



IATI Students Star
Travel assistance insurance

PARTICULAR CONDITIONS

INDIVIDUAL INSURANCE POLICY FOR SPANISH TRAVELLERS

GUARANTEES AND LIMITS:

This policy comprises the articles shown as covered in the following list of guarantees, with the limits stated.

GUARANTEES	EUROPE	WORLDWIDE
GUARANTEES OF ASSISTANCE		
7.1 Medical and health care	€100000	€100000
7.1.1 Dental expenses	€350	€350
7.2 Repatriation and medical relocation of injured or sick persons	100% of cost	100% of cost
7.3 Travel by a relative in the event of hospitalisation	100% of cost	100% of cost
7.3.1 Subsistence expenses for relatives when abroad	€1000 €100/day	€1000 €100/day
7.4 Convalescence in a hotel	€1000 €100/day	€1000 €100/day
7.5 Repatriation or relocation of the insured person if deceased	100% of cost	100% of cost
7.6 Early return because of the death of a relative	100% of cost	100% of cost
7.7 Early return because of the hospitalisation of a relative	100% of cost	100% of cost
7.8 Early return due to a serious incident in the insured person's home or professional premises	€1000	€1000
7.9 Transmission of urgent messages	Serv.Arag	Serv.Arag
7.10 Defence against criminal liability abroad	€3000	€3000
7.11 Advance of monetary funds abroad	€1500	€1500
7.12 Claims regarding purchase contracts abroad	€3000	€3000
7.13 Claims regarding damages abroad	€3000	€3000
7.14 Travel of a relative in the event of death	100% of cost	100% of cost
7.15 Claims regarding service contracts abroad	€3000	€3000
7.16 Legal information abroad	Serv.Arag	Serv.Arag

LUGGAGE		
7.17 Theft of and damage to luggage	€1500	€1500
7.18 Delay in the delivery of checked-in luggage	€180	€180
7.19 Shipment of objects left behind or stolen during the trip	€120	€120
7.20 Search for, location and shipment of missing luggage	100% of cost	100% of cost
7.21 Management fees in the event of the loss or theft of documents	€120	€120
DELAYS AND MISSED SERVICES		
7.22 delay in departure of means of transport.	€300 €50 every 6h. of delay	€300 €50 every 6h. of delay
7.23 Missed connections due to transport delays	€150	€150
7.24 Failure to board means of transport because of an accident en route	€150	€150
7.25 Changes to services initially contracted	€150 €50 every 6h. of delay	€150 €50 every 6h. of delay
7.26 Compensatory trip	Included	Included
7.27 Missed classes	€1000 €50/day	€1000 €50/day
CANCELLATION OF TRIP AND REIMBURSEMENT FOR HOLIDAYS NOT TAKEN		
7.28 Trip cancellation expenses	€2000	€2000
SUPPLEMENTARY CIVIL LIABILITY INSURANCE POLICY		
Private civil liability	€60000	€60000

An exclusion applies to events, complaints and illnesses that are chronic or pre-existing, in addition to the consequences thereof suffered by the Insured prior to the date of effect of the policy or, where applicable, any suffered prior to the last extension of the insurance.

The following activities are understood to be covered by this policy: «LIMITE»

Athletics, gym activities, rancheras (capeas, etc.), basketball, motor boats (with driver), bicycle rides, canoeing, curling, shooting sports/small game hunting, balloon excursions, hiking in general, jogging, football, golf, pedal boats, ball games, beach games and other beach and camping activities, karting, kayak, jet skis, snowmobiles, swimming, sailing, orientation, paddle surfing, paddle tennis, paintball, helicopter tours, skating, fishing, canoeing, Tibetan bridge, snow-walking, artificial rock-climbing, 4x4 routes, segway, mountain walking, snorkelling, surfing and windsurfing, tennis, zip line, trekking below 3,000 metres altitude, sledding in ski resorts, sledding with dogs (mushing), equestrian tourism and any other activity with similar characteristics.

The following activities are expressly excluded from the coverage of this insurance

Activities carried out at an altitude higher than 5,000 metres, underwater activities carried out at a depth of more than 20 metres, martial arts, ascensions or aeronautical trips, big wall, bobsleigh, boxing, speed or resistance races, big game hunting, rack cycling, cyclocross, wrestling sports, motorcycle sports, alpine climbing, classic climbing, rock-climbing alone, ice climbing, winter sports, activities carried out with sports schools and associations, cave diving, caving at a depth of more than 150 metres, caving in virgin chasms, speedboat, luge, polo, rugby, trial, skeleton, white water, airsoft, canyoning, diving and underwater activities less than 20 metres deep, bouldering up to 8 metres high, horse riding, sport climbing, fencing, speleology less than 150 metres deep, water skiing, fly surf, hydrobob, hydrospeed, kite surfing, bicycle tourism, mountain biking trips, deep-water soloing up to 8 metres high, quads, rafting, rappelling, bungee jumping, survival sports, trekking at an altitude of up to 5,000 meters and any other activity not expressly approved by the Company.

In any case, the professional practice of any sport and/or adventure activity and participation in official or private sports competitions, training, testing and gambling activities are all excluded from the coverage of this insurance. 'Competition' is understood as an occasion where the sport activity is carried out as an act or event organised by a third party and not the Policyholder and/or Insured Party. For the purposes of this policy.

When the Insured is on board any type of land, sea or air vehicle, the Insurer will not be obliged to provide any type of service. This will be provided as soon as the Insured alights from the vehicle.

The cover provided under the Policy excludes those countries that, during the Insured's trip or stay abroad, are in a state of war, siege, insurrection or armed conflict of any kind, even when this has not been officially declared, and those that are specified in the invoice or in the Particular Terms and Conditions.

It is expressly agreed that the Insurer's obligations arising from the cover provided by this policy terminate as soon as the Insured person has returned to his/her usual address, or has been admitted to a medical centre situated no further than 25 km away from the aforementioned address.

PROVISION OF SERVICES: ARAG S.E., SUCURSAL EN ESPAÑA shall be responsible for the provision of the services covered by this policy.

To facilitate the provision of urgent services, ARAG shall provide the Insured with documentation accrediting their rights as Policyholders, in addition to emergency instructions and telephone numbers..

The phone number of ARAG is 93 485 77 35 if the call is made from Spain, and 34 93 485 77 35 if calling from abroad.

In any case, the Insured may request reimbursement from the Insurer for calls made to the latter, as long as the cost of the calls is duly documented and justified.

If it is not possible to contact the company through the usual means, the Insured Party may contact ARAG through the WhatsApp application on 672 608 176. This system may be used only for the initial contact with the company and in no case can any personal data or documents of any kind be sent in order to ensure current Personal Data Protection regulations are not violated.



- The Policyholder knows and expressly accepts the limiting clauses of this Policy and declares that he/she has received the General Conditions together with this document.

INFORMATION TO THE INSURED

Prior to signing this contract, the Policyholder has received the following information, in compliance with the provisions of Article 96 of Act 20/2015 of 14 July, on the Organisation, Supervision and Solvency of Insurance and Reinsurance companies, and Articles 122-126 of its regulations:

-The Insurer is ARAG SE, a German company whose registered office is in Düsseldorf, at ARAG Platz no.1, the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin) being responsible for supervising and monitoring of its activity. It is authorised to operate in Spain under the right of establishment through its branch ARAG SE, Sucursal en España, with Tax ID number W0049001A, and registered offices in Madrid, Calle Núñez de Balboa, 120; it is listed in the Registro administrativo de la Dirección General de Seguros y Fondos de Pensiones under reference E-210.

The Insurer declares that, in the event of its liquidation, Spanish regulations with regard to liquidation will not be applied.

-The law applicable to the Insurance Contract is Spanish, in particular, Act 50/1980 of 8 October, on Insurance Contracts.

-In the event of any dispute with the Insurer, the Policyholder or Insured may seek redress through arbitration or through the ordinary Spanish courts of law.

Please note that ARAG SE, Sucursal en España offers its insured customers the following Customer Service contact numbers depending on the procedures they wish to carry out:

-For modifications and/or inquiries about the policy contracted you can call the telephone number 93 485 89 07 - 91 566 16 01, or send an email to atencioncliente@arag.es

-For submitting complaints and/or claims to the company, the ARAG S.E. Sucursal en España has a Customer Service Department at c/ Roger de Flor, 16, 08018-Barcelona, email: dac@arag.es, website: www.arag.es to attend to and resolve complaints by insured persons in connection with their legally recognised rights and interests. The Department will resolve the issue within two months from the date on which the complaint was submitted.

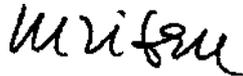
-In the event of disagreement with the resolution adopted by the Customer Service Department, or if a period of two months has passed without a response being received, the claimant may contact the Servicio de Reclamaciones de la Dirección General de Seguros y Fondos de Pensiones at Paseo de la Castellana, 44, 28046 - Madrid, or the website: www.dgsfp.mineco.es and the telephone number 902 19 11 11.

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

-By providing bank details for payment of the insurance premium, the Policyholder/Insured party authorises the relevant amount to be charged to the account detailed in this document, or to any other account notified to the Insurer for this purpose, throughout the duration of the Contract,

ISSUED IN MADRID

For the Company
P.P.



CEO
Member of GEC

THE POLICYHOLDER

INFORMATION REGARDING DATA PROTECTION

Data processor	ARAG SE, Sucursal en España C/ Núñez de Balboa 120 28006 - MADRID NIF W00490001A atencioncliente@arag.es www.arag.es
Data Protection Officer contact details	dpo@arag.es C/Roger de Flor 16 08018 Barcelona
Purpose of processing	Underwriting and execution of the insurance contract
Authentication	Execution of the insurance contract
Recipients	No data will be transferred to third parties unless: prior consent is given, it is an obligation provided for in regulations, or for legitimate interest.
International transfers	May be necessary, during certain assistance services, for the execution of the contract.
People's rights	Individuals can access, rectify or delete their data, oppose their processing and request their limitation of transfer by sending their request to: lopd@arag.es
Additional Information	Additional and detailed information on data protection can be viewed on our website: http://www.arag.es

Data processor

The entity responsible for processing personal data is ARAG SE, Sucursal en España, whose NIF is W0049001A and registered address is C/ Núñez de Balboa no. 120, 28006 Madrid. Email:



atencioncliente@arag.es Webpage: www.arag.es. You can contact the Data Protection Office at dpo@arag.es.

Purpose and recipients

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

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

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

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

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

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

Authentication

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

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

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

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

Rights

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

You can exercise your rights by writing to the data processor, ARAG SE, Sucursal en España, by email lop@arag.es or if you prefer, by post addressed to C/ Roger de Flor, 16, 08018, Barcelona (include



“Attention to: ‘Data protection’” on the envelope). Please include or attach a copy of your ID or passport. In the event that your above rights request is not complied with, you can submit a complaint to the Spanish Data Protection Agency (www.agpd.es).

Third party(s) personal data

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

GENERAL CONDITIONS

ESTUDIOS ESTRELLA INDIVIDUAL INSURANCE POLICY FOR SPANISH TRAVELLERS

Introduction

This Insurance Contract is governed by the terms established in these General Terms and Conditions and the Particular Conditions of the policy, pursuant to the provisions of Act 50/1980, of 8 October, on insurance contracts and Act 20/2015, of 14 July, on the regulation, supervision and solvency of insurance and reinsurance companies.

Definitions

In this Contract, the following meanings shall apply:

Insurer

ARAG S.E., Sucursal en España, which assumes the risk defined in the Policy.

Policyholder

The individual or company with whom the Insurer subscribes this Contract, and to whom the obligations derived from it correspond, except those that, due to their nature, must be fulfilled by the Insured person.

Insured

The individual listed in the Particular Conditions who, in the absence of the Policyholder, accepts the obligations deriving from the Contract.

Family members

The relatives of the Insured Person shall be considered to be his/her spouse or civil partner or any person who permanently cohabits as such with the Insured, ascendants and descendants to the first or second degree of consanguinity (parents, children, grandparents, grandchildren), brothers and sisters, brothers-in-law and sisters-in-law, sons-in-law, daughters-in-law and parents-in-law of both partners.



Policy

The contractual document that contains the Conditions governing the Insurance Policy. The General Conditions, the Particular Conditions that personalise the risk, the supplements and appendices that are added to complete or modify the contract are all an integral part of the agreement.

Premium

The price of the Insurance Policy. The receipt will also include any legally applicable surcharges and taxes.

1. Object of the policy

The object of this Policy is to provide the broadest Travel Assistance to the Insured when the latter travels within the area covered for the purpose of study.

2. Insured

The student who is the holder of the insured interest, or the individuals listed in the Particular Conditions, in the case of a Collective Policy.

3. Duration of Insurance coverage

In Policies with a Term of Coverage, the duration will be specified in the Particular Conditions.

To benefit from the guarantees covered, the time spent by the Insured person away from his/her regular place of residence for the purposes of study may in no case exceed 365 consecutive days per trip or journey.

4. Territorial scope

The guarantees described in this Policy are valid exclusively for incidents that take place abroad, as specified in the Particular Conditions.

All the articles shall apply when the Insured is more than 30 km from his/her normal place of residence.

5. Payment of premiums

The Policyholder is obliged to pay the premium when the Contract is formalised. Subsequent premiums must be paid on the corresponding due dates.

If the Particular Conditions do not specify another place for the payment of the Insurance premium, this must be paid at the address of the Policyholder.

In the event of non-payment of the premium, if this is for the first annuity, cover will not take effect and the Insurer may cancel the agreement or demand payment of the premium agreed. Non-payment of successive annuities will cause the suspension of the Policy's guarantees one month after it expires. Cover will always come into effect 24 hours after the day on which the Insured pays the premium.

The Insurer may demand the payment of the unpaid premium within six months from the due date.

6. Information regarding the risk

The Policyholder has the duty to declare to ARAG, before the Contract is signed, any circumstances known to him/her that may affect the assessment of the risk, according to the questionnaire provided. The Policyholder will be exempt from this duty if ARAG does not provide a questionnaire or when, even if this is provided, there are circumstances that may affect the risk assessment which are not contained in it.

The Insurer may rescind the Contract after one month from the date on which it comes to their attention that the declaration by the Policyholder contains inaccurate information or that information has been withheld.

During the validity of the contract, the Insured person must communicate to the Insurer, as soon as possible, any alteration in the factors and circumstances declared in the questionnaire referred to in this article that could aggravate the risk and are of such a nature that if they had been known by the Insurer at the time of completing the contract, said contract would not have been entered into or would have been done so with more onerous conditions.

If ARAG is made aware of the increased risk, it may, within one month, propose a modification of the Contract or proceed to its cancellation.

If there is a reduction in the risk, the Insured is entitled to a proportional reduction in the amount of the premium, with effect from the following annuity.

7. Guarantees covered

In the event of an accident covered by this Policy, as soon as ARAG has been notified following the procedure set forth in Article 11, ARAG shall guarantee the provision of the following services:

7.1 Medical and health care abroad

Up to the limit indicated in the Particular Conditions of the policy, ARAG will meet costs corresponding to the activity of healthcare professionals and to healthcare establishments necessary for the care of an Insured Person who is ill or injured, provided that this treatment has been approved by the Insurer's medical team.

The services expressly include, but are not limited to, the following:

- a) Treatment by emergency medical teams.
- b) Complementary medical examinations.
- c) Hospitalisation, treatment and surgical procedures.
- d) Supply of medication during hospitalisation or refund of its cost for injuries or illnesses not requiring hospitalisation. Subsequent payment for those medicines and pharmaceutical costs arising from any process of a chronic nature are excluded from this cover.

In the event of a medical emergency arising as a result of the unforeseeable complication of a chronic disease, pre-existing or congenital condition, or an unforeseeable complication during the first 24 weeks of pregnancy, ARAG will only assume the cost of immediate emergency treatment during the first 24 hours following admission to a hospital centre.

The costs covered for this cause may in no case exceed 10% of the sum insured for medical cover.

Except in the event of a proven emergency or force majeure, it will be the Insurer who will decide, through their medical team, to which medical centre the Insured will be sent, depending on the latter's injury or illness.

In the case of illnesses or accidents occurring within the scope of the cover contracted, if the Insurer's medical team considers that, in view of the seriousness of the Insured Person's case, long-term treatment is needed, ARAG will transfer the Insured to his/her usual place of residence to continue receiving this treatment through the usual healthcare facilities available there. In the event of the Party Insured not agreeing to the above-mentioned transfer, the Insurer's obligations with regard to payment for the services covered hereunder will cease immediately.

Long-term treatment will be understood as being any treatment lasting longer than 60 days from the date the diagnosis was made.

Up to the limit indicated in the Particular Conditions of the policy, ARAG will also pay the cost of professional treatment for acute dental problems, understanding as such those which, due to infection or trauma, require emergency treatment.

7.2 Repatriation or medical relocation of injured or sick people

In the event of an accident or illness involving the Insured, ARAG will cover:

- a) The cost of ambulance transfer to the nearest clinic or hospital.
- b) Supervision by its medical team, in liaison with the practitioner who attends to the Insured person who is injured or sick, in order to determine appropriate measures for the best treatment to be followed and the most suitable means for the patient's possible transfer to another, more suitable hospital or to his/her home.
- c) The cost of transferring the injured or ill person, by the most suitable form of transport, to the hospital specified or his/her usual place of residence.

The means of transport used in each case will be decided by the INSURER's Medical Team, according to the urgency and gravity of the case.

Exclusively in Europe, and always according to the criteria of the INSURER's Medical Team, a fully equipped medical aircraft may be used.

If the Insured is admitted to a hospital far from his/her home, ARAG will cover the costs of transferring the patient to his/her normal place of residence in due course.

If the Insured does not have his/her usual residence in Spain, he/she will be taken to the place of departure of the journey in Spain.

7.3 Travel by a relative in the event of hospitalisation

If the condition of the Insured person who is ill or injured requires hospitalisation for more than two days, ARAG will offer a relative of the Insured, or another person designated by the Insured, a return ticket by air (economy class) or rail (1st class), so that this person can accompany the Insured.

If the Insured is hospitalised abroad, ARAG will also pay, on presentation of the relevant bills, the accommodation costs of the companion, up to the limit stipulated in the PARTICULAR CONDITIONS and for a maximum period of 10 days.

7.4 Convalescence in a hotel

If the Insured Person who is sick or injured cannot return to his/her usual place of residence in accordance with a doctor's orders, ARAG will meet the costs of hotel accommodation resulting from the extension of the stay, up to the limit set in the PARTICULAR CONDITIONS of the policy, for a maximum of 10 days.

7.5 Repatriation or relocation of the Insured if deceased

In the event of death of an Insured, ARAG shall organise and cover the costs of the transfer of the body to the place of burial in Spain. These costs will include those of post-mortem arrangements in accordance with the legal requirements.

Burial and funeral ceremony costs are not included.

If the Insured does not have his/her usual residence in Spain, he/she will be taken to the place of departure of the journey in Spain.

7.6 Early return due to the death of a relative

If any Insured party must interrupt their trip due to the death of a spouse, ancestor or descendant up to a second blood degree, ARAG will take responsibility for the return transport from the burial site in Spain.

7.7 Early return due to hospitalisation of a relative

If one of the Insured persons must interrupt the trip because of the admission to hospital of a spouse, ascendant or descendant to the second degree, as a result of an accident or severe illness that requires hospital admission for a minimum period of three days, and this situation has arisen after the start date of the trip, ARAG will meet the cost of transport to the person's normal place of residence in Spain.

7.8 Early return due to a serious incident in the home or professional premises of the Insured

ARAG shall provide the Insured Person with a ticket to return to his/her normal place of residence in Spain if he/she is obliged to interrupt the trip owing to serious damage to his/her main residence or professional premises, if he/she is the direct manager thereof or carries out a liberal profession therein, said damage being caused by fire, provided that this has entailed the intervention of the fire brigade, theft reported to the police, or serious flooding, which makes his/her presence indispensable, it being impossible for these situations to be dealt with by direct relatives or other trustworthy persons, and provided that the incident has occurred after the start date of the trip. Likewise, ARAG shall cover a second ticket for the transport of the person who accompanies the Insured on the same trip, provided that this second person is covered by this Policy.

The maximum economic limit for this coverage shall be the one established in the PARTICULAR CONDITIONS of the policy.

7.9 Transmission of urgent messages

ARAG will transmit any urgent messages concerning the incidents covered by these guarantees if so requested by the Insured.

7.10 Defence against criminal liability abroad

ARAG guarantees the Insured's defence against criminal liability, in proceedings brought against him/her in European courts concerning situations in his/her private life arising during the trip covered by this policy.

Acts caused deliberately by the Insured person according to a final court ruling are excluded. The maximum limit for Costs and Bail under this cover is specified in the Particular Conditions.

Similarly, and up to the same limit, ARAG will cover the Insured Party's defence of criminal responsibility in cases that are brought against them in non-EU courts. In order to proceed with said reimbursement, the Insured Party must provide proof of the event that incurred such expenses, in addition to the amounts, by presenting the relevant invoices and receipts.

7.11 Advance of monetary funds abroad

If the Insured is unable to obtain funds by the means initially planned, such as travellers cheques, credit cards, bank transfer or similar methods, and this makes it impossible to continue the trip, ARAG will advance an amount up to the limit indicated in the PARTICULAR CONDITIONS of the policy, provided that the Insured provides a guarantee or surety for repayment of the advance. In all cases, the amounts must be returned within the maximum term of thirty days.

7.12 Claims regarding purchase contracts abroad

ARAG guarantees claims for non-compliance with purchase contracts executed in Europe with foreign companies which involve moveable property and to which the Insured is a party.

For the purposes of this guarantee, moveable property will exclusively be understood to be objects of decoration, electrical appliances, personal apparel and food, provided that they are property of the Insured and he /she uses them for personal use.

The coverage excludes antiques, philatelic or numismatic collections and jewellery or works of art whose unit value exceeds €3,000.

The maximum limit for costs under this guarantee will be that established in the PARTICULAR CONDITIONS.

Similarly, and up to the same limit, ARAG will cover the Insured Party's claims in cases that are brought against them in non-EU courts. In order to proceed with said reimbursement, the Insured Party must provide proof of the event that incurred such expenses, in addition to the amounts, by presenting the relevant invoices and receipts.

7.13 Claims regarding damages abroad

ARAG guarantees the claim for damages that the Insured may be exposed In Europe as a pedestrian, driver of land vehicles without engine, passenger of vehicles and boats for private use and passenger of any means of transport.

Claims for damages that are the result of the non-compliance of a specific contractual relationship between the Insured and its responsible party are not included in this guarantee.

In the event of the death of the Insured, his/her family members, heirs or beneficiaries may file the claim.

The maximum limit for costs under this guarantee will be that established in the PARTICULAR CONDITIONS.

Similarly, and up to the same limit, ARAG will cover the Insured Party's claims in cases that are bought against them in non-EU courts. In order to proceed with said reimbursement, the Insured Party must provide proof of the event that incurred such expenses, in addition to the amounts, by presenting the relevant invoices and receipts

7.14 Travel by a relative in the event of death

In the event of the death of an Insured person, ARAG will arrange and pay for the trip of a family member to the place of the deceased in order to accompany the body on the repatriation trip.

7.15 Claims regarding service contracts abroad

ARAG will cover claims for breaches of the following contracts: leasing of services contracted personally and directly by the Insured Party, made in Europe with foreign companies and whose execution also takes place abroad:

- Medical and hospital services.
- Travel, tourism and hospital services.
- Cleaning, laundry and dry cleaning services.
- Official electrical appliance repair services expressly authorised by the manufacturer.

Only service contracts that affect the private life of the Insured and those of which the latter is owner and end beneficiary are covered.

The maximum limit for costs under this guarantee will be that established in the PARTICULAR CONDITIONS.

Similarly, and up to the same limit, ARAG will cover the Insured Party's claims in cases that are bought against them in non-EU courts. In order to proceed with said reimbursement, the Insured Party must provide proof of the event that incurred such expenses, in addition to the amounts, by presenting the relevant invoices and receipts

7.16 Legal information abroad

If the Insured has a legal problem involving third parties, concerning an incident that has occurred in his/ her private life, ARAG shall put him/her in touch with a lawyer, if there is one in his/her current location, to arrange a meeting with the Insured, the cost of which will be met by the latter.

This service will be provided only in those countries that have diplomatic relations with Spain, except in cases of force majeure or in the event of a situation out of the control of the Insurer. The Insurer will not be liable for the result obtained from the legal consultation.

7.17 Theft of and damage to luggage

Compensation is guaranteed for damage to or loss of the luggage or personal belongings of the Insured in the event of theft, total or partial loss attributable to the carrier, or damage resulting from fire or acts

of aggression occurring in the course of the trip, up to the limit set in the PARTICULAR CONDITIONS of the policy.

For the purposes of this guarantee theft will be understood only as robbery involving violence or intimidation directed at people or force applied to things.

Personal computers, tablets, hard disk drives, cameras, photographic accessories, stereo equipment, recording equipment for sound or images, as well as accessories for these, are included up to 50% of the insured sum for the luggage as a whole.

This compensation shall always be additional to that received from the transport company and complementary. 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.

Compensation will be determined on the basis of replacement value on the day of the incident less depreciation for use.

Presentation of the report of robbery to the competent authorities will be necessary in order to make payment in the event of robbery.

The Insurer reserves the right to request the Insured person to present reasonable proof or documentary evidence for payment of this provision.

EXCLUSIONS APPLICABLE TO THE COVERAGE FOR ROBBERY AND MATERIAL DAMAGE TO LUGGAGE

The following are not covered by this Insurance:

- A) Theft, as understood to mean loss taking place due to inattention, without the use of violence or intimidation against persons or forced entry.
- B) Goods and materials for professional use; jewelry, as understood to be any type of gold or platinum objects, pearls, or precious stones; currency, banknotes, traveler's checks, stamp collections, securities of any nature, identity documents, and in general all documents and securities on paper, credit cards, documents recorded on magnetic strips or film; objects of value, understood as silverware, paintings, works of art, and all types of art collections, and fine furs; prostheses, glasses and contact lenses; sports equipment; computer equipment, with the exception of personal computers, tablets, and hard disk drives.
- C) Damage due to normal or natural wear and tear, inherent defects and unsuitable or insufficient packaging. Damage arising from the long-term effects of weather conditions.
- D) Losses resulting from cases when an object, not entrusted to a transport company, has been simply mislaid or forgotten.
- E) Theft occurring during camping or caravan stays on open sites, objects of value being completely excluded in any type of camping.
- F) Damages, loss or theft, resulting from personal effects and belongings being left unsupervised in a public place, or in a location where several occupants have access.
- G) Breakages, unless arising from an accident to the means of transport, simple theft or burglary, armed robbery, fires and their extinction.
- H) Damage caused directly or indirectly by acts of war, civil or military disorder, popular uprisings, strikes, earthquakes and radioactivity.
- I) Damage caused intentionally by the INSURED PERSON, or gross negligence by the latter, and damage brought about by the spillage of liquids contained within the luggage.

J) All motor vehicles, as well as their complements and accessories

7.18 Late delivery of checked-in luggage

ARAG will cover the purchase of basic commodities made necessary by a delay of 12 hours or more in the delivery of checked-in luggage, up to the limit set in the PARTICULAR CONDITIONS, on presentation of the relevant receipts, this compensation may not accrue, under any circumstances, to the compensation for "Theft of and damage to luggage".

If the delay occurs on the return journey, it will only be covered if the luggage is delivered more than 48 hours after the time of arrival.

To receive payment under this cover, the Insured Person must provide documentary evidence from the carrier of the late delivery and the length of the delay.

7.19 Shipment of property left behind or stolen during the trip

ARAG will organise and pay the cost of sending any objects that are stolen and subsequently recovered, or items simply left behind by the Insured, up to the limit indicated in the PARTICULAR CONDITIONS, provided that the combined cost of said items exceeds that amount.

7.20 Search for, location and shipment of missing luggage

If luggage is lost on a scheduled flight, ARAG will use all the means at its disposal to locate it, inform the Insured of any new developments regarding the search and, if necessary, deliver it to the Insured free of charge.

7.21 Management fees for the loss of travel documents

The duly justified costs of processing and issuing replacement documents that the Insured needs because of the loss or theft of credit cards, bank cheques, travellers cheques, petrol cheques, transport tickets, passport or visas during the trip are covered up to the limit specified in the PARTICULAR CONDITIONS. Damage derived from the loss or robbery of the mentioned objects or their incorrect use by third parties is not covered by this guarantee and, consequently, compensation shall not be provided.

7.22 Delay due to late departure of the means of transport

ARAG will refund the costs caused by the circumstance described and guaranteed in the following paragraph and which affects the services taken out by the Insured on his/her trip.

If the departure of the public means of transport chosen by the Insured is delayed 6 hours or more, ARAG will refund additional accommodation, maintenance and transport costs arising from the delay, against presentation of the relevant invoices or other proof of payment, up to the maximum amount and duration specified in the PARTICULAR CONDITIONS.

Situations of social conflict (such as strikes, lock-outs, demonstrations, sabotage, restriction to free movement of persons, etc.) are excluded, in addition to the cases detailed in Article 8 of the General Exclusions.

7.23 Missed transport connections

If the public means of transport chosen by the INSURED is delayed by 4 hours or more for technical reasons, inclement weather or natural disasters, forceful intervention by the authorities or others, or by force majeure, and, as a result of this delay, a confirmed connection with the following means of public transport appearing on the ticket is impossible, the INSURER will pay, up to the limit stipulated in the PARTICULAR CONDITIONS and on presentation of the corresponding receipts and invoices, any additional hotel, subsistence and transport costs incurred during the delay, or the necessary cost of transport to reach the planned destination.

7.24 Failure to board means of transport due to an accident en route

If because of an accident involving the public or private means of transport chosen by the INSURED to travel to the airport, port, or bus or railway station where the trip is to begin, he/she misses the means of public transport that is planned, confirmed and appears on the ticket, the INSURER will pay, up to the limit stipulated in the PARTICULAR CONDITIONS and on presentation of the corresponding receipts and invoices, any additional hotel, subsistence and transport costs incurred until he/she is able to make the connection with the next stage of the trip.

These guarantees cannot be cumulative or complementary, as, once the first cause of compensation for delay has taken place, the others are voided, provided that their cause is the same.

Costs covered by these guarantees refer, in all cases, to those incurred in the place where the delay takes place.

In cases where the policy guarantees such compensation payments, the actions and rights of the INSURED PERSON will be subrogated to the INSURER, up to the limit of the amount paid, so that the latter may lodge a corresponding claim against those responsible for the delays occurring or any change to the category of hotel reserved.

7.25 Change to services initially contracted

In the event of overbooking or last-minute cancellation of airline seats that have not been arranged by the agency, ARAG shall provide compensation, upon submittal of the appropriate receipts and invoices and in accordance with the following scale:

* Departure of an alternative transport not planned: ARAG shall provide compensation up to the amount and time limit established in the PARTICULAR CONDITIONS of the policy.

In the case of cancellation due to strike or civil conflict, the maximum limit per incident is established as 6,000 euros.

7.26 Compensatory trip

If for the Insured, repatriated to his/her home as a result of an illness or accident, there still remains 25% or more of the duration of the trip to enjoy, ARAG shall cover the cost of transportation to the place where the course was being conducted, if the Insured decides to rejoin it.

In order to be entitled to this benefit, the Insured must justify, by means of an accrediting document from the organising body of the course, the date, duration and receipts of the new registration.

7.27 Missed classes

If the Insured student has had to be hospitalised due to illness or accident for a minimum of 5 days, ARAG will pay compensation for any missed classes up to the limit specified in the PARTICULAR CONDITIONS of the Policy, for a maximum period of 10 days.

7.28 Trip cancellation expenses.

ARAG shall provide, up to the economic limit expressly contracted as indicated in the Particular Conditions of the policy, and except for the exclusions cited in this policy, reimbursement for trip cancellation expenses that are charged to the Insured via application of the Agency's general terms and conditions of sale, or those of any of the travel providers, as long as the trip is cancelled before it begins for one of the following unexpected causes arising after the insurance is contracted and such causes prevent travel on the dates contracted:

a) The death, hospitalisation for at least one night, serious illness or serious injury resulting from an accident of:

- The Insured, his/her spouse, ascendants or descendants to the first or second degree (parents, children, grandparents, grandchildren), a sister or brother, brother-in-law or sister-in-law, son-in-law, daughter-in-law or parents-in-law.
- The person acting as the direct replacement for the Insured at his/her place of employment, as long as this circumstance prevents the Insured from travelling because his/her presence is demanded by the Company for which he/she works.
- The person responsible for the custody of under-age or disabled children at the Insured's habitual residence.during his/her journey,

For the purposes of the Policy, the following meanings shall apply:

- **Serious illness:** Alteration of health, ascertained by a medical professional, which obliges the patient to remain in bed or which implies the cessation of any professional or private activity within the 12 days prior to the planned trip.
When the illness affects a person other than the INSURED, after the insurance has been contracted, it shall be understood as serious when hospitalization or the need to remain in bed and requires, in the opinion of a medical professional, the continuous attention and care of medical personnel or of the persons designated for such purpose, with prior medical prescription within the 12 days prior to the start of the trip.
- **Serious accident:** Any bodily injury deriving from a violent, sudden, external and unintentional cause of the injured party, the consequences of which prevent him/her from moving normally from his/her usual place of residence.
When the accident affects a person other than the INSURED, after the insurance has been contracted, it shall be understood as serious when hospitalization or the need to remain in bed and requires, in the opinion of a medical professional, the continuous attention and care of medical personnel or of the persons designated for such purpose, prior medical prescription within the 12 days prior to the beginning of the trip.

The Insured Person must report the event immediately after it occurs. The Insurer reserves the right to conduct a medical examination of the patient to assess the gravity of the case and determine whether the cause truly prevents the start of the trip. If the illness does not require hospitalisation, the Insured must report the event making it necessary to cancel the trip within 72 hours.

- b) The occurrence of a serious event which affects the Insured's property and makes his/her presence indispensable at his/her:
- Main residence.
 - Professional or business premises.
- c) Dismissal of the Insured from his/her employment. This guarantee will never be effective because of the expiry of a work contract, voluntary resignation or because the employee has not passed a probationary period. In all cases, the insurance policy must have been signed prior to receipt of written notification sent by the Company to the employee.
- d) The appointment of the Insured to a new position in a different company with an employment contract for more than one year, provided that his/her appointment occurs later than the reservation for the trip and therefore the contracting of the Insurance.
- e) The summons of the Insured as a party, witness or juror in a Civil or Criminal Court or Employment Tribunal. Any cases where the Insured is assigned to such a role in proceedings initiated prior to the contracting of the trip and the insurance policy shall be excluded. In all other cases, the summons must be subsequent to the contracting of the journey and the Insurance.
- f) Because the Insured has to re-sit an examination at a University or College, provided that he/she is registered for all the subjects in the course and the trip was contracted before the original examination which he/she failed, making it necessary to re-sit the examination.
- g) Cancellation of the trip by the person who was to accompany the Insured on the journey, who booked at the same time as the Insured and is insured under this same contract, provided that the cancellation is due to one of the causes set out above, the Insured thus having to travel alone.
- h) For the INSURED testing positive by medical tests for coronavirus disease (COVID-19), provided that it implies medical quarantine isolation or is considered a serious illness, prior medical prescription within the 12 days prior to the beginning of the trip.
- i) For severe coronavirus disease (COVID-19) of a first-degree relative.

It is a necessary prerequisite for this guarantee to be contracted at the same time as the journey to which this Policy applies, or at most within 7 days.

SPECIFIC EXCLUSIONS TO COVER FOR TRIP CANCELLATION EXPENSES

In addition to the provisions of Article 8.A, Exclusions, in these General Terms and Conditions of the Policy, journeys cancelled for the following reasons are not covered by the guarantee:

- A) Cosmetic treatment, curative treatment, contraindications to air travel, the lack of or contraindication of a vaccination, the impossibility of following recommended preventive medical treatment in certain destinations, the voluntary interruption of a pregnancy, alcoholism, the consumption of drugs, except when these have been prescribed by a doctor and are taken according to the prescription.
- B) Chronic, pre-existing, or congenital illnesses of any traveller, when these conditions have become more severe or acute within a 30-day period prior to contracting the policy, regardless of age
- C) Chronic, pre-existing, congenital, or degenerative illnesses affecting the family members described in the General Conditions for the Policy, when these are not insured persons and they do not suffer

alterations in their condition that require outpatient care at a hospital emergency department or hospital admission, after the Policy has been contracted.

- D) Psychiatric, mental or nervous illnesses and non-hospitalised depressions or those which require hospitalisation for less than seven days.
- E) Participation in bets, competitions, duels, crimes, or fights, except in cases of legitimate self-defence.
- F) Epidemics, pandemics, medical quarantine and pollution, both in the country of origin and destination of the trip, except for what is established in causes h and i.
- G) War (civil or foreign), declared or not declared, mutiny, popular uprisings, acts of terrorism, all effects of radioactive sources, and deliberate disregard of official prohibitions.
- H) Failure for any reason to present indispensable travel documents, such as passport, visa, tickets, identity card or vaccination certificate.
- I) Malicious acts, intentional self-harm, suicide or attempted suicide.

8. Exclusions

The guarantees contracted do not include:

- A) Voluntary acts by the Insured or any in which the said person is guilty of malevolent intent or gross negligence.
- B) Except as indicated in the section on coverage for "MEDICAL AND HEALTH CARE ASSISTANCE" from the present GENERAL CONDITIONS, any conditions, ailments, or illnesses that are chronic, pre-existing, or congenital, as well as their consequences, when suffered by the insured party prior to initiation of the policy's period of validity.
- C) Death by suicide, or injury or illness derived from attempted suicide or caused intentionally by the Insured to him/herself and any deriving from criminal acts committed by the Insured.
- D) Pathological illnesses or states arising from the consumption of alcohol, psychotropic substances, hallucinogens or any drug or substance of similar characteristics.
- E) Cosmetic treatment and the supply or replacement of hearing aids, contact lenses, glasses, artificial limbs and prosthesis in general, as well as expenses arising from childbirth or pregnancy and any type of mental illness.
- F) Injuries or illnesses derived from the participation of the Insured in bets, competitions or sporting events, as well as the rescue of persons at sea, or in mountain or desert areas.
- G) Any eventualities which may derive, directly or indirectly, from incidents produced by nuclear energy, radioactive radiations, natural disasters, acts of war, riots or terrorist acts.
- H) The use of a medical plane, except in Europe, countries bordering the Mediterranean and Jordan, and only when considered necessary by the Insurer's medical team.

9. Limits.

ARAG will cover these costs, within the limits established and up to the maximum amount contracted for each case. Events that have the same cause and take place at the same time will be considered to be a single accident.



ARAG will be obliged to pay the compensation, unless the accident has been caused by bad faith of the Insured.

In any guarantees which represent the payment of an amount in cash, ARAG is obliged to pay the compensation at the conclusion of any investigations and expert reports which may be necessary to establish the existence of the incident. In all cases, ARAG shall pay, within 40 days counting from receipt of the declaration of the incident, the minimum amount of what it may owe, according to the circumstances known to it. If, within three months of the event that gave rise to the claim, ARAG has not paid the compensation for an unjustified cause or one that is attributable to it, the amount of the compensation will be increased by a percentage equivalent to the legal interest rate in force at the aforementioned time, incremented in turn by 50%.

10. Declaration of an accident

If an event occurs that could give rise to provision of the guarantees covered, it is an essential requirement for the Insured Person to contact the emergency telephone service established by ARAG, indicating the name of the Insured, the policy number, the place and phone number of their location, and the type of assistance required. This call may be made reverse-charge.

11. Additional provisions

The Insurer will not assume any obligations in connection to provisions that have not been requested or which have not been carried out with its prior consent, except in duly accredited cases of force majeure.

When, during the providing of services, the direct intervention of ARAG is not possible, the latter is obliged to refund the Insured for the expenses duly accredited that derive from such services, within the maximum term of 40 days after their presentation.

The INSURER reserves the right to request the INSURED to present reasonable proof or documentary evidence for payment of this provision.

12. Subrogation

Up to the amount of the sums paid out in compliance with the obligations derived from this Policy, ARAG is automatically subrogated in the rights and actions that may correspond to the Insured and their heirs, as well as other beneficiaries, against third parties, individuals or companies, as a consequence of the accident that is the reason for the assistance provided.

ARAG is especially entitled to exercise this right against land, river, sea or air transport companies with regard to the total or partial replacement of the cost of the tickets not used by the Insured.

13. Limitations

Claims deriving from the insurance contract shall be barred after two years in the case of damage insurance and after five years for personal insurance.

14. Indication

If the contents of this Policy differ from the proposal of insurance or the agreed clauses, the Policyholder may appeal to the Company within the term of one month, counting from the time of delivery of the

Policy, in order to correct the existing discrepancy. If no appeal has been made after this period, the conditions included in the Policy will apply.

SUPPLEMENTARY CIVIL LIABILITY INSURANCE POLICY

DEFINITIONS:

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

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

PAYMENT OF COMPENSATION:

- a) The Insurer is obliged to pay compensation on completion of the investigations and expert appraisals required to establish the existence of the incident leading to the claim and, where applicable, the amount due. In all cases, the Insurer must, within forty days from the receipt of the report of the accident, pay the minimum amount for which it may be liable, according to the circumstances known to it.
- b) If, within three months of the occurrence of the incident, the INSURER has not made reparation for the damage or paid the compensation in cash due, for causes which are not justified or are attributable to the INSURER, the compensation shall be increased by a percentage equivalent to the legal interest rate in force at that time, increased in turn by 50%.

PRIVATE CIVIL LIABILITY INSURANCE POLICY

1. Private civil liability

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

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

2. EXCLUSIONS

The following are not covered by this Insurance:

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