



Personal Protection Insurance

General and Special Conditions of the Policy

Customer Service: 210 042 490/226 089 290

Personalized customer service available
all business days from 8:30 a.m. to 7:00 p.m.
Cost of a call to the national fixed network

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GENERAL CONDITIONS OF PERSONAL PROTECTION INSURANCE

PRELIMINARY CLAUSE

1. Between Ageas Portugal - Companhia de Seguros, S.A., hereinafter referred to as Insurer, and the Policyholder mentioned in the Particular Conditions, an insurance contract is entered into, governed by these General Conditions, by the Special Conditions if underwritten and by the Particular Conditions or the Individual Certificate, in accordance with statements set out in the underlying proposal, which is an integral part.
2. The personalisation of this contract is made in the Particular Conditions or in the Individual Certificate along with, among others, identification of the parties and their domicile, the Insured Persons and Beneficiaries' data and the determination of the premium or formula for its calculation.
3. The coverages are provided for in the General Conditions or in the Special Conditions and are specifically identified in the Particular Conditions or in the Individual Certificate, and may differ for each of the Insured Persons.
4. In addition to the Conditions provided for in the preceding paragraphs and which constitute the Policy, this contract is also made up of concrete and objective advertising messages contrary to the Policy's clauses, unless the latter are more favourable to the Policyholder, the Insured Person or the Beneficiary.
5. The provisions of the preceding paragraph shall not apply to advertising messages which have not been broadcast for more than one year prior to signing of the contract, or where the messages themselves set a period of validity and the contract has been signed outside that period.

CHAPTER I - DEFINITIONS AND SCOPE OF THE CONTRACT

CLAUSE 1 - DEFINITIONS

For the purposes of this contract, the following definitions apply:

- a) Accident** - the event caused by a sudden external, violent and unpredictable cause, beyond the control of the Insured Person and the Beneficiary, which causes personal injuries that can be clinically and objectively verified, permanent disability, temporary incapacity or death;
- b) Pre-existing disorder** - disability, illness, deformation or injury that the Insured Person already suffers from at the date of conclusion of the contract or entry into insurance;
- c) Household** - the Insured Person, their spouse, or persons who live in conditions similar to those of spouses, children, stepchildren, adopted and ascendants living permanently in a common household economy with the Insured Person;
- d) Policy** - set of Conditions identified in the Preliminary Clause, which formalises the insurance contract entered into;
- e) Additional Rider** - the document that formalises the modifications introduced to the Insurance Contract;

- f) Beneficiary** - the person or entity in favour of whom the Insurer's benefits revert under the terms set out in the contractual conditions;
- g) Admission Form** - document underwritten by the Insured Person with the necessary individual data, through which they declare their wish to join the Insured Group;
- h) Insured Capital** - maximum amount by which the Insurer is liable in the event of a claim under the insurance policy;
- i) Individual Certificate** – document issued by the Insurer for each Insured Person part of an Insured Group, which includes the corresponding identification elements, and possibly the Beneficiaries;
- j) Illness** - natural and involuntary change in the state of health, not caused by an accident, with symptoms subject to medical recognition;
- k) Return** - amount returned to the Policyholder from a portion of the insurance premium already paid;
- l) Deductible** - part of the amount of the claim settlement, determined in amount, days, percentage or other limit, borne by the Policyholder or the Insured Person, which is agreed in the particular conditions or in the Individual Certificate under the form of:
- a. Absolute deductible, which is always deducted from the total amount of the claim settlement; or
 - b. Relative deductible, which is not deducted when the total amount of the claim settlement is higher than the deductible;
- m) Fraud** - unlawful conduct of the Policyholder, Insured Person, Beneficiary or third party in order to obtain from the Insurer, for themselves or others, an illegitimate benefit or an illegitimate increase in benefit;
- n) Insurable Group** - group of people connected to the Insurer by a bond or common interest other than that of insuring;
- o) Hospital** – an institution legally authorised for the medical treatment of diseases or accidents, with adequate staff and material elements and means to carry out diagnoses and treatments, including surgical interventions, providing, in a continuous manner, medical and nursing care, 24 hours a day. For the purpose of this policy, nursing homes, hotels, asylums, retirement homes, rehabilitation facilities or institutions primarily dedicated to hospitalisation or treatment for drug addiction or alcoholism are not considered hospitals;
- p) Temporary Disability** – the physical and temporary impossibility, derived from the accident, able to be medically confirmed, of the Insured Person carrying out their normal activity;
- q) Hospital admission or Hospitalisation** – stay in a hospital, under medical indication, with a stay of at least one night, which gives rise to the payment of a daily rate;
- r) Personal Injury** - offence that affects physical health;
- s) Doctor** - the graduate from a faculty of medicine, legally authorised to practice the profession in their respective country, and whose specialty and registration are recognised by the Medical Association;
- t) Grace Period** - period during which the guarantees of the contract do not work because the corresponding effect, under the contracted terms and conditions, is deferred to a date after the beginning of the contract or underwriting of the Insured Person;
- u) Insured Person** - the Natural person, identified in the Particular Conditions or in the Individual Certificate, whose life, health or physical integrity is insured;
- v) Premium** - total amount to be paid in return for the agreed coverage, including everything that is contractually owed by the Policyholder, namely the costs of risk coverage, acquisition, management and collection costs and charges related to the

issuance of the policy, adding to the premium the tax and parafiscal charges to be borne by the Policyholder;

w) Insured Person - the person or entity who holds the insured interest;

x) Group Insurance - the insurance contract covering risks for a group of persons connected to the Insurance Policyholder by a bond or common interest other than their insurance;

y) Contributory Group Insurance - insurance in which the insured persons contribute in whole or in part to the premium payment;

z) Non-Contributory Group Insurance - that in which the Policyholder contributes in full to the premium payment;

aa) Individual Insurance - insurance incurred for a person, and the contract may include the household or a group of persons living together and in a common household economy;

bb) Claim - confirmation, in whole or in part, of the event that triggers the activation of the coverage provided for in this contract;

cc) Policyholder - the Entity who enters into the insurance contract with the Insurer and is responsible for paying the insurance premium;

dd) Annuity – periodic payment established in the Particular Conditions or Individual Certificate and paid by the Insurer to the Insured Person or to the Beneficiaries.

CLAUSE 2 - MATERIAL SCOPE AND COVERAGES

1. By this contract, the Insurer, as a result of an accident suffered by the Insured Person, provided that covered by the coverage or coverages underwritten and mentioned in the applicable contractual documentation, namely the Special Conditions, the Particular Conditions, the Individual Certificate or the Additional Riders, guarantees payment of the corresponding compensation up to the limits stipulated therein.

2. The effectiveness of the contracted coverage is subject to the age underwriting and permanence limits defined in the contractual documentation.

3. By express agreement in the contractual documentation, the deductibles and other limits mentioned therein shall be borne by the Policyholder, the Insured Person or the Beneficiaries.

CLAUSE 3 - TERRITORIAL SCOPE

Unless otherwise expressly stated in the contractual documentation, this contract shall take effect for accidents that occur anywhere in the world.

CHAPTER II - EXCLUSIONS

CLAUSE 4 - ABSOLUTE EXCLUSIONS

The following coverages shall always be excluded from this contract:

- a) Disability, injury, deformation or pre-existing illness on the date of execution of the insurance contract, as well as its consequences;
- b) Injuries or consequences suffered by the Insured Person resulting from acts of a criminal, misdemeanour or disciplinary nature, consummated or attempted by the Policyholder, the Insured Person or Beneficiary, or by all those for whom they are civilly responsible;
- c) Injuries arising from bets or challenges and provided they are not part of activities covered by compulsory insurances;
- d) Bulging hernias;
- e) Any injury or pathology, when not proven by medical diagnosis, which is a consequence of the accident;
- f) Acts or omissions involving imminent danger to the physical integrity or health of the Insured Person, which are not justified by the exercise of the profession or activity;
- g) Intentional or grossly negligent behaviour committed by the Insured Person, Policyholder or Beneficiaries, as well as by those for whom they are civilly responsible;
- h) Any treatments not performed by duly qualified health professionals or without the necessary clinical diagnosis and without medical indication, supervision or guidance;
- i) Plastic or cosmetic surgeries, except when necessary as a result of an accident covered by the policy's guarantees;
- j) Expenses when subject to payment by other entities, and part of that payment, as well as when not all the supporting documents are submitted for the refund amounts made by Social Security or other entity in respect of them;
- k) Explosion or any phenomena, directly or indirectly related to the disintegration or fusion of nuclei of atoms, nuclear reactions, nuclear radiations, as well as the effects of radioactive contamination, or the use or transport of radioactive materials;
- l) Payment of fines or other penalties, for criminal or misdemeanour offences;
- m) Complications or accidents attributable to medical and surgical treatments, not originated by an occurrence covered by this contract;
- n) Suicide or attempted suicide and voluntary mutilation or attempt thereof, as well as personal injury that the Insured Person commits or causes to be committed on their person, even if these acts are committed in a state of incapacity of judgment, when the Insured Person, when the Insured Person has been placed in this situation by deliberate misconduct or gross negligence.

CHAPTER III - INITIAL AND SUPERVENING RISK STATEMENT

CLAUSE 5 - DUTY OF INITIAL RISK STATEMENT

- 1. The Policyholder or the Insured Person is required to, prior to signing the contract, accurately declare all circumstances of which they are aware and should reasonably deem to be significant to the Insurer's risk assessment.**
- 2. The provision in the preceding paragraph is also applicable to circumstances for which no reference is requested in any questionnaire provided by the Insurer for that purpose.**
- 3. The Insurer who has accepted the contract, save if there is deliberate misconduct by the Policyholder or the Insured Person with the intent to obtain an advantage, cannot take advantage:**
 - a) Of the failure to answer a question in the questionnaire;**
 - b) Of an imprecise answer to a question formulated in too general terms;**
 - c) Of the inconsistency or obvious contradiction in the answers to the questionnaire;**
 - d) Of a fact its representative knew to be inaccurate or that was omitted and they about, at the time of signing the contract;**
 - e) Of circumstances known to the Insurer, in particular when they are public and notorious.**
- 4. The Insurer, before signing the contract, must explain the duty referred to in paragraph 1 to any Policyholder or Insured Person, as well as the provisions governing breaches thereof, under penalty of incurring civil liability, in general terms.**

CLAUSE 6 - DELIBERATELY FRAUDULENT BREACH OF THE DUTY OF INITIAL RISK STATEMENT

- 1. In the event of deliberately fraudulent breach of the duty referred to in paragraph 1 of the preceding clause, the contract may be annulled by a declaration sent to the Policyholder by the Insurer.**
- 2. In the absence of a claim, the statement referenced in the preceding paragraph must be sent within three months of becoming aware of the breach.**
- 3. The Insurer is not obligated to cover an incident that occurs before becoming aware of the deliberately fraudulent breach referred to in paragraph 1 or within the deadline provided for in the preceding paragraph, following the general annulment scheme.**
- 4. The Insurer has the right to the premium due by the end of the deadline referred to in paragraph 2, unless the Insurer or its representative has engaged in gross or deliberate negligence.**
- 5. In the event of deliberate misconduct by the Policyholder or the Insured Person for the purpose of obtaining an advantage, the premium is due until the end of the contract.**

CLAUSE 7 - NEGLIGENT BREACH OF THE DUTY OF INITIAL RISK STATEMENT

1. In the event of negligent breach of the duty referred to in clause 5(1), the Insurer may, through a statement sent to the Policyholder within three months of becoming aware of such a breach:

- a) Propose an alteration to the contract, setting a deadline of no later than 14 days, to send the acceptance or, if admitted, the counteroffer;
- b) Cause the contract to cease, demonstrating that, under no circumstances, does it enter contracts for the coverage of risk related to the omitted or inaccurately stated fact.

2. The contract ceases to be effective 30 days after the statement of termination has been sent or 20 days after receipt of the proposed alteration by the Policyholder, should there be no answer or should it be rejected.

3. In the case referenced in the preceding paragraph, the premium shall be returned *pro rata temporis*, taking into account the existing coverage.

4. Should, prior to termination or alteration of contract, a claim occur whose verification or consequences have been influenced by a fact relative to which there have been negligent omissions or inaccuracies:

- a) The Insurer covers the claim in proportion to the difference between the premium paid and the premium that would be due, should, at the time of contract conclusion, it had knowledge of the omitted or inaccurately declared fact;
- b) The Insurer, having demonstrated that they would, under no circumstances, have signed the insurance contract had they had known of the omitted or inaccurately stated fact, shall not cover the claim and are only bound to refund the premium.

CLAUSE 8 - RISK INCREASE

1. The Policyholder or the Insured Person has the duty to, during the contract's execution, within 14 days after becoming aware of the fact, communicate all circumstances that increase the risk to the Insurer, provided that these, had they been known by the Insurer when entering into the contract, might have influenced the decision to enter a contract or within the conditions of contract.

2. Without prejudice to the preceding number, the Policyholder and the Insured Person undertake, namely, to notify the Insurer of the change of residence or occupation.

3. Within 30 days of becoming aware of the risk increase, the Insurer may:

- a) Submit a proposal for contract modification to the Policyholder, which must accept or refuse it in an equal timeframe, after which the proposed modification is deemed approved;
- b) Terminate the contract by showing that under no circumstances is the Insurer to enter contracts that cover risks with characteristics resulting from such risk increase.

4. The contract resolution provided for in subparagraph b) of the preceding paragraph shall take effect 14 days from the date on which the notice of termination is sent to the Policyholder.

CLAUSE 9 - CLAIM AND RISK INCREASE

1. Should, before contract termination or alteration under the terms provided for in the preceding clause, a claim take place, the occurrence or consequence of which has been influenced by the risk increase, the Insurer:

- a) Covers the risk, providing the agreed benefit, if the risk increase was reported in a correct and timely manner before the claim or before the deadline set forth in paragraph 1 of the preceding clause;
- b) Partially covers the risk by reducing its benefit in proportion to the premium actually charged and that which would be due based on the real circumstances of the risk, should the aggravation not be correctly and timely reported before the claim;
- c) May refuse coverage in the event of intentional misconduct by the Policyholder or the Insured Person, for the purpose of obtaining an advantage through directly retaining the overdue premiums.

2. In the situation provided for in subparagraphs a) and b) of the previous paragraph, with the risk increase resulting effectively from the Policyholder or the Insured Person, the Insurer is not required to pay the benefit if it demonstrates that under no circumstances does it conclude contracts that cover risks with the characteristics resulting from that risk increase.

CHAPTER IV - PAYMENT AND ALTERATION OF PREMIUM

CLAUSE 10 - PREMIUM DUE DATE

1. Unless otherwise agreed upon, the initial premium, or first instalment thereof, is due when the contract is entered into.

2. Subsequent instalments of the initial premium, subsequent annuity premiums and successive annual instalments are due on the contractually established dates.

3. The portion of the variable amount premium relating to value adjustment and, where applicable, the Premium portion corresponding to contractual amendments are due on the dates indicated in the respective notices.

CLAUSE 11 - COVERAGE

The risk coverage depends on the prior premium payment.

CLAUSE 12 - PREMIUM PAYMENT NOTICE

1. While the contract remains in force, the Insurer must notify the Policyholder in writing of the amount payable, as well as the payment method and place, at least 30 days prior to the date on which the premium, or its instalments thereof, become payable.
2. The notice must legibly state the consequences of non-payment for the premium or its instalment.
3. In insurance contracts where it is agreed to pay the premium in instalments every three months or less and in which contractual documentation indicates the due dates of the successive instalments of the premium and the respective amounts payable, as well as the consequences of their non-payment, the Insurer may choose not to send the notice referred to in paragraph 1, in which case it must provide proof of the issuance, acceptance and sending to the Policyholder of the contractual documentation referred to in this paragraph.

CLAUSE 13 - NON-PAYMENT OF PREMIUM

1. **Non-payment of the initial premium or its first instalment on the due date determines the automatic termination of the contract from the date of its conclusion.**
2. **Failure to pay the subsequent annuities or the first instalment on the due date shall prevent the extension of the contract.**
3. **Non-payment determines the automatic contract resolution on the due date of:**
 - a) **An instalment of the premium during an annuity;**
 - b) **An adjustment premium or portion of a variable amount premium;**
 - c) **An additional premium resulting from a contractual modification based on a supervening aggravation of risk.**
4. **Non-payment, by the due date, of an additional premium resulting from a contractual amendment determines the inefficiency of the alteration, replacing the contract with the scope and conditions in force prior to the intended modification, unless sustainability of the contract proves impossible, in which case it is terminated on the due date of the unpaid premium.**
5. **For Contributory Group Insurance, cancellation due to non-payment of the premium or instalment corresponding to an Insured Person, under the terms of the preceding paragraphs, only operates in relation to that Insured Person.**

CLAUSE 14 - ALTERATION OF PREMIUM

If there is no change to the risk, any alteration to the premium applicable to the contract can only take effect on the following annual due date, in which case the

Insurer shall communicate the new amount to the Policyholder at least 30 days in advance.

CHAPTER V – EFFECTS, DURATION AND VICISSITUDES OF THE CONTRACT

CLAUSE 15 - COVERAGE AND EFFECTS

1. This insurance contract is considered to be concluded for the period of time set out in the Particular Conditions, and provided that the initial premium or instalment is paid the contract shall take effect from midnight on the day immediately following acceptance of the proposal by the Insurer, unless the parties agree to another date for entry into effect, which may not, however, predate the receipt of said proposal by the Insurer.
2. The day and time in which risk coverage starts are indicated in the contract, without prejudice to the provisions of clause 11.
3. That established in the preceding paragraph is equally applicable to the start of contract effects, if it is different from the start of risk coverage.

CLAUSE 16 - DURATION

1. The contract indicates its duration, which can be for a fixed and determined period, successively renewable, at the end of the stipulated term, by periods of one year, save in the case of temporary insurance.
2. The contract effects cease at midnight on the last day of its term.
3. The extension provided for in paragraph 1 does not take effect should either party terminate the contract at least 30 days prior to the date of extension or should the Policyholder fail to pay the Premium.

CLAUSE 17 - EXPIRATION

1. The contract shall expire at the end of the stipulated period of validity, if any.
2. The contract shall expire in the event of a subsequent loss of interest or extinction of the risk and whenever payment of the entire insured capital is verified for the period of validity of the contract without replacement of that capital being expected.
3. The contract shall expire on the date on which the Policyholder ceases to reside in national territory.
4. When the duration of the contract is determined according to the age of the Insured Person, the lapse operates for each of the Insured Persons, as provided for in the Special Conditions, Particular Conditions or Individual Certificate.

CLAUSE 18 - REVOCATION

1. The Insurer and the Policyholder may, at any time, cease the insurance contract by agreement.
2. With the exception of Group Insurance, should the Policyholder not coincide with the Insured Person identified in the policy, the revocation requires the consent of the latter.

CLAUSE 19 - TERMINATION

1. Insurance contracts concluded for a specified period and with automatic extension may be freely terminated upon notice by either party in order to prevent its extension.
2. Termination must be made by written statement sent to the recipient at least 30 days prior to the contract's extension date.
3. In the case of an insurance contract with a fixed duration or an initial period of five years or more, without prejudice to the preceding paragraph, termination shall be made at least 90 days before the contract's expiry date.

CLAUSE 20 - CONTRACT RESOLUTION

1. The parties may resolve the contract at any time should there be just cause, by registered post.
2. The premium amount returned to the Policyholder in the event of early contractual termination is calculated in proportion to the period of time that would elapse from the date of coverage termination until contract maturity, except for a different calculation agreed to by the parties based on an acceptable reason, such as the guarantee of technical separation between annual insurance and temporary insurance pricing.
3. Termination of the contract takes effect at midnight on the day in which it is effective.
4. Whenever the Policyholder is different from the Insured Person, the Insurer must notify the Insured Person of the contract resolution as soon as possible, no later than 20 days after the non-renewal or resolution.
5. In Group Insurance, the duty to notify provided for in the preceding paragraph shall rest with the policyholder.
6. The contract resolution shall take effect 14 days from the date in which the resolution statement was sent to the Policyholder.

CLAUSE 21 - RESOLUTION AFTER CLAIM

- 1. The parties may terminate the contract after a succession of claims.**
- 2. For the purposes of the preceding paragraph, it is presumed that there is a succession of claims when two claims occur in a period of 12 months or, in the course of the annuity in the case of yearly contracts, and a special scheme may be stipulated to meet the concept of a succession of claims for a given insurance option.**
- 3. This resolution has no retroactive effect and must be exercised, by written statement, within 30 days after payment or refusal to pay for the claim.**

CLAUSE 22 - FREE RESOLUTION

- 1. The Policyholder, being a natural person, may resolve the contract without just cause before one of the following situations:**
 - a) For insurance contracts with a duration equal to or greater than six months, within the 30 days immediately following the date of receipt of the policy;**
 - a) For insurance contracts celebrated at a distance, not provided for in the preceding paragraph, within the 14 days immediately following the date of receipt of the policy.**
- 2. The deadlines provided for in the preceding paragraph shall be counted from the date the contract is entered into, provided that, on this date, the Policyholder has, on paper or another durable medium, all relevant information concerning the insurance to be included in the policy.**
- 3. The contract resolution must be communicated to the Insurer in writing, on paper or another durable medium available and accessible to the Insurer.**
- 4. The resolution has retroactive effect, the Insurer being entitled to the premium value, calculated in proportion to the period of time elapsed until the date of the resolution, to the extent that it has borne the risk up to that date, as well as the cost of the policy and the reasonably incurred expenses with medical exams, unless the resolution is based on non-compliance with the conditions of the contract, with the legal requirements applicable to it.**
- 5. In the event of free resolution of an insurance contract entered into at a distance, the Insurer shall not be entitled to the benefits indicated in the preceding paragraph unless the insurance coverage starts before the free resolution of the contract at the request of the Policyholder.**
- 6. The free resolution does not apply to insurance entered into at a distance with a duration of less than one month, nor to Group, Travel and Baggage Insurances.**

CLAUSE 23 - TERMINATION OF INDIVIDUAL COVERAGES

- 1. Without prejudice to other cases provided for in the contract, the guarantees for each Insured Person shall cease when, for any reason, they no longer belong to the Insured Group or when termination is inherent to the payment of the Insurer's benefit.**
- 2. The Policyholder may request, in writing, up to 30 days before the desired effect date, the exclusion of an Insured Person. In that case the premium shall be returned, save when there has been payment of instalment due to a claim, situation in which the premium is due during the entire stipulated period of validity.**
- 3. The provisions of the preceding paragraph may be removed by stipulation of the parties to the contrary, provided that there is an acceptable reason for such an agreement, such as the technical guarantee to separate annual and temporary insurance tariffs.**
- 4. Unless otherwise expressly stated, this contract's guarantees shall be valid exclusively for Insured Persons residing in Portugal. The guarantees shall be suspended or shall cease, respectively, when the Insured Persons move abroad for more than 90 days or when they establish their frequent and permanent resident there.**

CHAPTER VI - OBLIGATIONS OF THE PARTIES

CLAUSE 24 - OBLIGATIONS OF THE POLICYHOLDER, OF THE INSURED PERSON AND OF THE INSURED PERSON IN THE EVENT OF A CLAIM

- 1. The Policyholder and the Insured Person shall have the following obligations towards the Insurer:**
 - a) To communicate to the Insurer the verification of any of the covered events, as soon as possible, and in writing, within eight days from the date of its knowledge, indicating the date, time, known or presumed causes, injuries, consequences or witnesses, as well as any other elements necessary for the good report of the occurrence;**
 - b) To take measures within their power to prevent or limit the consequences of the accident;**
 - c) To promote the submission, within eight days after the Insured Person has been clinically assisted, of a statement from the physician stating the nature of the injuries, the diagnosis, the days possibly provided for the Temporary Disability, and an indication of the possible Permanent Disability;**
 - d) To report, in case of existence of several insurance contracts guaranteeing the refund of expenses, the claim to each of the Insurers, identifying the other ones;**
 - e) To provide the Insurer, in good time, with all clarifications on the probable causes, circumstances, consequences and witnesses of the incident that are known to them or that they reasonably should know about;**
 - f) To provide the Insurer with all the evidence requested, as well as all reports and documents related to the claim that it has or shall obtain;**
 - g) To communicate, up to eight days after its verification, the cure of the injuries, promoting the submission of a medical statement stating the percentage of Permanent Disability that may be verified, based on the Impairment Assessment**

Table attached to these General Conditions, unless otherwise stipulated in the contractual documentation;

- h) To provide all the original supporting documents considered necessary for the payment of any type of benefit;
- i) To not prejudice the Insurer's right of subrogation to the rights of the Insured Person against the third party responsible for the incident, arising from the coverage of the incident by the Insurer;
- j) To not use fraud, simulation, falsehood as well as false documents or any other deliberate means to justify the complaint.

2. The Insured Person must also:

- a) Employ the means at its disposal to prevent or limit the injury or injuries resulting from the incident, namely complying with the medical prescriptions and recommendations, under penalty of the Insurer only being liable for the consequences of the accident that presumably would have occurred had those prescriptions and recommendations been observed;
- b) Undergo a medical examination designated by the Insurer;
- c) Authorise doctors to provide all information requested by the Insurer and related to the contract, under penalty of termination of the Insurer's responsibility;
- d) Provide, should the accident result in the death of the Insured Person, in addition to the accident report, a death certificate stating the cause of death and, when deemed necessary, other documents explaining the accident and the consequences must be sent to the Insurer.

3. In case of proven impossibility of the Policyholder or the Insured Person to fulfil any of the obligations provided for in this clause, such obligation shall be transferred to whomever - Policyholder, Insured Person or Beneficiary - can comply with it.

4. Failure to comply with the provisions of paragraphs 1(a) to (c) shall determine:

- a) **The reduction of Insurer benefit in view of the damage which the breach causes to it;**
- b) **The loss of coverage should the breach be deliberate and be it determined to have caused significant damage to the Insurer.**

5. The penalty for non-compliance provided for in the preceding paragraph shall not apply when the Insurer becomes aware of the incident by other means during the eight days immediately following those when the Policyholder or the Insured Person becomes aware of it, or the party bound thereto proves that they could not have reasonably presented the required communication any sooner than they did.

6. The Insurer is entitled to be compensated for losses and damages arising from non-compliance with the provisions of the other subparagraphs of paragraphs 1 and 2.

CLAUSE 25 - OBLIGATIONS OF THE INSURER

The Insurer shall have the following obligations:

- a) To inform the Policyholder, during the contract period, in accordance with the law and contractual conditions, of all changes to the insurance contract;
- b) To respond to all requests from the Policyholder for clarification, necessary to

understand the conditions and management of the insurance contract;

c) To promote, after the claim has been filed and as soon as possible, the investigation of causes and occurrence mode of the claim, as well as the determination of injuries resulting from it;

d) To pay the compensation or capital due, within 30 days after the ascertainment of responsibility of the Insurer and amount to be paid.

CHAPTER VII - BENEFICIARIES

CLAUSE 26 - BENEFICIARIES

1. Unless otherwise agreed, the Policyholder, or whoever the latter indicates, shall appoint the Beneficiary. Said appointment can be made in the policy or in a subsequent written statement received by the Insurer.

2. Unless otherwise agreed, due to the death of the Insured Person, the insured capital shall be provided:

a) In the absence of appointment of the Beneficiary, to the heirs of the Insured Person;

b) In case of prominence of the Beneficiary in relation to the Insured Person, to the heirs of the Insured Person;

c) In case of prominence of the Beneficiary in relation to the Insured Person, having said Beneficiary appointment been waived, to the heirs of the Insured Person;

d) In case of occurrence of the Insured Person and the Beneficiary, to the heirs of the Beneficiary.

CLAUSE 27 - ALTERATION AND REVOCATION OF THE BENEFICIARY CLAUSE

1. The person appointing the Beneficiary may, at any time, revoke or change the appointment, save when they have expressly waived this right.

2. In the event of waiver of the revocation right, the person appointing the Beneficiary may only modify the contractual conditions with the Beneficiary's prior agreement.

3. The power to change the beneficiary appointment shall cease when the Beneficiary acquires the right to payment of the insured amounts.

4. Any amendment to the beneficiary clause shall only be valid when the Insurer has received the corresponding written communication, which must be received while the Policyholder is alive. The amendment must be included in the Additional Rider to be issued by the Insurer.

CHAPTER VIII - INSURED CAPITAL

CLAUSE 28 - AGREED UPDATE OF THE INSURED CAPITAL

1. By means of an express agreement in the contractual documentation, the automatic updating of the insured capital can be guaranteed at each annual maturity by applying the percentage indicated for that purpose, with the updated capital of the premium receipt for the following annuity.

2. Except when as a result of a legal provision, the Policyholder may waive the agreed on update provided that they communicate this to the Insurer at least 60 days before the end of the Policy's annual term.

CLAUSE 29 - DISABILITY, INJURY OR PRE-EXISTING DISEASE

Should the Insured Person suffer from a pre-existing disability, injury or illness at the time of the incident, for the purposes of compensation for Disabilities, only the difference between the degree of pre-existing disability and its aggravation resulting from the accident suffered by the Insured Person, covered by this policy, shall be taken into consideration.

CLAUSE 30 - REDUCTION AND RESTORATION OF INSURED CAPITAL

1. Unless a legal provision or convention results in an automatic reset, after a claim, the insured amounts shall be, during the ongoing validity period, automatically reduced by the amount corresponding to the compensations paid without any refund of premium taking place.
2. Without prejudice to the preceding paragraph, by agreement regarding the conditions and payment of the corresponding supplementary premium, the parties may agree to reinstate the insured amounts, in which case said conditions shall be included in the Particular Conditions or the Individual Certificate.
3. The reinstatement of capital does not take effect in relation to claims that have already occurred.

CLAUSE 31 - PAYMENT OF THE INSURED AMOUNTS

1. Unless otherwise agreed, the payments to be made by the Insurer under this insurance contract shall always be made by crediting the bank account used to pay the premiums.
2. In situations not expressly provided for, the payments due shall be made at the offices of the Insurer, at the place of issue of this contract.
3. The maximum values of the guaranteed compensations are expressly stated in the contractual documentation.
4. Should the Beneficiary be a minor, the Insurer shall deposit in their name, at Banco Comercial Português or at the Bank indicated by the Policyholder or the Insured Person, the amount corresponding to the insured amounts.
5. Payments to be made by the Insurer for a claim may not exceed the capital available in the hedging for the duration of the occurrence of the claim, regardless of the date on which the benefit is due.

CHAPTER IX - MISCELLANEOUS PROVISIONS

CLAUSE 32 - MEDICAL BOARD

1. In the absence of an agreement between the parties as to the occurrence of a situation of Permanent Disability or Temporary Disability, the Policyholder and the Insured Person shall undertake to accept the decision made by a medical board consisting of one medical experts appointed by the Insurer and another one appointed by the Policyholder or the Insured Person and a third one appointed by agreement between the first two experts, with their decisions being taken by absolute majority which cannot be appealed.
2. Each party shall bear the expenses and fees of its medical expert, as well as 50 % of the charges related to this board's third medical expert.

CLAUSE 33 - PLURALITY OF INSURANCE

1. Benefits of a predetermined value are cumulative with others of the same nature or with compensatory nature provisions even if dependent on the verification of the same event.
- 2. When compensation benefits, guaranteed to the same risk, same interest and for the same time, are insured by several Insurers, the Policyholder or the Insured Person must notify all Insurers of this circumstance as soon as they become aware of it, as well as when reporting the incident.**
- 3. The fraudulent omission of the information referred to in the preceding paragraph exonerates the Insurers from providing the corresponding benefits.**
4. The incident under the scope of the contracts referred to in paragraph 2 shall be compensated by any of the Insurers, chosen by the Insured Person, within the limits of the corresponding obligation.
5. Unless otherwise agreed, the Insurers involved in the compensation of the damage covered by the contracts referred to in paragraph 2 shall be liable to each other in proportion to the amount that they would each be liable for under a single insurance contract.
6. Should one of the Insurers become insolvent, in the cases provided for in paragraph 2, the remaining Insurers shall be responsible for the proportional share of the insolvent Insurer according to the terms provided for in the preceding paragraph.

CLAUSE 34 - INTERVENTION OF THE INSURANCE INTERMEDIARY

1. No insurance intermediary is deemed to be authorised, on behalf of the Insurer, to enter into or terminate insurance contracts, to contract upon or amend the obligations arising thereof, or to validate additional statements, except as provided for in the following paragraphs.
2. The Insurance Intermediary to whom the Insurer has granted the necessary powers of attorney, in writing, may enter into insurance contracts, contract upon or amend the

obligations arising thereof or validate additional statements, on behalf of the Insurer.

3. Notwithstanding the lack of specific powers for this purpose on behalf of the insurance intermediary, the insurance is deemed effective when there are strong and objectively appraised reasons, taking into account the circumstances of the case, which justify the Policyholder's confidence in good faith legitimacy of the insurance agent, provided that the Insurer has also contributed to establishing the Policyholder's confidence.

CLAUSE 35 - SUBROGATION

Once the compensation or the expense has been paid, the Insurer shall be subrogated, regarding all the rights of the Policyholder, the Insured Person, their Beneficiaries or Heirs, against the third party responsible for the losses, all the former undertaking to take any necessary action to enforce these rights and being liable for losses and damages relative to any act or voluntary omission that might prevent or hinder the exercise of these rights.

CLAUSE 36 - SANCTIONS

The Insurer shall not be liable for guaranteeing any coverage, making any claim payment or providing any other benefit subject to this insurance contract inasmuch as such coverage, payment, claim settlement or benefit provision exposes the Insurer to any sanction, prohibition or restriction imposed by resolution of the United Nations Organization or by penalties, laws or commercial or economic regulations of the European Union, provided they are applicable under Portuguese law.

CLAUSE 37 - COMMUNICATIONS AND NOTIFICATIONS BETWEEN THE PARTIES

1. The communications or notifications from the Policyholder or the Insured Person provided for in this Policy are considered valid and effective if they are remitted to the head office of the Insurer.

2. The communications provided for in this contract must be in writing or delivered via another means leaving a durable record.

3. The Insurer is only obligated to send the communications provided for in this contract should the recipient of the communication be duly identified in the contract, and the communication be considered valid should it be forwarded to the corresponding address contained in the Policy.

4. A change in the means of contact and addresses referred to in the preceding paragraph must be communicated to the Insurer within 30 days of the date on which it is verified, by registered post with notice of receipt or by any other means in which a durable record remains, upon failure of which communications or notifications made by the Insurer to the outdated means of contact and addresses shall be considered as valid and effective.

CLAUSE 38 - COINSURANCE

The special coinsurance condition shall apply to contracts in which the risk is covered jointly by several Insurers.

CLAUSE 39 - COMPLAINTS, ARBITRATION AND ALTERNATIVE DISPUTE RESOLUTION

1. Without prejudice to the appeal to the Courts, the Policyholder or the Insured Person may submit claims arising from the interpretation or application of this contract to the department responsible for managing the Insurer's claims, to the Customer Ombudsman or to the Autoridade de Supervisão de Seguros e Fundos de Pensões [Insurance and Pension Funds Supervisory Authority] (www.asf.com.pt), according to their legal powers.

2. Disputes arising from the validity, interpretation, execution and default of the insurance contract may be settled by arbitration.

3. The arbitration provided for in the preceding paragraph follows the general Arbitration Law scheme.

4. In the event of a consumer dispute, the consumer may resort to the alternative dispute resolution entity indicated in the Particular Conditions or in the Individual Certificate.

CLAUSE 40 - APPLICABLE LAW AND JURISDICTION

1. This contract shall be governed by Portuguese law.

2. The competent jurisdiction to settle any disputes arising from this contract is that established by civil law.

Special Conditions of Personal Protection - Volta Insurance

Clause 1 - Object of the Contract

1. With this contract, the Insurer shall guarantee, in accordance with the General Conditions and the Special Conditions, the coverage and coverage extensions expressly referred to in the Particular Conditions.
2. The Special Conditions, when underwritten and specifically identified in the Particular Conditions for each of the Insured Persons, shall complement and prevail over the provisions of the General Conditions.

Clause 2 - Scope of the Contract

1. Unless otherwise stated in the Particular Conditions, risks are only guaranteed by this contract when expressly stated in the Particular Conditions and when arising from accidents resulting from Professional or Extraprofessional Risk.
2. For the purposes of the preceding paragraph, the following terms shall have the following meanings:
 - 2.1. Professional Risk shall mean the exercise of the Insured Person's profession, expressly referred to in the Specific Conditions, not being considered as professions the activities of students and of people who are exclusively engaged in work in their own home.
 - 2.2 Extraprofessional Risk shall mean all activities that do not consist in the performance of the Insured Person's professional activity, whether performed on their own behalf or on behalf of others.
3. Professions other than those referred to in the Specific Conditions shall not be considered, so the contract shall not be effective with regard to Professional Risk in a profession other than the one declared.

Clause 3 - Insured Persons

Unless otherwise agreed, duly expressed in the Particular Conditions of the policy:

- a) This insurance contract does not cover the risk of death for persons under 18 years of age, and the provisions of paragraph 3(1) of the Special Condition of the Death Coverage;
- b) The Death or Permanent Disability of Representatives coverage shall only be valid for persons under 18 years of age, being automatically replaced by the Death coverage, if underwritten, on the policy renewal date following the date on which the Insured Person turns 18 years of age;

Until renewal of the policy after the Insured Person has completed 18 years of age	After renewal of the policy after the Insured Person has completed 18 years of age	Description of the Amendments
Death or Disability of Representatives	Death	The Death or Disability of Representatives coverage shall expire, being replaced by the Death coverage with the capital corresponding to the underwritten option.

- c) The Special Condition of Youth Assistance shall only be valid for persons under 18 years of age, automatically terminating, if underwritten, on the policy renewal date following the date on which the Insured Person turns 18 years of age;
- d) On the policy's renewal date following the date when the Insured Person turns 75 years of age, the guarantees underwritten shall expire, ceasing the insured person's entry to the policy, and the contract shall lapse should there be no Insured Persons in force for the risk maintenance.

Clause 4 - Relative Exclusions

Unless otherwise expressly stated in the contractual documentation, the following shall also be excluded:

- a) Accidents resulting from professional sports;
- b) Accidents resulting from amateur sports, provided they are part of championships or competitions as well as their training sessions;
- c) Accidents arising from federated or associative sports practice and corresponding training sessions and competitions;
- d) Aggravation of disability, injury, deformation or illness pre-existing at the time of the insurance underwriting or policy subscription, unless the pre-existing situation is reported to the insurer before the contract is entered into, in which case the difference between the degree of pre-existing disability and its aggravation resulting from an accident covered by the policy shall be considered;
- e) Accidents arising from natural disasters, such as typhoons, cyclones, tornadoes and any direct action of strong winds whose speed reaches or exceeds 100 km/h, or shock of objects thrown or projected by them, waterspout or torrential rains – atmospheric precipitation of an intensity greater than 10 millimetres in 10 minutes measured by a rain gauge, floods, flash floods or overflowing of natural or artificial water courses, earth tremors, earthquakes, volcanic eruptions, tidal waves, underground fire and fire resulting from these phenomena, subsidence, landslides, landslips and sinking of land, as a result of geological phenomena, as well as other similar phenomena in their effects;
- f) Accidents resulting from hunting wild animals or animals known to be dangerous, polo, riding and running or show jumping, power boating and

- water skiing, water sports involving boats, rafting, descent or ascent of torrents or currents caused by unevenness in the water course, diving and spearfishing, winter sports or sports practised over snow and ice, skydiving or free fall, bullfighting and bull runs, hang gliding, paragliding, powerless flying, fighting in its various forms, including boxing, martial arts, kick boxing, Thai boxing, weightlifting, land motor sports, extreme sports including jumping or inverted jumping with suspension mechanisms, speleology, mountaineering, rock climbing and climbing, slide and rappel, ballooning, mountain biking, canoeing, kitesurfing, paintball, parachuting, paramotoring, parkour, skysurfing, trekking, American football, all-terrain, motoring, as well as other sports with the similar or greater danger;
- g) Participation in any kind of speed competition;**
 - h) Accidents resulting from lack of observance of preventive, punitive, legal or regulatory provisions, applicable in general or especially, to different sports, cultural or recreational activities in the context in which they occur;**
 - i) Accident occurred while the Insured Person is voluntarily transported as a passenger in a vehicle driven by an unqualified driver, or in a situation of theft or robbery or in non-compliance with the legislation in force;**
 - j) Deliberate acts consummated or attempted by the Policyholder, by the Beneficiary, or anyone they are civilly responsible for, on the Insured Person;**
 - k) Accidents in mines and caves;**
 - l) Accidents arising from the use of two- or three-wheeled motor vehicles and quad bikes, provided they do not fall within the definition of bicycles or equivalent, in accordance with the Motorway Code;**
 - m) Use of any type of aircraft, except as a passenger of commercial airlines;**
 - n) Damage caused by animals that, in accordance with the legislation in force, are considered dangerous or potentially dangerous, and by wild, poisonous and predatory animals, when owned by the Insured Person;**
 - o) Accidents resulting from strikes, labour disturbances, riots or disturbances to public order, insurrection, revolution, rebellion, acts of terrorism and sabotage;**
 - p) Events that occur in countries where there is civil war, invasion and war, declared or not, against foreign countries and hostility between foreign nations, whether or not there is a declaration of war;**
 - q) Expenses with companions/partners, telephone calls and other personal expenses not related to hospitalisation;**
 - r) Accidents occurring when the Insured Person is under the influence of psychotropic substances, narcotics or toxic products or any drugs without medical prescription or when a blood alcohol level equal to or greater than 0.5 g/L is detected, or other lower limit, when legally provided for;**
 - s) Accidents occurred when the Insured Person, due to a psychic anomaly or other cause, shows incapacity to control their acts;**
 - t) Hernias, whatever their nature, muscle strains, varicose veins and their complications, low back pain, cervicgia, dorsalgia, rachialgia and sciatica, tendonitis, tenosynovitis, chronic spinal diseases, rheumatism, osteoarthritis or other degenerative changes in the joints, snoring, myocardial infarctions, embolisms, and cerebrovascular accidents (CVA), infection by the Acquired Immune Deficiency Syndrome (AIDS) virus, epidemic, infectious and contagious diseases and occupational diseases;**

- u) Retinal detachment, tendon or muscle ruptures not resulting from a proven accident with emergency hospital care;
- v) Tissue, limb or organ transplants and their implications;
- w) Admission to sanatoriums, thermal spas, beaches, nursing homes, retirement homes and other similar facilities, as well as gymnastics, swimming, massages and other similar, even if prescribed by a doctor;
- x) Continued or palliative care or for which there is no medical justification, regardless of whether they arise from medical acts covered by the policy;
- y) Appointments, medications, treatments or surgeries for the regularisation of weight or obesity treatment and its consequences;
- z) Childbirth, termination of pregnancy and any type of situation resulting from the state of pregnancy that does not result from a proven accident with emergency hospital care;
- aa) Acupuncture, homeopathy, osteopathy, chiropractic and other therapies outside the scope of conventional medicine;
- bb) Medical acts, treatments, procedures, diagnoses, prostheses, orthotics or medications not officially recognised by the Portuguese Medical Association;
- cc) Acquisition, implantation, repair or replacement of medical items, prostheses or orthotics other than the first intrasurgical prosthesis resulting from an accident covered by the policy;
- dd) Allergic disorders as well as poisoning arising from the consumption of food products;
- ee) Moral damages, non-property damage or those arising from pain, aesthetic damage or loss of income;
- ff) Compensations and payments arising from mental and psychiatric illnesses, injuries, disorders or treatments, even if they cause disability;
- gg) Accident resulting from the use and handling of explosive or similar hazardous substances;
- hh) Transport costs and others.

Clause 5 - Coverage Limitation

The Insured Person or the Beneficiary, if different, shall lose the right to compensation should they, voluntarily and intentionally, aggravate the consequences of the incident.

Clause 6 - Coverage Extensions

By express agreement in the Particular Conditions and payment of the corresponding premium surcharge, the following accidents may be guaranteed if resulting from:

- a) amateur and non-federated Amateur Extreme Sports, excluding events part of championships, competitions and corresponding training sessions. The following are considered as extreme sports: hang gliding, mountaineering, martial arts, ballooning, mountain biking, bungee jumping, canoeing, equestrian sports, snow sports, speleology, American football, weightlifting, ice hockey, karting, kitesurf, diving, mountaineering, paintball, sky diving, paragliding, parkour, rafting, rappel, sky surf, all terrain, trekking;

b) travels by the Insured Person abroad with an exclusively academic character for the period and destinations identified in the particular conditions, in which case professional risks during such travel are excluded.

Clause 7 - Alteration of Guarantees

Unless otherwise agreed, the Policyholder may request the Insurer, in writing, up to 30 days before the expiry date of the contract, to change the guarantees, which, when accepted by the Insurer, shall take effect upon the contract's renewal date.

Special Condition - Death

1 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the case of Death of the Insured Person, provided it occurred as a result of an accident guaranteed by this contract, immediately or within two years of the accident date, and the causal link with the accident being clinically verified, payment of the damages due or the agreed monthly annuity to the Beneficiaries designated in the Particular Conditions or in the Individual Certificate or, in the absence thereof, to the legal heirs of the Insured Person.

2. Should Death occur two years after the accident date, no compensation nor, when provided for, monthly annuity, shall be paid.

3. This contract does not guarantee the risk of death to minors under 14 years of age or to those who, due to a psychic anomaly or other cause, prove unable to govern their person, except in cases where the coverage of the risk of death due to accident of children under the age of 14 is mandatory by law or has been underwritten by educational, sports or similar institutions, which are not beneficiaries of it.

2 - Grace Period

When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Permanent Disability

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Permanent Disability: is the situation of permanent functional limitation, with no possibility of improvement, susceptible to medical verification, arising as a result of sequelae produced by an accident guaranteed by this contract, and that totally or partially disables the Insured Person, and to which corresponds a coefficient of impairment.

2 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the case of Permanent Disability of the Insured Person, as a result of an accident guaranteed by this contract, immediately or within two years of the accident date, and unless otherwise expressly stated in the contractual documentation, payment to the Insured Person of the compensation amount corresponding to the insured capital and to the degree of impairment clinically found, determined in accordance with the objective application of the Impairment Assessment Table referred to in the Particular Conditions or in the Individual Certificate.
2. Compensations are calculated considering only the degree of Disability, regardless of whether the Insured Person may or may not practice their professional, sporting, cultural or recreational activity.
3. Unless otherwise agreed, the degree of impairment of total or partial Permanent Disability is always attributed in accordance with the Table referred to in paragraph 1 and, for the purpose of compensation, another degree of impairment attributed to the Insured Person shall not be recognised by the Insurer.
4. Compensation for injuries, even if of minor importance, not listed in the Table referred to in paragraph 1, shall be calculated in proportion to their seriousness compared to the cases listed, without taking into consideration the professional, sporting, cultural or recreational activity in which the Insured Person was engaged.
5. Physical defects related to limbs or organs that the Insured Person already had before the accident shall be taken into consideration when establishing the degree of impairment due to the accident, which shall correspond to the difference between the already existing disability and that henceforth.
6. The partial or total functional incapacity of a limb or organ is similar to the corresponding partial or total loss.
7. Regarding the same limb or organ, the accumulated impairments cannot exceed those which would correspond to the total loss of that limb or organ.
8. Whenever an accident results in injuries to more than one member or organ, the total compensation is calculated by adding up the amount of compensation for each of the injuries, without the total exceeding the insured capital.
9. Should the Insured Person be left-handed, the disability percentages established in the Table referred to in paragraph 1 for the right upper limb shall apply to the left upper limb and vice versa.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Death or Disability of Representatives

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Permanent Disability: the situation of permanent functional limitation, with no possibility of improvement, susceptible to medical verification, arising as a result of sequelae produced by an accident guaranteed by this contract, and that totally or partially disables the Insured Person's legal representatives, and to which corresponds a coefficient of impairment.

2 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the case of Death or Permanent Disability of the Insured Person's Legal Representatives, clinically verified and determined in accordance with the applicable Impairment Assessment Table, occurred as a result of an accident guaranteed by this contract, payment to the Insured Person of the amount, in the form of capital or annuity, defined in the Particular Conditions or in the Individual Certificate.
2. When the Insured Person has more than one legal representative, this coverage can only be activated when the situation of Death or Permanent Disability has occurred to both legal representatives as a result of claims guaranteed by this contract and during its term.
3. Should, at the date of validity of this guarantee, both legal representatives already have a degree of Permanent Disability equal to or greater than 66 %, clinically verified and determined in accordance with the Impairment Assessment Table referred to in the Particular Conditions or in the Individual Certificate, this coverage shall not guarantee Permanent Disability, and can only be activated by the Death of both legal representatives.
4. Should, at the date of validity of the guarantees of this policy, one of the legal representatives of the Insured Person hold a degree of Permanent Disability equal to or greater than 66 %, clinically verified and determined in accordance with the Impairment Assessment Table referred to in the Particular Conditions or in the Individual Certificate, or should they have already died, this coverage can be activated

should there be a situation of death or permanent disability of the remaining legal representative.

5. The beneficiary shall be the Insured Person with this contracted coverage, compensation being cumulative with any other coverage due under this contract or other insurance contracts.

6. Notwithstanding the provisions of the preceding paragraph, the Death and Permanent Disability coverages are not cumulative. Should the legal representatives of the Insured Person die as a result of an accident that occurred within two years of the accident date, the value of the compensation for Permanent Disability that may have been awarded or paid for the same accident shall be deducted from the compensation for Death.

7. Should Death or Permanent Disability occur two years after the accident date, no compensation or monthly annuity shall be paid or guaranteed.

8. Unless otherwise expressly stated, this coverage shall end at the end of the annuity in which the Insured Person turns 18 years of age.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Death or Permanent Disability due to Traffic Accident

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Permanent Disability: is the situation of permanent functional limitation, with no possibility of improvement, susceptible to medical verification, arising as a result of sequelae produced by an accident encompassed by this contract, and that totally or partially disables the Insured Person, and to which corresponds a coefficient of impairment.

2 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the event of Permanent Disability of the Insured Person, provided it occurred as a result of an accident guaranteed by this contract, caused or occurred with a public or private transport vehicle, when verified in circulation with the purpose of going from one place to

another, on normal land, sea or air traffic routes, regardless of the Insured Person, victim of the accident, be a pedestrian, a driver or a passenger of that vehicle, immediately or within two years of the accident date, unless otherwise expressly stated in the Particular Conditions or in the Individual Certificate, and the causal link with the accident being clinically verified, payment of the damages due to the Beneficiaries designated in the Particular Conditions or in the Individual Certificate or, in the absence thereof, to the legal heirs of the Insured Person.

2. Should Death or Permanent Disability occur two years after the accident date, no compensation nor, when provided for, monthly annuity, shall be paid.

3. This coverage also hereby guarantees the entry or exit of the Insured Persons in the above identified vehicles, as well as their active participation, during a trip, in minor repairs and breakdown of the land vehicle.

4. The Death and Permanent Disability coverages provided under this Special Condition are not cumulative, wherefore should, as a result of an accident guaranteed by the policy, the Insured Person die within two years of the accident date, the compensation amount for Permanent Disability that may have been awarded and paid by the Insurer as a result of the same accident shall be deducted from the compensation amount for Death.

5. This contract does not guarantee the risk of death to minors under 14 years of age or to those who, due to a psychic anomaly or other cause, prove unable to govern their person, except in cases where the coverage of the risk of death due to accident of children under the age of 14 is mandatory by law or has been underwritten by educational, sports or similar institutions, which are not beneficiaries of it.

6. In the case of Permanent Disability of the Insured Person, as a result of an accident guaranteed by this contract, payment to the Insured Person of the compensation amount corresponding to the insured capital and to the degree of impairment clinically found, determined in accordance with the objective application of the Impairment Assessment Table referred to in the Particular Conditions or in the Individual Certificate.

7. Compensations for Permanent Disability are calculated considering only the degree of Disability, regardless of whether the Insured Person may or may not practice their professional, sporting, cultural or recreational activity.

8. Unless otherwise agreed, the degree of impairment of Total or Partial Permanent Disability is always attributed in accordance with the Table referred to in paragraph 6 and, for the purpose of compensation, another degree of impairment attributed to the Insured Person shall not be recognised by the Insurer.

9. Compensation for injuries, even if of minor importance, not listed in the Table referred to in paragraph 6, shall be calculated in proportion to their seriousness compared to the cases listed, without taking into consideration the professional, sporting, cultural or recreational activity in which the Insured Person was engaged.

10. Physical defects related to limbs or organs that the Insured Person already had before the accident shall be taken into consideration when establishing the degree of impairment due to the accident, which shall correspond to the difference between the already existing disability and that henceforth.

11. The partial or total functional incapacity of a limb or organ is similar to the corresponding partial or total loss.

12. Regarding the same limb or organ, the accumulated impairments cannot exceed those which would correspond to the total loss of that limb or organ.

13. Whenever an accident results in injuries to more than one member or organ, the total compensation is calculated by adding up the amount of compensation for each of the injuries, without the total exceeding the insured capital.

14. Should the Insured Person be left-handed, the disability percentages established in the Table referred to in paragraph 6 for the right upper limb shall apply to the left upper limb and vice versa.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Treatment and Repatriation Expenses

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Treatment Expenses: expenses related to medical fees and hospitalisation, including medication and nursing assistance, physical and rehabilitation medicine prescribed by a physiatrist and carried out by physical therapists, deemed necessary for the clinical treatment of the injury, as a result of an accident guaranteed by this contract, as well as, transportation expenses, previously validated by the Insurer's clinical services, when the Insured Person is physically unable to travel by their own means to the treatment facilities.

Repatriation Expenses: expenses with the justified and clinically adequate transport of the Insured Person, in the event of an accident occurring abroad that justifies repatriation to the place of residence or hospital, in Portugal, and whose suitability is duly validated by the Insurer, depending on the severity of the accident.

2 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in the event of Treatment and Repatriation Expenses arising from an accident covered by this contract, refund, up to the stipulated limit in the Particular Conditions or in the Individual Certificate, of the necessary expenses to treat the injuries suffered, as well as any exceptional expenses related to repatriation in clinically adequate transportation in view of the injuries suffered, under the terms of the following paragraph.
2. Payment shall be made against the delivery of original documents proving the payment of the expense, considered necessary by the insurer.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Daily Hospitalisation Allowance

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Absolute Temporary Disability with hospitalisation - Temporary Disability while the Insured Person is hospitalised.

2 - Coverage

1. This coverage guarantees, in case of Absolute Temporary Disability with Hospitalisation as a result of an accident guaranteed by this contract, should hospitalisation take place within 180 days after the incident date, payment to the Insured Person of the daily allowance established in the Particular Conditions or in the Individual Certificate while their hospitalisation continues for a period not exceeding 360 days per claim, counted from the Insured Person's date of admission.
2. Payment of the allowance shall be made by day of hospitalisation, corresponding to a 24-hour stay in hospital.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Daily Allowance After Hospital Discharge

1 - Coverage

1. This coverage guarantees, in the event of hospitalisation of the Insured Person as a result of an accident guaranteed by this contract, payment of a daily allowance, after hospital discharge, provided that the follow-up by a third person is justified by medical statement and validated by the insurer's medical services, said subsidy not being able to exceed 60 consecutive or interspersed days, per annuity and per Insured Person.
2. For the purposes of paying the daily allowance, full days shall correspond to periods of 24 hours of assistance.

2 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Family Civil Liability

1 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, up to the stipulated limit set forth therein, payment of compensations legally required to the Insured Person as non-contractual civil liability, due to property and non-property damage arising from personal or material injuries, involuntarily caused to third parties, within the scope of their private life.

2. The guarantees of this coverage are extended to the Insured Person's household as well as to the acts or omissions of domestic staff, when performing their professional duties, in the service of the Insured Person.
3. Damage to glasses (rims and lenses), televisions, photography and film cameras, computers, gaming consoles, mobile phones, smartphones, iPads, iPhones, tablets and the like is only accepted upon presentation of an invoice or receipt with identification from the owner of the damaged object.
4. The amount to be indemnified, without prejudice to the application of any deductibles and capital limits, shall be calculated according to the commercial value of the asset at the date of the claim, taking into account depreciation inherent to its age, degree of wear and tear, use and condition.
5. The guarantee provided by this coverage covers actions or omissions which generate civil liability, occurred during the period of validity of this coverage and that are claimed, unless otherwise expressly stated in the Particular Conditions or the Individual Certificate, up to a maximum of two years after the end of the validity of the coverage, when the parties were unaware of those harmful events.
6. Unless otherwise expressly stated in the Particular Conditions or in the Individual Certificate, legal expenses are only guaranteed when the compensation awarded to the injured persons does not exhaust the insured capital, and up to the limit thereof.

2 - Specific Coverage Exclusions

In addition to the exclusions provided for in the General, Special and Particular Conditions, the following are excluded from this coverage's scope of guarantees:

- a) Damage resulting from accidents caused by any land, water or air vehicle, for which, under the terms of the legislation in force, it is mandatory to take out insurance;
- b) Damage resulting from accidents caused by the use of any bicycle with an auxiliary engine or its equivalent;
- c) Damage resulting from accidents caused by the use of bicycles with two or more wheels activated by the driver themselves, using pedals or similar devices, including scooters and motorless skateboards, when occurring on public roads;
- d) Damage to third-party assets or belongings that have been entrusted to the Insured Person for safekeeping, personal or professional use, or other purposes;
- e) Damage caused to third parties arising from contractual, professional or employer's civil liability;
- f) Claimed damage, whenever the damaged goods or objects have, after the incident, been destroyed or repaired by the Policyholder or injured person, without the Insurer's prior inspection or consent;
- g) Damage caused to any members of the Insured Person's household, ascendants and descendants, persons with whom they live or whom are under their custody;
- h) Damage occurring when the Insured Person is, by law or legal transaction, under the custody or supervision of third parties;

- i) Damage as a result of maintenance, repair and transformation works and expansion of buildings or units;
- j) Damage caused by the possession, use or property of animals;
- k) Damage while owner, lessee, usufructuary, tenant or holder, in any capacity, of real estate or units;
- l) Damage within the scope of criminal, misdemeanour or disciplinary liability;
- m) Fees of attorneys and solicitors representing the Insured Person;
- n) Sureties, fines and other charges of the same nature;
- o) Damage as a result of hunting;
- p) Compensation due by the Insured Person in a punitive manner, for exemplary damage, damage of revenge and other of a similar nature;
- q) Damage due to loss of profits or similar loss;
- r) Damage caused by the action of electromagnetic fields;
- s) Pure financial loss or claims based on pure financial losses, that is, damage that do not result directly from the material or personal injury suffered.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Bicycle Civil Liability

1 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, up to the limit set forth therein, payment of compensations legally required to the Insured Person as extra-contractual civil liability, claimed within two years from the date of validity of the coverage, when the parties are unaware of those harmful events, for property and non-property damage arising from personal or material injuries, involuntarily caused to third parties following the use of any bicycle, when driven by the Insured Person, within the scope of their private life.
2. For the purposes of this coverage, Bicycles shall be regarded as those indicated in the following subparagraphs, when used for daily or leisure transport and identified in the Particular Conditions or in the Individual Certificate:
 - a) Bicycles with two or more wheels, driven by the driver by means of pedals or analogous devices, including scooters and motorless skateboards;
 - b) Bicycles with auxiliary engine with a maximum continuous power of 1.0 kW, whose power is progressively reduced with increasing speed and interrupted if it reaches a speed of 25 km/h, or sooner if the driver stops pedalling;
 - c) scooters with an electric motor and circulation devices with electric motor, self-balanced and self-propelled or other similar means of circulation with motor,

provided they have a maximum continuous power of 0.25 kW and reaching maximum speed of 25 km/h.

3. Unless otherwise expressly stated in the Particular Conditions or in the Individual Certificate, legal expenses are only guaranteed when the compensation awarded to the injured persons does not exhaust the insured capital, and up to the limit thereof.

2 - Specific Coverage Exclusions

In addition to the exclusions provided for in the General, Special and Particular Conditions, the following are excluded from this coverage's scope of guarantees:

- a) Damage resulting from accidents caused by vehicles, for which, under the terms of the legislation in force, it is mandatory to take out insurance;
- b) Damage to third-party assets or belongings that have been entrusted to the Insured Person for safekeeping, personal or professional use, or other purposes;
- c) Damage caused to third parties arising from contractual, professional or employer's civil liability;
- d) Claimed damage, whenever the damaged goods or objects have, after the incident, been destroyed or repaired by the Policyholder or injured person, without the Insurer's prior inspection or consent;
- e) All damage caused to any members of the Insured Person's household, ascendants and descendants, persons with whom they live or whom are under their custody;
- f) All damage occurring when the Insured Person is, by law or legal transaction, under the custody or supervision of third parties;
- g) Damage within the scope of criminal, misdemeanour or disciplinary liability;
- h) Compensation due by the Insured Person in a punitive manner, for exemplary damage, damage of revenge and other of a similar nature;
- i) Damage due to loss of profits or similar loss;
- j) Damage caused by the action of electromagnetic fields;
- k) Pure financial loss or claims based on pure financial losses, that is, damage that do not result directly from the material and/or personal injury suffered;
- l) Fees of attorneys and solicitors representing the Insured Person;
- m) Sureties, fines and other charges of the same nature.

3 - Deductibles and Grace Periods

1. The deductible, or other limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition – Golf Civil Liability

1 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, up to the limit set forth therein, payment of compensations legally required to the Insured Person as non-contractual civil liability, due to property and non-property damage arising from personal or material injuries, caused by the Insured Person to third parties arising from the amateur and non-federated practice of Golf, on a Golf Course, created specifically for that purpose, within the scope of their private life, non-professional activities being understood as such.

2. Damage to glasses (rims and lenses), photography and film cameras, mobile phones, smartphones, iPads, iPhones, tablets and the like is only accepted upon presentation of an invoice or receipt with identification from the owner of the damaged object.

3. The amount to be indemnified, without prejudice to the application of any deductibles and capital limits, shall be calculated according to the commercial value of the asset at the date of the claim, taking into account depreciation inherent to its age, degree of wear and tear, use and condition.

4. The guarantee provided by this coverage covers actions or omissions which generate civil liability, occurred during the period of validity of this coverage and that are claimed, unless otherwise expressly stated in the Particular Conditions or the Individual Certificate, up to a maximum of two years after the end of the validity of the coverage, when the parties were unaware of those harmful events.

5. Unless otherwise expressly stated in the Particular Conditions or in the Individual Certificate, legal expenses are only guaranteed when the compensation awarded to the injured persons does not exhaust the insured capital, and up to the limit thereof.

2- Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in the General, Special and Particular Conditions, the following are excluded:

- a) Damage resulting from driving or owning any land, water or air vehicle, for which, under the terms of the legislation in force, it is mandatory to take out insurance;
- b) Damage to third-party assets or belongings that have been entrusted to the Insured Person for safekeeping, personal or professional use, or other purposes;
- c) Damage caused to third parties arising from contractual, professional or employer's civil liability;
- d) Claimed damage, whenever the damaged goods or objects have, after the incident, been destroyed or repaired by the Policyholder or injured person, without the Insurer's prior inspection or consent;

- e) Damage caused to any member up to a second degree relationship of the Insured Person's household, ascendants and descendants or persons with whom they live or whom are under their custody, or legal entities owned by themselves or by them;
- f) Damage occurring when the Insured Person is, by law or legal transaction, under the custody or supervision of third parties;
- g) Damage to electronic or computer equipment not specified in Paragraph 1(2). Coverage;
- h) Damage caused by the possession, use or property of animals;
- i) Damage within the scope of criminal, misdemeanour or disciplinary liability;
- j) Fees of attorneys and solicitors representing the Insured Person;
- k) Sureties, fines and other charges of the same nature;
- l) Compensation due by the Insured Person in a punitive manner, for exemplary damage, damage of revenge and other of a similar nature;
- m) Damage due to loss of profits or similar loss;
- n) Damage caused by the action of electromagnetic fields;
- o) Pure financial loss or claims based on pure financial losses, that is, damage that do not result directly from the material or personal injury suffered;
- p) Damage caused by any members of the Insured Person's household, ascendants and descendants, persons with whom they live or whom are under their custody.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Personal Baggage

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Baggage: clothing and objects for personal use of the Insured Person, when transported in luggage, bags or other packages duly packed;

Unaccompanied Baggage: baggage that has been delivered under the responsibility of a transport company, upon proof of delivery;

Accompanied Baggage: baggage in the custody and responsibility of the Insured Person, understanding as such all situations not included under the term 'unaccompanied baggage'.

Travel: the travel of the Insured Person to stay overnight outside the place of their main residence, with their proof of accommodation or transport, and ending with the return to the place of residence or the place of completion of the scheduled trip.

2 – Accompanied Baggage Coverage

The Personal Baggage coverage shall guarantee, in case of damage caused to the Insured Person's baggage, when carried by the latter, during a trip made by the Insured Person, compensation up to the limit stipulated in the Particular Conditions or in the Individual Certificate, and provided that they result from:

- a) Breakage, tear and dent;
- b) Theft committed with violence or by breaking and entering;
- c) Fire, lightning, or explosion;
- d) Natural disasters (storms, floods and seismic phenomena);
- e) Strikes, riots and disturbances to public order, unless the Insured Person participates in such acts;
- f) Accidents with the means of transport used.

3 – Unaccompanied Baggage Coverage

The Personal Baggage coverage shall also guarantee compensation up to the limit stipulated in the Particular Conditions or in the Individual Certificate in case of loss or damage caused to the Insured Person's Unaccompanied Baggage, during a trip made by the latter, transported in luggage, bags or other volumes properly packed and delivered under the responsibility of a carrier.

4 – Obligations of the Policyholder or the Insured Person in the event of Claim

1. The Policyholder or the Insured Person shall, in the event of claim guaranteed by this contract, in addition to the provisions of clause 24 of the General Conditions and, if applicable, have the obligations to:

- a) Immediately complain to the carrier, hotel or other responsible entity, within the deadlines stipulated by each entity, all damage that can be ascertained, obtaining proof of the claim submitted;
- b) Report it to the police authorities, within 24 hours, in case of theft, obtaining proof of report;
- c) Take all measures to minimise the damage.

2. Submit to the Insurer the written claim within eight days accompanied by the following elements:

- a) Detailed description of the incident and the damaged items with their corresponding value, of the losses and damage sustained by the baggage;
- b) Copy of the claim presented to the Carrier or other entity possibly responsible for the damage and corresponding response;
- c) Copy of the police report in the case of theft;
- d) Justification of the value when thus requested by the Insurer.

5 - Payment of Compensation

1. The amount insured by this guarantee must correspond to the original purchase price of the asset, with depreciation due to use or wear and tear, considering the limits indicated in the Particular Conditions or in the Individual Certificate.

2. Depreciation is fixed at 1 % per year, with a minimum of 5 %, of the acquisition value of the asset, counted from the corresponding acquisition date and upon presentation of the corresponding proof under the Insured Person's name, or 20 % in the absence of said supporting evidence.

3. In case there is baggage acquired during the trip, payment is made considering the value without depreciation, upon presentation of the corresponding proof of purchase, under the Insured Person's name.

4. If there is compensation from the company responsible for the means of transport, or compensation for losses by hotels or other persons responsible, this amount shall be deducted from the amount of compensation payable by the Insurer.

5. The Insurer has the option to opt for the repair, restoration or replacement of the damaged items or to pay compensation, under the terms of the preceding paragraphs.

6. Should, at any time, the missing objects be totally or partially recovered, the Insured Person shall undertake to immediately notify the Insurer, which shall only be liable for any damage suffered, except when the claim has already been settled, in which case the Insurer shall become the owner of said objects.

6 - Specific Coverage Exclusions

1. The coverage guaranteed by this Special Condition shall not extend to:

- a) Rare objects, antiques, works of art, collection pieces, trade and showcase pieces, weapons, paintings, medals, objects in whose composition include metals or precious stones, jewellery, watches, glasses, fur coats, pens;
- b) Cash, checks, credit cards, travel tickets, shares, certificates or any other debit or credit instruments or means of payment, bonds of any kind, documents, proofs of payment, information media (discs, films, magnetic strips and the like), travel tickets, policies;
- c) Mobile telephones, sound or image recording equipment, gaming consoles, computers and other computer or electronic equipment;
- d) Ski, snowboarding and any other type of sports equipment.

2. In addition to the exclusions set forth in the General and Special Conditions, this coverage shall also not guarantee:

- a) Damage resulting from improper handling by the carriers;
- b) Damage to prostheses, orthotics or medicinal items;
- c) Normal wear and tear due to the use of the insured object;
- d) Deprivation of use;
- e) Moral damage.

7 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the

Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Theft or Robbery of Golf Equipment

1 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, in case of theft or robbery of golf equipment, refund, up to the stipulated limit in the Particular Conditions or in the Individual Certificate, of the expenses necessary to replace the Golf equipment, when duly stored in the premises of a Golf Club or Golf Course, or inside the Insured Person's own car, during its transport to and from a Club or Golf Course.

2. The coverage is valid only in case there is evidence of violation of the premises, or of the vehicle, or if the driver has been physically coerced, and by sending the proof of the corresponding communication to the authorities.

3. For the purposes of this coverage, golf equipment shall include clubs, trolley, balls, gloves, flags, pins, markers, forks and shoes.

2 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Damage to Golf Equipment

1 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, up to the stipulated limit therein, in case of damage to Golf equipment, arising from the accident, refund of the expenses necessary to replace or repair the Insured Person's Golf equipment, damaged by accident during this sport, provided it is carried out in a designated location.

2. For the purposes of this coverage, golf equipment shall include clubs, trolley, balls, gloves, flags, pins, markers, forks and shoes.

3. Normal wear and tear resulting from the use of the equipment shall not be covered

by the scope of this coverage.

2 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Caddy Treatment Expenses

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Treatment Expenses: expenses related to medical fees and hospitalisation, including medication and nursing assistance, physical and rehabilitation medicine prescribed by a physiatrist and carried out by physical therapists, deemed necessary for the clinical treatment of the injury, as a result of an accident guaranteed by this contract, as well as, transportation expenses, previously validated by the Insurer's clinical services, when the Insured Person is physically unable to travel by their own means to the treatment facilities.

Caddy: the person who helps the player in accordance with the rules of golf, which may include holding or carrying the player's clubs during the match.

2 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, and up to the stipulated limit therein, guarantees the payment of Treatment Expenses arising from an accident covered by this contract, suffered by the Caddy during the golf match where they assist the Insured Person.
2. Payment shall be made against the delivery of original documents proving the payment of the expense, considered necessary by the insurer.
3. This coverage shall not apply should the Caddy be a descendant or relative up to a second degree relationship of the Insured Person.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual

Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Expenses arising from a Hole-in-One

1 - Coverage

This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees the refund, up to the stipulated limit in the Particular Conditions or in the Individual Certificate, of the bar expenses duly proven that, in accordance with tradition, the play shall bear when performing a hole-in-one.

2 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.
2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition – Médis Line

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Médis Line: telephone line ensuring the provision of a telephone service by nurses, available 24/7 and whose telephone number is identified in the policy's contractual documentation.

2 - Coverage

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, guarantees, through the Médis Line, provision of the below indicated services, after identification of the Insured Person, save in situations of clear clinical emergency;
 - a) In situations of illness and accident, the assessment of the clinical situation presented by the Insured Person, the corresponding follow-up and proper referral to the appropriate health care for each case.
 - b) Clinical follow-up by telephone made by nurses to the Insured Person, whenever the clinical situation so determines.
 - c) Following the screening process carried out by the Médis Line, the Insurer may also provide the Insured Person with the Home Emergency Medical Care in Portugal, guaranteed in the Special Condition of Assistance to Persons, if underwritten in the policy.

2. According to the screening process carried out by Médis Line professionals, the Insured Person shall be offered the most appropriate providers to the specific situation, both in the public and private sectors. The selection of the provider shall be the sole responsibility of the Insured Person.

3. The services provided for in this Special Condition may be extended to the Insured Person's household, as defined in the General Conditions of the policy.

3 - Deductibles and Grace Periods

1. The deductible, or other compensation limit, provided it is expressly mentioned in the Particular Conditions or in the Individual Certificate, shall be borne by the Policyholder, by the Insured Person or by the Beneficiaries.

2. When expressly provided for in the Particular Conditions or in the Individual Certificate, the effectiveness of this coverage shall be deferred until after the start of the contract or underwriting by the Insured Person.

Special Condition - Assistance to Persons

1 - Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Serious illness: sudden change in health status that implies immediate hospitalisation.

Serious accident: accident involving immediate hospitalisation.

Serious personal injury: Any injury or illness that, due to its nature, implies or may imply urgent treatment in a hospital and prevents the normal continuation of the trip.

2 - Coverage

1. This Special Condition shall guarantee:

COVERAGES	CAPITAL, DEDUCTIBLES AND OTHER LIMITS
<p>1) Medical, Surgical, Pharmaceutical and Hospitalisation Expenses Abroad</p> <p>Should, as a result of an accident or sudden illness upon a trip abroad, the Insured Person needs emergency medical, surgical, pharmaceutical or hospital assistance abroad, the Assistance Service shall bear up to the stipulated limit, or shall refund by prior agreement with the guidance and opinion of its medical team and upon</p>	<p>Limit: €10 000.00 per Insured Person/period of validity or annuity</p>

<p>presentation of original documentation justifying the expenses and proof of travel:</p> <ul style="list-style-type: none"> a) Expenses and medical and surgical fees; b) Pharmaceutical expenses prescribed by a physician; c) Hospitalisation expenses; d) Expenses with ambulance transportation or other appropriate means, from the location of the incident to the nearest hospital. <p>The Assistance Service shall only be responsible for any surgical intervention if it is considered urgent and unpostponable, and cannot wait for the Insured Person to return to Portugal.</p> <p>Any dental expenses shall be excluded from this coverage.</p>	<p>€50.00 deductible per claim and per Insured Person</p>
<p>2) Emergency Dental Expenses Abroad</p> <p>In dental emergency situations affecting the Insured Person abroad, the Assistance Service shall bear the costs of emergency medical and pharmaceutical expenses abroad, appropriate to the situation and in accordance with the guidance and advice of its medical team, provided they are duly justified with a proof of stay and transport expenses.</p>	<p>Limit: €300.00 per Insured Person/period of validity or annuity</p>
<p>3) Medical Information and Advice</p> <p>The Assistance Service, in a medical emergency, shall bear the responsibility of providing information about the hospitals or more appropriate facilities to the Insured Person's situation. The Assistance Service shall make available to the Insured Persons a medical advice service, provided by a physician, in case of emergency, via telephone, 24 h a day.</p> <p>Medical advice shall consist of:</p> <ul style="list-style-type: none"> a) Assessing symptoms; b) Suggesting immediate health care when appropriate; d) Advising on making medical appointments, going to the hospital or other medical assistance entity; d) Following-up the clinical evolution, after requesting medical advice that has led to a subsequent action by the Assistance Service, by telephone contact with the Insured Person. <p>The information received should always be considered as an auxiliary suggestion of the decision to be taken by the Insured Person or their legal representative, and the</p>	<p>Unlimited</p>

<p>Assistance Service or its clinical staff cannot be held responsible in any way. Medical advice is not a medical diagnosis and is not intended to replace it.</p>	
<p>4) Medical Control Abroad</p> <p>Should the Insured Person be hospitalised, the Medical Team of the Assistance Service shall accompany their treatment and keep contact with their doctor, as well as with the Insured Person's family, whenever the clinical condition justifies it.</p>	<p>Unlimited</p>
<p>5) Repatriation or Medical Transport in Case of Accident or Illness</p> <p>a) The Assistance Service shall guarantee the payment of transport expenses, by the most appropriate means, of the Insured Person who has suffered a serious personal injury or serious illness abroad, to the hospital prescribed by the medical team or to their usual residence, after prior check by the medical team of the Assistance Service, in contact with the attending physician, to determine the most convenient measures to be taken;</p> <p>b) Should, after the repatriation covered by the policy, the Insured Person be admitted to a hospital more than 150 km from their residence, the Assistance Service shall guarantee payment of the subsequent transport expenses, when appropriate, to their residence;</p> <p>c) The means of transport to be used shall be best suited to the urgency and seriousness of the case, as decided by the Assistance Service's medical team.</p>	<p>Unlimited</p> <p>Except for repatriation in case of SARS-CoV-2 (COVID-19) - Limit of €150 000.00 per Insured Person/per period or annuity</p>
<p>6) Sending Emergency Medicines Abroad</p> <p>The Assistance Service shall bear the costs with sending, to the Insured Person's location abroad, indispensable medicines of frequent use of the latter that do not exist locally or have a substitute. The Insured Person shall be responsible for the cost of medicines and customs fees and expenses.</p>	<p>Unlimited</p>
<p>7) Accompaniment of the Insured Person Hospitalised Abroad</p> <p>The Medical, Surgical, Pharmaceutical and Hospitalisation Expenses Abroad Guarantee having been activated, provided for in paragraph 1, should the Insured</p>	<p>Transport: Unlimited</p> <p>Per day of stay: €75.00 per Insured Person</p>

<p>Person be hospitalised for more than five days and should, upon prescription by the attending physician, their transport not be recommended, even with assistance, the Assistance Service shall guarantee the costs of transporting a regular in economy class, a train in first class or any other means suitable and previously validated, so that a household member can travel to be with the Insured Person. The Assistance Service also insures the household member's accommodation expenses with the Insured Person up to the established limits.</p> <p>By agreement between the Insured Person and the Assistance Service, the household member may be replaced by another person.</p>	<p>Limit: €500.00 per claim and per Insured Person</p>
<p>8) Travel Ticket for Early Return of the Insured Person</p> <p>Should, during the trip, the spouse, ascendants, adopted persons, descendants, stepchildren or relatives and the like up to the 2nd degree relationship and collateral of the Insured Person die during the trip, the Assistance Service shall bear the expenses with that person's most adequate transport to their residence or place of burial in Portugal and the return to the place where the trip was interrupted, should the trip need to be resumed or should their vehicle need to be recovered.</p>	<p>Unlimited</p>
<p>9) Search and Transport of Baggage Lost during Air Travel</p> <p>For the purposes of this guarantee, baggage shall be exclusively considered as the complete volume delivered to the custody of an air carrier against a baggage receipt document. Partial disappearance of baggage is excluded from settlement under this special condition.</p> <p>In the event of the Insured Person's loss of baggage under the air carrier's custody, and should they be found and retrieved within 12 hours of the Insured Person's arrival at their destination, the Assistance Service shall guarantee the payment of shipping expenses to the Insured Person's location or residence, bearing the cost of actions taken to locate them, provided they are not borne by the air carrier.</p>	<p>Unlimited</p>
<p>10) Transportation or Repatriation After Death</p> <p>The Assistance Service shall be responsible for all formalities to be carried out at the Insured Person's place</p>	<p>Unlimited</p>

<p>of death, ensuring the corresponding expenses, as well as repatriation or transportation to the place of burial in Portugal.</p>	
<p>11) Urn Expenses</p> <p>Once the repatriation after Death guarantee has been activated, the Assistance Service shall bear the expenses related to the acquisition of minimum urn necessary for the repatriation of the Insured Person up to the stipulated limits.</p>	<p>Limit: €1 500.00 per Insured Person</p>
<p>12) Home Emergency Medical Care in Portugal</p> <p>In the event of sudden and urgent illness, and following Medical Advice, in which the Assistance Service considers the visit of the GP to the Insured Person's residence justified, the Assistance Service shall arrange the emergency medical appointments requested, organising the GP's visit to the Insured Person's residence:</p> <p>a) The Insurer shall bear the medical fees and transportation costs, and the Insured Person shall bear the deductible per appointment as provided for in these conditions up to the annual stipulated limit.</p> <p>b) Should it not be possible for the doctor to make their visit, the Assistance Service shall provide, as an alternative, the Insured Person's transport to the nearest hospital, the cost of transport being included in the coverage.</p> <p>This guarantee is provided in national territory 24/7.</p> <p>For the exclusive purposes of this coverage 12), Insured Persons shall be considered as all persons belonging to the Insured Person's Household.</p>	<p>Deductible: €10.00 per trip and per Insured Person</p>
<p>13) Home Nursing Care</p> <p>In case of existing medical prescription, the Assistance Service shall bear the transportation costs and medical fees for a professional nurse to perform the prescribed nursing acts.</p> <p>The following nursing acts shall be provided for in this guarantee:</p> <ul style="list-style-type: none"> • Treatment of wounds, pressure ulcers and/or scars • Injections; • Catheterisation; 	<p>Limit: 5 acts/per Insured Person/period of validity or annuity</p>

<ul style="list-style-type: none"> • Nasogastric intubations; • Saline administration and monitoring; • Removing stitches and staples; • Hygiene and comfort care services; • Pre and postpartum care; newborn care; • Vaccination; • Aerosols; • Oxygen therapy; • Nursing care for colostomies, ileostomies, tracheostomies and urostomies. <p>The Insured Person shall be responsible for bearing the costs with consumables and medication used in the acts to be provided.</p>	
<p>14) Physical Therapy Services at Home</p> <p>In case of existing medical prescription, the Assistance Service shall bear the transportation, fees and other associated costs for a professional physical therapist to perform the prescribed treatments, possible to carry out at the Insured Person's residence.</p> <p>The associated costs shall be borne by the Assistance Service up to the stipulated limit. Once the limit has been exceeded, the Insurer may provide all services, and all costs shall be borne by the Insured Person, the Assistance Service being only responsible for its availability and organisation.</p>	<p>Limit: 5 sessions/per Insured Person/period of validity or annuity</p>
<p>15) Delivery of medicines in Portugal</p> <p>Following the doctor's visit at home, provided for in coverage 12), the Assistance Service shall provide the delivery of the medicines prescribed in said appointment.</p> <p>The cost of medication shall be borne by the Insured Person.</p> <p>For the exclusive purposes of this coverage 12), Insured Persons shall be considered as all persons belonging to the Insured Person's Household.</p>	<p>Unlimited</p>
<p>16) Home Assistance in the event of Accident or Illness in Portugal</p>	<p>Limit: 5 days per Insured Person/per period of validity or annuity</p>

<p>The Insurer provides a Home Assistance service to help with the preparation of meals, hygiene, delivery of meals or running errands following an Accident or Illness of the Insured Person which limits them in their daily activities.</p>	<p>€15/day co-payment</p>
<p>17) Scheduling of Health Care Services in Portugal</p> <p>The Insurer shall provide an Health Care appointment service in Portugal, such as appointments or complementary exams. The cost of the corresponding scheduled services shall be borne by the Insured Person.</p>	<p>Unlimited</p>
<p>18) Check-up</p> <p>The Insurer shall provide for, through the Assistance Service, an annual health check-up with the following exams and tests:</p> <ul style="list-style-type: none"> a) Medical examination b) Resting Electrocardiogram, 12 leads, with report c) Chest X-ray PA, with report d) CBC with platelets e) Fasting blood sugar f) Uric Acid g) Creatinine h) Total Cholesterol i) HDL Cholesterol j) Triglycerides k) Urine Type II 	<p>Limit: 1 use/per period of validity or annuity</p> <p>Deductible: €40.00 per use and per Insured Person</p>

2. When underwritten and provided for in the Particular Conditions or in the Individual Certificate, the 'Academic Extension' Extension of Guarantees for the destinations and periods identified shall also guarantee the following:

2.1. The capital provided for in Guarantee 1. The Medical, Surgical, Pharmaceutical and Hospitalisation Expenses Abroad shall go from €10 000 to €20 000.

2.2. Guarantee 8. Travel Ticket for the Insured Person's Early Return, provided for in paragraph 2. Coverages of the Special Condition - Assistance to Persons, in addition to what is provided for, shall also guarantee the return ticket to the country where the student is studying.

2.3. The following coverage:

Tuition Fee Protection Payment of the tuition fee, according to the stipulated limit, in situations where the Insured Person, for health reasons that lead to hospitalisation or that prove, and upon medical prescription, make it impossible to attend school for a period of no less than ten consecutive days each month. All situations require the approval of the Clinical Board of the Assistance Service.	Limit: €1 000.00 per Insured Person/period of validity or annuity
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3. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except in cases of force majeure or material impossibility demonstrated, as well as those that, being related to the journey made by the Insured Person, are not duly proven upon presentation of the original documents and proof of travel.

4. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

3- Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following shall be excluded:

- a) Accident at work whose requested assistance guarantees are covered by a valid Workers' Compensation policy;**
- b) Events that occur before the Insured Person takes out this coverage, even if their consequences are prolonged or manifest after their adhesion;**
- c) Accidents attributable to the Insured Person and occurring when the Insured Person is under the influence of psychotropic substances, narcotic drugs, or any drugs or toxic products with no medical prescription or also when demonstrating a blood alcohol level equal to or greater than that permitted by law;**
- d) Those resulting from acts of war, strikes, riots and disturbances to public order;**
- e) Events, injuries or illnesses already existing before the start of the journey, even if their consequences are prolonged or manifested after the start of the journey, as well as accidents resulting from an illness or pathological condition existing before the start of the journey;**

- f) Mental illness or any psychiatric disorder;
- g) Suicide or attempted suicide by the Insured Person and its consequences, as well as other deliberate acts committed by the Insured Person on themselves;
- h) Accidents resulting from the practice of professional or federated amateur sports and respective training as well as from the practice of other sports such as mountaineering, all sports designated as extreme sports and other similarly dangerous sports, unless expressly contracted in a Particular Condition or Individual Certificate;
- i) Treatments in thermal hot springs or beaches and, in general, cures involving fresh air or relaxation, as well as cosmetic treatments;
- j) Expenses with preventive medicine, vaccines or similar including medical fees;
- k) Rehabilitation and physiotherapy expenses borne without the agreement of the Assistance Service's medical team;
- l) Medical expenses for treatments started in the Country of residence or nationality;
- m) Childbirth or C-section and any type of situation arising from the state of pregnancy;
- n) Expenses with any type of prostheses or orthosis, including glasses and contact lenses, other than the first intrasurgical prosthesis arising from an accident covered by the policy;
- o) Accidents resulting from the use by the Insured Person of two- or three-wheel motor vehicles or quad bikes, unless expressly contracted in Particular Condition or Individual Certificate;
- p) Illnesses resulting from the Insured Person's failure to take adequate prophylaxis for diseases existing in the country of destination, namely, recommended vaccination or medication;
- q) Incidents arising from epidemics, deaths, medical quarantine both in the country of origin and in the destination of travel or in the transit countries, except infection with the Coronavirus SARS-CoV-2 (COVID-19);
- r) Any costs with SARS-CoV-2 (COVID-19) tests required by the local border control authorities, with the purpose of the Insured Person accessing the destination, shall not be guaranteed;
- s) o) Circumstances known prior to the underwriting of this policy, or the inclusion of the Insured Person or upon booking of any trip, which could reasonably lead to the cancellation of the trip or interruption thereof;
- t) p) Claims arising in the course of a travel, in cases where the local authorities of destination or of origin have advised against travel to that destination.

Special Condition - Youth Assistance

1 - Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

2 - Coverage

1. This Special Condition shall guarantee:

<p>1) Home Schooling in Portugal</p> <p>In the event of an accident or illness of the Insured Person causing immobilisation for more than three days, preventing travel to the school, the Assistance Service shall guarantee the dispatch of a qualified professional to provide school assistance at home.</p>	<p>5 Hours per day</p> <p>Limit: 30 days per annuity and per Insured Person</p>
<p>2) Career Guidance in Portugal</p> <p>The Assistance Service, at the request of the Insured Person, shall arrange for vocational psychotechnical tests to be taken, up to the stipulated limits.</p>	<p>€30.00 contribution to be borne by the Insured Person</p> <p>Maximum of 1 appointment per annuity and per Insured Person</p>
<p>3) Special Transport for Young People and Children in Portugal</p> <p>Should the Insured Person experience an unforeseen event that prevents them from traveling, the Assistance Service shall ensure the transport of the minor in specialised transport.</p>	<p>Maximum of 10 Trips per annuity and per Insured Person</p> <p>Limit: €50 per Trip</p>
<p>4) Online Tutoring</p> <p>Should the Insured Person experience an unforeseen event that prevents them from traveling, the Assistance Service shall ensure online tutoring sessions, provided by a specialised professional.</p>	<p>2 Hours per week</p> <p>Limit: 30 days per annuity and per Insured Person</p>
<p>5) Computer Support - Repair of Malfunctions</p> <p>The Assistance Service shall bear the repair costs of the following devices: PC towers, portable PC, tablet, smartphone, bearing the labour costs, as well as those with the replacement of any parts that may be necessary, up to the stipulated limits.</p>	<p>Deductible: €20/per request</p> <p>Max. €200/per request</p> <p>Limit: 2 requests/period of validity or annuity/per Insured Person</p>
<p>6) Online Reputation Management</p> <p>The Assistance Service shall guarantee, up to the contractually stipulated limits, the expenses related to the removal of damage caused to the Insured Person's online reputation motivated by Cyberbullying.</p>	<p>Limit: €200.00</p> <p>per Insured Person/period of validity or annuity</p>

<p>Damage shall comprise defamation, insult and slander through written records, images or videos published on a blog, discussion forum, social media or other website, perpetuated by an aggressor against the Insured Person with a view to denigrate their image.</p> <p>In the event of a loss guaranteed by this Coverage, the Assistance Service shall make available to the Insured Person the contact of a company specialised in the recovery of their reputation online, bearing their intervention costs up to the stipulated limits.</p> <p>This company's mission shall be to, on the one hand, remove harmful content from the websites indicated by the Insured Person and, on the other hand, research elements that prove and identify of Cyberbullying and its Aggressors, respectively, subject to the technical limitations inherent to the Internet.</p> <p>Should suppression of the content identified on the websites indicated by the Insured Person be impossible, the company specialised in online reputation shall analyse the possibility of placing/introducing positive content that shall be referenced on the main search engines' first search result pages. The result obtained shall be conditioned to the absence of modifications of the research algorithms used. The purpose of this new content shall be to reduce harmful information that shows up in the results of major search engines.</p> <p>The intervention of the Assistance Service and that of the company specialised in online reputation in carrying out the removal or blocking shall constitute an obligation of means and not of results. Thus, the Assistance Service shall undertake to use all means useful for the success of the operation without guaranteeing that the expected result shall be necessarily achieved.</p>	
<p>7) Psychological Support</p> <p>The Assistance Service shall guarantee, in case of violence in a school setting - Bullying or Cyberbullying - the organisation and availability of an assessment consultation and/or monitoring of the Insured Person up to the stipulated limit.</p> <p>This guarantee shall not refund expenses, the organisation and scheduling of appointments being carried out directly by the Assistance Service.</p>	<p>Limit: 3 appointments/period of validity or annuity/per Insured Person</p>

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except

in cases of force majeure or material impossibility demonstrated, as well as those that, being related to the journey made by the Insured Person, are not duly proven upon presentation of the original documents and proof of travel.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

3- Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following shall be excluded:

- a) Accident at work whose requested assistance guarantees are covered by a valid Workers' Compensation policy;**
- b) Events that occur before the Insured Person takes out this coverage, even if their consequences are prolonged or manifest after their adhesion;**
- c) Accidents attributable to the Insured Person and occurring when the Insured Person is under the influence of psychotropic substances, narcotic drugs, or any drugs or toxic products with no medical prescription or also when demonstrating a blood alcohol level equal to or greater than that permitted by law;**
- d) Those resulting from acts of war, strikes, riots and disturbances to public order;**
- e) Mental illness or any psychiatric disorder;**
- f) Suicide or attempted suicide by the Insured Person and its consequences, as well as other deliberate acts committed by the Insured Person on themselves;**
- g) Accidents resulting from the practice of professional or federated amateur sports and respective training as well as from the practice of other sports such as mountaineering, all sports designated as extreme sports and other similarly dangerous sports, unless expressly contracted in a Particular Condition or Individual Certificate;**
- h) Treatments in thermal hot springs or beaches and, in general, cures involving fresh air or relaxation, as well as cosmetic treatments;**
- i) Expenses with preventive medicine, vaccines or similar including medical fees;**
- j) Accidents resulting from the use by the Insured Person of two- or three-wheel motor vehicles or quad bikes, unless expressly contracted in Particular Condition or Individual Certificate;**
- k) Illnesses resulting from the Insured Person's failure to take adequate prophylaxis for diseases existing in the country of destination, namely, recommended vaccination or medication;**
- l) Incidents arising from epidemics, deaths, medical quarantine both in the country of origin and in the destination of travel or in the transit countries, except infection with the Coronavirus SARS-CoV-2 (COVID-19);**

- m) Any costs with SARS-CoV-2 (COVID-19) tests required by the local border control authorities, with the purpose of the Insured Person accessing the destination, shall not be guaranteed;
- n) Circumstances known prior to the underwriting of this policy, or the inclusion of the Insured Person or upon booking of any trip, which could reasonably lead to the cancellation of the trip or interruption thereof.

Special Condition - Travel Assistance

1 - Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

Serious illness: sudden change in health status that implies immediate hospitalisation.

Serious accident: accident involving immediate hospitalisation.

Serious personal injury: Any injury or illness that, due to its nature, implies or may imply urgent treatment in a hospital and prevents the normal continuation of the trip.

2 - Coverage

1. This Special Condition shall guarantee:

1) Contribution for Accommodation Expenses The Medical, Surgical, Pharmaceutical and Hospitalisation Expenses Abroad Guarantee having been activated, provided for in this table's paragraph 1 and, should the Insured Person need to, by medical prescription, extend their stay for convalescence or recovery, after previous validation by their medical services, the Assistance Service shall bear the corresponding hotel accommodation expenses up to the stipulated limits.	Per day: €75.00 per Insured Person Limit: €500.00 per claim and per Insured Person
2) Travel Cancellation or Interruption In the event of Cancellation or Interruption of a Travel Scheduled or already started due to force majeure, the Assistance Service shall guarantee the refund of a percentage of the irrecoverable expenses of transport and accommodation up to maximum limit defined as follows: Should cancellation occur between the 59th and 30th day prior to the start of the travel: - Payment of 10 % of the expenses borne; Should cancellation occur between the 29th and 10th day prior to the start of the travel:	Limit: €1 000.00 per claim and per Insured Person

<p>- Payment of 40 % of the expenses borne; Should cancellation occur between the 9th day prior to the start of the travel and on the travel day itself:</p> <p>- Payment of 100 % of the expenses borne; In case of interruption of the trip:</p> <p>- Payment of 100 % of the expenses borne.</p> <p>Claims under this warranty must be documented with:</p> <ul style="list-style-type: none"> a) Original transport ticket (if applicable); b) Original receipts corresponding to travel and accommodation expenses; c) Death certificate, in case of activation of the death coverage; d) Medical report proving the disease or serious accident, in case of activation of the coverage for these reasons; e) Other proofs considered necessary according to the specific situation in question. <p>The following situations shall be considered as force majeure for the purposes of this coverage, excluding any incident whose reason is not mentioned below:</p> <ul style="list-style-type: none"> • Death, serious illness or serious accident with bodily harm of the Insured Person, their spouse or companion/partner; • Death, serious illness or serious accident with bodily harm of a relative (ascendants or descendants) in first or second degree of the Insured Person, their spouse or companion/partner; • Death, Serious illness or serious accident with personal injury of a person appointed to care for minors, persons with disabilities or elderly, under the Insured Person's care; • Death, serious illness or serious accident with personal injury of a professional substitute of the Insured Person; • Infection by SARS-CoV-2 coronavirus (COVID-19) of the Insured Person, their spouse or 1st degree descendants; • Incident of serious proportions in the Insured Person's residence or at their place of work, caused by theft, fire, explosion, flood and that causes damage greater than 50 % of the total value of the contents or 50 % of the total value of the building; 	<p>Per day of holiday not taken: €100.00 per day and per Insured Person</p>
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- The integration of the Insured Person in a new job (in a different company and with a different work contract), whenever the integration takes place after the purchase of the trip. This guarantee shall not be valid for fixed-term contracts, in the event of termination of the contract by the Insured Person or by the employer during the trial period;
- Transfer of the place of work that implies absence of the Insured Person from their usual residence for a period longer than three months;
- Dismissal of the Insured Person during the 15 days prior to the date of exit;
- Should the Insured Person be an employee and the company where they work has initiated a judicial liquidation process;
- Should the Insured Person or spouse have won a travel package in a public lottery and before a notary, which must be used in a period that overlaps with the trip;
- Any illness of the Insured Person who is under 14 years of age and which prevents them from traveling and is duly proven by a doctor from the Assistance Service;
- Notification for the Insured Person to testify in court as a party or as a witness;
- Summons to be at a polling station during presidential, European, parliamentary or municipal elections;
- Unexpected call for a surgical intervention;
- Unexpected call for organ transplantation;
- Complications during the first six months of pregnancy or abortion of the Insured Person, spouse or persons under their care;
- Welcoming of an adopted child;
- Cancellation of the trip by one of the Insured Persons on the policy who were to accompany the Insured Person on the trip, where the cancellation has its origin in one of the causes listed above;
- Acts of air, land and sea piracy that make it impossible for the Insured Person to start the trip;
- Theft of documents that make it impossible to start the trip;
- Cancellation of the wedding when the trip was a 'honeymoon';
- Inhabitability of the Insured Person's destination Hotel (or equivalent), due to a serious incident resulting from: seismic shock, flood, fire, explosion (not motivated by any of the exclusions

<p>provided), subsidence, typhoons, hurricanes, cyclones, lightning strike or fall of celestial bodies, flash flood or overflow of natural or artificial watercourses;</p> <ul style="list-style-type: none"> • Declaration of a disaster area by the local authorities at the travel destination, or the national authorities of the country where the travel starts, which renders the travel package acquired by the Insured Person unusable. The origins of the catastrophe that allow the use of this coverage are: seismic shock, floods, explosion (not motivated by any of the exclusions provided for or described in these special conditions) and subsidence, fire, typhoons, hurricanes, cyclones, lightning strike or fall of celestial bodies, flash flood or overflow of natural or artificial watercourses. <p>In the context of this coverage, in the event of a claim, should there be a compensation by the Insurer under other insurances, of the same company, of the airline, of the company responsible for the means of transport, accommodation providers, booking agents, travel agent, PayPal or other entity or compensation scheme, this amount shall be deducted from the amount guaranteed by the Insurer.</p> <p>This special condition shall also provide for compensation for leave not taken due to travel interruption:</p> <p>In the event of death, serious accident or serious illness of the Insured Person, the Assistance Service shall guarantee, up to the stipulated limit, a per diem of leave not taken, applied exclusively in the event of the Insured Person's death or should the Insured person be required to interrupt their leave in advance as a result of being repatriated.</p>	
<p>3) Delay in Departure Trip</p> <p>In case of delay of the means of transport of the departure journey for more than six hours and provided that the Insured Person's residence is more than 150 km from where the trip started, the Assistance Service shall guarantee to the Insured Person refund of the accommodation expenses, up to the stipulated limit. Claims under this guarantee shall be justified by the following documents:</p> <p>a) Transport ticket;</p>	<p>For every 6 hours of delay: €50.00 per Insured Person</p> <p>Limit: €250.00 per claim and per Insured Person</p>

<p>b) Receipt corresponding to expenses borne with accommodation.</p> <p>In the context of this coverage, in the event of a claim, should there be a compensation by the airline, or by the company responsible for the means of transport, this amount shall be deducted from the amount guaranteed by the Assistance Service.</p>	
<p>4) Loss of Connection Flight</p> <p>Should the Insured Person lose a connection flight between the means of transport contracted due to a delay greater than four hours of the first means of transport, the Assistance Service shall guarantee the additional accommodation or transport expenses required, up to the stipulated limit.</p> <p>For this guarantee to work, the Insured Person must show that the booking initially made already contemplated lay-over times.</p> <p>In the context of this coverage, in the event of a claim, should there be a compensation by the airline, or by the company responsible for the means of transport, this amount shall be deducted from the amount guaranteed by the Assistance Service.</p>	<p>Per day: €150.00 per Insured Person</p> <p>Limit: €1 500.00 per claim and per Insured Person</p>
<p>5) Delay in Receiving Baggage</p> <p>The Assistance Service shall guarantee refund of the purchase of clothing or hygiene items, up to the stipulated limit, made as expenses due to the delay in the collection of the Insured Person's Baggage in the course of a trip, provided that this delay is greater than six hours.</p> <p>Excluded from this guarantee are delays that may occur upon arrival of Baggage at the airport of the country of origin coinciding with that of the Insured Person's residence.</p> <p>The Insured Person must submit, for the purpose of refund, the Lost Baggage Statement issued by the Airline company with the following information:</p> <ul style="list-style-type: none"> a) Name of the passenger (or group of which the person is a member); b) Flight number; c) Sticker number placed on the baggage; d) Complaint number. <p>In the context of this coverage, in the event of a claim, should there be a compensation by the airline, or by the company responsible for the means of transport, this</p>	<p>Max. per item: €250.00</p> <p>Limit: €1 000.00 per claim and per Insured Person</p>

<p>amount shall be deducted from the amount guaranteed by the Assistance Service.</p>	
<p>6) Defence and Complaint Abroad in the Case of a Traffic Accident</p> <p>The Assistance Service shall undertake to, up to the stipulated limits:</p> <p>1 - Criminal Defence: Ensure the criminal defence of the Insured Person should they be accused of involuntary homicide or involuntary personal injury, or violation of traffic laws and regulations as a result of a traffic accident.</p> <p>2 - Claim for damages:</p> <p>2.1 Claim in a friendly or judicial manner the pecuniary reparation of damages resulting from personal or material injury suffered by the Insured Person, provided that they result from a traffic accident for which responsibility is not attributed to them;</p> <p>2.2 The Assistance Service shall not take legal action or appeal a court decision:</p> <ul style="list-style-type: none"> a) When is considered that this does not have sufficient probabilities of success; b) Where, on the basis of information obtained, the third party held liable is insolvent; c) When the proposal of regularisation made by the responsible entity is considered to be fair and sufficient; d) When the amount of damage, whether material or personal, does not exceed the amount corresponding to the highest national minimum salary in force at the date of the claim. <p>2.3 The Insured Person may, however, in any case and against the opinion of the Assistance Service, bring or continue the action at its own expense. Should a more favourable outcome than the one proposed by the Assistance Service be reached, the Assistance Service shall refund the Insured Person for the legitimate expenses incurred.</p> <p>3 - Advance of criminal bonds: Ensuring payment of the criminal bonds required to guarantee provisional freedom or personal appearance in court, following a traffic accident.</p>	<p>€1 000.00 Limit per Insured Person/period of validity or annuity</p>

<p>7) Emergency Assistance Abroad</p> <p>The Assistance Service makes available to the Insured Person, through the 24H helpline, a set of useful services and advice in case of difficulties or incidents occurring abroad such as translator services, advice in case of loss or theft of documents, personal belongings, reissue of documents, useful contacts for entities such as consulates, embassies, etc.</p>	<p>Unlimited</p>
<p>8) Repatriation and Extension of Stay due to Natural Disaster Abroad</p> <p>Should the Insured Person have to extend their stay in the country of destination due to a natural disaster, namely earthquake, avalanche, storm, tsunami, hurricane, flood or due to local government orders confirmed in writing by national or local authorities, the Assistance Service shall bear the hotel expenses up to the stipulated limits, as well as repatriation in case of absence of commercial transport lines.</p>	<p>Repatriation: Unlimited</p> <p>Accommodation Limit: €1 500.00 per claim and per Insured Person</p>
<p>9) Loss, Theft, Robbery or Destruction of Passport or Citizen Card Abroad</p> <p>The Assistance Service shall guarantee, up to the stipulated limit, refund of the additional travel and accommodation expenses borne by the Insured Person as a result of the loss, theft, robbery or destruction of the passport, provided this is notified by the Insured Person to the consular representative within 24 hours of its discovery.</p>	<p>Limit: €500.00 per Insured Person/period of validity or annuity</p>

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except in cases of force majeure or material impossibility demonstrated, as well as those that, being related to the journey made by the Insured Person, are not duly proven upon presentation of the original documents and proof of travel.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

3- Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following shall be excluded:

- a) Accident at work whose requested assistance guarantees are covered by a valid Workers' Compensation policy;
- b) Events that occur before the Insured Person takes out this coverage, even if their consequences are prolonged or manifest after their adhesion;
- c) Accidents attributable to the Insured Person and occurring when the Insured Person is under the influence of psychotropic substances, narcotic drugs, or any drugs or toxic products with no medical prescription or also when demonstrating a blood alcohol level equal to or greater than that permitted by law;
- d) Those resulting from acts of war, strikes, riots and disturbances to public order;
- e) Events, injuries or illnesses already existing before the start of the journey, even if their consequences are prolonged or manifested after the start of the journey, as well as accidents resulting from an illness or pathological condition existing before the start of the journey;
- f) Mental illness or any psychiatric disorder;
- g) Suicide or attempted suicide by the Insured Person and its consequences, as well as other deliberate acts committed by the Insured Person on themselves;
- h) Accidents resulting from the practice of professional or federated amateur sports and respective training as well as from the practice of other sports such as mountaineering, all sports designated as extreme sports and other similarly dangerous sports, unless expressly contracted in a Particular Condition or Individual Certificate;
- i) Treatments in thermal hot springs or beaches and, in general, cures involving fresh air or relaxation, as well as cosmetic treatments;
- j) Expenses with preventive medicine, vaccines or similar including medical fees;
- k) Rehabilitation and physiotherapy expenses borne without the agreement of the Assistance Service's medical team;
- l) Medical expenses for treatments started in the Country of residence or nationality;
- m) Childbirth or C-section and any type of situation arising from the state of pregnancy, notwithstanding the provisions of Paragraph 2, Coverage 2 of this Special Condition;
- n) Expenses with any type of prostheses or orthosis, including glasses and contact lenses, other than the first intrasurgical prosthesis arising from an accident covered by the policy;
- o) Accidents resulting from the use by the Insured Person of two- or three-wheel motor vehicles or quad bikes, unless expressly contracted in Particular Condition or Individual Certificate;

- p) Illnesses resulting from the Insured Person's failure to take adequate prophylaxis for diseases existing in the country of destination, namely, recommended vaccination or medication;
- q) Incidents arising from epidemics, deaths, medical quarantine both in the country of origin and in the destination of travel or in the transit countries, except infection with the Coronavirus SARS-CoV-2 (COVID-19);
- r) Any costs with SARS-CoV-2 (COVID-19) tests required by the local border control authorities, with the purpose of the Insured Person accessing the destination, shall not be guaranteed;
- s) o) Circumstances known prior to the underwriting of this policy, or the inclusion of the Insured Person or upon booking of any trip, which could reasonably lead to the cancellation of the trip or interruption thereof;
- t) p) Claims arising in the course of a travel, in cases where the local authorities of destination or of origin have advised against travel to that destination.

Special Condition – Home Assistance

1 - Definitions

Assistance Service: external entity, contracted for this purpose, through a protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this

Special Condition.

Residence: Primary or secondary place of residence of the Insured Person.

2 - Territorial scope

The guarantees contained in this Special Condition shall only be provided for in national territory.

3 - Coverage

1. This Special Condition shall guarantee:

1) Laundry and Ironing Services Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company carrying out the services of clothes washing and ironing, up to the stipulated limits.	Max. 1 request/week and 40 pieces per request Limit: 6 requests/period of validity or annuity/per Insured Person
2) Home Cleaning Services Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company carrying out the services of house	Max. 4 hours/per request Limit: 10 requests/period of validity or annuity/per Insured Person

cleaning of the Insured Person, up to the stipulated limits.	
<p>3) Delivery of Groceries and Medicines</p> <p>Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company carrying out the groceries shopping necessary, as well as the purchase of medications and corresponding delivery to the Insured Person's domicile, up to the stipulated limits.</p> <p>The Insured Person shall bear the groceries and medications costs. Should the medications require presentation of a medical prescription, the Insured Person must make the prescription available in advance.</p>	<p>Limit: 2 requests/month/per Insured Person</p>
<p>4) Pet Assistance</p> <p>Whenever there is clinical justification, validated by the Clinical Board of the Assistance Service, the latter shall organise and bear the costs with a person or company taking the Insured Person's pet for a walk, as well as the costs with taking the pet to vet appointments, up to the stipulated limits.</p>	<p>Limit: 10 requests/period of validity or annuity/per Insured Person and Maximum: 10 hours/period of validity or annuity/per Insured Person</p>
<p>5) Childcare in Portugal</p> <p>Should the Insured Person suffer and accident causing their immobilisation, the Assistance Service shall ensure the custody of minors under the Insured Person's custody, providing babysitting services up to the stipulated limits.</p>	<p>Maximum: 10 Requests per annuity and per Insured Person</p> <p>€15.00 co-payment per request</p>

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not guaranteed, except in cases of force majeure or material impossibility demonstrated.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- Full name of the Insured Person;
- Policy number;
- Address where the person is located;
- Type of assistance requested;
- Telephone number through which the Insured Person may be contacted.

4 – Exclusions

In addition to the exclusions established in Clause 4 of the General Conditions and those specifically referred to for each of guarantee in this Special Condition, the following situations shall also be excluded:

- a) Those that have not been requested by the Insurer or have been provided without their prior agreement, except in cases of demonstrable force majeure or material impossibility;
- b) Those resulting from events occurring before the entry into force of the Insured Person in this contract, or the inclusion of coverage if not coincidental, even if its consequences have extended or been subsequently manifested;
- c) Those resulting from the Insured Person's intent, or following a completed suicide attempt or not;
- d) Those resulting from accidents attributable to the Insured Person when the Insured Person is under the influence of psychotropic substances, narcotic drugs or any drugs or toxic products with no medical prescription or when having a blood alcohol level equal to or greater than that permitted by Law;
- e) Those resulting from bets, participation in sports competitions and training for these competitions;
- f) Those resulting from acts of war, strikes, riots and disturbances to public order;
- g) During tourism trips or holidays.

Special Condition – Golf Assistance

1 - Definitions

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, which organises and provides, on behalf of the Insurer, the obligations arising from this Special Condition.

2 - Coverage

1. This Special Condition shall guarantee:

<p>1) Contribution for Accommodation Expenses</p> <p>The Medical, Surgical, Pharmaceutical and Hospitalisation Expenses Abroad Guarantee having been activated, provided for in this table's paragraph 1 and, should the Insured Person need to, by medical prescription, extend their stay for convalescence or recovery, after previous validation by their medical services, the Assistance Service shall bear the corresponding hotel accommodation expenses up to the stipulated limits.</p>	<p>Per day: €75.00 per Insured Person</p> <p>Limit: €500.00 per claim and per Insured Person</p>
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2) Transmission of Urgent Messages Should, following an incident covered by the policy, the Insured Person need to communicate with their family members and is unable to do so, the Assistance Service shall ensure the dispatch of urgent messages.	Unlimited
3) Transport of the Insured Person Abroad or in Portugal Through this guarantee, the Insurer shall arrange for the Insured Person's transportation to and from clinical entities whenever the latter so requests it following the use of guarantees 3, 4 and 12 of the Assistance to Persons Coverage.	Unlimited
4) Legal Advice Abroad or in Portugal Should there be a dispute regarding an accident guaranteed by this policy, the Insurer shall provide the Insured Person, through qualified professionals and after analysing the dispute, advice on the extent of their rights and how to organise their defence or reduce their claim.	Unlimited

2. Underwriting this Special Condition depends on the prior communication to the Insurer's Assistance Service, and the services that have not been requested from the Assistance Service or those made without its agreement shall not be guaranteed, except in cases of force majeure or material impossibility demonstrated, as well as those that, being related to the journey made by the Insured Person, are not duly proven upon presentation of the original documents and proof of travel.

3. In the event of a claim, the Insured Person or their legal representative must contact the Assistance Service, at the telephone number indicated in the Particular Conditions or in the Individual Certificate, providing the following information:

- a) Full name of the Insured Person;
- b) Policy number;
- c) Address where the person is located;
- d) Type of assistance requested;
- e) Telephone number through which the Insured Person may be contacted.

3- Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following shall be excluded:

- a) Accident at work whose requested assistance guarantees are covered by a valid Workers' Compensation policy;
- b) Events that occur before the Insured Person takes out this coverage, even if their consequences are prolonged or manifest after their adhesion;

- c) Accidents attributable to the Insured Person and occurring when the Insured Person is under the influence of psychotropic substances, narcotic drugs, or any drugs or toxic products with no medical prescription or also when demonstrating a blood alcohol level equal to or greater than that permitted by law;
- d) Those resulting from acts of war, strikes, riots and disturbances to public order;
- e) Events, injuries or illnesses already existing before the start of the journey, even if their consequences are prolonged or manifested after the start of the journey, as well as accidents resulting from an illness or pathological condition existing before the start of the journey;
- f) Mental illness or any psychiatric disorder;
- g) Suicide or attempted suicide by the Insured Person and its consequences, as well as other deliberate acts committed by the Insured Person on themselves;
- h) Accidents resulting from the practice of professional or federated amateur sports and respective training as well as from the practice of other sports such as mountaineering, all sports designated as extreme sports and other similarly dangerous sports, unless expressly contracted in a Particular Condition or Individual Certificate;
- i) Treatments in thermal hot springs or beaches and, in general, cures involving fresh air or relaxation, as well as cosmetic treatments;
- j) Expenses with preventive medicine, vaccines or similar including medical fees;
- k) Medical expenses for treatments started in the Country of residence or nationality;
- l) Childbirth or C-section and any type of situation arising from the state of pregnancy;
- m) Accidents resulting from the use by the Insured Person of two- or three-wheel motor vehicles or quad bikes, unless expressly contracted in Particular Condition or Individual Certificate;
- n) Illnesses resulting from the Insured Person's failure to take adequate prophylaxis for diseases existing in the country of destination, namely, recommended vaccination or medication;
- o) Incidents arising from epidemics, deaths, medical quarantine both in the country of origin and in the destination of travel or in the transit countries, except infection with the Coronavirus SARS-CoV-2 (COVID-19);
- p) Any costs with SARS-CoV-2 (COVID-19) tests required by the local border control authorities, with the purpose of the Insured Person accessing the destination, shall not be guaranteed;
- q) o) Circumstances known prior to the underwriting of this policy, or the inclusion of the Insured Person or upon booking of any trip, which could reasonably lead to the cancellation of the trip or interruption thereof;
- r) p) Claims arising in the course of a travel, in cases where the local authorities of destination or of origin have advised against travel to that destination.

Special Condition – Bicycle Assistance

1 - Definitions

For the purposes of this Special Condition, the following definitions shall apply:

Insured Bicycle: For the purposes of this coverage, Bicycles shall be regarded as those indicated in the following subparagraphs, when used for daily or leisure transport and identified in the Particular Conditions or in the Individual Certificate:

- a) Bicycles with two or more wheels, driven by the driver by means of pedals or analogous devices, including scooters and motorless skateboards;
- b) Bicycles with auxiliary engine with a maximum continuous power of 1.0 kW, whose power is progressively reduced with increasing speed and interrupted if it reaches a speed of 25 km/h, or sooner if the driver stops pedalling;
- c) Scooters with an electric motor and circulation devices with electric motor, self-balanced and self-propelled or other similar means of circulation with motor, provided they have a maximum continuous power of 0.25 kW and reaching maximum speed of 25 km/h.

Insured Person: Natural person identified in the Particular Conditions or in the Individual Certificate and persons transported in the insured bicycle.

Assistance Service: external entity, contracted for this purpose, through a Protocol signed with the Insurer, replacing the latter in the obligations arising from this Special Condition.

Road: Paved or cobbled road that goes from one point to another, where vehicles, people or animals can travel.

Accident: The sudden event, fortuitous and independent of the Insured Person's will, which occurred as a sole consequence of the Insured Bicycle's presence on the road that causes material or personal damages to the Insured Person or material damages to the Insured Bicycle.

2 - Scope

1. This coverage, when underwritten and specifically identified in the Particular Conditions or in the Individual Certificate, shall guarantee, up to the stipulated limits, assistance services to the Insured Bicycle, following an accident suffered by the Insured Person while on the road, in accordance with the provisions of the following paragraphs.
2. This coverage shall be limited to accidents occurring in Portugal. This coverage cannot be extended.

3 - Coverages

The Insurer shall guarantee, through its Assistance Service and upon prior contact, save in cases of force majeure or proven material impossibility, the following benefits, applying only to the extra-professional use and road use of the Insured Bicycle:

- a) Transportation in Case of Accident;
- b) Referral to Hospital;
- c) Psychological Support;
- d) Repair of the Insured Bicycle;
- e) Damage to the Insured Person's Clothes and Footwear;
- f) Participation in the Purchase of Accessories for the Insured Bicycle;
- g) Replacement Bicycle;
- h) Helpline;
- i) Legal Protection.

3.1 – Transportation in the event of an Accident

In the event of an accident which makes it impossible to operate the bicycle, or when there is a clinical prescription that justifies the transportation of the Insured Person, the Assistance Service shall

transport the Insured Bicycle and the Insured Person to their residence or place where they are staying.

3.2 - Hospital Referral

In the event of an accident occurring while using the Insured Bicycle, and the previous warranty not having been activated, the Assistance Service shall, upon validation by its Clinical Board, arrange for the Insured Person to be transported to the hospital closest to the accident site and ensure the safekeeping of the Insured Bicycle or its delivery to a family member or third party upon indication by the Insured Person.

3.3 - Psychological Support

Two hours of psychological counselling shall be provided for, by a psychologist to be indicated by the Assistance Service, whenever clinically justified, following an accident that occurred when the Insured Person was using the Insured Bicycle.

3.4 – Repair of the Insured Bicycle

In the event of an accident with the Insured Bicycle resulting in its total or partial destruction, the Assistance Service shall guarantee the refund of the Insured Bicycle's repair upon submission of the repair invoice, up to a maximum of EUR 150.00 per claim and up to two claims per annuity. In situations of total destruction, the refund of the purchase price of a new bicycle shall be carried out, up to a maximum limit of €150.00 upon presentation of an invoice under the Insured Person's name.

3.5 - Damage to the Insured Person's Clothes and Footwear

1. In the event of an accident with the Insured Bicycle resulting in damage to the Insured Person's Clothing or Footwear, the Assistance Service shall guarantee the replacement of these goods, up to a maximum limit of EUR 150.00 per claim and two claims per annuity, upon presentation of an invoice for the purchase of replacement goods of equivalent value.
2. Damage to any personal accessories such as glasses or watches shall be excluded.

3.6 - Participation in the Purchase of Bicycle Accessories

The Assistance Service shall guarantee, upon presentation of the purchase invoice, the refund of 10 % of the purchase value of accessories applicable to each model of bicycle, up to a maximum limit of €200.00 per request, limited to one accessory requested per annuity.

3.7 – Replacement Bicycle

In the event of an accident, which causes an immobilisation of the Insured Bicycle exceeding 24 hours, the Assistance Service shall guarantee the availability of a replacement bicycle for a maximum period of four days per incident and per annuity, upon presentation by the Insured Person of the technical report issued by the repair shop. The type of bicycle to be assigned shall always be subject to availability.

3.8 - Helpline

1. The Assistance Service shall provide a telephone line for queries about bicycle breaks, repair shops in the area, useful information on cycling events, and traffic and itinerary information, limited to five requests per annuity.
2. The information provided is merely indicative and based on the data collected, and the Insurer or the Assistance Service shall not be liable, at any time, for its inaccuracy or for any situations that may arise from actions taken by the Policyholder or by the Insured Person based on the information provided.

4 – Summary of Coverages

Coverages	Capitals and Limits
a) Transportation in Case of Accident	Unlimited
b) Referral to Hospital	Unlimited
c) Psychological Support	2 hours/annuity
d) Repair of the Insured Bicycle	Maximum €150.00/claim

	Maximum 2 claims/annuity
e) Damage to the Insured Person's Clothes and Footwear	Maximum €150.00/claim Maximum 2 claims/annuity
f) Participation in the Purchase of Accessories for the Insured Bicycle	Maximum of €200.00 1 Request/annuity
g) Replacement Bicycle	4 Days/claim/annuity
i) Helpline	5 Requests/annuity

5 – Exclusions

For the purposes of this Special Condition, in addition to the exclusions provided for in clause 4 of the General Conditions, the following expenses shall be excluded:

- a) Those not requested to the Insurer's Assistance Service or which have been carried out without its prior authorisation;
- b) Those resulting from competitive sports, as well as those occurring during practice/training or as a result of bets;
- c) Those resulting from the theft or robbery of the Insured Bicycle, its accessories, baggage, personal effects;
- d) Those resulting arising from earthquakes, volcanic eruptions, floods and cataclysms;
- e) Those resulting from suicide, or attempted suicide, as well as accidents occurring as a result of bets or challenges;
- f) Those resulting from the normal wear and tear as well as wear and tear caused by misuse (competition or off-road circulation) or wear and tear caused by use contrary to the bicycle manufacturer's recommendations;
- g) Those resulting from the Insured Person being under the influence of alcohol, narcotics or other drugs;
- h) Those resulting from fines or penalties;
- i) Those resulting from deliberate misconduct or deliberate situations caused by the Insured Person;
- j) Those resulting from the circulation in circuits exclusively intended for trials and competitions;
- k) Those resulting from the use of the bicycle in a professional scope (where *in itinere* is covered).

6 - Procedures in the event of claim

In the event of a claim, the Insured Person or person appointed by them must, prior to any intervention, contact the Insurer's Assistance Service and provide the following information:

- a) Complete identification and corresponding policy number;
- b) Type of Assistance needed;
- c) Phone number or email address.

7 - Legal Protection

1. This Special Condition shall guarantee to the Policyholder or Insured Persons the Legal Protection coverage intended to ensure the costs of providing legal services arising from a lawsuit.

2. This Special Condition shall guarantee, under the terms and limits stipulated, the expenses and procedures necessary to defend or enforce the Insured Persons' rights, namely in the following situations:

- a) Judicial, civil or criminal proceedings brought against the Insured Persons;
- b) Judicial or civil proceedings which Insured Persons bring against third parties and in respect of which it is recognised that the guarantees provided for shall be viable and likely to be successful.

3. Should recourse to an Attorney or Solicitor chosen by the Insured Person be necessary, costs shall only be borne by them should their professional domiciles be located in the competent District for the proceeding to be sponsored.

Should the Insured Person choose an Attorney or Solicitor domiciled outside the competent District, the Insured Person shall bear the costs of travel, accommodation or others inherent to this choice.

4. Territorial scope

This legal protection shall only be valid for events occurring in Portugal.

5. Temporal scope

The Insured Person shall only be entitled to the guarantees provided by the Legal Protection Service when the facts that gave rise to the dispute have occurred after the entry into force and before the date of termination of this Coverage.

6. Guarantees

6.1. By this Special Condition, and in accordance with the provisions of the Particular Conditions or the Individual Certificate, the following coverages shall be guaranteed, in whole or in part:

a) Defence in Criminal Proceedings:

Guarantees the Insured Person, in the event of an accident resulting from the use of the Insured Bicycle during the practice of bicycle touring as a leisure activity, the payment of legal expenses related to their personal defence in criminal proceedings, brought against by third parties as a result of said accident.

b) Defence in Civil Proceedings:

Guarantees the Insured Person, in the event of an accident resulting from the use of the Insured Bicycle during the practice of bicycle touring as a leisure activity, the payment of legal expenses related to their personal defence in civil proceedings, brought against by third parties to claim damages as a result of said accident.

d) Claim for Damages Resulting from Personal Injuries:

Guarantees the Insured Person the extrajudicial and judicial claim before third parties responsible for compensations due, arising from injuries or death, as a consequence of the accident resulting from the use of the Insured Bicycle during the practice of bicycle touring as a leisure activity.

d) Claims for Material Damage:

Guarantees the Insured Person the extrajudicial and judicial claim before third parties responsible for compensations due to them, arising from material damages caused to them, as a direct consequence of the accident resulting from the use of the Insured Bicycle during the practice of bicycle touring as a leisure activity.

Guarantees	Capitals and Limits
a) Defence in Criminal Proceedings	€500.00
b) Defence in Civil Proceedings	
c) Claims for Damages Resulting from Personal Injuries	
d) Claim for Material Damage	

6.2. The amounts shown include VAT or other legal rates in force.

6.3. It is agreed that, in case of need for this coverage, the Insured Person must contact the Legal Protection Service, provide their name and policy number and send the elements in their possession.

6.4. The capital is a single one of €500.00 per claim (dispute) and per Insured Person with the contracted coverage, for all guarantees, and not cumulative.

7. Exclusions

In addition to the exclusions provided for in clause 4 of the General Conditions, and the situations provided for in paragraph 5 of this Special Condition, the following situations shall also be excluded from the scope of Legal Protection:

- a) Proceedings or disputes between the Insured Persons, including the Policyholder;
- b) Proceedings or disputes between any Insured Persons and the Insurer or the Assistance Service;
- c) Situations when the driver of the Insured Bicycle is driving under the influence of alcohol, with a blood alcohol level above the legally established limit, narcotics, other drugs or toxic products;
- d) Disputes in which the intervention of an attorney or solicitor takes place, prior to the steps taken by the Legal Protection Service provided for in this Coverage;
- e) All expenses and fees related to facts, acts or services rendered, occurring before confirmation by the Legal Protection Service of the full activation of the guarantees provided for in this policy and all expenses, including attorney or solicitor's fees, and court fees related to proceedings proposed by the Insured Person, without the Legal Protection Service's prior agreement and without prejudice to the provisions of the Summary Table of guarantees, capitals and

limits;

f) Any amounts which the Insured Person is ordered to pay by way of:

- **Third party request in the proceedings and corresponding interest;**
- **Attorney's Office and prosecution costs of the opposing party.**

g) Any amounts relating to fines, penalties, taxes or other of tax and judicial nature in criminal proceedings, save those payable by the assistant in criminal proceedings;

h) The Insured Person's criminal or civil defence arising from their deliberate conduct;

i) The Insured Person's defence in disputes occurring after the event and based on assigned, subrogated or arising rights from solidarity credits;

j) Services not explicitly foreseen in the above described guarantees;

k) Claims occurred during or as a result of sports and competition in general, either in the competition itself or during practice/training sessions, bets or challenges;

l) Administrative offence proceedings.

8. Rights of the Insured Person

The Insured Person has the right to:

- a) Freely choose an attorney, or any other person with legally accepted qualifications, to defend, represent or serve their interests in the event of legal proceedings and a conflict of interest with the Legal Protection Service;
- b) Resort to arbitration in the event of a dispute resulting from a difference of opinion between them and the Legal Protection Service, without prejudice to, at its own expense, pursuing the proceedings or appeal not advised by the Legal Protection Service, but shall be refunded for the legal expenses and attorney's fees whenever the arbitration decision or final judgement is in their favour;
- c) To be expressly informed by the Legal Protection Service whenever a case of conflict of interest arises, either of the existence of such conflict or of the rights referred to in subparagraphs a) and b);
- d) A conflict of interests arises should, namely, the Legal Protection Service guarantee the Legal Protection coverage to both disputing parties.

9. Obligations of the Policyholder

The Policyholder and the Insured Person have the obligation to:

- a) Provide the Assistance Service with all kinds of information it may know at any time, related to the claim, and help with investigations, namely in the case of intervention by the police authorities, providing the corresponding Occurrence Record;
- b) Immediately transmit to the Legal Protection Service all notices, summonses, requests, letters, subpoenas and, in general, all judicial or extrajudicial documents on the claim that are addressed to them;
- c) Consult the Legal Protection Service regarding any settlement offers addressed to them under penalty of, in not doing so, forfeiting the rights related to the Legal Protection coverage guaranteed by this contract;
- d) Provide the Legal Protection Service with detailed justifications for the guaranteed expenses.

10. Procedures in the event of claim:

10.1 To activate the guarantees, the Insured Person must previously report the claim and request the intervention of the Legal Protection Service within a maximum period of three months from the date of the accident, save in cases of proven force majeure.

10.2 In case of Criminal or Civil defence, the Insured Person shall activate the coverage within 5 days immediately after receiving any communication from the competent authorities that forces them to intervene, as Defendant.

10.3 After activation of this Coverage, the Legal Protection Service shall inform the Policyholder or the Insured Person as soon as possible, in writing and in a reasoned manner, should it conclude that:

- i) The event is not covered by the policy guarantees;
- ii) The claim has no chance of success.

10.4 In the case provided for in subclause ii), the Insured Person, and in accordance with 'Table of Guarantees Capitals and Limits', the Legal Protection Service shall refund, in accordance with the limits of the guarantees of the policy, the expenses borne, if after recourse to the court, their claim is accepted by the court.

10.5 Following acceptance of the claim filled, the Legal Protection Service must take the appropriate steps to resolve the dispute amicably. The attempt to resolve the dispute amicably shall, in these cases, always be promoted directly by the Legal Protection Service, so that no costs shall be incurred in this regard by intervention of the Attorneys or Solicitors chosen by the Policyholder or Insured Persons or, should the Insured Party be a minor, their legal representatives.

10.6 Where recourse to the courts is made or when there is a conflict of interest between the Legal Protection Service and the Insured Person, the latter shall have the right to a free choice of attorney.

10.7 The professionals appointed by the Insured Person and accepted by the Legal Protection Service shall enjoy all the freedom in the technical direction of the dispute, without depending on instructions by the Legal Protection Service, which is also not responsible for its actions or the outcome or procedure. Nevertheless, the appointed professionals must keep the Legal Protection Service informed of their performance and the progress of the corresponding proceedings, sending copies of all procedural documents.

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.