

THE CONTRACT

The commercially named Borderless Life Plan Insurance, according to the respective coverages and as long as expressly stipulated under Particular Conditions, guarantees payment of capital, subsidies and/or indemnities due to Death or Total and Permanent Disability as a result of disease or accident and Travel Assistance to People.

WHAT ARE THE GUARANTEES?

I) Main Coverage

Death: Guarantees payment of the Insured Capital to Beneficiary(ies) mentioned in case of death by disease or accident.

II) Complementary Coverage

a) **Total and Permanent Disability (TPD 66%)** by disease or accident: Guarantees advancing the Main Death Insurance Coverage capital.

Definition of TPD 66%: the Policy Holder/Insured Person totally disabled of exercising his profession or any other profitable activity in accordance with the National Table for Disabilities by Labour Accidents and Professional Diseases, presenting, simultaneously, a 66% disability degree.

b) **Total and Permanent Disability by Accident (TPDA 66%):** Guarantees the payment of an additional capital equivalent to the Main Death Insurance Coverage.

Definition of TPDA 66%: As a result of accident, the Policy Holder/Insured Person, totally disabled of exercising his profession or any other profitable activity in accordance with the National Table for Disabilities by Labour Accidents and Professional Diseases and, simultaneously, present a 66% disability degree.

c) **Death by Accident:** Guarantees the payment of an additional capital in case of death by accident up to the maximum Main Death Insurance Coverage Capital.

d) **Travel Assistance to People:** In case of accident or sudden and unpredictable disease abroad of the Policy Holder/Insured Person, occurring during the Policy validity period, by damage/injury and up to the limits established on the Table of Guaranty and Capital Limits, the Assistance Services shall provide the following guarantees:

- Provision of services and indemnities for Travel Assistance to People;
- Medical, surgical, pharmaceutical and hospital costs abroad;
- Repatriation;
- Luggage loss, damage, theft or robbery.

Telephone contact to enforce coverage of Travel Assistance to People: 21 386 33 22

WHAT ARE THE CONDITIONS FOR ADHERING TO THE INSURANCE?

Age of Subscription: Minimum 18 years and maximum 60 years
Maximum Permanence Age: 65 years, or another age mentioned under Particular Conditions.

VALIDITY PERIOD

Renewable yearly up to the age limit for permanence.

GUARANTEES AND INSURED CAPITAL

Guarantees	Insured Capital	
	Option 1	Option 2
Death		
Total and Permanent Disability (66%)	50 000 €	100 000 €
Death by Accident		
Total and Permanent Disability by Accident (66%)	100 000 €	200 000 €
Travel Assistance to People		(*)

(*) Refer to Table of Guaranty and Capital Limits available under Coverage Special Conditions.

AVAILABLE MODALITIES

In addition to the Insured Capital, it is required to identify the geographical zone for the displacement and respective duration of the sojourn.

a) **Geographical Zone:** Europe or the Whole World

Notes: Portugal is not included under Travel Assistance to People. Zones do not include territories or countries in declared conflict or in respect of which the competent authorities formally advise not to travel or sojourn in such zones as a result of political or military activities.

b) **Duration of the Sojourn:** Multi-Tours Option (sojourn below or equivalent to 180 days) or Annual Option (sojourn over 180 days).

PREMIUM CALCULATION

The premium is yearly calculated according to age, career/duty being performed by the Policy Holder/Insured Person, option of the insurance capital subscribed, chosen geographical zone and respective duration of the sojourn.

AGGRAVATED RISK PROFESSIONS

The activities below are considered risk professions for which a pre-defined premium aggravation exists, duly identified on the subscription proposal.

- Works related with civil construction, digging, earth movements, tunnels, risk of fall from high places or of being covered by earth, demolition and intervention in railways and roads;
- Hyperbaric work;
- Activities involving utilization or storage of dangerous chemical products prone to serious accidents;
- Transportation of pyrotechnical and explosive products;
- Activities connected with steel industry and ship-building;
- Activities involving contact with high and medium voltage power.

Risk Professions related with the following types of activity are subject to acceptance by the Insurer.

- Sport practice at professional level or if integrated in official championships;
- Air station or aviation risks;
- Transportation of compressed, liquefied or dissolved gases, or respective serious utilization;
- Activities in the extractive industries;
- Manufacture and utilization of explosives and pyrotechnical products;
- Activities involving exposure to ionizing radiations, to cancerigenous agents, mutagenic or toxic products for reproduction, biological agents and exposure to silica;
- Activities belonging to the armed forces or security services.

PREMIUM PAYMENTS

Premium is paid in advance by the Policy Holder, by direct debit payment and it may be done quarterly, half-yearly or yearly, the minimum not lower than five (5) euro.

WHICH ARE THE MAIN EXCLUSIONS?

Exclusions from the Main Death Insurance Coverage

- a) **Malicious act of which the Insurance Holder, Policy Holder or Beneficiary are the material or moral authors or of which they have been accomplices;**
- b) **The Policy Holder's suicide within the 1st annuity or the 1st year immediately after any coverage/insured capital increase;**
- c) **Participation, as passenger or driver, in speed races, for vehicles of any nature;**
- d) **Air station or aviation risks;**
- e) **The Policy Holder's participation in civil war, terrorism acts, or sabotage, riots, popular movements, illegal or criminal acts, strikes, commotions and lockouts;**
- f) **Direct or indirect consequences of political risks and war risks;**
- g) **Sports practice at professional level or integrated in official championships and training;**
- h) **Practice of sports considered radical;**
- i) **Occurrence of nuclear risks;**
- j) **Use of toxic drugs, narcotics or psychotropic substances not clinically prescribed;**
- k) **Previously existing situations known by the Policy Holder on the Insurance subscription date;**
- l) **Death situations by accident as a result of psychic disturbances.**

Complementary Coverages

In addition to exclusions contemplated in the Main Death Insurance Coverage, the following apply to complementary coverages.

Exclusions - Total and Permanent Disability (TPD 66%) and Total and Permanent Disability by Accident (TPDA 66%)

- a) Directly or indirectly, from the Holder's act or practiced with his/her complicity, as well as his/her suicide attempt;
- b) From an Accident in which the Holder is under the influence of alcohol or has taken drugs not clinically recommended;
- c) As a consequence of psycho disturbances.

Exclusions - Travel Assistance to People.

In addition to the exclusions anticipated under Main Death Insurance Coverage, also excluded shall be the losses occurred:

- a) Prior to the commencement of the Policy subscription or outside the effective date of the contract;
- b) Occasioned by criminal actions, damage, consummated suicide or lesion against himself, by the Policy Holder;
- c) As a result of dementia, alcoholic influence, the ingestion of drugs and narcotics not clinically prescribed;
- d) When the vehicle is being driven by a person not legally qualified for the purpose or when such legal qualification has been suspended
- e) Resulting from effects of war, hostility among countries, sabotage, rebellion, terrorism acts, riots, insurrection, labour disturbances, strikes, lockouts, damaging acts and additional disturbances to the public order;
- f) Due to earthquakes, volcanic eruptions, floods or any other cataclysms;
- g) As a result of explosive or incendiary devices;
- h) Directly or indirectly, from the disintegration or fusion of atom nucleus, particle acceleration and radioactivity;
- i) And are not proven by the Insurer nor the respective damages;
- j) And that assistance has not been required at the appropriate time of the occurrence;
- k) As a result of delays or negligence on the part of the Policy Holder's responsibility in resorting to medical assistance;
- l) During or as a result of practicing professional sport and high risk activities,
- m) During salvage operations;
- n) As a result of treatment in hyperbaric chambers;
- o) Due to non compliance with legal or regulatory standards connected with health and safety at work; The following situations are not covered:
 - p) Board and food initially anticipated;
 - q) Medical, surgery and pharmaceutical and hospital costs in Portugal, which are not part of this coverage;
 - r) Non-urgent surgical interventions;
 - s) Refusal or non-compliance with prescribed treatments;
 - t) Costs with preventive medicine, vaccines or similar;
 - u) Costs with alternative medicine or traditional healing;
 - v) Non-urgent physiotherapy, thermal and rest cures, esthetic treatments and checkups;
 - w) Chronic or pre-existing disease, psychiatric disturbances and relapse of previously diagnosed diseases;
 - x) Lesions resulting from surgical intervention or other medical services not resulting from injury guaranteed under this Complementary Coverage;
 - y) Medical assistance in the dentistry area, except provisional oral trauma treatment;
 - z) Medical assistance connected with pregnancy and childbirth;
 - aa) Funeral and funeral services;
 - ab) Prosthesis, walking-sticks, crutches (Canadian type) and any other kind of orthopedic material, spectacles, contact lenses, implants and similar;
 - ac) Luggage not respecting the above established requirements;
 - ad) Theft or robbery not participated to the authorities within 24 hours.

Excluded from all coverages are direct or indirect political and war risk. However, if civil war, revolution, riots, terrorism or similar situations take place during the Policy Holder sojourn, coverages for Death and Disability remain in force for a period of seven (7) days from the day such event has started, in order to permit the Policy Holder abandoning the country or moving to a more secure area. After those seven (7) days, life insurance stops guaranteeing any diseases or accidents occasioned by political or war risks.

WHEN DOES THE CONTRACT CEASES?

- In case of payment of the insured capital by death or total and permanent disability;
 - Through cancellation or resolution of the contract;
 - At the end of the contract validity period;
- Stoppage of Complementary Coverages may also take place under the following conditions:
- Through cancellation of the Main Coverage (Death);
 - At the end of the annuity during which the Policy Holder/Insured Person reaches the maximum permanence age admitted in the Coverage.

HOW TO EXERCISE THE WAIVING RIGHT?

The Insurance Holder, as a private individual, has a period of thirty (30) days as from the date of the Policy to resolve the contract without alleging just cause, by means of a written communication to the Insurer.

RESIDENCE

For the purposes of the present contract the address of the Insurance Holder and of the Policy Holder/ Insured Person mentioned on the Subscription Proposal and/or, in case of moving, any other that, in writing, has been communicated to the Insurer shall be taken into account.

For the purposes of the present contract, the Insurance Holder and Policy Holder/ Insured Person with permanent residence outside Portugal must indicate an address in the national territory.

TO WHOM ADDRESS A CLARIFICATION REQUEST?

1. The Insurer is the holder of an organized unit responsible for claim management to which any questions related to the present contract may be addressed in writing.
2. In case of disagreement with T-Vida, Companhia de Seguros, S.A., the Insurance Holder and/ or Policy Holder/ Insured Person may also submit claims through the respective internet site at www.t-vida.pt, have recourse to the Customer's purveyor, the book of complaints and also request the intervention of Instituto de Seguros de Portugal.

This Briefing Note does not exempt reading General Conditions and Special Conditions for this product.

The present individual life insurance contract is concluded between Seguradoras Unidas, S.A. and the Insurance Holder referred in Particular Conditions, under temporary annually renewable modality, governed by this Policy General, Special and Particular Conditions, in agreement with statements included in the Proposal, which served as basis and of which is an integral part.

1. DEFINITIONS

1.1. For the purposes of this Contract, the following are considered:

- a) **Insurer:** Seguradoras Unidas, S.A.;
- b) **Insurance Holder:** The Entity celebrating the contract with the Insurer, being responsible for premium payments;
- c) **Insured Person/Policy Holder:** The Person subject to risks that, under the agreed terms, are the object of this Contract;
- d) **Beneficiary:** The Entity in whose favour the present Contract is concluded;
- e) **Policy:** The document given as title of the Contract concluded between the Insurance Holder and the Insurer, containing the respective General, Special and Particular Conditions agreed and addenda, as the case may be;
- f) **General Conditions:** The set of clauses that define and regulate general and common commitments to the insurance contract;
- g) **Special Conditions:** the set of clauses aiming at clarifying, complementing or specifying provisions under General Conditions;
- h) **Particular Conditions:** The document where specific and individual details of the Contract are mentioned, that makes it different from all others;
- i) **Addendum:** The document that titles an alteration to the Contract;
- j) **Premium:** The amount paid by the Insurance Holder to the Insurer in exchange for the established guarantees.

1.2. Whenever the interpretation of the text permits, the male gender shall include the feminine gender and the same applying to the singular with respect to the plural and vice-versa.

2. CONTRACT GUARANTEES

2.1. Under cover of the present Contract, the Insurer guarantees through the Main Death Coverage, payment of the insured capital, referred to under the Policy Particular Conditions, to Beneficiaries therein, in case of death of the Policy Holder/ Insured Person occurring within the Policy effectiveness.

2.2. In addition to the Main Death Coverage, under cover of the present Contract may also be guaranteed, under the terms and conditions specified in Special Conditions attached to the present General Conditions, when expressly anticipated under the Policy Particular Conditions, the **Complementary Coverages** for:

- a) **Total and Permanent Disability (TPD 66%) by disease or accident;**
- b) **Death by Accident (DA);**
- c) **Total and Permanent Disability by Accident (TPDA 66%);**
- d) **Travel Assistance to People.**

2.3. Coverages guaranteed under the present Policy also produce effects as a result of disease or accident caused by political and war risks, though coverages of these risks are subject to provisions in the paragraphs below.

2.3.1. For the purposes of this Policy, are considered "political risks and war risks" any direct or indirect consequences resulting from riots, revolutions seclusion, civil war or war with a foreign country, declared or otherwise, insurrection, mutiny, disputes, terrorism or sabotage as defined in Portuguese criminal legislation in force, whatever the place where the events are taking place and whatever the protagonists.

2.3.2. Consequences of political or war risks according to the above defined terms, shall not, however, be guaranteed whatever the case may be when the Policy Holder/Insured Person is, voluntarily or compulsorily, part of the armed forces or the like – paramilitary formations – and participates in peace missions abroad, in war operations or hostility of any nature.

2.3.3. Likewise, consequences of political or war risks shall not be guaranteed if same take place in territories or countries in declared conflicts (civil war or war with a foreign country) or in relation to which the competent authorities formally advise not to travel or stay due to political or military activities. The competent authority, for this purpose, is the Ministry of Foreign Affairs or a similar authority in the country where the Insurance Holder has his usual residence.

2.3.4. If, during the Policy Holder/Insured Person sojourn any of the events identified under paragraph 2.3.1. take place in the country or territory where he is staying, the guarantee for political risks or war risks shall remain in force for Death and Disability Coverage for the maximum period of seven (7) days as from the starting date of the event, in order to allow the Policy Holder/Insured Person to abandon that country or territory and move to a safer area. After the seven (7) days have elapsed, the Policy shall cease guaranteeing any diseases or accidents occasioned by political or war risks, whatever the respective consequences.

2.3.5. If upon returning, the Policy Holder/Insured Person returns to the country or territory, coverage of consequences associated to political or war risks shall no longer be guaranteed by the Policy, as long as the referred countries or territories remain at war or continue to be not recommended by the competent authorities.

2.4. Without prejudice of provisions in paragraph 2.3. the present contract produces effects in relation to geographical zones indicated by the Policy Holder/Insured Person in the Subscription Proposal and it may be restricted to "Europe" or the "Whole World".

2.5. At the time of conclusion of the Contract, or while it remains in force, under the terms anticipated in paragraph 9, should, in the meanwhile, the initial conditions be altered, the Insurance Holder and/or Policy Holder/Insured Person must also indicate in the Subscription Proposal, the intended maximum period of visits abroad, namely if these shall last for over 180 days (Annual Option) or shall be lower or equal to 180 days (Multi-trip Option).

3. EXCLUDED RISKS

3.1. Death Coverage anticipated under cover of this contract shall be effective whatever its cause, except in the cases in which death of the Policy Holder/Insured Person shall be caused by:

- a) **Malicious act of which the Insurance Holder, Policy Holder/Insured Person or Beneficiary are the material or moral authors or of which have been accomplices and which should result in bringing into action the contracted coverages;**
- b) **Suicide of the Policy Holder/Insured Person always when occurring during the first year of adherence to the policy or during the first year immediately after to the date of any insured capital increase or subscription of new guarantees;**
- c) **Participation, as passenger or driver, in speed races, for vehicles of any nature, equipped or not equipped with engine and respective training, bets or challenges;**
- d) **Air station or aviation risks, except when the Policy Holder/Insured Person is a passenger in a commercial airplane for the transport of passengers, duly authorized by the European Commission;**
- e) **Participation of the Policy Holder/Insured Person in civil war, terrorism or sabotage acts, riots, popular movements, illegal or criminal acts, strikes, commotions and lockouts;**
- f) **Direct or indirect consequences of war and political risks in those situations where these risks are excluded from the terms anticipated in paragraphs 2.3.2. and 2.3.5.;**
- g) **Sports practice at professional level or integrated in official championships and respective training;**
- h) **Practice of the following sports:**
 - **Mountaineering, climbing and espeleology;**
 - **Air sports, including parachuting, free flight, engineless flight, paragliding, delta-wing, ultra light, sky diving, sky-surfing, base jumping and jumps or inverted jumping with body suspension mechanism (bungee jumping);**
 - **Rappel or sliding descent, water stream descent occasioned by level differences in water courses;**
 - **Hunting of wild animals, bullfighting, underwater hunting, scuba diving;**
 - **The practice of boxing, martial arts or any other form of rustling.**
- i) **Occurrence of nuclear risks;**
- j) **Use of toxic drugs, narcotics or psychotropic substances not clinically prescribed. It is considered that the Policy Holder/Insured Person is under the effect of drugs, narcotics or psychotropic substances whenever the presence of such substances is identified in the blood stream or in any organic liquid collected for detection tests;**

k) Risks occasioned by situations existing before conclusion of the present insurance contract are not covered – including illness or the consequence of an accident which have been subject to clinical research and/or treatment and which is known by the Policy Holder/Insured Person on the date the proposal has been filled in, as well as the consequences of any lesion occasioned by treatment not related with decease or accident covered by this contract, except if a formal communication has been made to the Insurer and has had his respective acceptance, according to conditions established for the purpose.

3.2. Death risk may be extended to cases anticipated in sub-paragraphs c), d) and h) of paragraph 3.1. as well as to air station and aviation risks when the Policy Holder/Insured Person is in the quality of pilot, by means of a special convention agreed with the Insurer for such purpose and the payment of the respective premium surcharge.

4. UNCONTESTABILITY

4.1. The Insurance Holder and the Policy Holder/Insured Person, must declare, telling the whole truth, all facts or circumstances that will allow the exact appraisal of the risk or that may influence the acceptance of the said contract or the correct calculation of the applicable premium, even those circumstances whose declaration is not expressly requested in a questionnaire that may have been supplied for the purpose by the Insurer.

4.2. After analysing available data, the Insurer may make one of the following decisions:

- Communicate acceptance, without reserves, of the Contract;
- Propose conditional acceptance or with increased premium;
- Communicate total refusal of the Insurance Proposal;

Whenever the Insurer, availing himself of the right to which is entitled, counter proposes acceptance with the condition provided for in subparagraph b), the insurance only becomes effective after the Insurance Holder expresses in writing his acceptance of the counter proposal.

4.3. Without prejudice of provisions in paragraphs 5 and 6 above, after elapsing two (2) years upon conclusion of the contract, the Insurer, except in those cases foreseen in the next paragraph, cannot avail himself of possible omissions or of negligent inaccuracies supplied by the Insurance Holder or Policy Holder/Insured Person in the initial risk statement.

4.4. Provisions in the preceding paragraph are not applicable to Complementary Coverages for Death by Accident, Total and Permanent Disability (TPD 66%), Total and Permanent Disability by Accident (TPDA 66%), when these have been subscribed.

5. OMISSIONS OR DECEITFUL INACCURACY BY THE INSURANCE HOLDER OR THE POLICY HOLDER/INSURED PERSON

5.1. In the case of omissions or deceitful inaccuracy in the initial risk statement made by the Insurance Holder and/or Policy Holder/Insured Person under the terms provided in paragraph 4.1., the contract is annulled by the Insurer sending a statement with that purpose to the Insurance Holder, within three (3) months from the date of becoming aware of the event of default.

5.2. In the case damages occur, either before the Insurer becomes aware of the event of default, or also during the period referred in the preceding paragraph, same shall not be covered by the contract.

5.3. Without prejudice of provisions in the preceding paragraphs, the Insurer is entitled to the premium owed up to the end of the period referred in paragraph 5.1. or, in those cases that deceitfulness by the Insurance Holder and/or Policy Holder/Insured Person aim at obtaining an advantage, up to the date the contract ceases.

6. OMISSIONS OR NEGLIGENT INACCURACY BY THE INSURANCE HOLDER AND/OR THE POLICY HOLDER/INSURED PERSON

6.1. In the case of omissions or negligent inaccuracies in the Initial Risk Statement made by the Insurance Holder and by Policy Holders/Insured Persons according to provisions of paragraph 5.1., the Insurer may:

- Propose an alteration to the contract, establishing a date, not below fourteen (14) days for the Insurance Holder and/or Policy Holder/Insured Person to express an opinion;
- Cancel the contract, as long as it is proven that the Insurer, in no case whatsoever, would have celebrated the contract had he known beforehand the omitted fact or the inaccurate declaration.

6.2. According to provisions established in the preceding paragraph, the contract ceases its effectiveness twenty (20) days after the alteration proposal has been sent by the Insurer, should the Insurance Holder and/or Policy Holder/Insured Person do not agree with same, or thirty (30) days after forwarding the ceasing statement referred in sub-paragraph b).

6.3. If cessation of the contract occurs, the premium is returned, taking into account the lapse of time not yet run out until maturity.

6.4. In case of a damage occurred before cessation or alteration of the contract, whose checking or consequences have been influenced by a fact in relation to which there has been an omission or negligent inaccuracy, the Insurer:

- Guarantees the damage in the proportion of the difference between the paid premium and the premium that would be owed, should, at the time the contract had been concluded, had he known the omitted fact or the inaccurate statement;
- Does not guarantee the damage, proving that in no case whatsoever would have concluded the contract had he known the omitted fact or inaccurate statement.

6.5. During the validity period of the Policy/Individual Certificate, the Insurer has the right of being informed by the Insurance Holder and/or Policy Holder/Insured Person of all facts that, at any and all times, may change configuration of the risk insured by the Main Death Coverage or by Complementary Coverages, Death by Accident, Total and Permanent Disability by Accident and Travel Assistance to People, under penalty of depositing for loss of damages resulting from omission of such facts or circumstances.

6.6. Provisions of the preceding paragraphs are not applicable with respect to Death Coverage when after the contract has been concluded for over two (2) years have elapsed.

7. COMMENCEMENT, EFFECTS AND DURATION OF THE CONTRACT

7.1. The present Contract becomes effective at zero (0:00) hours of the date referred under Particular Conditions, with the express reserve that, whatever the case may be, risk cover cannot be granted before zero (0:00) hours on the day immediately following its acceptance by the Insurer.

7.2. Without prejudice of the above provisions, risk cover granted through the present contract shall only take place after the respective premium or initial contract fraction is paid.

7.3. The contract is concluded for the period of one year, renewable for identical periods, up to the end of the annuity in which the Policy Holder/Insured Person reaches the limit of permanence in the contract.

8. FREE TERMINATION OF THE CONTRACT

8.1. When the contract is concluded for a period equal or above six (6) months, the Insurance Holder, being a private individual, disposes of a period of thirty (30) days as from the Policy reception date to terminate the contract without alleging just cause and without prejudice of provisions in the next paragraph.

8.2. The period foreseen in the preceding paragraph is calculated as from the date of conclusion of the contract, as long as the Insurance Holder, on that date, has available on paper or on any other durable means, all relevant information that must be part of the Policy.

8.3. Termination of the contract according to the above terms must be communicated to the Insurer in writing, on paper or on any other durable means, available and accessible to the Insurer.

8.4. Termination of the contract in the above provided terms, has retroactive effect, however, the Insurer is entitled to:

- The value of the Premium respecting the period already elapsed, as long as he has assumed the risk;
- The amount of reasonable costs in which the Insurer has incurred with medical examinations whenever such amounts are contractually allocated to the Insurance Holder.

9. CONTRACT ALTERATIONS

9.1. The Insurance Holder may, if he so desires, with effect as from the date of contract renewal and as long as the Insurer is informed in writing with a notice of at least thirty (30) days, request for alterations to the contract.

9.2. Alterations to contract conditions shall always depend on the Insurer's acceptance. As from such moment, in case alterations consist in the increase of the guarantee value or include new guarantees, it is warranted the right of subordinating the respective acceptance to the favourable results of medical examinations deemed necessary for the purpose to which Policy Holder/ Insured Person shall be submitted. Costs inherent to these examinations shall be supported by the Insurer.

10. TERMINATION OF THE CONTRACT 10.1. With the exception established in paragraph 17.5., the present Contract may be terminated by the Insurance Holder, on the respective maturity date, by means of a previous communication addressed to the Insurer with at least thirty (30) days notice.

10.2. The Insurer may also terminate the contract in those instances considered by the Law, particularly, as a result of:

- a) Non-payment of the premium, according to provisions in paragraph 15;
- b) Deceit or attempt of deceit by the Insurance Holder and/or Policy Holder/Insured Person, or also by the Beneficiary with the formers' complicity;
- c) Default situation with respect to contractual commitments which the Insurance Holder and/or the Policy Holder/Insured Person have undertaken and that are essential to keep the contract according to the conditions under which it has been accepted.

10.3. Once the contract has been terminated in compliance with the above referred conditions, the Insurer shall duly inform the Beneficiary, when the benefit is irrevocable according to provisions in paragraph 17.

11. COVERAGE TERMINATION

The contract ceases its effects:

- a) On the date termination of the contract becomes effective under the terms anticipated in paragraph 10;
- b) On the date the Insured Capital is paid in case of Death under cover of the following Complementary Coverages:
 - Total and Permanent Disability (TPD 66%);
 - Death by Accident (DA);
 - Total and Permanent Disability by Accident (TPDA 66%);
- c) At the end of the annuity when the Policy Holder/Insured Person completes sixty five (65) years of age or any other age different from the latter, as long as indicated in the Policy Particular Conditions.

12. INSURED CAPITAL

Guaranteed Insured Capital, under cover of the present Contract, is indicated by the Insurance Holder, corresponding to a determined amount.

13. CONTRACT PREMIUM

13.1. Premiums owed shall be calculated according to rates in force at the Insurer's on subscription date, the insured capital, the Policy Holder/Insured Person's age, career/functions being performed and subscribed guarantees.

13.2. The amount of the premium shall be adjusted annually, on contract renewal date, in compliance with factors mentioned in the preceding paragraph.

14. PREMIUM PAYMENT

14.1. The premium, to which legal or contractually established charges are added, is owed by the Insurance Holder annually and in advance, as established under Particular Conditions.

14.2. When expressly agreed under Particular Conditions, the Insurer may allow payment of the annual premium by the Insurance Holder in several instalments, in which case, the respective fractioning costs are added to the annual valued.

14.3. The premium, independent from the chosen fractioning, when applicable, shall be paid by one of the means agreed with the Insurance Holder included under Particular Conditions.

14.4. The Insurer shall advise the Insurance Holder in writing and with, at least, 30 days notice in respect of the date the premium or fraction thereof becomes due, indicating payment date, amount to be paid, how payment shall be made, as well as the consequences of lack of payment of such premium or fraction.

14.5. The premium is owed up to the end of the annuity during which the Policy Holder/Insured Person dies or in which the advance payment of the indemnity occurs as a result of the damage guaranteed under complementary covers that may have been subscribed.

15. DEFAULT OF PREMIUM PAYMENT

15.1. The default in payment of subsequent annuity premiums or of any fraction thereof during the same annuity, when payment is fractioned, within the thirty (30) days following the date on which it was due, grants the Insurer the possibility of terminating the Policy, by addressing a communication, simultaneously, and when different, to the Insurance Holder and Policy Holder/Insured Person, with at least eight (8) days notice in relation to the effective date.

15.2. Utilization of the possibility granted in the preceding paragraph does not harm the Insurer's right to the premium corresponding to the elapsed time.

16. RE-ESTABLISHMENT OF THE CONTRACT IN FORCE

Once the contract has ceased, whatever the reason, it shall not be possible, in any case whatsoever, to re-establish the Policy in force.

17. BENEFICIARIES

17.1. Except when the insurance contract is associated to a mutual contract, the Insurance Holder has the right to appoint Beneficiaries, in compliance with contract guarantees, as well as to alter at any time the Beneficiary Clause up to the date the latter acquires the right to the insured amounts, without prejudice of provisions in the paragraphs below. Such alteration shall only be valid if the Insurer has received the corresponding written communication, with Beneficiary's identification data, particularly full name, address, civil I.D. and tax payer number. In case of Beneficiary's I.D. data is in correct or out of date, not allowing the Insurer to determine his identification, payment of the share belonging to the Beneficiary shall wait for the interested party's claim. Alteration of the Beneficiary shall result in an Addendum.

17.2. Whenever the Insurance Holder and/or Policy Holder/Insured Person are different persons, the alteration of the Beneficiary Clause may only be made with the agreement and by initiative of both parties.

17.3. The Beneficiary Clause shall be considered irrevocable, and the Insurance Holder is prevented of effecting any alteration to the former.

17.4. The waiver by the Insurance Holder and/or Policy Holder/Insured Person to alter the Beneficiary Clause, as well as the Beneficiary's acceptance, must be included in the written document, whose validity period depends on the effective communication to the Insurer.

17.5. As the Beneficiary Clause is irrevocable, previous Beneficiary's agreement shall be required to terminate the contract or for exercising any right or faculty to modify contract conditions with incidence on the Beneficiary's rights, except in the case of false statements.

17.6. As the Beneficiary Clause is irrevocable, the Insurer shall inform, simultaneously, the Beneficiary and the Insurance Holder non-payment of the premium and respective consequences.

17.7. The Beneficiary acquires the right to take the place of the Insurance Holder, in case of the latter's death, as long as the Insurance Holder has previously informed the Insurer in writing, and the Policy Holder/Insured Person has given his written consent.

18. COMMITMENTS OF THE POLICY HOLDER/INSURED PERSON AND/OR BENEFICIARY IN CASE OF DAMAGE.

18.1. In case the guaranteed Policy Holder/Insured Person dies under cover of the present contract, the Insurance Holder and/or Beneficiaries must communicate the death to the Insurer, delivering, simultaneously, a copy of the Policy Particular Conditions, the Policy Holder/Insured Person's I.D., the documents certifying his quality of Beneficiary, as well as the Death Certificate of the Policy Holder/Insured Person.

Should death circumstances so justify, the Insurer may also request that the Beneficiary should hand over to him additional documents, namely, documents elucidating on the death issued by the police and criminal authorities, or hospital entities or also a medical certificate indicating the causes, evolution and death circumstances.

18.2. In case a guaranteed situation has occurred through a Complementary Coverage, without prejudice of provisions in the respective Special Conditions, and as long as same has been subscribed, the Policy Holder/ Insured Person must send to the Insurer a certificate issued by the assisting physician indicating the commencement, causes, nature and evolution of the state of health or disability, **within a maximum of sixty (60) days following confirmation of same.**

18.3. In addition to provisions of the preceding paragraph, whenever justifiable for the correct determination of circumstances in which the loss occurs, the Insurer reserves the right to require any complementary justification and to make investigations deemed convenient to determine the exact state of health of the Policy Holder/Insured Person having him examined by his physicians if he so desires and the Insurer remains responsible for the respective costs.

18.4. For the purposes of the preceding paragraphs, the Policy Holder/Insured Person must authorise his assisting physician to provide, confidentially, to the physician representing the Insurer, all medical information regarding the declared injury.

18.5. Documents to be submitted and the period to settle insurance provisions when applicable, under cover of the Complementary Coverage for Travel Assistance to People, are provided under the respective Special Conditions.

18.6. Non-compliance by the Beneficiary or the Policy Holder/Insured Person with provisions in the preceding paragraphs, and lack of truth in information provided to the Insurer may involve loss of right to the insured amounts or coverage suspension.

19. SETTLEMENT OF INSURED AMOUNTS BY THE INSURER

19.1. Once loss by Death or Disability has been informed and all complementary documents that may have been requested by the Insurer have been handed over, the Insurer undertakes to communicate to the Policy Holder/Insured Person and/or Beneficiary, within thirty (30) days, if he considers it guaranteed or not guaranteed under cover of the contract.

19.2. In case of payment of the Insured Capital due to death or disability:

a) The insured amounts shall be paid to the indicated Beneficiary on the date of death or disability of the Policy Holder/Insured Person;

b) Should there be no Beneficiary indicated and by death of the Policy Holder/Insured Person, insured amounts shall be paid to the Policy Holder/Insured Person's Heirs in the order established for legitimate succession according to the terms of sub-paragraphs a) to d) of nº 1 of Article 2133 of the Civil Code;

c) In case the Beneficiary dies before the Policy Holder/Insured Person, to the Heirs of the latter, in accordance with the rules provided in sub-paragraph a);

d) In case the Beneficiary dies before the Policy Holder/Insured Person, with waiver to revocation of the beneficiary clause or if there has been acceptance of the benefit by the Beneficiary, to the heirs of the former, according to rules provided in sub-paragraph a);

e) In case of the simultaneous death of the Policy Holder/Insured Person and the Beneficiary, to the Heirs of the latter, according to the rules provided in sub-paragraph a);

f) should the Beneficiary be a minor, the Insurer shall pay the indemnity due to the respective legal representatives;

19.3. If a difference exists between the declared age of the Policy Holder/Insured Person on the insurance subscription proposal and the one on the I.D. document, a correction of the insured amounts shall take place, according to paid premiums, taking into account the exact age and rates in force on the date of Policy issue.

20. PARTICIPATION IN PROFITS

The present Contract does not foresee the allocation of Participation in Profits.

21. COMMUNICATIONS AND NOTIFICATIONS AMONG THE PARTIES

21.1. Communications or notifications anticipated in this Policy must be done in writing or be provided by another means permitting a long lasting record, to the last address of the Insurance Holder indicated in the contract or to the Insurer's head office.

21.2. Any change of address or Head Office by the Insurance Holder or the Policy Holder/Insured Person, when different, must be informed to the Insurer, within thirty (30) days following the date it takes effect, incurring in the risk that communications of notifications made by the Insurer to the outdated address be considered valid and effective.

21.3. For the purposes of this contract the address of the Insurance Holder and of the Policy Holder/Insured Person mentioned in the subscription proposal and/or, in case of change, any other that has been communicated to the Insurer in writing shall be considered.

The Insurance Holder and the Policy Holder/Insured Person that have a permanent address outside Portugal must indicate an address in Portuguese territory for the purposes of the present contract.

22. ADDRESS

For the purposes of this contract the address of the Insurance Holder and of the Policy Holder/Insured Person indicated on the Subscription Proposal shall be taken into account and/or, in case of change, any other that has been communicated to the Insurer in writing.

The Insurance Holder and/or Policy Holder/Insured Person that establishes his residence outside Portugal must indicate an address in Portuguese territory for the present contract.

23. ARBITRATION

23.1. In case of dispute between the Insurance Holder, the Policy Holder/Insured Person and/or the Beneficiary and the Insurer with respect to checking risks guaranteed by this contract or calculation of indemnity amounts, the parties may organize for the dispute to be solved by requesting a Medical Committee, which shall act as Court of Arbitration.

23.2. The Medical Committee shall be composed of three physicians, one appointed by each of the parties and the third one, who shall preside with the casting vote, by agreement among those appointed by the parties or, in case an agreement has not been reached, by Instituto Nacional de Medicina Legal (National Forensic Medicine Institute) – Office in the area of residence of the Policy Holder/Insured Person.

23.3. The Court of Arbitration shall act in compliance with Law 31/86; it is compulsory that referees appointed by the parties are physicians.

23.4. In case of resorting to a Medical Committee, the Insurer and Insurance Holder or Policy Holder/Insured Person shall be responsible for the fees and costs of the physician/referee indicated by them, and those of the President shall be equally shared by both parties. In the absence of the Insurance Holder and/or Policy Holder/Insured Person, costs for which they would be responsible shall be supported by Beneficiaries, deducting from the amounts to be paid.

24. LEGISLATION AND FORUM

24.1. The present contract shall be governed by Portuguese Law.

24.2. In those cases not mentioned in the present contract, applicable legislation shall prevail.

24.3. The competent court for the solution of any dispute arising from this contract is as established by Civil Law.

25. TERRITORIAL SCOPE

Except when stipulated to the contrary under Particular Conditions, according to provisions of paragraph 2.4, the present contract becomes effective, in relation to any event guaranteed by this Policy, occurring in the geographical Zones indicated in the respective proposal by the Insurance Holder and/or Policy Holder/Insured Person.

26. CLAIMS MANAGEMENT

26.1. The Insurer has an organised unit responsible for claims management to which any questions pertaining to the present contract may be addressed in writing.

26.2. In the case of differences with the Insurer, the Insurance Holder and/or Policy Holder/Insured Person may also submit claims through the respective Internet site www.tranquilidade.pt, in the book of complaints, have recourse to the Customer's purveyor according to established regulatory conditions, as well as requesting the intervention of Instituto de Seguros de Portugal, without prejudice, of also having the possibility of resorting to arbitrage or courts of law, according to legal provisions in force.

26.3. For additional information on the claims management process in force at the Insurer's, namely reception point, minimum content, periods for supplying answers and identification of the appointed Customer purveyor, the Insurance Holder and/or Policy Holder/Insured Person must consult the "Customer Treatment Policy" available in the respective internet site www.tranquilidade.pt.

When subscribed by the Insurance Holder and expressly foreseen under the Policy Particular Conditions, the following Special Conditions shall apply to the present insurance contract.

COMPLEMENTARY COVERAGE DEATH BY ACCIDENT

1. COVERAGE SCOPE

1.1. When expressly provided under the Policy Particular Conditions, it is also possible to guarantee as a complement to the capital anticipated for the Main Death Coverage, through the present contract, payment of an additional amount of capital by Death of the Policy Holder/Insured Person when occurring in the below mentioned conditions.

1.2. If the Policy Holder/Insured Person dies as a result of an Accident, under cover of the present coverage, the payment of a second tranche of capital shall be guaranteed for the same value of that anticipated for the Main Death Cover, to which the latter is added.

1.3. For the purposes of provisions of the present coverage, it is considered as **Accident:**

All casual, sudden and abnormal events, resulting from an external cause and foreign to the Policy Holder/Insured Person's will, occurring while the contract is in force, and is clinically and objectively confirmed that it has occasioned body harm to the latter. Intoxications and drowning, for the purposes of the present coverage, are considered on the same level as accident.

2. JUSTIFICATION AND ACKNOWLEDGEMENT OF THE RIGHT TO INSURED AMOUNTS

2.1. If the Policy Holder/Insured Person dies as a result of an Accident, the Insurance Holder and/or Beneficiary mentioned under Particular Conditions should, without prejudice of the remaining commitments anticipated in paragraphs 18 and 19 of General Conditions, send to the Insurer, as complement to the participation of the accident, the respective Death Certificate, as well as all and any other documents giving clarification about the accident and respective consequences, deemed necessary for the correct determination of the accident causes.

2.2. Default of provisions mentioned in the preceding paragraph by the Insurance Holder and/or Beneficiary involves responsibility for losses and damages resulting thereby, or suspension of this coverage while the default situation prevails.

2.3. Lack of truth in information provided to the Insurer, involves loss of right to the insured amounts.

3. EXCLUDED RISKS

In addition to exclusions anticipated in paragraph 3 of General Conditions applicable to the present coverage with the required adaptations, under cover of the present coverage the following death situations shall also not be covered:

- Resulting from disease;**
- The consequence of psycho disturbances;**
- The result of accidents and respective consequences intentionally occasioned by the Policy Holder/Insured Person or with his complicity;**
- If related to drugs ingestion, when not clinically recommended, or also by practicing acts or omissions pertaining the Policy Holder/Insured Person's alcoholic problems.**

4. CESSATION OF THE COVERAGE

As complement to situations provided under paragraph 11 of General Conditions, the Complementary Coverage of Death by Accident, when contracted, shall also cease the respective effects on the date any of the following conditions occur:

- The Policy Holder/ Insured Person Mobilization to participate in war operations, patrolling or in repression of terrorism acts, when such risks are guaranteed;**
- At maturity of the annuity in which the Policy Holder/Insured Person completes sixty five (65) years of age or any other age different from the latter, as long as indicated in the Policy Particular Conditions.**

COMPLEMENTARY COVERAGES TOTAL AND PERMANENT DISABILITY (TPD 66%) AND TOTAL AND PERMANENT DISABILITY RESULTING FROM ACCIDENT (TPDA 66%)

1. SCOPE OF THE COVERAGE

1.1. When expressly provided under the Policy Particular Conditions, through the present Contract, it is also possible to guarantee as a complement to the Main Death coverage, the situations of TOTAL AND PERMANENT DISABILITY (TPD 66%) AND TOTAL AND PERMANENT DISABILITY RESULTING FROM ACCIDENT (TPDA 66%).

1.2. If a situation of TOTAL AND PERMANENT DISABILITY (TPD 66%) occurs through disease or accident, the Insurer shall pay in advance the insured capital for Death coverage, as recorded under the Policy Particular Conditions.

1.3. As a complement of the coverage provided in paragraph 1.2, and as long as expressly anticipated in the Policy Particular Conditions, a second capital tranche will still be guaranteed, the value of which is equivalent to that of the main Death coverage, in case of TOTAL AND PERMANENT DISABILITY RESULTING FROM ACCIDENT (TPDA 66%).

2. DEFINITIONS

For the purposes of the present coverages, it is understood as:

a) Accident: all casual, sudden and abnormal event, resulting from an external cause and foreign to the Policy Holder/Insured Person's will, occurring while the contract is in force, and that it causes body harm to the latter, and is clinically and objectively confirmed. Intoxications and drowning, for the purposes of the present coverage, are considered equivalent to accident.

b) Total and Permanent Disability: The Policy Holder/Insured Person is considered to be in a condition of Total and Permanent Disability always when as a result of a Disease or Accident becomes totally disabled for exercising his profession or any other profitable activity in accordance with his knowledge and capabilities in a permanent manner and, additionally, present a 66% disability degree in accordance with the "National Table for Disabilities by Labour Accidents and Professional Diseases" in force at the time disability is acknowledged.

3. COVERAGES OPERATION CONDITIONS

3.1. These guaranties do not operate by granting invalidity retirement or the classification of "Great invalid" assigned by Social Security or by any other facultative or compulsory regime that replaces or complements it.

3.2. For the purposes of acknowledging Total and Permanent Disability by Disease or Accident, this must be verified and acknowledged by the Insurer's physician, based on objective medical criteria. In case of differences this acknowledgement may be done with recourse to a Medical Committee acting as Court of Arbitration in the terms and conditions provided in paragraph 22 of General Conditions or, alternatively, by a Criminal Court, prevailing that acknowledgement over any opinions or decisions of Social Security, Caixa Geral de Aposentações or any other facultative or compulsory regime replacing or complementing them.

3.3. Without prejudice of provisions in the next paragraph, complementary coverages for Total and Permanent Disability (TPD 66%) and Total and Permanent Disability by Accident (TPDA 66%), shall only be applicable if taking place while the Policy remains effective and prior to the end of the annuity in which the Policy Holder/Insured Person reaches sixty five (65) years of age.

3.4. If disability occurring from accident is aggravated or results from a prior physical defect which the Policy Holder/Insured Person already possessed on the date of being included in the present complementary coverages, the Insurer's responsibility cannot exceed the one he would have had should the accident had occurred with a healthy and normal person.

3.5. Devaluation degree corresponding to any physical defects the Policy Holder/Insured Person already carried on the date the present Complementary Coverages commenced, shall not contribute to the establishment of devaluation degree to be allocated under cover of this coverage.

4. DEMAND OF THE INSURED CAPITAL

Once the situation of Total and Permanent Disability by disease or accident (TPD 66% or TPDA 66%) is acknowledged by the Insurer's physician, payment of the Insured Capital shall be made available to the Beneficiary under provisions of paragraph 19 of General Conditions.

Acknowledgement of the disability situation, taking into account its effective confirmation or regression from the clinical point of view, shall never occur before three (3) months have elapsed over the date in which Disability is communicated to the Insurer.

5. JUSTIFICATION AND ACKNOWLEDGEMENT OF THE RIGHT TO THE INSURED AMOUNTS

5.1. In case of disability, without prejudice of the remaining obligations referred in paragraph 18 of General Conditions, the Insurance Holder and/or appointed Beneficiary must:

a) Send to the Insurer, within sixty (60) days of confirmation of Total and Permanent Disability by disease or accident, a medical certificate by the assisting physician, the cost supported by the Insurance Holder, indicating the beginning, causes, nature and evolution of the disability condition;

b) Attach an exact description of the activity performed by the Policy Holder/Insured Person before the disability.

5.2. The Insurer reserves himself the right to require any complementary justification and to make investigations deemed convenient to determine the exact state of health of the Policy Holder/Insured Person, having him examined by his physicians if deemed necessary. In this instance, costs are for account of the Insurer, and the Policy Holder/Insured Person must authorise his assisting physician to provide, confidentially, to the physician representing the Insurer, all medical information regarding the declared loss.

5.3. Non-compliance by the Insurance Holder and/or Beneficiary with provisions in paragraphs 5.1. and 5.2., involves responsibility for losses and damages resulting thereby.

5.4. Lack of truth in information provided to the Insurer involves loss of right to the insured amounts.

5.5. When an agreement is not reached, any of the interested parties may promote solution of the dispute requesting a Medical Committee, which shall operate as Arbitral Court under the terms and conditions provided in paragraph 22 of General Conditions.

5.6. While differences are not solved, premiums and extra premiums relating to Death coverage, as well as premiums respecting Disability coverage, with the possibility of reaching maturity while discussions are taking place, must be settled to the Insurer. If the decision reached is not favourable to the Insurer, he shall return the amounts received and shall pay, should it be the case, the amounts owed plus interest of 3% per annum, calculated since the end of the period indicated in paragraph 4 of the present Special Condition.

6. EXCLUDED RISKS

Besides exclusions anticipated in paragraph 3 of General Conditions, applicable to the present coverages, with the required adaptations, under cover of the present coverages the following losses shall also be excluded:

- Directly or indirectly, any act by the Policy Holder/Insured Person or practiced with his complicity, as well as suicide attempt by the latter;
- Accident in which the Policy Holder is in an alcoholic state or has taken drugs not clinically recommended;
- Consequence of psychic disturbances.

7. CESSATION OF THE COVERAGE

As complement to the situations provided in paragraph 11 of General Conditions, Total and Permanent Disability (TPD 66%) and Total and Permanent Disability by Accident (TPDA 66%) complementary coverages, when contracted, shall also cease the respective effects on the date one of the following situations takes place:

- Suicide attempt on the part of the Policy Holder/Insured Person;
- Intentional worsening, whatever the means used, of the disability degree by the Policy Holder/Insured Person;
- Mobilization of the Policy Holder/Insured Person to participate in war operations, patrolling or in repression of terrorism acts, when such risks are guaranteed;
- At the end of the annuity period in which the Policy Holder/Insured Person completes sixty five (65) years of age or any other age different than this, as long as indicated in the Policy Particular Conditions;
- On the date the Policy Holder/Insured Person starts benefiting from an old age pension, pre-retirement or early retirement.

COMPLEMENTARY COVERAGE TRAVEL ASSISTÊNCIA TO PEOPLE

As complement to the Main Insurance in case of death, as agreed and expressly referred under Particular Conditions, the risk defined below in the terms of the respective paragraphs may be covered. The Coverage Travel Assistance to People makes a whole with the Main Capital Death Insurance without which it cannot subsist and remain in force.

1. DEFINITIONS

Assistance Services – the entity that organizes and provides, for account of the Insurer and in favour of the Policy Holders/Insured Persons, money instalments or services provided in this Complementary Coverage;

The entity is Europ Assistance, Companhia Portuguesa de Seguros, S.A.;

Trip – Displacement out of the national territory, using commercial means of transportation (plain, ship, train or bus);

Multi trips – A trip that may be extended up to a period of 180 following days (inclusive);

Luggage – the personal belongings in suitcases or travelling bags, belonging to the Policy Holder/Insured Person and that, transported in the hold, accompanies his trip;

The following belongings are excluded from this definition:

- Watches, jewellery and other objects which are manufactured with precious metals or stones;
- Money, cheques, credit cards or any other means of payment;
- Documents of any kind, travelling tickets, lottery tickets, shares or any other credit securities or similar;
- Works of art;
- Fur coats or similar;
- Cell phones, portable computer, game consoles, multimedia players, cameras, filming machines, calculators and any other audiovisual, informatics or electronic equipment;
- Ski equipment, snowboard and any other type of sport equipment;
- Hunting equipment and any other type of gun;
- Goods and sundry articles for professional use;
- Prosthesis of any kind, namely dental, spectacles and contact lenses;
- Fragile assets; perishable or easily breakable;
- Cosmetics;
- Animals;
- Bicycles with or without engine;
- All and any objects whose transportation is not permitted by air, sea or land navigation rules;
- Prosthesis, walking-sticks, crutches (Canadian type) and any other kind of orthopedic material, spectacles, contact lenses, implants and similar;
- Luggage not respecting the above established requirements.

Accident – the damage/loss occasioned by an external cause, accidental, unforeseeable and independent of the Policy Holder/Insured Person's will, occasioning to the latter physical lesions, temporary or permanent disability or also death, clinically and objectively confirmed;

Disease – involuntary alteration of the state of health, foreign to the Policy Holder/Insured Person's will and not caused by accident, revealed by obvious signs and acknowledged and certified by an authorized physician;

Damage/Loss – all unforeseen events that may enforce this Coverage guarantees;

Capital Limits – maximum and minimum values defined on the attached Table Guarantees and Capital Limits, applicable do damages/losses covered by Complementary Coverage.

Force Majeure Causes – For the purposes of this Complementary Insurance, in paragraphs 9.2.1. and 9.2.2., it is understood as force majeure cause: - The death, in Portugal, of the Insured Person himself, the spouse of the Policy Holder/Insured Person or person living with him in a situation similar to that of spouse, as well as his ascendants and descendants up to the 1st degree, step-children, daughter-in-law, son-in-law, brothers, brothers-in-law and parents-in-law

- Sudden and unexpected medical occurrence or serious accident of the Policy Holder/Insured Person occasioning repatriation to Portugal under the terms of personal assistance guarantees included in this Complementary Cause;

- Sudden and unexpected medical occurrence or serious accident, from which hospitalization shall result for a period of more than two (2) consecutive days, confirmed jointly by the assisting physician and by the medical team of the Assistance Service, the victim being, in Portugal, the Policy Holder/Insured Person's spouse or the person living with him in a situation similar to that of spouse, as well as his ascendants and descendants up to the 1st degree, step-children, daughter-in-law, son-in-law, brothers, brothers-in-law and parents-in-law;

- Serious accident resulting in locomotion disability of the Policy Holder/Insured Person, clinically proven, on the starting date of the trip;

- Destruction of the Policy Holder/Insured Person's permanent residence, his working place or the working place of his spouse or the person living with him in a situation similar to that of spouse, should one of them be a freelance worker, as long as evidence of the occurrence is submitted, the damage/loss occurs in the thirty (30) days prior to the expected date of departure and the damage caused exceed 50% of the real estate;

- Illness of a son whose age is two (2) years or lower hampering pursuance of the trip and the need for urgent and absolute presence of the Policy Holder/Insured Person, through facts clinically proven;

- Summons to be present as party, witness or juror in judicial proceedings which shall take place during the period of the trip, as long as summons is made after insurance subscription date and commencement of the trip;

- Receiving a child in adoption, preventing start up or continuity of the trip, as the case may be, if notified after insurance subscription and commencement of the trip;
- The urgent requisition to incorporate the armed forces, police corps or firemen;
- A surgery which did not have a previously established date at the moment of acquiring the trip or consequences of a previous surgery that do not advise, according to medical criteria, the commencement or pursuance of the trip as the case may be;
- Summons/notification by the Ministry of Finance obliging the Policy Holder/Insured Person to be personally present on a date coinciding with the period of the trip, and occurring on a date subsequent to the insurance subscription and beginning of the trip;
- To be present for examinations at official concours summoned by a public body on a date subsequent to the insurance subscription and coincident with the date of the trip;
- Compulsory quarantine;
- The declaration of catastrophic zone applied to the place of residence of the Policy Holder/Insured Person;
- Summons as member of an Electoral Table obliging the Insured Person to assist on a day coincident with the period of the trip, as long as such summons occurred on a date subsequent to insurance subscription;
- Medical contraindication to travel due to entanglements occurred only during the two (2) first quarters of pregnancy.

2. TERRITORIAL SCOPE

The anticipated guarantees are valid all over the World, except in those territories that due to internal conflicts, war situations or other reasons not ascribable to the Assistance Services, thus becoming impossible for them to guarantee a secure and efficient services provision. However, in Portugal only those guarantees defined under paragraph 9.1.2. shall be valid.

3. TRANSPORTATION REIMBURSEMENT

The Policy Holder/Insured Person that has used transport instalments anticipated by this Complementary Insurance is obliged to promote the required diligences for recovery of the non-used transport tickets, handing the recovered amounts over to the Assistance Services.

4. COMPLEMENTARITY

Instalments and indemnities provided are paid in excess and complementarily to other already existing insurance contracts and covering the same risks.

The Policy Holder/Insured Person or the Insurance Holder undertake to promote all required diligences to obtain anticipated reimbursements for those contracts, and to return them to the Assistance Services, in case and if the latter has advanced the instalments.

The Policy Holder/Insured Person or the Insurance Holder must behave similarly with respect to Social Security contributions or any other institution to which they are entitled.

5. CHANGES TO COMPLEMENTARY COVERAGE

Without prejudice of paragraph 9 of General Conditions, the Insurance Holder may request on the Contract maturity date and by means of a prior communication to the Insurer, exclusion of this Complementary Coverage.

Likewise, the Insurer may, on the Contract maturity Date, and by means of a prior and written communication to the Insurance Holder, introduce alterations to this Complementary Cover, including its reduction or exclusion.

6. CESSATION OF COMPLEMENTARY COVERAGE

Without prejudice of provisions in paragraphs 10 and 11 of the Policy General Conditions, guarantees of this Complementary Coverage cease their effects:

- On the date the Policy Holder/Insured Person stops having usual residence and tax number in Portugal.
- In the Multi Trip modality, the absence from Portugal of the Policy Holder/Insured Person for over 180 consecutive days;
- On Maturity date, by the Insurance Holder or Insurer's denunciation, with a prior communication to the other party with a notice of thirty (30) days.

7. EXCLUDED RISKS

Without prejudice of exclusions included in paragraph 3 of General Conditions, the following are not covered by this Complementary Insurance:

- Damages/losses occurred previously to the beginning of the Policy subscription, even though their consequences have exceeded that date;**
- Damages/losses taking place outside the contract validity date;**

- Damages/losses and respective consequences caused by criminal action, deceitfulness, accomplished suicide or lesion against himself by the Policy Holder/Insured Person;**
- Damages/losses incurred by the Policy Holder/Insured Person as a result of insanity, alcoholic influence resulting in an alcholema degree equivalent or above the one that, in case of driving under alcohol effect, determines a practice of administrative offenses or crime, ingestion of drugs and narcotics without medical prescription;**
- Damages/losses occurred when the vehicle is being driven by people without legal driving permit for the purpose or with suspended legal driving permit;**
- Damages/losses arising from war events, hostility between countries, sabotage, mutiny, terrorism acts, riots, insurrection, labour disturbances, strikes, lockouts, vandalism acts and other public order disturbances;**
- Damages/losses caused by earthquakes, volcanic eruptions, floods or any other cataclysms;**
- Damages/losses caused by explosive or incendiary devices;**
- Damages/losses arising, directly or indirectly, from the disintegration or fission of atom's nucleus, acceleration of particles and radioactivity;**
- Damages/losses not confirmed by the Insurer.**
- Events in which the Assistance Services have not been called to intervene at the time of the occurrence, except in events of force majeure or evidence of material impossibility;**
- Policy Holder/Insured Person responsibility for delays or negligence with respect to recourse to medical assistance;**
- Damages/losses occurring during or as a result of practicing professional sports and high risk activities, such as snowboard, speed boat racing, parachuting, Alpine mountaineering, climbing, martial arts, espeleology and scuba diving;**
- Salvage operations;**
- Treatments in hyperbaric chambers;**
- Damages/losses resulting from non-compliance with legal standards or regulations related to health and occupational safety;**
- Initially foreseen lodgings and board;**
- Medical care, surgery, pharmaceutical and hospitalization costs in Portugal which are not clearly covered by the respective guarantee and by this complementary insurance;**
- Non-urgent surgery;**
- Refusal or non-compliance with prescribed treatments;**
- Costs with preventive medicine, vaccines or the like;**
- Costs with alternative medicine or traditional remedies;**
- Non-urgent physiotherapy, thermal and rest cures, esthetic treatments and checkups;**
- Chronic or pre-existing disease, psychiatric disturbances and relapse of previously diagnosed diseases;**
- Lesions resulting from surgical intervention or other medical services not deriving from injury guaranteed under this Complementary Coverage;**
- Medical assistance in the dentistry area, except provisional oral trauma treatment;**
- Medical assistance connected to pregnancy and childbirth except for that required during the first quarter following unpredictable pregnancy complications;**
- Funeral and funeral services;**
- Prosthesis, walking-stick, crutches (Canadian type) and any other kind of orthopedic material, spectacles, contact lenses, implants and similar;**
- Luggage not respecting the above established requirements;**
- Theft or robbery not participated to the authorities within 24 hours and confirmed in writing.**

8. DAMAGE/LOSSES

To benefit from this Complementary Insurance guarantees, it is indispensable that the Insurance Holder or the Policy Holder/Insured Person:

- Immediately contact the Assistance Services, describing the occurrence and provide all required information for the execution of the guarantees under reference;
- Follow the Assistance Services instructions and take the required and possible measures to prevent the worsening of the damage/loss consequences;
- In case of assistance, obtain the agreement of the Assistance Services before incurring in any decision or expense;
- Comply, at any time, with information and documentation requests, at any moment, by the Assistance Services, sending promptly all data required for the course of the process;
- Collect and inform the Assistance Services of relevant details for the effectiveness of third party responsibility, if the case may be.

Telephone Contact for solving Damages/Losses: 21 386 33 22

9. GUARANTEES

9.1. Guarantee of Assistance to the Policy Holder/Insured Person.

If case of accident or sudden and unpredictable illness, occurring during the Policy validity period, by damage/loss and up to the limits established on the attached Table for Guarantees and Capital Limits, the following guarantees shall be provided by the Assistance Services:

9.1.1. Payment of medical, surgical, pharmaceutical and hospitalization expenses abroad.

If the Policy Holder/Insured Person requires medical, surgical, pharmaceutical and hospital assistance, the Assistance Services guarantee up to the limits established on the attached Table for Guarantees and Capital Limits:

- Medical and surgical costs and fees;
- Pharmaceutical costs as prescribed by the physician.
- Hospitalization costs.

In case of hospitalization, the Policy Holder/Insured Person must make sure of informing the Assistance Services on the same day or the latest within the next 48 hour, except if physical impossibility is proved.

As from the moment repatriation of the Policy Holder/Insured Person is clinically possible and advisable, the Assistance Services stop guaranteeing hospitalization costs.

The Assistance Services support a surgery only in those cases that it is not possible to wait for the Policy Holder/Insured Person's return to Portugal, due to the urgent and unavoidable character of such intervention.

9.1.2. Payment of medical fees in Portugal in case of Hospitalization.

Following the fact that the Assistance Services provided one act of medical assistance abroad, it guarantees, up to the established limit, payment of hospital costs, medical fees and pharmaceutical expenses prescribed by a physician, if related with the occurrence that initially originated the assistance request.

9.1.3. Follow-up of the hospitalized Policy Holder/Insured Person

If during the trip the sudden and unpredictable hospitalization of the Policy Holder/Insured Person occurs, and if his condition does not advise repatriation or immediate return, the Assistance Services guarantee costs with lodgings, not initially foreseen, of a relative or person named by him, who is already present, in order to accompany him.

The Assistance Services also undertake providing the return of this accompanying person to his residence in Portugal, if the initially considered means cannot be used.

This guarantee is strictly subject to the opinion of the Assistance Services' medical team.

9.1.4. Outward and return transportation of a relative and respective sojourn.

If the Policy Holder/Insured Person travels unaccompanied and it is anticipated that hospitalization shall take longer than five (5) days, the Assistance Services guarantee costs for outward and return transportation for a relative, departing from Portugal, so that he can remain next to him. In this instance, the Assistance Services also guarantee lodging costs.

9.1.5. Extension of the stay at the hotel

If the Policy Holder/Insured Person's health state does not justify hospitalization or medical transport, and if his return cannot take place on the date initially anticipated, the Assistance Services guarantee costs effectively incurred with lodgings at a hotel, if not initially foreseen, for him and a person who remains to accompany him.

When his state of health permits, the Assistance Services take care of the Policy Holder/Insured Person's return as well as of his attendant, to their residence in Portugal, if the initially anticipated means cannot be used.

This guarantee is strictly subject to the Assistance Services medical team opinion.

9.1.6. Repatriation or medical transport of an injured or sick person and medical vigilance.

9.1.6.1. Whenever justified by the clinical situation, the Assistance Services guarantee, up to the established limits on the attached Table for Guarantees and Capital Limits:

- Transport costs by ambulance or any other means considered appropriate, from the place of the occurrence up to the nearest clinic or hospital;
- Transport costs in a possible transfer of the Policy Holder/Insured Person to another and more appropriate hospital or to his residence in Portugal.

9.1.6.2. The Assistance Services also guarantee vigilance by their medical team, in collaboration with the Policy Holder/Insured Person's assisting physician, to determine convenient measures for the best treatment to be followed and the most appropriate means of transportation for the possible transfer.

9.1.6.3. Every transport or medical repatriation must respect medical standards in force and only be effected with the prior agreement between the Policy Holder/Insured Person's assisting physician and the Assistance Services' medical team. The assisting physician's statement is not sufficient guarantee.

9.1.6.4. Transport costs shall be supported by the Assistance Services only in those cases that the transport means initially foreseen cannot possibly be used or its utilization is not clinically advisable.

9.1.6.5. Transport means to be used shall be indicated by the Assistance Services medical team.

9.1.6.6. In case an infecto-contagious disease is identified, involving danger for public health, transportation and/or repatriation anticipated in the present guarantee shall be subject to the rules, procedures and technical directions coming from the World Health Organization and after all, such transport and/or repatriation may not be authorized.

9.1.7. Transport or repatriation after the death of the Policy Holder/Insured Person

Should the Policy Holder/Insured Person die by accident or sudden and unpredictable illness, the Assistance Services guarantee costs with the acquisition of the coffin, up to the limits established, and formalities that have to be carried out locally, including the transportation or repatriation of the body up to the place where the funeral will take place in Portugal.

If, due to administrative reasons, it is locally required the provisional or definitive inhumation, the Assistance Services support the costs for transportation of a relative, if not yet at the place, to go from his residence in Portugal up to the inhumation place, as well as lodging expenses incurred.

9.1.8. Return in advance of the Policy Holder/Insured Person

If, during a trip, the spouse or person living with him in permanence, dies in Portugal, an ascendant or descendent up to the 1st degree, adopted children, brothers, parents in law or brothers in law of the Policy Holder/Insured Person, and in case the means used for his trip or ticket acquired does not permit to advance his return, the Assistance Services support the costs with the return transport, from the place where he is staying up to the residence or up to the inhumation place in Portugal.

This guarantee also foresees the case that one of those family members of the Policy Holder/Insured Person suffers an accident or sudden and unpredictable illness in Portugal, whose seriousness, to be confirmed by the Assistance Services physician after contacting the assisting physician, requires his urgent and imperious presence.

9.1.9. Staff Replacement

As a result of an accident or sudden and unpredictable illness, and if hospitalization of the Policy Holder/Insured Person exceeds ten (10) days, if the latter dies or is repatriated as a result of a damage/injury covered by this Complementary Insurance, the Assistance Service support transportation costs of a person indicated by the Insurance Holder that may professionally replace the Policy Holder/Insured Person.

9.1.10. Localization and delivery abroad of urgent medicines

The Assistance Services take care of sending indispensable medicines prescribed by the physician, which the Policy Holder/Insured Person usually takes, whenever it is not possible to obtain them locally or are not replaceable by similar or substitution medicines. The Policy Holder/Insured Person shall support the cost of the medicines and the whole cost of delivery.

9.1.11. Transportation of personal luggage

Following theft, robbery, deviation or repatriation of the Policy Holder/Insured Person, the Assistance Services organize and support transport cost of the former's personal luggage up to the place where the Policy Holder/Insured Person may be up to his residence in Portugal, as long as the luggage is appropriately packed and in good condition for transportation. The maximum weight of the luggage is subject to the limit imposed by the different air or road companies.

9.1.12. Advance of funds abroad

In case of theft of which authorities were duly informed, or luggage and monetary values going astray, not recovered within 24 hours, the Assistance Services advance the amounts required to replace the misled assets, by means of a deposit or certified cheque for an identical amount.

Also, in case of hospitalization of long duration abroad, following accident or sudden and unpredictable illness, and if the limit anticipated in this Complementary Coverage to guarantee medical and hospital costs is exceeded, the Assistance Services advance to the Policy Holder/Insured Person the required amounts, up to the limit established, by means of a deposit or certified cheque of an identical amount.

9.1.13. Payment of communication costs

Assistance Services guarantee transmission of urgent national messages to relatives, if related to damage/injury covered by this Complementary Cover.

It also supports, when evidence is submitted, cost of communications to the respective employment, if made by the Policy Holder/Insured Person.

9.1.14. Information Services

Assistance Services provide information related with:

- Visas and vaccines required for trips abroad;
- Clinics, hospitals and physicians with special equipment or indicated for the treatment of specific diseases or lesions;
- Addresses and contacts of Portugal's embassies or consulates abroad.

9.1.15. Missing Airline Connections

If the Policy Holder/Insured Person misses a connection between two flights due to arrival delays at the transfer airport, the Assistance Services shall support, up to the limit established on the attached Table of Guaranty and Capital Limits, transportation and respective lodgings to the hotel nearest to the airport.

The usufruct of this guarantee is possible only in the following cases:

- a minimum of two (2) hours gap between flights is ensured;
- Lodgings are to wait for the next flight to destination;
- The next flight is not taking place during the same day;
- There is no airline's intervention within the scope of legal regulations in force;
- The Policy Holder/Insured Person is not in Portugal.

9.1.16. Flight delay

In case of a delay above twelve (12) hours at departure of the flight, the Assistance Services shall indemnify the Policy Holder/Insured Person for each full hour of the flight delay as from the 13th hour of the delay up to the limit established on the attached Table of Guaranty and Capital Limits.

This guarantee applies just during the period elapsing up to the next flight to the same destination and as long as the Policy Holder/Insured Person is outside Portugal and it operates as a complement to the airline company's intervention within the scope of legal regulations in force, always complying with the limit established on the attached Table of Guaranty and Capital Limits.

9.2. Additional Guaranties related to the Trip

9.2.1. Trip Cancellation in Advance

In case the Policy Holder/Insured Person, due to force majeure, as referred in paragraph 1 of this Coverage, is obliged to cancel a trip starting in Portugal, before it has begun, the Assistance Services shall ensure reimbursement of irrecoverable lodging and transport costs by submitting evidence of previous total or partial settlement and up to the limit established on the attached Table of Guaranty and Capital Limits.

The Policy Holder/Insured Person undertakes to take all required measures in order to recover, totally or partially, the amounts already settled, and it is the Assistance Services duty to contribute should those costs be irrecoverable from the transportation entity or respective travel agency.

9.2.2. Trip Interruption

In case of interruption of the trip that started in Portugal due to force majeure, as provided under paragraph 1 of this Coverage, the Assistance Services shall guarantee, up to the limit established on the attached Table of Guaranty and Capital Limits, total or partial reimbursement of irrecoverable transportation and lodging costs, after submitting prior settlement evidence, as long as return in advance is appropriately justified by the Policy Holder/Insured Person.

Also with respect to transport costs, the Policy Holder/ Insured Person undertakes to take all required measures in order to recover, totally or partially, the amounts already settled, and it is the duty of the Assistance Services to provide contribution should those costs be irrecoverable from the transportation entity or respective travel agency.

9.2.3. Delayed Luggage Delivery

If, following a flight, a delay of more than 24 hours is experienced in the Policy Holder/Insured Person's luggage arrival, the Assistance Services shall reimburse the former, up to the limit established under Particular Conditions, of costs incurred with replacement of basic needs items.

For the purposes of the present guarantee, basic needs items are those required to guarantee primary personal hygiene and clothes.

For such purpose it is indispensable to submit receipts proving the total amount spent with acquisitions, and evidence of the claim and luggage tickets, issued by the airline company, proving that the luggage has been handed over.

The Policy Holder/Insured Person must submit a claim within the period of time stipulated by each transportation company for all losses arising from such delay. The Assistance Services shall indemnify the Policy Holder/Insured Person only with the amounts still existing after all and any indemnity owed by the transportation company.

In no case whatsoever may the indemnity exceed the suffered loss.

Delays that may occur with luggage arrival at the airport of the Policy Holder/Insured Person's country of residence are excluded from this guarantee.

9.2.4. Luggage Deviation, Loss, Damage, Theft or Robbery

a) Unaccompanied luggage

In case of deviation, loss or damage caused to the insured luggage that has been handed over against receipt at the beginning of the trip to the responsibility of a transportation company, the Insurer guarantees an indemnity payment up to the limit of the insured value indicated on the attached Table of Guaranty and Capital Limits, that is still available after a possible indemnity owed by the transportation company. In no case whatsoever may the indemnity exceed the suffered loss and the Policy Holder/Insured Person must have submitted a claim within the period stipulated by each transportation company mentioning all losses falling within this guarantee cover.

b) Accompanied luggage

It is guaranteed, up to the limit of the insured value indicated on the attached Table of Guaranty and Capital Limits, payment of an indemnity to the Policy Holder/Insured Person for damages caused to his luggage, in case of theft or robbery and, so that he may benefit from the usufruct of this guarantee, the Policy Holder/Insured Person must also participate the occurrence to the authorities in the immediately following 24 hours. Without prejudice of other exclusions anticipated in this Guarantee, the former may not be executed in connection with the following assets:

- Watches, jewellery and other objects which are manufactured with precious metals or stones;
- Money, cheques, credit cards or any other means of payment;
- Documents of any kind, travelling tickets, lottery tickets, shares or any other credit securities or similar;
- Works of art;
- Fur Coats;
- Cell phones, portable computers, game consoles, MP3 players, calculators and any other audiovisual, informatics or electronic equipment;
- Ski equipment, snowboard and any other type of sport equipment;
- Prosthesis of any kind, namely dental, spectacles and contact lenses;
- Fragile or breakable assets;
- Cosmetics.

Damages resulting from the following are also excluded:

- caused by the wear arising from the use of such assets;
- as a result of seizure or confiscation by police or customs authorities;
- assets found kept in the hotel room;
- that in the case of theft or robbery, no communication, within 24 hours, was made to the competent authorities;
- luggage loss or deviation.

c) Insured Value

The insured value must always correspond to the commercial value of the insured assets on the date the insurance becomes effective, and can never exceed the value stipulated on the attached Table of Guaranty and Capital Limits.

d) Obligations in case of damage/loss

In case of damage/loss guaranteed under this cover, the Insurance Holder and/or Policy Holder/Insured Person must:

- claim immediately and in writing to the transportation company, when the trip is effected in public transport, obtaining evidence of such claim;
- participate immediately to the police authorities and obtain from them evidence of such claim, in case of theft or robbery during the sojourn period or when the trip takes place in own transport;
- take all measures that could minimize losses;
- submit to the Insurer the claim in writing together with the following details:
 - Detailed description of the damage/loss with the value of the losses or damages to the luggage;
 - Submit a copy of the claim to the Transporter or to another entity that may possibly be responsible for the losses;
 - Copy of the communication to the police authorities;
 - Justification of the insured value when so requested by the Insurer.

e) Indemnities

- In case of damage/loss the Insurer's responsibility is limited to the insured value indicated on the attached Table of Guaranties and Capital Limits
 - Any and all indemnities to be paid shall always be deducted from the indemnity that has been paid by the transporter or another entity responsible for the losses;
- The indemnity shall be paid based on the detailed list of insured assets and respective purchase prices, proven by the respective purchase evidence. Should the original invoices relative to the purchase of all items not be presented, the limit for these items shall be a maximum of 20% of the insured value.

10. SUBROGATION

Upon payment or services provision, the Insurer is a subrogee in the corresponding rights of the Insurance Holder, Subscriber or Policy Holder/Insured Person, against any third responsible parties that are not also Insured Persons under cover of the same adhesion.

11. DIFFERENT PROVISIONS

- a) Insurance provisions that have not been previously requested to the Assistance Services, or have been executed without the former previous agreement, except in cases of force majeure or proven material impossibility, shall not be guaranteed by this Complementary Insurance.
- b) If the Assistance Services are unable to organize the appropriate provisions within the defined territorial scope, the former shall reimburse the Policy Holder/Insured Person with costs incurred, within the limits defined by this insurance and applicable guarantees.
- c) The processing of any reimbursement shall oblige the Policy Holder/Insured Person to submit the respective original documents evidencing incurred costs.

3500-V838-201803-02

TABLE OF GUARANTY AND CAPITAL LIMITS

Coverages	Capital Limits
Payment of Medical costs abroad	50 000 € (exemption 75 €)
Payment of Medical costs in Portugal in case of hospitalization	10 000 € (co-payment 25%)
Repatriation/medical transport of injured and sick people	Unlimited transport
Attendant for the hospitalized Insured Person	Stay: 75 €/day (10 days maximum) - Unlimited transport
Outward and return transport of a relative and respective sojourn	Stay: 75 €/day (10 days maximum) - Unlimited transport
Sojourn extension at the hotel	Stay: 75 €/day (10 days maximum) - Unlimited transport
Transportation and/or repatriation after death of Insured Person	Unlimited transport; Coffin: 250 €; Family Transportation: Unlimited; Stay: 75 € (maximum 3 days)
Return of Insured Person in advance	Unlimited transport
Staff Replacement	Unlimited transport
Localization and delivery abroad of urgent medicines	Unlimited access to the service
Transportation of Personal Luggage	Limit imposed by air or road transportation companies
Advance of foreign currency	5 000 €
Payment of communication costs	Unlimited
Information Services	Unlimited access to the service
Loss of air connections	Unlimited transport Stay: 75 € maximum 225 €
Costs incurred for flight delay	Delays above 12 hours, Indemnity from the 13th hour : 35 €/hour (maximum 245 €)
Trip cancellation in advance	2 000 €
Trip Interruption	2 000 €
Delay in receiving luggage (delay above 24 hours of luggage arrival)	1 000 €
Luggage going astray, loss, damage, theft or robbery	150 €/Object (maximum 1 500 €) Without purchase evidence: up to 20% of insured value

3500-V838-201803-02