

Assistance Inclusion

General Conditions



SPECIFIC CONDITIONS - TRAVEL INSURANCE, INCLUDING RETAILERS WITHOUT TRAVEL CANCELLATION COSTS

For the Policy with number _____ in which INTERMUNDIAL XXI, S.L.U., Correduría de Seguros, with registered company address at Calle Irún, 7, Madrid, inscribed in the Companies Register of Madrid to page M 180.298, 8th section, book 0, sheet 149, volume 11.482 and with Corporate Tax Identification Number- B-81577231. Inscribed in the Guarantees and Insurance Registry and Pension Fund with number J-1541 and with Civil Liability Insurance and guarantee signed pursuant to Law 26/06 for Regulation of Private Insurance and Reinsurance, acts herein as broker and INSURER ARAG S.E., Sucursal en España.

TABLE OF BENEFITS**ASSISTANCE**

Medical care and healthcare:

Spain and Andorra	1.000 €
Europe y Worldwide	15.000 €
Dental expenses	75 €

Repatriation of injured or ill persons Unlimited

Repatriation or relocation of other insured persons..... Unlimited

Transfer of a family member in the event of hospitalisation:

Family member trip costs..... Unlimited

Accommodation costs associated with the travelling family member (65€/day) 650 €

Convalescence in hotel (65€/day) 650 €

Repatriation or relocation of a deceased insured person Unlimited

Early return due to death of a family member..... Unlimited

Early return due to a serious accident in the home or profesional premises of the Insured person Unlimited

Transmission of urgent messages..... Included

Shipment of medication abroad Included

Advance of monetary funds abroad 600 €

BAGGAGES

Robbery and material damage to luggage 300 €

Search, location and delivery of missing luggage..... Included

Delay in the delivery of checked luggage..... 150 €

Procedure costs for the loss or robbery of documents 300 €

LOSS OF SERVICES

Expenses caused by delay of the means of transport (min 6 hours)..... 150 €

Missed transport connections..... 300 €

Loss of contracted services..... 300 €

ACCIDENT

Accident guarantee means of transport 10.000 €

LIABILITY

Civil private liability 30.000 €

ARAG considers Covid-19 as a disease covered by its policy, with the coverages, limits, restrictions and exclusions indicated both in the General Conditions as well as the Particular Conditions of your insurance.

Territorial scope: For the present policy, the Local area is restricted solely and exclusively to Spain, and the Continental area to Europe and countries bordering the Mediterranean.

The Insurer shall not be required to provide any kind of service while the Insured is travelling on board any kind of terrestrial vehicle, maritime vessel, or aircraft, with any services being provided as soon as the Insured is back on solid ground.

Countries which are at war or under siege, or facing insurrection or armed conflict of any kind or nature during the trip or the travel undertaken by the Insured, even where not officially declared, and countries which are specifically listed in the payment slip or in the Schedule of Cover, are excluded from the cover provided by this policy.

It is expressly agreed that the Insurer's obligations deriving from the cover contained in this policy end the moment the Insured has returned to his/her habitual residence or is admitted to a medical facility located within the municipal district of his/her habitual residence.

NOTIFICATION OF THE TRIPS:

The Policyholder shall notify ARAG of all of the travellers' details (name, destination, length of the trip) prior to the start of the trip. Likewise, the Policyholder shall make all documents regarding the Insureds under this contract available to ARAG so that the Insurer can verify the accuracy of the travellers' details supplied by the Policyholder.

In order for the Policyholder's clients - who are the Insureds under this policy - to be aware of the cover provided by this insurance, ARAG shall supply Tokens to be distributed by the Policyholder to its clients, and these shall be the only valid document in proof of the said persons being Insureds under this policy. Certificates issued online shall also be deemed to be Tokens.

The Policyholder shall include the start date and the end date of each trip on all Tokens issued.

PAYMENT OF THE PREMIUMS TO ARAG:

Once a month ARAG shall issue a direct-debit demand for the total amount due and payable generated in connection with the trips notified by the insurance Policyholder, which shall be charged to the current account held by the Policyholder, the details of which will have been supplied in advance upon the entry into force of this policy.

PROVISION OF THE SERVICES:

The provision of the services envisaged in this policy shall be delivered through ARAG S.E., SUCURSAL EN ESPAÑA.

For the urgent provision of services, ARAG shall provide the Insured with documentation in proof of his/her rights as beneficiary, as well as instructions and a telephone number for emergencies.

ARAG's telephone number is 93 300 10 50 when calling from Spain, or 34 93 300 10 50 when calling from abroad. Calls may be made reversing the charges.

REFERENCE TO THE CONDITIONS OF THE POLICY:

In all matters not expressly envisaged in this Schedule of Cover, we are required to refer back to the provisions of the General Conditions of ARAG policy number: ZZ procured by and in the possession of the policyholder.

INFORMATION FOR THE INSURED

Prior to the execution of this contract, the Policyholder has received the following information in compliance with the provisions of article 96 of Law 20/2015 of 14 July on the regulation, supervision, and solvency of insurance and underwriting entities and of articles 122-126 of its regulations.

- The insurer of the policy is ARAG SE, a German company with its registered office at ARAG Platz 1, Düsseldorf, and its activities are supervised and regulated by the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin). It is authorized to operate in Spain in accordance with the right of establishment through its branch office ARAG SE, Sucursal en España, holder of Tax ID W0049001A and with its registered office at Calle Núñez de Balboa 120, Madrid, recorded at the Administrative Registry of the Insurance and Pension Funds Directorate-General under code E-210.

You are informed that in the event of the liquidation of the insurance provider, this process shall not be governed by Spanish liquidation regulations.

- The insurance contract is governed by Spanish Law, specifically Law 50/1980 of 8 October on insurance contracts.

- In the event of litigation with the Insurer, the Policyholder or the Insured may have recourse to arbitration or to the ordinary courts of justice of Spain.

You are hereby informed that ARAG SE, Sucursal en España has made the following Customer Care helplines available to its insureds:

- For modifications and/or enquiries regarding the policy that has been purchased, call 93 485 89 07 - 91 566 16 01, or send an e-mail to atencioncliente@araq.es

- For complaints and/or claims against the company, ARAG SE, Sucursal en España has a Customer Care Department (Calle Roger de Flor 16, 08018 - Barcelona, e-mail: dac@araq.es, website: www.arag.es) to attend to and resolve any complaints or claims that may be filed by its insureds in relation to their rights and interests as recognized by law, which shall be dealt with and resolved within no more than two months as from when they were filed.

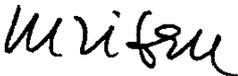
In the event you are not satisfied with the way the Customer Care Department has resolved your complaint, or if more than two months have passed without any reply being received, claimants can take their complaint to the Complaints Service of the Insurance and Pension Funds Directorate-General, Paseo de la Castellana 44, 28046, Madrid, website: www.dqsfp.mineco.es and telephone number 902 19 11 11

- You can access the Report on the insurer's financial and solvency situation at <https://www.arag.com/company/financial-figures>.

- The Policyholder / Insured, by supplying his/her bank details to pay the premium for the insurance, consents to and authorizes the said amount being charged to the bank account the details of which are supplied as set forth in this document or in the document supplied to the Insurer during the lifetime of the contract for this purpose.

WRITTEN IN MADRID ON 1 DECEMBER 2022

For the Company
P.P.



CEO
Member of GEC

THE POLICYHOLDER

INFORMATION REGARDING DATA PROTECTION

Data processor	ARAG SE, Sucursal en España C/ Núñez de Balboa 120 28006 - MADRID NIF W00490001A atencioncliente@araq.es www.arag.es
Data Protection Officer contact details	dpo@araq.es C/Roger de Flor 16 08018 Barcelona
Purpose of processing	Underwriting and execution of the insurance contract
Authentication	Execution of the insurance contract
Recipients	No data will be transferred to third parties unless: prior consent is given, it is an obligation provided for in regulations, or for legitimate interest.

International transfers	May be necessary, during certain assistance services, for the execution of the contract.
People's rights	Individuals can access, rectify or delete their data, oppose their processing and request their limitation of transfer by sending their request to: lopdp@arag.es
Additional Information	Additional and detailed information on data protection can be viewed on our website: http://www.arag.es

Data processor

The entity responsible for processing personal data is ARAG SE, Sucursal en España, whose NIF is W0049001A and registered address is C/ Núñez de Balboa no. 120, 28006 Madrid. Email: atencioncliente@arag.es Webpage: www.arag.es. You can contact the Data Protection Office at dpo@arag.es.

Purpose and recipients

The information provided will be processed for the purpose of establishing, managing and developing contractual relationships between you and the data processor, as well as for the prevention of fraud.

We will also process your personal data to inform you about our products and for quality control purposes in the provision of the guarantees of your insurance contract.

We will not pass on your personal data to third parties except in the following cases: applicable regulations oblige us to, for legitimate interests or with prior consent from the owner of the data.

Your data will be accessible to ARAG SE, Sucursal en España third-party collaborators who intervene in the formalities arising from underwriting the insurance and the effective provision of its guarantees.

If you need assistance and you are outside the European Union, we may need to transfer your personal data to other countries in order to effectively fulfil the guarantees of your insurance contract.

Your data will be kept during the validity of the insurance contract. After its termination, they will be blocked during the legally required periods for the purpose of determining any liability arising from their processing. Once the statutory limitation periods have elapsed, the data will be deleted.

Authentication

The legal basis for processing your personal data is the execution of the insurance contract you have signed with this insurance company. Providing your data is essential for the formalisation of this insurance contract, which is not possible without them.

The legal basis for processing the data for direct marketing and satisfaction surveys is a legitimate interest in meeting your expectations as a customer and improving the quality of the service received. You can oppose the processing of your data at any time in the manner described in the Rights section.

The legal basis for transferring data to third parties is constituted by provisions in insurance regulations that either protect the legitimate interest of the entity or impose specific obligations on it for the development of its activity, in regard to the insurance contract (Law 50/1980 on Insurance Contract), regulations on ordination, supervision and solvency (Law 20/2015 on Ordination, Supervision and Solvency of insurance and reinsurance entities) and other regulations governing insurance activity.

The legal basis for transferring your data to a country outside the EU is the need to execute the guarantees provided in your policy.

Rights

You have the right to access your personal data subject to processing, as well as request the rectification of inaccurate data or, where appropriate, request its deletion when the data is no longer necessary for the purposes for which it was collected. You can also exercise your rights of opposition and limitation to the processing and transfer of the data.

You can exercise your rights by writing to the data processor, ARAG SE, Sucursal en España, by email lopdp@arag.es or if you prefer, by post addressed to C/ Roger de Flor, 16, 08018, Barcelona (include "Attention to: 'Data protection'" on the envelope). Please include or attach a copy of your ID or passport. In the event that your above rights request is not complied with, you can submit a complaint to the Spanish Data Protection Agency (www.agpd.es).

Third party(s) personal data

Regarding other individuals' personal data that must be given to ARAG SE, Sucursal en España, in order to formalise this policy, they must be informed - prior to the communication of their data - of the information contained in the preceding paragraphs.

Policy number:

Assistance Inclusion • General Conditions

When Policy conditions or an excerpt of the same are required to be issued in a language other than Spanish, in the event of litigation, the conditions in the Spanish-language version shall prevail over all other language versions.

GENERAL CONDITIONS - TRAVEL INSURANCE, INCLUDING RETAILERS WITHOUT TRAVEL CANCELLATION COSTS**INTRODUCTION**

This insurance contract is governed by the provisions of these General Conditions and the Schedule of Cover of the policy, in accordance with the provisions of Law 50/1980 of 8 October on Insurance Contracts and Law 20/2015 of 14 July on the regulation, supervision, and solvency of insurance and underwriting institutions.

DEFINITIONS

In this contract the following terms shall have the following meanings:

INSURER:

ARAG S.E., Sucursal en España, which shall bear the risk defined in the policy.

POLICYHOLDER:

The natural or legal person executing this contract with the INSURER, and who/which is responsible for the duties deriving here from, save for those duties which, given their nature, are to be performed by the INSURED.

INSURED:

The natural person who, in default of the POLICYHOLDER, is responsible for the duties deriving from the contract.

POLICY:

The contractual document containing the Conditions governing the Insurance. The Policy is composed of the General Conditions, the Schedule of Cover in which the risk is defined, and any supplements or annexes that may be issued in order to complete or amend the Policy.

PREMIUM:

The price of the insurance which shall vary according to the different types of cover, to be determined in the Schedule of Cover of the policy. The debit order shall also include any surcharges and taxes imposed by law.

FAMILY MEMBERS:

Family members of the INSURED means his/her spouse or common-law spouse or person permanently resident with the INSURED as if they were married, as well as family members up to the third degree of kinship: parents, children, grandparents, grandchildren, siblings, uncles/aunts, nephews/nieces, parents-in-law, sons/daughters-in-law, and brothers/sisters-in-law.

TRIP:

Any travel undertaken by the INSURED away from his/her habitual residence, starting upon departure from the said habitual residence until his/her return there at the end of the trip.

SERIOUS ILLNESS:

A state of ill-health verified by a medical professional requiring the patient to be confined to bed and to cease all activities, both professional and private, within the thirty days leading up to the planned trip.

Where the illness affects any person other than the INSURED, said illness shall be deemed to be serious where - subsequent to the purchase of the insurance - it entails hospitalization or the need to be confined to bed, and requires, in the opinion of a medical professional, constant care and attention by medical staff or by persons designated for this purpose, **following doctor's instructions, within the 12 days leading up to the trip departure date.**

SERIOUS ACCIDENT:

Any bodily injury resulting from a violent, sudden, and external cause that is contrary to the intentions of the victim, the consequences of which prevent him/her from travelling away from his/her habitual residence in normal manner.

Where the accident affects any person other than the INSURED, said accident shall be deemed to be serious where - subsequent to the purchase of the insurance - it entails hospitalization or the need to be confined to bed, and requires, in the opinion of a medical professional, constant care and attention by medical staff or by persons designated for this purpose, **following doctor's instructions, within the 12 days leading up to the trip departure date.**

KIDNAP:

The act of unlawfully detaining a person in order to demand a ransom for his/her release, or for the purpose of extortion, or with other political or social aims, threatening the life or the health of the victim.

1. EFFECTIVENESS OF THE CONTRACT

The cover provided by this insurance commences at 00:00 hours or at the time the INSURED leaves his/her habitual residence on the day indicated as the start date for the trip, as stated by the POLICYHOLDER to the INSURER. Cover ends at 24:00 hours on the day indicated as the end date of the trip, or when the INSURED has returned to his/her habitual residence.

With regard to Trip Cancellation Costs, this cover enters into effect at 24:00 hours on the day the insurance is purchased, and cover ends as soon as the INSURED has commenced the insured trip. **Under all circumstances this cover shall only apply if the insurance is purchased at the time the insured trip is confirmed or during the following 7 days.**

Cover in respect of assistance, baggage, delays, and missed services shall only apply while the INSURED is on a trip away from his/her place of habitual residence and at a distance of more than twenty kilometres (the "distance-from-home excess").

Likewise and in the event that the Insured has his/her habitual residence in a foreign country, this insurance contract shall only be effective when it has been signed in Spain.

2. TERRITORIAL VALIDITY:

This insurance is valid within the territory established in the SCHEDULE OF COVER. In general terms, the following definitions apply:

Local Travel: travel for which the point of departure and the destination of the insured trip are within the same country.

Continental Travel: travel for which the point of departure and the destination of the insured trip are within the same geographical continent.

Travel with a point of departure in Europe to a destination country that borders the Mediterranean (Algeria, Cyprus, Egypt, Israel, Lebanon, Libya, Morocco, Palestine, Syria, Tunisia, Turkey, or Jordan) shall be deemed to be continental travel, provided that this is specified as such in the schedule of cover of the policy.

Worldwide Travel: travel for which the point of departure and the destination of the insured trip are countries forming part of different geographical continents.

3. TERM OF VALIDITY

In time-limited format, the maximum term of the cover provided by this insurance is as specified in the SCHEDULE OF COVER.

In all circumstances, where the INSURED has his/her habitual residence in Spain, **the duration of the insured trip may not exceed 365 consecutive days (366 days for leap years).** Where the INSURED has his/her habitual residence outside of Spain, **the duration of the insured trip may not under any circumstances exceed 120 consecutive days.**

In annual format, trips with a duration of more than 60 consecutive days are not covered outside of the habitual residence of the insured.

4. PAYMENT OF THE PREMIUMS

The POLICYHOLDER is under a duty to pay the premium at the time the contract is formalized. Any subsequent premiums must be paid when they fall due.

Unless the SCHEDULE OF COVER specifies a different location, the premium shall be paid at the address of the Policyholder.

In the event the premium for the first year is not paid, cover shall not commence and the Insurer may terminate the contract or request payment of the agreed premium. If the premium for successive years is not paid, the cover provided by the policy shall be suspended once one month has elapsed following the date the premium was due. **Under all circumstances, cover shall come into effect at 24:00 hours on the day on which the Insured pays the premium.**

5. INFORMATION ABOUT THE RISK

The POLICYHOLDER is under a duty to inform the INSURER, prior to the formalization of the contract, of all circumstances it is aware of that may affect the assessment of the risk, in accordance with the questionnaire to be filled out. This duty shall not apply where the INSURER does not supply any questionnaire to be filled out, or where, having supplied a questionnaire, the circumstances that may affect the assessment of the risk are not covered by the said questionnaire.

The INSURER may rescind the contract within one month of becoming aware of any omission or inaccuracy in the information provided by the Policyholder.

During the lifetime of the contract, the Insured must inform the Insurer, as soon as possible, of any change to the factors or the circumstances stated in the questionnaire referred to in this article which increase the risk and are of a kind that, had the Insurer known about them at the time the contract was formalized, it would not have entered into the contract or it would have done so under more onerous conditions.

The INSURER may, once it has become aware of an increased risk, propose an amendment to the contract or rescind the contract, within a term of one month.

If the risk is reduced, the Insured shall be entitled, as from the next annual renewal, to pay a reduced price for the premium in the corresponding proportion.

6. COVER INCLUDED

When a claim event covered by this policy occurs, the INSURER shall, as soon as it is notified thereof in accordance with the procedure indicated under the Article entitled 'REPORTING A CLAIM', ensure that the services that have been procured are delivered.

The services available for the Insured to procure are listed in the following articles, and those effectively procured by the Insured are indicated in the Schedule of Cover of the policy.

1) ASSISTANCE COVER

1.1 MEDICAL AND HEALTHCARE

ARAG shall, **up to the limit indicated in the Schedule of Cover of the policy,** bear the costs associated with the intervention of healthcare professionals and establishments required in order to treat the sick or injured Insured, **provided that the said intervention has been performed with the conformity of the Insurer's medical team.**

The services listed below, which list is not intended to be exhaustive, are expressly included:

- a) Treatment by emergency medical teams.
- b) Complementary medical examinations.
- c) Hospitalizations, treatments, and surgical interventions.
- d) The supply of medication while hospitalized, or reimbursement for the cost of medication for injuries or illnesses that do not require hospitalization. **Successive payments for medication or pharmaceutical expenses deriving from any process that is or becomes chronic are excluded from this cover.**

In the event of a life-threatening emergency as a result of an unforeseeable complication linked to a chronic, congenital, or pre-existing illness, ARAG shall only bear the cost of **the initial healthcare assistance provided under emergency conditions and within the first 24 hours counted as from admission to hospital.**

The costs covered under this heading may not under any circumstances exceed 10% of the insured sum for the Medical and Healthcare Cover.

Save in emergency situations or verifiable force majeure, **the Insurer, through its medical team, shall determine which medical centre the Insured is to be referred to on the basis of the injury or illness he/she has suffered.**

In the case of illnesses or accidents occurring within the scope of the cover that has been procured, if the prognosis made by the Insurer's medical team concludes that given the seriousness of the Insured's case, **he/she requires long-term treatment,** ARAG shall arrange for

the Insured to be transferred to his/her place of habitual residence so that he/she can receive the said treatment by way of the standard healthcare services at his/her place of residence. **In the event that the Insured does not agree to the said transfer, the Insurer shall be immediately released from its duties in respect of paying for the services included as part of this cover.**

Long-term treatment shall be deemed to mean any treatment lasting for more than 60 days counted as from the date of diagnosis.

Likewise, and **up to the limit indicated in the Schedule of Cover of the policy**, ARAG shall bear the cost of professional intervention in the event of severe dental problems, which shall be deemed to mean those requiring urgent treatment due to infection or trauma.

1.2 REPATRIATION OR MEDICAL TRANSFER OF INJURED OR SICK PERSONS

In the event of an accident or supervening illness affecting the INSURED preventing him/her from continuing with the trip in the opinion of a medical professional, the INSURER shall bear the following costs:

- a) The cost of transport by ambulance to the nearest clinic or hospital.
- b) Examination by the Insurer's Medical Team, in contact with the doctor treating the injured or sick INSURED, in order to determine the appropriate measures for providing the best healthcare and the most suitable mode of conveying the INSURED to another more suitable hospital or back home.
- c) The cost of conveying the injured or sick person, using the most appropriate mode of transport, to the prescribed hospital or to his/her habitual residence.

The mode of transport to be used in each case shall be decided by the INSURER's Medical Team in accordance with the urgency and seriousness of the case.

A specially-equipped medical aircraft may be used, but only within Europe and always at the discretion of the INSURER's Medical Team.

In the event the INSURED is admitted to hospital somewhere far away from his/her place of habitual residence, the INSURER shall bear the cost, at the pertinent time, of his/her subsequent travel to return home.

1.3 REPATRIATION OR TRANSFER OF COMPANIONS

Where one of the INSUREDS has been repatriated or transferred due to illness or accident in accordance with the 'REPATRIATION OR MEDICAL TRANSFER OF INJURED OR SICK PERSONS' cover, the INSURER shall bear the cost of conveying up to two companions so that they can accompany the sick or injured INSURED to the INSURED's place of habitual residence or to the place where he/she is hospitalized.

1.4 REPATRIATION OR TRANSFER OF MINOR OR DISABLED CHILDREN

Where the INSURED who has been repatriated or transferred in accordance with the 'REPATRIATION OR MEDICAL TRANSFER OF INJURED OR SICK PERSONS' cover is travelling in the sole company of his/her own children who are disabled or aged under fifteen, the INSURER shall organize and shall bear the travel costs (there & back) of a hostess or of a person designated by the INSURED in order to accompany the children in their return to their place of habitual residence.

1.5 TRAVEL BY A FAMILY MEMBER IN THE EVENT OF HOSPITALIZATION

Where the condition of the sick or injured INSURED **requires his/her hospitalization for a period in excess of five days**, the INSURER shall provide a family member of the INSURED, or such person as the INSURED may designate, with return flight tickets (tourist class) or train tickets (first class) so that he/she may accompany the INSURED.

The INSURER shall also reimburse - upon submission of the corresponding receipts - the accommodation costs of the companion **up to the daily limit established in the SCHEDULE OF COVER of the Policy, and for a maximum period of 10 days.**

1.6 CONVALESCENCE AT THE HOTEL

If the sick or injured INSURED cannot return to his/her place of habitual residence on doctor's orders, the INSURER shall bear the hotel costs incurred as a result of the extended stay, **up to the daily limit established in the Schedule of Cover of the Policy, and for a maximum period of 10 days.**

1.7 REPATRIATION OR TRANSPORT OF THE DECEASED INSURED

In the event of the death of an INSURED, the INSURER shall organize and shall bear the cost of conveying the remains to the place of burial. The said costs shall be understood to include the cost of any arrangements for the body required by law.

The cost of burial and ceremony are not included.

The INSURER shall bear the cost of returning home for up to two INSURED companions so that they can accompany the remains to the place of burial at the INSURED's place of habitual residence.

1.8 EARLY RETURN DUE TO THE DEATH OF A FAMILY MEMBER

In the event that any of the INSUREDS is compelled to interrupt their trip as a result of the death of a family member, the INSURER shall bear the cost of travel by air (tourist class) or train (first class) from their location at the time to the place of burial.

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the INSURED on the same trip who had to return home early, **provided that this second person is insured under this Policy.**

1.9 EARLY RETURN DUE TO HOSPITALISATION OF A FAMILY MEMBER

In the event that any of the INSUREDS is compelled to interrupt their trip because of the hospitalization of a family member as a result of an accident or serious illness requiring that person to be admitted **for a minimum period of 5 days, and this has occurred after the date of departure**, the INSURER shall bear the cost of transport to the place where the habitual residence is located.

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the INSURED on the same trip who had to return home early, provided that this second person is insured under this Policy.

1.10 EARLY RETURN DUE TO A SERIOUS INCIDENT AT THE INSURED'S HOME OR PROFESSIONAL PREMISES

The INSURER shall provide the INSURED with a travel ticket in order to return to his/her habitual residence in the event that the said INSURED has to interrupt the trip as a result of serious damage to his/her main residence or to his/her professional premises where the INSURED is the direct operator thereof or performs a liberal profession there, caused by a fire (provided that this has required the attendance of the Fire Brigade), a burglary (not merely an attempted burglary) reported to the police, or serious flood, which results in his/her presence being required, where it is not possible for these situations to be resolved by direct family members or by persons of trust, **provided that this event has arisen after the date of departure of the trip.**

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the INSURED on the trip who had to return home early, provided that this second person is also insured under this Policy.

In order for this cover to apply, **the INSURED must supply the INSURER with proof or with certificates in proof of the event that has given rise to the interruption of the trip** (the original report by the Fire Brigade, the police report, the insurance-company report, or other similar documents).

1.11 EARLY RETURN DUE TO THE DEATH OF THE PROFESSIONAL LOCUM

In the event that any of the INSUREDS is compelled to interrupt their trip as a result of the death of the INSURED's professional locum, **and provided that as a result it is essential for this position or responsibility to be filled by the INSURED**, the INSURER shall bear the cost of travel by air (tourist class) or train (first class) from their location at the time to the place of burial.

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the Insured on the same trip who had to return home early, **provided that this second person is insured under this policy.**

1.12 EARLY RETURN DUE TO THE HOSPITALIZATION OF THE PROFESSIONAL LOCUM

In the event that any of the INSUREDS is compelled to interrupt their trip because of the hospitalization of the INSURED's professional locum **as a result of an accident or serious illness requiring that person to be admitted for a minimum period of 5 days, occurring after the date of departure, and provided that as a result it is essential for this position or responsibility to be filled by the INSURED**, the INSURER shall bear the cost of transport to the place where the habitual residence is located.

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the Insured on the same trip who had to return home early, **provided that this second person is insured under this policy.**

1.13 EARLY RETURN DUE TO THE DEATH OF THE PERSON IN CHARGE OF LOOKING AFTER CHILDREN OR HANDICAPPED PERSONS

In the event that any of the INSUREDS is compelled to interrupt their trip as a result of the death of the person in charge of looking after minor children or handicapped persons during the course of the trip and/or stay, the INSURER shall bear the cost of travel by air (tourist class) or train (first class) from their location at the time to the place of burial.

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the Insured on the same trip who had to return home early, **provided that this second person is insured under this policy.**

1.14 EARLY RETURN DUE TO THE HOSPITALIZATION OF THE PERSON IN CHARGE OF LOOKING AFTER CHILDREN OR HANDICAPPED PERSONS

In the event that any of the INSUREDS is compelled to interrupt their trip as a result of the hospitalization of the person in charge of looking after minor children or handicapped persons during the course of the trip and/or stay, the INSURER shall bear the cost of travel by air (tourist class) or train (first class) from their location at the time to the place of the habitual residence.

Likewise, the INSURER shall bear the cost of a second travel ticket for the person who was accompanying the Insured on the same trip who had to return home early, **provided that this second person is insured under this policy.**

1.15 SENDING OF URGENT MESSAGES

The INSURER shall bear the cost of sending such urgent messages as may be requested by the INSUREDS in connection with the events covered by the policy.

1.16 DISPATCH OF MEDICINES TO A FOREIGN COUNTRY

In the event that the INSURED, while abroad, requires a medicine that is unobtainable in his/her present location, the INSURER shall take responsibility for obtaining the said medicine and sending it to the INSURED via the fastest means possible, subject to local legislation.

Situations where the medicine has gone out of production or where it is not available through the normal distribution channels are excluded.

The INSURED will have to reimburse the INSURER for the cost of the medicine, upon submission of the purchase invoice for the said medicine.

1.17 INTERPRETER SERVICE

Where the INSURED requires the presence of an interpreter at the initial intervention in any of the situations where assistance cover is provided under the SCHEDULE OF COVER of the policy, the INSURER shall provide someone who will ensure the proper translation of the circumstances and situations of the INSURED.

1.18 GENERAL INFORMATION (EMBASSIES, VACCINES, AND ENTRY REQUIREMENTS)

An Insured traveling to a foreign country may request information from the Company regarding obtaining the necessary visas in order to travel to the destination country for which the policy is purchased, as well as regarding any vaccines that may be required or recommended by the pertinent professionals or Authorities.

The said information must be requested at least two business days in advance of the day of departure of the trip.

1.19. CASH ADVANCES WHILE ABROAD

In the event the Insured is unable to obtain economic funds by the means initially envisaged, such as traveller's cheques, credit cards, bank transfers, or the like, and this makes it impossible for him/her to continue with the trip, **and provided that the INSURER receives a bank guarantee or other form of security to guarantee the refund of any advance that it might make, the INSURER shall advance the INSURED a sum up to the amount established in the SCHEDULE OF COVER of the Policy. Any such sums must in all circumstances be refunded within no more than thirty days.**

1.20. PROVIDING A PROFESSIONAL DRIVER

Where as a result of an accident or illness affecting the INSURED or the death of the INSURED neither the said INSURED nor any of his/her companions is in a fit condition to drive, and this prevents returning to the habitual residence, the INSURER shall make a professional driver available to drive the vehicle to the said habitual residence.

The INSURER shall only bear the costs incurred in connection with the said professional driver, to the exclusion of all other costs.

1.21. HIJACK COSTS

In the event the mode of public transport on which the INSURED is travelling is hijacked, the INSURER shall, under the heading of costs and following the submission of receipts, pay for continuing with the journey or returning to the point of departure, **up to the maximum limit established in the SCHEDULE OF COVER.**

1.22. INFORMATION SERVICE

Where the INSURED needs any information regarding the countries to be visited, such as for example entry formalities, visas, vaccines, economic or political situation, population, language, healthcare, etc., the INSURER shall provide the said general information, upon request, by way of a telephone call to the number indicated in this policy. The charges may be reversed, should the INSURED wish.

1.23. SEARCH AND RESCUE OF THE INSURED

In the event the INSURED becomes lost during a trip organized by a Wholesale Agency, the INSURER shall organize and shall deploy such human and technical resources, including those of its partners, in order to locate and rescue the INSURED, **up to the maximum limit established in the SCHEDULE OF COVER.**

Search and rescue in the mountains, at sea, and/or in the desert are excluded from this cover.

1.24 CANCELLATION OF CARDS

In the event of the robbery, theft, or loss of bank cards or of any other cards issued by entities in Spain, the INSURER, at the request of the INSURED, undertakes to request their cancellation, **provided that the INSURED can supply all of the information required by the card issuer in order to perform this procedure.**

1.25 LEGAL ADVICE PROVIDED REMOTELY WHEN TRAVELLING

The INSURER shall provide the INSURED, whether by telephone or by any other form of remote communication, with advice regarding his/her rights in matters covered by the policy relating to travel in general. The legal advice shall be provided by a lawyer belonging to the INSURER's Legal Assistance Centre. **The consultation may not discuss matters that are unlawful or contrary to morality and/or public order.**

Consultations shall be maintained verbally, and no written opinion shall be issued. The advice shall consist of initial legal guidance regarding the subject matter of the consultation, and **shall not extend to inspecting documents.**

In the event that the need for legal advice arises while travelling abroad in any country with which Spain has diplomatic relations, in connection with an accident occurring in his/her private capacity, the INSURER shall put the INSURED in contact with the Spanish Embassy or Consulate, so that they can put the INSURED in touch with a Spanish-speaking practising lawyer in the said country to arrange an appointment at the lawyer's office or so that the lawyer can assist when the INSURED appears before a Court or the pertinent Authorities. **The query and the legal advice shall be payable by the INSURED.**

1.26. DISPATCH OF A REPLACEMENT FOR THE INSURED IN THE EVENT OF REPATRIATION

Where the Insured has been repatriated from a foreign country due to illness, accident, or death, ARAG shall make a travel ticket available to the contracting company or to the company on whose behalf the Insured had travelled for the person who is to replace the repatriated Insured.

1.27. LOSS OF THE KEYS TO ONE'S HABITUAL RESIDENCE

Where as a result of the loss, theft, or mere misplacement of the keys to the Insured's habitual residence during the trip covered by this policy the INSURED is obliged to procure the services of a locksmith in order to enter his/her house after returning from the trip, ARAG shall bear the costs incurred, following submission of the corresponding invoice, **up to the maximum limit established in the SCHEDULE OF COVER.**

1.28. OPENING AND REPAIR OF SAFES AND STRONGBOXES

Where the hotel where the Insured is staying has charged the Insured for the costs incurred as a result of having to open or repair the coffer and/or safe that the Insured was using because the Insured has lost the key, ARAG shall bear the said charges, upon submission of the corresponding proof and **up to the maximum limit established in the SCHEDULE OF COVER.**

EXCLUSIONS APPLICABLE TO THE ASSISTANCE COVER

The following cover is not included:

- a) Any benefits or services that have not been requested from the INSURER and that have not been provided by or with the approval of the INSURER, save in cases of force majeure or material impossibility, duly established.**
- b) Any claims caused by the malicious conduct of the INSURED, the POLICYHOLDER, the BENEFICIARIES, or the persons travelling with the INSURED.**

- c) Claims occurring in the event of war, protests, or popular uprisings, acts of terrorism or sabotage, strikes, arrest by the authorities for any criminal offence not deriving from a road traffic accident, restrictions on free movement, or any other situation of force majeure, unless the INSURED can establish that the claim has nothing to do with any such circumstances.
- d) Any accidents occurring while participating in sporting competitions, whether official or private, or while participating in training, trials, or bets.
- e) Claim events deriving from radiation emitted by nuclear transmutation, nuclear decay, or radioactivity, or those deriving from biological or chemical agents.
- f) Rescue in the mountains, at sea, or in the desert.
- g) Save for the provisions of the 'MEDICAL AND HEALTHCARE ASSISTANCE' cover forming part of these GENERAL CONDITIONS, any chronic, pre-existing, or congenital circumstances, medical conditions, or illnesses, as well as any consequences thereof suffered by the insured prior to the policy coming into effect.
- h) Any illnesses or accidents occurring in the performance of a profession of a manual nature.
- i) Suicide or any illnesses or injuries resulting from attempted suicide or self-inflicted intentionally by the insured against him/herself.
- j) Treatments or illnesses or ill-health caused by the deliberate intake or administration of toxic substances (drugs), alcohol, narcotics, or the use of medicines without a medical prescription.
- k) Any costs incurred in connection with any prosthetic or orthotic devices.
- l) Childbirth.
- m) Pregnancy, other than unforeseeable complications during the first 24 weeks of pregnancy.
- n) Periodical, preventive, or paediatric medical check-ups.
- o) Any medical or pharmaceutical costs of any kind arising as a result of malicious conduct by the INSURED, or by abandoning treatment where it is foreseeable that his/her health will deteriorate.
- p) The INSURER shall not bear any medical or pharmaceutical costs of less than €9.00.

The exclusions listed under d) and h) may be lifted with the prior express authorization of the INSURER and upon payment of an agreed additional premium, and this shall be specified in the SCHEDULE OF COVER of the policy.

2) BAGGAGE COVER

2.1 STOLEN OR DAMAGED BAGGAGE

In the event of the robbery, total loss, or partial loss of the INSURED's baggage or personal items attributable to the carrier, or in the event of damage caused by fire or attack, occurring during the course of the journey, economic compensation shall be payable for the material losses, **up to the limit established in the SCHEDULE OF COVER of the policy.**

For the purposes of this cover, robbery applies only to theft committed using violence or intimidation against the person or using force against property.

Cameras, photographic devices, radio devices, audio and video recording devices, as well as their accessories, are covered up to 50% of the insured sum for the whole of the baggage.

This compensation shall always apply over and above any compensation received from the transport provider and on a complementary basis, and in order to receive it proof of having received the corresponding compensation from the transport provider must be supplied, as well as a detailed list of the baggage and its estimated value.

The said compensation shall be determined on the basis of the replacement value on the day of the loss, after first deducting depreciation for wear and tear.

In order to make a claim in the event of robbery, the report made of the loss to the competent authorities must first be supplied.

The Insurer reserves the right to request reasonable proof or documentation from the Insured in order to be able to make a pay-out under this cover.

2.2 DELAYS IN RECLAIMING CHECKED-IN BAGGAGE

The INSURER shall reimburse, **up to the limit established in the SCHEDULE OF COVER of the policy and following the submission of the corresponding receipts**, the cost of purchasing essential items as a result of a delay in being reunited with one's checked-in baggage.

Under no circumstances may this compensation be accumulated with the compensation payable under 'STOLEN OR DAMAGED BAGGAGE'.

In the event the delay occurs during the homebound journey, this cover shall only apply where the delay is more than 48 hours from the time of arrival.

In order to benefit from this cover, the INSURED must supply the INSURER with documentary proof specifying the occurrence of the delay and its duration, issued by the carrier.

2.3 DISPATCH OF ITEMS LEFT BEHIND OR STOLEN DURING THE TRIP

The INSURER shall organize and shall bear the cost of dispatching items that have been stolen and subsequently recovered, or items merely forgotten by the INSURED, **up to the limit established in the SCHEDULE OF COVER, provided that the overall cost of the said items exceeds the said sum.**

2.4 SEARCH FOR, LOCATION, AND DISPATCH OF LOST BAGGAGE

In the event baggage is lost on a scheduled flight, the INSURER shall deploy all means at its disposal to ensure that the said baggage is found, to inform the INSURED of any news regarding the said baggage, and where pertinent, to arrange for the said baggage to be reunited with the BENEFICIARY at no cost for the said person.

2.5 ADMINISTRATIVE COSTS FOR THE LOSS OF TRAVEL DOCUMENTS

In the event of the loss or theft of credit cards, bank cheques, traveller's cheques, fuel cheques, travel tickets, passport, or visas occurring during the trip or stay, all duly-justified administrative and issue costs in connection with having the said items replaced shall be covered, **up**

to the limit established in the **SCHEDULE OF COVER**. Losses incurred as a result of the loss or theft of the said items, or deriving from their unauthorized use by third parties, are not covered and as such shall not be reimbursed.

EXCLUSIONS APPLICABLE TO THE BAGGAGE COVER

The following cover is not included:

- a) Freight and material for professional use, jewels, which are deemed to be all objects featuring gold, platinum, pearls, or precious stones; coins, banknotes, travel tickets, stamp collections, securities of any kind, ID documents, and in general terms any documents or securities on paper, credit cards, memory tapes and/or discs, documents encoded onto magnetic tape or film; valuables, which are deemed to be all objects featuring silver, paintings, works of art, and art collections of any kind, as well as fine furs; prosthetic devices, spectacles and contact lenses; sports materials; cellphones; and computer equipment such as laptop computers or tablets.
- b) Theft, where this is deemed to mean appropriation performed through inattention, without violence or intimidation against persons or force against things.
- c) Losses caused by normal or natural wear and tear, inherent defects, or inadequate or insufficient wrapping. Those caused gradually by exposure to the weather.
- d) Losses caused by the fact that an object, which has not been placed in the custody of a carrier, has simply been misplaced or lost.
- e) Theft in connection with going camping or caravanning at free campsites, with valuables being totally excluded in any form of camping.
- f) Losses, damage, or theft resulting from personal items or belongings being left unattended in a public place or at a place made available to various occupants.
- g) Breakage, unless this has been caused by an accident affecting the mode of transport, or by simple theft or burglary, or by armed violence, or by fire or in the extinguishing of a fire.
- h) Losses caused directly or indirectly by acts of war, civil or military disorder, popular uprisings, strikes, earthquakes, or radioactivity.
- i) Losses caused deliberately by the INSURED, or by the severe negligence of the INSURED, and those caused by the spillage of liquids being carried in the baggage.
- j) All motor vehicles, as well as their complements and accessories.

3) TRAVEL CANCELLATION AND HOLIDAY REFUND COVER

3.1 TRIP CANCELLATION COSTS.

The INSURER shall cover, **up to the limit established in the SCHEDULE OF COVER**, the refund of the cancellation costs for the trip generated payable by the INSURED and which are charged in accordance with the general conditions of sale of the Travel Agent or of any of the suppliers of the trip, including administration charges, **provided that the trip is cancelled before the departure date and for one of the following reasons, affecting the INSURED, arising after the purchase of the insurance and preventing the INSURED from travelling on the intended dates:**

- 1) Serious illness, serious accident, or death of:

The Insured or a Family Member.

The INSURED's companion, booked as part of the same reservation and also insured.

The INSURED's professional locum, provided that as a result it is essential for this position or responsibility to be filled by the INSURED.

The person in charge of the custody of the minor or dependent children during the travel and/or stay period. **In order for this cover to be valid, it is necessary to name the said person at the time the insurance is acquired.**

The Insured must immediately report the claim on the date on which it occurs, and the Insurer reserves the right to pay a medical visit to the Insured to assess the cover for the case and to determine whether or not the event makes departing on the trip impossible. However, if the illness does not require hospitalization, the Insured must report the claim within 72 hours of the event that gave rise to the reason for cancelling the trip.

- 2) Serious losses as a result of theft, fire, or other damage affecting:

The habitual and/or secondary residence of the INSURED.

The professional premises where the INSURED performs a liberal profession there or is the direct operator (manager).

And which necessarily require the attendance of the INSURED.

- 3) Dismissal of the INSURED from employment, **provided that at the start of the insurance period he/she had not been given verbal or written notice.**

- 4) Starting a new job by the INSURED, with a different employer, with an employment contract and **provided that the new job starts subsequent to the insurance coming into effect and that there was no knowledge of this circumstance on the day the reservation for the accommodation was made.**

- 5) The Insured is called as a party, witness, or jury member by a Civil or Criminal Court or by an Employment Tribunal. **Situations where the insured is called as an accused in proceedings commenced prior to the purchase of the trip and the insurance are excluded.** For all other situations where the attendance of the Insured is required, the call or summons must be after the purchase of the trip and the insurance.

- 6) Being selected to act as an election official.

- 7) Taking part in official civil-service examinations called by a public body after the insurance was purchased.

- 8) Cancellation by the person who is to accompany the INSURED, travelling as part of the same trip and insured under this same policy, **provided that the cancellation is for any of the reasons listed under this cover** and that as a result of this the INSURED would have to travel alone.

- 9) Acts of piracy, whether in the air, on land, or at sea, making it impossible for the INSURED to depart or continue with the trip. **Acts of terrorism are excluded.**

- 10) Theft of documentation or baggage making it impossible for the INSURED to depart.

- 11) Becoming aware, after the booking has been made, of a duty to assist with a tax inspection, **where the amount payable exceeds €600.**

12) The denial of visas for unjustified reasons.

Situations where visas are denied because the insured has failed to perform the necessary formalities in due and timely manner are expressly excluded.

13) Compulsory transfer of employment for a term in excess of 3 months.

14) An unexpected call to have a surgical intervention affecting:

The Insured or a Family Member.

The INSURED's companion, booked as part of the same reservation and also insured.

The INSURED's professional locum, **provided that as a result it is essential for this position or responsibility to be filled by the INSURED.**

The person in charge of the custody of the minor or dependent children during the travel and/or stay period. **In order for this cover to be valid, it is necessary to name the said person at the time the insurance is acquired.**

15) Pregnancy complications or miscarriage, where this requires resting in bed in the opinion of a medical professional.

Giving birth and pregnancy complications are excluded as from the seventh month of pregnancy.

16) An official declaration that the place of residence of the INSURED, or the place of destination of the trip, is a disaster area. An official declaration that a place through which it is necessary to travel in order to reach the destination is a disaster area is also covered, **provided that this is the only route through which it is possible to reach the said destination.**

A maximum indemnity of €30,000 per claim is established.

17) Winning a trip and/or stay similar to the one that has been purchased, free of charge, in a public lottery conducted before a Notary Public.

18) Police detention for reasons not relating to a criminal offence.

19) Arrival of an adopted child.

20) Summons to attend divorce proceedings.

21) Extension to an employment contract.

22) Award of official scholarships preventing the trip from going ahead.

23) Unexpected call for an organ transplant affecting:

The INSURED or a Family Member

The INSURED's companion, booked as part of the same reservation and also insured.

24) The signing of official documents during the trip dates, exclusively before the Public Authorities.

25) Any illness affecting children under 48 months who are insureds under this policy.

26) A judicial declaration of the temporary receivership of a company, which prevents the INSURED from performing his/her professional activity.

27) Breakdown or accident affecting the vehicle owned by the INSURED that prevents the trip from commencing.

The breakdown must require a repair that takes more than 8 hours or that costs more than €600, in both cases according to the manufacturer's guidelines.

28) The cost of re-assigning the INSURED's trip to someone else for any of the reasons covered.

29) Cancellation of the wedding ceremony, provided that the insured trip was a Honeymoon.

Under all circumstances this cover must be purchased on the day the trip is confirmed or within 7 days thereof.

3.2 REFUND FOR HOLIDAYS MISSED

The INSURER shall reimburse, **up to the limit established in the SCHEDULE OF COVER and taking into account the exclusions specified**, a sum per day's holidays missed. This sum shall be calculated by dividing the value of the insured trip by the number of days the trip is supposed to last, and shall be indemnified by multiplying by the number of days' holidays missed, following prior justification of the cost of the holidays.

This cover shall exclusively apply where the INSURED is compelled to interrupt the trip before it finishes and return home for any of the reasons referred to under the 'TRIP CANCELLATION COSTS' cover, arising subsequent to the start of the trip and not known about in advance by the Insured.

TRIP CANCELLATION COSTS AND HOLIDAY REIMBURSEMENT COVER: SPECIFIC EXCLUSIONS

The following cover is not included:

a) Cosmetic treatment, a cure, air travel being contraindicated, failure to be vaccinated or vaccination being contraindicated, the impossibility of continuing with the recommended preventive medicinal treatment at certain destinations, abortion, alcoholism, the consumption of drugs and narcotics (unless these have been prescribed by a doctor and are taken in the manner indicated).

b) Psychic, mental, or nervous illnesses and depression without hospitalization, or requiring hospitalization of less than seven days.

c) Chronic, pre-existing, or congenital illnesses affecting all travellers who have suffered imbalances or exacerbations within the 30 days leading up to the purchase of the policy, irrespective of their age.

d) Chronic, pre-existing, congenital, or degenerative illnesses affecting the Family Members described in the General Conditions undergoing alterations to their condition not requiring out-patient treatment at the Accident & Emergency Department of a hospital or admission to hospital, after the purchase of the insurance.

e) Participation in bets, contests, competitions, duels, crimes, fights, save in cases of legitimate self-defence.

f) Epidemics, pandemics, medical quarantine, and pollution, whether in the country of origin or in the destination country.

g) War (both civil and foreign), whether declared or not, riots, popular uprisings, acts of terrorism, any effects deriving from a source of radioactivity, as well as deliberate breaches of official prohibitions.

h) Failure to present, for any reason, the essential documents for any trip, such as passport, visas, tickets, vaccination card or certificate.

i) Malicious acts, as well as intentional self-inflicted injuries, suicide or attempted suicide.

j) Situations deriving, whether directly or indirectly, from events caused by nuclear energy, radioactive radiation, natural disasters (except for those specifically listed under the 'Official declaration of a disaster area' cover), acts of war, riots, or acts of terrorism.

4) COVER FOR DELAYS AND MISSED SERVICES

4.1 LATE DEPARTURE OF THE MODE OF TRANSPORT

In the event the mode of public transport chosen by the INSURED is at least 6 hours late in departing, the INSURER shall reimburse, **up to the value and time limit established in the SCHEDULE OF COVER**, any additional hotel, board, or transport costs in which the INSURED incurs while he/she is waiting.

All documents in proof of the delay and all receipts in proof of the expenses incurred as a result of the said delay must be supplied under all circumstances.

4.2 LATE ARRIVAL OF THE MODE OF TRANSPORT

In the event the mode of public transport chosen by the INSURED is **at least 3 hours behind schedule** in arriving, the INSURER shall reimburse, **up to the value and time limit established in the SCHEDULE OF COVER**, any justified and unforeseen costs incurred in order to continue with or complete the journey.

All documents in proof of the delay and all receipts in proof of the expenses incurred as a result of the said delay must be supplied under all circumstances.

4.3 INEVITABLE EXTENSION OF THE TRIP

Where for reasons beyond the control of the organizer the INSURED is required to remain stranded during the course of the trip, the INSURER shall bear the costs generated by this situation, **upon submission of the pertinent documentary proof and receipts, up to the value and time limit established in the SCHEDULE OF COVER.**

4.4 MISSED TRANSPORT CONNECTIONS

Where the mode of public transport chosen by the INSURED is **delayed for at least 4 hours** because of a technical breakdown, bad weather or natural disaster, intervention by the authorities or by other persons using force, or any other situation of force majeure, and this delay results in the connection with the next closed means of public transport as envisaged in the ticket becoming impossible, the INSURER shall pay, **up to the limit established in the SCHEDULE OF COVER and upon supply of the corresponding documentary proof and receipts**, the additional hotel, accommodation, and transport costs incurred during the wait.

4.5 ALTERNATIVE TRANSPORT AS A RESULT OF MISSED TRANSPORT CONNECTIONS

Where the mode of public transport chosen by the INSURED is **delayed for at least 4 hours** because of a technical breakdown, bad weather or natural disaster, intervention by the authorities or by other persons using force, or any other situation of force majeure, and this delay results in the connection with the next closed means of public transport as envisaged in the ticket becoming impossible, the INSURER shall pay, **up to the limit established in the SCHEDULE OF COVER and upon supply of the corresponding documentary proof and receipts**, the additional transport costs necessary in order to return to the place of departure or the alternative transport costs in order to reach the intended destination.

4.6 MISSING A MODE OF TRANSPORT DUE TO AN ACCIDENT EN ROUTE

Where the INSURED misses the closed mode of public transport as envisaged in the ticket as a result of an accident affecting the mode of public or private transport chosen by the INSURED to reach the airport, sea port, railway station, or bus station from where the trip is to depart, the INSURER shall, upon supply of the pertinent documentary proof and receipts, bear the additional hotel, board, and transport costs incurred during the wait until a connection with the next mode of transport is possible, **up to the limit established in the SCHEDULE OF COVER.**

4.7 CHANGE TO THE SERVICES INITIALLY BOOKED

In the event of overbooking or last-minute cancellation, whether affecting flights or hotel accommodation, not attributable to the trip organizer, the INSURER shall bear the cost, **upon supply of the corresponding documentary proof and receipts**, of the following situations:

The INSURER shall pay compensation for the departure of an unplanned alternative mode of transport **up to the value and time limit established in the SCHEDULE OF COVER.**

The INSURER shall pay compensation for a change of hotel/apartment, **up to the value and time limit established in the SCHEDULE OF COVER**, provided that the change is to one of a lower category than was originally intended. **It must be possible to verify this circumstance by way of supplying the documents relating to the trip originally booked and the hotel actually stayed at.**

The above cover provisions may not be accumulated or complementary to each other, given that once the first cause giving rise to an entitlement to compensation for a delay has arisen, all other causes are excluded, provided that they all arise from the same cause.

The costs covered by these provisions shall be deemed under all circumstances to refer to those incurred at the place where the delay occurs.

As this cover involves the payment of compensation, the Insurer is subrogated in the rights of action and other rights of the INSURED to seek redress from the party responsible for the delays that have occurred and for the change of category of the hotel that has been booked, up to the limit of the compensation paid.

4.8 LOSS OF BOOKED SERVICES

Where the mode of public transport chosen by the INSURED is delayed because of a technical breakdown, bad weather or natural disaster, intervention by the authorities or by other persons using force, or any other situation of force majeure, and this delay results in the loss of

some of the services booked, such as excursions, visits, hotel nights, or meals, the INSURER shall pay, **up to the limit established in the SCHEDULE OF COVER**, the value of the said services not enjoyed.

It must be possible to verify this circumstance by way of supplying the documents relating to the purchase of the trip.

7. LIMITS

The INSURER shall bear the costs referred to, **within the limits established and up to the maximum sum specified in each case. Events that have the same cause and that occur at the same time shall be considered to constitute one single claim event.**

The INSURER shall be under a duty to pay for the service, unless the claim event has been caused by the INSURED acting in bad faith.

Where the cover provided involves a cash pay-out, the INSURER shall be under a duty to pay the compensation upon the conclusion of the necessary investigations and expert assessments in order to establish the existence of the claim event. The INSURER shall in all cases pay the minimum amount that it will be required to pay out in compensation, in accordance with the circumstances of which it is aware, within 40 days of the claim event being reported. Where for reasons attributable to the Insurer, or for no justifiable reason, the INSURER has not paid out the said compensation within three months of the date the claim event occurred, the compensation shall be increased by 20% over one year.

8. REPORTING A CLAIM

Where an event occurs that could give rise to a claim covered by the policy, **the INSURED must without fail contact the emergency telephone service established by the INSURER**, stating the name of the INSURED, the policy number, his/her location and telephone number, and the type of assistance required. The INSURED may reverse the charges to contact the said telephone number.

The claim may be rejected where the INSURED, in bad faith, makes false statements, or exaggerates the extent of the damage, or attempts to destroy or get rid of objects existing prior to the claim event, or conceals or removes some or all of the insured items, or uses inaccurate documents as justification, or uses fraudulent means, losing all entitlement to any compensation for the claim event.

9. ADDITIONAL PROVISIONS

The INSURER shall not accept any responsibility for any benefits that have not been requested from the INSURER or that have not been provided with its prior approval, save in duly-established situations of force majeure.

Where the direct intervention of the INSURER in the provision of the services is not possible, said INSURER shall be under a duty to reimburse the INSURED for the duly-established costs deriving from the said services, within a maximum term of 40 days as from when the services are provided.

In all circumstances the Insurer reserves the right to request reasonable proof or documentation from the Insured in order to be able to make a pay-out for the service requested.

10. SUBROGATION

The INSURER shall be automatically subrogated, up to the value of the sums paid out in compliance with the duties deriving from this policy, in all rights of action and any other rights that may pertain to the INSUREDS or their heirs, as well as any pertaining to any other BENEFICIARIES, against third parties, whether natural or legal persons, as a consequence of the claim event giving rise to the assistance provided.

In particular this right may be exercised by the INSURER against terrestrial, river, maritime, or air transport providers with regard to the refund, in full or in part, of the cost of the tickets not used by the INSUREDS.

11. LIMITATION OF ACTIONS

The rights of action deriving from the insurance contract shall expire after two years, in the case of insurance for losses, or five years for personal insurance.

12. PREVALENCE

Where the content of this policy differs from the insurance proposal or the clauses that have been agreed, the POLICYHOLDER may request the INSURER to resolve the discrepancy that has been detected within one month of delivery of the policy. Where the said term elapses without any such request being made, the provisions of the policy shall prevail.

13. Complaints and redress

ARAG S.E., Sucursal en España has a Customer Care Department (c/ Roger de Flor 16, 08018 - Barcelona, e-mail: dac@arag.es, website: www.arag.es) to attend to and resolve any complaints filed by insureds and to offer them redress in connection with their interests and rights as acknowledged by law, which shall be dealt with and resolved within no more than one month of being filed.

In the event you are not satisfied with the way the Customer Care Department has resolved your complaint, or if more than one month has passed without any reply being received, claimants can take their complaint to the Complaints Service of the Insurance and Pension Funds Directorate-General (Paseo de la Castellana 44, 28046 - Madrid, telephone numbers: 902 19 11 11 or 952 24 99 82, website: www.dgsfp.mineco.es).

SUPPLEMENTARY PERSONAL ACCIDENT INSURANCE POLICY**DEFINITIONS:**

Accident: An accident is understood to be bodily injury that is deriving from a violent, sudden, external cause, unintentional by the Insured, which results in total or partial permanent disability, or death.

Permanent disability: Permanent disability is understood to be the organic or functional loss of the extremities and faculties of the Insured with the intensity described in these General Conditions, the recovery of which is not considered foreseeable in the opinion of the medical experts appointed pursuant to the law.

Insured amount: The amounts established in the Particular and General Conditions, the maximum limit of compensation to be paid by the Insurer in the event of an accident.

Disagreement over the assessment of the degree of disability: If the parties agree on the amount and the form of compensation, the Insurer must pay this amount. If there is disagreement, the conditions included in the Insurance Policy Contract Act will apply.

PAYMENT OF COMPENSATION:

a) The Insurer is obliged to pay the compensation at the conclusion of any investigations and expert reports which may be necessary to establish the existence of the accident and, where applicable, the amount resulting therefrom. In all cases, the Insurer must make, within forty days, counting from the receipt of the report of the incident, the payment of the minimum amount of which the Insurer may pay, according to the circumstances known to it.

b) If, within three months of the occurrence of the accident the Insurer has not made reparation for the damage or paid the due compensation in cash for causes which are not justified or are imputable to it, the compensation shall be increased by a percentage equivalent to the legal interest on money in force at that moment, increased in turn by 50%.

c) To obtain payment in the event of death or permanent disability, the Insured or Payee must send the Insurer the supporting documents indicated below, as may correspond:

- c.1. Death:
- Death certificate.
 - Certificate of the General Register of Last Wills and Testaments.
 - Will, if existing.
 - Executor's certification with respect to whether payees of the Insurance Policy are designated in the will.
 - Document accrediting the identity of the payees and the executor.
 - If beneficiaries are legal heirs, the inheritance certificate decreed by the competent court will also be necessary.
 - Letter of exemption from payment of Inh. T., if applicable, duly completed by the competent Administrative Body .

- c.2. Permanent disability:
- Medical certificate of disability stating the type of disability resulting from the accident.

24-HOUR PERSONAL ACCIDENT INSURANCE

The Insurer guarantees, up to the sum expressed in the Particular Conditions of this Policy and subject to the exclusions specified in these General Conditions, the payment of whatever compensation may be due in the event of death or permanent disability arising from accidents occurring to the Policyholder during journeys or stays away from his/her usual address.

Persons over 70 years of age are not covered. In the case of children under 14 years of age, the risk of death is only guaranteed for up to €3,000 for burial expenses, and the permanent disability risk up to the sum stated in the Specific Conditions.

PERSONAL ACCIDENT INSURANCE EXCLUSIVELY ON PUBLIC TRANSPORT

This insurance covers, exclusively and up to the limit set out in the policy's particular conditions, compensation for the death and disability of the INSURED due to an accident that is the consequence of a public means of transport: as a passenger on a plane, regular shipping line, train or scheduled coach service, including boarding and alighting from these forms of transport, as described in the programme for the trip.

The policy does not include persons travelling in private planes, single engine planes (whether propeller, turboprop, jet, etc.) or on cruise ships.

Persons over 70 years of age are not covered. In the case of children under 14 years of age, the risk of death is only guaranteed for up to €3,000 for burial expenses, and the permanent disability risk up to the sum stated in the Specific Conditions.

The compensation envisaged in Personal Accident Insurance which is exclusively for public transport will not be complementary to any compensation payable for 24-hour Personal Accident Insurance, if both are contracted in the same policy.

The limit of the compensation will be established:

a) In the event of death:
When it has been proved that the death, immediate or occurring within the term of one year from the accident, is a consequence of an accident covered by the Policy. The Insurer will pay the amount established in the Particular Conditions.

If, after the payment of a compensation for permanent disability, the Insured dies as a result of the same accident, the Insurer will pay the difference between the amount paid for disability and the amount insured in the event of death, if this amount is higher.

b) In the event of permanent disability:
The Insurer will pay the total insured amount if the disability is total or a proportional part according to the degree of disability if it is partial.

For the assessment of the respective degree of disability, the following chart has been established:

b.1 Loss or total disability of both arms or both hands, or of one arm and one leg, or of one hand or one foot, or of both legs, or of both feet, total blindness, total paralysis, or any other injury incapacitating the Insured for any type of work ... 100%

b.2. Loss or total disability:		
- Of one arm or one hand	60%	
- Of one leg or one foot		50%
- Total deafness	40%	
- Of the movement of a thumb or index finger	40%	
- Loss of sight in one eye	30%	
- Loss of a thumb	20%	
- Loss of an index finger	15%	
- Deafness in one ear		10%
- Loss of any other finger	5%	

In cases not provided for above, such as for partial losses, the degree of disability will be established in proportion to its seriousness compared with the disabilities stated. **The total permanent disability can never be exceeded.**

The degree of disability must be finally established within one year from the date of the accident.

For the purposes of assessment of the disability of a limb or an organ, the professional situation of the Insured will not be taken into consideration.

If, before the Accident, the Insured had a bodily disability, the disability caused by this accident cannot be classified in a degree higher than that which would result if the victim was a normal person from the point of view of body integrity.

Total and permanent functional loss of use of the limb is comparable to its total loss.

EXCLUSIONS

The following are not covered by this Insurance:

a) Bodily injuries caused in a state of mental alienation, paralysis, apoplexy, diabetes, alcoholism, drug addiction, spinal cord disorders, syphilis, AIDS, encephalitis, and in general any injuries or illnesses which reduce the Insured's physical or mental capacities.

b) Bodily injuries resulting from criminal acts, provocations, fights - except in cases of self-defence - and duels, carelessness, bets or any risky or reckless undertaking, and accidents resulting from acts of war, even when this has not been declared, riots, earthquakes, floods and volcanic eruptions.

c) Illness, hernia, lumbago, intestinal strangulation, complication of varicose veins, poisoning or infection not caused directly and exclusively by an injury covered by the guarantees of the Insurance. The consequences of surgical procedures or unnecessary treatments for accidents suffered and those related with personal care.

d) Practising the following sports: Speed or resistance races, aeronautical ascents and journeys, rock-climbing, caving, horse-back hunting, polo, wrestling or boxing, rugby, undersea fishing, skydiving and any other game or sport with a high level of risk.

e) The use of a two-wheeled vehicle with an engine capacity greater than 75 c.c.

f) The exercise of any occupation which is not of a commercial, artistic or intellectual nature.

g) The guarantees covered by this Policy exclude any person who intentionally causes the accident.

h) Situations of aggravation of an accident which took place before the signing of the Policy are not included.

ACCUMULATIVE MAXIMUM:

The maximum compensation of this Policy for a single accident shall not be greater than €1,200,000.

COMPENSATION BY THE CONSORCIO DE COMPENSACION DE SEGUROS FOR LOSSES DERIVED FROM EXTRAORDINARY EVENTS IN THE INSURANCE OF PERSONS.

In accordance with the provisions of the revised text of the Legal Statute of the Consorcio de Compensación de Seguros, approved by Royal Legislative Decree 7/2004, of 29 October, the holder of an insurance policy of the type which is required to include a surcharge in favour of the Consortium may arrange cover for extraordinary risks with any insurance company that meets the conditions required by current legislation.

Compensation related to claims arising from extraordinary events occurring in Spain and abroad, when the insured party has his/her habitual residence in Spain, will be paid by the Consorcio de Compensación de Seguros if the policyholder has paid the corresponding surcharges and any of the following situations applies:

a) The extraordinary risk covered by the Consorcio de Compensación de Seguros is not covered by the insurance policy contracted with the insurance company.

b) Even though it is covered by said insurance policy, the obligations of the insurer could not be fulfilled because it has been declared legally bankrupt or is subject to a liquidation procedure supervised or assumed by the Consorcio de Compensación de Seguros.

The Consorcio de Compensación de Seguros will act in accordance with the provisions of the aforementioned Legal Statute, those of Act 50/1980, of 8 October, regarding Insurance Contracts, those of the Regulations on Insurance for Extraordinary Risks, approved by Royal Decree 300/2004 of 20 February, and its additional provisions.

Summary of the legal regulations:

1. Extraordinary events covered:

a) The following natural phenomena: earthquakes and seaquakes; extraordinary flooding, including giant waves; volcanic eruptions; atypical cyclones (including extraordinary winds with gusts of over 120km/h, and tornados); and the fall of astral bodies and meteorites.

b) Violent events occurring as a result of terrorism, rebellion, sedition, mutiny and popular disturbances.

c) Action by the Armed Forces or the Security Forces in peacetime.

Atmospheric and seismic phenomena, volcanic eruptions and the fall of astral bodies will be certified, at the request of the Consorcio de Compensación de Seguros, through reports issued by AEMET (the State Meteorological Agency), the Instituto Geográfico Nacional and other public bodies with authority in the field. In the case of events of a political or social nature, or in the event of damage caused due to situations or action involving the Armed Forces or the Law Enforcement Agencies in times of peace, the Consorcio de Compensación de Seguros will obtain information on the occurrences from the relevant jurisdictional and administrative bodies.

2. Risks excluded:

a) Those which do not give rise to compensation according to the Insurance Policy Contract Act.

b) Those caused to persons insured under insurance policies other than those in which the surcharge for the Consorcio de Compensación de Seguros is compulsory.

c) Those caused by armed conflicts, even if there has been no official declaration of war.

d) Those derived from nuclear power, notwithstanding the provisions of Act 12/2011, of 27 May, on civil liability for nuclear damage or damage produced by radioactive material.

e) Those arising from phenomena of a different nature from those indicated in Section 1.a) above, and in particular those caused by a rise in the water table level, the movement of hillsides, landslides or land subsidence, rock falls and similar phenomena, unless these were manifestly caused by the action of rainwater that has caused an extraordinary flood situation in the area and these events occurred at the same time as said flood.

f) Those caused by tumultuous activities occurring during the course of meetings and demonstrations held in accordance with Organic Law 9/1983 of 15 July, regulating the right of assembly, or during the course of legally constituted strikes, unless the aforementioned activities could be categorised as extraordinary events of the type referred to in section 1.b) above.

g) Those caused by a lack of good faith on the part of the Insured.

h) Those corresponding to incidents occurring before the payment of the first premium or when, in accordance with the provisions of the Insurance Contracts Act, cover by the Consorcio de Compensación de Seguros has been suspended or the insurance has been cancelled because of failure to pay the premiums.

i) Incidents that, because of their magnitude and seriousness, are classified by the National Government as a "national disaster or catastrophe".

3. Scope of cover.

1. Cover for extraordinary risks will apply to the same people and involve the same sums insured as has been established in the policy for the purposes of ordinary risks.

2. In life insurance policies which, in accordance with the provisions of the contract and with the regulations concerning private insurance, are subject to mathematical reserves, cover by the Consorcio de Compensación de Seguros will comprise the capital at risk for each insured party; i.e., the difference between the sum insured and the mathematical reserve which the insurer issuing the policy must have established. The sum corresponding to this mathematical reserve will be payable by the aforementioned insurance company.

Reporting damage to the Consorcio de Compensación de Seguros

1. Requests for compensation for damage, cover for which corresponds to the Consorcio de Compensación de Seguros, shall be made through communication to said Consortium by the Policyholder, the Insured or the beneficiary of the policy, or by the party acting on behalf of the aforementioned, or by the insurance company or the insurance broker with whom the insurance was contracted.

2. Damage may be reported and information obtained regarding the procedure and the status of claims as follows:

- By calling the Consorcio de Compensación de Seguros Call Centre (952 367 042 or 902 222 665).

- Via the website of the Consorcio de Compensación de Seguros: www.consorseguros.es

3. Damage valuation:

The assessment of damage that can be compensated in accordance with insurance legislation and the content of the policy shall be carried out by the Consorcio de Compensación de Seguros, which will not be bound by any assessment that may have been made by the insurance company providing cover against ordinary risks.

4. Payment of compensation:

The Consorcio de Compensación de Seguros will pay compensation to the beneficiary of the policy by bank transfer.

SUPPLEMENTARY CIVIL LIABILITY INSURANCE POLICY**DEFINITIONS:**

Insured Amount: The amounts established in the Particular and General Terms and Conditions, the maximum limit of compensation to be paid by the Insurer in the event of an accident.

Obligations of the Insured: In the event of an accident involving Civil Liability, the Policyholder, the Insured, or their rightful claimants, must not accept, negotiate or reject any claim without express authorisation from the Insurer.

PAYMENT OF COMPENSATION:

a) The Insurer is obliged to pay compensation on completion of the investigations and expert appraisals required to establish the existence of the incident leading to the claim and, where applicable, the amount due. In all cases, the Insurer must, within forty days from the receipt of the report of the accident, pay the minimum amount for which it may be liable, according to the circumstances known to it.

b) If, within three months of the occurrence of the incident, the INSURER has not made reparation for the damage or paid the compensation in cash due, for causes which are not justified or are attributable to the INSURER, the compensation shall be increased by a percentage equivalent to the legal interest rate in force at that time, increased in turn by 50%.

PRIVATE CIVIL LIABILITY INSURANCE POLICY**1. Private civil liability**

The Insurer shall assume, **up to the limit indicated in the Particular Conditions and excluding the cases specified in the General Conditions**, any monetary compensation that, while not constituting a personal or supplementary sanction for civil liability, may be required of the Insured pursuant to Articles 1,902 to 1,910 of the Civil Code or similar provisions included in foreign legislation, and which the Insured is obliged to pay as being civilly liable for bodily injury or material damage caused unintentionally to third parties in their persons, animals or belongings.

Within this limit is the payment of the legal fees and expenses as well as the constitution of the legal bonds required from the Insured.

2. EXCLUSIONS

The following are not covered by this Insurance:

- a) Any type of Liability that corresponds to the Insured for the driving of motor vehicles, air vehicles and boats, as well as for the use of firearms.**
- b) Civil Liability derived from situations related to professional or political activity or involvement in trade unions or other associations.**
- c) Fines or sanctions imposed by Courts or authorities of all types.**
- d) Liability as a result of the practice of professional sports and the following modes, even though these are carried out at an amateur level: mountaineering, boxing, bobsleigh, caving, judo, skydiving, hang-gliding, gliding, polo, rugby, archery, yachting, martial arts and motor sports.**
- e) Damage to objects entrusted to the Insured, of any type.**

INFORMACIÓN AL CLIENTE

Cumplimentando nuestro deber de información y protección de nuestros clientes por los servicios de mediación que le proporcionamos, les informamos:

Registro

INTERMUNDIAL XXI, S.L.U. se encuentra inscrita en el Registro administrativo especial de mediadores de seguros, de corredores de reaseguros y de sus altos cargos con número de registro J-1541. Dicho Registro es público y puede ser consultado remitiendo escrito a la Dirección General de Seguros y Fondos de Pensiones (Paseo de la Castellana, 44, 28046 -Madrid), o bien consultando la página web de la misma <http://www.dgsfp.mineco.es/regpublicos/pui/pui.aspx>

Además, INTERMUNDIAL XXI, S.L.U. dispone de Póliza de Responsabilidad Civil Profesional y Seguro de Caución según legislación vigente Cláusula de confirmación de recepción de información previa

Por la presente, el Tomador del Seguro/Asegurado reconoce expresamente haber recibido del Asegurador, por escrito y en fecha e contratación del seguro de acuerdo a sus condiciones particulares, la oportuna información relativa a la legislación aplicable al contrato de seguro, las diferentes instancias de reclamación, el Estado miembro del domicilio del Asegurador y su autoridad de control, la denominación social, dirección y forma jurídica del Asegurador.

Servicio de Atención al Cliente

Para atender y resolver las quejas y reclamaciones, INTERMUNDIAL XXI, S.L.U. dispone de un Servicio de Atención al Cliente externalizado en Inade, Instituto Atlántico del Seguro, S.L., con domicilio en la localidad de Vigo, Provincia de Pontevedra, código postal 36202, Calle La Paz, 2 bajo. Dicho Servicio tiene la obligación de resolver dichas quejas o reclamaciones en el plazo máximo de dos meses desde la fecha de la presentación. Si dicha resolución no fuera del agrado del Cliente, podrá dirigirse al Servicio de Reclamaciones de la DGSFP, siendo imprescindible para ello acreditar haber formulado la queja o reclamación, por escrito, ante el Servicio de Atención al Cliente de INTERMUNDIAL XXI, S.L.U.

QUEJAS Y RECLAMACIONES relativas a la gestión de los SINIESTROS por parte del MEDIADOR:

Instancias de gestión de quejas y reclamaciones - servicios de mediación:

En caso de que existiera alguna disconformidad como consecuencia de los servicios de intermediación prestados por parte de Intermundial XXI, Correduría de seguros, se pone a disposición del reclamante de un Servicio de Atención al Cliente ofrecido por:

INADE, Instituto Atlántico del Seguro, S.L.

Calle La Paz nº 2, Bajo

36202 Vigo

España

Correo electrónico: atencioncliente@inade.org

Dicho servicio tiene la obligación de resolver dichas quejas y reclamaciones en el plazo máximo de dos meses desde la fecha de la presentación. En caso de no quedar satisfecho con la respuesta final o si no ha recibido una respuesta final en el plazo de dos meses a partir de la recepción de la queja o reclamación, podrá dirigir su queja o reclamación a la Dirección General de Seguros y Fondos de Pensiones, cuyos datos de contacto se encuentran recogidos en el siguiente apartado.

Dirección General de Seguros y Fondos de Pensiones

Paseo de la Castellana, 44

28010 Madrid

España

Telf.: 952 24 99 82

Sitio web: www.dgsfp.mineco.es/reclamaciones/index.asp

Puede interponer una acción legal ante el Juzgado de Primera Instancia correspondiente a su domicilio, de acuerdo con el artículo 24 de la Ley del Contrato de Seguro.

PROTECCIÓN DE DATOS DE CARÁCTER PERSONAL**INFORMACIÓN BÁSICA**

Epígrafe	Información Básica (1ª capa)
Responsable	InterMundial XXI S.L.U.
Finalidad	<ul style="list-style-type: none"> - Asesoramiento en la contratación y formalización de contrato de seguros y - Tramitación de siniestros - Envío de comunicaciones comerciales sobre productos envío de Newsletter, actualizaciones de web
Legitimación	<ul style="list-style-type: none"> - Ejecución del contrato de seguro - Consentimiento para comunicaciones comerciales
Destinatarios	Los destinatarios de sus datos serán las Aseguradoras que ofrecen la cobertura contratada y Servisegur Consultores S.L.U. para la tramitación de siniestros.
Derechos	Tiene derecho a acceder, a rectificar, a limitar el tratamiento, a suprimir sus datos y a solicitar la portabilidad de sus datos.
Procedencia	Directamente del interesado
Comunicaciones comerciales	Con el fin de mejorar las prestaciones de nuestros servicios, elaboramos un perfil comercial de nuestros clientes en base a la información facilitada, lo que nos permite ofertarle productos y servicios de los siguientes tipos de acuerdo con sus intereses: <ul style="list-style-type: none"> - Seguros de viajes
Información adicional	Puede consultar la información adicional en la última página del presente documento y detallada sobre Protección de datos en la siguiente sección de nuestra página web: www.intermundial.es/protecciondedatos

Análisis objetivo

Nuestro asesoramiento se facilita en base de un número suficiente de contratos de seguro ofrecidos en el mercado de los riesgos objeto de cobertura, de modo que pueda formular una recomendación, ateniéndose a criterios profesionales, respecto del contrato de seguro que sería adecuado a las necesidades del cliente. Dicho análisis no se circunscribe exclusivamente al producto, siendo también extensible a la calidad del servicio y prestaciones que la entidad aseguradora, elegida o por el contrario, descartada, en el momento de la celebración del contrato está capacitada para otorgar.

INFORMACIÓN ADICIONAL EN MATERIA DE PROTECCIÓN DE DATOS**¿Quién es el responsable del tratamiento de sus datos?**

El responsable del tratamiento es INTERMUNDIAL XXI S.L.U. Correduría de Seguros provista e CIF B81577231, con domicilio social en C/ Irún 7, 1º A izquierda, CP: 28008, Puede contactar con nosotros a través de carta a nuestra dirección postal indicada o a través de nuestro correo electrónico: lopd@intermundial.com.

¿Con qué finalidad tratamos sus datos personales?

En INTERMUNDIAL XXI S.L.U. tratamos la información que nos facilitan las personas interesadas para el asesoramiento en la contratación y para gestionar el contrato de seguros, tramitación de siniestros derivados del contrato suscrito, envío de comunicaciones comerciales y newsletter.

¿Por cuánto tiempo conservaremos sus datos?

Los datos proporcionados serán conservados durante todo el periodo de vigencia del contrato, siendo cancelados al vencimiento del contrato de seguros.

No obstante lo anterior, los datos serán bloqueados y conservados durante el plazo de prescripción de las acciones que pudieran derivarse de la relación contractual por usted suscrita.

¿Cuál es la legitimación para el tratamiento de sus datos?

La base legal para el tratamiento de sus datos es la ejecución de los contratos de seguros según los términos y condiciones que figuran en dichos contratos, así como la tramitación de siniestros derivada de los mismos.

La oferta de productos y servicios encuentra su legitimación en el interés legítimo del responsable del tratamiento, pudiendo manifestar el Cliente en cualquier momento su oposición a este tipo de tratamiento sin que en ningún caso el ejercicio de este derecho condicione la ejecución del contrato.

Le informamos asimismo de que la falta de aportación de la información requerida supone la imposibilidad de suscripción y cumplimiento del contrato.

¿A qué destinatarios se comunicarán sus datos?

Los datos se comunicarán a las aseguradoras para la gestión del contrato de seguro.

Asimismo, serán comunicados a Servisegur Consultores S.L.U. con CIF B81398414, con domicilio social, en C/ Irún 7, 1ºA izquierda, Madrid, CP 28008, para la tramitación de siniestros derivados del contrato suscrito.

¿Cuáles son sus derechos cuando nos facilita sus datos?

Cualquier persona tiene derecho a obtener confirmación sobre si en INTERMUNDIAL XXI S.L.U. estamos tratando datos personales que les conciernen.

La persona interesada tendrá derecho a retirar su consentimiento en cualquier momento, siempre y cuando el tratamiento no sea necesario para el cumplimiento del contrato. La retirada del consentimiento no afectará a la licitud del tratamiento basada en el consentimiento previo a su retirada.

Puede ejercer sus derechos de acceso, rectificación, supresión, limitación en el tratamiento y portabilidad de datos a través de nuestra página web (www.intermundial.es/incidencias), o bien mediante carta dirigida a nuestra Asesoría Jurídica (C/Irún 7, 1º A Izquierda, Madrid, CP 28008).

En última instancia puede solicitar información sobre sus derechos y presentar una reclamación ante la Autoridad Española de Protección de Datos, con domicilio en la calle Jorge Juan, nº 6, 28001 Madrid.

