repaired;
- 6.6.31. Reimbursement of the cost of lost baggage will be provided when the carrier refuses to compensate. Compensation is provided on condition that the Insured Person followed rules for baggage transportation. The Insured must provide proof of the amount. The Insurer will reimburse the value of the lost baggage within the liability limit of 500 USD per insurance event.

Insurance against accidents

- 6.6.32. Transportation services for the deceased Insured Person's body (repatriation) to their previous permanent residence. Repatriation will require that the deceased Insured Person's relatives provide a statement confirming their readiness to receive the body after it crosses the border;

The insurer will reimburse expenses for:

- Repatriation documentation;
- Preparation of the body for repatriation;
- Transportation of the body to the airport or nearest customs point in the country of permanent residence. The Insurer reimburses repatriation costs within the established liability limit, which is 5% (five percent) of the insured sum. The Insurer determines the type of transportation, repatriation timeline, method of transporting the body, and the route;

6.6.33. Payment of funeral costs for burying the Insured Person in the country where their death occurred. Burial of the Insured Person abroad will require the Insurer's approval. The Insurer does not reimburse expenses for obtaining burial permits from local administrative authorities. The Insurer will reimburse expenses associated with the burial of the Insured Person's body in the country of death, within the liability limit of 5% (five percent) of the insured sum;

6.6.34. Payment of search and rescue expenses for the Insured Person as a result of an accident while traveling on a tourist route in mountains, at sea, in jungles, or other remote areas. It will require no prohibition by local authorities and will include helicopter evacuation from the accident site to a medical facility. The maximum insurance payout (liability limit) for this item will be up to 10% of the specified insurance sum for medical expenses in the insurance policy.

Third Party Liability Insurance

6.6.35. Compensation for damages (including moral damages) caused to the life, health, and property of third parties resulting from the actions of the Insured Person. The Insured Person must provide evidence of the damages, which may include a court decision or other official documents that confirm the amount of damage. The Insurer's liability limit for compensation of moral damages caused by the Insured Person is 1000 USD.

6.6.36. The insurance conditions of clauses 6.6.28 to 6.6.30 of this agreement apply only to Insured Persons who travel in their own technically sound passenger vehicles which are no more than 5 years old (based on the date of manufacture).

6.7. If the Policyholder (Insured Person) makes self-payments for specified services, the Insurer will reimburse these costs to the Policyholder (Insured Person) in USD, at the applicable exchange rate on the date of the insured event, within the established limits.

6.8. Insurance coverage applies to Insured Events defined in this Contract, including when the Insured Person has consumed alcohol.

The Insurer reserves the right to refuse insurance payments if the Insured is intoxicated, if they have purchased the "**START**" insurance program.

If the Insured Person purchased the "**GOLD**" program, the Insurer will pay according to the terms of this Contract if their blood alcohol content is no more than 1 ppm. In this case, the Insurer's liability limit cannot exceed 1000 USD per insured event, and the deductible is 200 USD.

If the Insured Person purchases the "**MAX+**" program, the Insurer will make insurance payments under the terms of this Contract, if the Insured Person's blood alcohol content is no more than 1.5 ppm. In this case, the Insurer's liability will not exceed 2,000 USD per insured event, and the deductible will be 100 USD.

To confirm blood alcohol content, the Insurer may contact the healthcare facility where the Insured Person is located. If the medical provider does not have information about the Insured Person's blood alcohol content, the Insurer reserves the right to require a test.

The Insured Person's refusal to take a test will be grounds for the Insurer to refuse payment.

If the blood alcohol content does not exceed the norms established by the "GOLD" and "MAX+" programs, and if the "START" program shows that there is no alcohol content, the Insurer will reimburse the test costs, provided the Insured complies with the terms of this Contract.

6.9. The Insurer's liability limit for any insured event is 10% (ten percent) of the sum insured for each event.

7. EXCEPTIONS TO INSURED EVENTS AND GROUNDS FOR A REFUSAL TO PAY AN INSURANCE BENEFIT

7.1. The Insurer will not pay or reimburse costs for diagnosis, treatment, and services for the following diseases and events:

- 7.1.1. Medical care and treatment that are not required to provide emergency or urgent care to the Insured Person
- 7.1.2. Treatment for chronic or congenital diseases (anomalies), deformities, chromosomal disorders and malformations, as well as complications or exacerbations that are not life-threatening, or consequences from conditions that existed when the Contract was concluded and required ongoing treatment. This exception does not apply in cases where there is an acute threat to life of the Insured Person, or targeted measures are required to eliminate acute pain;
- 7.1.3. Neoplasms, endocrine system diseases, and diabetes mellitus;
- 7.1.4. Nervous diseases (except for neuritis), mental illnesses including diagnosis and identification of causes of epileptic seizures; treatment for psychosomatic disorders and associated traumatic injuries;
- 7.1.5. Oncological diseases, cirrhosis, chronic renal failure, systemic connective tissue diseases, and autoimmune diseases;
- 7.1.6. Treatment for diseases known at the time the Insurance Contract was concluded or commenced, regardless of whether treatment was carried out or not. This exception does not apply where medical assistance was needed due to emergency medical care or to save the Policyholder/Insured's life. The Insurer must prove the existence of such a disease;
- 7.1.7. Sexually transmitted diseases, immunodeficiency, and AIDS;
- 7.1.8. Diseases of the blood and blood-forming organs;
- 7.1.9. Epidemic and pandemic diseases other than COVID-19;
- 7.1.10. Acute and chronic radiation sickness;
- 7.1.11. Scheduled consultations and examinations during pregnancy, regardless of its duration;
- 7.1.12. Consultations, examinations and treatment related to pregnancy complications after 27 weeks of pregnancy, obstetric care for those with pregnancies over 27 weeks, and childbirth;
- 7.1.13. Medical services relating to abortion for the Insured Person, except for urgent involuntary termination of pregnancy for medical reasons;
- 7.1.14. Diagnosis and treatment of male/female infertility, menopause, wasted ovary syndrome, menstrual disorders, premenstrual syndrome, hormonal disorders (such as hyperprolactinemia, hyperandrogenemia), erectile and sexual dysfunctions, artificial insemination, and prevention costs;
- 7.1.15. Health problems, complications or death due to non-compliance with the attending physician's recommendations, side effects of non-prescribed medications, and side effects of nutritional supplements;
- 7.1.16. Diseases and complications of viral hepatitis, and tuberculosis;
- 7.1.17. Diseases and disorders of the hearing organs, except for acute diseases of the hearing organs for medical reasons;
- 7.1.18. Diseases, injuries, or inflammation of the eyes, eyelids and lacrimal apparatus, except for emergency care situations that threaten the life of the Insured Person;

- 7.1.19. Fungal and dermatological diseases, dermatitis of any origin, first and second-degree sunburns, and other skin changes caused by ultraviolet radiation;
- 7.1.20. Diseases that occurred before the beginning of the insurance period, or within the Insured's permanent residence territory, resulting in medical or additional expenses during the trip, as well as diseases that occurred after the Insured returned from their trip;
- 7.1.21. Further treatment abroad if the Insured Person refuses medical evacuation to their place of residence. The parties agree that telephone recordings, correspondence or messages in instant messengers with the Insured Person or their relatives, made by the assisting company or Insurer, regarding a refusal of medical evacuation, are equal to a written refusal and can be used by the Insurer as evidence in the event of disputes;
- 7.1.22. A medical examination that does not result from acute pain, sudden illness or injury, the provision of services that are not medically necessary or urgent, and that are not part of prescribed treatment and special services such as private rooms, telephone, television etc.;
- 7.1.23. Services and treatment that can be postponed until return from the trip, including surgical procedures that can be replaced by conservative treatment before the trip's end, etc.;
- 7.1.24. Surgical procedures involving benign and malignant neoplasms (carcinoma, lipoma, and others as classified by the International Classification of Diseases ICD-10);
- 7.1.25. Procedures and operations on the heart and blood vessels, including angiography, angioplasty, shunting, stenting, and the installation of artificial pacemakers.;
- 7.1.26. Diagnostic services, including consultations, laboratory tests, and other services not prescribed by the doctor and assisting company, which are necessary to establish a diagnosis for further treatment;
- 7.1.27. Preventive vaccinations, medical examinations, and laboratory tests which are unrelated to an insured event;
- 7.1.28. All types of plastic and cosmetic surgeries or procedures; all types of prosthetics (including dental and ocular) and organ transplants;
- 7.1.29. Dental treatment, except as specified in clauses 6.2.3 and 6.5.6 of the Contract (acute pain relief);
- 7.1.30. Medical services provided by a person or entity lacking the appropriate license or the right to practice medicine;
- 7.1.31. Physiotherapy, non-traditional treatments, and treatments considered experimental or research;
- 7.1.32. Purchase or repair of assistive devices (such as pacemakers, glasses, contact lenses, hearing aids, inhalers, prostheses, crutches, wheelchairs, measuring devices), general strengthening drugs, hygiene products, and baby food;
- 7.1.33. Artificial insemination, infertility treatments, and measures for preventing pregnancy;
- 7.1.34. Treatment of alcoholism, drug addiction etc., including the treatment of withdrawal symptoms;
- 7.1.35. Medical evacuation, repatriation or burial abroad that was organized without the Insurer's written consent;
- 7.1.36. Expenses incurred when the trip was made for the purpose of receiving medical treatment;
- 7.1.37. Self-treatment or treatment provided by spouses, parents, or children;
- 7.1.38. Elimination of consequences resulting from self-treatment;
- 7.1.39. The need for individual care, patronage, and protection;
- 7.1.40. Medical examinations for preventive purposes;
- 7.1.41. Continued treatment for the Insured Person after their return to their place of permanent residence, or for expenses covered by social, medical insurance, and other forms of security;
- 7.1.42. Therapeutic rest, rehabilitation, spa and wellness treatments, and diagnostic services, consultations, laboratory tests, and other services that have not been prescribed by a doctor and the assisting company as necessary for establishing a diagnosis for further treatment;
- 7.1.43. Diseases resulting from a mental reaction to military events, internal unrest, terrorist acts, plane crashes, and fears associated with such events;
- 7.1.44. Expenses stipulated by this Contract will not be reimbursed if made by the Insured (Insured Person) without prior agreement with the Insurer, except for emergency cases in which reaching agreement with the Insurer is impossible due to risks to the life and health of the Insured person;

- 7.1.45. Expenses relating to insured events that occurred during professional sports, active recreation, or work will not be reimbursed unless a special indication is made within the contract (Sport/Extreme leisure and/or Active leisure and/or Work);
 - 7.1.46. Expenses will not be reimbursed when there has been a failure to notify, or an untimely notification, of the Insurer regarding the occurrence of a potentially insured event;
 - 7.1.47. Expenses relating to attacks by predatory or poisonous animals or insects, that occur in natural water bodies (rivers, seas, oceans, etc) or during tourist walks in their habitats outside of the Insured Person's place of temporary residence, will not be reimbursed;
 - 7.1.48. No expenses will be reimbursed if the Policyholder/Insured Person is entitled to free medical care.
- 7.2. The Insured Person's medical expenses are not subject to insurance compensation when:
- 7.2.1. the trip was made by the Insured Person against medical contraindications;
 - 7.2.2. medical services were received by someone not insured under this Contract;
 - 7.2.3. The Insured Person refused a scheduled examination, treatment, or medical transportation.
- 7.3. The Insurer will not reimburse fines, penalties, forfeits, interest for late payments, indirect losses, or lost profits incurred by the Insured Person.
- 7.4. Luggage insurance does not cover events resulting from:
- 7.4.1. The effects of normal temperature or humidity, natural qualities of baggage (normal wear and tear) and variations in net weight, corrosion, rot, internal damage, loss, rust, or mold;
 - 7.4.2. Internal properties or defects of the insured baggage;
 - 7.4.3. Illegal acts by third parties not confirmed by law enforcement;
 - 7.4.4. Baggage transferred for transportation in a damaged condition;
 - 7.4.5. Damage to baggage caused by worms, rodents, insects etc.;
 - 7.4.6. Loss of baggage if packaging and seals are not intact, and baggage depreciation that results from contaminated packaging and non-functional protective equipment;
 - 7.4.7. Technical inconsistencies in suitcases/bags that prevent safe transport, loading, unloading, or storage;
 - 7.4.8. Non-compliance of baggage packaging with technical conditions and standards;
 - 7.4.9. Transportation of baggage by carriers lacking the appropriate license/permit;
 - 7.4.10. Confiscation of baggage by customs officials or other representatives of the government in the country of temporary residence;
 - 7.4.11. Violations of rules for baggage carriage by the Policyholder/Insured person, specifically when items that must be carried as hand baggage are included in checked baggage.
- 7.5. Insurance for civil liability does not cover the following:
- 7.5.1. Damages associated with the Insured Person's business activities and contractual obligations, damages relating to the commission of criminal offences by the Insured Person, and environmental damage;
 - 7.5.2. Damage caused by the Insured Person while operating any type of motorized vehicle;
 - 7.5.3. Damage caused by the Insured Person to family members;
 - 7.5.4. Fines, penalties, or other financial sanctions that are not a direct result of harm to health or damage to third-party property;
 - 7.5.5. Losses exceeding the sum insured specified in the Contract;
 - 7.5.6. Damages incurred during participation in, or preparation for, sporting competitions;
 - 7.5.7. Damages associated with the production and professional activities of the Insured Person;
 - 7.5.8. Losses incurred as a result of circumstances known to the Insured Person prior to concluding this Contract, or that they could have foreseen and avoided;
 - 7.5.9. Damage to a third party's reputation.
- 7.6. The Insurer may refuse to make an insurance payment when:
- 7.6.1. The Insured (Insured Person) intentionally acts or fails to act, with the aim of triggering an insured event. This does not apply to actions taken in self-defense (within necessary boundaries), or to

- protect property, life, health, honor, dignity, and business reputation. The Insured Person's actions will be assessed according to current legislation;
- 7.6.2. The Insured Person violated rules of conduct, safety, or routine in their place of temporary residence, or violated legislation of the country of temporary residence;
 - 7.6.3. The Insured, the Insured Person, or a beneficiary knowingly provide false information regarding the subject of insurance, the Insured's location at the date the insurance was concluded, the occurrence of an insured event, or the sum of expenses. Proof of the Insured's (or Insured Person's) location at contract conclusion can be demonstrated by relevant border crossing stamps in their passport, or air/rail/bus tickets for crossing borders not requiring stamps;
 - 7.6.4. The creation of obstacles that prevent the Insurer from determining the circumstances, nature, and amount of damage;
 - 7.6.5. Untimely notification of the Insurer about an insured event without reasonable cause; lack of agreement or violation of terms for independently incurred expenses for diagnosis or treatment, and/or an untimely, incomplete or missing submission of documentation to the Insurer, including a written application for insurance payment (or insurance compensation), as well as other requested documents outlined in this Agreement;
 - 7.6.6. The Insured (Insured Person) fails to fulfill their obligations under the Contract;
 - 7.6.7. Failure to comply with the Insurer's or Assistance's instructions during the handling of an insured event;
 - 7.6.8. The Insured (Insured Person) receives full compensation for damages from the person responsible for causing them;
 - 7.6.9. The consumption of alcohol (for policies under the "START" insurance program), narcotic, and toxic substances;
 - 7.6.10. Alcohol consumption with a blood alcohol level of more than 1 ppm as documented by a medical institution (for policies under the "GOLD" program) or 1.5 ppm (for policies under the "MAX+" program),
 - 7.6.11. Insurance of persons aged 2 months to 3 years, as well as 60 to 80 years, without an additional payment (surcharge);
 - 7.6.12. The Policyholder, Insured Person, or Beneficiary commits an intentional crime that led to the insured event;
 - 7.6.13. The Policyholder/Insured Person refuses to undergo a re-diagnosis or receive consultations as requested by the Insurer;
 - 7.6.14. The Policyholder/Insured Person purchases a Policy for a period less than the duration of their trip, except when the Policyholder/Insured Person extends their period of stay abroad or has already purchased the Policy while outside their country of permanent residence, as per the Contract terms and conditions;
 - 7.6.15. The Policyholder/Insured Person receives legal assistance or interpreter services without prior agreement from the Insurer;
 - 7.6.16. If the Policyholder/Insured Person is a citizen of an aggressor state, a terrorist state, or a state sponsor of terrorism under the Insurer's local legislation, the Insurer will return any paid premiums minus 40% for standard business costs;
 - 7.6.17. Other cases as stipulated by the current legislation and the Insurance Rules.
- 7.7. The following will not be considered insured events:
- 7.7.1. Civil unrest, strikes or states of emergency, ionizing radiation, or the use of nuclear, chemical, or biological weapons;
 - 7.7.2. Suicide or attempted suicide by the Insured Person (except when the Insured Person was forced to such an action by unlawful acts of third parties, which must be proven by the Policyholder or the Insured Person);
 - 7.7.3. The Insured Person commits or attempts to commit illegal actions that are directly linked to the insured event, as established by the competent authorities;
 - 7.7.4. Travel to a territory for which the U.S. Department of State's Bureau of Consular Affairs has issued a "Level 4: Do Not Travel" advisory, as defined in Section 4.11.4 of this Policy;

- 7.7.5. Trips made by the Insured, or by other persons specified in the insurance contract, to a country or location that the Insurer has designated as a war zone, unless specified by terms of a separate addendum to this insurance contract;
 - 7.7.6. Active participation in war (declared or undeclared), civil war, combat, or hostilities, service in the armed forces, and military formations;
 - 7.7.7. The Insured Person's exposure to unjustified risk or conscious danger (except for an attempt to save a life);
 - 7.7.8. The Insured Person's engagement in physical work, professional sports, or active (sporting) recreation, such as mountain climbing (including at heights over 3,000 meters without a written application for the insurance contract), scuba diving, caving, sports diving, any form of flying, winter sports, competition participation, car racing, or recreation involving a high level of risk. Including, use of mechanical or other forms of transportation on land, water, underwater and in the air (except when the Insured has paid a fare and is a passenger of a passenger vehicle). Movement on animals, bicycles, hiking, and other similar recreation, where an additional insurance premium has not been paid;
 - 7.7.9. Accidents while driving on tourist routes in the mountains, at the sea, in the jungle, or other remote areas, as well as in any location where local authorities have restricted movement in the mountains, or at sea;
 - 7.7.10. The Insured Person's participation in an assault, offenses, or fights (except for self-defense);
 - 7.7.11. Driving any land, water, or air vehicle without the required valid license or certification, and allowing a vehicle to be driven by someone who is intoxicated, under the influence of narcotics or other toxic substances, or who does not have the required driver's license or certification;
 - 7.7.12. Performance of any labor under an employment contract or a civil law contract, including use of a tool, or loading/unloading vehicles, etc., if the Policy has no indication of "Work" as included cover;
 - 7.7.13. Providing dental care beyond that which is needed to relieve pain.
- 7.8. The Insurer does not provide insurance payments for moral damages, except in cases specified in this Contract.
 - 7.9. The Insurer will not reimburse any administrative fees, service fees of medical facilities, moral damages, or damage resulting from professional errors of doctors or other persons who assisted the Policyholder/Insured Person.
 - 7.10. Insurance coverage, and the obligation to pay claims for services provided, are subject to the conditions that they do not contradict economic, trade, and financial sanctions or embargoes as determined by the European Union, that are directly applicable to the parties involved. This also applies to economic, trade, and financial sanctions or embargoes imposed by the United States of America against the Russian Federation, the Islamic Republic of Iran, North Korea, Cuba, and Syria, when they do not conflict with European Law.

8. ACTIONS OF THE INSURED PERSON IN THE EVENT OF AN INSURED EVENT

- 8.1. Upon the occurrence of an event that appears to be an insured event, the Policyholder/Insured Person is required to immediately inform the Insurer, no later than 24 hours after the event's occurrence. This notification should be done through a call or by sending a message to the Insurer's email address as specified in the Policy, and should include the following information:
 - 8.1.1. The full name of the Insured Person;
 - 8.1.2. Their contact telephone number;
 - 8.1.3. Their location (country, city, hotel, etc.);
 - 8.1.4. The number of the insurance contract;
 - 8.1.5. A brief description of what happened and the required assistance;
 - 8.1.6. Any other information as requested by the Insurer.

- 8.2. The costs of any assistance provided will be covered by the Insurer as per the terms of the Insurance Contract.
- 8.3. If the Policyholder (Insured Person) is unable to contact the Insurer or their situation requires immediate urgent medical or other assistance, they should independently contact the nearest medical institution or doctor that has a license to perform emergency care and be sure to:
 - 8.3.1. Present the Insurance Contract (Electronic Policy);
 - 8.3.2. Pay for any required emergency medical and other services;
 - 8.3.3. Obtain all relevant documents (as specified in Section 9 of this Contract) including doctors checks, receipts, etc., which detail the illness and the total cost of medical expenses;
 - 8.3.4. Submit an application to the Insurer for insurance indemnity payment, along with all the required documentation stipulated in the Insurance Contract.
- 8.4. When applying for medical assistance or inpatient treatment, the Policyholder (Insured Person) must inform the Insurer and agree upon any expenses within 24 hours of applying for assistance or hospitalization, and prior to receiving medical services and paying any costs. If medical costs, including outpatient and inpatient treatment, exceeds 1,000 USD, the Policyholder (Insured Person) must agree in writing with the Insurer before receiving medical services or treatment. This written consent should consist of a message outlining the treatment and cost estimate for diagnosis or treatment which has been sent via email, and will require written consent (or guarantee) from the Insurer in return using the same method.
- 8.5. The Policyholder (Insured Person) is required to submit to the Insurer, within 30 calendar days of the insured event, all documents necessary for deciding upon insurance payments.
- 8.6. The Insurer may refuse payment/compensation if the notification deadline for an insured event is missed without reasonable cause, or if the deadline for providing the necessary documentation to decide upon an insurance payment is missed. Valid reasons will be determined at the Insurer's discretion.
- 8.7. If the Policyholder/Insured Person makes a self-payment for medical services, they must obtain the following from the medical institution:
 - 8.7.1. A certificate or invoice on the institution's letterhead or with a valid stamp, which contains the patient's full name, diagnosis, date medical assistance was sought, duration of treatment, and detailed information about medical services, diagnostics, and prescribed medication including quantity and cost;
 - 8.7.2. Prescriptions issued to the Insured Person by the attending physician for purchasing medication, stating the name of each medication;
 - 8.7.3. Itemized invoices for other services, with breakdown of costs by date;
 - 8.7.4. Documentation confirming payment for medicines and services (settlement documents, cash and bank receipts, sales receipts), and itemized bills for telephone or fax communications indicating the phone number, date, time, and cost of each call;
 - 8.7.5. Property Irregularity Report (PIR), Damage Baggage Report (DBR), or any other official document from a competent authority relating to loss or damage to baggage, and documentation confirming the amount of damage - for insured events concerning loss/damage to baggage;
 - 8.7.6. Documents characterizing the circumstances of the insured event, (including a police report of an offense, victim statement, a police certificate, pre-trial settlement proposals, copies of any statement of claim, or any documents demonstrating the Insured Person's requirements and the costs incurred as a result of the Insured Event) for civil liability claims.
- 8.8. The Policyholder/Insured Person can contact the Insurer for information and consultations:
 - 8.8.1. About insured events that do not require medical assistance or for information about obtaining insurance payments;
 - 8.8.2. For any other advice regarding insurance;

- 8.8.3. Or for information regarding any other issue concerning the concluded insurance contract, by phone using the number listed in the Policy.
- 8.9. If an event occurs that may be an insured event under baggage insurance, in addition to the actions specified above, the Policyholder/Insured Person must:
- 8.9.1. Immediately report the event to the appropriate authorities (Lost and Found, baggage tracing services, carrier representatives, police, etc) after discovering the damage or loss, without leaving the station or terminal;
 - 8.9.2. Leave the damaged baggage untouched, as it was after the event, prior to inspection by a representative of the competent service, except when required for security or to protect the baggage and reduce losses.
- 8.10. For a possible civil liability insurance claim, in addition to the actions described above, the Policyholder/Insured Person must send the Insurer a copy of the letter, court order, claim, summons (notice), message, or any other related documents to the Insurer's email address (as stated in this Contract), immediately but no later than 24 hours of receipt. If the case is taken to court, the Insured Person must provide the Insurer with authority (including but not limited to a notarized power of attorney) to manage the case and represent the Insured in judicial proceedings. Legal proceedings will be governed by the laws of the Insurer's country of registration, or the country of temporary residence of the Insured Person.

The Insurer has the right, but not the obligation, to defend the Insured Person against any claim related to damages caused to a third party, and may refuse to represent the Insured's interests at any time, by informing the Insured Person via email to the address provided by the Policyholder/Insured Person. If the Insurer is representing the Insured Person, then the Insured, under the terms of this Contract, is prohibited from conducting any pre-trial negotiations with the plaintiff or their representatives, from offering compensation or acknowledging liability (in full or in part) without the Insurer's prior written consent.

The responsibility to prove the insured event and justify the sum of their expenses, or the impossibility of contacting the Insurer, rests solely with the Policyholder/Insured Person.

9. TERMS OF INSURANCE PAYMENTS

- 9.1. For payments regarding medical or other services organized by the Insurer under this Contract, the Insurer will pay based on the issued invoices without any participation from the Insured Person.
- 9.2. Should the Policyholder (Insured Person) make self-payments for medical or other services, the Insurer will pay the insurance payment to the Policyholder (Insured Person) based on their application for insurance payment, which must be submitted within 30 calendar days of the insured event. The Policyholder (Insured Person) must submit all required documentation, as specified in clause 8.7 of this Contract, within 30 calendar days of the end of the trip or treatment, to enable an insurance payment decision.
- 9.3. The Insurer requires the following documentation to process an insurance payment for any insured event:
- 9.3.1. A written application in the form prescribed by the Insurer;
 - 9.3.2. The original Insurance Contract (Policy);
 - 9.3.3. A copy of the international passport showing border crossing stamps for the host country, or if crossing borders without stamps, copies of plane, train, or bus tickets, or other documents verifying border crossing;
 - 9.3.4. A copy of the national passport;
 - 9.3.5. A copy of the tax identification certificate;
 - 9.3.6. Telephone bills for calls made to the Insurer, including the number and cost of each call;
 - 9.3.7. A copy of the return ticket to the Insured Person's country of permanent residence;
 - 9.3.8. Documentation as specified in Clause 8.7 of this agreement.

- 9.4. The application for an insurance payment and other required documentation must be provided to the Insurer no later than 30 calendar days after the insured event. Documents can be sent to the Insurer's office, or via email to the Insurer. Original documents must be provided upon the Insurer's request.
- 9.5. The Insurer reserves the right to request additional documentation to confirm the circumstances of the insured event, and to determine the insurance payment amount. The Policyholder/Insured Person must provide this documentation within 10 (ten) calendar days of receiving the Insurer's request, which will be considered received on the day it was sent via email or a registered letter.
- 9.6. The Insurer may request a copy of the return ticket from the Policyholder/Insured to the country where their journey began. If a return ticket is not available at the time of the insured event, the Insurer's liability will be limited to 1% (one percent) of the sum insured, and the deductible will be 250 USD.
- 9.7. Documents must be provided to the Insurer in English. If any documents are not in English, the Policyholder/Insured Person must attach a notarized English translation.
- 9.8. All documents submitted to the Insurer must be legible, either printed or written on official forms and include signatures, appropriate seals, name, address, and contact information for the issuing institution/person. Accounts, invoices, and financial documentation verifying payments (checks, receipts, orders etc) must be provided as originals. All documents, information, and evidence are provided to the Insurer free of charge.
- 9.9. The Insurer reserves the right to contact medical institutions that provided medical care to the Policyholder/Insured Person to obtain additional documentation or clarification.
- 9.10. The Policyholder/Insured Person agrees to provide the Insurer, upon request, with their duly certified medical history or medical card.
- 9.11. If there is an injury, accident, or vehicle breakdown in which the Policyholder (Insured Person) was traveling, the Insurer must also be provided with:
 - 9.11.1. An official protocol or certificate of the event, drawn up in the country of temporary residence, which includes the following details: information about the officials certifying the incident, and their authorization to act;
 - 9.11.2. Addresses or telephone numbers of those certifying the event;
 - 9.11.3. A detailed description of the circumstances of the event, and the Insured's (Insured Person's) role in it, and confirmation that the Insured Person was not intoxicated by alcohol, narcotics or other toxic substances;
 - 9.11.4. A copy of their driver's license showing their right to operate a vehicle in the country where the accident occurred. It is the Policyholder/Insured Person's responsibility to provide proof of their right to operate a vehicle in that country.
- 9.12. If the Insured is claiming for damage due to a traffic accident or vehicle breakdown, the Insurer also requires the conclusion of an auto-merchandising examination.
- 9.13. Payments to third parties for medical care and other services under this Contract will be made directly by the Insurer via non-cash methods based on invoices, as required by legislation. The Policyholder/Insured Person may only make their own independent payments for medical services with the Insurer's written consent. In urgent situations when immediate payment is required, the Policyholder/Insured Person must prove the urgent nature of the circumstances.
- 9.14. If the Policyholder (Insured Person) has made self-payments for services, the Insurer will reimburse such expenses according to the terms of this Contract.

- 9.15. Insurance payments for reimbursing unforeseen and independent expenses of the Insured (Insured Person), as provided under this Policy, will be made in USD only. Payments will be based on the applicable exchange rate on the date that the insured event occurred.
- 9.16. The Insurer will make a decision regarding insurance payments, or refuse payment, within 30 (thirty) business days after receiving all necessary documentation as required by this Contract.
- 9.17. The Insurer will make the insurance payment within 5 (five) banking days of the decision to pay the insurance indemnity.
- 9.18. If there are reasonable grounds to doubt the validity (or legality) of the insurance payment, the Insurer may postpone a payment decision until confirmation or refutation of those reasons, for a period not exceeding 45 (forty-five) business days.
- 9.19. The Insurer will notify the Insured Person in writing of any refusal of an insurance payment (or indemnity) or a decision to postpone payment, within 5 (five) working days of that decision. The notification will state the reasons for refusal or deferral.
- 9.20. Insurance payments will be made by the Insurer via cashless methods or any other method as permitted by law, at the Insurer's discretion. Insurance payments to the Insured Person for services rendered abroad will be made in USD, using the applicable exchange rate as of the date of the expenses.
- 9.21. The sum insured for each type of insurance will be reduced by the amount paid by the Insurer. Total payments for any specific type of insurance cannot exceed the Sum Insured, as stated separately for each type of insurance in the Contract.

10. RIGHTS AND OBLIGATIONS OF THE PARTIES, RESPONSIBILITY FOR IMPROPER PERFORMANCE OF OBLIGATIONS

10.1. The Insurer's obligations include:

- 10.1.1. Providing access to the Contract terms and rules for the Policyholder, by publishing them on the Insurer's website, and providing a link in the Contract;
- 10.1.2. Within two business days of becoming aware of an insured event, taking measures to prepare necessary documents for timely insurance payments;
- 10.1.3. To make insurance payments or provide insurance compensation within the timeframe specified by the terms of this Contract, should an insured event occur;
- 10.1.4. Not to disclose information about the Insured, except as required by current legislation;
- 10.1.5. To renew the insurance contract at the Insured Person's request if they have taken steps to reduce the insured risk or increase the property's value.

10.2. The insurer has the right to:

- 10.2.1. Verify the information provided by the Policyholder upon conclusion of the Contract;
- 10.2.2. Request information from appropriate authorities in order to clarify the circumstances of an insured event;
- 10.2.3. Demand early termination of the Contract if the Policyholder has violated its terms;
- 10.2.4. Conduct independent examinations of the circumstances surrounding the insured event and, if necessary, appoint a medical commission to examine the Insured Person or perform other examinations relating to the insured event;
- 10.2.5. Record telephone conversations regarding insured events using technical means;
- 10.2.6. Use the Insured's return ticket if they organize the Insured Person's early return to their country of permanent residence;
- 10.2.7. Refuse to make insurance payments in situations specified by the Contract and current legislation;
- 10.2.8. Refuse to compensate for any indirect damages incurred by the Insured Person;

- 10.2.9. Refuse insurance payment/reimbursement if the Insured Person is located in a territory where the U.S. Department of State's Bureau of Consular Affairs has issued a "Level 4: Do Not Travel" advisory"
- 10.2.10. Independently choose a medical institution for treatment of the Policyholder/Insured Person. The Insurer may refuse to provide payment if the Policyholder/Insured Person refuses to be treated in a medical facility chosen by the Insurer and instead chooses an independent clinic;
- 10.2.11. Transfer information about the Insured Person, (particularly their personal health information, test results, and doctors conclusions), to an independently chosen medical institution to verify the diagnosis and prescribed treatment and any other circumstances relevant to deciding upon payment, or refusal of payment, and for investigating the legality of making a payment.

10.3. The Policyholder (Insured Person) is obliged to:

- 10.3.1. Pay insurance premiums on time;
- 10.3.2. Ensure that any insured persons are familiar with the terms of this Contract;
- 10.3.3. Provide the Insurer with accurate information about all essential circumstances needed for an assessment of the insured risk at the time of the contract's conclusion and notify the Insurer of any subsequent changes to the insured risk;
- 10.3.4. Provide the Insurer with information about the location (country of residence) of the Policyholder or the Insured Person (if the contract is concluded in their favor by another person) as of the date of the Insurance Contract;
- 10.3.5. Provide the Insurer with all necessary documentation regarding the insured event to enable a decision on insurance payment or indemnity;
- 10.3.6. When concluding an insurance contract, inform the Insurer of any other valid insurance policies in place relating to the subject of this Contract;
- 10.3.7. Take measures to prevent or reduce any damages caused by an insured event;
- 10.3.8. Follow instructions from the Assisting Company and the Insurer, and coordinate all related activities regarding emergency medical and other services as outlined in the Contract;
- 10.3.9. Follow the instructions of the attending physician, and adhere to the schedule of the medical institution providing care;
- 10.3.10. Provide the Insurer or its representative with the opportunity to investigate the causes and circumstances of an insured event, and verify submitted documentation. By entering into this Contract, the Insured Person releases doctors and lawyers from any obligations to maintain medical or other confidences when providing information to the Insurer or Assistance relating to an insured event.

10.4. The Policyholder (Insured Person) has the right to:

- 10.4.1. Receive insurance payments, when an insured event occurs, in accordance with the terms of this Contract;
- 10.4.2. Contact the Insurer for instructions regarding the procedure for obtaining necessary assistance;
- 10.4.3. Demand early termination of the contract if the Insurer has violated its terms;
- 10.4.4. Receive a duplicate of the Insurance Policy (once during its term), following a written application by the Policyholder/Insured Person when a Policy has been lost.

10.5. In the event of non-compliance or improper compliance with the terms of this Contract, the Parties will be held liable under applicable legislation.

10.6. If an insurance payment is delayed, the Insurer is obligated to pay the Policyholder a penalty of 0.01% of the payable amount for each day of delay, up to a maximum of 3% (three percent) of the insurance payment (or indemnity).

10.7. If the Insurer discovers that an insurance payment was made based on forged documents or false information provided by the Policyholder/Insured Person during contract conclusion, the Insurer has the right to recover the full amount of the payment from the Policyholder/Insured and contact law enforcement. In this case, the Policyholder and all Insured Persons under the Policy will be jointly and

severally liable to the Insurer. The period in which the Insurer may initiate the collection of funds is unlimited. Contract termination does not affect the Insurer's right to apply to law enforcement and collect the funds.

11. APPLICABLE LAW AND DISPUTES RESOLUTION

11.1. This Contract is drawn up and must be interpreted under applicable legislation.

11.2. In the event of disagreements relating to this Contract, the Parties must make every effort to resolve the issues through negotiation.

11.3. Any disputes that the Parties cannot resolve through negotiation will be subject to resolution in the courts, under applicable legislation.

11.4. The Parties agree, following applicable procedural law, that any claims against the Insurer will be considered by the court at the Insurer's location.

11.5. The location of the relevant court at the Insurer's place of business is the area of territorial jurisdiction.

12. CIRCUMSTANCES OF NON-CUTTING FORCE (FORCE MAJEURE CIRCUMSTANCES)

12.1. The Parties are relieved of liability for full or partial failure to fulfil their obligations under this Contract, if such failure is due to circumstances of force majeure that occurred during the Contract's validity.

12.2. "Force majeure circumstances" in this Contract refers to extraordinary events or conditions that are unforeseen and cannot be prevented by any means available to the Parties. These include, but are not limited to: the threat of war, armed conflict, or a serious threat of such conflict, hostile attacks, blockades, military embargoes, actions of foreign enemies, general military mobilizations, hostilities (both declared and undeclared), actions of public enemies, insurrections, terrorism, sabotage, piracy, riots, intrusions, blockades, curfews, expropriation, forced seizures, seizure of businesses, requisition, public demonstrations, blockades, strikes, accidents, unlawful actions of third parties, epidemics, quarantines, fires, explosions, prolonged interruptions to transportation, conditions set by the state authorities, closed sea straits, embargoes, prohibitions on export/import etc., and restrictions on monetary settlements imposed by central monetary authorities. This also includes exceptional weather and natural disasters such as: major storms, cyclones, hurricanes, tornados, floods, heavy snow, ice, hail, frost, freezing seas, straits, ports, and passes, earthquakes, lightning, fires, droughts, and subsidence or landslides.

12.3. A Party that cannot properly fulfill its obligations under this Contract due to force majeure must notify the other Party in writing within 3 (three) business days of becoming aware of such circumstances, and detail their impact on the fulfilment of obligations. Posting notification of force majeure on the Insurer's website, at <https://ektatraveling.com/>, is considered sufficient notification for the Policyholder/Insured Person.

12.4. The Party that fails to provide proper notification will be fully liable for any damages incurred by the other Party due to the force majeure.

12.5. Upon the cessation of force majeure conditions, the Party that was unable to fulfill their obligations under this Contract must notify the other Party of the termination of these conditions.

12.6. Proof of force majeure and its duration will be documentation issued by an authorized Chamber of Commerce and Industry or another competent authority

- 12.7. The fulfillment of the Parties' obligations under this Contract will be suspended for the period that force majeure conditions remain in effect.
- 12.8. If force majeure conditions continue for more than 30 (thirty) calendar days, either Party has the right to unilaterally terminate the Contract by providing written notice to the other Party at least 10 (ten) days prior to the termination date.

INSURER

IC "EIG" LLC, headquartered at Hamchako, Mutsamudu, the autonomous island of Anjouan, Union of Comoros, license L15921/EIG