MAIN COVERAGES AND MAXIMUM LIMITS

Coverages	Maximum Limits*
Pet safekeeping in the insured's country of residence	$300 USD
Medical expenses and death of pets due to accident or illness during the trip	$1,000 USD
Damage to the Kenel or animal container	50 USD
Death of the Insured (Accident or Sickness)	$500 USD

*The maximum limits are expressed in US Dollars (USD).

- ✓ **Territoriality:** International Territory.
- ✓ **Insured:** Domestic pets (dogs and cats), including brachiocephalic or service animals or emotional support animals traveling with the **Volaris** Passenger.
- ✓ **Beginning and termination of coverage:** Coverage applies 24 hours prior to departure date and ends 24 hours after arrival at destination.
- ✓ **Applies:** 1 pet per passenger.

DOCUMENTS REQUIRED TO CLAIM ANY CLAIM

- Art. 492:
  - Know your customer format.
  - Valid official ID with legible photo (INE, passport or ID card)
  - CURP or RFC.
  - Proof of address (not older than one month)
- Claim form.
- Copy of a debit account statement (not older than 1 month).
- Flight Itinerary (Boarding Pass or Itinerary Voucher)

ADDITIONAL DOCUMENTS TO CLAIM ACCORDING TO COVERAGE

Protection of pets in the insured's country of residence

Please send legible and visible copies or photos of:

- Complete and current vaccination record
- Proof of payment made to the veterinarian (voucher)
- Proof (tax invoice) of the payment made to the veterinarian or veterinarian indicating the unit value per day, the total value of the days and the number of days the pet was in the day care center.

Medical expenses and death of pets due to accident or illness during the trip
Please send legible and visible copies or photos of:

- Complete medical report Certificate issued by the treating veterinarian, detailing the treatment received and the respective diagnosis.
- Medical studies and/or analysis
- Proof of payment of expenses incurred as a result of veterinary medical care.

Damage to the Kenel or animal container
Please send legible and visible copies or photos of:

- Baggage Irregularity Report.
- Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).
- Photographs of baggage damage.

Death of the Insured (Accident or Sickness)
Please send legible and visible copies or photos of:

- Death certificate of the Insured and/or death certificate of the Insured.
- Proceedings before the Public Prosecutor's Office, in case the death of the Insured has occurred in a violent manner (investigation file, identification of the corpse, necropsy or release, results of chemical, toxicological and breathalyzer studies, photographs); traffic report in case of Accident and conclusions.
- Proof of address of the Insured, only if in possession of the Beneficiary.
- Proof of the Beneficiary's home address. In case of being the spouse of the Insured Party, marriage certificate. In case of a child, birth certificate.

For your convenience we offer you our **BackupBot:** 56 1652 2139 which will allow you to enter your Volaris Reservation Number to consult:

- Coverage and Maximum Limits by product
- Product Frequently Asked Questions
- Claim forms in the event of an incident
- Certificate of Insurance
- Immediate attention with the insurance company

If you have any questions or need assistance during your trip, please feel free to contact our customer service team at **+1 2017 012 089** at **Pan-American**.

The content of this material is for information purposes only, the products are governed by the applicable contractual and legal conditions. For more details on coverage and exclusions, please refer to the General Conditions.

The **"Volaris pet backup"** product is an insurance issued, operated and guaranteed by **Pan-American México, Compañía de Seguros S.A. de C.V.**, who is responsible for the same, acting as intermediary **Lockton México, Agente de Seguros y de Fianzas, S.A.**; in accordance with the Regulations of Insurance and Bond Agents of Mexico; distributed and offered by **Concesionaria Vuela Compañía de Aviación, S.A.P.I. de C.V., Vuela Aviación S.A.** and **Vuela El Salvador S.A. of C.V.** Consult terms, exclusions and general conditions of the product.

In accordance with the applicable Personal Data Protection Law, I am aware that my personal data will be processed by **Pan-American México, Compañía de Seguros S.A. de C.V.**, who is responsible for them, in accordance with the provisions of its General Privacy Notice and the specific one for each country that is available at: https://palig.com/es/mx/pol%c3%adtica-de-privacidad

The contractual documentation and the technical note that make up this product are the responsibility of **Pan-American México, Compañía de Seguros S.A. de C.V.**, who has obtained their registration, before the National Insurance and Bonding Commission in Mexico, as of November 1, 2024, with the number CNSF-S0119-0391-2024/CONDUSEF-006630-01.
The person responsible for the text, offer and content hereof is **Pan-American México, Compañía de Seguros S.A. of C.V.**

This translation is for commercial use only, in case of any controversy you should adhere to the general conditions in Spanish which are the official ones.

NO. RECAS: CNSF-S0119-0391-2024/CONDUSEF-006630-01

PAN AMERICAN MÉXICO
COMPAÑÍA DE SEGUROS S.A. DE C.V.
Compañía miembro de Pan-American Life Insurance Group

General Conditions of the Traveling Group Life Insurance

Group Traveling Life Insurance

Pan American México, Compañía de Seguros, S.A. de C.V., (the "**Company**")**,** is the insurance institution legally constituted and authorized to act as such in accordance with Mexican law, responsible for paying the indemnities contracted in case of the occurrence of an Event, as provided in these General Conditions and in the applicable Special Conditions.

I. General Definitions

The following terms shall have the following meanings for all purposes of this Insurance Contract:

Accident. Means an event arising from an external, sudden, violent and fortuitous cause which produces bodily injury or death of the Insured Party. In the event of the death of the Insured due to suicide, this shall not be considered accidental death and the Company shall proceed in accordance with the provisions of Article 197 of the Insurance Contract Law, for which reason the Company shall only reimburse the unearned risk premium.

Certificate Registration. Means the date indicated in the respective Individual Certificate, as from which the Insured Party is covered under this Insurance Contract.

Insured. Means the individual who complies with the insurability requirements established in this Insurance Contract and who, at the instruction of the Policyholder, is covered under this Insurance Contract as part of the Insured Group.

Beneficiary(ies). Means the person(s) entitled to receive the benefits of this Insurance in the event of the death of the Insured in accordance with the general and particular conditions set forth in this Insurance Contract.

Assistance Center. Department of professionals providing supervision, control and/or coordination services for the Provider who intervene and decide on all those matters and/or benefits provided or to be provided under these General Conditions and which are directly or indirectly related to medical issues.

Individual Certificate - Voucher. Means the means in which the insurance of each Insured Party, the coverages and assistance contracted, the Sum Insured, the term and other data detailing the characteristics of the risk covered by the Company, with respect to each Insured Party in accordance with the provisions of Article 16 of the Regulations.

Insured Group. Means the group of persons designated by the Contracting Party, who comply with the eligibility requirements established by the Company and, if applicable, who give their express consent to form part of the same.

Contracting Party. Means the individual or legal entity that has entered into the Insurance Contract with the Company. Since it is a Group Life Insurance, in all cases the respective consent of the Insured Party must be obtained. The Contracting Party is obliged to pay the respective Premiums, to provide the necessary and sufficient information and to generate the reports and mechanisms for the proper operation of this Insurance Contract.

Insurance Contract. Document establishing the terms and conditions entered into between the Contracting Party and the Company, as well as the rights and obligations of the parties. This document is made up of the General Conditions, the applicable Special Conditions, the Application, the Policy Declaration Page, the corresponding Individual Certificate, the endorsements that may be added, as well as the proof of payment of the premium for this insurance, which constitute proof of the existence of the insurance.

Identification Keys. means those personal data of the potential Policyholder and/or Insured that fully identify them and distinguish them from other persons, such as: full name, place and date of birth, Federal Taxpayers Registry (RFC), Unique Population Registry Code (CURP), address and contact telephone number(s), among others.

Diagnosis. Opinion prepared by a Physician where he identifies a disease or condition by its symptoms or signs, based on clinical, radiological, histological and laboratory tests.

Ailment and/or Condition. The terms "ailment" and/or "condition" shall be understood as synonymous with "illness" for all purposes in these General Conditions.

Event. Means the occurrence of any of the risks covered by this Insurance Contract during the term of the Individual Certificate.

The foregoing in the understanding that in the case of treatment or series of medical and/or surgical treatments for a covered Accident or Surgical Intervention to which the Insured Party has been subjected, which has given rise to the same, shall be considered as a single Event.

Premium Due Date. This is the date on which the Premium must be effectively paid by the Contracting Party or the Policyholder.

Termination Date. The date indicated on the Policy Declaration Page on which the insurance coverage ends for each of the Insureds.

Effective Date. The date indicated on the Policy Declaration Page on which the Company accepts the offer to insure the Insured.

Hospitalization. Confinement of the Insured in a Hospital upon medical recommendation and under the care and attention of a Physician, for a minimum continuous period of 24 (twenty-four) hours.

Hospital. An institution legally authorized to render hospital services, whether medical and/or surgical in the country where it is located and operating under the constant supervision of a Physician accredited as such. Clinics and sanatoriums are included within this definition. This definition does not include special centers for the treatment of: alcoholism, drug addiction, nervous or mental conditions, rest, convalescence or rest for the aged, rest cures or rehabilitation.

Kennel. It is the transport crate that is intended and suitable to accommodate the pet inside the plane, train, car or any other vehicle in order to provide safety, comfort and welfare to your pet during the journey**.**

Physician. An academically qualified person with the degree of Physician, Surgeon or other higher degree, legally qualified and authorized to practice the medical profession. It should not be the Insured Party, his spouse or common-law spouse or relatives by consanguinity or affinity up to the second degree, or who have a civil relationship.

Pre-existing Condition. Any symptom and/or sign that presents itself prior to the Discharge Certificate of each Insured and which, if a Physician had been consulted, would have resulted in a diagnosis of an Illness or medical condition.

The Company may only deny a claim for a Pre-existing Condition when it has the evidence as outlined in the following cases:

(a) that prior to the Certificate Discharge, the existence of said condition and/or Illness has been declared, or that it is proven by means of the clinical summary where it is indicated that a diagnosis has been made by a legally authorized Physician, or by means of laboratory or cabinet tests, or by any other recognized means of diagnosis.

When the Company has documentary evidence that the Insured has incurred expenses to receive a diagnosis of the Illness or condition in question, it may request from the Insured the result of the corresponding diagnosis, or if applicable, the medical or clinical file, in order to resolve the merits of the claim.

(b) that prior to the execution of the Insurance Contract, the Insured Party has made expenses that are verifiable by documents, in order to receive medical treatment for the Illness and/or condition in question.

Effective Period. The period beginning on the Effective Date of the Policy and ending on the Termination Date.

Waiting Period. This is the period of time that must elapse uninterruptedly as from the Certificate Discharge in order for the Insured to be covered, during which no signs or symptoms of the Sickness must be present in order for it to be considered a covered Event.

This period shall be applicable only once and shall have no effect when the insurance is renewed uninterruptedly by the Contracting Party and the Insured continues to be a member of the Collective. During the Waiting Period, the Insured shall not be entitled to any indemnity in the event of the occurrence of the Event as described in the coverages**.**

Assistance Plan. Detailed set of Travel Assistance Services offered by the Provider, indicating an exhaustive enumeration of the same and their monetary, quantitative, geographical and age limits of the Insured Party. The Assistance Plan is detailed in the Certificate or Voucher and is an inseparable part thereof. Only those benefits for each product explicitly stated in the Assistance Plan detailed in the Certificate or Voucher are applicable, with the scope and limits indicated. Only those guarantees or benefits in force at the date of issue of the Assistance Plan specified in the Certificate or Voucher contracted by the Insured Party shall be valid and shall apply for the purposes of these General Conditions.

Premium. Means the amount of money to be paid by the Contracting Party to the Company in the form and terms agreed upon for the coverages contracted. The total Premium includes expedition expenses, the financing rate for payment in installments, if applicable, as well as the value added tax or any other applicable tax.

Reimbursement. This is the system whereby the Company will pay the Insured for the covered medical expenses incurred and paid directly to the service provider.

Regulations. Means, the Regulations of the Group Insurance for Life Operation and of the Group Insurance for Accident and Sickness Operation.

Loss (Event). Unforeseen event suffered by the Insured, as a consequence of the occurrence of an Accident or the diagnosis of an Illness, as well as all Injuries, complications, relapses, sequels or affections and Hospitalizations derived therefrom.

Travel Assistance Service. These are the services that the Assistance Company offers through its Provider and which are specified in the Certificate or Voucher in accordance with the Assistance Plan contracted by the Insured Party.

Sum Insured. Means the amount indicated on the title page of the Policy and in the respective Individual Certificate, which the Company undertakes to pay upon the occurrence of the Event.

In the case of Reimbursements, the Sum Insured shall be the maximum amount that the Company will pay for each Event.

Policy Holder. The natural person Insured and enrolled in a Travel Assistance Plan of the Company whose name appears on the Certificate or Voucher and benefits from the Travel Assistance Services Contract.

Trip. It is the transfer (whether by Aircraft, water or land means) of the Insured Party from his Home to his destination located within or outside the national territory and from his destination back to his Home. The stay at the place of destination is considered part of the Trip, when the Policy Title Page and/or Individual Certificate so indicates.

II. Object

The insurance provides national and international coverage for each Insured during the period of time expressly indicated in each Individual Certificate.

The Insurance provides national and international coverage, except that this Insurance will not have coverage in countries with which the United States of America, by law, has interrupted or suspended its commercial relations, such as those countries that from time to time appear in the sanction programs of the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury. at of the U.S. Treasury Department, available at at at web page at https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets- Control.aspx or any other that may replace it, provided that the United States of America has entered into an international treaty with Mexico regarding the items mentioned in this clause.

The Company shall not be obliged to pay an indemnity in excess of that indicated in the Individual Certificate.

Any Sickness or Event not specifically defined in this Insurance Contract and not expressly contracted ***is not covered.***

For the Insurance Coverages covered by these General Conditions, Events derived from Illnesses, Accidents or Pre-existing Conditions occurring prior to the Discharge of the Individual Certificate of each Insured Party, as well as outside the validity of the individual certificate, shall not be covered.

With the payment of the Sum Insured, the protection of the affected coverage automatically ends and in the event that the contract is a single contract, the Company's liability towards the affected Insured shall end.

III. General Terms and Conditions

FIRST. INSUREDS AND BENEFICIARIES

Age

Persons between 1 day of birth and 99 (ninety-nine) years of age, as a general rule, shall be eligible for coverage under the Insurance Contract as Insureds, unless minimum and maximum ages are specified in the particular conditions applicable to each coverage.

In the event that the age limits indicated are modified, this characteristic must be specified by means of an endorsement to the contractual documentation accompanying the Policy.

If required, the age of the Insured must be proven by submitting reliable evidence to the Company, who shall issue the respective proof and shall not have the right to request new evidence at a later date. This requirement must be fulfilled before the Company pays any benefit.

When it is proven that there was an inaccuracy in the indication of the age of the Insured, the Company may not cancel the Individual Certificate with respect to such Insured, unless the actual age at the time of issue is outside the admission limits set by the Company, in which case the unearned risk premium corresponding to the Insured at the date of cancellation shall be refunded to the Contracting Party.

For the purposes of this Insurance Contract, the actual age of the Insured is considered to be the age of the Insured when the Individual Certificate is issued.

Notwithstanding the inaccuracy in the indication of the Insured's age, if it is within the admission limits set by the Company, the following rules shall apply:

- **a.** When as a consequence of the inaccurate indication of the Insured's age, a lower Premium is paid than that which would correspond to the actual age of the Insured, the Company's obligation shall be reduced in the proportion existing between the stipulated Premium and the rate premium for the actual age of the Insured at the time of the Individual Certificate's Discharge;
- **b.** If the Company has paid the indemnity amount derived from this Insurance Contract, upon discovery of the inaccuracy of the indication of the Insured's age, the Company shall have the right to repeat what it has overpaid in accordance with the calculation described in item (a) above, including the respective interest;
- **c.** If as a consequence of the inaccurate indication of the age of the Insured, a higher Premium is being paid than that corresponding to the actual age of the Insured, the Company shall be obliged to reimburse the difference between the existing reserve and that which would have been necessary for the actual age of the Insured at the time of the Individual Certificate. Subsequent Premiums shall be reduced in accordance with the actual age of the Insured;
- **d.** If after the death of the Insured it is discovered that the age of the Insured stated in the Individual Certificate was incorrect, and this is within the authorized admission limits, the Company shall be obliged to pay the Sum Insured that the covered Premiums could have paid in accordance with the actual age of the Insured.

For the calculations mentioned in this clause, the rates in force at the time of the execution of the Insurance Contract shall be applied.

If at the time of inclusion in the Collective, or subsequently, the Insured submits to the Company reliable proof of his age, the Company shall note it in the Individual Certificate or shall issue the Insured with another proof; in this case, the Company may not require new proof when paying the corresponding indemnity.

Beneficiaries

The Beneficiaries are the spouse, common-law spouse or common-law spouse of the Insured Party; in the absence thereof, the Insured Party's children in equal parts, and in the absence thereof, the Insured Party's parents in equal parts. When there are no Beneficiaries, the amount of the insurance shall be paid to the legal succession of the Insured.

If any of the Beneficiaries should have died before or at the same time as the Insured, his portion shall be equal to that of the others, unless otherwise specified in writing by the Insured.

The Insured Party shall have the right to change such designation at any time, for which purpose he/she shall notify the Company in writing, or the beneficiary shall prove it at the time of the claim with the respective certificate.

"Warning:

"In the event that it is desired to name minors as beneficiaries, an adult should not be appointed as representative of the minors in order to collect the indemnity on their behalf.

This is because civil laws provide for the manner in which guardians, executors, representatives of heirs or other similar positions should be appointed and do not consider the insurance contract as the appropriate instrument for such appointments.

The designation of an adult as representative of minor beneficiaries, during their minority, may legally imply that the adult is named beneficiary, who in any case would only have a moral obligation, since the designation of beneficiaries in an insurance contract grants him the unconditional right to dispose of the insured sum".

SECOND. OF THE PREMIUM

The Premium shall be calculated for each Insured and for each coverage. The amount, periodicity and term for the payment of the Premium in favor of the Company are specified on the title page of the Policy.

The payment of the Premium may be agreed upon in a single installment or by means of installment payments; in this respect, the Company shall charge the corresponding financing rate for installment payments. The foregoing in the understanding that in the case of insurance for a single trip, payment in installments may not be agreed upon.

In case of payment in installments, the first installment of the Premium shall be due 30 (thirty) calendar days after the Date of Registration of the respective Individual Certificate and the subsequent payments to the due date shall be in each one of the same periods of equal duration as the first one. In case

of the occurrence of the Loss (Event) during the aforementioned grace period, the Company may deduct from the indemnity due to the Beneficiary, the total of the Premium pending payment.

The effects of this Insurance Contract shall automatically cease in the event that the Premium or the corresponding fraction thereof has not been paid within the terms indicated and, therefore, the Company shall not be obliged to pay the indemnity in the event of loss.

The payment of the Premiums shall be made at the Company's offices, in exchange for the corresponding receipt, or by any other form of payment agreed upon by the Parties in the Policy Declaration Page.

In the event that payment of the Premium by credit card, debit card or direct debit to any bank account of the Contracting Party has been agreed upon, the respective account statement showing such debit shall be full proof of payment thereof. In the event that such payment cannot be made due to causes attributable to the Contracting Party, this Insurance Contract shall automatically cease to have effect once the grace period referred to in the third paragraph of this clause has elapsed.

In the event that the Contracting Party fails to pay the Premiums contracted under the terms of this Insurance Contract, the parties shall be subject to the provisions of Article 40 of the Insurance Contract Law.

THIRD. INSURANCE CONTRACT

Validity

This Insurance Contract shall be effective as of 00:00 hours on the Effective Date specified on the Policy Declaration Page and shall terminate on the date stipulated on the Policy Declaration Page.

The term with respect to each Individual Certificate shall commence as of 00:00 hours of the date of the Discharge of the respective Individual Certificate and shall terminate on the dates stipulated in the respective Individual Certificate.

The Individual Certificates will be cancelled for the following causes:

a. That the Insured ceases to comply with the characteristics that make him/her belong to the Insured Group, and the Contracting Party must cancel the respective cancellation;

b. Upon expiration of the Temporary Period indicated in the Individual Certificate.

The coverage indicated in the respective Individual Certificate shall terminate as from the moment in which the Company has made and finalized the payment of the Sum Insured for the affected coverage.

In the event of a single contracting, the Company's liability towards the affected Insured shall be terminated.

Renewal

The term of the Insurance Contract and/or Individual Certificates is subject to the dates and periods specified in the Policy Schedule and/or Individual Certificate. Once the aforementioned period of validity has elapsed, the Company may renew the Insurance Contract automatically, under the same conditions under which it was contracted and provided that the requirements established in the Regulations are met, as well as the eligibility requirements established by the Company.

The foregoing, unless the Contracting Party expressly states its will to terminate the Insurance Contract. The Premium considered for each renewal shall be calculated in accordance with the procedure established in the technical note registered by the Company at the time of renewal.

Rectifications and Modifications

If the contents of the Insurance Contract or its modifications do not agree with the offer, the Policy Holder and/or the Insured Party may request the corresponding rectification within thirty days following the day on which they receive the policy or have access to the Individual Certificate, respectively. Once this term has elapsed, the stipulations of the Insurance Contract or its modifications shall be deemed to be accepted.

The Special Conditions applicable to this Insurance Contract may be modified by prior written consent of the contracting parties and by endorsement in terms of the applicable legislation. The Company shall not be bound by any promise or representation made before or after the Effective Date by any Insurance Agent or third party, since they do not have the power of representation to modify the conditions of the Insurance Contract.

Termination of the Insurance Contract

The Contracting Party may terminate this Insurance Contract by giving written notice to the Company. In this case, the Company shall refund the portion of the unearned net premium of such members calculated in exact days, to those who have contributed it, in the corresponding proportion within thirty days following the request, by means of bank transfer to the account indicated or by check. For purposes of the above, it is understood that the unearned net premium is equal to 60% of the premium rate paid, less taxes and, if applicable, the expenses of issuance of the Individual Certificate. In the event that the form of payment is monthly, any cancellation occurring within the month paid shall take effect at the end of the term of the period covered by the payment.

FOURTH. OBLIGATIONS OF THE CONTRACTING PARTY.

In accordance with the provisions of Articles 15 and 16 of the Regulations, the Employer undertakes the following:

- **a.** To communicate the entry of new members to the Insured Group (Insureds), as they are incorporated, as well as with respect to the coverages contracted in addition to the Basic Coverage, in addition to obtaining the respective consents;
- **b.** Communicate to the Company the definitive separation of Insureds;
- **c.** Communicate to the Company any change in the Insured's situation that affects the conditions of the risk taken by the Company or the application of the rules for determining the Sum Insured of the coverages granted under this Insurance Contract;
- **d.** To obtain the new consents of the Insureds, in case of modification of the rules for the determination of the Insured Sums, indicating the form in which they will be administered; and
- **e.** The Employer shall inform the Insured Parties of the information contained in the Individual Certificate. The foregoing in the understanding that, in the event that the Contracting Party does not inform the Insureds of the information of the Individual Certificate, the Insureds may request it directly from the Company. In this sense, the Contracting Party expressly undertakes to deliver to each of the Insureds a copy of these General Conditions and to request the corresponding acknowledgement of receipt.

With the prior express written consent of the Insured Party, the Company may deliver the contractual documentation in PDF (portable document format), or any other equivalent electronic format, through the e-mail address provided by the Insured Party.

Any payment that the Company has unduly made due to omission or negligence in the reporting of movements on the part of the Contracting Party, obliges the latter to reimburse said payment to the Company.

Revenues

Persons who join the Insured Group after the execution of the Insurance Contract shall be insured under the same conditions under which the policy was contracted, from the moment in which they acquired the characteristics to form part of the Insured Group.

The entry into the Group of each Insured shall occur once the bond or common interest has been perfected, which is invariably verified previously and independently between the Insured and the Contracting Party.

Low

Persons who definitively separate from the Insured Group shall cease to be insured from the moment of separation, automatically rendering the respective Individual Certificate invalid. When applicable, the Company shall reimburse to the Contracting Party and/or the Insured Party (in the corresponding proportion) the net unearned premium with respect to the persons who separate from the Insured Group, calculated in exact days to whoever has contributed it. For purposes of the above, it is understood that the net unearned premium is equal to 60% of the rate premium paid, less taxes and, if applicable, expenses for the issuance of the Individual Certificate.

Register of Insureds

The Company shall form a register of Insureds, which shall contain the following information (i) name, age or date of birth and sex of each of the Insureds; (ii) Sum Insured or rule to determine it; (iii) Certificate registration and expiration date, with respect to each of the Individual Certificates; (iv) operation and insurance plan in question; (v) Individual Certificate number; and (vi) covered coverages.

The Contracting Party undertakes to provide the Company with the necessary, sufficient and truthful information, so that the Company may be in a position to integrate the aforementioned registry.

File

The Company shall keep an updated file with the information referred to in the Regulations, relative to the Individual Certificates issued, in which case the Contracting Party agrees to keep custody of the file, including the respective certificate.

The Contracting Party undertakes to provide the Company with the necessary and sufficient information, so that the Company is in a position to compile and maintain the aforementioned file.

Access to information

The Company and the Contracting Party hereby agree that for the purpose of facilitating the administration and management of the Insurance Contract and in accordance with the provisions of Article 23 of the Regulations, the administration thereof shall be the responsibility of the Contracting Party, whereby the Contracting Party undertakes to collect and provide the Company with the necessary and sufficient information, in order for the Company to comply in due time and form with the provisions of the Regulations, the General Provisions referred to in Article 492 of the Law of Insurance and Bonding Institutions, other regulations that may be or become applicable by virtue of amendments to such regulations or for any other reason and any requirement of any authority.

FIFTH. OF THE PROCESS OF LOSS AND CLAIM

Notice of Event Occurrence

As soon as the Insured Party or the Beneficiary(ies) becomes aware of the occurrence of the Event and of the right constituted in his/her favor under this Insurance Contract, he/she shall inform the Company thereof.

For the payment of the indemnity, the Insured Party or, as the case may be, the Beneficiary shall submit to the Company the following documents:

a. Declaration of the Event to the Company in the formats provided by the Company;

b. Identification documents;

c. Original or certified copy of the Insured's birth certificate if the Insured's age has not been previously verified;

d. Original (for comparison) and copy of any official identification of the Insured Party and in case of being a foreigner, original (for comparison) and copy of the document proving his/her legal stay in the country.

e. Individual Certificate, if any, or in the absence thereof, accompany the document or reference with which the existence of the insurance is evidenced. In case of not having it, the Company may confirm against the Register of Insured Parties prior to the payment of the indemnity, the Insured Party's membership in the Collective, as well as the validity of the Individual Certificate;

f. Specific documentation indicated in each coverage to prove the occurrence of the Event;

g. In the event the claim is filed by the Beneficiary, the following identifying information must also be submitted;

h. Original (for comparison) and copy of any official identification of the Beneficiary and in case of being a foreigner, original (for comparison) and copy of the document that proves his/her legal stay in the country;

i. Original (for comparison) and copy of any proof of address of the Beneficiary not older than 3 (three) months;

j. Original (for collation) and copy of the Beneficiary's Federal Taxpayer Registry and/or Unique Population Registry Code (Clave Única de Registro de Población);

k. In case the Insured is the spouse of the Insured, original or certified copy of the marriage certificate and copy of the marriage certificate;

l. In case of being the Insured's common-law spouse, a declaration signed under oath by the Beneficiary stating that the Beneficiary and the Insured were not impeded to marry and lived together for at least a period of 2 (two) years or have a child in common;

m. In case of being the Insured's child, original or certified copy for collation and copy of his/her birth certificate, as well as a declaration under oath that there is no other person with a better right to claim the insurance.

n. In case payment is requested by the Insured's legal succession, certified copy for collation and copy of the will or of the result of the probate proceeding, as well as a declaration under oath that there is no other person with a better right to claim the insurance.

Indemnification

The Company's obligations resulting from a claim for payment of indemnity in accordance with this Insurance Contract shall be covered by the Company in one payment in accordance with the Insured Party's or Beneficiaries' indications, as the case may be, at the time of the claim, according to the applicable conditions and limits, within 30 (thirty) calendar days after the date on which the Company has received all forms, reports, information and documents that allow it to know the occurrence of the Event, the circumstances of its occurrence, the consequences thereof and the documents necessary for the due identification of the client.

In the event that the documentation provided is not complete or the claim is not justified, the Company shall notify the claimant in writing, one time only, within 15 (fifteen) calendar days after receipt of the documents. Once the corresponding corrections or additions have been made, the Company shall have an additional period of time to resolve the claim and make the corresponding payment.

If the Insured dies as a consequence of a covered condition, the Company shall settle any claim to the Beneficiaries.

The Company shall have the right to request from the Insured or Beneficiary any kind of information or documents related to the Event.

Likewise, the Company may request all the information it deems necessary from the Doctors and/or Hospitals, including, without limit, the clinical file, in order to sufficiently clarify the different aspects of the indemnity. This information shall be used exclusively for the analysis of the Event and shall be kept confidential. Notwithstanding the above, the Company

may disclose confidential information when required to do so by court order or for any other reason provided by law.

The Company may, at its own expense, examine the Insured Party in order to determine whether or not the claim is justified. Likewise, it may request a necropsy (in case of death) and shall have access to the information contained in medical records and reports, forensic reports and judicial records, as well as to receive testimony from other third parties. All information received in this manner by the Company will be disclosed by the Company only to those officials strictly necessary for the processing of claims and will be held in complete confidentiality.

The Company's obligations shall be extinguished if it proves that the Insured Party, the Beneficiary or the representatives of both, with the purpose of causing the Company to incur in error, dissimulate or inaccurately declare facts that would exclude or could restrict such obligations. The same shall be observed in the event that, for the same purpose, the documentation requested by the Company is not submitted on time, in terms of the provisions of Article 69 of the Insurance Contract Law.

Claims Review

If the Insured Party or Beneficiary disagrees on how the benefits of the Insurance Contract were applied, he/she may send a written claim to the Company together with all the relevant information for the analysis of the particular case. Within a maximum period of 30 (thirty) calendar days, the Company shall notify the Insured Party in writing of its decision and the grounds thereof. Independently of the above, the claimant may take the actions against the Company to which he/she is entitled in accordance with the provisions of the **Jurisdiction** clause of these General Conditions.

Indemnification for Delinquency

In the event that the Company, notwithstanding having received the documents and information that allow it to know the basis of the claim filed by the Insured Party or the Beneficiary(ies), does not comply with the obligation to pay the indemnity, in terms of Article 71 of the Insurance Contract Law, it is obliged to pay the Insured Party or the Beneficiary(ies) a late payment indemnity in accordance with the provisions of Article 276 of the Law of Insurance and Bonding Institutions, corresponding to the period of time during which the non-compliance persists. Said interest shall be computed as from the day following the day on which the obligation becomes due.

"ARTICLE 276.- *If an Insurance Institution does not comply with the obligations assumed in the insurance contract within the terms it legally has for its compliance, it shall pay the creditor an indemnity for late payment in accordance with the following:*
I. *Obligations in local currency will be denominated in Investment Units, at their value on the maturity date of the terms referred to in the initial part of this article, and their payment will be made in local currency, at the value of the Investment Units on the date on which payment is made, in accordance with the provisions of the second paragraph of section VIII of this article.*

In addition, the Insurance Institution will pay default interest on the obligation denominated in Units of Investment in accordance with the provisions of the preceding paragraph, which will be capitalized monthly and whose rate will be equal to the result of multiplying by 1.25 the cost of term deposits of liabilities denominated in Units of Investment of the multiple banking institutions of the country, published by the Bank of Mexico in the Official Gazette of the Federation, corresponding to each of the months in which there is default;

II. *When the principal obligation is denominated in foreign currency, in addition to the payment of such obligation, the Insurance Institution will be obliged to pay a late payment interest which will be capitalized monthly and will be calculated by applying to the amount of the obligation itself, the percentage resulting from multiplying by 1.25 the cost of term deposits of liabilities denominated in U.S. dollars, of the multiple banking institutions of the country, published by Banco de México in the Official Gazette of the Federation, corresponding to each of the months in which there is a delinquency;*

III. *In the event that as of the date on which the calculation is made the reference rates for the calculation of the default interest referred to in Sections I and II of this article have not been published, the rate of the immediately preceding month shall be applied and, in the event that such rates are not published, the default interest shall be computed by multiplying by 1.25 the rate that replaces them, in accordance with the applicable provisions;*

IV. *The default interest referred to in this article shall be generated per day, as from the date of expiration of the terms referred to in the initial part of this article and until the day on which the payment provided for in the second paragraph of section VIII of this article is made. For its calculation, the reference rates referred to in this article must be divided by three hundred and sixty-five and the result multiplied by the number of days corresponding to the months in which the noncompliance persists;*

V. *In case of repair or replacement of the damaged object, the indemnity for delay shall consist only of the payment of the interest corresponding to the currency in which the principal obligation was denominated in accordance with Sections I and II of this Article, and shall be calculated on the amount of the cost of the repair or replacement;*

VI. *The rights of the creditor to the indemnity benefits established in this article cannot be waived. An agreement to extinguish or reduce them shall have no legal effect whatsoever. These rights shall arise by the mere lapse of the term established by law for the payment of the principal obligation, even if the latter is not liquid at that time.*

Once the amount of the principal obligation has been fixed as agreed by the parties or in the final decision rendered in a trial before a judge or arbitrator, the indemnity benefits established in this article shall be covered by the Insurance Company on the amount of the principal obligation so determined;

VII. *If in the respective trial the claim is admissible, even though the payment of the indemnity for delay established in this article has not been demanded, the judge or arbitrator, in addition to the principal obligation, shall order the debtor to also cover those benefits in accordance with the preceding sections;*

VIII. *The indemnity for late payment consisting of the restatement and interest system referred to in Sections I, II, III and IV of this article will be applicable in all types of insurance, except in the case of surety insurance that guarantees indemnities related to the non-payment of tax credits, in which case the provisions of the Federal Tax Code will apply.*

The payment made by the Insurance Institution shall be made in a single exhibition comprising the total balance for the following items:

a) *Moratorium interest;*

b) *The update referred to in the first paragraph of section I of this article, and*

c) *The main obligation.*

In the event that the Insurance Institution does not pay in a single installment the total amount of the obligations assumed in the insurance contract and the indemnity for late payment, the payments made shall be applied to the concepts indicated in the order established in the preceding paragraph, for which reason the indemnity for late payment shall continue to be generated in terms of this article, on the amount of the principal obligation not paid, until such time as it is covered in its entirety.

When the Institution files a defense that suspends the enforcement procedure provided for in this law, and a final judgment is rendered whereby the challenged acts remain in force, the corresponding payment or collection shall include the compensation for late payment that up to that time had generated the principal obligation, and

IX. *If the Insurance Institution, within the terms and legal terms, does not make the payment of the indemnities for late payment, the judge or the National Commission for the Protection and Defense of the Users of Financial Services, as the case may be, will impose a fine of 1000 to 15000 Days of Salary.*

In the case of the administrative enforcement procedure provided for in Article 278 of this Law, if the insurance institution, within the legal terms or deadlines, does not make the payment of indemnities for late payment, the Commission shall impose the fine indicated in this section, at the request of the corresponding enforcement authority in accordance with Section II of said Article. "

SIXTH. MISCELLANEOUS

Prescription

The actions derived from the Insurance Contract shall prescribe in 2 (two) years counted from the date of the event that gave rise to them, in terms of Article 81 of the Insurance Contract Law, except for the exceptions set forth in Article 82 of the same Law.

The prescription of the legal actions shall be interrupted not only by the ordinary causes, but also by the presentation of the claim before the National Commission for the Protection and Defense of the Users of Financial Services and by the appointment of experts on the occasion of the occurrence of the loss, in accordance with the provisions of Articles 66 of the Law for the Protection and Defense of the Users of Financial Services and 84 of the Law on the Insurance Contract. The presentation of the claim before the Company's Specialized Unit for Attention to Consultations and Claims shall suspend the statute of limitations, in accordance with the provisions of Article 50 Bis of the Law for the Protection and Defense of the User of Financial Services.

Electronic insurance contracting

The Company, in accordance with the provisions of Article 214 of the Law of Insurance and Bonding Institutions in connection with CHAPTER 4.10. OF THE USE OF ELECTRONIC MEANS FOR THE CONTRACTING OF INSURANCE AND BONDING TRANSACTIONS, may make available to the Contracting Party electronic means for the contracting of this Insurance and for the request of a duplicate of the Policy, it being understood that the offer is made between the present, by telephone or by any other electronic means, without setting a term for acceptance. Among the electronic means recognized by the Company and the Contracting Party are the telephone and the recording of the call made for such purpose, as well as the internet (hereinafter the "Electronic Means").

When agreeing to contract the Insurance through Electronic Means, the Company shall provide the Contracting Party, at the time of contracting, the following information:

(i) The Policy number and/or confirmation folio corresponding to your contracting request, which will serve as proof in case of any clarification;

(ii) The commercial name of the Insurance or its identification data;

(iii) Address of the web page on the Internet where the Contracting Party and the Insured Parties may identify and consult the model of the clauses containing the rights and obligations acquired;

(iv) The Company's contact information for questions, claims or complaints.

(v) The information and contact information to cancel the Policy or to request that it not be automatically renewed;

(vi) The data of the Company's Specialized Unit; and

(vii) The form in which the Policy or individual certificate and these General Conditions shall be provided within thirty calendar days from the date of contracting, it being understood that if the last day for delivery is a non-business day, it shall be delivered no later than the following business day.

The means and keys of identification, as defined below, shall be validated both by the Company and by the prospective Policy Holder during the contracting of the Insurance. Identification keys (the "Identification Keys") are understood to be those personal data of the potential Policy Holder and/or Insured that fully identify them and distinguish them from other persons, such as: full name, place and date of birth, Tax Identification Card (CIF) issued by the Federal Taxpayers' Registry (RFC), Unique Population Registry Code (CURP), address and contact telephone number, among others.

In the event that the Insurance is contracted through Electronic Means, the requirements must be complied with and the required means of authentication must be provided in accordance with the applicable provisions, including but not limited to passwords or access codes and upon completion of the operation, a document and/or reference number and/or folio will be generated as a means of confirmation that will accredit the existence, validity and effectiveness of the operations carried out through the Electronic Means, and the operation carried out must be notified. Said document and/or reference number and/or folio will be the material proof of the operation carried out and will have all the effects attributed to it by law.

The Contracting Party and, if applicable, the Insured Parties, acknowledge and accept the personal and non-transferable nature of the Identification Keys that, if applicable, may be provided to them, as well as their confidentiality.

The use of the Electronic Means implies the acceptance of all the legal effects derived therefrom, as well as of the terms and conditions set forth herein. Therefore, in the event that the Contracting Party and/or the Insured Parties should make use of the Electronic Means, they hereby acknowledge and accept that the requests or consents granted through said Electronic Means, as well as their content, shall produce the same effects that the laws grant to the autographic documents subscribed by the parties, having consequently the same effect and probative value.

The Contracting Party and the Insured Parties acknowledge and accept that the use of Electronic Media represents great benefits for them, however, its improper use also represents some security risks, risks that can be mitigated by following certain basic guidelines for the protection of personal information such as: keep all your documents and financial records under lock and key in a safe place at home, pick up your mail as soon as possible and notify the senders immediately of any change of address. Do not share or post more information on the Internet than necessary and set your privacy levels. Before sharing your information, verify the identity of the person requesting it, ask why they need it, how they will protect it and if there will be any consequences if you do not give them your information.

Competition

In the event that the Insured Party and/or the Contracting Party should be dissatisfied with the services provided under the Insurance, in accordance with the provisions of Article 65 of the Law for the Protection and Defense of the Users of Financial Services, the Insured Party and/or the Contracting Party may enforce their rights by filing their claim before the National Commission for the Protection and Defense of the Users of Financial Services ("CONDUSEF"), at its main offices or at any of its branches closest to their domicile, or in the absence thereof, at the Company's Specialized Unit. Said claim must be submitted within a period of 2 (two) years as from the occurrence of the event giving rise to the disagreement, or if applicable, as from the Company's refusal to satisfy the claims of the Insured Party and/or Contracting Party.

In the event that any of the parties under the Insurance decides not to submit to CONDUSEF's arbitration or, as the case may be, to the arbitrator appointed by mutual agreement, the rights of the claimant or of the Company shall be safeguarded so that they may enforce them, at the claimant's choice, before the competent courts located at the domicile of any of CONDUSEF's branches.

In case you need to go to CONDUSEF, you can do so at its address located at Av. Insurgentes Sur #762 Col. Del Valle, Mexico City C.P. 03100 or at its local offices - Tel.
(55)5340 0999 and (800) 999 80 80 or you can send an e-mail to asesoria@condusef.gob.mx. You can also visit their website at http://www.condusef.gob.mx.

Communications

Any declaration or communication related to this Insurance Contract must be made to the Company in writing precisely at the Company's address indicated on the Policy Schedule and/or on the Individual Certificate.

In all cases in which the address of the Company's offices should be different from that indicated on the title page of the Policy and/or in the Individual Certificate, the Company shall notify the Insured Party and/or the Insured (in case of having an address) for all information and notices to be sent to the Company and for any other legal effect.

The summons and communications to be made to the Contracting Party and/or the Insured Party or their respective assignees shall be valid if they are made at the last address known to the Company.

Commission or Direct Compensation

During the term of the policy, the Contracting Party may request in writing to the Company the percentage of the Premium that, as commission or direct compensation, corresponds to the intermediary or legal entity for its intervention in the execution of this contract. The Company shall provide such information, in writing or by electronic means, within a term not exceeding ten working days after the date of receipt of the request.

Currency

Unless otherwise stated on the Policy Schedule and/or the Individual Certificate, all payments related to this Insurance Contract, either by the Policyholder or the Company, shall be made in legal tender in accordance with the Currency Law in force at the time they are made.

Dividends

This Insurance Contract does not grant dividends for favorable claims.

Lack of restrictions

This Contract shall not be affected if the Insured changes his place of residence or occupation, provided that such change is lawful, nor by the taking of trips after the Policy has been contracted.

This does not apply in the case of activities related to any crime related to or derived from the provisions of Articles 139 to 139 Quinquies, 193 to 199, 400 and 400 Bis of the Federal Criminal Code and/or any provision related to organized crime in Mexican territory.

Exception to lack of restrictions

In the event that at the time of contracting the Individual Certificate or in the future, the Contracting Party(ies), Insured(ies) or Beneficiary(ies) perform(s) or are related to illicit activities, it shall be considered as an essential aggravation of the risk in terms of the law. Therefore, the Company's obligations shall cease as of right if the Policy Holder(s), Insured(s) or Beneficiary(ies), under the terms of Article 492 of the Law of Insurance and Bonding Institutions and its general provisions, are convicted by means of a final judgment that has caused state, for any crime related to or derived from the provisions of Articles 139 to 139 Quinquies, 193 to 199, 400 and 400 Bis of the Federal Penal Code and/or any article related to organized crime in Mexican territory; such sentence may be issued by any competent authority of the local or federal jurisdiction, or legally recognized by the Mexican Government; or, if the name(s) of the Policy Holder(s), Insured(s) or Beneficiary(ies), their activities, property covered by the policy or their nationality(ies) is/are published in any official list related to crimes related to those established in the aforementioned articles, whether of national or foreign character coming from a government with which the Mexican Government has entered into any international treaty in the aforementioned matter, in terms of section X of the Twenty-ninth provision, section V of the Thirty-fourth provision or the Fifty-sixth provision of the

RESOLUTION issuing the corresponding provisions, if any, of the Provisions referred to in Article 492 of the Law of Insurance and Bonding Institutions.

If applicable, the obligations of the contract shall be restored once the Company becomes aware that the name(s) of the Contracting Party(ies), Insured(s) or Beneficiary(ies) are no longer on the aforementioned lists.

The Company shall deposit before the competent jurisdictional authority any amount that may be derived from this Contract in favor of the person or persons referred to in the preceding paragraph, so that said authority may determine the destination of the resources.

Any unearned amounts paid subsequent to the fulfillment of the aforementioned conditions will be deposited in favor of the corresponding authority.

For attention to the Insured:

Contact Center
+52 (55) 5047 2544
Hours: Monday to Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00 a.m. to 2:30 p.m.

24-hour emergency care
+52 (55) 5047 2546
Toll free from the U.S.: +1 (855) 725 4472
Rest of the world: +1 (305) 961 1606 E-mail: mesadecontrol@palig.com
Web site: www.palig.com/mexico

Company Offices
Address: Av. Paseo de la Reforma #412, Suite 1501, Col. Juárez,
C.P. 06600, Alcaldía Cuauhtémoc, Mexico City
Hours: Monday to Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00

a.m. to 2:30 p.m. For access to the Company's Specialized Unit:

Contact Center
+52 (55) 5047 2504
Hours: Monday to Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00 a.m. to 2:30 p.m. E-mail: une@palig.com

Specialized Unit Offices
Address: Av. Paseo de la Reforma #412, Suite 1501, Col. Juárez,
C.P. 06600, Alcaldía Cuauhtémoc, Mexico City
Hours: Monday to Thursday from 8:00 a.m. to 5:30 p.m. and Friday from 8:00

a.m. to 2:30 p.m. For CONDUSEF attention:

If you need to go to CONDUSEF, you can do so at its headquarters located at Av. Insurgentes Sur #762, Col. Del Valle, C.P. 03100, Alcaldía Benito Juárez, Mexico City or at its local offices; at the Call Center with telephone number
(55) 5340 0999 for Mexico City and Metropolitan Zone, and 800 999 8080 for the rest of the country; or by e-mail at asesoria@condusef.gob.mx. You may also visit its website at http://www.condusef.gob.mx.

In compliance with the provisions of Article 202 of the Law of Insurance and Bonding Institutions, the contractual documentation and the technical note that comprise this insurance product were registered before the National Insurance and Bonding Commission, as of November 1, 2024, under number CNSF-S0119-0391-2024/CONDUSEF-006630- 01.

BASIC RIGHTS OF POLICYHOLDERS, INSURED PARTIES AND BENEFICIARIES

Before and during the contracting of the insurance, you have the right to:

a. Ask the Agents for the identification that accredits them as such;

b. Request to be informed of the amount of the Commission that corresponds to the Agents;

c. Receive all information that allows him/her to know the general conditions of the insurance contract, including the actual scope of the contracted coverage, the way to keep it, as well as the forms of termination of the contract;

d. To avoid, in accident and sickness insurance if the applicant undergoes a medical examination, the application of the pre-existence clause with respect to any illness or condition related to the type of examination that has been applied to him/her.

Once the claim has occurred, you are entitled to:

a. Receive payment of the benefits due according to the sum insured, even if the insurance contract premium has not been paid, provided that the grace period for payment of the insurance premium has not expired;

b. Collect a late payment indemnity from Pan-American Mexico in the event of failure to pay the insured sums on time; and

c. Request the National Commission for the Protection and Defense of Users of Financial Services to issue a technical opinion, if the parties did not submit to its arbitration.

In compliance with the provisions of Article 202 of the Law of Insurance and Bonding Institutions, the contractual documentation and the technical note that comprise this insurance product were registered before the National Insurance and Bonding Commission, as of November 1, 2024, under number CNSF-S0119-0391-2024/CONDUSEF-006630- 01.

IV. GENERAL CONDITIONS OF COVERAGE

The Company shall grant the contracted coverage in accordance with the specifications in the description of each one of them, which in particular are established in the development of this product, either in its Basic Coverage or its additional benefits, which may include one or more assistance, which in the same manner are specifically described.

Under this General Condition the following shall apply:

GENERAL EXCLUSIONS:

Excluded from all coverages provided by this Policy are the events resulting from the following:

1. **Conditions, situations or illnesses existing prior to the contracting of the insurance that affect the insured interest.**

2. **Events occurring as a consequence of participation in highly dangerous activities such as extreme sports.**

3. **The insured person commits suicide, attempted suicide or self-inflicted injuries.**

4. **The death is caused by or as a consequence of homicide with a firearm, sharp weapon, pointed weapon or blunt object.**

5. **Consumption of alcohol, narcotics, hallucinogenic substances, toxic or heroic drugs voluntarily ingested by the insured person, not prescribed by a physician.**

6. **Participation in strikes, work stoppages, riots, quarrels or fights, riots and other events that disturb the public order of the country.**

7. **Explosions, emanation of heat or radiation from the transmutation or disintegration of the atomic nucleus, radioactivity or other cases of force majeure that prevent the intervention of the COMPANY.**

8. **Services in the armed forces, police, law enforcement of any kind, rescue forces or firefighters, whether public or private, or auxiliary units thereof.**

9. **Occupational Risks.**

10. **Injuries to the driver or Insured Party due to the use of any type of vehicle including motorcycles and mopeds without a driver's license, without a helmet and without contracted insurance.**

11. **Illegal Migratory Status and/or Illegal Employment Status of the Insured Party**

12. **Endemic, pandemic, or epidemic diseases.**

13. **AIDS, HIV and venereal diseases in all their forms, sequelae and consequences.**

14. **All types of cancer or neoplasms, treatment, sequelae and consequences.**

15. **Any event occurring outside the term of the Individual Certificate.**

16. **Conditions occurring while the Insured was performing or practicing risky, extreme or radical sports activities, including underwater immersion, mountaineering, hang-gliding, parachuting, charrería, skiing, bullfighting, boxing, wrestling and Greco-Roman wrestling, rafting, bungee, rappel, jet-ski; horse, automobile, motorcycle or boat races, or the practice of a sport qualified as extreme or radical sport (not applicable for product with extreme sport coverage).**

17. **Events occurring during the direct participation of the Insured in reckless acts or in any maneuver, experiment, exhibition, challenge or notoriously dangerous activity, understood as those where the life and physical integrity of persons is endangered.**

18. **Intentional participation in delinquent or criminal acts, regardless of whether or not the Insured has been convicted, acts of guerrilla warfare, rebellion, sedition, riot, terrorism or acts of terrorism, or civil commotion.**

19. **Events occurring during the Insured's direct participation in civil or military war, declared or undeclared, invasion, action of a foreign enemy, hostilities, invasion, rebellion, insurrection, acts of terrorism, demonstration, labor disturbances, military coup, usurped power, social disturbances, participation in any riot, participation in criminal acts or being part of a local armed force or of any country.**

BASIC COVERAGE: DEATH

1. Description of Coverage

In the event of the death of the Insured Party during the term of the Individual Certificate, the Company shall pay to the Beneficiary with respect to this coverage, in a single exhibition, the respective contracted Sum Insured, in accordance with the provisions of the Individual Certificate.

This coverage shall in no case exceed the Maximum Sum Insured established in the Policy Declarations and/or in the corresponding Individual Certificate.

a.

2. Check

a) In order to make effective the payment of the indemnity for this coverage, the following information must be submitted to the Company:
b) Declaration of the Event to the Company, in the formats provided by the Company or a letter of claim.
c) Death certificate of the Insured and/or death certificate of the Insured.
d) Proceedings before the Public Prosecutor's Office, in case the death of the Insured has occurred in a violent manner (investigation file, identification of the corpse, necropsy or release, results of chemical, toxicological and breathalyzer studies, photographs); traffic report in case of Accident and conclusions.
e) Birth certificate of the Insured, if the age of the Insured has not been previously verified.
f) Proof of address of the Insured, only if in possession of the Beneficiary.
g) Federal Taxpayers' Registry and/or the Insured's Unique Population Registry Code, only if it is in the possession of the beneficiary;
h) Proof of the Beneficiary's home address. In case of being the spouse of the Insured Party, marriage certificate.
i) In case of being the Insured's common-law spouse, a statement signed under oath by the Beneficiary stating that the Beneficiary and the Insured were not impeded to marry and lived together for at least a period of 2 (two) years or have a child in common.
j) In case of being the Insured's child, birth certificate, as well as a declaration under oath that there is no other person with a better right to claim the insurance.
k) In the event that payment is requested by the Insured's legal succession, will or the result of the probate proceeding, as well as a declaration under oath that there is no other person with a better right to claim the insurance.

Individual Certificate, if any, or in its absence, accompany the document proving the existence of the insurance.

COMPENSATION FOR REIMBURSEMENT OF FUNERAL EXPENSES

1. Description of Coverage

Indemnity for funeral expenses incurred by the insured party, according to the contracted plan stipulated on the title page of the policy. The Sum Insured shall be paid to whoever presents the corresponding death certificate and proves that the funeral expenses have been incurred.

The minimum age for acceptance is 1 (day) and the maximum age for coverage is until the attainment of 99 (ninety-nine) years of age.

In the case of children under 12 years of age, the Sum Insured shall not exceed 60 times the Account Unit in force in Mexico City on the date of death.

No Waiting Period applies for this coverage.

2. Check

In order to make effective the payment of the indemnity for this coverage, the following information must be submitted to the Company, in addition to the documentation indicated in Clause Five of the General Conditions:

a. Original or certified copy of the death certificate of the Insured Party, Apostilled in case of death abroad;

b. Invoices to cover expenses incurred for burial or cremation, grave or niche and transportation of the body or ashes of the Insured Party;

c. Certificate;

d. Statement of account for payment.

All these documents must be submitted in original.

DAILY INCOME FOR HOSPITALIZATION AS A RESULT OF AN ACCIDENT

1. Description of Coverage

In case this coverage is expressly contracted, the Company shall pay the daily rent indicated in the Individual Certificate if the Insured is Hospitalized as a consequence of an Accident occurring during the term of the Individual Certificate.

The minimum age of acceptance is 1 (day) and the maximum age for coverage is until the attainment of 99 (ninety-nine) years of age.

2. Exclusions

The Company will not pay any indemnity if the hospitalization is the result of the following:

Hospitalization in countries with which the United States of America, by law, has interrupted or suspended its commercial relations, such as those countries that from time to time appear in the sanction programs of the Office of Foreign Assets Control (OFAC) of the Department of the Treasury of the United States of America, available at the following web site https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx or any other that may replace it, provided that the United States of America has entered into an international treaty with Mexico regarding the points indicated in this clause.

3. Indemnification Criteria.

The value of the indemnity shall be calculated based on the number of days of Hospitalization multiplied by the value of the daily rental indicated on the Policy Declaration Page and the Individual Certificate.

Daily hospitalization income is defined as a period of 24 (twenty-four) hours. For the purpose of this insurance, the minimum period of Hospitalization is 24 (twenty-four) hours, at the beginning or end of the hospitalization period.

The Company shall make the indemnity payment in accordance with the following:

- When Hospitalization exceeds 30 (thirty) calendar days, payments will be made periodically by the Company, paying the daily rentals due for each 15 (fifteen) calendar days.
  (fifteen) calendar days.
- The Company shall pay the daily annuities corresponding to the period during which the Insured remains hospitalized, starting with a minimum period of 24 days.
  (twenty-four) hours of Hospitalization, or as from the last payment made by the Company, until medical discharge or the utilization of the limit of daily annuities indicated in the Policy Declaration Page and the Individual Certificate, which in no case may exceed 360 (three hundred and sixty) days per Event or series of Events.

- In cases where the period of Hospitalization does not exceed 30 (thirty) calendar days, the Company shall make a single payment for the value of the daily rentals. until medical discharge.

4. Check

In order to make effective the payment of the indemnity for this coverage, the following information must be submitted to the Company, in addition to the documentation indicated in Clause Five of the General Conditions:

Invoices of payment and/or hospital statement.

DAILY INCOME FOR HOSPITALIZATION DUE TO ACCIDENT OR ILLNESS

1. Description of Coverage

In case this coverage is expressly contracted, the Company shall pay the daily rent indicated in the Individual Certificate if the Insured is Hospitalized as a consequence of an Accident or Illness occurring during the term of the Individual Certificate.

In the case of Hospitalization due to Sickness, it shall be necessary to cover the Waiting Period indicated on the title page of the Policy and/or in the Individual Certificate, in order for this coverage to take effect, unless the Event is the result of a Medical Emergency. Medical Emergency is understood to be the fortuitous appearance of an acute Illness which does not derive from a Pre-existing Condition and endangers the life, an organ or a vital function of the Insured Party.

The minimum age for acceptance is 1 (one) day of birth and the maximum age for coverage is up to 99 (ninety-nine) years of age.

Coverage shall be specified by endorsement to the contractual documentation accompanying the policy.

2. Exclusions

The Company will not pay any indemnity if the hospitalization is the result of the following:

a. Surgeries that are not medically necessary;

b. Plastic surgeries of any nature and baldness treatments;

c. ***Complications arising from topical or ectopic pregnancy, normal or operative delivery and its complications, abortion, tubal ligation or vasectomy, infertility treatment, artificial insemination;***

d. ***Sexually transmitted diseases;***

e. ***Convalescence, senility or rest;***

f. ***Medical and/or surgical rejuvenation treatments, in its various modalities;***

g. ***Psychiatric illnesses, mental illnesses, including those requiring psychoanalysis, psychotherapy or psychotherapy;***

h. ***Congenital and/or hereditary diseases, illnesses or malformations;***

i. ***Epidemics, collective poisoning or any other physical cause that massively attacks the population;***

j. ***Inpatient treatment in rest or slimming clinics, SPA's, hydrotherapy clinics and/or those using natural therapeutic methods;***

k. ***Residential placement;***

l. ***Outpatient treatments and/or surgeries;***

m. ***Myopia, astigmatism or presbyopia;***

n. ***Performing complementary examinations of any nature for the purpose of health status evaluation and check-up;***

o. ***Experimental clinical or surgical treatments;***

p. ***Sex change surgeries;***

q. ***Reductive gastropathy;***

r. ***Infertility treatments, sterility, birth control, erectile dysfunction, or any of their complications;***

s. ***Hospitalization as a result of epidemics officially declared by the competent authority.***

t. **Hospitalization in countries with which the United States of America, by law, has interrupted or suspended commercial relations, such as those countries that from time to time appear in the sanction programs of the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury, available at at at web page at https://www.treasury.gov/about/organizational-structure/offices/Pages/Office- of-Foreign-Assets-Control.aspx or any other that may replace it, provided that the United States of America has entered into an international treaty with Mexico regarding the items mentioned in this clause.**

3. Indemnification Criteria.

The value of the indemnity shall be calculated based on the number of days of Hospitalization multiplied by the value of the daily rental indicated on the Policy Declaration Page and the Individual Certificate.

Daily hospitalization income is defined as a period of 24 (twenty-four) hours. For the purpose of this insurance, the minimum period of Hospitalization is 24 (twenty-four) hours, at the beginning or end of the hospitalization period.

The Company shall make the indemnity payment in accordance with the following:

a. When the Hospitalization exceeds 30 (thirty) calendar days, payments shall be made periodically by the Company, paying the daily rentals due every 15 (fifteen) calendar days;

b. The Company shall pay the daily annuities corresponding to the period during which the Insured remains hospitalized, as from the minimum period of 24 (twenty-four) hours of Hospitalization, or as from the last payment made by the Company, until medical discharge or the use of the limit of daily annuities indicated on the title page of the Policy and the Individual Certificate, which in no case may exceed 360 (three hundred and sixty) days per Event or series of Events;

c. In cases where the period of Hospitalization does not exceed 30 (thirty) calendar days, the Company shall make a single payment for the value of the corresponding daily rentals until medical discharge.

4. Check

In order to make effective the payment of the indemnity for this coverage, the following information must be submitted to the Company, in addition to the documentation indicated in Clause Five of the General Conditions:

a. Payment invoices and hospital statement with dates of admission and discharge;

b. Invoices of payment and hospital note;

c. Identification of the insured;

d. Voucher or Certificate;

e. Statement of account for payment.

ASSISTANCE

Subject to the characteristics, procedures, availability and specific guidelines of each authorized assistance provider, as well as to the validity of the coverage contracted, which correspond to your stay in the hotel or temporary lodging contracted, the insured shall be entitled to the assistance, in his/her capacity as Beneficiary, which are indicated in the contracted Plan and which are described below, as long as the covered events occur during the validity of his/her certificate.

The Provider or, if applicable, the intermediary and/or contractor of the assistance service, hereinafter referred to as "the Assistance Provider", shall be obliged to provide you with the applicable Assistance Plan, in accordance with the hotel stay or temporary lodging contracted, provided that the following assistance services are expressly contracted:

REPATRIATION AND/OR DEATH SERVICES (FUNERAL REPATRIATION)

The procedure carried out to transfer the sick or injured Insured from the place where he/she is located to the airport of entry to the Country of usual residence and where the certificate or Voucher should have been issued with the prior authorization of the Medical Department of the Service Provider and must have medical and scientific justification by the attending physician.

The repatriation shall be carried out by commercial airline, in economy class and subject to availability of seats or by the means of transportation deemed most appropriate by the Medical Department with medical or nursing accompaniment, if applicable, to the airport of entry to the Insured's country of usual residence, are included. The Insured shall deliver to the duly endorsed the ticket(s) in his/her possession for his/her return without any compensation whatsoever and the Service Provider shall arrange for the change of date of the air ticket or the issuance of a new air ticket in economy class and subject to availability of seats.

From the moment the Insured is hospitalized until the day of return trip, this assistance includes his/her transportation by ambulance or other means that is compatible with his/her state of health and approved by the Medical Department of the Service Provider, from the place of hospitalization to the airport of embarkation, with the necessary support structure.

Medical repatriation shall always be from the place where the Insured is resting or injured to the airport of entry to the country of habitual residence indicated as his or her

domicile and where the Certificate / Voucher should have been issued. It is hereby established that even for cases of treatments and surgeries occurring in situations characterized as emergencies, the Medical Repatriation must be requested and authorized by the Medical Department of the Service Provider.

1. Exclusions

a) Medical repatriations are excluded, if performed on one's own account without due authorization from the ASSISTANCE PROVIDER or disregarding the opinion of the Company's Medical Department and/or Assistance Center.

2. Additional Documents to Claim Based on Coverage

a) Death certificate of the Insured and/or death certificate of the Insured.
b) Proceedings before the Public Prosecutor's Office, in case the death of the Insured has occurred in a violent manner (investigation file, identification of the corpse, necropsy or release, results of chemical, toxicological and breathalyzer studies, photographs); traffic report in case of Accident and conclusions, or its equivalent.

DIRECT PAYMENT FOR ACCIDENT AND/OR ILLNESS (INCLUDING COVID)

Description of Coverage: In case this coverage is expressly contracted, the Assistance Provider will pay directly to the Hospital with agreement and to the Physicians with agreement the costs for the services they have provided, except for the costs to be paid by the Insured.

The Assistance Provider has entered into an agreement for the provision of medical services with a group of Hospitals and physicians, both in Mexico City as well as in the interior of the Mexican Republic, in order to provide medical attention to its Insureds and that they do not incur in disbursements for the total cost of the services they receive and that are covered according to the particular conditions of the Medical Expense Reimbursement coverage.

In order to make use of this benefit, the Insured Party must identify himself/herself as a member of the Insured Group before the Hospitals and Physicians with an agreement with his/her Individual Certificate.

The Assistance Provider shall make available to the Insured Party a catalog of Hospitals and Physicians with an agreement with respect to which the Insured Party may make use of this benefit.

The foregoing, in the understanding that the list is not mandatory, and the Insured may freely decide whom to choose for his/her medical care. In any case, the medical care relationship shall be strictly between the Insured Party and the Physician and/or Hospital of his/her choice, being that the obligation of the Assistance Provider is limited to cover the medical and hospital expenses that are applicable in accordance with this insurance contract.

In the event that the Insured makes use of the services of Hospitals and/or Physicians not included in the catalog, he/she shall arrange for the payment of the covered medical expenses via Reimbursement in accordance with the provisions of the General Conditions.

DIRECT PAYMENT BY ACCIDENT

Description of Coverage: In case this coverage is expressly contracted, the Assistance provider will pay directly to the Hospital with agreement and to the Physicians with agreement the costs for the services they have provided, except for the costs to be paid by the Insured.

The Assistance Provider has entered into an agreement for the provision of medical services with a group of Hospitals and physicians, both in Mexico City, as well as in the interior of the Mexican Republic, in order to provide medical care to its Insureds and that they do not incur in disbursements for the total cost of the services they receive and that are covered according to the particular conditions of the Medical Expense Reimbursement coverage.

In order to make use of this benefit, the Insured Party must identify himself as a member of the Insured Group before the Hospitals and Physicians with an agreement with his Individual Certificate.

The Assistance Provider shall make available to the Insured Party a catalog of Hospitals and Physicians with an agreement with respect to which the Insured Party may make use of this benefit.

The foregoing, in the understanding that the list is not mandatory, and the Insured may freely decide whom to choose for his/her medical care. In any case, the medical care relationship shall be strictly between the Insured Party and the Physician and/or Hospital of his/her choice, being that the obligation of the Assistance Provider is limited to cover the medical and hospital expenses that are applicable in accordance with this insurance contract.

In the event that the Insured makes use of the services of Hospitals and/or Physicians not included in the catalog, he/she shall arrange for the payment of the covered medical expenses via Reimbursement in accordance with the provisions of the General Conditions.

DIRECT PAYMENT FOR ACCIDENT AND/OR CHRONIC OR PRE-EXISTING DISEASE

Description of Coverage: In case this coverage is expressly contracted, the Assistance Provider shall pay directly to the Hospital with agreement and to the Physicians with agreement the costs for the services they have provided, except for the costs to be paid by the Insured.

The Assistance Provider has entered into an agreement for the provision of medical services with a group of hospitals and physicians, both in Mexico City and in the interior of the country.

The Company shall provide medical care to its Insureds in the Mexican Republic so that they do not incur in disbursements for the total cost of the services they receive and which are covered according to the particular conditions of the Medical Expense Reimbursement coverage.

In order to make use of this benefit, the Insured must identify himself as a member of the Collective before the Hospitals and Physicians with an agreement with his Individual Certificate.

The Assistance Provider shall make available to the Insured Party a catalog of Hospitals and Physicians with an agreement with respect to which the Insured Party may make use of this benefit.

The foregoing, in the understanding that the list is not mandatory, and the Insured may freely decide whom to choose for his/her medical attention. In any case, the medical care relationship shall be strictly between the Insured Party and the Physician and/or Hospital of his/her choice, being that the obligation of the Assistance Provider is limited to cover the medical and hospital expenses that are applicable in accordance with this insurance contract.

In the event that the Insured makes use of the services of Hospitals and/or Physicians not included in the catalog, he/she shall arrange for the payment of the covered medical expenses via Reimbursement in accordance with the provisions of the General Conditions.

a) Amount to be indemnified per day: Indemnity shall be for the amount specified on the title page of the policy, individual certificates and/or endorsements to the policy.

b) Number of events covered within the term: Per event there is a limit of 30 days, unless otherwise described on the title page of the policy, individual certificates and/or endorsements to the policy.

c) Days for Relapses: In case the event (claim) is a relapse, the days will be counted from the number following the last day of the previous hospitalization.

d) When it is considered a relapse: The claim in question must be related to a previous hospitalization and the presentation of medical records is necessary to corroborate that it is indeed a relapse of an event previously covered by the Assistance Provider.

1. Exclusions

The Assistance Provider shall not pay any indemnity if the hospitalization is the result of the following:

a) Surgeries that are not medically necessary.

b) Plastic surgeries of any nature and baldness treatments.

c) Complications arising from topical or ectopic pregnancy, normal or operative delivery and its complications, abortion, tubal ligation or vasectomy, infertility treatment, artificial insemination.

d) Sexually transmitted diseases.

e) Convalescence, senility or rest.

f) Medical and/or surgical rejuvenation treatments, in its various modalities.

g) Psychiatric illnesses, mental illnesses, including those requiring psychoanalysis, psychotherapy or psychotherapy.

h) Congenital and/or hereditary diseases, illnesses or malformations.

i) Epidemics, collective poisoning or any other physical cause that massively affects the population.

j) Inpatient treatment in rest or slimming clinics, SPA's, hydrotherapy clinics and/or those using natural therapeutic methods.

k) Residential placement.

l) Outpatient treatments and/or surgeries.

m) Myopia, astigmatism or presbyopia.

n) Performing complementary examinations of any nature for the purpose of health status evaluation and check-up.

o) Experimental clinical or surgical treatments.

p) Sex change surgeries.

q) Reductive gastropathy.

r) Infertility treatments, sterility, birth control, erectile dysfunction, or any of their complications.

s) **Hospitalization as a result of epidemics officially declared by the competent authority.**

MEDICAL REPATRIATION:

Emergency Medical Evacuation service will be provided in case of Injury due to Accident or Sudden Sickness of the Insured up to the Maximum Sum Insured shown in the CERTIFICATE - VOUCHER and subject to the Maximum Amount Guaranteed. An Emergency Evacuation must be previously requested and approved through the Assistance Center and requested by a Physician who certifies that the severity or nature of the Injury or Illness of Sudden Nature of the Insured Party makes such evacuation necessary. The concepts covered by this clause correspond to the transportation and medical treatment, including medical services and supplies that are necessary due to the Emergency Evacuation of the Insured Party. The Medical Evacuation service shall be carried out by the most direct and economical means possible, using transportation compatible with the Insured's state of health. The transportation shall:

a. To be recommended by the Insured's attending Physician.

b. Comply with the standard regulations of the means of transportation that transports the Insured.

c. Agreed to and authorized in advance by the Assistance Provider.

Emergency Evacuation applies in cases:

a. That the Insured's medical condition makes it necessary to transport the Insured immediately from the place where he/she is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained.

b. That after having been treated in a local Hospital, the Insured's medical condition makes it necessary to transport the Insured to the country where the Trip began for further medical treatment or recovery.

1. Exclusions

Medical repatriations are excluded, if performed on one's own without due authorization from the Assistance Provider or disregarding the opinion of the COMPANY's Medical Department and/or the Assistance Provider.

2. Claim Documents

a) Death certificate of the Insured and/or death certificate of the Insured.

b) Proceedings before the Public Prosecutor's Office, in case the death of the Insured has occurred in a violent manner (investigation file, identification of the corpse, necropsy or release, results of chemical, toxicological and breathalyzer tests, photographs);

c) Traffic report in case of Accident and conclusions, or its equivalent.

d) You must contact the call center and provide certificate or voucher number and customer's name.

TRANSFER AND STAY OF AN ACCOMPANYING PERSON (MAXIMUM 8 DAYS)

Airfare

In the event that the hospitalization of an Insured, traveling unaccompanied, should exceed five (5) calendar days, the Service Provider will arrange a round trip air ticket to the family member's country of origin, in economy class, subject to space availability for only one direct line family member, Father, Mother, Spouse, Child or Sibling (the list is exhaustive and not enunciative).

Important Notes: The person indicated to accompany the Insured must reside in the same country as the Insured. This coverage requires pre-authorization from the Assistance Center.

Lodging

When the Insured Party's companion is traveling alone and the attending Physician considers it necessary for him/her to be admitted to a Hospital for a period of more than 5 (five) calendar days, provided that he/she has been pre-authorized by the Assistance Provider, the stay in a Hotel for lodging shall be arranged for the companion of the Insured Party. In the event that the Insured Party is unable to designate a companion, the spouse or any relative in the first degree of consanguinity and who is of legal age shall be considered.
This benefit is subject to the maximum number of days of hotel stay and the Maximum Daily Sum Insured indicated in the Certificate or Voucher.

Important Notes: The person indicated to accompany the Insured must reside in the same country as the Insured. This coverage requires pre-authorization from the Assistance Center.

VIRUTAL DOCTOR or TELEMEDICINE

The Insured may receive recommendations via telephone conference and/or videoconference (subject to availability and type of condition) with a health professional who will provide guidance on what to do to alleviate their symptoms by staying at home, or will be recommended to be assisted at emergency centers or emergency rooms, according to the severity of the symptoms described therein,

1. Exclusions

Users who do not have internet or telephone access

2. Claim Documents

Certificate or voucher

HOTEL EXPENSES FOR CONVALESCENCE:

The Insured shall be provided with Hotel Accommodations in case the medical team of the Hospital where the Insured is located determines the need to extend the period of stay of the Insured due to convalescence, after being discharged from the Hospital, due to Accident or Sudden Sickness.

This Convalescence Benefit is subject to the maximum number of days of hotel stay, the Maximum Guaranteed Amount and the Maximum Daily Sum Insured, all of which are indicated in the Certificate or Voucher. This benefit requires Preauthorization from the Assistance Provider, therefore the Assistance Provider shall not be responsible for the payment or reimbursement of expenses that are the responsibility of third parties or that are already included in the Travel Contract.

When the attending physician authorized by the Medical Department of the Service Provider prescribes forced rest to the Insured who has been hospitalized for at least five (5) days and upon his/her departure must obligatorily comply with it, the Service Provider shall arrange for his/her stay at the hotel up to the amount indicated in the CERTIFICATE - VOUCHER up to a maximum of ten (10) days with prior authorization from the Assistance Provider.

1. Exclusions

Hosting not authorized by the Assistance Provider- Telephone exchange

2. Claim Documents

Certificate issued by the Physician detailing the treatment received and the respective diagnosis and medical prescription of the convalescence;

BAGGAGE DELAY:

reimbursement of expenses for purchases of personal necessities due to the delay of checked baggage will be paid up to the maximum contracted amount.

1. Exclusions

The following situations are excluded:

a) Baggage confiscated or detained by Customs or other governmental authority.

b) When the Insured has not taken the necessary measures to recover the lost Baggage.

c) The Insured is an officer or employee or member of the crew of the means of transportation giving rise to the event.

d) When the Insured's destination is the Insured's residence or domicile.

*2. **Claim Documents***

The Insured Party shall be required to submit the following documents:

a) Baggage Irregularity Report.

b) Proof of documentation from the commercial carrier or lodging company you contracted.

c) Copy of the indemnity from the commercial carrier or lodging company.

d) Copy of the receipts of the expenses incurred mentioning each concept by reason for the delay. Tickets / Invoices / Receipts / Statement Charges that support them.

GROUND MEDICAL TRANSFER (AMBULANCE) FOR EMERGENCIES

In case the INSURED suffers a MEDICAL EMERGENCY due to accident or illness, where life is at risk and needs to be transferred by land ambulance, he/she may, by means of a 24 (twenty-four) hour telephone call, 365 (three hundred and sixty-five) days a year, request the Assistance Provider to send the ambulance to his/her home or where the INSURED is located.

The Assistance Provider shall assume the expenses for the transfer of the ground ambulance to the nearest hospital where the INSURED is located.

Service available in the main cities of the Mexican Republic. In the event that there is no private infrastructure that allows the transfer, the Assistance Provider will coordinate the transfer through the local public medical services.

In cases where it is not a medical emergency, or the INSURED has received medical attention, or it exceeds the coverage, the INSURED may request the service assuming the full cost of the transfer at a preferential price.

This service will be provided in accordance with the amounts and limits indicated in the COVERAGE TABLE.

Interhospital transfers and scheduled transfers are excluded from this service.

Should there be an excess of the AMOUNT PER EVENT, this shall be paid immediately by the INSURED with his/her own resources to the service partner.

If the services exceed the maximum cost limit or the maximum number of services per 12 (twelve) month period, then the Assistance Provider shall, before rendering the service, inform the INSURED and indicate the cost, so that the INSURED may authorize and pay for it with his/her own resources.

PERMANENT LOSS OR DAMAGE OF CHECKED BAGGAGE:

In case of loss, theft or robbery of the Insured's Baggage, which has been registered in the hold and which is under the responsibility of an Authorized Public Transportation operator, the Assistance Provider shall pay up to the maximum amount contracted for this coverage indicated in the CERTIFICATE - VOUCHER, limited to the total amount declared in the loss report or its equivalent, discounting those payments made by the Authorized Public Transportation operator by way of indemnity. Notwithstanding the foregoing, the amount to be indemnified is limited to the total Sum Insured indicated in the CERTIFICATE - VOUCHER and to the Maximum Amount Guaranteed.

If the luggage of the BENEFICIARY suffers any type of damage that leaves the items inside it exposed, as well as the violation of its locks with the same effects, the Assistance Provider shall grant the BENEFICIARY the sum indicated according to the limits of the contracted product.

In order to make this BENEFIT effective, it must be verified that the breakage occurred between the time the luggage was shipped and the time it is to be delivered to the Beneficiary upon disembarkation, it must have been reported to the Assistance Provider within 24 hours of the occurrence of the loss and the BENEFICIARY must submit to the Assistance Provider the proof of report issued by the airline and the original receipts for the repair of the breakage or replacement of the luggage.

This ASSISTANCE PLAN service shall not be provided on the return trip to the country of habitual residence of the HOLDER or country issuing the CERTIFICATE or VOUCHER.

1. Exclusions

The following situations are excluded:

a) Baggage confiscated or detained by Customs or other governmental authority.

b) When the Insured has not taken the necessary measures to recover the lost Baggage.

c) The Insured is an officer or employee or member of the crew of the means of transportation giving rise to the event.

d) When the Insured's destination is the Insured's residence or domicile.

*2. **Claim Documents***

The Insured Party shall be required to submit the following documents:

a) Baggage Irregularity Report.

b) Bag Tag photo front and back

c) Proof of documentation from the commercial carrier or lodging company you contracted.

d) Copy of the indemnity from the commercial carrier or lodging company.

e) Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).

f) List of articles carried in the luggage, specifying model, brand and approximate cost.

g) Photographs of luggage damage.

TRIP CANCELLATION AND INTERRUPTION GUARANTEE

Guarantee against unforeseen events or circumstances specified in this benefit for which the Temporary Lodging cannot finally go to its planned destination, expenses for non-refundable services by third parties, paid in advance by the Insured Party for hotel lodging and/or cancellation charges for the use of an Authorized Public Transportation. This BENEFIT may apply for payments made with bank points, loyalty/rewards cards and/or gifts made by an entity to a client. The Insured shall

inform the Service Provider of the cancellation at least within 48 hours of the occurrence of the event causing the cancellation of the trip, and always and without exception at least 24 hours prior to the beginning of the trip or of the validity of the CERTIFICATE - VOUCHER, whichever occurs first.

The Assistance Provider reserves the right to carry out a medical expert's examination.

When THE HOLDER has paid in advance the costs of transportation, lodging, registration fees, excursions and in general any expenses corresponding to the trip and not having started the trip, has to cancel it in advance or interrupt it during the trip. In case of interruption, only the services not initiated by THE HOLDER shall be charged.

Important Note:

In the event of Trip Cancellation, the Assistance Provider and the respective Tour Operator shall be notified within 48 hours from the occurrence of the Sudden Illness, Accident or death. Upon expiration of this term, the Assistance Provider shall not be liable for any additional fines or penalties, regardless of their nature.

For the purposes of this Benefit, Sudden Illnesses must manifest themselves for the first time or be contracted after the date of contracting the Certificate of this Group Lodging Insurance, which shall be indicated in the respective CERTIFICATE - VOUCHER.

The beneficiary acknowledges that this benefit does not cover administrative expenses, commissions and fees of sales channels such as travel agencies, among others. Nor does it include the cost of visa procedures or any other type of document not described above.

Causes for cancellation or interruption of the trip (100% coverage):

- Due to death*, accident* or serious illness* of the Insured or of a direct relative with the same habitual residence in his/her country of origin: Father, Mother, Spouse, Child, Sibling (the list is exhaustive and not enunciative). Serious illness is understood as a health alteration that prevents the beginning of the trip and that is medically verifiable, that is not included in the GENERAL EXCLUSIONS, and that in the opinion of the Medical Department of the Service Provider makes it impossible for the Insured to begin the trip on the date stated in the CERTIFICATE - VOUCHER.
- Summons as a party, witness or juror in a court of law that makes it impossible for him/her to travel on the date stated on the VOUCHER CERTIFICATE.
- Medical quarantine by medical opinion to the Insured.

- Causes for cancellation or interruption of the trip (Coverage at 75%): Damage which, due to fire, theft or force of nature to your usual residence in your business premises, renders them uninhabitable and unavoidably justifies your presence.

- Emergency care due to childbirth of the Insured or the Insured's spouse and/or permanent companion.

- Complications of the Insured's pregnancy, prior to the 30th week, and that in the opinion of the Medical Department of the Service Provider, the Insured is unable to start the trip on the effective date indicated on the CERTIFICATE - VOUCHER.

- Verified termination of employment after the date of issuance of the VOUCHER CERTIFICATE and that the event is not the result of a cause specified in the GENERAL EXCLUSIONS.

- Natural disasters such as earthquake, tremor, volcanic eruption, tidal wave or tsunami, hurricane, tornado cyclone that prevent the trip and/or prevent any commercial flight from arriving and/or taking off from the city where the Insured is located.

- Change of job of the Insured presenting a certificate of leaving and joining the company.

- Non-approval of the Visa to enter the country of destination. This coverage is valid if the purchase of the Supplement is made at least 72 hours prior to the visa appointment at the respective embassy. It does not apply to the cost of consular procedures (cost of the visa).

The Assistance Provider may require the following:

Sales receipts from the providers of the trip, indicating the reimbursable and non-reimbursable value of each of their services and a sworn statement of not receiving any other reimbursement. Any compensation received by the Insured or Beneficiary from any of the providers for the same event shall be deducted from the indemnity. The compensation is limited to the contracted sum insured.

The Insured Party shall submit the necessary documentation and support for the evaluation of his/her compensation up to 12 months after the occurrence of the event. After this period, no documents will be accepted for processing any type of compensation.

Explanatory letter with the reasons for the Trip Cancellation or Trip Interruption, and the resulting negotiation between the Insured and the Travel Operator with whom the Travel Contract was entered into, regarding the refund of the amounts paid or owed;

1. Exclusions

a) If the hotel supplier, airline or any other tour operator offers the Insured the option of leaving the dates open, rescheduling, credit in favor, among other solutions, even if the Insured rejects such option.

b) Trip cancellations reported to the Assistance Center and/or COMPANY within 48 hours before the beginning of the trip.

2. Claim Documents

Documents Needed to Obtain Warranty for Cancellation, Rescheduling and/or Interruption

In the event of death of the Insured or of an immediate family member with the same habitual residence in the Insured's country of origin.

- Death certificate and/or corpse removal certificate.
- Medical certificate of the disease and/or physical condition, origin and cause of death.
- Clinical studies that can be provided by the passenger
- Medical report
- Document that accredits the relationship.
- In addition, if coverage for RETURN OF MINORS or RETURN OF TRAVELING COMPANIONS IN CASE OF DEATH applies:
- Copy of the return ticket in the name of the traveling companion or round-trip ticket in the name of the designated accompanying person for the RETURN OF MINORS;

Accident or serious illness* of the Insured or of an immediate family member with the same habitual residence in the Insured's country of origin:

- Complete medical report Certificate issued by the treating physician, detailing the treatment received and the respective medical diagnosis. In case of COVID-19, test with the respective result.
- Medical studies and/or analysis.
- Prescriptions duly filled out by the physician.
- Proof of payment of the expenses incurred as a result of medical assistance and/or purchase of medicines, showing the items purchased according to the medical prescription.

- Receipts, receipts and invoices evidencing the expenses incurred for the payment of medical expenses.
- Copy of passport or identity card.

Summons as a party, witness of a court that makes it impossible for him/her to travel on the date stated on the VOUCHER CERTIFICATE, or

Summons issued by the competent authority justifying their presence and the date on which they were summoned.

- Copy of passport or identity card
- Call as a member of a polling station in National or Municipal Government elections.
- Claim Form.
- Electoral Certificate issued by the Supreme Electoral Tribunal.
- Copy of passport or identity card.

Emergency care for childbirth of the INSURED or of the spouse and/or permanent companion of the INSURED.

- Claim Form.
- Birth Certificate or Clinic Certificate.
- Medical entity that attended the delivery and/or medical report.
- Certification of the Insured's bank account.

Complications of the INSURED'S pregnancy, before the 30th week, and that in the opinion of the PROVIDER'S Medical Department, the INSURED is unable to start the trip.

- Claim Form.
- Birth Certificate or Clinic Certificate.
- Medical entity that attended the delivery and/or medical report.
- Certification of the Insured's bank account.

Loss of documents 48 hrs prior to departure

- Claim Form.
- Complaint to the Competent Authority.
- Copy of the new passport.
- Certification of the Insured's bank account.

Verified termination of employment after the date of issuance of the VOUCHER CERTIFICATE

- A signed and stamped letter of employment termination on company letterhead signed and stamped by the human resources department indicating the cause and date of termination.

Wedding cancellation of INSURED(S) Wedding cancellation of INSURED(S).

- Proof of wedding proceedings before the civil and/or ecclesiastical authority.
- Proof of cancellation in original before the civil and/or ecclesiastical authority.

Damage to housing.

- Claim Form.
- Certificate of Competent Authority detailing the event.
- Photocopy of identity card.
- Certification of the Insured's bank account.

Natural disasters.

- Claim Form.
- Certificate of Competent Authority detailing the event.
- Certification of the Insured's bank account.

Non-approval of visa.

- Claim Form.
- Photocopy of passport.
- Visa denial letter.

TRAVEL DELAY

Lodging, transportation and meals incurred by the Insured exclusively due to delay of the Trip, up to the Sum Insured indicated in the CERTIFICATE - VOUCHER and subject to the Maximum Amount Guaranteed, in case the Trip suffers a delay in accordance with the time established by endorsement to the contractual documentation accompanying the policy, due to:

a) Delay due to strike or other labor dispute of the employees of the regular airline Assistance Provider scheduled to be used by the Insured during his/her Trip;

b) Delay caused by sudden or unforeseeable failure or malfunction of the aircraft assigned to the scheduled flight, which caused the delay or interruption of the scheduled service.

Important Note:
The Benefit is limited to providing food and lodging that have not been paid for by the Air Carrier, as long as the delay is maintained.

This Benefit refers exclusively to scheduled Air Transportation flights, therefore not including chartered or charter flights.

This service shall only be provided outside the country where the CERTIFICATE - VOUCHER was issued, in a transit city that is more than 100km from the Insured's usual place of residence.

1. Claim Documents

The Insured Party shall be required to submit the following documents:
Copy of air ticket and boarding pass;

Original receipts of food and lodging expenses for which reimbursement is requested;

Statement by the Air Carrier regarding the delay.

DENTAL CARE DUE TO ACCIDENT AND/OR ILLNESS:

Dental care will be provided for Accident and/or Sudden Sickness required by the Insured during the Trip. The first treatment should be performed abroad during the Trip and should be started within 24 (twenty-four) hours after the occurrence of the Accident or Sudden Sickness or at the time when the sudden acute pain in the Insured's natural teeth first occurred. Includes the repair or replacement of dental prosthesis as long as they derive from an Injury.

Coverage is provided only for emergency dental care expenses, limited to treatment of pain and/or extraction of the tooth resulting from infection or trauma only. This coverage is cumulative and not per occurrence. Expenses for dental treatment and related services and supplies will be provided by the Service Provider up to the respective Sum Insured stated in the CERTIFICATE - VOUCHER depending on whether they are caused by an Accident or a Sudden Sickness, all subject to the Maximum Amount Guaranteed. This coverage shall only be extended for a period of thirty (30) calendar days from the date of the first treatment, being able to continue the treatment and the coverage thereof in the Insured's country of residence, but always within the aforementioned period.

1. Exclusions

a. Any treatment that is routine or not Medically Necessary.

b. Rejuvenating, esthetic or orthodontic treatments, expenses for prosthesis purchases (excluding expenses for dental prosthesis repairs or replacements resulting from Injury).

c. Dental services and supplies in the Insured's city of residence outside the thirty (30) calendar days counted from the date of the first treatment.

d. Dental treatment for root canals, root canals, crowns, dentures, sealings, dental cleanings or any other treatment not specified are excluded from BENEFITS.

2. Claim Documents

A. Certificate issued by the physician detailing the treatment received and the respective medical diagnosis;
B. Invoices of payment of the hospital-physician.
C. Clinical record supporting the case attended at the hospital.

LOSS OF BAGGAGE:

In case of loss, theft or robbery of the Insured's Baggage, which has been registered in the hold and which is under the responsibility of an Authorized Public Transportation operator, the Assistance Provider shall pay up to the maximum amount contracted for this coverage indicated in the CERTIFICATE - VOUCHER, limited to the total amount declared in the loss report or its equivalent, discounting those payments made by the Authorized Public Transportation operator by way of indemnity. Notwithstanding the foregoing, the amount to be indemnified is limited to the total Sum Insured indicated in the CERTIFICATE - VOUCHER and to the Maximum Amount Guaranteed.

1. Exclusions Lost & Delayed Luggage

The following situations are excluded:

a) Baggage confiscated or detained by Customs or other governmental authority.
b) When the Insured has not taken the necessary measures to recover the lost Baggage.
c) The Insured is an officer or employee or member of the crew of the means of transportation giving rise to the event.
d) When the Insured's destination is the Insured's residence or domicile.

2. Claim Documents

The Insured Party shall be required to submit the following documents:

1. Baggage Irregularity Report.
2. Bag Tag photo front and back
3. Proof of documentation from the commercial carrier or lodging company you contracted.
4. Copy of the indemnity from the commercial carrier or lodging company.
5. Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).
6. List of articles carried in the luggage, specifying model, brand and approximate amount.

MEDICATIONS DUE TO ILLNESS OR ACCIDENT DURING THE TRIP:

Medication which, by virtue of medical or dental care covered by this Policy, is medically necessary, subject to the Maximum Sum Insured and up to the Sum Insured indicated in the CERTIFICATE - VOUCHER, shall be provided, provided that such medication has been required due to an Accident or Sudden Illness contracted during the Trip and has been prescribed by a Physician.

Note: Prescriptions for the initial recovery of symptoms will only be authorized for the first 30 days of treatment. Note: Prescriptions for the initial recovery of symptoms will only be authorized for the first 30 days of treatment.

1. Exclusions

a) Drugs that have not been prescribed or prescribed as Medically Necessary by a Physician;

b) Medications purchased or required in the Insured's city of residence;

2. *Claim Documents*:

The Insured Party shall be required to submit the following documents:

Certificate issued by the physician detailing the treatment received and the respective diagnosis and prescription.

Invoices or receipts for medicines.

PERMANENT LOSS OF OR DAMAGE TO CHECKED BAGGAGE

In case of loss, theft or robbery of the Insured's Baggage, which has been registered in the hold and which is under the responsibility of an Authorized Public Transportation operator, the Assistance Provider shall pay up to the maximum amount contracted for this coverage indicated in the CERTIFICATE - VOUCHER, limited to the total amount declared in the loss report or its equivalent, discounting those payments made by the Authorized Public Transportation operator by way of indemnity. Notwithstanding the foregoing, the amount to be indemnified is limited to the total Sum Insured indicated in the CERTIFICATE - VOUCHER and to the Maximum Amount Guaranteed.

If the luggage of the BENEFICIARY suffers any type of damage that leaves the items inside it exposed, as well as the violation of its locks with the same effects, the Assistance Provider shall grant the BENEFICIARY the sum indicated according to the limits of the contracted product.

In order to make this BENEFIT effective, it must be verified that the breakage occurred between the time the luggage was shipped and the time it is to be delivered to the Beneficiary upon disembarkation, it must have been reported to the Assistance Service Center of the Assistance Provider within 24 hours of the occurrence of the loss and the BENEFIT Holder must submit to the Assistance Provider the proof of complaint issued by the airline and the original receipts for the repair of the breakage or replacement of the luggage.

Includes Carry Ons/ Documented Baggage/ Sports Equipment/ Instruments/ Strollers/ Wheelchairs up to 5 pieces.

This ASSISTANCE PLAN service shall not be provided on the return trip to the country of habitual residence of the HOLDER or country issuing the CERTIFICATE or VOUCHER.

1. Exclusions

a) The following property is excluded from this coverage:

b) Carpets and Rugs.

c) Animals of any species.

d) Items presumed to be for resale and/or trade, unless there is evidence to the contrary and which are not for personal use.

e) Hearing aids, hearing aids, artificial teeth, dentures, medical and dental accessories and orthopedic appliances, eyeglasses and contact lenses.

f) Checks and Temporary Lodging checks, bank bills, coins, securities, postal orders, postage or revenue stamps, bills of exchange, promissory notes, Temporary Lodging tickets, tickets to entertainment events, bonds or documents of any kind, accounting books and trade books, as well as the general contents of safes, vaults or cash registers.

g) Baggage when it has been sent as freight or courier.

h) Baggage when it has been shipped prior to the User's scheduled departure date and indicated on the Airline Ticket issued by the Airline.

i) Passports, Visa, personal identity documents, transportation tickets, deeds and other documents such as deeds, cash, credit cards, debit cards, payment cards, negotiable securities, gold, silver, stamps and keys.

2. Claim Documents

1. Baggage Irregularity Report.
2. Bag Tag photo front and back
3. Proof of documentation from the commercial carrier or lodging company you contracted.
4. Copy of the indemnity from the commercial carrier or lodging company.
5. Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).

6. List of articles carried in the luggage, specifying model, brand and approximate amount.

7. Photographs of baggage damage

LOSS OF OR DAMAGE TO CHECKED SPORTS BAGGAGE

If this coverage appears as covered on the title page of the policy, the sports equipment that has been registered in the hold and that is under the responsibility of an Authorized Public Transportation operator is covered in case of loss, theft or damage. The invoice value of the sports baggage shall be covered up to the contracted sum insured, in case of not having the same, 75% of the commercial value of the equipment shall be covered.
For the purposes of this section, the sum insured operates as follows and is stipulated on the title page of the policy:
Items lost at the actual value of the property at the date of loss with a limit on the sum insured contracted and stipulated on the title page of the policy.
Damaged articles. The cost of repairing them, with a maximum limit of the actual value of the property at the time of loss.

1. Exclusions

1. **The following property is excluded from this coverage:**

2. **Carpets and Rugs.**

3. **Animals of any species.**

4. **Articles that are presumed to be for resale and/or trade, unless there is evidence to the contrary and that are not for personal use.**

5. **Hearing aids, hearing aids, artificial teeth, dentures, medical and dental accessories and orthopedic appliances, eyeglasses and contact lenses.**

6. **Checks and Temporary Lodging checks, bank bills, coins, securities, postal orders, postage or revenue stamps, bills of exchange, promissory notes, Temporary Lodging tickets, tickets to entertainment events, bonds or documents of any kind, accounting books and trade books, as well as the general contents of safes, vaults or cash registers.**

7. **Baggage when it has been sent as freight or courier.**

8. **Baggage when it has been shipped prior to the User's scheduled departure date and indicated on the Airline Ticket issued by the Airline.**

9. **Passports, Visa, personal identity documents, transportation tickets, deeds and other documents such as deeds, cash, credit cards, debit cards, payment cards, negotiable securities, gold, silver, stamps and keys.**

2. Claim Documents

1. Baggage Irregularity Report.
2. Bag Tag photo front and back
3. Proof of documentation from the commercial carrier or lodging company you contracted.
4. Copy of the indemnity from the commercial carrier or lodging company.
5. Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).
6. List of articles carried in the luggage, specifying model, brand and approximate amount.
7. Photographs of baggage damage

BAGGAGE DELAY

Expenses for the purchase of essential personal items not provided by the Air Carrier due to the delay or loss of the Insured's Baggage shall be reimbursed, once the same is under the responsibility of an Authorized Common Carrier. In order to obtain the reimbursement, the Insured shall prove the delay or loss by submitting the corresponding loss report or its equivalent. The Assistance Provider shall grant this Benefit when the Baggage has not been delivered to the Insured within the period stipulated by endorsement to the contractual documentation accompanying the policy at the time of arrival of the Insured at the destination indicated in his Air Transportation ticket. This Benefit is limited to the Sum Insured indicated in the CERTIFICATE - VOUCHER and subject to the Maximum Amount Guaranteed.

Covered basic necessities, such as:
Personal hygiene items: toothbrush, toothpaste, sanitary napkins, shaving cream, deodorant, razor (not electric), hairbrush, shampoo, hair conditioner, bath soap, moisturizer.
Clothing: underwear, socks, pajamas, pants, t-shirt, skirt, dress, shorts, sweater, jacket and/or shirt.

Shoes: tennis shoes, sandals, boots and/or dress shoes,

1. Exclusions

a) This Benefit shall not be granted in case the Insured's destination is the Insured's residence or domicile.
b) Carpets and Rugs.
c) Animals of any species.
d) Items presumed to be for resale and/or trade, unless there is evidence to the contrary and which are not for personal use.
e) Hearing aids, hearing aids, artificial teeth, dentures, medical and dental accessories and orthopedic appliances, eyeglasses and contact lenses.
f) Checks and Temporary Lodging checks, bank bills, coins, securities, postal orders, postage or revenue stamps, bills of exchange, promissory notes, Temporary Lodging tickets, tickets to entertainment events, bonds or documents of any kind, accounting books and trade books, as well as the general contents of safes, vaults or cash registers.
g) Baggage when it has been sent as freight or courier.
h) Baggage when it has been shipped prior to the User's scheduled departure date and indicated on the Airline Ticket issued by the Airline.
i) Passports, Visa, personal identity documents, transportation tickets, deeds and other documents such as deeds, cash, credit cards, debit cards, payment cards, negotiable securities, gold, silver, stamps and keys.

2. Claim Documents

1. Baggage Irregularity Report.

2. Proof of documentation from the commercial carrier or lodging company you contracted.

3. Copy of the indemnity from the commercial carrier or lodging company.

4. Copy of the receipts of the expenses incurred mentioning each concept by reason for the delay. Tickets / Invoices / Receipts / Statement Charges that support them.

Important Note:

The Benefit is limited to the reimbursement of expenses for the purchase of basic articles of clothing and personal hygiene only, which have not been paid for by the Authorized Common Carrier during the delay.

Payments made by the Authorized Public Transportation to the Insured Party as indemnity shall be deducted from the Benefit to be indemnified.

LOOTING OF CHECKED BAGGAGE

In case of theft of the Insured's documented Baggage, which has been checked in through VOLARIS and which is under the responsibility of the Authorized Public Transportation operator, the Assistance Provider shall pay up to the maximum amount contracted for this coverage indicated in the CERTIFICATE - VOUCHER, limited to the total amount declared in the loss report or its equivalent, deducting those payments made by the Authorized Public Transportation operator by way of indemnity. Notwithstanding the foregoing, the amount to be indemnified is limited to the total Sum Insured indicated in the CERTIFICATE - VOUCHER and to the Maximum Amount Guaranteed.

1. Exclusions

a) **This Benefit shall not be granted in case the Insured's destination is the Insured's residence or domicile.**
b) **Carpets and Rugs.**
c) **Animals of any species.**
d) **Articles that are presumed to be for resale and/or trade, unless there is evidence to the contrary and that are not for personal use.**
e) **Hearing aids, hearing aids, artificial teeth, dentures, medical and dental accessories and orthopedic appliances, eyeglasses and contact lenses.**
f) **Checks and Temporary Lodging checks, bank bills, coins, securities, postal orders, postage or revenue stamps, bills of exchange, promissory notes, Temporary Lodging tickets, tickets to entertainment events, bonds or documents of any kind, accounting books and trade books, as well as the general contents of safes, vaults or cash registers.**
g) **Baggage when it has been sent as freight or courier.**
h) **Baggage when it has been shipped prior to the User's scheduled departure date and indicated on the Airline Ticket issued by the Airline.**
i) **Passports, Visa, personal identity documents, transportation tickets, deeds and other documents such as deeds, cash, credit cards, debit cards, payment cards, negotiable securities, gold, silver, stamps and keys.**

2. Claim Documents

1. Baggage Irregularity Report.
2. Bag Tag photo front and back
3. Proof of documentation from the commercial carrier or lodging company you contracted.
4. Copy of the indemnity from the commercial carrier or lodging company.
5. Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).
6. List of articles carried in the luggage, specifying model, brand and approximate amount.
7. Photographs of the affected luggage.

THEFT OF HAND LUGGAGE AND/OR PERSONAL ITEMS

In case of theft of the Insured's hand luggage, which has been checked in by the CONTRACTOR and which is under the responsibility of the Authorized Public Transportation operator, the Assistance Provider shall pay up to the maximum amount contracted for this coverage indicated in the CERTIFICATE - VOUCHER, limited to the total amount declared in the loss report or its equivalent, discounting those payments made by the Authorized Public Transportation operator by way of indemnity. Notwithstanding the foregoing, the amount to be indemnified is limited to the total Sum Insured indicated in the CERTIFICATE - VOUCHER and to the Maximum Amount Guaranteed.

In case of theft of a personal item, this applies as long as it occurred inside the airport.

Carry-on baggage: Baggage carried by the Insured Party during the trip whose maximum dimensions are 55 x 40 x 25 cm and/or personal belongings whose maximum dimensions are 35x45x20cm.

1. Exclusions

a) This Benefit shall not be granted in case the Insured's destination is the Insured's residence or domicile.
b) Carpets and Rugs.

c) Animals of any species.

d) Articles that are presumed to be for resale and/or trade, unless there is evidence to the contrary and that are not for personal use.

e) Hearing aids, hearing aids, artificial teeth, dentures, medical and dental accessories and orthopedic appliances, eyeglasses and contact lenses.

f) Checks and Temporary Lodging checks, bank bills, coins, securities, postal orders, postage or revenue stamps, bills of exchange, promissory notes, Temporary Lodging tickets, tickets to entertainment events, bonds or documents of any kind, accounting books and trade books, as well as the general contents of safes, vaults or cash registers.

g) Baggage when it has been sent as freight or courier.

h) Baggage when it has been shipped prior to the User's scheduled departure date and indicated on the Airline Ticket issued by the Airline.

i) Passports, Visa, personal identity documents, transportation tickets, deeds and other documents such as deeds, cash, credit cards, debit cards, payment cards, negotiable securities, gold, silver, stamps and keys.

2. Hand Luggage Theft Claim Documents

a) Minutes of the Public Prosecutor's Office with the narration of facts or the Equivalent in the entity where the facts occurred (CERTIFIED).
b) Proof of the existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental statement).
c) List of articles carried in the luggage, specifying model, brand and approximate amount.

3. Documents for Claiming Theft of Personal Property

a) Record before the authority that applies in case of theft, the equivalent in the entity where the facts occurred, with the narration of facts (certified).
b) Proof of existence of the goods (such as tickets, receipts, invoices, charges on a bank or departmental bank statement)
c) List of items carried in the personal item, specifying model, brand and approximate amount.
d) This coverage is limited to theft within the airport.

PET GUARD

The Assistance Provider shall provide the protection of the pet in the Insured's country of residence for the duration of the contracted insurance, as defined in the Travel Delay section of these general conditions; not to exceed 30 (thirty) calendar days accumulative per year and/or per event. This coverage applies as long as the Insured Party who is the owner of the pet is traveling. Applies only to domestic dogs and cats.

MEDICAL EXPENSES OR THE DEATH OF THE PET AS A RESULT OF AN ACCIDENT OR ILLNESS

Medical expenses or death of the pet as a result of an accident or non-pre-existing illness when traveling with the Insured. The Assistance Provider will cover the expenses for necessary veterinary assistance, such as consultations, medication, surgical interventions, among others, as long as it is a verifiable emergency and has been caused under an accident or illness or pre-existing.
In case of death of the pet, the Assistance Provider shall cover the funeral repatriation by means of compensation, at its own expense: obligatory coffin for international transportation, administrative formalities and transportation of the body by the most convenient means to the place of entry to the country of habitual residence of the pet owner, which is included in the CERTIFICATE - VOUCHER.

This subsection may be extended to service or emotional support animals, meaning guide dogs, monkeys and miniature horses, which must be perfectly trained and comply with the requirements determined by the commercial carrier.

1. ***Exclusions***:

a) **No non-emergency check-ups, investigative examinations, general medical consultations, medical studies, etc. will be covered.**
b) **Vaccinations and/or deworming.**
c) **Diseases resulting from lack of deworming or vaccinations.**
d) **Pets in gestation.**
e) **Pets that, at the time of travel, are sick or under medical treatment.**
f) **Pets that do not have a complete and current vaccination card.**
g) **Pets that do not comply with the norms and legal requirements for international transportation.**

KENNEL DAMAGE

This coverage, as covered on the title page of the policy, covers damage not caused by the pet to the KENNEL that has been registered in the warehouse and that is under the responsibility of the contracting party.

KENNEL: Container or carrier used to transport pets that meets IATA (International Air Transport Association) requirements.

In order to make this BENEFIT effective, it must be verified that the damage occurred between the time the KENNEL was shipped and the time it is to be delivered to the Beneficiary upon disembarkation, it must have been reported to the Assistance Provider within 24 hours of the occurrence of the loss and the BENEFIT Holder must submit to the Assistance Provider the proof of report issued by the airline.

LOSS OR THEFT OF PERSONAL DOCUMENTS

In case of loss or theft of personal documents, the Service Provider will pay for the cost of reissuing your passport abroad. The event must have been reported to the Service Provider's Assistance Service Center within 24 hours of its occurrence.

1. Documentation to apply for coverage:

- Claim Form.
- Complaint to the Competent Authority.
- Copy of the new passport.
- Bank account statement less than three months old

FINANCIAL SUPPORT FOR CHANGE OF FLIGHT IN CASE OF EARLY RETURN DUE TO A HOME LOSS

In case of fire, explosion, flood or robbery with damage and violence at the home of a HOLDER, while he/she is traveling, if there is no one who can take care of the situation and if his/her original return ticket does not allow a free change of date, the SUPPLIER shall pay the corresponding difference or the cost of a new economy class ticket from the place where the HOLDER is located to the airport of entry to the country of residence. This request for Assistance shall be evidenced by submitting the original of the corresponding police report to the PROVIDER's Assistance Center within twenty-four hours following the event.

You will not be entitled to this benefit if the term of the CERTIFICATE or VOUCHER has expired.

This warranty shall not apply if it is the result of an event arising out of or occurring as a result of a cause set forth in Article VIII below.

"Exceptional Circumstances and/or Force Majeure" or in Article V. General Exclusions.

For this guarantee or BENEFIT as well as for any other that involves the non-use of the transportation ticket initially provided by the HOLDER, the SUPPLIER shall always recover such transportation ticket and shall only pay for any difference between it and the one imposed by the Assistance service.

1. Documents Required in Case of Early Return Due to Loss at the Holder's Address

- Voucher / Certificate of Assistance Provider
- Claim form (in the case of minors must be signed by parent or guardian)
- Document issued by the competent authority certifying the catastrophic event occurred at the domicile.
- Proof of payment for expenses incurred in the purchase or change of air ticket to return to the country of origin Air ticket purchased Original travel itinerary
- Copy of passport or identity card.
- Bank account statement less than three months old

HOME MEDICAL CONSULTATIONS

Description: They shall be provided in case of accident or sudden acute and unforeseen illness of the HOLDER, always bearing in mind that the purpose of this contract is not the definitive treatment but the continuation of the trip or repatriation to the country of origin, where the HOLDER may be definitively treated by his/her own account and/or health plan and/or insurance policy and/or social work and/or prepaid medicine company. The PROVIDER reserves the right to choose the most appropriate of the treatment options proposed by the treating medical team.

When the HOLDER suffers an event during the term of the VOUCHER and his/her hospitalization is longer than the term of the VOUCHER, the SUPPLIER shall cover only the hospitalization expenses, within the medical expenses coverage for illness and/or accident under the following scenario:

Any assistance or treatment shall cease and shall not be the responsibility of the PROVIDER once the HOLDER returns to his/her place of residence or the period of validity of the contracted assistance plan expires.

"In compliance with the provisions of Article 202 of the Law of Insurance and Bonding Institutions, the contractual documentation and the technical note that comprise this insurance product were registered with the National Insurance and Bonding Commission, as of November 1, 2024, under number CNSF-S0119-0391-2024/CONDUSEF-006630-01."