TRAVEL ASSISTANCE INSURANCE





General Conditions

Unexpected events not put limit to you trip

WHAT IS ESICUBA'S TRAVEL ASSISTANCE INSURANCE?

It is the Product projected for all travelers that arrive to Cuba. It is the first option for every person (foreign or Cuban) living abroad of the island. Valid throughout the Republic of Cuba territory.

WHY AN INSURANCE WITH ESICUBA?

It is a SERVICE within the national territory of the Republic of Cuba, offering peacetime and protection in case you need medical assistance due to illness and accident including COVID-19, outpatient or hospitalized medicines, repatriations (health or funeral homes), advance funds, document management, price differences in air ticket due to flight loss, among others.

For greater accuracy about service coverage refer to the Contracted Benefits Chart.

WHAT EXPENSES ARE EXCLUDED?

- Those caused by the conduct of the PCR diagnostic test or preventive controls established by health authorities in the medical protocol of entry into the national territory.
- Hazardous risk derivatives from irresponsibly behavior of the Traveler.
- Pre-existing diseases and congenital diseases, except in the case that require of emergency medical care.
- Those that were not previously approved by the Alarm Center.
- Other.

WHAT ADVANTAGES DOES THE SERVICE OFFER?

- 1. In Cuba, it is activated as a primary option in front of other Insurance that the Traveler has contracted.
- 2. It covers Medical Expenses for COVID-19 contagion:
 - Expenses arising from the PCR test by suspicion of the disease.
 - Quarantine stay extension.
 - Expenses associated with the treatment of the disease.
- 3. It Includes an Extra premium for high risk activities (motorcycling, boxing, motorsport, diving, among others)
- 4. It guarantees 24-hour assistance service 365 days a year, through the ASISTUR Alarm Center.

SUPPORT SERVICE?

ASISTUR is responsible at name of ESICUBA for executing the assistance services required by the Traveler during stay in the national territory.



Address: 208 Paseo del Prado Street, Old Havana, Havana. Phones: (53) 7866 8920, 7866 8339 and 7867 1315

E-mail: asisten@asistur.cu

HOW IS THE SERVICE ACTIVATED?

The Traveler must follow the instructions of his insurance or the instructions given by his Travel Agency or Tour operator. In any case, the Traveler must contact the Alarm Center (ASISTUR) by phone or email stating:

Traveler's Full name

Unexpected events not put limit to you trip

- Address and phone number where is located
- Description of Required Service
- Details of contracted insurance

WHAT SHOULD THE TRAVELER SHOW IN THE HEALTH INSTITUTION?

- Record of Contracted Insurance
- Passport or Identity Card

In case of arrival at the Health Institution without previous notice to the Alarm Center, the Traveler must nearly contact it and provide it details about the event suffered and the received assistance from the institution. This action can also be done by a companion.

WHAT HOSPITALS SHOULD YOU GO TO?

Cira García Reyes Clinic, Institute of Cardiology and Cardiovascular Surgery, International Center for Pigmentary Retinosis, Hermanos Ameijeiras Surgical Clinical Hospital, INSTITUTE of Oncology and Radiology INOR, Institute of Neurology and Neurosurgery, Wiliam Soler Pediatric Hospital, Wiliam Soler Pediatric Cardiocenter, Julito Díaz Rehabilitation Hospital, Institute of Hematology and Immunology, National Center for Minimal Access Surgery, Las Praderas International Health Center, CIREN International Center for Neurological Restoration, Cuban Institute of Ophthalmology Ramón Pando Ferrer, Institute of Tropical Medicine Pedro Kouri, Institute of Endocrinology and the 3rh Age Research Center.



(MGA):

CENTRAL ALARM:

PRE-EXISTING CONDITIONS:

Traveler Assistance Insurance (Travel IN)

General Conditions

TRAVELER ASSISTANCE INSURANCE GENERAL CONDITIONS

ABOUT TERMS AND THEIR DEFINITION

INSURANCE ENTITY: SEGUROS INTERNACIONALES DE CUBA, S.A. (ESICUBA)

Address: 314 Cuba St., Old Havana, Havana.

Here in after called the Insurer.

POLICYHOLDER: It is not the titleholder of the **Traveler** interest, but the one who contracts the insurance policy to name of the **Traveler** with the **Insurance Entity**. The **Policyholder** and the

Traveler party could either be, or not the same person.

TRAVELER: It is the **Traveler** person who is the holder about the **Traveler** interest, therefore, the person whose assets are exposed to risk and exercises the rights and is responsible

for the contractual obligations.

PREMIUM: It is the consideration that the **Traveler** must pay for the insurance risk coverage and offered by the **Insurer**, with the conditions stated in the insurance contract, and must

be payable at the Insurer's address, unless otherwise stipulate.

MAXIMUM GLOBAL AMOUNT

It is the amount of expenses that will be afforded by the **Insurer** to the **Traveler**, for all the concepts and all the provided services by means of those General Conditions.

COMPENSATION LIMITS: It is the amount that represents the maximum responsibility limit of the **Insurer**, for the

payment of the indemnification or services agreed on.

payment of the indeminingation of Services agreed on.

ASSISTANT ENTITY: ASISTUR is the **Assistant Entity** that run assistance services required by the **Traveler** at 24 hours and 365 days of the year, according to previously contract with the **Insurer**.

It is the Office from the **Assistant Entity** (ASISTUR) that have in charge the coordination of the convices required by the **Traveler** for assistance.

of the services required by the **Traveler** for assistance.

ACCIDENT: It is understood by accident any kind of bodily traumatic injury suffered by the Traveler which could be identified beyond any reasonable doubt by the physicians, and produced directly and independently of any other cause, by an external, unforeseen,

unintended, sudden and fortuitous event.

SICKNESS: It is understood by sickness any alteration of the health state of an individual that suffers the consequence of any pathology, which requires the assistance, diagnose

and confirmation of the sickness by a physician.

CONGENITAL SICKNESS: It is the suffering with which someone is born, or is acquired in the uterus, and could

be discovered during the birth or in any other life period.

They are the existing **Traveler** health-state conditions, that can be easily proved by established diagnose means frequent in health services in any country, and previously

to the date of taking the insurance:

a) Had been previously diagnosed by a physician,

b) Had been apparent of plainly seen, or

c) They would be those, which by its symptoms or signals could not have gone

unnoticed.

RECURRENT SICKNESS: It is the return of the same **disease** after being treated. Usually three or more times

during a calendar year.

MEDICAL URGENCY: Sudden alteration of the Traveler's health. Acute symptoms and signs that may

endanger life, bodily and organ integrity that require urgent medical attention.

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General Conditions

LUGGAGE: It comprises all objects that the **Traveler** carries with him during the trip. It shall include

suitcases, bags, and any other container useful for trips including its contents.

VALUABLE OBJECTS: It shall be understood as valuable objects: the jewels, watches, precious metal objects,

furs, pictures, art objects, silver and artistic works with precious metals, unique objects, photographic cameras and its implements and radio, for registry or reproduction of sound or images, as well as its accessories, all kinds of informatics

materials, scale models, and remote-controlled accessories.

CERTIFYING DOCCUMENT: It is the **certifying document** that the **Insurer** or the **Policyholder** delivers to the **Traveler**

as an evidence of its condition of being insured.

TRAVELER RESIDENCE: It is the temporary or permanent residence of the **Traveler**.

Any of the terms defined above will have the same meaning in any part of this Policy.

ON THE AGREEMENT, RENEWAL, AND CANCELLATION OF THE INSURANCE CONTRACT

CLAUSE 1: INSURANCE OBJECT

The object of this contract is to indemnify during its validity, the expenses incurred by the **Traveler**, always provided that they had been caused as a direct consequence of the foreseen risks of the insurance contract, according to the **MGA** agreement stated in the Benefit Chart of this policy, and up to the limits stated for each of the Covered Expenses.

CLAUSE 2: TERRITORIAL LIMITS

All the coverage of this insurance shall only be in force within the territory of the Republic of Cuba.

CLAUSE 3: CONCURRENCES OF INSURANCES

If the **Traveler** interest would be wholly or partially protected by other insurances covering the same risk that had been taken out on the same or different date, the **Traveler** or the **Policyholder** must inform immediately the **Insurer** in written form. If the **Traveler** or **Policyholder** would omit the due information to the **Insurer**, or if the **Traveler** takes out other insurances to obtain illicit benefits, the **Insurer** shall be relieved of its obligations.

Should there exist double insurance, each **Insurer** shall contribute to the payment of the indemnification in due proportion to the **Traveler** Value without exceeding the amount of harms and losses. The **Insurer**, who pays an amount exceeding the corresponding proportion, shall be entitled to recover against the **Traveler** and the rest of the **Insurers** who had known the plurality of insurances.

CLAUSE 4: CANCELLATION

The present Contract could be cancelled for the parts both according to the previously written report, however without detriment to compliance of the pending obligation in the moment of the cancellation.

Each part should notice at least with 30 days before at the date of shall been effective the cancellation.

CLAUSE 4.1: NON-PAYMENT CANCELLATION

In this case the contract retains its validity until the date on which the premium is actually paid.

CLAUSE 4.2: CANELLATION FOR FALSE OR FRAUDULENT DISASTERS

The Insurer could cancel the present contract due to false ore fraudulent noticed disasters.

CLAUSE 5: NON-COMPLIANCE OF TERMS AND/OR CONDITIONS

If the **Traveler** breach whit any of conditions or/and terms in the present contract during the accident occurrence, the **Insurer** have right to reject disaster.

General Conditions

ABOUT THE POLICY

CLAUSE 6: LEGAL BASES

This contract is ruled by the dispositions of the Decreto Ley No 263 del 2008 "Del Contrato de Seguro y su Reglamento" (Decree Law Nr. 263 of 2008 "About the Insurance Contract and its Regulations") established by the No 8/2009 Resolution of the Finance and Prices Ministry (MFP) as well as the Particular Conditions o **Certified Document**.

General Conditions, Particular Conditions and Insurance Application, will constitute the insurance contract and shall be established as evidence in written form, in Spanish language, in a precise clear way, and readable.

ABOUT THE OBLIGATIONS OF THE PARTIES

CLAUSE 7: RESPONSIBILITY

The **Insurer** shall not be held responsible, and will not indemnify the **Traveler** for any harm, damage, injury, or sickness caused by persons or non-authorized professionals by the **Insurer** to provide medical, pharmacological or legal assistance at the request of the **Traveler**. The **Insurer** provides services without any charge, only when they are requested in the circumstances already mentioned.

CLAUSE 7.1: TRAVELER ACTION

The **Insurer** will not assume any economic responsibility in case to the **Traveler** for own choice, abandon Medical Center without medical prescription or without authorization of the medical professional that is in charge of the attention.

The **Insurer** will not assume either any responsibility by complications and aggravations of medical condition as a consequence of the proven non-compliance from the **Traveler** of the medical advises.

CLAUSE 7.2: EXCEPTIONAL CIRCUMSTANCES AND/OR MAJOR FORCE

The **Insurer** will be expressly listed, exempt and excused from any obligation and responsibility in case that the **Traveler** suffers any damage or requires assistance as consequence from climates troubles, catastrophes, earthquakes, floods, storms, international war or civil war declared or not, rebellions, internal shock, guerrilla or anti-guerrilla acts, hostilities, retaliation, conflicts, embargoes, apprehensions, strikes, popular movements, lock-out, acts of sabotage or terrorism, etc.; as well as problems and/or delays resulting from termination, interruption or suspension of communication services.

The **Insurer** don't have responsibility by the non-compliance due to major force. If for any reason, the **Insurer** or **Assistant Entity** couldn't compliance the aspects from the present Contract and that refer assistance services and in the otherwise, the **Traveler** will be forced to dispense the payment from the received services, the one will have right over a reimbursement for incurred expenses and are covered to the indemnification limits established in the present contract.

Once time before elements are overcome, the service will be reestablished in shorter term as possible.

CLAUSE 8: INSURER OBLIGATIONS

The **Insurer** is obligated to:

- Pay for compensation in way and terms established in the present Contract and according to the Benefits Chart.
- Keep informed to the Policyholder and the Traveler about the assumed risk and answer ever time facing up doubts.
- To guarantee directly or through signer contract with some Assistance Entity, the services that this Contract offers.

CLAUSE 9: POLICYHOLDER OBLIGATIONS

Policyholder is obligated to:

- a) To guarantee that each **Traveler** receive the information about the Website where will be published all the referent about to the **Traveler Assistance Insurance**.
- b) Hand to the Insurer the hired Particular Conditions through agree way.
- c) Pay the **premium** established, in time according to Particular Conditions from this Contract.

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CLAUSE 10: TRAVELER OBLIGATIONS

Traveler is obligated to:

- a) Acting all time as this contract won't exist, taken care about oneself and avoided unnecessary risks that may cost **accidents** or come in **sickness**.
- b) Identifying with Certifying Document in the Central Alarm of ASISTUR and other authorized entity that required it.
- c) Take all necessary actions to protect the **Insurer** Payment.
- d) Receive the authorization by Central Alarm of ASISTUR before take any decisions about expense currency.
- e) If could be possible and face up to emergency, communicate with the **Alarm Center of ASISTUR** to ask previously authorization before mentioned. The **Traveler** could get medical service from closer place from he stays in this moment. In all of case the **Traveler** should communicate to de **Alarm Center of ASISTUR** the suffered emergency and gotten assistance from the original place always during the first 24 hours to the occurrence of the event or during the 24 hours after high medical in which case have to show original records as a supporting document of the event.
- f) In case that the **Traveler** couldn't seen disabled to taking contact with the **Alarm Center of ASISTUR** during the first 24 hours after his hospitalization and he doesn't have any companion, should be take in contact during the first 24 hours after his high medical.
- g) Providing all documentation and original records of the refundable expenses and all medical information to **Alarm Center of ASISTUR**. That include information before the trip or another subject, necessary to make effective the refundable expenses.

CLAUSE 11: NOTIFICATION AND/OR COMMUNICATION:

All notification and/or communication to the Insurer will be at legal residence and be described in this General Conditions.

Any notification and/or communication related with an event will do immediately to the **Alarm Center of ASISTUR** which information are specified in the contract, in the **Certifying Document** and in the Website of the Insurer (www.esicuba.cu).

The communication of the Insurer to the Policyholder, will do in the declared legal residence or to the Contract Mediator.

Likewise, communications made by the **Policyholder** to a Contract Mediator as an **Insurer** representant, will have the same effects like the **Policyholder**.

All the notification and/or communication between the implied parts should do or confirm by written way.

Alarm Center of ASISTUR information:

Adress: 208 Paseo del Prado Street, Old Havana, Havana

Phone: (53) 7866-8920, 7866-8339, 7866-8527 y 7867-1315;

Fax: (53) 7866-8087 Email: asisten@asistur.cu

CLAUSE 12: COMPENSATION

The **Traveler** could receive the contractual benefits through the notice to the **Alarm Center of ASISTUR**, that is the **Assistance Entity** and is in charge about all the expenses agree in the Benefit Chart.

In the case of the health services the pay for compensation will do directly to the Health Institution to **MGA** described in the Benefit Chart, always taking count the **limits of responsibility** specified for each one agree benefits in this contract, and always when the records from the Health Institution correspond with the expense covered in this contract. The amount that exceeds the **responsibility limits** is covers by the **Traveler**.

CLAUSE 13: REFUND BY INCURRED EXPENSES

In case of impossibility to fill in the aspects from the Clause 12, the **Traveler** would be notified to the **Assistant Central of ASISTUR**, after pay the service got from the Health Institution, so that it can do the refundable incurred expenses according to the benefits agree in this contract. In order to the **Traveler** have to hand the following documentation as soon as possible and inside of the Policy validity:

a) Refund application letter with personal information (full name, ID number, Passport number) Contact information (mail, number phone in Cuba) occurrence details (date of the service, kind of service and total amount to disaster), stating the

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reasons why didn't receive assistance through the Alarm Center of ASISTUR.

- b) Original records of the assumed expenses (bills, vouchers, payment receipt associated with the expenses).
- c) Medical report related to the services received and disastered.
- d) Photocopy from the Identification documents (ID and Passport).

From the documentations the **Assistance Entity** and **Insure**r will analyze the case and if is necessary ask another documentation or additional information proving the elements of that.

Once time the **Traveler** has hand all the documents asked by the **Insurer** and the **Assistance Entity**, the **Insurer** will made the fundable amount or will notice the reject.

CLAUSE 14: SURROGACY

The fact of the existence of the present contract, and once time satisfying the amount of lost, the **Insurer** is surrogate all right, resources and actions of the **Traveler** against all the responsible for the disaster, for any title or cause or another **Traveler** that could be involved.

OF THE RISK AND RISK MODIFICATION

CLAUSE 15: VALIDITY OF THE INSURANCE

The coverage stated by this Policy shall be effective only during the validity stated in the **Certifying Document**, being restricted to the events that took place in the territory of the Republic of Cuba.

ABOUT RETICENCE AND INNACURATE STATEMENT

CLAUSE 16: NULITY OF THE INSURANCE

The insurance shall be null and void:

- a) If the **Traveler** or the **Policyholder** had hidden or falsely described any material fact or circumstance related to this insurance, which could have influenced on the agreement and the performance of the policy, or because of the bad faith of some party, or the inaccurate declaration of the **Traveler** or the **Policyholder**, even when it was done in good faith, whenever it could influence on the risk appraisal.
- b) If at the happening of the covered risks, the **Traveler** or the **Policyholder** exaggerates its seriousness, tries to destroy or disappears the existing evidence before its happening, uses inaccurate documents as justification or uses fraudulent means for his purpose.

ABOUT THE PREMIUM

CLAUSE 17: PREMIUM PAYMENT

The **premium** of this contract will pay by the **Policyholder** to the **Insurer**, at moment of the emission or renewal of the Contract, at lees agree a different standing in the Particularly Conditions.

If due to of responsibility of the **Policyholder** the **premium** doesn't pay at the moment of Policy date expires, the **Insurer** will have right to solve the Contract, to demand the **premium** pay, or ending the benefits offered in the Contract to each **Traveler**.

ABOUT THE DISASTER

CLAUSE 18: HELPDESK SETTINGS

The **Insurer** offers to the **Traveler**, through the **Assistance Entity** an available service 24 hours, 365 year's days, to assist in each one of the benefits that this contract offers.

To activate assistance service, the **Traveler** or any other person as companion must follow next step:

a) Contacting by phone or mail to the **Alarm Center of ASISTUR**, showing personal data's: Full name, Air line in which made the trip to Cuba, entrance date, address and phone number of temporary residences in Cuba, and the description of the required services.

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- b) At time that **Traveler**, be in the Health Institution, have shown the following documents: air ticket (physical or electronic), passport, ID, and the Certifying Document.
- c) If the **Traveler** get directly to the Health Institution, without previously contact with **Alarm Center of ASISTUR**, must communicate it and give all the information about occurred event and received assistance.
- d) Medical expenses and service commuting would be in agree with the Physician in charge of the **Traveler** and the **Alarm Center of ASISUR**.

From the compliance of the before advices, the **Alarm Center** will take control in every steps of the offered services and could guarantee corresponding expenses, according to the present contract.

CLAUSE 19: PRESCRIBING INFORMATION

All the action from this **Insure** Contract will prescribe at 180 days from the date of the event start, at less that contrary agreement enlarges the terms.

ABOUT THE INTERPRETATION

CLAUSE 20: RELATIONSHIP WITH THE PARTICULAR CONDITIONS

The Particular Conditions or the Certifying Document shall prevail over the General Conditions.

ABOUT THE COMPETENCE

CLAUSE 21: JURISDICTION AND APPLICABLE LAW

Both parties agree to solve in a friendly way all the disagreements, controversies, or disasters that may arise from the interpretation and / or fulfillment of this policy. If the agreement could not be achieved, they will submit such disagreement to the corresponding court of the Tribunal Popular of the Republic of Cuba.

The present contract is supported by the Decree Law No. 263 from 2008, "Del Contrato de Seguro" and its established regulation by Resolution No 8/2009 Ministry of Finance and Price, and by Cuban Legislation in general regarding other aspects not contemplate in this mentioned law.

COVERED RISKS AND EXCLUSIONS

CLAUSE 22: COVERED EXPENSES

The **Insurer** takes in charge to the **compensation limits** according to the Benefits Chart medical expenses like surgical, dental, pharmaceutical and hospitalization as a result from **illness** or **accident** occurred during the trip and inside of the period of validity of the Policy, and appropriated to the nature of the disease or injury suffered and the circumstances of occurrence.

CLAUSE 22.1: MEDICAL EXPENSES IN CASE OF ACCIDENT OR NON-PREEXISTING SICKNESS

These services are limited to urgency treatments of serious cases and are devised for the assistance during the trip of sudden and unpredictable events, when it had been clearly diagnosed a serious sickness, easily proved that may hinder the normal continuation of the trip, and for this reason the services are not designed or agreed on to provide the selection of procedures or to provide in advance long term treatments or procedures of a considerable length, but only to guarantee the initial recovery of the patient and the normal physical conditions to allow carrying on with the trip. They include:

a) Medical assistance in case of accident, or non-preexisting sickness

They are the expense that in reasonable way the **Traveler** fall into due to event may happen during the validity of this Contract and demand medical assistance having of **compensation limits** the **MGA** described in the Benefit Chart as the following:

- Medical consultation: Expenses associated to consultation by an authorized medical practitioner, as a consequence from unexpected event that cause discomfort to the normal life for the **Traveler**.
- Hospitalization expenses: They are expense from the **Traveler** staying in bed or stretcher in urgency or associated to the hospitalization.
- Intensive and intermediate care unit: This is the expense incurred when the Traveler is admitted to a

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Hospitalization Unit. It includes expenses arising from accommodation, standard nursing care, care of the care physician (including the pass of visit) and feeding to the hospitalized patient, for each day of stay in a Health Institution, provided that such hospitalization has been prescribed by the treating medical physicians. Intensive Care as a result of the indication given by an authorized physician first medical attention in case of preexisting sickness.

- Surgical medical expenses: These are the costs incurred for surgical intervention performed on the **Traveler** by surgeons and assistant physicians. This procedure includes the excision, incision, suture, destruction, repair or manipulation of all or part of any organ of the body and is carried out in spaces prepared for such purposes within a recognized Health Institution.
- Non-surgical medical expenses: These are the expenses incurred for medical fees (treating physician, specialist physicians, residents) arising from medical assistance to the Traveler.
- Outpatient surgery: These are expenses associated with surgical procedures that are performed out patiently safely for the Traveler and do not merit hospitalization.
- Outpatient treatment: These are expenses that correspond to outpatient medical treatments, indicated to the
 Traveler by an authorized medical physician, arising from illness or accident that merits his medical attention,
 entering and graduating from the Health Facility on the same day. All medical consultations and/or examinations
 that are carried out for preventive purposes are completely excluded.
- Clinical and special expenses: These are the expenses incurred, as a result of medical indications given to the Traveler, for medicines, medical surgical material of cure and disposable material, laboratory examinations, blood transfusions, anesthesia and oxygen material, operating room (operating room), recovery room, instrumentalist, pathological anatomy, ultrasound and monitoring, computed axial tomography and nuclear magnetic resonance imaging, electroencephalogram, normal and dynamic electrocardiograms, invasive radiological scans or not, catheterization and other angiographic scans.

b) COVID-19

These are the specific expenses that appear as a result of the contagion or alleged contagion of the **Traveler** with COVID-19, during his stay in the national territory of the Republic of Cuba. This coverage includes:

- Medical Expenses for COVID-19 disease: In the event that the Traveler becomes infected with COVID-19 in the
 national territory of the Republic of Cuba, he shall have covered all medical and hospital expenses incurred from
 medical indications of authorized physicians and up to the compensation limit indicated in the Benefits Table.
- Expenses arising from the PCR test on trip: If during his stay in the national territory of the Republic of Cuba, the
 Traveler presents symptoms of COVID-19 disease and is prescribed in a Health Institution by an authorized physician performing the PCR test for confirmation of the disease, the expense of such a test will be covered.
 - Quarantine stay extension for suspected COVID-19 contagion: Covers medical expenses, medications, accommodation and food costs needed to keep the Traveler in the isolation center during the quarantine or isolation period until your return to the country of origin.

c) First medical care in case of pre-existing illness

Expenses arising from the complication of **pre-existing** or **congenital diseases** are covered up to the time the stabilization or control of the pathological or traumatic condition of the **Traveler** that gave rise to medical urgency or exhaustion of the specific liability limit of this coverage is achieved, whichever comes first.

Expenses arising from the stabilization or control of the situation arising from the medical emergency, are excluded from this coverage and shall be assumed by the **Traveler**.

In the event that this is not a medical emergency, the conditions of coverage prevail, in which they are excluded.

d) Outpatient medications

Expenses for medicines associated with outpatient treatments are covered, which must be purchased from the medical prescription at the pharmacy attached to the Health Institution or other than in the network of pharmacies established in the national territory of the Republic of Cuba and up to the **compensation limit** set out in the Compensation Chart.

e) Accompanying expenses during hospitalization

These are the daily expenses, limited in the Compensation Chart, associated with the stay of an escort during the hospitalization of the **Traveler**.

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f) Emergency Odontology

Dental expenses incurred in emergency treatment for infection, pain or trauma will be covered. The Traveler's dental care shall be limited only to the treatment of pain and/or removal of a tooth and to the **compensation limit** specified in the Compensation Chart.

g) Medication in case of hospitalization

As part of the MGA and up to the compensation limit established, the expenses associated with the medicines prescribed to the Traveler by authorized medical physicians during their hospitalization in Health Institutions and up to the compensation limit being part of the MGA are covered.

h) Health transfers

As part of the MGA and up to the compensation limit established, expenses are covered for the Traveler's health transfers, which occur within the national territory of the Republic of Cuba, originated by the ambulance or aero ambulance service, motivated by an accident or illness that requires the transfer under special conditions or by optional prescription due to the urgency or severity of the case. Where ambulances are not available and the Traveler's conditions allow these transfers can be made in taxis.

CLAUSE 22.2: REPATRIATION (SANITARY OR FUNERAL) AND TRANSPORTATION

Repatriation will be activated in cases where the **Traveler's** transfer to home is necessary with the assistance or custody of the **Alarm Center ASISTUR**, in which case the associated expenses covered by this agreement are limited in accordance with the provisions of the Benefits Chart.

- Of Injured or Sick Persons: In case of accident or sickness happened to the Insured, the Insurer will be in charge of the transportation to the nearest hospital center, which has the necessary installations for the treatment. Likewise, ASISTUR, keeping in touch with the physician who is taking care of the Traveler, shall supervise that the rendered attention is the appropriate one.
 - In case the **Traveler** might be admitted in a hospital center, and this condition prevented his return on the foreseen date, the **Insurer** provides, up to the limit stated in the General Conditions or in the **Certified Document**, the transportation up to his country of residence.
 - The means of transportation to be used in each case shall be determined by **ASISTUR**, according to the urgency and severity of the case.
- About the Deceased: In case of death of the Traveler, the Insurer will be in charge of all the procedures, conditioning, and transportation expenses of the body from the place of death, up to the place of burial in the country of residence. The payment for special coffins and those for the burial and its ceremony are excluded from this guarantee.

a) Return Trip of the Companion of the repatriated Traveler

When the **Traveler** would be repatriated, **ASISTUR** will organize and will be in charge of the journey of one (1) companion on the return trip to the place of permanent residence of the **Traveler**, always provided that the afore mentioned companion would be also **Traveler** with this type of insurance, and would have been traveling together with the **Traveler** at the moment of the happening of the assistance that caused the Sanitary Repatriation. The selection of the ways of transportation to be used shall be under just criteria of the **Alarm Center of ASISTUR**. This expense is considered to be included within the **compensation limit** in the Repatriation Benefit Box in this Contract.

b) Transfer of family member

In case the **Traveler** is traveling alone and be hospitalized for more than ten days, the **Insurer** will be in charge of the transfer of a relative, buying an air ticket in tourist or economic class, so that the **Traveler** accompany during the hospitalization term. This benefit shall be provided only when the hospitalization term would be included within the validity of the insurance, plus seven supplementary days.

c) To the companion of minors or majors

If the **Traveler** is the only company of one or more under the age of fifteen, being also benefited from this agreement, and is unable to take care of the same due to **illness** or **accident** during the trip, the **Insurer**, is in charge and through the **Assistance Entity** will arrange the movement of a family member, to accompany the teenager back to the **Traveler's** Home. This expense is considered to be included within the liability limit set forth in the Repatriation Benefit Chart in this Contract.

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d) Hotel Expenses for Convalescence

These are expenses incurred by the **Traveler** and his companion in a hotel, when the **Traveler** is unable to return to his country of residence. The **Insurer** will reimburse the **Traveler** hotel expenses, only for accommodation (i.e. without extras) always provided that the **Traveler** had been previously authorized by **ASISTUR Center Alarm**, when the physician prescribes forced rest after hospitalization. To obtain this benefit the **Traveler** must have been hospitalized for a minimum of five days (5) period, and such hospitalization must have been validly authorized by **ASISTUR Center Alarm**. Such hotel expenses will have a daily limit and a maximum total stated in the Benefit Chart.

CLAUSE 22.3: ADVANCE FUNDS

a) Advance Payment of Funds for Legal Assistance Incurred by Responsibility in an Accident

The **Insurer** will provide a lawyer to the **Traveler** to assist him with civil or criminal defense, when the **Traveler** would be held responsible for a motor-vehicle accident. The **Traveler** will be in charge of the payment for these professional services, as well as the payment for the fees and expenses produced by the case.

In order to receive this benefit, the **Traveler** must inform **ASISTUR Center Alarm** immediately after the happening of the event.

The **Insurer** obligation is limited to provide the assistance of a lawyer. In all cases the lawyers appointed or recommended by the **Insurer** shall be considered as agents of the **Insured**. The **Traveler** will have no right for any disaster or indemnification against the **Insurer**, for having proposed such professionals.

b) Advance Payment of Funds for judicial Bail

If the **Traveler** would be arrested for being accused of criminal responsibility in an accident, he will be entitled to resort to **ASISTUR** to obtain a loan for the payment of the judicial bail that he would be demanded for probing circumstance. The provision of the loan in these circumstances, will be according to the conditions established in each case by the **Insurer**, which must be accepted by the **Traveler**.

To receive this benefit the Traveler must inform ASISTUR Center Alarm immediately after the event has occurred.

CLAUSE 22.4: ACCIDENT INSURANCE

The **Traveler** guarantees up to the amount stated in the Particular Conditions or in the **Certified Document**, the payment of the compensation that in case of death or permanent disability, as a consequence of accidents suffered by the **Traveler** during his stay in the Republic of Cuba.

a) Death

When the injury may cause the death to the **Traveler** within the twelve months following the date of the **accident**, the **Insurer** shall pay the Insurance Amount, deducting the sums of money that might had paid for Permanent-Total, or Partial Disability.

In the case the **Traveler** exceeding seventy (70) years shall only be compensated for Death, if it happened as a consequence of an **accident** suffered as he was a passenger of a public transportation.

b) Permanent Total Disability

If as a consequence of an **accident** suffered by the **Traveler**, within the twelve (12) months of the occurrence of the event, the **Traveler** would remain with a permanent total disability, the **Insurer** will pay the Insurance Amount stated in the policy.

c) Permanent Partial Disability

If as a consequence of an **accident** suffered by the **Traveler**, within the twelve (12) months of the occurrence of the event, the **Traveler** would remain with a Permanent-Partial disability, the **Insurer** will only pay one percent of the Insurance Amount, according to the seriousness of the bodily injury and taking into account the following Compensation Chart.

- Loss or functional absolute impotence of both arms, and both hands, or an arm and a leg, or a hand and a foot, or both legs, or both feet, absolute blindness, complete paralysis, or by any other injury that may disable the Traveler to work on a 100% basis.
- Loss, or absolute functional impotence of:

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Of an arm or a leg	60%
Of a leg or a foot	50%
Complete deafness	40%
Of the movement of the thumb and the index fingers	40%
Loss of sight of one eye	30%
Loss of the thumb finger of a hand	20%
Loss of the index finger of a hand	15%
Deafness of one ear	10%
Loss of any other finger	5%

The duration or level of the disability shall be determined by a medical examination approved by the medical team of the Assistance Entity.

If more than one permanent disability already mentioned in the Indemnification Chart, would happen as a consequence of the same accident, the total amount to pay according to those injuries, shall be attained adding the payable amounts for each permanent disability, without exceeding the total Insurance Amount for each Insured.

The Traveler under fourteen (14) years old are protected only from the Permanent Disability risk.

Compensation of injuries that might be a permanent disability without being included in the Compensation Chart, that is an integral part of these General Conditions, shall be calculated in proportion to the decrease of the total functional capacity, taking into account whenever possible, its comparison with the already foreseen cases and without bearing in mind the Traveler's profession.

If the consequences of an accident would be aggravated on account of an independent sickness of such accident, or an abnormal constitutional state according to the age of the Traveler, or a physical defect of any kind and origin, the corresponding compensation shall be paid according to the consequences that presumably the same accident would have caused, without such cause, unless it would be a consequence of an accident covered by the policy and had happened during its validity.

CLAUSE 22.5: BAGGAGE

a) Localization of Luggage

In case of loss of luggage, the Insurer will use all the means within his reach to try to locate it.

In case of loss of luggage, the Traveler shall communicate by phone with ASISTUR and inform his transitory domicile.

b) Indemnification for Lost Luggage

The Insurer guarantees up to the amount fixed in the Particular Conditions or in the Certified Document, taking in mind the exclusions stated in the General Conditions, the payment of the indemnification for the material losses suffered with the luggage, as a consequence of:

- Robbery
- Breakdowns or damages by fire or theft
- Damages and total or partial losses caused by the carrier

The amount to be compensation for valuable objects shall be limited up to the fifty (50) per cent of the Traveler amount for the whole of the luggage, being expressly stated the denial of the application of the proportional rule of this guarantee in case of disaster.

Jewelry and furs, shall be covered only against robbery, and only when they would be kept in the safety box of the hotel.

Luggages and objects left in motor vehicles shall be considered as included, only if they are kept in the trunk and locked. Since the 22:00 up to 06:00 hours the vehicle is to be kept in the inner of the parking lot, locked and under surveillance. Vehicles entrusted to the carrier are excluded from these limitations.

Valuable objects kept inside a vehicle shall be included, only when the vehicle is under surveillance.

If the Traveler would suffer the total loss of his luggage, during its transportation by a regular airline, the Insurer, shall grant a complementary compensation of the compensation, which for the same reason he would receive from the carrier airline, always provided the fulfillment of the following requirements.

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- That the luggage, duly dispatched in hold, had been lost during its transportation in an international flight (between two countries) in a regular airline plane.
- That the loss took place between the moment in which the luggage was handled to the authorized personnel of the airline for its shipment, and the moment in which it might had been returned to the passenger at the end of the trip.
- That the loss took place out of the territory where the Certified Document was issued, being stated that the compensation shall be paid when the loss had taken place in international flights that arrive in the country where the issuance took place.
- That the Traveler as soon as the damages, or total or partial loss caused to the luggage were confirmed, and before leaving the airport, had communicated the event to ASISTUR Center Alarm.
- That the Traveler, when issuing the corresponding disaster should provide the RIP and a certification issued by the
 carrier airline, in which it is stated the amount of the indemnification provided, and the weight of the lost or damaged
 luggage.

c) Compensation for delay in the localization of the luggage

The complementary compensation to be paid by the **Insurer** will reach the amount of the compensation paid by the regular airline, but it will not surpass the maximum limit stated in the Particular Conditions or in the **Certified Document** of this policy.

CLAUSE 22.6: DOCUMENTS MANAGEMENT

a) Assistance in Case of Robbery or Loss of Documents

ASISTUR will advise the **Traveler** on the proceedings to fulfill locally, in case that his personal documents, air bills and/or **Certified Credit Documents** would have been stolen or lost. The aforesaid assessment will not include the carrying out of personal procedures that the **Traveler** should make as a consequence of the robbery and/or the loss happened. The Insurer will not afford the expenses or costs corresponding to the replacement of personal documents, air bills, and /or **Certified Credit Documents** that would have been stolen or lost.

b) Documents Management Expenses for Loss

This coverage guarantees an compensation up to the limit stated in the particular Conditions or in the **Certified Document**, for the duly justified incurred expenses for the management and getting of the substituting transport bills, passport, or visas that the Traveler might do on account of the robbery or loss happened during the trip and staying.

The damages arising from the loss or robbery of the afore mentioned objects or by their undue utilization by third persons, will not be included in this coverage and consequently will not be indemnified.

CLAUSE 22.7: OTHER EXPENSES

a) Transmission of urgent messages

ASISTUR shall be in charge of transmitting the justified urgent messages related to any of the events covered in these General Conditions.

b) Reimbursement of expenses for delayed or cancelled flight

If the Traveler flight would be delayed for more than six (6) consecutive hours since the departure time originally programmed, and always provided he would not have another transportation alternative during those six hours, the **Insurer** shall reimburse all expenses for lodgings, food, taxi, and communications carried out by the Traveler during the delay interval, and up to the limit stated in the Benefit Diagram.

The **Insurer** shall only reimburse these expenses by the presentation of the tickets that irrefutably would show the expenses incurred by the **Traveler** and by the duly recorded document of the airline, certifying the delay or cancellation occurred. To receive this reimbursement the **Traveler** might have contacted **ASISTUR Center Alarm**, before leaving the airport where the event took place.

This service is not applied if the cancellation is produced by the bankruptcy and/or the ceasing of services of the airline or any of the described circumstances in Exceptional Circumstances and/or Force Major (Act of God) defined in these General Conditions.

c) Difference on Rates for Delayed or Anticipated Return Trip

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Return for Sickness or Accident

The **Insurer** will afford the difference of the cost of the return airfare of the **Traveler** in tourist or economic class, when his original fare would be for a reduced – rate-round trip, with a fixed date or limited return date, and that date could not be kept because of sickness or accident suffered by the **Insured**. This benefit shall only be applied when the **Traveler** had been medically assisted with the authorization of **ASISTUR Central Alarm**. When the expenses incurred by medical attention for chronic or preexisting disease, or congenital or recurrent, whether known or not by the **Insured**, as well as its consequences and /or complications even when they would appear for the first time during the trip, they shall not be covered with the benefits of this policy.

Return for family death

A similar benefit to the one stated in the preceding paragraph should be applied if the **Traveler** would have to return in advance to his country of habitual and permanent residence, on account of the death of a close relative (mother, father, spouse, son or daughter, brother or sister) residing there.

In both cases the circumstances that would lead to this benefit shall be proven by the **Insured**, and duly checked in a reliable way by **ASISTUR**. The payment for the return trip by the **Insured**, and /or third parties, shall only be returned when the **Insurer** had previously authorized those expenses. The benefit of the return trip shall only be provided within the validity period of the **Certifying Document**. When this service had been provided, the **Traveler** must transfer to **ASISTUR** the corresponding tickets for the non-used sections of the original air ticket or its equivalent value.

Health transfer and repatriation by contagion with COVID-19 or extension of stay by quarantine

In case of the **Traveler** had been confirmed as positive in Covid-19 and also had received medical assistance or had been in quarantine as suspect of infection from Covid-19, and as a result from this event had lost the return trip at original country, the **Insurer** shall be in charge of the air tickets expense, in tourist or economic class, always if the **Traveler** are authorized by health authorities to go back.

CLAUSE 23: ABOUT HIGH RISK ACTIVITIES

If the **Traveler** shall pay extra **premium** become from high-risk activities he will have right to get services and assistances as a result from training, practicing or performance in all kind of sport competitions and which could be required as consequence from practicing extreme sports or high risk, including: motorcycle, automobile racing, racing by horse or any other motor vehicle, boxing, water skiing, jet ski, wave and wind surfing, mountaineering, parachuting, always when this activities shall been supervise for an expert as a contracted service and in or on the place rules and authorized for this ending.

CLAUSE 24: EXCLUSIONS

Expenses not covered by this Insurance are those caused by:

- a) Benefits non-requested by the Traveler through ASISTUR Center Alarm and carried out without its agreement, except in case
 of Force Major, (Acts of God), or proved material impossibility.
- b) Conducting the diagnostic test for COVID-19 (PCR) or preventive health checks on the **Traveler**, established in the medical protocol by the health authorities.
- c) The disasters caused by malicious intent of the Traveler or the Policyholder, or the person that travels with the Traveler.
- d) **Diseases**, **sicknesses** or injuries directly or indirectly derived from a quarrel (unless they were produced in self-defense), strike, acts of vandalism, or disturbances, in which the **Traveler** had actively participated; the attempt or commission of an illegal act, and in general any criminal act or committed with malicious intent by the **Traveler**, including the supply of false or different information from the real one.
- e) Disasters happened in case of war (whether declared or not), demonstrations or popular movements, terrorism and sabotage acts, strikes, arrests by any authority for any crime non-derived from automotive accident, restrictions to free circulation, or any other case of Force Major (Act of God), unless the **Traveler** proves that the disaster is not related to those events.
- f) Participation in any class of dangerous competitions, as well as training or sporting event, betting, and the following consequences for the practice of dangerous pastimes or hobbies of high risk, including but not limited to: hunting, underwater activities, hang gliding, mountaineering, motorcycling, motoring, boxing, all-terrain vehicles, etc. This exclusion may be eliminated by paying an extra prime.

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- g) Disasters that had been caused by radiations produced by transmutation or nuclear disintegration, or radioactivity.
- h) Rescues in the sea or mountain.
- i) Risks to which the **Traveler** imprudently ran the risk of notoriously dangerous acts, except attempts to life or goods rescuing.
- j) Air trips in planes not assigned and authorized as public transport. Traveling as a pilot, flight engineer, or crew member of any aircraft.
- k) Suicide, or diseases and injuries as consequences of attempt of suicide, or intentionally caused by the Traveler to himself, or caused by the beneficiaries (including homicides or attempts of homicides) whichever would be the mental state of the Traveler or the Beneficiaries.
- Chronic and/or pre-existing diseases except in the case of medical care by medical emergency. There are expressly excluded the studies and/or treatments related to chronic, or preexisting, or congenital, or recurrent diseases, whether known by the Traveler or not, and suffered before the validity date of this insurance and /or the trip, whichever would be subsequent, as well as their exacerbations, aftermath, or consequences, even when they appeared during the trip.
- m) Treatments, sicknesses and pathological states, as well as any consequence caused by the intentional ingestion, or administration of toxics, (drugs), alcohol, narcotics, or by the use or medicaments without medical prescription.
- n) Expenses for prosthesis, orthosis, synthesis, or any type of mechanical help for inner or external use, including, but not limited to: orthopedic articles, dental prosthesis, headphones, glasses, contact lenses, splints, crutches, nebulizers, respirators, etc.
- o) Pregnancies, births, abortions, independently from its etiology, as well as any consequence derived from a pregnancy state, unless it is a clear and unforeseeable complication. Pregnancy states exceeding the 26 weeks of pregnancy, are excluded whichever the nature of the cause that produces the treatment.
- p) Any fact derived from a mental disorder, by any cause and even being transitory.
- g) Controls of blood pressure. Arterial hypertension and its consequences.
- r) Human immunodeficiency syndrome, AIDS and HIV in all its manifestations, exacerbations, aftermath, and consequences, as well as venereal or sexual transmitted sicknesses.
- s) Venereal or sexually transmitted diseases.
- t) The consequences or surgery not caused by an accident.
- u) Any dental treatment, or diseases and dental operations, endodontics, orthodontics, except in cases where the injury suffered is of traumatic origin as a result of an accident that occurred during the term of the Warranty, or as a result of emergency dentistry as set out in Clause 22.1-f).
- v) The following items are not included in the **luggage** coverage:
 - Merchandises, currency, bank notes, travel tickets, stamp collections, any kind of titles, identity documents, and in general any document or paper securities, credit cards, tapes or discs with memories, documents registered on magnetic strips or filmed, collections and materials of a professional character, prosthesis, spectacles, or contact lenses.
 - Damages due to normal or natural wear, inherent defect, inadequate or insufficient packaging, and those caused by slow open-air action.
 - Losses caused by an object that had not been committed to a carrier, had been simply lost or forgotten.
 - Robbery caused by the practice of camping or caravan on free camping, as well as that of any valuable object in any camping modality.
 - Damages, losses, or robbery of effects and personal objects, caused by having left them without surveillance in a public place, or on premises used by several occupants.
 - The breaking of any object unless it had been caused by an accident of a means of transportation, by robbery or burglary, assault with deadly weapon, fire or fire extinction.
 - Any damages caused directly or indirectly by acts of war, whether declared or not, civil or military unrest, popular mutiny, strikes, earthquakes, or radioactivity.

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- Damages intentionally caused by the **Traveler** or by his serious neglect, and those caused by liquid spills.
- Loss or damage caused by confiscation or retention carried out by government authorities.
- The loss, theft or partial missing of hand luggage, including the objects carried out by the Insured, such as:
 mobiles, laptops, audio and video sets, photographic cameras and other similar ones.

