



TRIP INSURANCE

GENERAL CONDITIONS

ZURICH ASEGURADORA MEXICANA S.A. DE C.V., hereinafter referred to as THE COMPANY, subject to the General Conditions insures, in favor of the person stipulated on the title page of the policy, hereinafter referred to as THE INSURED, against damages and/or losses caused by the risks covered where they have an insurable interest in according to the terms set forth in this policy.

GENERAL CONDITIONS

1st. SECTIONS AND COVERAGES SPECIFICATION.

Subject to the contracting of your coverage being expressly covered on the title page, this policy covers:

SECTION I. TRIP CANCELLATION OR RESCHEDULING AND INTERRUPTION.

I.1 TRIP CANCELLATION OR RESCHEDULING.

This coverage insures up to the limits and deductibles agreed and set forth on the title page or specification of the policy, the reimbursement of trip cancellation or rescheduling expenses generated to be borne by THE INSURED and which are invoiced thereto in the terms indicated in Clause I.4, provided that the trip is cancelled or rescheduled before its start date and as a consequence of any of the causes covered that has arisen upon contracting of the policy, provided that:

- I.1.1** The user has acquired both the trip and this insurance at least 15 days prior to the start date of the trip.
- I.1.2** The user has informed their supplier(s) or travel agencies on the trip cancellation or rescheduling at least 24 hours prior to the start of the trip.
- I.1.3** The trip has been formally booked.
- I.1.4** It is not within the exclusions mentioned below.

I.2 TRIP INTERRUPTION.

This coverage insures up to the limits and deductibles agreed and set forth on the title page or specification of the policy, the reimbursement of trip interruption expenses generated to be borne by THE INSURED and which are invoiced thereto in the terms indicated in Clause I.4, provided that the trip is interrupted as a consequence of any of the causes covered that has arisen from the moment THE INSURED has had access to the first trip services or, as the case may be, has boarded the first means of transportation subject matter of insurance; this benefit applies from the moment THE INSURED notifies THE COMPANY on the trip interruption due to causes covered.

I.3 CAUSES COVERED.

The trip cancellation, rescheduling or interruption, to be considered covered, must be a consequence of any of the following causes, occurred upon contracting of the insurance.

- I.3.1** Death, sudden and unexpected serious illness or serious accident sustained by THE INSURED, spouse, cohabitant, parents, parents-in-law, children, siblings, grandchildren, grandparents, collateral line kinship relatives up to the third degree (nephews, nieces, uncles, aunts) and siblings-in-law.
- I.3.2** Death, sudden and unexpected serious illness or serious accident sustained by one of the trip companions.
- I.3.3** Emergency assistance for THE INSURED, their spouse and/or cohabitant due to childbirth. For admissibility of this cause, the pregnant woman must be, at the start of the trip,

younger than 38 years and have 30 weeks or less of pregnancy.

- I.3.4** Kidnapping of THE INSURED, spouse or cohabitant, parents, parents-in-law, children, siblings, grandchildren, grandparents, collateral line kinship relatives up to the third degree (nephews, nieces, uncles, aunts) and siblings-in-law.
- I.3.5** Natural disasters such as earthquake, seism, volcanic eruption, seaquake or tsunami, hurricane, cyclone, tornado, floods or strong winds, which occur in the city of residence of THE INSURED or in the city of destination and that prevent them from taking the trip and/or prevent any commercial flight from arriving in and/or taking off the relevant affected city.
- I.3.6** Summons or subpoena, unexpected and non-postponable, to appear before a judicial or administrative authority, within the dates on which the trip is planned; as well as summons, unexpected and non-postponable, within the dates on which the trip is planned, to appear to receive a child in adoption.
- I.3.7** Loss or theft of documents of THE INSURED that prevent them from starting or continuing with the scheduled trip, provided that the loss occurs within the 15 days prior to the start of the trip or during its course and there is a legal proof of such loss or theft.
- I.3.8** Serious damage at the usual residence, company or commercial premises of THE INSURED, caused by fire, lightning, explosion, flood, water damage, third party malicious actions, acts of terrorism, attempted coup, mutiny, civil commotion, popular riot and/or strike, hail, strong winds, fall of aircrafts or parts detached therefrom, impact of vehicles or smoke that make them inhabitable and justify the imperative presence or intervention of THE INSURED.
- I.3.9** Cancellation of the wedding of THE INSURED, provided that it is a honeymoon trip.
- I.3.10** Loss of employment of THE INSURED, as a result from an unexpected dismissal, subject to the submittal of a proving document, provided that such situation has arisen upon the contracting of the insurance and within the thirty (30) days prior to the start of the trip.
- I.3.11** Change of work of THE INSURED, subject to the submittal of a proving document, , provided that the event has arisen upon the contracting of the insurance and within the thirty (30) days prior to the start of the trip.
- I.3.12** Cancellation of vacations with a justified, unexpected and provable cause, arisen upon the contracting of the insurance and within the thirty (30) days prior to the start of the trip; in case THE INSURED is employed, they must submit a document signed by their direct superior informing on the cancellation of the vacations and the cause thereof; if THE INSURED is not a labor dependant, they must submit documentation to prove the cancellation of vacations is justified and unexpected.
- I.3.13** Non-approval of the Visa to enter the country of destination, provided that the contracting of the insurance has been carried out at least seventy two (72) hours prior to the start of the visa request formalities before the relevant embassy. The cost of the visa is not covered. This coverage only insures in case of denial of the visa and in no case refers to the fact of not having had sufficient time to carry out the necessary formalities to obtain a visa.
- I.3.14** Quarantine determined by sanitary authorities.
- I.3.15** If the Companion of the Insured is forced to cancel the trip due to any of the causes indicated in numbers I.3.1, I.3.2, I.3.3, I.3.6, I.3.7, I.3.10 and I.3.14.

I.4 EXPENSES REIMBURSEMENT CONDITIONS.

THE INSURED shall be reimbursed, up to the limits and deductibles agreed, for expenses related to trip cancellation, rescheduling or interruption generated to be borne thereby, in accordance with this section, when they are invoiced thereto, for sales general conditions of the Agency, or the trip suppliers; the following are reimbursable expenses: fines and sanctions related to airplane tickets, hotel reservations, cruises, as well as values not recovered or returned, which include days not enjoyed of the trip, loss of scheduled excursions, value of tickets for shows, sports or public events, short courses (shorter than 6 months), under the condition that they have been contracted through the Agency or the trip suppliers and their scheduling is within the effective dates not exceeding the contracted limit insured.

SECTION II. LUGGAGE

II.1. LUGGAGE LOSS.

THE COMPANY shall indemnify THE INSURED, if their registered luggage is lost due to a total theft, or misplaced or destroyed by the Transportation Airline that they have utilized as a Passenger.

In order to obtain this benefit, the following terms and conditions shall apply:

- II.1.1** THE INSURED shall only have the right to indemnity in case the airline has also acknowledged and indemnified THE INSURED for the loss of luggage.
- II.1.2** THE COMPANY shall indemnify up to the same sum paid by the airline for the total and definite loss of luggage either due to theft, misplacement or destruction, not exceeding the relevant Sum Insured.
- II.1.3** THE INSURED must notify the loss to the transportation airline, by means of the official irregularity reports, before leaving the Airport.
- II.1.4** The fact must be proven by the submittal of the report on the grounds of the loss (PIR - Property Irregularity Report).
- II.1.5** The coverage exclusively insures the luggage dispatched at the aircraft hold, on a regular domestic or international flight, being a connection or stop, that is included and forms part of the same trip, going to or coming back from the city of origin.
- II.1.6** Loss of luggage must have occurred between the moment it was handed over to the airline authorized personnel for it to be shipped and the moment it must have been returned to the passenger upon termination of the trip.
- II.1.7** In case the airline offers the beneficiary, as an indemnity, the possibility to opt for receiving the value in money or one or more tickets, an economic compensation shall be paid for theft, misplacement or destruction of the luggage, once such option is exercised.
- II.1.8** Confiscation or expropriation of luggage under an order of any government or public authority, neither transportation of contraband or illegal trade goods, are not considered a loss of luggage.

II.2. LUGGAGE DELAY

THE COMPANY shall indemnify THE INSURED for expenses to purchase basic items due to a delay in the returning of their luggage thereto, if it is not found within the first six (6) hours upon the flight arrival, provided that such expenses are made during the period of time elapsed between the report and the handing over of the luggage by the Airline, or thirty six (36) hours from the flight arrival time (whichever occurs first).

In order to obtain this benefit, the following terms and conditions shall apply:

- 1.3.1** THE INSURED must notify the delay to the transportation airline, by means of the official irregularity reports, before leaving the Airport.
- 1.3.2** The fact must be proven by the submittal of the report on the grounds of the loss (PIR - Property Irregularity Report).
- 1.3.3** The coverage exclusively insures the luggage dispatched at the aircraft hold, on a regular domestic or international flight, being a connection or stop, that is included and forms part of the same trip, going to or coming back from the city of origin.
- 1.3.4** Loss of luggage that causes a delay in the handing over must have occurred between the moment it was handed over to the airline authorized personnel for it to be shipped and the moment it must have been returned to the passenger upon termination of the trip.
- 1.3.5** In case the luggage is declared to be definitely misplaced and the airline makes the relevant payment to THE INSURED, the sum paid for this benefit shall be deducted from the loss of luggage benefit.

SECTION III. PERSONAL ACCIDENTS.

III.1 ACCIDENTAL DEATH.

This coverage insures the Sum Insured agreed and set forth on the title page or specification of the policy, in case THE INSURED dies as a consequence of an accident occurred during the trip; that is, from the moment THE INSURED has accessed to the first trip services or, as the case may be, has boarded the first means of transportation for the trip subject matter of insurance, until the moment of their return to the city of residence or final destination. In case of minors younger than twelve years, THE COMPANY shall only reimburse, prior confirmation, funeral expenses generated up to the amount indicated for this coverage on the title page of the policy.

III.2 TOTAL AND PERMANENT DISABILITY INDEMNITY DUE TO AN ACCIDENT.

THE COMPANY shall pay the Sum Insured contracted for this coverage if the Insured becomes Totally and Permanently disabled as a consequence of an accident occurred during the trip; that is, from the moment THE INSURED has accessed to the first trip services or, as the case may be, has boarded the first means of transportation for the trip subject matter of insurance, until the moment of their return to the city of residence or final destination.

III.2.1 Total and Permanent Disability shall be understood as, if during the trip, as a consequence of an accident, THE INSURED sustains a functional organ damage and/or organ loss that due to their nature and seriousness, THE INSURED becomes disabled in a Total and Permanent manner for the performance of their usual work or any other comparable one to their knowledge, skills and social position, influencing a substantial diminution of their income, provided that it is diagnosed within the following year as of the accident.

If the illness or accident that cause the disability state of THE INSURED are susceptible of recovery through treatments, utilizing the medical knowledge existing at the moment of their occurrence, THE COMPANY shall be empowered to reject the loss if such treatments are within the scope of the insured by virtue of their economic capacity.

III.2.2 THE INSURED shall have the right to payment for the benefit contracted once the waiting period of 6 months has elapsed as of the date such disability is diagnosed and determined. THE COMPANY obligations arisen from this disability indemnity benefit shall end if THE INSURED dies within the period of time referred to in the paragraph above. The following cases of organ loss are deemed to be causes for total and permanent disability and the waiting period shall not apply therefor:

- a) Loss of sight in both eyes; or
- b) Loss of both hands; or
- c) Loss of both feet; or
- d) Loss of one hand and one foot; or
- e) Loss of one hand together with the loss of sight in one eye; or loss of one foot together with the loss of sight in one eye.
- f) Loss of one hand shall be understood as the stagnation or complete mutilation at or over the fist articulation level. Loss of one foot shall be understood as the stagnation or complete mutilation at or over the ankle articulation level. Loss of sight in one eye shall be understood as an absolute and irreparable loss of the sight function of such eye.

III.2.3 The bases to determine a Total and Permanent Disability state are the following:

- a) It shall be an indispensable requirement in processing a claim for Total and Permanent Disability that THE INSURED submits a report on total and permanent disability issued by a Social Security Institution or, in case THE INSURED is not under this benefit, by a physician specialized in the subject matter.
- b) The Disability Report must be submitted together with proving elements necessary to confirm the characteristics indicated in the definition of Total and Permanent Disability.
- c) THE COMPANY, upon receiving the Disability Report, may request THE INSURED to undergo medical examinations and tests with a physician specialized in the subject matter, appointed by THE COMPANY. If THE INSURED refuses with no justification to undergo such examinations and tests, THE COMPANY shall become released from the liability imposed by this disability coverage.
- d) In case the disability is admissible, THE COMPANY shall cover the relevant sum in terms of this contract; in the event THE COMPANY determines the claim is inadmissible, they shall do it based on a Medical Report issued by a physician specialized in the subject matter.

III.3 ORGAN LOSS.

If, as a consequence of an accident occurred during the trip; that is, from the moment THE INSURED has accessed to the first trip services or, as the case may be, has boarded the first means of transportation for the trip subject matter of insurance, until the moment of their return to the city of residence or final destination, THE INSURED sustains any of the losses indicated below, THE COMPANY shall pay the percentage of the sum insured that corresponds thereto in accordance with Organ Loss Table "A" or "B", as contracted and set forth on the title page of the policy. The organ loss must be a direct consequence from an accident and occur within the following 90 days upon its date.

III.3.1 ORGAN LOSS TABLE "A"

In Organ Loss Coverages, the following scale shall be applied when ORGAN LOSS TABLE "A" has been contracted and it is stipulated on the title page of the policy.

Scale A	
Organ Loss	Sum Insured Percentage
Both hands, both feet or sight in both eyes	100%
One hand and one foot	100%
One hand and sight in one eye	100%
One foot and sight in one eye	100%
One hand or one foot	50%
Sight in one eye	30%
The thumb of any one hand	15%
The index finger of any one hand	10%
Any of the middle, ring and little fingers	5%

The following shall be understood to apply the table above:

- a) loss of one hand: mutilation, stagnation or total loss of the motion functionality at or over the carpometacarpal joint level (at or over the wrist level);
- b) loss of one foot: complete mutilation, stagnation or total loss of the motion functionality at or over the tibiotarsal joint level.
- c) loss of fingers: mutilation, stagnation or total motion function at or over the phalangeal metacarpal or metatarsal joint, as the case may be (between the beginning and end of the knuckles).
- d) loss of sight, which shall be understood as the complete and definite loss of sight.
- e) loss of one eye, the complete and irreparable loss of the sight function of such eye.

When there are several losses occurred during the term of the Policy, in one or several Accidents, THE COMPANY shall pay the addition of the indemnities corresponding to each, up to an amount that in no case shall be higher than the Sum Insured contracted for the Organ Loss coverage.

III.3.2 ORGAN LOSS TABLE "B" In Organ Loss Coverages, the following scale shall be applied when ORGAN LOSS TABLE "B" has been contracted and it is stipulated on the title page of the policy.

Scale B	
Organ Loss	Sum Insured Percentage
Both hands, both feet or sight in both eyes	100%
One hand and one foot	100%
One hand and sight in one eye	100%
One foot and sight in one eye	100%
One hand or one foot	50%
Sight in one eye	30%
3 fingers comprising the thumb and the index finger of one hand	30%
Partial amputation of one foot, comprising all toes	30%
3 fingers other than the thumb or the index finger of one hand	25%

The thumb and one finger other than the index finger of one hand	25%
Complete and irreversible deafness in both ears	25%
The index finger and one finger other than the thumb of one hand	20%
The thumb of any one hand	15%
Shortening of a lower limb in at least 5 cm	15%
The index finger of any one hand	10%
Any of the middle, ring and little fingers	5%

The following shall be understood to apply the table above:

- a) loss of one hand: mutilation, stagnation or total loss of the motion functionality at or over the carpometacarpal joint level (at or over the wrist level);
- b) loss of one foot: complete mutilation, stagnation or total loss of the motion functionality at or over the tibiotarsal joint level.
- c) loss of fingers: mutilation, stagnation or total motion function at or over the phalangeal metacarpal or metatarsal joint, as the case may be (between the beginning and end of the knuckles).
- d) loss of sight, which shall be understood as the complete and definite loss of sight.
- e) loss of one eye, the complete and irreparable loss of the sight function of such eye.
- f) deafness in both ears, the complete and irreparable loss of the hearing function in both ears

When there are several losses occurred during the term of the Policy, in one or several Accidents, THE COMPANY shall pay the addition of the indemnities corresponding to each, up to an amount that in no case shall be higher than the Sum Insured contracted for the Organ Loss coverage.

SECTION IV. MEDICAL EXPENSES.

IV.1 MEDICAL EXPENSES REIMBURSEMENT.

THE COMPANY shall reimburse THE INSURED for expenses under coverage incurred in thereby, up to the Sum Insured contracted for this Coverage, if during the trip, as a consequence of a sudden and unexpected serious illness or a serious accident, it is necessary for them to undergo medical treatment. This coverage shall proceed only as of the moment the amount to be borne by THE INSURED indicated on the title page of the policy (deductible) is exhausted, not exceeding the maximum sum insured. Reimbursable expenses are the following:

- IV.1.1** Medical consultations.
- IV.1.2** Medical examinations.
- IV.1.3** Hospitalizations in the medical center nearest to the place they are located.
- IV.1.4** Surgeries: in cases of emergency that require that treatment immediately, and which may not be postponed until the return of the passenger to their country of origin.
- IV.1.5** Therapy and coronary intensive care unit: when the nature of the illness or injury requires it.
- IV.1.6** Medicines: there shall be coverage for reimbursement of expenses to purchase medicines prescribed due to medical or odontological assistance covered by this insurance.
- IV.1.7** Emergency Odontological Assistance: there shall be coverage only for emergency odontological assistance costs, limited to treatment for acute pain and/or dental piece extraction, within the limits of the sum insured.
- IV.1.8** Physical recovery therapy or physiotherapy: this is covered in case of traumatism under prescription by the attending physician.

IV.2 CONDITIONS APPLICABLE TO THE COVERAGE.

This coverage shall be subject to the following:

- IV.2.1** THE COMPANY shall pay only for medical services provided by individuals or institutions legally authorized to exercise their activity and who are not a relative or partner of THE INSURED. THE INSURED must submit to THE COMPANY receipts or invoices complying with the relevant fiscal requirements.
- IV.2.2** Medicines and clinical and laboratory tests must be prescribed by a physician; therefore, in requesting a reimbursement, THE INSURED must submit prescriptions, medical orders and the results from the relevant analyses.
- IV.2.3** In no case the liability of THE COMPANY for one or more occurrences shall exceed the Sum Insured contracted for this Coverage.
- IV.2.4** There is no coverage for companion, luxury or entertainment expenses.

2nd. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS.

2.1 Payment is excluded, for all coverages, when the Loss is originated by any of the following occurrences or circumstances:

- 2.1.1 Suicide, injuries or sicknesses intentionally caused by THE INSURED themselves or their companions even when they are committed under a mental derangement state.**
- 2.1.2 Illnesses derived from chronic, preexisting or congenital diseases that have been sustained and medically treated within the thirty (30) days prior to the start of the trip and before the execution of the insurance contract.**
- 2.1.3 Mental illness or depression.**
- 2.1.4 Occurrences caused by THE INSURED or their companions, as a consequence of the use or being under the influence of alcohol or any drugs or stimulants, except if the latter were prescribed by a physician.**
- 2.1.5 Aesthetical treatments, curing or periodic medical check-ups, contraindications of air trips, vaccinations, impossibility to continue in certain destinations with the advised preventive medicinal treatment, voluntary interruption of pregnancy.**
- 2.1.6 Failure to submit, for any reason, the documents indispensable in any trip, such as passport, visa, tickets, vaccination card or certificates.**
- 2.1.7 Direct participation of THE INSURED or their companions in intentional criminal acts.**
- 2.1.8 Acts performed by THE INSURED or their companions in rendering military services in the army forces or police in any country or national or international authority.**
- 2.1.9 Pregnancy complications and the need to obtain prosthesis or eyeglasses.**
- 2.1.10 Hostilities, activities or operations of war (declared or not), foreign enemy invasion, intestine civil war, revolution, rebellion, mutiny, sedition, conspiracy, insurrection, sabotage, political riots, suspension of guarantees, confiscation, seizure, requisition, nationalization or detention of THE INSURED or their companions by legally acknowledged authorities, due to their duties, in intervening in such acts.**

- 2.1.11 Nuclear Reaction, Nuclear Radiation or Radioactive Contamination.**
- 2.1.12 Detonations with the use of any war device or weapon that employs or not atomic, nuclear, radioactive fission or fusion or biological and/or chemical weapons, at any moment in which such detonation occurs.**
- 2.1.13 Larceny or theft performed during or upon the occurrence of a meteorological or seismic phenomenon, conflagration, nuclear reaction, nuclear radiation or radioactive contamination or any occurrence of a catastrophic nature, which causes that such act is committed in prejudice of THE INSURED or their companions.**
- 2.1.14 Deceit or bad faith of THE INSURED, their companions, beneficiaries, assignees or proxies of any of them.**
- 2.1.15 Terrorism and/or actions taken to impede it, prevent it, control it or reduce the consequences and/or any consequential damage derived from an act of Terrorism. Terrorism shall be understood, for the purposes of this policy, as: Acts committed by an individual or individuals that, on their own or in representation of an individual or in connection with any organization or government, carry out activities using force, violence or any other means with political, religious, ideological, ethnical or any other purposes, intended to overthrow, influence or press the government de facto or de jure to make a decision, or alter and/or cause alarm, fear, terror or anguish in the population, or a group or section thereof, or any sector of economy.**
- 2.1.16 Participation in safety, resistance or speed tests or contests in vehicles of any kind.**
- 2.1.17 Occasional, amateur or professional practice of dangerous sports or activities such as parachuting, car racing, scuba diving, bullfighting, horseback riding, alpinism, motorcycle riding, any kind of aerial sports, boxing, wrestling, water ski, delta gliding, Greco-Roman wrestling or any form of martial arts, rafting, rappel, jet ski. However, occurrences derived from the practice of winter sports during the trip shall be covered provided that they occur on official and authorized tracks.**
- 2.1.18 Non-aggravated larceny or aggravated larceny in the dwelling and/or company of THE INSURED or their companions.**
- 2.1.19 Denial of visa by the authorities, as a consequence of the submittal of false documents, or the submittal of incomplete or inadequate information to justify the purpose and conditions intended for the stay.**
- 2.1.20 When the trip cannot be started or continued due to a decision of migratory authorities.**
- 2.1.21 Deportation of THE INSURED or their companions for having committed a crime.**

2.1.22 Errors in issuance or scheduling by the Agency or trip suppliers.

2.2 Additionally to the Exceptions applicable to all Coverages, the Personal Accident and Medical Expenses Reimbursement Coverages shall be excluded when they are originated by or a consequence of:

- 2.2.1 Injuries or death caused in a Quarrel, provided that THE INSURED has been the provoker.**
- 2.2.2 Any form of submarine navigation.**
- 2.2.3 Accidents occurred while THE INSURED is aboard an aircraft as a pilot, flight mechanic or crew member.**
- 2.2.4 Injuries due to an infection, poisoning of any nature and inhalation of gas, except when it is proven they were a consequence of an accident covered.**
- 2.2.5 Hernia or eventration, except when they are the cause of an accident.**

Unless otherwise agreed, accidents originated by participating in activities such as:

- 2.2.6 Flights, stay or permanence on aircrafts that are not airplanes regularly operated by a public passenger transportation company under concession on a normally established route and subject to regular schedules; for instance, charter flights, air taxis, helicopters, air balloons and gliders.**
- 2.2.7 Safety, resistance or speed tests or contests in vehicles of any kind.**
- 2.2.8 Use of motorcycles, scooters or other similar motor vehicles.**
- 2.2.9 Occasional, amateur or professional practice of dangerous sports such as parachuting, scuba diving, bullfighting, horseback riding, alpinism, motorcycle riding, any kind of aerial sports, ski, boxing, wrestling, Greco-Roman wrestling or any form of martial arts, rafting, rappel, jet ski.**

2.3 Additionally to the Exceptions applicable to all Coverages, the Loss of Luggage Coverage shall be excluded when it is originated by or a consequence of:

- 2.3.1 Partial loss, theft or misplacement of any kind.**
- 2.3.2 Loss or theft sustained by THE INSURED when they are a member of the Crew on the means of Transportation where the occurrence is originated.**
- 2.3.3 Loss of: animals, automobiles or automobile equipment, any transportation vehicle and its accessories (except for bicycles when registered as luggage), household items, eyeglasses or contact lenses, artificial teeth or dental bridges, earphones, prosthetic limbs, musical instruments, money, securities or credit cards or debentures, public transportation tickets, documents, perishable or consumption items, any type of camera, electronic equipment, work materials or items, radios and similar assets, works of art.**
- 2.3.4 Loss resulting from: expropriation by any government or Customs, breakage of any type of camera, work musical materials and instruments, radios and similar assets, works of art, electronic equipment, luggage not registered with the Transportation Line**

and luggage confiscated or destroyed by Customs or government agencies.

2.3.5 Loss that THE INSURED has not notified to the transportation airline, by means of the official irregularity reports, before leaving the Airport where the loss occurred.

3rd. MAXIMUM LIMITS OF LIABILITY.

Liability of THE COMPANY over the assets insured, which coverages are defined on the title page of this policy and/or the "Specification that forms an integral part of this policy", is limited to the actual damage sustained by THE INSURED and it shall not exceed the sum insured and/or the maximum limits of liability stipulated in each coverage.

4th. OTHER INSURANCE.

THE INSURED has the obligation to notify THE COMPANY in writing on all insurances they contract or have contracted during the term of this policy to cover the same assets, against the same risks, indicating also the name of the Insurance Companies, the assets covered and the sums insured.

5th. PROVISIONS FOR CASE OF LOSS.

In case of loss, the following shall be carried out:

5.1 Safeguard or recovery measures.

Upon getting to know about an occurrence produced by any of the risks covered by this policy, THE INSURED shall be bound to carry out all acts tending to prevent or reduce the damage. If there is no danger in the delay, they shall ask THE COMPANY for instructions, having to attach to whatever they indicate. Noncompliance with this obligation may affect the rights of THE INSURED in terms of the Insurance Contract Law. Expenses incurred in by THE INSURED which are not manifestly inadmissible shall be covered by the insurance company and, if the latter gives instructions, such expenses shall be paid in advance.

Without consent from THE COMPANY, THE INSURED shall not be able to change the status of things, except for reasons of public interest or to prevent or reduce the damage. If THE INSURED fails to comply with the obligation to prevent or reduce the damage or keep invariability of things, THE COMPANY shall have the right to reduce the indemnity up to the value it would have if such obligation had been complied with. If such obligation is not complied with by THE INSURED with fraudulent intentions, they shall lose their rights against THE COMPANY.

5.2 Notice of Loss.

Upon occurrence of a loss that may deserve indemnity, in accordance with this insurance, as soon as THE INSURED or the beneficiary, as the case may be, learns about the occurrence of a loss, they must inform on such as soon as possible via telephone call or utilizing any of the current fast electronic communication means and confirm it in writing to THE COMPANY, within a maximum period of five days from the moment they learn about the facts.

Failure to timely inform on the issue may cause a reduction in the indemnity to the amount originally corresponding to the occurrence, if THE COMPANY had received timely notification on the occurrence. THE COMPANY shall be released from all of the obligations derived from the insurance contract if THE INSURED or the beneficiary omit the immediate notice with the intention to prevent timely proving of the circumstances of loss.

Likewise, THE INSURED must notify THE COMPANY on any claim they receive in relation to the loss.

5.3 Confirmation of Loss.

THE INSURED shall be bound to confirm the accuracy of their claim and how many extremes are consigned therein. THE COMPANY shall have the right to request THE INSURED or the beneficiary to submit all kinds of reports on the facts related to the loss and by means of which the circumstances and consequences thereof may be determined.

5.4 Documents, data and reports that THE INSURED or the beneficiary must submit to the Company in case of loss:

THE INSURED, in order to prove the accuracy of their claim, must submit to THE COMPANY the following documentation and information:

- 5.4.1** An original written document addressed to THE COMPANY and signed by THE INSURED, formalizing the claim, which contains the date, time, place and circumstances of the loss.
- 5.4.2** Document justifying the occurrence of the loss, for example: medical certificate issued by a physician specialized in the subject matter; clinical history; death certificate; total and permanent disability report; certified copies of all formalities carried out by the Public Prosecutor's Office, Fire Department and any other authority that has been involved in the investigation of the cause of the loss; denouncement of theft or loss of documents; proof of subpoena; written document of the company cancelling the vacations; visa non-approval certificate; etc. These documents must necessarily indicate the date of the occurrence.
- 5.4.3** Sales general conditions of the Agency, or the Trip Suppliers, from which the application of fines and sanctions for trip cancellation, rescheduling or interruption is derived.
- 5.4.4** Statement, under oath to tell the truth, made by THE INSURED, manifesting not to have received in a direct manner any reimbursement from the Agency or the Trip Suppliers. Any reimbursement received by the Insured or the Beneficiary from any of the suppliers for the same loss shall be deducted from the indemnity.
- 5.4.5** Invoice and/or receipts for payment of the trip to the agency, as well as a copy of the trip bonus or voucher issued by the agency.
- 5.4.6** Invoice for cancellation expenses from the trip whole seller to the retailing agency.
- 5.4.7** Invoice for cancellation expenses or credit note of the invoice issued by the travel agency.
- 5.4.8** Any other information or documentation that THE COMPANY requests in relation to the facts of the loss, the circumstances of its occurrence and its consequences.

5.5 Non-acceptance of liability.

Timely notice on loss, information and/or submittal of the documentation provided by THE INSURED to THE COMPANY or their representatives, request for information and documentation, as well as the help provided by THE COMPANY to the Insured in order to determine the loss, in no case shall be interpreted as the acceptance of liability by THE COMPANY.

6th. DEDUCTIBLE.

THE INSURED shall be in charge, for each Coverage contracted, of the amount for the Deductible agreed and set forth on the title page or specification of the policy, which is the amount or percentage established in the insurance policy as not indemnifiable by THE COMPANY, being the minimum limit that must exceed the claim for it to be subject to an Indemnity by THE COMPANY. Any amount below this limit shall be borne by THE INSURED.

7th. EXPERT REPORT.

In case of disagreement between THE INSURED and THE COMPANY on the amount of any loss or damage, the matter shall be submitted to the decision of an expert appointed by common consent, in writing, by both parties; but, if they fail to agree on the appointment of only one expert, two experts shall be appointed, one per each of the parties, which shall be done within a period of ten days as of the date one of the parties has requested the other in writing to do so. Before starting their work, both experts shall appoint a third expert in case of further disagreement.

If one of the parties refuses to appoint their expert or simply fails to do it when required by the other party, or if the experts fail to agree on the appointment of the third expert, it shall be the judicial authority who, upon request of any of the parties, appoints the third expert or both experts if it is necessary.

The death of any of the parties when being an individual, or its dissolution if it is an entity, occurred while the expert report is being prepared, shall neither annul nor affect the powers or attributions of the expert or experts or third expert, as the case may be, or if any of the experts for the parties or the third expert dies before their report is issued, another expert shall be appointed to substitute the corresponding party (the parties or the experts).

Those expenses and fees generated due to the expert appraisal shall be charged to THE COMPANY and THE INSURED, on an equitable basis, though each party shall cover the fees for their own expert. The expert report referred to in this clause means no acceptance of the claim by THE COMPANY; it shall simply determine the loss that THE COMPANY would eventually be bound to indemnify, with the parties remaining free to file the corresponding actions and plead the defenses.

8th. CAUSES TO TERMINATE THE COMPANY OBLIGATIONS.

The obligations of THE COMPANY shall become terminated:

- 8.1** If THE INSURED, the beneficiary or their representatives, in order to make THE COMPANY make a mistake, dissimulate or declare inexact facts that would exclude or might restrict such obligations.
- 8.2** If, with the same purpose, they fail to timely submit to THE COMPANY the documentation referred to in the 10th Clause. PROVISIONS FOR CASE OF LOSS of this policy.
- 8.3** If there are any deceitful acts or gross negligence by THE INSURED, Beneficiaries or their respective Assignees.

9th. SUBROGATION OF RIGHTS.

In terms of the Law, THE COMPANY shall subrogate, up to the amount paid, for the rights of THE INSURED as well as their corresponding actions against the authors of or parties responsible for the loss. Should THE COMPANY request it at their own expense, THE INSURED shall prove subrogation by means of a public document. If, due to facts or omissions by THE INSURED, subrogation is prevented, THE COMPANY shall become released from their obligations.

If damage is indemnified only partially, THE INSURED and THE COMPANY shall appear to enforce their rights according to the corresponding proportion.

The right to subrogation shall not proceed in case THE INSURED has a marital relationship or blood kinship or affinity up to the second degree or by marriage with the person that has caused them the damage, or if they are legally liable therefor.

10th. PLACE AND PAYMENT OF INDEMNITY.

THE COMPANY shall pay indemnity, if admissible, at their offices within the following 30 days upon the date on which they have received the documents and information that allow them to get to know the grounds of the claim in terms of the 5th Clause, PROVISIONS FOR CASE OF LOSS, in this policy.

11th. JURISDICTION.

In case of any controversy, the claimant may assert their rights, in writing or by any other means, before the Specialized Unit of THE COMPANY or the National Commission for Protection and Defense of Financial Service Users (CONDUSEF, by its abbreviation in Spanish), and at their discretion, determine jurisdiction per territory, with respect to the address of any of their branches, in terms of Articles 50-Bis, 65 and 68 of the Protection and Defense of Financial Service Users Law, and Article 277 of the Law of Insurance Institutions and Bonds. All of the aforesaid within a two-year period as of the occurrence originating such controversy or, as the case may be, from the moment the Financial Institution denies satisfaction of the User's pretensions.

In case the parties fail to submit to arbitration by CONDUSEF, or anyone assigned by the latter, the claimant rights shall be held harmless in order for such claimant to assert them before a judge within the jurisdiction for such branches. In any event, turning to the said entities or directly to the said judge shall be at the claimant's discretion.

12th. COMMUNICATIONS.

Any declaration or communication related to this contract shall be submitted to THE COMPANY in writing, exactly at their offices indicated on the title page of this policy.

Any requests and communications THE COMPANY must make to the Insured, or their assignees, shall be valid if delivered at the most recent address known by THE COMPANY.

13th. PREMIUM.

The premium to be paid by THE INSURED shall be regulated in accordance with the following rules:

13.1 The premium is due at the moment this contract is executed, in relation to the first insurance period; with the insurance period being understood as the period of time for which the premium unit is calculated. In case of any doubts, the insurance period shall be understood to be of one year. For the purposes of this contract, the contract execution date shall be understood as the term start date indicated on the title page of the policy.

13.2 The premium may be split into partial payments corresponding to periods of equal duration. If THE INSURED opts for split payments for the premium, these must be done for periods of equal duration and they shall become due on the first day of each period of time agreed. In this case, the financing rate agreed between THE INSURED and THE COMPANY on the execution date of the contract shall be applied.

13.3 THE INSURED shall have a grace period of 30 calendar days as of the premium expiration to settle the premium of relevant fraction thereof in case of split payments.

13.4 The effects of this contract shall automatically become ineffective at 12 hours (midday) of the last day within the waiting period agreed, if THE INSURED has not paid the total premium or the relevant fraction in case of split payments.

The times indicated in this fraction shall be the official time in the place where the relevant insurance policies are issued.

The premium agreed must be paid at the offices of THE COMPANY, against submittal of the relevant receipt.

13.5 In case of any admissible occurrence within the term of the policy, and provided that the waiting period is occurring, THE COMPANY may deduct from the indemnity owed to the beneficiary the total premium pending of payment, or the split payments not yet settled, until the total premium corresponding to the contracted insurance period is complete.

14th. EXPIRATION.

All actions derived from this insurance contract shall expire in two years, as of the date of the occurrence that originated them, in terms of article 81 in the Insurance Contract Law, except for those cases of exception provided in article 82 of the same Law.

Expiration shall be interrupted not only due to ordinary causes, but also because of the appointment of experts as a consequence of a loss or those indicated in the Law of Protection and Defense of Financial Service Users.

15th. ARTICLE 25 OF THE INSURANCE CONTRACT LAW.

"If the content of the policy or any modifications thereto fail to match the offer, THE INSURED may request the corresponding amendment within the following 30 (thirty) days upon the policy is received. After this period of time, the stipulations in the policy or the modifications thereto shall be deemed accepted."

16th. INTEREST IN ARREARS

In case THE COMPANY, in spite of having received the documents and information that allow to get to know the grounds of the claim submitted, fails to comply with the obligation to pay the indemnity, under the terms of Article 71 of the Insurance Contract Law, they will be bound to pay the Insured, Beneficiary or Third Party damaged an interest in the terms set forth in Article 276 of the General Law of Mutual Insurance Institutions and Companies. Such interest shall be computed from the day upon that when the obligation becomes enforceable.

17th. CURRENCY.

Payment for both the premium and the indemnities payable under this policy are to be settled in terms of the Monetary Law in force on the date of payment.

18th. TERM.

The Term of the policy starts and ends at 12:00 hrs. (midday) on the dates specified as the term start and end on the title page of the policy.

19th. MODIFICATIONS.

Any modifications to this contract shall be done in writing and prior agreement between the parties, in terms of Article 19 in the Insurance Contract Law.

20th. TERRITORIAL LIMIT.

The coverages insured under this policy shall be extended to the whole world, except for countries in an internal or external warlike conflict.

21st. DIRECT COMMISSIONS AND COMPENSATIONS. (SOLE CIRCULAR ON INSURANCE AND BONDS, TITLE 4, CHAPTER 4.5, PROVISION 4.5.2)

"During the term of the policy, the Contracting Party may request the institution in writing to inform on the premium percentage that, for direct commission or compensation, corresponds to the broker or corporation for their involvement in entering into this contract. The institution shall provide such information, in writing or electronic means, within a period not exceeding ten business days upon the date the request has been received."

22nd. DATA PROTECTION.

In compliance with the Federal Law on Protection of Personal Data in Possession of Private Companies, ZURICH ASEGURADORA MEXICANA S.A. DE C.V., with address at Panzacola No. 62 Int. 102-204, Col. Villa Coyoacán, C.P. 04000, Ciudad de México, herein commits to treat the individual personal data (Contracting Party and/or Insured and/or Beneficiary and/or Representatives) that have been collected or to be collected in the future due to the execution of this insurance contract, with the purpose to carry out the proper services provision and operations development, which includes, in general, purposes of identification, operation, administration and commercialization, which are indicated in more detail in the Privacy Notice found at www.zam.zurich.com.mx.

The Contracting Party and/or Insured, by means of the execution of the insurance contract, authorizes Zurich Aseguradora Mexicana S.A. de C.V., to administer their personal data and transfer it to national or foreign third parties, exclusively for the purposes mentioned above, with the understanding that sensitive data requires a written consent.

The owner of the data may exercise rights of access, rectification, cancellation, opposition and revocation acknowledge in the legislation on data protection, by means of a request submitted to the e-mail address datospersonales.MX@zurich.com or at the address of Zurich Aseguradora Mexicana S.A. de C.V

In case personal data has been provided by a person other than the Owner thereof, the Contracting Party shall be bound to inform the Owner on the purposes of the treatment indicated above, and that they may assert before Zurich Aseguradora Mexicana S.A. de C.V the rights of access, rectification, cancellation, opposition and revocation; the foregoing regardless of the compensatory measures that, in accordance with the applicable legislation, Zurich Aseguradora Mexicana S.A. de C.V. must instrument.

23rd. DEFINITIONS.

For the purposes of this policy, the following shall be understood as:

- 23.1 INSURED:** Individual that owns the interest subject matter of the insurance contract, who has formally booked a trip.
- 23.2 CONTRACTING PARTY:** Travel Agency or Services Supplier that executes an insurance contract with THE COMPANY.
- 23.3 ACCIDENT:** ACCIDENT IS UNDERSTOOD AS AN OCCURRENCE ORIGINATED FROM AN EXTERNAL, SUDDEN, FORTUITOUS AND VIOLENT EVENT THAT CAUSES DEATH OR BODILY INJURIES TO THE INSURED PERSON, PROVIDED THAT THEY ARE ORIGINATED WITHIN THE POLICY TERM AND THAT THE DEATH OCCURS WITHIN THE FOLLOWING 90 (ninety) days upon the date of the accident and as a consequence thereof. Injuries intentionally caused by THE INSURED shall not be considered to be accidents.

- 23.4 COMPANION:** Individual that is properly identified in the formal booking with the Travel Agency or supplier as the companion of THE INSURED during the trip.
- 23.5 TRIP:** Transfer or set of transfers by air, sea or land made by THE INSURED from the city where they have their usual residence to any destination or destinations indicated on the title page of the policy, which transportation and/or stays and services have been contracted through a formal booking with the Travel Agency or suppliers. The trip starts from the moment in which THE INSURED accesses to the first trip services or, as the case may be, at the moment they board the first means of transportation contracted and ends when they get off the last means of transportation back at the place of residence in case of a round trip, or when the means of transportation or stays contracted end at the final destination.
- 23.6 FORMAL BOOKING:** When, having booked a trip with the Travel Agency or Services Supplier, the total payment of its amount has been made.
- 23.7 SERIOUS ILLNESS:** alteration of health, sudden and unexpected, that deserves hospitalization or causes total permanent or temporary disability; in the case of THE INSURED and their companions, the serious illness must medically prevent the start of the trip on the scheduled date or its continuation.
- 23.8 CHRONIC ILLNESS:** Any pathological process that is ongoing and persistent in time.
- 23.9 PREEXISTING ILLNESS OR DISEASE:** it is that in which prior to the execution of the contract:
- 23.9.1** The existence of such disease or illness has been diagnosed or, it is confirmed by means of a medical record containing a diagnosis given by a legally authorized physician, or laboratory or clinical tests, or any other accepted means of diagnosis. When the Company has documental evidence that shows the Insured has incurred in expenses to receive a diagnosis on the disease or illness in question, they may request the Insured to provide the corresponding diagnosis results or, as the case may be, the medical or clinical record, to resolve if the claim is admissible; or
- 23.9.2** THE INSURED has incurred in expenses, verifiable with documents, to receive medical treatment for the disease or illness in question. The claimant may, in case they are notified on the inadmissibility of their claim by the Company, opt for an independent arbitration in case of preexisting diseases. The arbitration proceeding shall be free for the Insured. Such arbitration may be filed before the National Commission of Medical Arbitration (CONAMED, by its abbreviation in Spanish); therefore, the grounds thereof, as the case may be, shall be determined by such authority.
- 23.10 SERIOUS ACCIDENT:** occurrence originated by an external, sudden, fortuitous and violent event that causes bodily injuries that deserve hospitalization or cause total permanent or temporary disability that medically prevent the start of the trip on the scheduled date or its continuation.
- 23.11 MEDICAL CERTIFICATE:** a document issued by a physician specialized in the subject matter.

ZURICH ASEGURADORA MEXICANA S.A. DE C.V

In compliance with the provisions in article 202 in the Law of Insurance Institutions and Bonds, the contractual documentation and technical note integrating this insurance product were registered with the National Commission of Insurance and Bonds, as of the 7 of July 2016, with number CNSF-PPAQ-S0037-0068-2016.