

PARTICULAR CONDITIONS - RECEPTIVO

The policy with number **ESB28-I21-01C1** is signed by the underwriting agency **MANA UNDERWRITING, S.L.U.**, with address at calle Irún 7, 1º, C.P. 28008-Madrid, in the name and on behalf of the insurer **WHITE HORSE INSURANCE IRELAND DAC**, with address at Rineanna House, Free Zone West, Shannon, Co. Clare, Ireland, whose other identifying data can be obtained through Mana Underwriting, S.L.U. And the mediator of this policy is **INTERMUNDIAL XXI S.L.U.**, Insurance broker, with registered office at Calle Irún 7, 1º, C.P. 28008-Madrid; Registered in the Madrid Mercantile Registry, Volume 11482, Book 0, Folio 149, Page M 180.298, section 8. NIF B81577231, and in the Register of the General Directorate of Insurance and Pension Funds with number J-1541, with civil liability insurance and financial capacity according to current legislation.

*** Premiums not valid for cruise trips.**

When the country of origin of the trip and the habitual residence of the Insured are different, the premium to be applied will be that which would correspond to consider that the trip has started in the country of his habitual residence.

KILOMETRIC FRANCHISE

It is expressly agreed that the obligations of the Insurer arising from the coverage of this policy end at the moment at which the Insured Party has returned home or has been admitted to a health facility located within 25 km from the aforementioned address (15 km in the Balearic and Canary Islands).

RELATIVES OF THE INSURED:

For the purposes of the insurance policy, the relatives of the INSURED are considered to be the spouse, de facto partner, or the person who permanently lives as such with the INSURED, as well as relatives to the second degree of consanguinity, both in a direct line and collaterally, and whether by kinship or affinity.

Any person who lives with the Insured and who accredits that by means of a municipal registration certificate shall, for these purposes, also be considered a relative of the INSURED.

GUARANTEES:

The object of this insurance policy are the articles that appear as contracted in the following table of guarantees with the limits stated.

GUARANTEES COVERED

1) ASSISTANCE GUARANTEES

1.1. Assistance to people

1.1.1. Medical and health care assistance

Worldwide 30.000 €

*** In cases of illness, the Insured will be hospitalized for at least one night.**

1.1.5. Urgent dental expenses 100 €

1.1.10. Repatriation or medical transport of the wounded or sick Unlimited

1.1.13. Repatriation or transportation of the deceased insured Unlimited

2) LUGGAGE GUARANTEES

2.1. Material losses

Worldwide..... 150 €

OPTIONAL UPGRADES

1.1.1. Medical and health care assistance

2.1. Material losses

3.1. Trip cancellation cost

PROVISION OF SERVICES:

The provision of the services set out in this policy shall be executed by the Insurance Company.

For the provision of emergency services, the Insurer shall provide the Insured Party with documents accrediting their rights as holder, as well as instructions and emergency hotline number.

The Insurer's telephone number is 91 084 87 94 for calls within Spain and +34 91 084 87 94 for calls abroad.

The Insurer will only reimburse calls made to the helpline number 91 084 87 94. Any other calls made or received to or from the correspondents or the service providers are expressly excluded.

**EMITIDO POR MANA UNDERWRITING, S.L.U. EN NOMBRE DEL ASEGURADOR
EN MADRID, A 1 DE FEBRERO DE 2021**

Mana Underwriting, S.L.U.

La Agencia/Grupo de Gestión



CEO
Arturo Moreno Velo

GENERAL CONDITIONS

PRELIMINARY CLAUSE

This contract is governed by Law 50/1980, of 8 October, on Insurance Contracts, Law 20/2015, of 14 July, on the regulation, supervision and solvency of insurance and reinsurance entities, and Royal Decree 1060/2015, of 20 November, on the regulation, supervision and solvency of insurance and reinsurance entities.

The contract is composed of: the Application, the Declaration made by the POLICYHOLDER and/or the INSURED, the General Conditions, the Specific and Special Conditions of the Policy, as well as any Supplements or Appendices thereto.

The contract is subject to Spanish jurisdiction. Any conflicts which may arise in relation to its interpretation or application shall be decided by the competent Judges and Courts of the INSURED's place of residence in Spain. If the INSURED does not reside in Spain, the competent jurisdiction shall be that of the Courts and Tribunals of the city of Madrid.

DEFINITIONS

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

ACCIDENT:

A bodily injury deriving directly from a violent, sudden, external cause which was not intended by the INSURED, resulting in death, permanent invalidity or any other similar consequence guaranteed by the policy.

SERIOUS ACCIDENT:

Bodily injury arising directly from a violent, sudden, external and unintentional cause of the INSURED, resulting in Death, Permanent Invalidity or any other similar consequence guaranteed by the policy.

AIRLINE:

Any company which offers scheduled or charter flights with previously-established timetables, known commonly as Regular Airlines or Charter.

EU-BASED AIRLINE:

Airline that has its head office in one of the member countries of the European Union.

NON-EU-BASED AIRLINE:

Airline that has its head office in country that is not a member of the European Union.

PET:

An animal which is kept for company or security, registered and identified by the tag, tattoo or microchip number attributed to it, which is owned by the INSURED and which lives at the INSURED's residence.

REVOCACTION OF THE TRIP:

For the purposes of this policy, the decision by the INSURED to revoke the services requested or contracted before the agreed departure date.

BASIC NECESSITIES:

Those goods or essential or indispensable products that cover the basic needs of daily life. Neither alcoholic drinks nor tobacco are considered basic necessities.

INSURED/INSURED PARTY:

Every person who, being a member of the insured group, has an insurable interest, satisfies the terms and conditions for membership and appears as a traveller in the certificate of the policy taken out, which is provided together with the policy's general terms and conditions, assuming the obligations arising from the contract.

INSURER:

Entity which assumes risk defined in the Policy.

The insurer of this policy is White Horse Insurance Ireland dac, located at Rineanna House, Free Zone West, Shannon, Co Clare, Ireland.

BENEFICIARY:

The natural or legal person who, upon assignment by the INSURED, has the right to receive any compensation.

CANCELLATION OF THE TRIP:

For the purposes of this policy, cancellation of the trip shall be understood to mean the decision by the organiser of that trip or any of its providers, before the agreed departure date, to not provide the contracted services, for any reason not attributable to the INSURED.

EXCLUSION PERIOD:

Period during which the INSURED cannot yet enjoy the coverages of the Policy, where indicated.

CATASTROPHE:

An event which, due to its magnitude and seriousness, causes great destruction and human suffering, and which seriously disrupts the normal course of things.

DUPLICATION OF INSURANCE:

Any circumstance which means that at least two insurance policies provide identical coverage for the same risk during a period of time, each one contributing proportionally to the loss.

DRIVER:

Any individual driving a vehicle at the time of the incident. The driver must be in possession of the corresponding administrative authorisation permitting him/her to drive and it must be valid at the time of the breakdown or incident.

RIGHTHOLDER:

Heir of the INSURED and, therefore, beneficiary to the compensation rights set out in the policy.

USUAL RESIDENCE:

For the purposes of this Policy, this shall be understood to mean the place where the INSURED resides for at least 183 days in a calendar year.

TEMPORARY RESIDENCE:

In long-term insurance policies, the temporary residence shall be understood to mean the place where the INSURED resides until their stay ends, when they return to their usual residence.

DISEASE/ILLNESS:

Any impairment of health not caused by an accident, diagnosed by a doctor, which requires health care and whose first manifestations appear after the Policy was taken out.

CONGENITAL DISEASE:

Any impairment of health which one is born with, either because it is hereditary or because it was contracted in the womb.

DEGENERATIVE DISEASE:

A disorder, generally chronic, in which the functioning or structure of the affected tissues or organs becomes progressively worse over time, and which may be transferred from one tissue to another.

SERIOUS ILLNESS:

Any impairment of health not caused by an accident, diagnosed by a medical professional, which requires bed rest, or which makes it impossible to undertake an activity, professional or private, whose expected evolution, based on the pathology presented, makes it probable that the insured trip cannot be undertaken on the envisaged dates.

Where the illness affects any person other than the INSURED, it will be defined as serious when, after taking out the insurance policy, by medical prescription, it requires hospitalisation or bed rest, with continuous attention and care from health care workers or persons designated for that purpose, within 12 days before the start of the journey.

PRE-EXISTING OR CHRONIC CONDITION:

A pre-existing or chronic condition is considered to be any pathology whose symptoms began before the Policy was contracted, even if a definitive diagnosis had not yet been reached.

EPIDEMIC:

A disease which is spread at the same time and in the same country or region and which affects a large number of people.

LUGGAGE:

All the objects for personal use which the INSURED has with him/her during the trip, as well as those shipped by any means of transport.

PROFESSIONAL LUGGAGE:

Any object or tool for professional use which the INSURED takes with him/her in order to be able to carry out a professional activity during the trip which is covered by the insurance policy, including commercial samples.

GOLF EQUIPMENT:

Understood to be the bag and clubs used to play said sport.

WINTER SPORTS EQUIPMENT:

This shall be understood to mean skis, ski poles, ski boots, helmet, snowboard, snowboard boots and ice skates.

EVENT:

This shall be considered any incident which affects more than one INSURED.

ABROAD:

Abroad, for the purposes of the guarantees provided by the Policy, shall mean a country other than Spain or, in the case of insured persons not resident in Spain, any other than is not the usual place of residence of the INSURED from where the trip begins.

RELATIVES OF THE INSURED:

For the purposes of the insurance policy, the relatives of the INSURED are considered to be the spouse, de facto partner, or the person who permanently lives as such with the INSURED, as well as relatives to the third degree of consanguinity, both in a direct line and collaterally, and whether by kinship or affinity.

Any person who lives with the Insured and who accredits that by means of a municipal registration certificate shall, for these purposes, also be considered a relative of the INSURED.

IN ALL CASES, the extension of the degree of consanguinity will be stipulated in the Specific Conditions of the Policy, in relation to the INSURED, for the purposes of the provisions covered by the Policy.

SKI PASS:

The pass for access to the ski slopes.

EXCESS:

The amount, percentage or any other magnitude agreed in the Policy, to be paid by the INSURED, which will be deducted from the indemnity to be paid out by the INSURER in each claim.

MINIMUM DISTANCE:

For guarantees related to Assistance to People, the policy covers the INSURED **from the distance indicated in the Specific Conditions of the Policy.**

FORCE MAJEURE:

Any abnormal and unforeseeable circumstances that are unconnected with the person invoking them and could not have been avoided, even if that person had acted with due care. For the purposes of this policy, only the following shall be regarded as grounds for force majeure: war, invasion, acts of foreign enemies, hostilities and military operations (regardless of whether war is declared or not), civil war, rebellion, coup d'état, insurrection, revolution, usurpation of national power, industrial action, strikes, terrorism, riots and disturbances, the impossibility of receiving the services contracted due to the insolvency or bankruptcy of a tour operator or travel agency, weather conditions or acts of

nature with catastrophic risks : fire, flooding, earthquake, explosion, tsunami, volcanic eruption, landslide, avalanche, hurricanes, cyclones, storms, snow or other similar acts.

COSTS INCURRED:

Costs necessary as the result of an event covered by the policy, in accordance with the particular specifications of each coverage.

HANDLING COSTS:

Costs incurred in the processing and management of a trip and/or booking which are charged to the traveller by the travel agency, independently of the price of the trip.

These shall be limited to a maximum of 10% of the amount of the supplier's invoice for cancellation fees, irrespective of what has been invoiced by the travel agency, provided that the service providers have not commissioned the travel agency with the sale.

BED REST:

The consequence of a pathological process or therapeutic measure which forces the person to remain in bed or which reduces their mobility to the extent that they are unable to fend for themselves.

HOSPITALISATION:

Understood as such when the person has been taken to a ward and spent at least one night in the hospital or clinic. Entering or staying in the ACCIDENT AND EMERGENCY area does not apply.

THEFT:

The taking of property which does not belong to you, not involving violence, intimidation of people or forced entry.

UNDERINSURANCE:

A situation which arises when the insured amount attributed to the guaranteed object in the policy is lower than its true value. In those circumstances, if a claim is made, the INSURER has the right to apply the proportional rule.

PERMANENT INVALIDITY:

Organic or functional loss of limbs and abilities of the INSURED whose intensity is described in these General Conditions, and recovery from which is not considered likely in the view of medical experts appointed in accordance with the law.

VOLUNTARY ABANDONMENT:

Cancellation of the journey due to a demonstrable event, by means of a certifying document or not, which prevents the INSURED from undertaking the journey on the envisaged dates. **Any cancellation notified after the start of the first service contracted as part of that trip ('no show') is expressly excluded.**

SPORTS MATERIAL:

The equipment needed to do a sports activity.

VALUABLE ITEMS:

Goods and material for professional use, jewellery, being understood to mean items made of gold, platinum, pearls or precious stones; coins, bank notes, travel tickets, stamp collections, certificates of any kind, identity documents and, in general, any documents or securities on paper, credit cards, storage tapes and/or disks, documents recorded on magnetic tape or filmed; valuable items, being understood to mean items made of silver, paintings, works of art and art collections of any kind, as well as fine furs; prostheses, glasses and contact lenses; sports equipment; telephonic, electronic and digital equipment, computer equipment of any kind, as well as their accessories.

TOURIST OPERATORS:

Travel agencies which organise travel packages, on more than an occasional basis, and which sell them or offer them for sale, directly or through retailers.

ORTHOISIS:

An external appliance or device which is placed on the body in order to support or prevent deformations and to modify or improve the structural or functional aspects of the moving parts of the body.

PANDEMIC:

An epidemic disease which reaches phase 5 of the pandemic alert in accordance with the WHO classification, as it has spread to at least two countries of a WHO region.

POLICY:

The document containing the contractual conditions of the insurance. The General Conditions, the Specific Conditions, which individualise the risk, the Special Conditions, if any, and the supplements or appendices attached in order to complete or modify it, form an integral part of it.

MEDICAL PRESCRIPTION:

A certifying document by means of which a doctor indicates to his/her patient the recommendations which they must follow in the treatment of their illness.

PREMIUM:

The price of the insurance. which will include the surcharges and taxes legally applicable at each time. The amount of the premium may vary depending on the different spheres of coverage the policy permits and it will be determined in its Specific Conditions.

PROSTHESIS:

An artificial element which is integrated into the body in order to replace an organ or limb which, for whatever reason, is missing.

PROVIDERS:

Any natural or legal person that provides tourist services other than those specifically mentioned in the DEFINITIONS section.

ACCOMMODATION PROVIDER:

Providers and intermediaries in the contracting of accommodation services.

TRANSPORT PROVIDERS:

End providers and intermediaries in the contracting of transport services by rail, air, sea or road.

TRANSFER PROVIDERS:

End providers and intermediaries in the contracting of transport by road, including though not limited to coaches, taxis, car hire companies and companies specialising in connections (transfers).

EXTERNAL PROVIDER:

Provider for one or more components of the Trip that has been contracted by the Agency and is not on the list of providers excluded by the INSURER. The Provider must be included within the definitions contained in the General Conditions relating to Airlines, Tour Operators, Accommodation Providers, Transfers and/or Transportation.

FINANCIAL COLLAPSE/BANKRUPTCY/INSOLVENCY:

For the purposes of this Policy, it will be considered that there is a situation of Bankruptcy or Insolvency of a Provider when:

- a) A request is presented by an External Provider, i.e. the presentation of a request for an arrangement with creditors, insolvency proceedings or any other, similar instrument contemplated in the legislation of a country of the European Union, whether voluntary or by a third party.
- b) An External Provider calls a meeting of its creditors, informally or in any other manner, with the aim of considering an arrangement with those creditors, in accordance with the provision of "Section 588 of the Companies Act 1985" (Insolvency Act 1986) or any equivalent legislation of countries of the European Union.
- c) A freezing order and/or prohibition on the disposal of any property or asset belonging to the External Provider is issued, provided that that seizure prevents it from continuing with its commercial activity or the services which were going to be provided to the INSURED are interrupted or cancelled.
- d) The External Provider issues an official notice of cease of operations.
- e) Any other verifiable circumstance arises which means the presumption of cease of operations. It shall be considered that that presumption of cease of operations exists in, among others, the following circumstances:
 - a. Impossibility of making reservations.
 - b. Non-provision of services to all clients.
 - c. Close of the offices where the activity was carried out.

RECEPTIVE:

Any type of trip whose destination is Spain and where the INSURED's residence is in a different country.

In policies for receptive trips, and for the purposes of the provisions of the guarantees and compensation limits described in each one of them, the INSURED's residence shall be considered his/her usual place of residence in the respective country of origin, so that, whenever the word "Spain" appears, the reference shall be understood to be to the country of origin of the INSURED, whereas whenever the word "Abroad" appears, it shall be understood that Spain is included in that concept.

The premiums of receptive insured parties shall be billed according to their continent of origin. If the usual place of residence is in Europe, the premium to be charged will be that corresponding to the "Continental Sphere"; and, if the continent of origin is Africa, America, Asia or Oceania, the premium to be charged will be that corresponding to the "Worldwide Sphere".

When an INSURED with a usual place of residence abroad undertakes a trip, contracted through a local travel agency, to a different country, the territorial sphere to be applied will be the most disadvantageous of either the origin or the destination.

In all cases, the coverages of the contract for INSURED PARTIES who do not reside in Spain will be limited to trips with destinations other than the country of residence, and travel within the country in which they reside is therefore excluded.

RELAPSE:

Repetition of an illness or disease shortly after convalescence has ended.

PROPORTIONAL RULE:

Formula which is applied to determine the amount of the compensation which the INSURER must pay in the case of a claim, when the existence of underinsurance in the policy has been identified. In that case, the damage must be settled taking into account the proportion between the insured capital attributed to the guaranteed object in the policy and its real value at the time of the claim.

ROBBERY:

The taking of property which does not belong to you, involving violence, intimidation of people or forced entry.

LINKED TRAVEL SERVICES:

Linked travel shall be understood to mean the combination of at least two different kinds of travel services acquired for the purpose of the same trip or holiday, which, not constituting a package deal, give rise to different contracts being entered into with each of the individual travel service providers, where, as a result of a single visit to or contact with the point of sale, a business owner makes it possible for the travellers to choose and pay for each travel service separately, or, specifically, to take out at least one additional travel service with another business owner, provided that this takes place no later than 24 hours after confirmation of the booking of the first travel service.

Where a maximum of one of the travel services (transport, accommodation, car rental) is acquired along with any other tourist service that does not form an integral part of a travel service, it shall not constitute a linked travel service if it does not represent a proportion equal to or greater than 25% of the value of the combination and it is not promoted as, or for some reason does not constitute, an essential characteristic of the trip or holiday.

SUBROGATION:

By virtue of the subrogation, the INSURER replaces the INSURED in exercising the actions or rights that they would have against the third parties causing the accident to recover the amount from them for which they are liable as a result of the damages caused, whose compensation under the insurance policy has initially been borne by the INSURER.

INSURED AMOUNT:

The amount stipulated in the Specific and General Conditions, which comprises the maximum limit of the compensation or reimbursement to be paid by the INSURER for all losses incurred during the period of travel.

LOSS:

Any sudden, accidental, unforeseen event not intended by the INSURED, whose harmful consequences are covered by the guarantees of this policy. All of the damage deriving from the same cause shall be considered to constitute a single loss. The definition of "REVOCATION OF THE TRIP" shall also give rise to a loss.

KIDNAPPING:

The unlawful retention of a person in order to demand money in exchange for his/her release, for extortion or for other political or social purposes, threatening the victim's life or health.

POLICYHOLDER:

The natural or legal person with whom the INSURER jointly enters into this contract and to whom the obligations arising under it apply, except for those which, on account of their nature, must be satisfied by the INSURED PARTY or their BENEFICIARIES. When the signatory represents an INSURED GROUP, POLICYHOLDERS, for all purposes, will be considered as each and every INSURED PARTY making up said GROUP.

TRIP:

Temporary Mode: Any journey undertaken away from the INSURED's usual residence, from the moment of departure until their return to the place of residence at the end of the trip.

Annual Mode: A trip shall be understood to mean any journey made by the INSURED away from his/her usual place of residence, from the time of departure to his/her return. **Time spent by the INSURED at his/her place of residence during the period of coverage shall not be considered a trip.**

For the purposes of this Policy, journeys by the INSURED to and from his/her place of work shall not be considered trips, even if they exceed the minimum distance, if they are the usual journeys to and from the place of work.

PACKAGE TRIP:

Package trips shall be understood to mean the prior combination of at least two of the following elements: transport, accommodation, car rental or rental of other motor vehicles or other tourist services not associated with the transport or the accommodation and which constitute a significant part of the package trip, sold or offered for sale in accordance with an all-inclusive price, when that provision exceeds 24 hours or includes a stay of at least one night. A package holiday shall be understood to mean any other trip regarded as such under Article 151 of Royal Legislative Decree 1/2007, of 16 November, approving the consolidated text of the General Law for the Protection of Consumers and Users, and other complementary laws or equivalent legislation that replaces it in future.

TRIP WITH ALTERNATIVE TOURISM ACTIVITIES:

Trips with alternative tourism activities are considered to be those whose aim is the enjoyment of experiences whose purpose is the practice of activities in nature, whether sporting or adventure, provided that they are carried out in a quality environment and a certain degree of physical effort or skill is inherent in their practice.

The activities covered are the following: cycling, horse riding, vehicles, boogie cars driven by the INSURED, rafting, scuba diving, jet skis, banana and beach sports in general, speedboats (with driver), canoes (local owners), helicopter flights, ranching activities (including capeas, etc.), motorboats (with driver), trekking, canyoning, quad bikes, tennis, golf, kayaks, windsurfing, pedal boats, catamarans, light vessels, snowmobiles, pocket bikes, water bikes, karts on ice, sledges or similar, sailing boats, orientation, baby parks, horse-drawn carts, rack railways, gymkhanas, shooting with dogs, Artouste train, aerotrim, bus-bob, chairlifts, rock climbing and abseiling, speleology, skating, bungee jumping, archery, hot-air balloon and tethered balloon, water skiing, ultratube, hydrospeeding, indoor rock climbing and any sporting activity with a similar level of risk.

Expressly excluded are activities carried out at altitudes of over 5,000 metres, all aerial sports (except those described above), as well as underwater activities at depths of over 30 metres.

TRIP WITH SPORTS ACTIVITIES:

Trips with sports activities are considered to be those whose aim is the enjoyment of experiences which are sporadic in manner, whether sporting or adventure, provided that they are carried out in a quality environment and a certain degree of physical effort or skill is inherent in their practice.

The activities covered are the following: skiing, ski mountaineering, cross-country skiing, freestyle skiing, snowboarding, freestyle snowboarding, skijoring, snowshoes, chairlifts, ice skating, crampons on ice, cycling, horse riding, vehicles, boogie cars, rafting, gorge-walking, scuba diving, free-diving, jet skis, banana and beach games in general, speedboats (with driver), canoes (local owners), helicopter flights, ranching activities (including capeas, etc.), motorboats (with driver), trekking, hiking, canyoning, 4-wheel bikes, motocross, karts, quads, padel tennis, paintball, Airsoft, mountain bike, BMX, enduro, tennis, golf, kayaks, windsurf, waterball, pedal boats, catamarans, light vessels, snowmobiles, pocket bikes, 4-wheel, water bikes, karts on ice, sledges or similar, sailing boats, orientation, baby parks, horse-drawn carts, rack railways, gymkhanas, shooting with dogs, Artouste train, aerotrim, bus-bob, rock climbing and abseiling, speleology, cave diving, snorkelling, surf, kitesurfing, wakeboarding, skating, bungee jumping, archery, hot-air balloon and tethered balloon, water skiing, ultratube, ski-bus, hydrospeeding, indoor rock climbing, ice climbing, canicross, slacklining, flyboard, skateboarding, trailrunning, paddlesurf, swimming, mushing, zip wire, via ferrata, laser tag, water-skiing, bodyboard, sandboard, kite buggy, running, highline, snow-kite, snowbike, zorbing, mountaineering, mountain climbing, underwater fishing, surface fishing, canoeing, fun runs in a non-professional capacity, cycle-tourism, windrace, octopush, rap jumping, ringo, rollerski and any sporting activity with a similar level of risk.

Expressly excluded are activities carried out at altitudes of over 5,000 metres, all aerial sports (except those described above), as well as underwater activities at depths of over 30 metres.

LIFE-THREATENING EMERGENCY:

Any condition in which there is immediate risk to the person's life or physical integrity, which means that, if they are not attended to immediately, they could die or suffer a temporary or permanent disability.

VEHICLE:

Private cars, mopeds, motorcycles, motorhomes, mixed vehicles and light trucks for private use, up to 3.5 t (GVW), less than 6 m in length and less than 3 m in height, as well as trailers and caravans up to 750 kg GVW.

RENTAL VEHICLE:

The four-wheel car whose brand, model and registration number are indicated in the rental contract will be considered a rental vehicle, provided that its maximum authorised weight does not exceed 3,500 kg., it is not older than 10 years at the time when the insurance policy is taken out, and its maximum capacity is 9 people. Luxury vehicles, 4x4s in segments C, D, E and F, trailers, motor homes, caravans and minibuses are excepted, as are vehicles dedicated to the public transportation of people and goods, even if only occasionally.

EU FLIGHT:

Flight that departs from a member country of the European Union.

NON-EU FLIGHT:

Flight that departs from a country that is not a member of the European Union.

SCHEDULED FLIGHT:

A flight with a pre-established timetable and route.

CHARTER FLIGHT:

A flight not scheduled by an airline, which does not form part of regular habitual flights and is not offered through traditional commercialisation channels.

REGULATIONS APPLICABLE TO THE INSURANCE**1. EFFECT OF THE CONTRACT**

This contract takes effect at 00:00 hours on the day indicated in the Specific Conditions of the policy, and its effects shall cease at 24:00 hours on the date indicated as the end of the contract in the Specific Conditions.

With regard to the guarantees of the insurance policy:

- Cancellation Expense Guarantees

- In **Temporary** Insurance policies: The Revocation Costs guarantee will come into effect at 24:00 hours on the day on which the insurance is contracted, and will end at the time at which the INSURED has begun the insured trip when leaving home. In **all cases, the coverage is valid only where the insurance has been taken out at the time at which the insured trip is confirmed, or within 7 days following that. Otherwise, coverage will begin 72 hours after the date of the insurance.**
- In **Annual Multi-Trip** insurance: The Cancellation Expenses guarantee will become effective 72 hours after the date of taking out the insurance or booking the trip, whichever occurs later. **No cancellation will be covered whose cause occurs at a time prior to taking out the insurance or before booking the trip subject to cancellation.**

- The remaining guarantees provided by the Policy shall only be valid when the insurance has been taken out before the date of commencement of the insured's trip and shall have effect **solely while the INSURED is travelling and away from the locality of his or her habitual residence** and, in the case of the Assistance to Persons guarantee, **when he or she is at a distance greater than that stipulated in the "Minimum Distance".**

In all cases, the coverages of the contract for INSURED PARTIES who do not reside in Spain will be limited to trips with destinations other than the country of residence and they will become effective once they have left that country. However, payment of the corresponding premium shall be a necessary condition for their entry into effect.

2. TERRITORIAL VALIDITY

The insurance is valid in the territorial area described in the SPECIFIC CONDITIONS, considering, in general:

LOCAL Scope: those where the origin and the destination of the trip are within the same country.

CONTINENTAL Scope: those where the origin and the destination of the trip are within the same geographical continent. In the case of travel originating in Europe, the continental scope will also apply when the destination is any of the countries bordering the Mediterranean (Algeria, Cyprus, Egypt, Israel, Lebanon, Libya, Morocco, Palestine, Syria, Tunisia, Turkey and Jordan), as long as this is specified in the specific conditions of the policy.

WORLDWIDE Scope: those where the origin and the destination of the trip are in different geographical continents.

In the case of the ASSISTANCE TO VEHICLES and ZERO EXCESS guarantees, it is expressly noted that their territorial scope is restricted to losses in Spain, unless otherwise indicated in the Specific Conditions of the Policy.

3. TIME VALIDITY.

In **Temporary Mode** insurance policies, their validity will be determined by their duration, expressed in the number of consecutive days and up to a maximum of 365 days, specified in the Specific Conditions.

However, if the INSURED's usual place of residence is outside Spain, **in no case may the duration of the insured trip exceed 120 consecutive days.**

In **Annual Multiple-Trip** insurance policies, the validity of the coverage shall be one year, in accordance with the dates indicated in the Specific Conditions. **However, trips lasting longer than that specified in the Specific Conditions of the Policy will not be guaranteed.**

In the case of Annual Multiple-Trip insurance policies with tacit renewal, if, two months before the end of the validity period, the INSURER has not notified the POLICYHOLDER, in a certified manner, of its wish to terminate the contract, it shall be considered extended for a new period of one year, and so on, successively. In the case of the POLICYHOLDER, that prior notice period in regard of the INSURER is reduced to one month.

4. TRIPS TO RISK/WAR ZONES

Claims for personal injury or material damage which occurred in areas for which the Spanish Ministry of Foreign Affairs has issued a recommendation to not travel at the time of entry of the INSURED (for example, due to terrorist attacks or natural catastrophes) **shall be excluded from coverage.**

If that recommendation was issued when the INSURED was at the destination, the coverage of the insurance **shall continue for a period of 14 days** from the time when the warning was issued. The INSURER must be informed during that period and the INSURED must decide whether to leave that area or to accept the issue of a supplement to the policy, in which new coverage and/or premium conditions may be established at the discretion of the INSURER.

5. INTERNATIONAL SANCTIONS AND EMBARGOS

Coverage of the insurance policy, payment of compensation and the provision of any service will be guaranteed only if they do not contravene economic, commercial or financial sanctions or embargoes which have been issued by the European Union and which are directly applicable to the parties to the contract.

This is likewise applicable in the case of economic, commercial or financial sanctions or embargoes issued by the United States of America, provided they do not contravene the legislative provisions of the European Union or Spain.

6. PAYMENT OF PREMIUMS

The POLICYHOLDER must pay the premium at the moment when the contract is signed. Successive premiums must be paid at the corresponding times.

For the purposes of determining the price of the insurance policy, the Insurer has already taken into account that some of the cover will not come on risk, such as cover for assistance where the trip has been cancelled or terminated. Likewise, as for annual insurance policies, to determine the price of the insurance policy, the Insurer has already taken into account that there may be restrictions at some period during the year which will prevent trips from going ahead or stays from being enjoyed. The insurance policy shall accordingly be regarded as a coherent whole, with a single premium paid on conclusion of the contract, without this creating any entitlement to any reimbursement, besides the ones expressly established by law, as from the date on which the first of the risks provided for in the conditions is covered, even in the case where one or more trips have failed to occur, for whatever reason. If a refund is required because none of the cover has come on risk, the Broker shall be entitled to deduct the sum of €10 by way of administrative expenses.

In the case of non-payment of the first premium by the POLICYHOLDER, or the sole premium has not been paid within the established time, the effects of the coverage shall not begin and the INSURER may terminate the contract or demand payment of the agreed premium.

Non-payment of successive annual premiums shall give rise to the **suspension of the guarantees** of the policy, once one month from the deadline for payment has elapsed. If the INSURER does not demand payment within six months after the premium becomes due, it shall be understood **that the contract is terminated**.

If the contract has not been rescinded or terminated in accordance with the previous paragraphs, the coverage shall once again take effect 24 hours after the day on which the POLICYHOLDER pays the premium.

7. TERMS OF THE CONTRACT

1. This Policy has been entered into based on the declarations made by the POLICYHOLDER and/or INSURED PARTY, which determined the acceptance of the risk by the INSURER and the calculation of the corresponding premium.

2. The POLICYHOLDER or the INSURED, must, , for the duration of the contract and within five (5) days of becoming aware of them, notify the INSURER of any changes to the factors or declared circumstances that increase the risk and are of such a nature that, had the INSURER been aware of them when concluding the contract, it would not have entered into it or would have concluded it on more onerous terms.

3. The INSURER may choose between amending or terminating the contract within a period of one month, starting from the date it becomes aware of any reservation or inaccuracy in the declaration by the POLICYHOLDER and/or INSURED regarding the true extent of the risk, or of an increase in the risk, without the POLICYHOLDER being able to claim damages from the INSURER.

If the INSURER does not present the POLICYHOLDER with the declaration, or the declaration is incomplete, both parties agree to consider as **increased risk** to be notified to the INSURER, for the purposes of Article 12 of Law 50/1980, of 8 October, on Insurance Contracts, **the imposition of any means of restriction of mobility in the locality in which the establishment is located, in its province or neighbouring provinces, which was not in force when the policy was taken out.**

4. If the content of the policy differs from the insurance proposal or the agreed clauses, the policyholder can ask the INSURER to correct the discrepancy **within one month of delivery of the policy**. After that period has elapsed, without any such request having been made, the provisions of the policy shall stand.

8. CLAIMS. PAYMENT OF INDEMNITIES AND REIMBURSEMENTS

a) The INSURER shall provide coverage for the guaranteed risks, **within the limits established and up to the maximum amount contracted for each case**. Events that have the same cause and that occurred at the same time shall be considered as a single loss.

b) In the case of guarantees which involve the payment of an indemnity and/or reimbursement, the INSURER must pay the indemnity at the end of the investigations and examinations necessary to establish the existence of the loss. **In any case, the INSURER shall pay, within 40 days from the receipt of the declaration of the loss, the minimum amount of that which may be due, based on the circumstances known to it.** If, within three months of the occurrence of the loss, the INSURER has not paid that indemnity for an unjustified reason or a reason that is attributable to it, the indemnity shall be increased by 20 per cent per year on the claimed amount covered by the policy

c) The indemnity for material damage will be determined on the basis of the replacement cost on the day of the loss, minus depreciation due to use. In the case of the Revocation Costs / Cancellation of Trip coverage, it shall be on the basis of the value of the cancellation on the day on which the cause which determines the Revocation of the Trip occurs.

d) If the parties reach an agreement on the amount and the form of the indemnity, the INSURER must pay the agreed sum **within twenty days from the date of the amicable agreement between the parties**. In the event of disagreement, the terms of article 38 of the Insurance Contract Law shall apply.

e) In order to obtain payment of the indemnity, the INSURED or the BENEFICIARIES must provide the documents attesting to the circumstances and consequences of the loss.

9. ASSISTANCE.

a) As soon as an event which could give rise to the provisions covered by the Policy occurs, the INSURED must notify the INSURER by means of the emergency telephone line established by the INSURER, stating their name, the policy number, the place and telephone number where they are located, and a description of the problem.

b) **The INSURER shall accept no responsibility for any delays or non-fulfilments due to force majeure or the special administrative or political characteristics of a given country.** In any case, if a direct intervention by the INSURER is not possible, the INSURED shall be reimbursed upon their return to Spain, or, in case of need, as soon as they are in a country where the above circumstance does not apply, for the expenses they have incurred and which are guaranteed, by means of the presentation of the appropriate original proofs.

c) If the INSURED is on board any type of land, sea or air vehicle, **the INSURER shall provide its services once the INSURED is on dry land.**

d) **The provisions of a medical nature and medical transport must be provided after agreement by the doctor who attends to the INSURED with the INSURER's medical team. Any medical or transport provisions which the INSURED unilaterally considers it appropriate to request and receive, at his/her personal decision, without the INSURER's knowledge or authorisation, shall not be covered by the Policy, except in the case of an accredited emergency or force majeure.**

e) If the INSURED has the right to reimbursement for that part of the ticket which is not used, when making use of the transport or repatriation guarantee, **that reimbursement shall be passed on to the INSURER.** Likewise, with regard to the travel expenses of insured persons, the INSURER shall pay only those additional costs which are necessary and which exceed the costs initially anticipated by the INSURED.

f) The provisions contained in the guarantees of this Policy are subsidiary to other provisions to which the INSURED has the right, and the INSURED must take the necessary steps to recover those costs from the entities which are obliged to pay them and to thus reimburse the INSURER for those amounts it had advanced.

10. OBLIGATIONS OF THE INSURED.

a) As soon as the loss occurs, the POLICYHOLDER or the INSURED must adopt all measures available to them in order to minimise the consequences of that loss.

b) The POLICYHOLDER or the INSURED must inform the INSURER of the occurrence of the loss **within seven days from the date on which it is known.**

c) The INSURED must provide all proofs reasonably requested from him/her regarding the circumstances and consequences of the loss in order to render effective the provisions guaranteed by the Policy.

d) The INSURED must immediately request verification of the damage to or disappearance of the luggage by competent persons or authorities and make sure that the circumstances and importance of that damage/loss are reflected in the document which he/she will send to the INSURER.

e) In relation to the guarantees of the present Policy, the INSURED and his/her relatives and beneficiaries exonerate the medical professionals who attended to him/her as a result of the occurrence of an event from professional secrecy, so that they can provide medical information to the INSURER, as well as the medical history in relation to the case, for correct evaluation of the claim. The INSURER may not make any use of the information received other than that indicated here.

f) If the INSURER had guaranteed a payment to third parties and it was later revealed that those costs were not covered by the insurance, the INSURED must repay that amount to the INSURER within 30 days after notification to that effect by the INSURER.

g) In the case of robbery, the INSURED must immediately report it to the Police or Authority of that place and will accredit having done so to the INSURER. If the objects are recovered before the payment of the indemnity, the INSURED must take possession of them and the INSURER shall only be obliged to pay for any damage suffered.

h) The INSURED must notify the agency from which he/she contracted the service covered by the insurance as soon as any of the causes which may give rise to the reimbursement of the trip revocation costs occur.

i) In the case of revocation or cancellation of the trip, the INSURED must provide the documents accrediting that, as well as the bills or receipts of the expenses.

j) In the case of claims for delays, the INSURED must accompany them with the documents attesting to the occurrence of the loss and the costs incurred.

k) In the event of a Civil Liability claim, the POLICYHOLDER and the INSURED must not accept, negotiate or reject any claim without the express authorisation of the INSURER.

l) Where there is a Supplier Failure Protection claim, the POLICYHOLDER, the agency and/or the INSURED must contact the INSURER as soon as they become aware of the event giving rise to the claim.

m) Where there is a Force Majeure Cover claim, the POLICYHOLDER, the agency and/or the INSURED must contact the INSURER as soon as they become aware of the event giving rise to the claim.

In all cases, the INSURER reserves the right to ask the INSURED to present reasonable documents or evidence in order to effect payment of the provision requested.

If the INSURED acts in bad faith and makes false statements, exaggerates the amount of the damage, attempts to destroy objects or cause them to disappear, hides or removes all or part of the insured objects, uses inaccurate or manipulated documents as evidence or uses fraudulent means, he/she shall lose all rights to any indemnity for the loss.

11. CUMULATIVE AMOUNTS - MAXIMUM LIMITS OF INDEMNITY FOR THIS POLICY

Below, we list the maximum amounts of indemnities payable **per claim** stipulated in this Policy, in the case of a claim which affects more than one insured party and this guarantee appears as engaged in the Specific Condition of the Policy:

1.1.83. Early return due to the declaration of a state of alarm or the closure of borders at the destination and 3.11. Interruption of travel due to declaration of a state of alarm or closure of borders at the destination	€200.000
3.1.4.5. Official declaration of disaster area	€100.000
3.5.5.13. Decision of the INSURED.....	€200.000
7.1. Bankruptcy of providers	€200.000
8.1. Force Majeure	€200.000
5. Accident Guarantees.....	€1.500.000

If the amount claimed by all INSURED PARTIES exceeds these aggregate limits, claims will be paid taking into account the amount on the invoice for Cancellation Expenses presented by the INSURED PARTY and applying a proportional rule between the amount of the claim reported and the maximum aggregate limit for this policy. For all purposes relating to the aggregate limits, a policy is defined as a document identified under the same reference number, and an insured party is defined as any party with an insurance certificate with the same policy reference number.

For all the guarantees of the Policy with a maximum cumulative amount per this policy, the INSURED or his/her BENEFICIARIES must notify the loss to the INSURER within 7 days of the occurrence of the loss. If more losses are reported after that date, the payment will be made as long as the maximum cumulative amount applicable has not been exceeded.

12. SUBROGATION

Except in the ACCIDENTS guarantee, the INSURER shall be automatically subrogated, up to the amount of the sums paid out in application of the provisions guaranteed by the Policy, in the rights and actions which may correspond to the INSURED PARTIES or their heirs, as well as other BENEFICIARIES, against third parties, natural or legal, up to the total of the services provided or indemnities paid out.

In particular, this right may be exercised by the INSURER in regard of land, river, sea or air transportation companies, with regard to the total or partial reimbursement of the cost of the tickets not used by the INSURED PARTIES.

13. GRIEVANCES AND COMPLAINTS RELATING TO THE HANDLING OF CLAIMS BY THE INSURER:

Internal complaint procedure

In accordance with Spain's Ministry of Economy Order ECO/734/2004, THE INSURER has a CUSTOMER CARE SERVICE which you shall have to contact initially, and which is as follows:

- By post: Servisegur XXI Consultores, Calle Irún 7, 1 dcha, CP. 28008 – Madrid
- By email: manacomplaints@mana-uw.com

Your complaint or claim will be acknowledged promptly and in writing.

You will be notified in writing of the decision taken over your complaint or claim within 1 (one) month of its receipt.

External complaint procedure

Should you remain dissatisfied with the final response or if you have not received a final response within two months of the complaint being made you may be eligible to refer your complaint to the Directorate General of Insurance in Spain. The contact details are as follows:

Dirección General de Seguros y Fondos de Pensiones

Paseo de la Castellana, 44.

28010 Madrid

Spain

Tel: 9052 24 99 88

Website: www.dgsfp.mineco.es/reclamaciones/index.asp

You can bring legal proceedings before the court of first instance for the place where you reside, in accordance with article 24 of the Insurance Contracts Act.

14. TIME LIMITATION

The actions deriving from the insurance contract shall lapse after two years in the case of damage insurance and five years in the case of insurance of persons.

GUARANTEES COVERED

The guarantees which may be contracted are those indicated in the following articles of these General Conditions. The guarantees effectively contracted by the POLICYHOLDER are those indicated in each case in the Specific Conditions of the Policy.

1) ASSISTANCE GUARANTEES

1.1. ASSISTANCE TO PEOPLE

1.1.1. MEDICAL AND HEALTH CARE ASSISTANCE

The INSURER shall pay the costs corresponding to the intervention of the health care professionals and establishments which the INSURED requires during the trip as the result of an illness or accident which occurs during the course of that trip.

The obligations of the INSURER deriving from this coverage shall end at the moment the INSURED has returned to his/her usual residence or has been admitted into a prescribed health care centre or one which corresponds to his/her usual place of residence.

The following services are expressly included, though this list is not exhaustive:

- a) Care provided by emergency medical teams and specialists.
- b) Supplementary medical examinations.
- c) Hospitalisation, hospital treatment and surgical interventions.
- d) Pharmaceutical costs during hospitalisation, or refunding of their cost for injuries or illnesses which do not require hospitalisation.
- e) Care for acute dental problems, meaning those which, due to infection, pain or trauma, require urgent treatment.

In the case of a life-threatening emergency resulting from an unforeseeable complication of a chronic, pre-existing or congenital disease, the INSURER will only cover the costs of an initial health care intervention carried out urgently and within the first 24 hours following admission to hospital.

Unless a different limit is indicated in the Specific Conditions of the Policy, dental care costs are limited to €120.

1.1.5. COSTS OF URGENT DENTAL TREATMENT

The INSURER shall pay, **up to the limit indicated in the Specific Conditions**, and in accordance with the duration of the insurance contracted, the cost of the treatment of the INSURED in order to relieve the pain related to a gum or dental piece infection which occurred during the course of the trip and which gives rise to urgent treatment in order to mitigate that pain.

1.1.10. REPATRIATION OR MEDICAL TRANSPORT OF ILL OR INJURED PERSONS

In the case of an accident or illness suffered by the INSURED and which, in the opinion of a medical professional, prevents him/her from continuing the trip, the INSURER shall pay:

- a) The costs of transfer by ambulance to the nearest hospital or clinic.
- b) Monitoring by its Medical Team, in contact with the physician treating the injured or ill INSURED PARTY, in order to determine suitable steps to be taken leading to the best treatment to be followed and the most suitable means for his/her eventual transfer to another, more appropriate hospital or to their residence.
- c) The costs arising from transferring the injured or ill person, by the most appropriate means of transport, to the recommended hospital or his/her usual residence.

The means of transport to be used in each case will be decided by the INSURER'S Medical Team based on the urgency and seriousness of the case.

If the INSURED PARTY is admitted to a hospital that is not close to his/her habitual residence or he/she must remain in quarantine in the destination accommodation due to being ill with COVID-19, the INSURER shall, at the relevant time, bear the cost of subsequently transporting him/her to that address.

In selecting the means of transport and the hospital which the INSURED should be admitted to, only the requirements of a medical nature shall be taken into account.

If the INSURED refuses to be transferred at the time and in the conditions determined by the INSURER's medical service, all the guarantees and costs resulting from that decision shall automatically be suspended.

The INSURER is subrogated in the rights of the INSURED PARTIES for the tickets and all initially-envisaged return costs.

1.1.13. REPATRIATION OR TRANSPORT OF THE DECEASED INSURED PARTY

In the event of the death of an INSURED PARTY, the INSURER will organise and will pay the costs of transferring the body to the place of burial to the country of residence. Those costs will include post-mortem preparation costs in accordance with legal requirements.

Funeral and burial costs will not be covered.

The INSURER will be responsible for returning to their home up to two INSURED relatives of the deceased, so they can accompany the corpse to the burial site at the usual place of residence.

The INSURER is subrogated in the rights of the INSURED PARTIES for the tickets and all initially-envisaged return costs to the country of residence.

EXCLUSIONS APPLICABLE TO THE ASSISTANCE GUARANTEES ASSISTANCE TO PEOPLE

The following are not covered by this guarantee:

- a) **The guarantees and provisions that have not been requested from the INSURER or that have not been made by it or with its agreement, except in the case of force majeure or demonstrated material impossibility.**

- b) Losses caused by wilful misconduct of the INSURED, the POLICYHOLDER, the BENEFICIARIES or the persons travelling with the INSURED.**
- c) Losses occurring in the event of wars, demonstrations and popular uprisings, acts of terrorism or sabotage, strikes, arrests by any authority for crimes not resulting from traffic accidents, restrictions on free movement or any other case of force majeure, unless the INSURED proves that the loss is not related to the event for which the claim is made.**
- d) Doing any type of sport where the insurance modalities "TRIP INCLUDING AN ALTERNATIVE TOURISM ACTIVITY" or "TRIP INCLUDING A SPORTS ACTIVITY" have not been contracted and are expressly specified in the Particular Conditions of the policy.**
- e) Accidents arising due to taking part in sports competitions, official or private, as well as training or trials, sports expeditions and bets, with the exception of fun runs in a non-professional capacity.**
- f) Losses caused by radiation from transmutation or nuclear disintegration or radioactivity, as well as those deriving from biological or chemical agents.**
- g) Rescue in the mountains, at sea or in the desert if the mobilisation of that operation is unviable.**
- h) Except as indicated in the assistance guarantees of these General Conditions, pre-existing or congenital conditions, ailments and diseases, as well as their consequences suffered by the INSURED prior to the policy coming into effect.**
- i) Any illnesses and accidents occurring when exercising a manual profession or one which requires intense physical effort.**
- j) Suicide or illnesses and/or injuries resulting from attempted suicide or intentionally caused by the INSURED to themselves.**
- k) Treatments or illnesses or pathological conditions caused by ingesting or administering toxic substances (drugs), alcohol, narcotics, or from the use of medication without a prescription.**
- l) Expenses incurred for any type of prosthesis and orthosis.**
- m) Births.**
- n) Pregnancies, except for unforeseeable complications in the first 24 weeks of gestation.**
- o) Regular medical, preventive or paediatric examinations.**
- p) Any kind of medical or pharmaceutical costs arising as a result of fraud by the INSURED PARTY, or due to abandoning treatment leading to a predictable deterioration of health.**
- q) The INSURER will not be responsible for medical or pharmaceutical costs whose amount is less than €9.00.**
- r) Medical costs deriving from trips booked or commenced in contravention of medical advice.**
- s) If the INSURED travels in order to receive medical treatment and the claim is related to that treatment.**
- t) Recklessness, serious negligence and participation by the INSURED in betting, challenges, fights or criminal acts, except when acting in legitimate defence or attempting to save persons or property.**
- u) The use of a two-wheeled vehicle greater than 125 cc.**
- v) Medical expenses derived from psychic, mental or nervous illnesses with or without hospitalisation EXCEPT those expressly included in coverage 1.1.3. EXPENSES FOR PSYCHOLOGICAL OR PSYCHIATRIC ILLNESSES**
- w) In the case of incidents occurring during the insured trip, any type of medical or pharmaceutical expense incurred after the INSURED has returned home, EXCEPT for expenses expressly included in cover 1.1.53. REHABILITATION EXPENSES.**
- x) Additional expenses derived from the transport of pets (muzzle, cage, leash, etc.) when cover 1.1.79 is used. EXPENSES OF THE INSURED PARTY DERIVED FROM ACCOMMODATION OR SENDING A PROFESSIONAL DRIVER DUE TO IMMOBILISATION OF THE VEHICLE**

With the prior, express authorisation of the INSURER and by means of an agreed additional premium, exclusions e), h) and i) may be eliminated, which will be specified in the Specific Conditions of the Policy.

2) LUGGAGE GUARANTEES

2.1. MATERIAL LOSSES

The INSURER shall pay, **up to the limit established in the Specific Conditions of the Policy**, the cost of material damage and losses suffered by the luggage or personal effects of the INSURED and which occurred during the course of the trip, as a result of:

- Robbery, which, for the purposes of this guarantee, shall be understood to mean solely that which is committed by means of violence or intimidation of people or the use of force. **In the case of Robbery, up to the sub-limit established in the Specific Conditions shall be covered.**
- Breakdowns or damage caused directly due to fire or theft.
- Breakdowns or definitive loss, total or partial, caused by the transport company.

Cameras, photography accessories, radio equipment, sound or image recording equipment, as well as their accessories, are limited to 50% of the insured amount for the luggage as a whole.

This reimbursement will **always be in excess of those received from the transport company and complementary thereto**. In order to claim this compensation, the receipt of payment corresponding to the transport company, as well as a detailed list of the equipment and its estimated value must be presented.

The reimbursement will be determined on the basis of the replacement value on the day of the loss, minus depreciation due to use.

In order for the provision to be effective in the case of robbery, it will be necessary to present the corresponding report made to the competent authorities.

The INSURER shall reimburse, up to the limit established in the Specific Conditions, the reasonable content of the luggage, using as the criteria for that valuation the nature and purpose of the trip, as well as the size and weight of the contents in relation to the piece of luggage in which they are being transported.

The limit per object may under no circumstance exceed €200.

External deterioration or damage of the luggage shall be compensated up to a maximum of 20% of the amount of Material Losses insured.

The INSURER reserves the right to ask the INSURED to present any reasonable proofs or documents in order to render effective the payment of this provision.

EXCLUSIONS APPLICABLE TO THE LUGGAGE GUARANTEES

The following are not covered by this guarantee:

- a) Goods and materials for professional use, UNLESS guarantee 2.2. has been contracted.**

- b) Jewels (which shall be understood to mean objects of gold, platinum, silver, pearls or precious stones), currency, banknotes, travel tickets, stamp collections, securities of whatever nature, identity documents and, in general, all paper documents and financial instruments, credit cards, memory discs or tapes, documents recorded on magnetic tapes or filmed, valuable objects (which shall be understood to mean any objects of silver, paintings, works of art, and all types of art collections, as well as valuable furs), prostheses, headphones, spectacles and contact lenses, musical instruments, telephony devices, electrical equipment, digital equipment, computer materials of all kinds, as well as their accessories, EXCEPT those expressly included in the ROBBERY AND MATERIAL DAMAGE OF LUGGAGE coverage of guarantees 2.1. and 2.2.
- c) Sporting materials, UNLESS the guarantees of the "SPORTING ACTIVITY" EXTENSION have been contracted.
- d) Robbery, which is understood to be the taking of property which does not belong to one, not involving violence, intimidation of people or forced entry.
- e) Damage due to normal or natural wear and tear, inherent defect, inadequate or insufficient packaging, even if caused by the transport company, or the slow action of the weather.
- f) Losses due to the fact that an object, not entrusted to a transport company, has simply been mislaid or forgotten.
- g) Robbery during the free practice of camping or caravanning, and valuable objects are completely excluded in any form of camping.
- h) The robbery of luggage or personal belongings which are in vehicles or tents.
- i) Damage, loss or robbery resulting from the fact that personal effects or objects were left unattended in a public place or one which is placed at the disposal of a number of occupants.
- j) Any breakage of the luggage which is not due to one of the covered causes.
- k) Damage caused, directly or indirectly, as a result of acts of war, civil or military disturbances, riots, strikes, earthquakes, radioactivity or any cause of force majeure.
- l) Damage caused intentionally by the INSURED, or due to serious negligence by the INSURED, and damage caused by the spillage of liquids inside the luggage.
- m) All motor vehicles, as well as their complements and accessories.

3) GUARANTEES RELATING TO CANCELLATION, INTERRUPTION AND CHANGE OF CONDITIONS OF THE TRIP

3.1. TRAVEL CANCELLATION COSTS

The INSURER guarantees, up to the limit established in the SPECIFIC CONDITIONS, the reimbursement of costs due to the cancellation of a trip by the INSURED and which are billed to the latter due to application of the general sales conditions of any of the trip providers, provided that the trip is cancelled before it begins and due to one of the causes which affect the INSURED and which are listed below, which arose after the insurance policy was contracted and which prevents the INSURED from travelling on the contracted dates.

This guarantee shall be understood to include duly-accredited HANDLING COSTS, those of cancellation (if any) and any penalty which may have been applied in accordance with the law or the conditions of the trip.

1. For health reasons

1.1) Serious illness, serious accident or death of:

-The INSURED, his/her spouse or ancestors or descendants to the degree of consanguinity, affinity or laterality indicated in the Specific Conditions of the Policy.

-A companion of the INSURED named in the same reservation and also covered by the policy.

-The professional locum of the INSURED, provided it is vital that the INSURED must then take over that position or responsibility.

-The person who is to take care of minor or dependent person during the time of the trip. That guarantee shall only be valid if, at the time the insurance policy is contracted, the full name of that person is provided.

Any alteration in health of the Insured Person that impedes the carrying out of the activity object of the insurance and is confirmed by the Insurer's medical service will also be a reason for cancellation, provided that it is not considered a serious illness or accident.

Where the illness or accident affects any of the aforementioned persons, other than the INSURED, it will be defined as serious when, **after taking out the insurance cover**, it involves hospitalisation or the need for bed rest and, in the opinion of a medical professional, the need for continuous care and attention from health care workers or persons designated for that purpose, following a medical prescription, and it is estimated that this situation will be maintained **within 12 days before the start of the trip**.

The INSURED must immediately report the incident on the date on which it takes place, and the INSURER reserves the right to pay a medical visit to the INSURED, companion, locum or carer, in order to evaluate whether the cause really does make it impossible to travel. If the illness does not require hospitalisation, the INSURED must **immediately inform of the incident which gave rise to the cause of cancellation of the trip**.

1.2) An unexpected call for surgical intervention, as well as the medical tests prior to that intervention, **provided that this circumstance prevents the INSURED from making the trip**.

-The INSURED, his/her spouse or ancestors or descendants to the degree of consanguinity, affinity or laterality indicated in the Specific Conditions of the Policy.

-A companion of the INSURED named in the same reservation and also covered by the policy.

-The professional locum of the INSURED, provided it is vital that the INSURED must then take over that position or responsibility.

-The person who is to take care of minor or dependent person during the time of the trip. That guarantee shall only be valid if, at the time the insurance policy is contracted, the full name of that person is provided.

1.3) Call for an organ transplant by the INSURED, the companion, or ancestors or descendants to the degree of consanguinity, affinity or laterality indicated in the Specific Conditions of the Policy, **provided that they were already on the waiting list at the time the trip and the insurance were contracted**.

1.4) Call for medical tests of the INSURED or his/her ancestors or descendants to the degree of consanguinity, affinity or laterality indicated in the Specific Conditions of the Policy, made by the Public Health Agency and urgent in nature, provided that those tests coincide with the dates of the trip and are justified by the seriousness of the case.

1.5) Serious illness, serious accident or death of the immediate superior of the INSURED, which occurred after the insurance policy was contracted and provided that that circumstance prevents the INSURED from travelling due to the requirements of the company of which he or she is an employee.

1.6) Any serious illness of children younger than 48 months, who are INSURED by this policy, or first-degree relatives of the INSURED, **which occurs within 2 days before the start of the trip.**

1.7) Serious complications during the pregnancy of the INSURED, or miscarriage, which, in the opinion of a medical professional, requires hospitalisation or rest. **Births and complications during pregnancy from the seventh month of gestation are excluded.**

1.8) Premature birth by the INSURED, before 29 weeks of gestation.

1.9) After-effects of a vaccination which is necessary for a trip, provided that they cause a serious illness.

2. For legal reasons

2.1) Being called for jury service or as a witness in a court of law, with the exception of legal practitioners.

2.3) Sitting official competitive examinations organised by a public body after the insurance has been taken out. Examinations held on dates prior to the start of the trip and competitive examinations for which the insured has registered on dates subsequent to booking the trip and/or taking out the insurance are excluded.

2.4) Summons to serve as an electoral officer.

2.5) Knowledge, after the reservation was made, of the obligation in regard of the tax authority to make an additional declaration of earnings, where the amount to be paid exceeds €600.

2.6) Denial of visas for unjustified reasons. **The denial of visas when the INSURED has not taken the necessary steps in due time and form for the granting of the visa is expressly excluded.**

2.7) Police custody of the INSURED for non-criminal reasons.

2.8) Giving up of a child for adoption.

The prior formalities and travel necessary to formalise the giving up of a child for adoption or fostering are excluded.

2.9) Official summons to the INSURED in relation to divorce proceedings. **Summonses for formalities with his or her own lawyer are excluded.**

2.10) Summons to the INSURED to sign official documents before the Public Authorities on the envisaged dates of the trip.

2.11) Traffic fine **in excess of €600.**

3. For work-related reasons

3.1) The INSURED PARTY's dismissal from employment, for reasons other than on disciplinary grounds, **provided they had received no verbal or written notice when they took out the insurance policy. This cover will not apply to employment contracts that have terminated, voluntary resignations or failures to pass probationary periods under any circumstances.**

3.2) Incorporation by the INSURED into a new job, in a different company, provided that it is with an employment contract and it occurs after the insurance policy was taken out and the INSURED had no knowledge of that circumstance when the reservation was made. This coverage shall also be valid if the INSURED was previously unemployed prior to taking up the job.

The multiple contracts with temporary employment agencies (ETT) to carry out work for other companies will be considered as contracts for the companies in which the worker carries out their activity.

3.3) The forced transfer of workplace **for a period of more than 3 months.**

3.4) Extension of the INSURED's employment contract, provided there had previously been no verbal or written notification.

3.5) Presentation of a Layoff Plan which directly affects the INSURED as an employee and which means the loss of his/her job or a reduction in his/her working hours. That circumstance must arise after the date on which the insurance policy was contracted.

3.6) Court declaration of suspension of payments of a company which prevents the INSURED from exercising his/her professional activity.

4. For extraordinary reasons

4.1) Serious damage due to fire, robbery, explosion or other events of nature which affect the usual or secondary residence of the INSURED, or the professional premises where he or she exercises a liberal profession or runs a company, which makes his or her presence necessary.

4.2) **Accident in the Insured Party's home, occurring after the insurance policy was contracted,** leading to a loss of over €600 and which is not covered by the home insurance policy.

4.3) Acts of air, land or sea piracy which make it impossible for the INSURED to start or continue the trip. **Terrorist acts are excluded.**

4.5) Official declaration of a disaster area at the INSURED PARTY's place of residence or the travel destination. The declaration of a disaster area at the place of transit towards the travel destination is also covered by this guarantee, provided that that is the only way to reach the destination. **For this cause, a maximum sum of compensation per claim of €500,000 is established.**

4.6) Summons to urgently and obligatorily join the Armed Forces, Police, Civil Guard or Fire Service.

5. Other causes

5.1) Theft of documents necessary to make the trip, which occurred on dates or in circumstances which make it impossible to replace those documents before the start of the trip, thus preventing the INSURED from making the trip. **Excluding theft, loss or misplacement.**

5.2) The obtainment of a trip and/or stay similar to that contracted, at no cost, in a public lottery and before a notary public.

5.3) Award of official grants which make it impossible to travel.

5.4) Cancellation of wedding ceremony, duly accredited, provided that the insured trip is a honeymoon.

5.5) Breakdown of the vehicle owned by the INSURED, preventing the start or continuation of the trip, provided that the main means of transport for the trip is that vehicle. **The breakdown must require repair taking longer than 8 hours or a sum of over €600, in both cases according to the manufacturer's scale.**

5.6) Theft or accident of the vehicle owned by the INSURED which prevents the start or the continuation of the trip.

5.8) Theft, death, illness or serious accident of a pet or guard animal. **For the purposes of this coverage, the animal must be the property of the INSURED, it must reside at the INSURED's usual residence, and it must be registered and identified by means of a tag, tattoo or microchip number.**

For the purposes of this Policy, the following terms are defined as follows:

-The 'theft of a pet' means the unlawful taking of the animal by third parties by means of acts which involve forced entry or violence towards people. **The INSURED must present a copy of the report of that theft, which must be dated no earlier than 3 days before the start of the trip.**

-A 'serious illness or accident by the pet' means the deterioration of its health, provided that, in the opinion of a veterinarian, it occurred after the insurance policy was contracted, and which requires constant care and attention. **That veterinary prescription must be issued within the 12 days prior to the start of the trip.**

This coverage shall not be applicable in the case of animals which were already ill when the insurance policy was taken out, which are in an advanced state of gestation or have recently given birth, nor to young animals under the age of 2 months.

5.9) Cancellation by the persons who are to accompany the INSURED, **up to a maximum of two**, registered for the same booking and insured in this same policy, provided that that cancellation is as a result of one of the causes envisaged in this guarantee and, due to it, the INSURED has to travel alone. **People under the age of 18 are excluded.**

When the INSURED has cancelled his trip to the cause of own decision, it will also apply an excess equivalent to 15% on the total cost of cancellation of the booking shall be applicable in each claim covered by this cause

If the INSURED'S companion decides to continue with the trip and use it alone, the INSURER will be responsible for the **additional expenses** that the travel provider may charge as a supplement up to a maximum amount of €180 per insured person. In this case, only two insured persons will be covered due to a companion cancelling **due to any covered cause.**

5.10) Additional costs which may be incurred due to the change of the person named in the booking, in those cases in which the INSURED transfers the trip to another person, **provided that that transfer is due to one of the causes envisaged in this guarantee and the sum of those costs does not exceed the cost of cancellation of the trip.**

5.11) Decision by the INSURED to not make the trip, because of a delay in the means of transport of **more than 24 hours**, which means that the purpose of the trip is no longer valid, or more than half of it has elapsed. The cancellation costs will be reimbursed, provided they have not previously been paid by the transport company. **A maximum sum of compensation per claim of €500,000 is established.**

SPECIFIC EXCLUSIONS FROM THE "COSTS OF CANCELLATION, INTERRUPTION AND CHANGE OF CONDITIONS OF THE TRIP" GUARANTEE

The following are not covered by this guarantee:

- a) A cosmetic treatment, a cure, a recommendation not to travel by air due to a diagnosis which does not make it impossible to use the contracted means of transport, the lack or contraindication of vaccination, the impossibility of continuing the recommended preventive medicinal treatment at certain destinations, the voluntary termination of pregnancies, alcoholism, the consumption of drugs or narcotics, unless they were prescribed by a doctor and they are consumed in the manner indicated.
- b) Mental, psychological or nervous disorders and depressions without hospitalisation, or which justify hospitalisation of less than seven days.
- c) Chronic, pre-existing or congenital conditions of all travellers who have suffered aggravations within the 30 days prior to contracting the policy.
- d) Chronic, pre-existing, congenital or degenerative conditions of the relatives described in the Specific Conditions who are not insured and who suffer deteriorations in their condition which do not require emergency clinical treatment or hospitalisation, after the time the insurance policy was contracted.
- e) Recklessness, serious negligence and participation in betting, competitions (with the exception of fun runs in a non-professional capacity), contests, duels, crimes, brawls, except in the case of legitimate defence.
- f) Epidemics, pandemics, medical quarantine and pollution, in both the country of origin and the travel destination or the countries of transit.
- g) War, declared or not, riots, uprisings, acts of terrorism, all effects of radioactivity, as well the conscious failure to observe official prohibitions.
- h) Non-presentation, for whatever reason, of the documents necessary for travel, such as the passport, visa, tickets, ID card or vaccination certificate, EXCEPT in the case of the robbery of documents necessary to make the trip, on dates or in circumstances which make it impossible to replace those documents in time, contemplated in the "Trip Cancellation Costs" guarantee.
- i) Wilful acts, such as self-injuries caused intentionally, suicide or attempted suicide.
- j) Cases which derive, directly or indirectly, from events caused by nuclear energy, radioactive radiations, natural disasters (EXCEPT an official declaration of a disaster area at the place of residence of the INSURED or at the destination of the trip, contemplated in the CANCELLATION COSTS coverage), acts of war, riots or terrorist acts.
- k) Additional costs or charges deriving from errors or omissions in the booking of the trip or in the obtainment of visas or passports.
- l) Failure by the INSURED to appear on the day and at the time envisaged for the start of the first service contracted as part of the trip ("No show").

CLAUSE RELATING TO COMPENSATION FROM THE INSURANCE COMPENSATION CONSORTIUM FOR LOSSES ARISING FROM EXTRAORDINARY EVENTS IN PERSONAL INSURANCE POLICIES

In accordance with the provisions of the revised text of the Legal Statute of the Insurance Compensation Consortium, approved by Royal Legislative Decree 7/2004, of 29 October, the holder of an insurance contract which must necessarily include a surcharge in favour of the aforementioned public business enterprise has the power to agree the coverage of extraordinary risks with any insurer that meets the conditions required by the law.

Compensation arising from incidents caused by extraordinary events that occur in Spain, and which relate to risks located therein, and also those which occur abroad when the insured party has his or her habitual residence in Spain, will be paid by the Insurance Compensation Consortium when the policyholder has paid the corresponding surcharges and any of the following situations occurs:

- a) The extraordinary risk covered by the Insurance Compensation Consortium is not covered by the insurance policy contracted with the insurer.
- b) Even if it is covered by that insurance policy, the obligations of the insurer cannot be fulfilled because it has been legally declared insolvent or it is subject to a procedure of supervised winding-up or has been taken over by the Insurance Compensation Consortium.

The Insurance Compensation Consortium shall proceed in accordance with the provisions of the aforementioned law, Law 50/1980 of 8 October, on insurance contracts, the Regulations on insurance for extraordinary risks, approved by Royal Decree 300/2004, of 20 February, and supplementary provisions.

Summary of legal norms:**1. Extraordinary events covered**

- a) The following natural phenomena: earthquakes and tidal waves; extraordinary floods, including those caused by sea storms; volcanic eruptions; atypical cyclonic storms (including extraordinary gusts of wind in excess of 120 km/h and meteorites).
- b) Those caused by violence as a result of terrorism, rebellion, sedition, riots and popular unrest.
- c) Events or actions of the armed forces or of the security services in peacetime.

Atmospheric and seismic phenomena, volcanic eruptions and the fall of astral bodies shall be certified, at the request of the Insurance Compensation Consortium, through reports issued by the State Meteorological Agency (AEMET), the National Geographic Institute and other public bodies competent in the matter. In cases of political or social events, in addition to the occurrence of damage caused by events or actions of the armed forces or security services in time of peace, the Insurance Compensation Consortium may seek information on such events in the courts and from administrative authorities.

2. Excluded risks:

- a) Those that do not give rise to compensation under the Insurance Contract Law.
- b) Those caused to persons insured by an insurance contract other than those for which the surcharge for the Insurance Compensation Consortium is mandatory.
- c) Those caused by armed conflict, even if not preceded by an official declaration of war.
- d) Those deriving from nuclear energy, without prejudice to the provisions of Law 12/2011, of 27 May, on civil liability for nuclear damage or damage caused by radioactive materials.
- e) Those caused by natural phenomena other than those referred to in article 1.a), above and, in particular, damage caused by rising of the groundwater level, movement of hillsides, slippage or settlement of land, rock falls and similar phenomena, except when they are manifestly caused by the action of rainwater, which, in turn, has resulted in a situation of extraordinary flooding and they are simultaneous with that flooding.
- f) Those caused by tumultuous events occurring in the course of rallies and demonstrations carried out in accordance with the provisions of Organic Law 9/1983, of 15 July, regulating the right of assembly, as well as during the course of legal strikes, except where such actions could be qualified as extraordinary events, of those mentioned in section 1(b), above.
- g) Those caused by the bad faith of the Insured Party.
- h) Those corresponding to incidents which occurred prior to payment of the first premium or when, in accordance with the provisions of the Insurance Contract Law, the coverage of the Insurance Compensation Consortium is suspended or the insurance has ended owing to non-payment of premiums.
- i) Incidents which, due to their magnitude and severity, are deemed by the Government of the nation to be a "national catastrophe or calamity".

3. Scope of cover

Coverage of extraordinary risks shall extend to the same insured persons and amounts as those established in the policy for the purposes of the coverage of ordinary risks

In life insurance policies which, in accordance with that stipulated in the contract and the regulations governing private insurance, generate a mathematical reserve, the coverage of the Insurance Compensation Consortium will refer to the capital at risk for each insured party, i.e. the difference between the sum insured and the mathematical reserve which, in accordance with the above-cited legislation, should have been set aside by the insurer issuing the policy. The amount corresponding to the aforementioned mathematical reserve will be paid by the aforementioned insurance entity.

NOTIFICATION OF DAMAGE TO THE INSURANCE COMPENSATION CONSORTIUM

1. The claim for compensation for damage to be paid by the Insurance Compensation Consortium shall be effected via notice by the policyholder, the insured party or the beneficiary of the policy, or by a person acting on behalf of the above, or by the insurer or insurance broker managing the insurance.

2. The notification of damage and requests for information relating to the procedure and the status of claims may be effected:

- By calling the Insurance Compensation Consortium Call Centre (952 367 042 or 902 222 665).

- Through the website of the Insurance Compensation Consortium (www.consorseguros.es).

3. Valuation of damage: A valuation of the damage which is eligible for compensation in accordance with insurance legislation and the content of the insurance policy shall be carried out by the Insurance Compensation Consortium, and the Insurance Compensation Consortium shall not be bound by any valuations carried out by the insurance entity which covers the ordinary risks.

4. Payment of compensation: The Insurance Compensation Consortium will make payment of compensation to the beneficiary of the insurance via bank wire transfer.

PRIVACY POLICY AND INFORMATION ON COOKIES

White Horse Insurance Ireland dac understands and respects the importance of protecting your personal data. This Privacy Policy sets out the basis on which any personal data we collect from you, or that you provide to us, will be processed by us, in respect of your relationship with us as a customer or a potential customer. This information may be collected via our websites ("Sites"), through our call centres or stores, our mobile applications ("Apps"), our questionnaires/surveys, or our social media channels (collectively, our "Services").

Please read the following information carefully.

Please Note: You are responsible for ensuring that any other people that you are acting on behalf of (such as those included with you on an insurance policy), are aware of the content of this Privacy Policy and you have checked with them that they agree to their personal data being given to us on their behalf.

By purchasing from us or otherwise giving your personal data to us, we will transfer, store or process it as set out below. We will take all reasonably necessary steps to ensure that your data is treated securely and in accordance with this Privacy Policy.

Which companies does this policy apply to:

White Horse Insurance Ireland dac underwrites your insurance policy, but a number of other companies distribute insurance policies underwritten by us. This policy covers the data that we hold about you. Read on to find out more.....

This Privacy Policy applies to the insurance and associated services provided by us as a data controller (please see 'Contact Us' below for our registered address) and our subsidiary White Horse Administration Services Limited which processes data on our behalf. Additional data controllers may include third parties/brokers who are responsible for the sale and distribution of the insurance product and these third parties will have their own privacy policies.

What types of personal data do we collect about you and why do we collect it:

We collect and use certain personal data about you and about any other person you include on your policy. The sort of personal data we collect is information that you provide to us, that we collect from you or observe about you, or that we obtain from other sources. Read on to find out more.....

Personal data you give to us

- When you buy an insurance policy or seek an insurance quotation from us we will ask you for your personal information which may include your name, address, e-mail address, telephone number, date of birth, bank account details or payment card details, security questions and certain other information (such as destination of travel). In addition to collecting personal information about you, we may also collect personal information about other people you wish to insure on the policy. We need to collect this information in order to provide the products and other services you are requesting. Where you have bought your insurance from a third party distributor, we will receive these details directly from the third party.
- Particularly in relation to insurance products, we may ask you for information about medical or other health conditions and disabilities about the person who is being insured, their family members and other persons to be insured on the policy. We need to collect this information so as to be able to provide you with a quote for insurance, to arrange the insurance contract and to deal with claims. This information is referred to as 'special category' personal data and when you give us this information we'll use it to try to ensure your particular needs regarding proceeding with an application or any claim are met. We may have to share that data with our third-party suppliers and transfer it outside the UK, EU or European Economic Area (EEA), as described in this Privacy Policy. When we do this, we will ensure that we transfer the data securely and according to regulatory requirements. If you do not want to provide this information to us, or after you have provided us with this information you ask us or our compliance department to stop processing this information, it may mean we won't be able to provide all or parts of the services you have requested.
- Personal information required to be collected for the purposes of handling, investigating and/or paying insurance claims from you and any relevant insured parties.
- If you enter a competition or promotion, complete a survey, or if you report a problem with any of our Services, we will collect your name and relevant contact information and any other personal information you choose to give us.
- If you contact us online, we may keep a record of your e-mail or other correspondence, and if you call us by telephone, we may monitor and/or record phone conversations. The monitoring and recording of telephone calls ensures that we have an accurate record of instructions and information provided to us, for training purposes, to assist in the resolution of complaints, to improve our customer service and to prevent or detect fraud.
- If, when using our Services, you search on our website or provide any of your personal data (including telephone number or e-mail address), but do not make a purchase, we will keep and use the data you've provided for a limited time and purpose, as outlined below.

To help us keep your information current, accurate and complete, please ensure you tell us if anything needs to be changed.

Personal data obtained from other sources

We might also receive your personal data from third party sources who collect information about you. This includes:

- For insurance policies where there is more than one person insured on the same policy, we may obtain personal information about you from any of the insured parties on your policy.
- From fraud prevention agencies or from other companies such as other insurance undertakings where we are investigating suspected fraud.

Where your data is stored and who it's shared with:

Your personal data is held on a combination of our own systems and systems of the suppliers we use to provide our services. Read more here.....

When you give your personal data to us, some personal data will also need to be given to and processed and stored by relevant third parties. These third parties include:

- our product partners, data processors (companies that act as service providers under contract with us and only process your personal information as instructed by us).
- our distribution partners/brokers, where sales of insurance are underwritten by us.
- claims handlers and emergency assistance providers for the purposes of handling, investigating and/or paying insurance claims to provide you with the arrangements and assistance you require.
- our card payment facilitators and other relevant third parties such as fraud investigators, that help us process customer payments or assist us in detecting and preventing fraudulent payments or claims.
- regulatory authorities and state organisations e.g. the Central Bank of Ireland, Financial Services and Pensions Ombudsman, relevant tax authorities or law enforcement authorities.
- other insurance companies where there is shared liability as part of an insurance claim including for recoveries or for the prevention or detection of fraud.
- reinsurers, where we are required to pass on information for underwriting or claims purposes.
- service providers acting for us such as IT suppliers, actuaries, auditors, lawyers, data storage companies.
- healthcare practitioners and medical institutions.
- anyone with authorisation or permission to act on your behalf about your insurance policy or claim (including other relevant individuals under a policy), includes legal representatives, medical practitioners.

Some of these third parties may be based outside of the UK, EU European Economic Area ("EEA"). Organisations that are based outside of the UK, EU or EEA may not be subject to the same level of controls in regard to data protection as exist within the UK and the EEA. We aim only to transfer your data to third parties outside of the UK, EU or the EEA where either:

- (a) your personal information will be subject to one or more appropriate safeguards set out in the law, if you'd like more information about our safeguards, please contact us. These safeguards might be the use of standard contractual clauses in a form approved by regulators, or having our suppliers sign up to an independent privacy scheme approved by regulators (like the US 'Privacy Shield' scheme);
- (b) the transfer is necessary to enable your contract to be performed;
- (c) your consent has been obtained; or
- (d) on the basis of necessity for the protection of your vital interests or those of another natural person (e.g. where there is a serious risk to life).

How do we use your information when providing our services to you:

In order to provide our services to you, we use the information we hold in a number of different ways. Read more here.....

We may use and process your personal information (including special category data such as information on your health specifically for insurance purposes) **where we have a specific legal basis to do so** under applicable national law.

In certain jurisdictions, we rely on local Data Protection Law that allows us to use **health data** in connection with your insurance policy, we may need to use health data for the purposes of providing quotes, processing claims, fraud investigation and handling complaints you may have.

The following activities are carried out by us using your personal data because it is **necessary in relation to a contract** which you have entered into or because **you have asked for something to be done so you can enter into a contract**;

- To provide you with a quotation for an insurance product;
- Providing the Services internally and through our suppliers, to ensure the services you have requested are arranged, including claims-handling and related activities;
- To communicate with you regarding your insurance contract, making any changes, answering queries, providing updates, carrying out renewal of insurance policies;
- We may use automated decision-making for medical screening purposes where we need to make an assessment of risk for certain pre-existing medical conditions. This means that your personal data (including special categories of personal data), such as your age, your medical history, as provided by you, will be used to evaluate and predict the level of risk associated with providing you with a contract of insurance. The criteria used in this assessment will enable us to determine whether we can offer you cover or whether you may be required to pay an additional premium for cover.

If we make a decision about you through information processed by automated means and the decision made by us produces a legal effect concerning you (such as the rejection of offering you insurance cover), or significantly affects you, you may have the right to contest that decision, express your point of view and ask for a human review.

We may use and process your personal information as set out below where it is **necessary for us to carry out activities for which it is in our legitimate interests as a business** to do so:

- To improve customer experience;
 - To notify you about changes to our service.
- To protect our business against financial loss;
 - For debt collection or credit vetting;
 - For payment card and booking verification (including using Google reCAPTCHA on some of our Sites to ensure only genuine customer bookings are made);
 - To obtain reinsurance for the business we underwrite;
 - Sharing with other insurers in respect of recoveries or shared liabilities;
 - For preventing and detecting fraudulent or criminal activity.
- To promote our business, improve our products and services;

- To send marketing correspondence about products and services similar to those you have previously bought from us. You can opt out and object to our sending you electronic marketing information and this option will be included in every marketing message we send you. See the section 'When and how do we use your information for marketing for more information';
- For statistical analysis and actuarial reporting;
- For internal research/analysis to improve the quality of our Services, the products we offer and new products we are developing by:
 - Inviting customers to take part in surveys or customer/business discussion groups;
 - Using aggregated customer data to make informed decisions based on analysis of customer booking or other purchase trends and behaviours;
 - Management information purposes including risk assessment, performance reporting and management reporting.
- To support any potential company sale or acquisition;
 - In the event that we sell or buy any business or assets, we may disclose your personal data to the prospective seller or buyer of such business or assets.
 -

We may use and process your personal information as set out below where we consider that it is in your **vital interests** that we do:

- To assist you or arrange for assistance to be provided to you by third parties either in the event of an incident or emergency.

We may use and process your personal information as set out below where we have your **consent** to do so:

- To assist you or arrange for assistance to be provided to you by third parties where you have special requirements in relation to medical, health or diet;
- To send marketing correspondence about our products and services where we have asked for your permission to do so. See the section 'When and how do we use your information for marketing for more information'.

We and third parties acting on our instructions, such as external law firms and their employees, may use and process your personal information as set out below where there is a **legal requirement** for us to do so:

- For resolving complaints, dealing with disputes and legal proceedings. This might include contacting you proactively if we need to resolve any issues you may be experiencing or have experienced with a booking or other purchase.
- To comply with relevant legal and regulatory obligations e.g. keeping proper books and records.

When and how do we use your information for marketing:

To find out more about our marketing communications, including when and how we may contact you and how you can opt out of marketing, please read more here.....

We will only send you information and offers by e-mail or text message if you sign up (opt in) to receive such marketing, either directly through us or by telling a third party that you would like to receive marketing from us.

Your rights in relation to any personal data we hold about you:

You have a number of rights in relation to your personal information under data protection law. To find out more, please read here.....

Your Right to Access Your Personal Information

You have the right to make a Data Subject Access Request in many circumstances. That is a request for access to the personal information that we hold about you. If we agree that we have to provide personal information to you (or someone else on your behalf), we'll provide it to you or them free of charge.

We may ask for proof of identity and sufficient information about your interactions with us that we can locate your personal information. That may include information about your previous purchases. If someone is acting on your behalf, they will need to provide written and signed confirmation from you that you have given your authority to that person/company for them to make the request. We will ask for this to be provided before we give you (or another person acting on your behalf) a copy of any of your personal information we may be holding. We may not provide you with a copy of your personal information if it includes the personal information of other individuals or we have another lawful reason to withhold that information.

Please see the section titled 'How to Contact Us' if you need to make a Data Subject Access Request.

Correcting and updating your personal information

The accuracy of your information is important to us and we are working on ways to make it easier for you to review and correct the information that we hold about you.

In the meantime, if you change your name or address/e-mail address, or you discover that any of the other information we hold is inaccurate or out of date, please let us know by contacting us using the details below.

Withdrawing your consent

Where we rely on your consent as the legal basis for processing your personal information, as set out in section above titled '**How do we use your information when providing our services to you**', you may withdraw your consent at any time.

If you would like to withdraw your consent to us processing any information concerning medical conditions, disabilities and special requirements, please contact us using the contact details below. Please note if you ask us to stop processing this information, it may mean we won't be able to provide all or parts of the services you have requested.

If you withdraw your consent, our use of your personal information before you withdraw is still lawful. Please note that exceptions may apply where we may need to continue to process your data e.g. in order to fulfil other legal obligations or for legitimate business interests.

Objecting to our use of your personal information

Where we rely on our legitimate business interests as the legal basis for processing your personal information for any purpose(s), you may object to us using your personal information for these purposes by e-mailing or writing to us at the address provided at the end of this policy. Except for the purposes for which we are sure we can continue to process your personal information, we will temporarily stop processing your personal information in line with your objection until we have investigated the matter. If we agree that your objection is justified in

accordance with your rights under data protection law, we will permanently stop using your data for those purposes. Otherwise we will provide you with our justification as to why we need to continue using your data.

Erasing your personal information or restricting its processing

In certain circumstances, you may ask for your personal information to be removed from our systems by e-mailing or writing to us at the address at the end of this policy. Provided we do not have any continuing lawful reason to continue processing or holding your personal information, we will make reasonable efforts to comply with your request. Please note that exceptions may apply where we may need to continue to process your data e.g. in order to fulfil other legal obligations or legitimate business interests.

You may also ask us to restrict processing your personal information where you believe it is unlawful for us to do so, you have objected to its use and our investigation is pending or you require us to keep it in connection with legal proceedings. We may only process your personal information whilst its processing is restricted if we have your consent or are legally permitted to do so, for example for storage purposes, to protect the rights of another individual or company or in connection with legal proceedings.

Transferring your personal information in a structured data file

Where we rely on your consent as the legal basis for processing your personal information or need to process it in connection with your contract, as set out in section titled '**How do we use your information when providing our services to you**', you may ask us to provide you with a copy of that information in a structured data file.

You can ask us to send your personal information directly to another service provider, and we will do so if this is technically possible. We may not provide you with a copy of your personal information if it contains the personal information of other individuals or we have another lawful reason to withhold that information.

How to contact us:

Any subject access request can be made in writing to:

Data Protection Officer, White Horse Insurance Ireland, First Floor, Rineanna House, Shannon Free Zone, Shannon, County Clare, Ireland.

Alternatively you can make a subject access request by e-mail to: customerservice@white-horse.ie

You can also make a request when speaking to any of our customer service team or claims handling team.

Once you have made your request and provided us with the information we need to begin a search for the data we hold on you (including proof of identity), we will have 30 days to respond.

Making a complaint

We encourage you to contact us if you have a complaint and we will seek to resolve any issues or concerns you may have.

You have the right to lodge a complaint with the data protection regulator where you believe your legal rights have been infringed, or where you have reason to believe your personal information is being or has been used in a way that doesn't comply with the law. The contact details for the Office of the Data Protection Commissioner (**DPC**), the data protection regulator in Ireland, are available on the [DPC's website](#).

If you wish to contact us about this Privacy Policy, you can e-mail or write to the Data Protection Officer using the contact details above.

Keeping hold of your personal data:**If you want to find out more about our data retention policy, please read more here.....**

Where you've made a purchase or claim with us, your personal information will be retained to ensure we provide the best possible customer service to you and to comply with our regulatory retention requirements. For example, if you purchase a product from us, we will keep your data for up to 7 years. We will keep your data for marketing purposes for up to 2 years. In some cases, such as where there is a dispute or a legal action we may be required to keep personal information for longer. We also retain your personal data for legal and audit purposes only for as long as necessary and in accordance with any retention period required by law.

What is our approach to data security:**We take data security very seriously, to find out our approach to this please read more here.....**

The transmission of information via the internet is not completely secure, and although we will do our best to protect your personal data, we cannot guarantee the security of your data transmitted to our Sites, therefore any transmission is at your own risk. Once we have received your information, we will take all reasonable steps to keep your personal data secure and to try to prevent any unauthorised access, use or loss of your data, by putting in place appropriate security measures and limiting access to those who have a business need to know. All information you provide to us is stored on our secure servers. Any payment transactions will be encrypted using SSL technology. Where we have given you (or where you have chosen) a password which enables you to access certain parts of our Sites, you are responsible for keeping that password confidential. We ask you not to share a password with anyone.

We have a process to deal with any suspected personal data breach and will notify you and the relevant Data Protection authority of a breach where legal requirements require us to do so.

Changes to this Privacy Policy

Please check this page regularly for changes to our privacy policy, which we may change from time to time. You can request a copy of a previous version of our Privacy Policy.

EMITIDO POR MANA UNDERWRITING, S.L.U. EN NOMBRE DEL ASEGURADOR

EN MADRID, A 1 DE ENERO DE 2021

Mana Underwriting, S.L.U.

La Agencia/Grupo de Gestión



CEO

Policy number: **ESB28-I21-01C1**
UMR - B0524CSPXXX64820

Receptivo • General Conditions
Effect date: 01/02/2021 – 31/01/2022

Arturo Moreno Velo

CUSTOMER INFORMATION

In compliance with our duty to provide information and protect our customers as part of the brokerage services that we offer, please find the relevant details below:

Registration

INTERMUNDIAL XXI, S.L.U. is registered in the Special Administrative Register of Insurance Brokers, Reinsurance Agents and Executives Insurance Agents under entry No. J-1541. Said Register is public and can be consulted by writing to the Directorate General of Insurance and Pension Funds (Paseo de la Castellana, 44, 28046 -Madrid), or by visiting said organisation's website at:

<http://www.dgsfp.mineco.es/regpublicos/pui/pui.aspx>

Furthermore, INTERMUNDIAL XXI, S.L.U. retains a Professional Civil Liability and Surety Insurance Policy pursuant to the legislation in force.

Prior information receipt confirmation clause

The Policy Holder/Insured Party hereby expressly acknowledges that he/she has received, from the Insurer, in writing and on the date on which the insurance policy was taken out pursuant to its specific terms, the relevant information corresponding to the legislation applicable to the insurance contract, the different complaint bodies, the Member State in which the Holder's place of residence is located and its control authority, the corporate name, address and legal structure of the Insurer.

Customer Care Service

To process and resolve queries and complaints, INTERMUNDIAL XXI, S.L.U. has a customer care service that has been outsourced to Inade, Instituto Atlántico del Seguro, S.L., located in Vigo, in the province of Pontevedra, post code 36202, Calle La Paz, 2 bajo. The aforementioned service is obliged to resolve said complaints and claims in a maximum period of two months from the date on which they are submitted. In the event that the Customer is unsatisfied with the resolution, he/she may contact the Claims Service of the Directorate General of Insurance and Pension Fund; in order to so, it is essential that the customer demonstrates he/she has submitted the claim or complaint in writing to the Customer Care Service of INTERMUNDIAL XXI, S.L.U.

PERSONAL DATA PROTECTION**BASIC INFORMATION**

Heading	Basic Information (1st layer)
Data Controller	Intermundial XXI S.L.U.
Purpose	<ul style="list-style-type: none"> - Advice on contracting and formalisation of insurance contracts and - Claims processing - Sending of commercial communications about products, sending of Newsletter, website updates
Legitimacy	<ul style="list-style-type: none"> - Execution of the insurance contract - Consent for commercial communications
Recipients	The recipients of your data will be the Insurers that offer the contracted coverage and Servisegur Consultores S.L. for the purpose of processing claims.
Rights	You have the right to access, rectify, limit the processing of, delete and request the portability of your data.
Origin	Directly from the interested party
Commercial communications	In order to improve the provision of our services, we create a commercial profile of our customers based on the information provided by them, which allows us to offer products and services of the following types according to their interests: <ul style="list-style-type: none"> - Travel insurance
Additional information	You can consult the additional information on the last page of this document and detailed information on Data protection in the following section of our website: www.Intermundial.es/protecciondedatos

Objective analysis

Our advice is provided based on a sufficient number of insurance contracts offered on the risks market subject to coverage in such a way as to provide a recommendation, pursuant to professional criteria, concerning the insurance agreement that would best suit the customer's needs. Said analysis is not exclusively limited to the product, and also extends to the quality of the service and provisions that the chosen or rejected insurer is able to provide at the time the contract is formalised.

ADDITIONAL INFORMATION ON DATA PROTECTION

Who is responsible for processing your data?

The data processor is INTERMUNDIAL XXI S.L.u. Correduría de Seguros, with Taxpayer Identification Code B81577231 and registered office at C/ Irún 7, 1º A izquierda, 28008. You can contact us by sending us a letter to our indicated postal address or via our email: lopd@intermundial.com.

For what purpose do we process your personal data?

At INTERMUNDIAL XXI S.L., we process the information provided by the interested parties for advice on contracting and to manage the insurance contract, processing claims arising from the contract signed, as well as sending commercial communications and newsletters.

For how long will we keep your data?

The data provided shall be kept throughout the term of the contract and shall be deleted upon expiry of the insurance contract.

Notwithstanding the foregoing, the data shall be blocked and stored during the period of limitation of any actions that may arise in connection with the contractual relationship entered into by you.

What is the legitimacy for the processing of your data?

The legal basis for the processing of your data is the execution of the insurance contracts, under the terms and conditions contained in the contracts, as well as the processing of claims arising from them.

The legitimacy of the offer of products and services lies in the legitimate interest of the data controller, and the Customer may at any time object to this type of processing, although the exercise of this right shall not condition the execution of the contract under any circumstances.

We also inform you that failure to provide the required information results in it being impossible to sign and fulfil the contract.

To which recipients will your data be communicated?

The data will be communicated to the insurers for the purpose of managing the insurance contract.

Likewise, they will be communicated to Servisegur Consultores S.L., with Taxpayer Identification Code B81398414 and registered office at C/ Irún 7, 1ºA izquierda, Madrid, 28008, for the purpose of processing claims arising from the contract signed.

What are your rights when you provide us with your data?

Any person has the right to obtain confirmation as to whether INTERMUNDIAL XXI S.L.U. is processing personal data concerning them.

The interested party shall have the right to withdraw his/her consent at any time, provided that the processing is not necessary for the purpose of fulfilling the contract. The withdrawal of consent shall not affect the legality of the processing based on consent prior to its withdrawal.

You may exercise your rights of access, rectification, deletion, limitation in the processing and portability of data through our website (www.intermundial.es/incidencias), or by addressing a letter to our Legal Advisory Department at C/ Irún 7, 1º A Izquierda, Madrid, 28008.

Ultimately, you can request information on your rights and file a claim with the Spanish Data Protection Authority, whose registered office is at calle Jorge Juan, nº 6, 28001 Madrid

