"APPROVED"
PRIVATE JOINT STOCK COMPANY
"INNOVATIVE INSURANCE
CAPITAL"No.5-25/ОД of 28.03.2025
(Appendix № 4)



PRIVATE JOINT-STOCK COMPANY "INNOVATIVE INSURANCE CAPITAL"

EDRPOU code 32942598. Ukraine, 01033, Kyiv, Saksaganskoho St., 3 Letter A

PUBLIC OFFER No. 19/1 FOR CONCLUSION OF A TRAVEL INSURANCE CONTRACT «TRAVEL-INSURER» (PUBLIC PART OF THE AGREEMENT)

Kyiv "28" March 2025

1. GENERAL PROVISIONS

1.1. This Public Offer for the conclusion of a travel insurance contract "TRAVEL-INSURER" (public part of the contract) (hereinafter referred to as the public and individual parts of the Contract - "Offer") is an official offer of the Private Joint-Stock Company "INNOVATIVE INSURANCE CAPITAL" (the "Insurer"), addressed to an unspecified circle of consumers - capable individuals (hereinafter referred to as "Clients, Insureds"), to conclude an insurance contract for travelers abroad with the Insurer in electronic form ("Insurance Contract", "Contract").

1.2. This Insurance Contract is concluded:

- in accordance with the current legislation of Ukraine, the Civil Code of Ukraine, the Law of Ukraine "On Insurance", the Law of Ukraine "On Electronic Commerce" and other regulatory legal acts;
- a license to carry out insurance activities under insurance class 18, reissued by the NBU on April 25, 2024, which has an unlimited validity period, and information about which is entered in the State Register of Financial Institutions (https://kis.bank.gov.ua/Home/SrchViewLic/20000033281);
- based on the General Terms and Conditions of the insurance product "TRAVEL-INSURER" for insurance class 18, posted at the link: https://insk.com.ua/ua/strahovi-produkty/ (hereinafter referred to as the General Terms and Conditions of the Insurance Product).
- 1.3. The parties to the Agreement are:
- **1.3.1. Insurer** PRIVATE JOINT-STOCK COMPANY "INNOVATIVE INSURANCE CAPITAL", abbreviated name PJSC "INSK".

Location: 01033, Kyiv, Saksaganskoho St., building 3, letter A, EDRPOU code 32942598.

Bank details: UA 32 300346 0000026509012699803 in JSC "SENSE BANK"

Website: https://insk.com.ua.

- **1.3.2. Insured** a legally capable individual, resident or non-resident of Ukraine (except for citizens and/or residents of the Russian Federation and the Republic of Belarus), who joins this Agreement in accordance with the provisions of Article 634 of the Civil Code of Ukraine, concludes an Insurance Agreement with the Insurer for himself and/or third parties (Insured Persons), with their consent, except for cases provided for by applicable law.
 - 1.4. **The object of insurance**is the health and working capacity of the Insured persons specified in the Electronic Policies, as well as their travel expenses, as defined by this Agreement
 - 1.5. Subject of the Agreementtransfer by the Insured for a fee of the risk associated with the object of insurance, Straunder the terms and conditions specified in the Insurance Contract. The Insurer undertakes to provide comprehensive insurance of risks under the specified insurance classes within the limits, terms, terms and conditions of this Insurance Contract, and the Insured undertakes to pay the insurance premium to the Insurer on time and in full and to comply with other terms and conditions of this Insurance Contract.

- 1.6. Under the Agreement, the costs of paying for medical and other services provided to the Insured Person during a trip (trip) within the territory specified by this Agreement, upon the occurrence of events provided for by this Agreement, shall be reimbursed.
- 1.7. The insurance contract consists of this Offer (the public part of the Contract) and the Policy (the individual part of the Contract), which are integral parts of the Contract and cannot exist separately from each other.
- 1.8. In provisions not regulated by the Offer, the relevant provisions of the Civil Code of Ukraine, as well as other requirements of the current legislation of Ukraine, shall apply.
- 1.9. In the event of any inconsistency between the provisions of the Agreement and the General Terms and Conditions valid on the date of conclusion of the Agreement, the provisions of the Agreement shall take precedence.
- 1.10. This Insurance Contract provides the Insured Persons with the opportunity to freely receive the necessary medical and other types of assistance while staying outside the Country of Permanent Residence in the event of insured events, in accordance with the selected Insurance Program.
- 1.11. This Agreement is concluded in Ukrainian and translated into English if the language of the website is not Ukrainian.
- 1.12. The offer comes into effect from 01.04.2025 and is valid indefinitely, until the Insurer makes a decision to revoke (termination) its validity.

2. PROCEDURE FOR CONCLUSION OF THE CONTRACT

- 2.1. To conclude the Contract in electronic form, the Insured must, before the start of the trip (except for cases provided for by this Contract), independently or with the help of an Insurance Agent, visit the Insurer's website on the Internet at the addresshttps://insk.com.ua/ua/ or to the Information and Telecommunications System (ITS) used by the Insurer or the Insurer's Attorney to conclude Insurance Contracts in accordance with the requirements of the legislation regulating the organizational and legal principles of activities in the field of e-commerce, and provide all information necessary for concluding the Contract, indicating information about yourself and the Insured Person: surname, first name and patronymic, date of birth, address, your mobile phone number, e-mail address, other information necessary for concluding the Contract, and also be sure to familiarize yourself with the terms of this Offer, which is posted on the Insurer's website at the link https://insk.com.ua/ua/publichni-oferti, General Terms and Conditions, information about the financial service and confirm consent to the processing of personal data. The implementation of all the above actions is a statement by the Insured to the Insurer of his intention to conclude an Insurance Contract.
- 2.2. The contract is concluded by the Insured joining the contract, which is posted on the Insurer's official website at the link: https://insk.com.ua/ua/publichni-oferti.
- 2.3. Filling in personal data by the Insured and paying the insurance payment (premium) confirms the Insured's acceptance of the terms of the Agreement and is acceptance within the meaning of Article 642 of the Civil Code of Ukraine.
- 2.4. In accordance with the insurance conditions selected by the Insured and the data specified by him, the Insurer forms a Policy for the Client in electronic form (an individual part of the Insurance Contract).
- 2.5. The Parties have agreed that the Insurer shall provide the Policy to the Insured in English. At the request of the Insured/Insured Person, the Insurer shall send the Policy in Ukrainian to the email address provided by the Insured within 2 business days.
- 2.6 The Parties have agreed that the Contract shall be signed by the Insured using a one-time identifier (entering the password sent by the Insurer to the Insured's mobile communication device). To sign the Contract using a one-time identifier, the Insured shall be sent such a one-time identifier to the mobile phone number specified by the Insured or to the Viber/Telegram/Whatsapp application or to an e-mail. Before signing the Contract, the Insured shall check the data entered by him, the selected insurance conditions and confirm their authenticity. To sign the

Contract using a one-time identifier, the Insured shall enter the received one-time identifier in a specially designated place on the web page on the Internet and confirm its entry.

- 2.7. The Parties agreed that the Contract shall be signed by the Insurer by means of a qualified (enhanced) electronic signature authorized by the Insurer or the Insurer's Attorney to sign insurance contracts, with a qualified electronic time stamp;
- 2.8. After signing the Contract, the Insured is obliged to pay the insurance premium in one of the ways proposed in the ITS of the Insurer or its Attorney.
- 2.9. After payment of the insurance premium, the Policy signed by the Insured and a copy of the Offer in electronic form are sent to the Insured at the email address specified by the Insured when applying. The Parties have agreed that the performance of such actions constitutes proper delivery of the Insurance Contract to the Insured. The Policy is confirmation of the conclusion of the Insurance Contract and contains a unique number corresponding to the number of the Insurance Contract, the Insured's electronic signature, the date of conclusion, the term of the Insurance Contract and other individual terms of the Insurance Contract. The Policy signed by the Insured is an integral part of the Insurance Contract.
- 2.10. The Parties undertake to reproduce the Agreement (Policy) on paper if necessary. At the written request of one Party, the Agreement shall be made in writing within 5 (five) business days from the date of receipt of such a request and shall be signed and stamped. When reproducing the Agreement on paper, the Insurer may use a facsimile reproduction of the signature of the person authorized to sign such agreements, as well as reproduction of the seal impression by technical printing devices.
- 2.11. The Insured has the opportunity to refuse to conclude the Insurance Contract at any time prior to his acceptance of this Offer.
- 2.12. The contract is considered concluded from the moment the Insured pays the insurance payment (premium).
- 2.13. The Insurer is not liable for any damage or loss suffered by any person as a result of misunderstanding/misunderstanding of the terms of this Agreement. If the Insured does not understand or does not fully understand the terms of this Agreement, he may contact the Insurer for clarification before accepting and paying the insurance premiums.
- 2.14. By accepting the offer, the Insured confirms that:
- 2.14.1. has read the General Terms and Conditions and the Agreement, fully understands the content of their provisions and has received all necessary explanations from the Insurer;
- 2.14.2. understands the meaning of his actions and is not under the influence of error, deception, violence, threats, etc.;
- 2.14.3. grants the Insurer the consent and right to receive, collect, process, register, accumulate, store, change, update, use and distribute (distribute, transfer, including cross-border transfer) information that, in accordance with the requirements of the law, constitutes the Insured's personal data (including personal data related to health) for the purpose of fulfilling the requirements of the law, this Agreement and other agreements, including reinsurance, exercising the rights granted to the Insurer by law or agreement, ensuring the implementation of tax relations, relations in the fields of accounting, auditing, financial services and Assistance services, advertising, marketing and actuarial research, and assessing the quality of service. The use and distribution of information constituting the Insured's personal data is carried out exclusively to the extent necessary to ensure the Insurer's fulfillment of the terms of this Agreement and/or the protection of its interests. The Insurer is exempted from the obligation to send a written notification to the Insured's address about the rights, purpose of data collection and persons to whom the Insured's personal data is transferred;
- 2.14.4. consents to receiving informational SMS messages and notifications from the Insurer to the e-mail address specified when concluding the Agreement;
- 2.14.5. is familiar with all information in the scope and in the manner provided for by Parts 1 5 of Article 7 of the Law of Ukraine "On Financial Services and Financial Companies"; information provided for in Article 87 of the Law of Ukraine "On Insurance", including: the list of insurance services offered by the Insurer, any other payments that the client is obliged to pay in the event of concluding the Agreement; the type of remuneration received by the sales employee, the procedure and conditions for its payment, the mechanisms and methods of protecting the rights of consumers of financial services, etc. The specified information is available on the Insurer's

website at the link: https://insk.com.ua/ua/dlya-spozhyvachiv-finansovykh-posluh/ is complete and sufficient for a correct understanding of the essence of the financial service provided by the Insurer.

2.14.6. gives consent to the Insurer to record and record information received from the Insured (including telephone conversations) that were made for the purpose of recording reports of an event that has the characteristics of an insured event.

3. KEY TERMS

- 3.1. Active leisure irregular engagement by the Insured (Insured Person) in any type of sport and physical exercise, with the exception of the exercises specified in clause 3.6 of the Contract, including: riding a bicycle, quad bike, buggy, electric scooters, gyro scooters, etc. at a speed of no more than 15 km per hour, riding a horse, camel, elephant; banjo, rope jumping; hiking; water park, safari; beach soccer, volleyball; swimming in a pool and open water; fishing, hunting. In the event of an insured event while riding a bicycle, quad bike, buggy, electric scooters, gyro scooters, etc., it is presumed that the speed was more than 15 km per hour. The Insured is responsible for ensuring that the speed is maintained at 15 km per hour.
- 3.2. Outpatient and polyclinic care (medical care in outpatient and polyclinic conditions) medical care to the Insured Person in conditions where the absence of immediate medical intervention may lead to serious disorders of the body's functions, including persistent dysfunction of any organ or to a threat to the life of the Insured Person. Includes costs for doctor's services, diagnostic tests, medications and consumables (cotton wool, bandage, syringes, gloves) necessary for treatment, fixation devices (plaster, bandage, etc.).
- 3.3. Assistance (Assistance Company) a legal entity acting on behalf of and on behalf of the Insurer and organizing service and medical care in the event of an Insured Event for the Insured.
- 3.4. Beneficiary the Insured, the Insured Person or another person designated by the Insured to receive insurance compensation in accordance with the current legislation of Ukraine.
- 3.5. An insurance contract is a written agreement between the Insured and the Insurer, according to which the Insurer undertakes, in the event of an insured event, to make an insurance payment to the Insured or another person specified in the insurance contract by the Insured, in whose favor the insurance contract was concluded (to provide assistance, perform a service, etc.), and the Insured undertakes to pay insurance premiums within the specified time limits and fulfill other terms of the contract.
- 3.6. Emergency medical care (urgent medical care) medical care consisting in the implementation of urgent organizational, diagnostic and therapeutic measures aimed at saving and preserving the life of a person in an emergency and minimizing the consequences of the impact of such a condition on his health. Provided to the Insured Person in conditions where the absence of immediate medical intervention may lead to serious disruptions in the body's functions (including persistent dysfunction of any organ), or to a threat to the life of the Insured Person.
- 3.7. Professional sports/Extreme leisure regular practice by the Insured (Insured Person) of any sport, including participation in training, competitions, and/or irregular physical exercises with extreme loads, including: snowboarding and skiing; rafting; surfing; jumping from a height; mountaineering and rock climbing; acrobatics; diving; riding a bicycle, moped, motorcycle, ATV, buggy, electric scooter, gyro scooter, etc. at a speed of more than 15 km per hour.
- 3.8. Insured person an individual, resident or non-resident of Ukraine, in whose favor the Insurance Contract is concluded. If the Insured person has concluded the Insurance Contract in his favor, he is simultaneously the Insured person. Insured persons may acquire the rights and obligations of the Insured. Information about each Insured person is specified in the Policy. An Insured person under the terms of this Agreement may be a citizen of a foreign state (except for citizens and/or residents of the Russian Federation and the Republic of Belarus) aged 2 months or older (as of the date of the start of the trip) and without age restrictions on the date of acceptance of the Offer.
- 3.9. Country of permanent residence the country under whose jurisdiction the place of permanent residence of an individual is located or the country of which the individual is a citizen.

- 3.10. Liability limit (compensation limit) the maximum amount of insurance payment determined by the Contract for certain types of expenses in insured events.
- 3.11. Medical expenses expenses for outpatient, inpatient treatment and purchase of medications prescribed by a doctor, the need for which arose as a result of an accident or sudden illness.
- 3.12. Permanent residence a place of residence in the territory of any state for at least one year of an individual who does not have a permanent place of residence in the territory of other states and intends to reside in the territory of this state for an unlimited period, without limiting such residence to a specific purpose, and provided that such residence is not a consequence of the performance by this person of official duties or obligations under an agreement (contract).
- 3.13. Emergency medical care medical care provided to the Insured Person in a polyclinic or by a certified doctor of a 24-hour hospital for conditions that arise in the Insured Person as a result of acute illnesses, exacerbation of chronic illnesses, accidents, and is aimed at eliminating the threat to life and preventing further damage.
- 3.14. Accident a sudden, accidental, limited in time, unpredictable and independent of the will of the insured person and/or another person specified in the insurance contract, an event that occurred as a result of external influence and resulted in harm to the life, health and/or working capacity of the insured person and/or another person specified in the Insurance Contract
- 3.15. Coverage period (insurance protection period) a period of time within the term of the Agreement during which the Insurer bears obligations for the risks accepted for insurance.
- 3.16. Travel a trip of the Insured Person through the territory (water area) specified in the Insurance Contract, for any purpose that does not contradict the current legislation of Ukraine and the country of residence (tourism, work, recreation, sports competitions, visiting relatives, etc.).
- 3.17. Search and rescue operations a set of activities carried out by trained and, upon request, technically equipped specialists to organize search and rescue operations in the area of a natural disaster, natural or man-made disaster, consequences of difficult weather or geographical conditions in order to evacuate (remove, remove) the victim (victims, survivors, wounded, etc.) from the scene of the incident to a safe place, as well as provide them with emergency medical assistance.
- 3.18. Insurance Program a list of services, in accordance with the terms of the Agreement, that will be organized and/or paid to the Insured upon the occurrence of an insured event (the Insurance Program for each Insured Person is defined in the Electronic Policy).
- 3.19. Work performance of paid physical work typical of working professions in the construction, industry, transport, mining, agriculture and municipal services or in private households.
- 3.20. Insurance payment a sum of money paid by the insurer in accordance with the terms of the insurance contract upon the occurrence of an insured event.
- 3.21. Sum insured a monetary amount within which the Insurer, in accordance with the terms of insurance, is obliged to make a payment upon the occurrence of an insured event. For individual insurance services specified in this Agreement, appropriate limits of the sum insured (liability limits) are established within which insurance payments are made. The amounts and currency of the sum insured are specified in the Agreement. For all types of insurance, the sum insured specified in the Agreement is individual for each of the Insured Persons.
- 3.22. Insured event an event provided for by the Insurance Contract, which occurred during the validity of the Contract and upon the occurrence of which the insurer is obliged to make an insurance payment (insurance indemnity) to the Insured, the Insured or another third party.
- 3.23. Insurance protection the Insurer's obligations specified in the Insurance Contract to make insurance payments and/or ensure the provision of medical services in the event of an insured event that occurred during the term of the Insurance Contract.

3.24. Insurance payment (insurance premium, insurance premium) – the insurance payment that the Insured is obliged to pay in accordance with the Contract. The Insurer has the right to apply mark-ups or discounts to insurance payments.

Premiums are applied in cases of insurance of persons aged from 2 months to 3 years, as well as from 60 to 80 years, as well as persons who, during the term of the Contract, will engage in active recreation, sports at a professional level, or work for remuneration.

- 3.25. Insurance risk is a certain event for which insurance is provided and which has the characteristics of probability and randomness of occurrence.
- 3.26. Insurance tariff the insurance premium rate per unit of insured amount for a specified insurance period.
- 3.27. Hospital a medical institution for 24-hour patient care, continuous supervision of patients and provision of necessary and qualified medical care.
- 3.28. Third party a legal entity and a capable individual who is not a party to the Insurance Contract, but participates in legal relations regulated by such Insurance Contract, and/or has incurred financial expenses due to an insured event that occurred to the Insured Person.
- 3.29. Deductible a part of the losses that is not compensated by the Insurer under the Contract. For individual insurance services, the amounts of the deductible are specified in the Contract. The deductible is specified as a percentage of the amount of the loss. If the insured event involves the application of several types of deductibles, the total deductible under the selected program is first deducted, and then an additional deductible is deducted, depending on the age of the Insured Person.
- 3.30. Force majeure unusual and unforeseen circumstances beyond the control of the Insured, the consequences of which could not be avoided even with the greatest efforts, acts of irresistible force, which cannot be prevented or avoided. By agreement of the Insured and the Insurer, a different definition of force majeure may be given in the Insurance Contract, indicating specific circumstances and events that are considered force majeure in such Insurance Contract.
- 3.31. Family members of the Insured Person spouse, children, parents, siblings of the Insured Person.
- **3.32. Insured person** –an individual aged 2 months or older (as of the start date of the trip), whose surname, first name, patronymic and date of birth are indicated in the Electronic Policy and who may acquire the rights and obligations of the Insured under the Insurance Contract. For Insured persons aged 60 or older, the liability limits and deductible amounts specified in section 5 of this Offer apply.
- 3.33. All terms not defined in the Insurance Contract shall have the meaning as provided for in the Law of Ukraine "On Insurance".

4. TERM AND PLACE OF VALIDITY OF THE AGREEMENT

- 4.1. The Contract shall enter into force from the moment the Insured Person crosses the border of the Country of Permanent Residence (when leaving the country of permanent residence) or from 00:00 UTC+2 on the day specified as the commencement date of the Contract (whichever is later), but not earlier than the moment of payment of the insurance premium.
- 4.2. The contract expires at the moment the Insured Person crosses the border of the Country of Permanent Residence (during entry into the Country of Permanent Residence) or at 24:00 UTC+2 on the day specified as the expiration of the Contract (on the date that occurred earlier), unless other circumstances stipulated by the Contract have led to its early termination.
- 4.3. The insurance contract may be concluded only before the Insured Person crosses the border of the country of permanent residence, except for the cases specified in this section.
- 4.4. The term of the Contract is the number of insurance days specified in the Policy. In the event of the expiration of all insurance days, the Insurer is considered to have fulfilled its obligations to the Insured Person, and the contract is terminated due to the Parties' fulfillment of their obligations.

- 4.5. If the Insured or Insured Person, while outside the Country of Permanent Residence, wishes to increase the number of days of Insurance Coverage, he or she must conclude a new Agreement and, accordingly, purchase a new Policy before the expiration of the previous Policy.
- 4.6. If a person has crossed the border of the Country/Place of Permanent Residence without an Insurance Contract and wishes to purchase a Policy, he/she must do so within 24 hours from the moment of crossing the border/until the end of the day after crossing the border of the Country/Place of Permanent Residence. In the event of concluding the Contract (purchasing the Policy) within the period provided for in this clause, all conditions provided for persons who concluded the Contract before crossing the border shall apply to the Insured/Insured Person.
- 4.7. In the event that the Insured/Insured Person purchases the Policy outside the Country/Place of Permanent Residence, insurance coverage begins 3 (three) days (from the fourth day), starting from the day following the date of conclusion of the Insurance Contract, as specified in the Policy.
- 4.8. The Insured/Insured Person, while outside the Country/Place of Permanent Residence, may conclude an Insurance Contract only under the "GOLD" or "PLATINUM" insurance programs. In the absence of a return ticket to the place where the trip began on the date of the insured event, the Insurer's liability is determined in accordance with clause 9.6 of this contract.
- 4.9. If the Policy provides for multiple trips, the Insurer is liable within the total number of days of stay abroad specified in the Contract for the insurance period. With each trip abroad, the period of validity of the insurance coverage is automatically reduced by the number of days spent by the Insured Person in the territory of the Contract.
- 4.10. The territory of validity is indicated in the Policy as a separate country or one of the geographical zones:
- 4.10.1. "Europe" (EUROPE): Austria, Azerbaijan, Albania, Algeria, Andorra, Belgium, Belarus, Bulgaria, Bosnia and Herzegovina, Vatican City, United Kingdom, Armenia, Hungary, Greece, Germany, Denmark, Egypt, Israel, Ireland, Spain, Italy, Iceland, Kazakhstan, Kyrgyzstan, Liechtenstein, Luxembourg, Latvia, Lithuania, Malta, Monaco, Moldova, Netherlands, Norway, Poland, Portugal, Russian Federation, Romania, North Macedonia, Slovakia, San Marino, Serbia, Slovenia, Tajikistan, Tunisia, Turkey, Uzbekistan, Ukraine, France, Finland, Croatia, Montenegro, Czech Republic, Switzerland, Sweden, Estonia.
 - 4.10.2. "WORLDWIDE": Ukraine and all countries of the world.
- 4.11. Excluded from the territory of the Agreement are:
 - 4.11.1. country/place of permanent residence of the Insured Person.
- 4.11.2. separate zones (administrative and territorial units) of the countries specified in clause 4.10 of the Agreement, on the territory of which military actions are taking place during the period of occurrence of the insured event;
- 4.11.3. temporarily occupied territories of the Autonomous Republic of Crimea, the city of Sevastopol, settlements of Luhansk and Donetsk regions, in which, in accordance with the current legislation of Ukraine, the state authorities of Ukraine do not exercise their powers and control on the date of the insured event, territories specified in the Order of the Ministry of Development of Ukraine dated 28.02.2025 No. 376 "On Approval of the List of Territories in Which Combat Operations Are (Were) Conducted or Temporarily Occupied by the Russian Federation" (with amendments and supplements) as of the date of the insured event, as well as on the territory of the Russian Federation, the Republic of Belarus, the Islamic Republic of Iran, North Korea, Cuba and Syria, as well as on the territory of any kind of military operations, military measures or armed conflicts and/or zones that are under the sanction of Ukraine, the UN, the EU, the United States of America, Great Britain and Northern Ireland.
 - 4.11.4 territories of Belarus and the Russian Federation.

5. INSURED AMOUNT, INSURANCE TARIFF, INSURANCE PAYMENT AND ITS PAYMENT TERM, FRANCHISE

5.1. The insurance program, the amount of the insured sum, additional options are selected by the Insured when accepting the Offer and are indicated in the Electronic Policy. The Insured may conclude an insurance contract under the following programs:

Insurance program	Sum insured (USD)	Total deductible from the amount
		of damage,%
SILVER	70,000	25%
GOLD	100,000	0%
PLATINUM	200,000	0%

- 5.2. The insurance payment (premium) is paid by the Insured to the account of the Insurer or Insurance Agent, if the Insured wishes to join this Agreement. The amount of the insurance payment depends on the selected insurance program and the age of the insured person and is displayed on the Insurer's website after the Insured selects the insurance program and additional options.
- 5.3. The Parties agreed that the specific amount of the insurance tariff, the insured amount, and the deductible are determined in the Policy.
- 5.4. If, upon the occurrence of an Insured Event, the Insurance Benefit paid is less than the Insured Sum determined by the Insurance Program, then after the payment is made, the Insurance Contract continues to be valid, and the Insured Sum is reduced by the amount of the Insurance Benefit paid.
- 5.5. The limit of liability of the Insurer in the event of any insured event is 5 (five)% of the amount of the insured amount specified in clause 5.1. of this Agreement.

5.6. Depending on the age of the Insured Person, the Insurer's liability limit and the amount of additional deductible, regardless of the Insurance program, is:

deductions, regardless of the insurance program, is:		
Age of the Insured Person, years	Liability limit (%)	Additional deductible for loss, %
60-65	5%	10%
65-70	5%	20%
70-75	4%	30%
75-80	4%	40%
80-85	3%	50%
85-90	3%	60%
90-95	2%	70%
95-100	2%	80%
over 100	1%	90%

6. INSURANCE RISKS AND INSURANCE EVENTS

- 6.1. Insurance risks are events for which insurance is provided and which have signs of probability and randomness of occurrence, namely:
- 6.1.1. contacting a medical institution and providing medical care to the Insured Person during the term of the Insurance Contract in connection with a sudden illness, injury, poisoning, or the consequences of an accident, in order to receive medical care and medical services within the limits and to the extent specified in this Contract;
- 6.1.2. appeals of the heirs of the Insured Person in the event of his/her death due to a sudden illness or accident during the validity of the Insurance Contract, in connection with the need to cover the costs associated with the repatriation of the Insured Person's body.
- 6.1.3. other event expressly provided for by the selected Insurance Product Program.
- 6.2. Caccident an event provided for by the insurance contract in clause 6.1., the risk of which is insured, upon the occurrence of which the insurer is obliged to make an insurance payment to the insured or another person specified in the insurance contract.
- 6.3. The scope of services, in accordance with the terms of the Contract, that will be organized and/or paid to the Insured/Insured Person upon the occurrence of an insured event, depends on the Insurance Program selected by the Insured when concluding the Contract and specified in the Policy.
- 6.4. According to the "SILVER" Insurance Program, the Insured Person has the right to receive the following services:

- 6.4.1. reimbursement of the cost of COVID-19 testing performed by the polymerase chain reaction (PCR) method, provided that the PCR test is positive;
- 6.4.2. organization and payment of the cost of emergency medical services at the place of call, conducting primary diagnostic measures, providing medical care using medications necessary to stabilize the condition of the Insured Person in the amount within the established limit of liability of the Insurer, which is 500 USD per insured event:
- 6.4.3. organization and payment of the cost of medical care and treatment services in outpatient and polyclinic conditions; examination to the extent necessary to establish a diagnosis; doctor's consultations.
- 6.4.4. organization and payment of the cost of services directly related to inpatient treatment, including doctor's consultations, diagnostics, treatment, emergency surgery, medication, stay in standard-type wards, nutrition according to the standards adopted in this medical institution. The Insurer pays the cost of treatment abroad within the limits of its liability (insured amount) established by the Contract, only until the Insured Person's health condition becomes stable by the doctor's decision or the Insured Person can be discharged or his condition allows him to be evacuated to the country of permanent residence;
- 6.4.5. reimbursement of the cost of medicines and consumables intended for emergency treatment, or compensation for expenses in the event of independent purchase of medicines prescribed by a doctor at a pharmacy within the scope of the insured event, except for medicines and medical devices for the treatment of COVID-19;
- 6.4.6. ground transportation services for the injured Insured Person to a medical facility if the Insured Person's health condition does not allow him to travel independently;
- 6.4.7. services for transporting the body (repatriation) of the Insured Person to the place of his/her previous permanent residence. A prerequisite for organizing repatriation is the submission by the relatives of the deceased Insured Person of a statement-confirmation of readiness to collect the body after crossing the state border; The Insurer reimburses the costs of: preparation of documents for repatriation; preparation of the body for repatriation; transportation of the body to the airport or the nearest customs point of the Country of permanent residence. The Insurer reimburses the costs of repatriating the Insured Person to the airport or the nearest customs point of the Country of permanent residence, within the established liability limit, which is 1 (one) % of the insured amount per one insured event. The type of transport, repatriation terms, method of transporting the body and route are determined by the Insurer.
- 6.4.8. organization and payment of the cost of a set of services directly related to the transportation and medical support of the Insured Person undergoing inpatient treatment from abroad to the medical facility closest to the place of permanent residence if there are medical indications of the need for further inpatient treatment. Medical evacuation of the Insured Person is carried out only upon written consent of the Insurer. The Insurer does not reimburse the costs of continuing treatment and rehabilitation of the Insured Person after his/her return to the country of permanent residence. If a doctor authorized by the Insurer believes that the evacuation of the Insured Person is possible, and the Insured (Insured Person) refuses it, the Insurer immediately stops paying for the cost of treatment services for the Insured Person. Written consent should be understood as sending the Insurer an estimate for transportation to the Insurer's email and receiving written consent from the Insurer in the same way;
- 6.4.9. emergency dental care, including dental examination, X-ray examination, extraction or filling of teeth with temporary fillings. The insurer reimburses the costs of emergency dental care within the established liability limit 100 USD per insured event.
- 6.4.10. The insurer reimburses expenses related to the diagnosis and/or treatment of COVID-19 within the established liability limit, which is 200 USD per insured event.
- 6.5. According to the "GOLD" Insurance Program, the Insured Person has the right to receive the following services:
- 6.5.1. services provided by the "SILVER" insurance program, provided that they do not contradict this program;
- 6.5.2. medical services necessary for the treatment of COVID-19 and SARS within the established limit of liability of the Insurer, which is 1 (one) % of the insured amount per insured event and a sublimit of no more than 5 (five) days of inpatient treatment or, in the case of outpatient care, no more than 5 specialist appointments;
- 6.5.3. emergency gynecological care during pregnancy not exceeding 29 weeks within the established limit of liability of the Insurer, which is 1 (one) % of the sum insured for one insured event and a sublimit of no more than 5 (five) days of inpatient treatment or in the case of outpatient care no more than 5 specialist appointments. In this case, the relevant condition of the Insured Person must be confirmed by a medical certificate. If the pregnancy period at the time of the insured event exceeds 29 weeks and 1 (one) day, medical services and expenses are not reimbursed by the Insurer, but are paid by the Insured Person independently. In any case, the costs of assistance during childbirth and postpartum care for the child are not covered;
 - 6.5.4. medicines and medical devices necessary for the treatment of COVID-19;

- 6.5.5. organization and payment of treatment of the Insured Person in a hospital for a period of up to 15 days after the end of the insurance period, if necessary for medical reasons;
- 6.5.6. emergency dental care, including dental examination, X-ray examination, extraction or filling of teeth with temporary fillings. The insurer reimburses the costs of emergency dental care within the established liability limit -250 USD per insured event;
- 6.5.7. compensation for expenses in the amount of up to 30 USD for vaccinations and inoculations per Insured Person, but not more than 60 USD per Policy, except as specified in clause 7.1.27.
- 6.6. According to the PLATINUM Insurance Program, the Insured Person has the right to receive the following services:
- 6.6.1. services provided by the "GOLD" insurance program, provided that they do not contradict this program;
- 6.6.2. emergency dental care, including dental examination, X-ray examination, extraction or filling of teeth with temporary fillings. The insurer reimburses the costs of emergency dental care within the established liability limit -500 USD per insured event;
- 6.6.3. payment of expenses in the amount of no more than 75 USD per day, for a period of no more than 15 days, for the Insured Person's stay under compulsory observation due to medical indications in case of COVID-19, if such observation/quarantine is mandatory in accordance with the requirements of local legislation;
- 6.6.4. payment of the cost of funeral services for the burial of the Insured Person in the country of death. Burial of the Insured Person abroad is carried out only upon agreement with the Insurer. The Insurer does not reimburse the costs of obtaining a burial permit from the administrative bodies of the country. The Insurer reimburses the costs associated with the burial of the Insured Person's body in the country of death;
- 6.6.5. organization and payment of transportation of the Insured Person by economy class to the country of permanent residence after treatment in a hospital at the end of the insurance period in the amount of no more than 400 USD per Insured Person. In this case, the Insured Person must have and submit to the Insurer a return ticket or any other document certifying the fact of the carrier's refund of funds for refusal of transportation due to illness;
- 6.6.6. organization and payment of expenses for the early return of the Insured Person to the Country or Place of Permanent Residence, if necessary for medical reasons;
- 6.6.7. payment of expenses in the amount of no more than 75 USD per day for a period of no more than 5 days for the Insured Person's stay abroad after the expiration of the Contract, if his/her return to the country of permanent residence is impossible immediately after discharge from the hospital;
- 6.6.8. payment of expenses in the amount of no more than 75 USD per day for a period of no more than 5 days for accommodation in a hotel of one companion of the Insured Person abroad after the expiration of the Contract, if the Insured Person is undergoing inpatient treatment, and the companion is a family member of the Insured Person or a person insured under the same insurance policy as the Insured Person;
- 6.6.9. payment of the cost of economy class travel to the country of permanent residence of a Family Member of the Insured Person or a person insured under the same insurance policy as the Insured Person in the event of his/her hospitalization or death within the established limit of liability of the Insurer, which is 400 USD per insured event;
- 6.6.10. organization and payment of expenses for early return to the country of permanent residence of children under 14 (fourteen) years of age of the Insured Person. If necessary, the Insurer shall reimburse the accompaniment of children by a third person if the Insured Person is unable to do so due to a sudden illness, health disorder resulting from an accident or death. The Insurer shall reimburse the cost of travel for children to their place of permanent residence only if none of the persons traveling with them over the age of 18 are unable to take care of them due to an acute illness, exacerbation of a chronic illness, health disorder resulting from an accident or death. The route, type and class of vehicle shall be determined by the Insurer. After fulfilling its obligations, the Insurer shall have the right to use the return ticket of the child(ren) of the Insured Person. The Insurer reimburses the costs of organizing (if necessary) and early return to the country of permanent residence of children under 14 (fourteen) years of age of the Insured Person within the established liability limit 200 USD per insured event;
- 6.6.11. payment of costs for search and rescue of the Insured Person due to an accident while traveling on a tourist route in the mountains, at sea, in the jungle or other remote areas, if there was no prohibition by local authorities, including costs for evacuation by helicopter from the scene of the accident to a medical facility;
- 6.6.12. compensation for the cost of telephone communication services of the Insured Person or a person representing his/her interests with the Insurer regarding the notification of an insured event. The maximum amount of compensation is 100 USD;
- 6.6.13. compensation for damages caused to the life and health of third parties as a result of the actions of the Insured Person. The Insured Person must prove the amount of damages by providing a court decision or any other official document that can confirm the amount of damages. In this case, the Insurer's liability limit for compensation for damages caused by the Insured Person is 500 USD;

- 6.6.14. compensation for losses in connection with damage or destruction of sports equipment / inventory rented. Compensation is provided that the Insured Person's Policy has the mark "Sports" and/or "Extreme Recreation"; In this case, the Insurer's liability limit for compensation for damage caused to third party property is 300 USD.
- 6.6.15. payment for legal services, interpreter services for the Insured Person to receive medical services or to ensure return to the Country of permanent residence. In this case, the Insurer's liability limit is USD 500 for each Insured Person;
- 6.6.16. deposit of bail for the release of the Insured Person from arrest. The Insurer's liability limit is limited to 1% (one percent) of the insured amount;
- 6.6.17. reimbursement of expenses for the preparation of documents for the return of the Insured Person to the Country of permanent residence. The Insurer's liability limit is limited to 1% (one percent) of the insured amount:
- 6.6.18. receiving medical care provided for by this program in the event of an insured event resulting from terrorist acts or natural disasters. The Insurer's liability limit is limited to 1% (one percent) of the insured amount;
- 6.6.19. compensation for the value of lost baggage of the Insured Person is carried out if the carrier has not made compensation or has not agreed to make it. Compensation is carried out provided that the Insured Person complies with the rules for the carriage of baggage. The amount of compensation must be proven by the Insured Person. The Insurer compensates the value of lost baggage within the established liability limit 500 USD per insured event;
- 6.6.20. reimbursement of the cost of staying in the comfort waiting area in case of flight cancellation or flight delay for more than 4 hours after the scheduled departure time. In this case, the Insurer's liability limit is 500 USD for each Insured Person, but not more than 500 USD per Policy.
- 6.6.21. compensation for expenses in the amount of up to 200 USD for transportation of the Insured Person's car, which has become unusable for further operation due to a sudden technical breakdown or a road accident (traffic accident), to the nearest technical service station (TSO);
- 6.6.22. compensation for the cost of travel of the insured driver and passengers to the country of permanent residence if the passenger car in which they are traveling is stolen or damaged as a result of an accident and its further operation is impossible. The cost of travel in economy class by regular public transport or taxi is reimbursed, with the exception of air transport, but not more than 200 USD for each Insured person;
- 6.6.23. compensation for expenses in the amount of up to 200 USD for the elimination of a sudden technical breakdown or damage resulting from a road accident to the Insured Person's car, or the cost of temporary storage in a guarded parking lot if it cannot be repaired;
- 6.6.24. insurance conditions under clause 6.6.21. clause 6.6.23. of the Contract apply only to Insured persons who travel in their own technically sound passenger car, the period of operation of which does not exceed 5 years (determined from the date of issue);
- 6.6.25. compensation for expenses in the amount of up to 50 USD for vaccinations and inoculations per Insured Person, but not more than 100 USD per Policy, except as specified in clause 7.1.27.;
- 6.6.26. compensation for losses due to unforeseen technical malfunctions with a water transport vehicle (liner, motor ship), a trip (cruise) on which was booked and paid for by the Insured Person, which resulted in the interruption of the trip (trip). In this case, the Insurer's liability is 500 USD for each Insured Person, but not more than 1000 USD for one separate Policy.
- 6.7. In the event that the Insured (Insured Person) pays for the specified services independently, the Insurer shall compensate the Insured (Insured Person) for such expenses in hryvnias at the NBU exchange rate on the date of the insured event within the established limits.
- 6.8. Insurance coverage applies to insured events defined by this Agreement, in the event of the consumption of alcohol by the Insured Person, in the following cases:
- 6.8.1. The Insurer refuses insurance payment in the event that the Insured Person is in a state of alcoholic intoxication, if the Insured Person has purchased the "SILVER" insurance program.
- 6.8.2. In case the Insured Person purchases the "GOLD" or "PLATINUM" program, the Insurer shall make an insurance payment in accordance with the terms of this Agreement, if the degree of alcohol intoxication of the Insured Person does not exceed 1 (one) ppm in blood. In this case, the Insurer's liability limit may not exceed 1000 USD per one insured event, the deductible is 200 USD.

To confirm the degree of alcohol intoxication, the Insurer has the right to contact the healthcare facility where the Insured Person is staying. If the healthcare facility does not have information about the degree of alcohol intoxication of the Insured Person, the Insurer has the right to demand a test to establish it.

The refusal of the Insured Person to undergo a test to determine the degree of alcohol intoxication is grounds for the Insurer to refuse insurance payment.

If the degree of alcohol intoxication does not exceed the norms provided for by the "GOLD" and "PLATINUM" programs, and in the case of the "SILVER" program it shows the absence of alcohol intoxication, the Insurer reimburses the cost of the test if the Insured Person complies with the terms of this Agreement.

6.9. If medical evacuation is provided for by the insurance program, it is carried out exclusively upon agreement with the Insurer. The need for medical evacuation must be confirmed by a doctor or other medical personnel. Agreement is considered to be the express consent of the Insurer to (1) the medical evacuation and (2) the type of transport used for medical evacuation. If the Insured/Insured Person chooses a method of transport other than that agreed with the Insurer, the Insurer shall reimburse the cost of medical evacuation by the agreed transport within the liability limit provided for by the insurance program. Failure to agree on medical evacuation shall be grounds for refusal of insurance payment.

7. EXCEPTIONS FROM INSURANCE CASES AND GROUNDS FOR REFUSAL OF INSURANCE BENEFIT PAYMENT

- 7.1. The insurer does not pay or reimburse the cost of diagnostics, treatment and services related to the following diseases and events:
- 7.1.1. medical care and treatment not related to the need to provide the Insured Person with emergency or urgent medical care;
- 7.1.2. treatment of chronic or congenital diseases (anomalies), deformations and chromosomal disorders and defects, complications, exacerbations of these diseases that are not life-threatening, or consequences that existed in the Insured Person at the time of conclusion of the Contract and required treatment, except for cases when there is an acute threat to the life of the Insured Person or there is a need for targeted measures to eliminate acute pain
 - 7.1.3. neoplasms, endocrine system diseases, diabetes mellitus;
- 7.1.4. nervous diseases (except neuritis), mental diseases, including diagnosis and determination of the cause of epileptic seizures; treatment of psychosomatic disorders, as well as traumatic injuries associated with them:
 - 7.1.5. cancer, cirrhosis, chronic renal failure, systemic connective tissue diseases, autoimmune diseases;
- 7.1.6. treatment of diseases known at the time of conclusion and/or commencement of the Insurance Contract, regardless of whether treatment was provided or not, except in cases where medical care was necessary in connection with emergency medical care or saving the life of the Insured/Insured person. The presence of such a disease must be proven by the Insurer;
 - 7.1.7. venereal diseases, sexually transmitted diseases, immunodeficiency state, AIDS;
 - 7.1.8. diseases of the blood and blood-forming organs;
 - 7.1.9. epidemic and pandemic diseases, excluding COVID-19;
 - 7.1.10. acute and chronic radiation sickness;
 - 7.1.11. scheduled consultations and examinations during pregnancy, regardless of the gestational age;
- 7.1.12. consultations, examinations and treatment related to pregnancy complications after 29 weeks of pregnancy, obstetric care for persons with a gestational age of more than 29 weeks, childbirth;
- 7.1.13. medical services related to abortion for the Insured Person, except for emergency forced termination of pregnancy for medical reasons;
- 7.1.14. diagnostics and treatment of male/female infertility, menopause, depleted ovarian syndrome, menstrual cycle disorders, premenstrual syndrome, hormonal disorders (hyperprolactinemia, hyperandrogenemia, others), erectile and sexual dysfunctions, artificial insemination, costs of preventing pregnancy;
- 7.1.15. any health disorders, complications or death resulting from failure to follow the recommendations of the attending physician, side effects of medications not prescribed by a doctor, as well as side effects of food supplements;
 - 7.1.16. diseases or consequences (complications) of diseases such as viral hepatitis, tuberculosis;
 - 7.1.17. diseases and disorders of the hearing organs, except for acute hearing diseases for medical reasons;
- 7.1.18. diseases, injuries, inflammation of the eyes, eyelids, lacrimal apparatus, except for cases related to the provision of emergency care that threatens the life of the Insured Person;
- 7.1.19. fungal and dermatological diseases, allergic dermatitis of any origin, sunburns other than first and second degree, other skin changes caused by ultraviolet radiation;
- 7.1.20. illnesses that occurred before the start of the insurance period and/or in the territory of the permanent place of residence, which led to medical or additional expenses during the trip, as well as illnesses that occurred after the Insured Person's return from the trip;
- 7.1.21. further treatment abroad of the Insured Person if he/she refuses medical evacuation to the place of permanent residence. The Parties have agreed that a telephone recording of a conversation or correspondence and

exchange of messages in messengers with the Insured Person or his/her relatives, made to the assisting company or the Insurer regarding the refusal of medical evacuation, is equivalent to a written refusal and may be used by the Insurer as evidence in the event of disputes;

- 7.1.22. medical examination that is not a consequence of acute pain, sudden illness and bodily injury, provision of services that are not reasonably necessary or urgent from a medical point of view, or are not part of the treatment prescribed by a doctor, as well as provision of such special services as a separate room, telephone, television, etc.;
- 7.1.23. services and treatment that can be postponed until the return from the trip, including surgical operations that can be replaced by a course of conservative treatment, etc., before the end of the trip;
- 7.1.24. surgical (operative) interventions related to benign and malignant neoplasms (carcinoma, lipoma, other according to the International Classification of Diseases ICD-10);
- 7.1.25. performing manipulations and operations on the heart and blood vessels, including angiography, angioplasty, bypass surgery, stenting, implantation of an artificial pacemaker, etc.;
- 7.1.26. diagnostic services: consultations, laboratory tests and other measures not prescribed by the doctor and the assisting company as necessary to establish a diagnosis for further treatment;
- 7.1.27. conducting preventive vaccinations, medical examinations and laboratory tests not related to the insured event;
- 7.1.28. all types of plastic and cosmetic surgeries and procedures, all types of prosthetics (including teeth and eyes), organ transplantation;
- 7.1.29. dental treatment, except for that specified in subparagraphs 6.4.9, 6.5.6, 6.6.2. of the Agreement (relief of acute pain);
- 7.1.30. medical services provided by a legal entity or individual that does not have an appropriate license, or by a person who does not have the right to engage in medical practice;
- 7.1.31. physiotherapy treatment, treatment using non-traditional methods, treatment that is considered experimental or research;
- 7.1.32. purchase or repair of assistive devices (such as pacemakers, glasses, contact lenses, hearing aids, inhalers, prostheses, crutches, wheelchairs, measuring devices, etc.), purchase of general strengthening drugs, hygiene products, baby food;
 - 7.1.33. artificial insemination, infertility treatment, pregnancy prevention measures;
 - 7.1.34. treatment of alcoholism, drug addiction, etc., including treatment of withdrawal syndrome;
- 7.1.35. medical evacuation, repatriation or burial abroad, organized without written agreement with the Insurer:
 - 7.1.36. expenses when the trip was made with the intention of receiving treatment;
 - 7.1.37. self-treatment, as well as treatment carried out by spouses, parents, or children;
 - 7.1.38. elimination of the consequences of self-medication;
 - 7.1.39. the need for individual care, patronage and protection;
 - 7.1.40. medical examination for preventive purposes;
- 7.1.41. continued treatment of the Insured Person after his/her return to his/her place of permanent residence, expenses covered by social, medical insurance and other benefits;
- 7.1.42. medical vacation, rehabilitation, sanatorium and health treatment, as well as spa procedures; diagnostic services, consultations, laboratory tests and other measures not prescribed by the doctor and the assisting company as necessary to establish a diagnosis for further treatment;
- 7.1.43. diseases that are a consequence of a mental reaction to military events, internal unrest, a terrorist act, a plane crash or fears associated with such events;
 - 7.1.44. age-related degenerative-dystrophic processes, except for the stage of exacerbation;
 - 7.1.45. replacement therapy, except for acute conditions;
- 7.1.46. Expenses stipulated by the Contract shall not be reimbursed if they are incurred by the Insured (Insured Person) without prior approval by the Insurer, except in emergency cases when approval by the Insurer is impossible due to the risk to the life and health of the Insured Person;
- 7.1.47. Expenses for insured events that occurred during professional sports, active leisure or work are not reimbursed, unless there is a special note in the Contract (Sport/Extreme leisure and/or Active leisure and/or Work);
- 7.1.48. Expenses are not reimbursed in the event of failure to notify/untimely notification of the Insurer about the occurrence of an event that has the characteristics of an insured event;
- 7.1.49. Expenses related to attacks by predatory or poisonous animals or insects that occurred in bodies of water of natural origin (rivers, seas, oceans, etc.) or during tourist walks in their habitat outside the Insured Person's temporary place of residence are not reimbursed;
 - 7.1.50. no expenses are reimbursed if the Insured/Insured Person is entitled to free medical care.

- 7.2. Medical expenses of the Insured Person are also not subject to insurance compensation in cases where:
 - 7.2.1. the trip was undertaken by the Insured Person despite medical contraindications for its implementation;
 - 7.2.2. medical services were received by another person not insured under the Contract;
 - 7.2.3. The insured person refused the prescribed examination, treatment, or medical transportation.
- 7.3. The Insurer does not compensate for fines, penalties, penalties, interest for late payments and other indirect losses, lost profits suffered by the Insured Person.
- 7.4. Under baggage insurance, events arising from:
- 7.4.1. the effects on baggage of normal temperature, normal atmospheric humidity, natural qualities of baggage (normal wear and tear of baggage and the marginal difference in determining net mass), corrosion, rot, natural wear, internal damage, losses, rust, mold, etc.);
 - 7.4.2. internal properties or defects of the insured baggage;
 - 7.4.3. illegal actions of third parties, which are not confirmed by law enforcement agencies;
 - 7.4.4. transfer of baggage for transportation in a damaged condition;
 - 7.4.5. damage to baggage by worms, rodents, insects;
- 7.4.6. shortage of baggage with intact packaging and seals, as well as depreciation of baggage due to its contamination with intact packaging and seals and serviceability of protective equipment;
- 7.4.7. inconsistency of the technical condition of suitcases/bags for safe transportation, loading, unloading or storage of luggage;
 - 7.4.8. non-compliance of baggage packaging with technical conditions and standards;
 - 7.4.9. transportation of baggage by carriers that do not have a license/permit for transportation;
- 7.4.10. confiscation of luggage by customs authorities or other representatives of the official authorities of the country of temporary stay;
- 7.4.11. violation by the Insured/Insured Person of the rules for the carriage of baggage, in particular, including in checked baggage items that, according to the rules of carriage, must be carried in hand luggage.
- 7.5. Regarding civil liability insurance, the following are not subject to insurance compensation:
- 7.5.1. losses related to the business activities of the Insured Person, its obligations under contracts; losses related to the commission of a criminal offense by the Insured Person;
 - 7.5.2. damage caused to the environment;,
 - 7.5.3. losses caused by the Insured Person using any type of motorized vehicle;
 - 7.5.4. losses caused by the Insured Person to members of his/her family;
- 7.5.5. fine, penalty or other financial sanctions that are not a direct consequence of harm to health or damage to property of third parties
 - 7.5.6. losses exceeding the insured amount specified in the Contract;
 - 7.5.7. losses incurred during participation in sports competitions and during preparation for them;
 - 7.5.8. losses related to the production and professional activities of the Insured Person;
- 7.5.9. losses that arose due to circumstances that were known to the Insured Person prior to the conclusion of this Agreement or which the Insured Person was able to foresee and avoid;
 - 7.5.10. damage caused to the reputation of third parties.
- 7.6. The grounds for the Insurer's refusal to make an insurance payment are:
- 7.6.1. intentional actions or inaction of the Insured (Insured Person) aimed at the occurrence of an insured event, except for actions committed in a state of necessary self-defense (without exceeding its limits) or to protect property, life, health, honor, dignity and business reputation. The qualification of the Insured Person's actions is established in accordance with the current legislation of Ukraine;
- 7.6.2. violation by the Insured Person of the rules of conduct, safety or order in the territory/place of temporary stay; violation of the legislation of the country of temporary stay;
- 7.6.3. submission by the Insured, the Insured Person or the person in whose favor the insurance payment is to be made, of knowingly false information about the object of insurance, the location of the Insured Person (Insured Person) on the date of conclusion of the insurance contract, the fact of the occurrence of the insured event and the amount of expenses or any other circumstances that affect or may affect the Insurer's decision to make the insurance payment. Proof of the provision of information about the location of the Insured Person (Insured Person) on the date of conclusion of the Contract is the relevant border crossing marks in the foreign passport or air tickets, train or bus tickets or other documentary confirmation in the event that the Insured Person crosses the borders of countries where marks are not made;
 - 7.6.4. creating obstacles for the Insurer in determining the circumstances, nature and amount of losses;

- 7.6.5. untimely notification of the Insurer about the occurrence of an insured event without good reason, lack of coordination or violation of the terms of coordination of independently incurred diagnostic or treatment expenses, as well as untimely submission/failure to submit (not in full) documents to the Insurer, a written application for receiving insurance payment (insurance compensation) and other documents attached to the application in accordance with this Agreement or requested by the Insurer
 - 7.6.6. failure by the Insured (Insured Person) to fulfill his/her obligations under the Contract;
- 7.6.7. failure to comply with the instructions of the Insurer/Assistance in the process of settling the insured event/occurrence of an insured event;
- 7.6.8. receipt by the Insured (Insured Person) of full compensation for losses from the person guilty of causing them;
- 7.6.9. consumption of alcohol (in case of purchasing the "SILVER" insurance program), narcotics, toxic substances:
- 7.6.10. alcohol consumption in doses exceeding 1 ppm documented by a medical institution (in case of purchasing the "GOLD" or 1 "PLATINUM" insurance program)
- 7.6.11. insurance of persons aged from 4 years (inclusive) to 60 years (inclusive) without additional payment (surcharge, age coefficient);
- 7.6.12. commission by the Insured, Insured Person or Beneficiary of an intentional crime that led to an insured event:
- 7.6.13. refusal of the Insured/Insured Person to undergo repeated diagnostics or receive consultations at the request of the Insurer;
- 7.6.14. purchase by the Insured/Insured Person of a Policy for a period less than the duration of the trip, except for cases when the Insured/Insured Person extends the period of stay abroad or has concluded an Insurance Contract while already outside the country of permanent residence under the conditions provided for by the Contract;
 - 7.6.15. the event that occurred to the Insured/Insured Person is not insured;
 - 7.6.16. the event occurred before the start of the insurance coverage or outside the insurance coverage period;
- 7.6.17. The Insured/Insured Person has not paid insurance premiums or provided false information about their payment;
- 7.6.18. the insured event occurred in connection with the harm caused to the Insured/Insured person by his/her own actions, the consequences of which the Insured/Insured person anticipated, but frivolously counted on not occurring or did not anticipate, although he/she should have foreseen and had such an opportunity;
 - 7.6.19. occurrence of an insured event as a result of providing assistance or rescuing third parties;
 - 7.6.20. dental prosthetics (crowns, stump inlays, etc.), orthodontics;
- 7.6.21. receipt by the Insured/Insured Person of legal assistance, assistance from a translator without prior agreement with the Insurer;
- 7.6.22. if the Insured/Insured Person is a citizen of an aggressor state, a terrorist state in accordance with the local legislation of the Insurer. In such a case, the Insurer shall refund to the Insured the insurance premiums paid by him, less the costs associated with the conclusion and execution of the insurance contract in the amount of 50%;
 - 7.6.23. other cases provided for by the current legislation of Ukraine and the General Terms and Conditions.

7.7. Events that occurred as a result of:

- 7.7.1. civil unrest, strikes or state of emergency, ionizing radiation; use of nuclear, chemical or biological weapons;
- 7.7.2. suicide or attempted suicide by the Insured Person (except in cases where the Insured Person was brought to such a state by unlawful actions of third parties, which must be proven by the Insured or the Insured Person);
- 7.7.3. commission or attempted commission by the Insured Person of unlawful acts that are directly causally related to the insured event, as established by the competent authorities;
- 7.7.4. failure by the Insured to comply with official recommendations of the Ministry of Foreign Affairs of Ukraine, tel.: +38 044 238 16 57,+38 (044) 238-15-88, website: www.http://mfa.gov.ua/, and the Insurer regarding trips to war zones, terrorist attacks, natural disasters, epidemics or pandemics, except for cases when such trips are provided for by the insurance conditions, which are drawn up in writing in a separate appendix to the contract;
- 7.7.5. trips of the Insured, or another person specified in the insurance contract by the Insured, to a country or area specified by the Insurer as a war zone, except for cases when such trips are provided for by the terms of the insurance contract, which are drawn up in writing in a separate appendix.
- 7.7.6. active participation in war (declared or undeclared), civil war, combat or military operations, service in the armed forces and military formations;
 - 7.7.7. exposing the Insured Person to unjustified risk, deliberate danger (except for saving life);

- 7.7.8. performance by the Insured of any type of physical work, professional sports or active (sports) recreation, such as: mountaineering and hiking, including to a height of over 3,000 meters without a written application for the conclusion of an insurance contract, scuba diving, speleotourism, sports diving, any forms of flying, winter sports, participation in competitions, car races, as well as recreation with an increased level of risk, in particular: using mechanical and other means of transportation and movement on land, on water, under water and in the air (except for cases when the Insured has paid the fare and is a passenger of a passenger vehicle), travel on animals, bicycles, hiking and other similar types of recreation, if such risks were not paid for by an additional insurance premium.
- 7.7.9. an accident while traveling on a non-tourist route in the mountains, at sea, in the jungle or other remote areas, as well as in the event of existing bans by local authorities on traveling in the mountains, at sea, etc.
 - 7.7.10. participation in gambling, offenses or fights (except in cases of self-defense);
- 7.7.11. driving a vehicle by the Insured/Insured Person without a valid license or the appropriate category, as well as the transfer of control of the vehicle by the Insured/Insured Person to a person who was in a state of alcoholic, narcotic or toxic intoxication and does not have a valid driver's license or the appropriate category;
- 7.7.12. performance of any work under an employment contract or performance of work and/or provision of services under any civil law contract, including using tools, loading/unloading vehicles, etc., if the Policy did not contain the "Work" mark;
 - 7.7.13. providing dental care that exceeds the necessary care to relieve acute pain.
- 7.8. The Insurer does not make insurance payments related to compensation for moral damage, except for cases provided for by this Agreement.
- 7.9. The Insurer does not compensate for the administrative and service fees of the medical institution, moral damages and damages caused as a result of professional errors of doctors or other persons who provided assistance to the Insured/Insured Person.
- 7.10. The effect of insurance protection and obligations to pay for claims or services provided for in this contract are possible to the extent and as long as this does not contradict economic, trade or financial sanctions or embargoes established by the European Union or Ukraine, which are directly applicable to the parties to the contract. This also applies to economic, trade and financial sanctions or embargoes established by the UN, the United States of America, The United Kingdom of Great Britain and Northern Ireland, Switzerland in relation to: the Russian Federation, the Republic of Belarus, the Islamic Republic of Iran, Cuba, Syria, Afghanistan, the Democratic People's Republic of Congo, Iraq, the Democratic People's Republic of Korea, Liberia, Lebanon, Somalia, Sudan, Sierra Leone, Côte d'Ivoire, as well as in the territory of zones of any hostilities or armed conflicts, natural disasters (phenomena) to the extent that they do not contradict European and Ukrainian legislation.

8. ACTIONS OF THE INSURED PERSON IN THE EVENT OF AN INSURED EVENT

- 8.1. In the event of an event occurring to the Insured Person that may be recognized as an insured event, the Insured Person is obliged to immediately, but no later than 24 hours from the moment of the event, contact the Insurer's Assisting Company: LLC "ENSURIA OPERATIONS UKRAINE", tel: + 38 044 390 00 10 or by e-mail: care@ensuria.com, regarding the organization of medical assistance to the Insured Person, as provided for by the Insurance Program under the Agreement and provide the following information:
 - 8.1.1. Surname and first name of the Insured Person;
 - 8.1.2. Contact phone number;
 - 8.1.3. Location (country, city, hotel, etc.);
 - 8.1.4. Insurance Contract Number;
 - 8.1.5. A brief description of the events that occurred and what assistance is needed;
 - 8.1.6. Any other information at the request of the Insurer.
- 8.2. The cost of the assistance provided will be paid by the Insurer, in accordance with the terms of the Insurance Contract.
- 8.3. If the Insured (Insured Person) is unable to contact the Insurer or the situation requires an immediate decision related to the need to receive urgent medical or other assistance, the Insured (Insured Person) must independently contact the nearest medical institution or a doctor who has a license and the right to practice, to receive emergency assistance and must:
 - 8.3.1. present the Insurance Contract (Electronic Policy);
 - 8.3.2. pay, if necessary, for emergency medical and other services provided;

- 8.3.3. receive checks, receipts, etc., duly executed documents from the doctor (document requirements are provided for in Section 9 of the Agreement) confirming the fact of the illness and the amount of medical expenses;
- 8.3.4. submit to the Insurer an application for payment of insurance compensation and documents provided for by the Insurance Contract.
- 8.3.5. follow the recommendations of Assistance regarding their further actions. At the request of the Assistance representative, the Insured Person must provide documents confirming their identity: passport and Insurance Contract.
- 8.3.6. In the event that the Insured Person, for objective reasons, did not contact Assistance to receive the necessary assistance (services) and as a result must independently pay for the cost of the medical and medical transport assistance and services provided to him, he is obliged to agree with Assistance or the Insurer the invoice issued by the medical institution (the validity of the amount of expenses for the services provided) before paying it. In any other case, restrictions (limits) on the amount of reimbursement of such expenses shall come into effect in accordance with clause 9.15. of this Agreement.

Objective reasons in this case include the unconscious state of the Insured Person (in the absence of persons who could represent his or her interests).

- 8.3.7. Take measures to prevent and reduce losses, facilitate the Insurer or Assistance in taking the necessary measures to determine the causes of the insured event and the amount of expenses incurred.
- 8.4. In the event of seeking medical care or inpatient treatment, the Insured (Insured Person) is obliged to notify the Insurer and agree on all costs within 24 hours from the moment of seeking the necessary care or hospitalization until the moment of receiving medical services and payment for these services. If the cost of medical services, including outpatient or inpatient treatment, exceeds 1000 USD, the Insured (Insured Person) is obliged to agree on the costs with the Insurer in writing before receiving medical services or treatment. Written agreement should be understood as sending a notification about the treatment and an estimate for diagnosis or treatment by means of electronic information transfer (e-mails) and receiving written consent (guarantee) from the Insurer in the same way.
- 8.5. The Insured (Insured Person) is obliged to submit to the Insurer, within 20 calendar days after the occurrence of an event that has the characteristics of an insured event, all necessary documents for making a decision on making an insurance payment.
- 8.6. In case of violation of the deadline for notifying the Insurer about the occurrence of an event that has the characteristics of an insured event, without good reason, or violation of the deadline for providing documents necessary for making a decision on making an insurance payment, the Insurer refuses to make an insurance payment/compensation. Recognition of reasons as good is carried out at the discretion of the Insurer.
- 8.7. In cases of self-payment of medical services by the Insured/Insured Person, the Insured (Insured Person) is obliged to receive:
- 8.7.1. a certificate-invoice from a medical institution (on letterhead or with an appropriate stamp) indicating: the patient's last name and first name, exact diagnosis, date of seeking medical care, duration of treatment, detailed data on the medical services provided, diagnostics, prescribed medications, indicating their quantity and cost;
- 8.7.2. prescriptions issued to the Insured Person by the attending physician for the purchase of medications, indicating the name of each medical product;
 - 8.7.3. detailed invoices for other services, broken down by date and cost;
- 8.7.4. documents confirming the fact of payment for medicines, medical and other services provided (cash settlement documents, merchandise checks, bank receipts, etc.); bills for telephone calls (fax messages), which indicate the telephone number, date, time and cost of each call;
- 8.7.5. Property Irregularity Report (PIR), Damage Baggage Report (DBR) or any other certificate of loss or damage to baggage issued by a competent service, documents confirming the amount of damage for insurance cases regarding loss/damage to baggage;
- 8.7.6. documents characterizing the circumstances of the insured event (report on the commission of an offense, statement of the victim, police certificate, proposals for pre-trial settlement, copies of the statement of claim or any documents indicating the requirements for the Insured Person and substantiating the amount of damage caused in the event of an insured event under civil liability insurance.
- 8.8. The Insured/Insured Person may contact the Insurer for information and advice:
 - 8.8.1. on issues of insured events that do not require medical care, on issues of receiving insurance benefits;
 - 8.8.2. to receive any other advice regarding insurance;

- 8.8.3. as well as on other issues related to the concluded insurance contract, at the telephone number specified in the Policy.
- 8.9. In the event of an event that has the characteristics of an insured event, in relation to baggage insurance, in addition to the actions specified above in this section, the Insured/Insured Person is obliged to:
- 8.9.1. immediately after discovering damage/loss, without leaving the territory of the train station, notify the competent authorities (Lost and Found service, baggage tracking service or other service, carrier representative, police, etc.) about the occurrence of an insured event;
- 8.9.2. until the baggage is inspected by a representative of the competent service, leave the baggage in the same condition as it was after the insured event occurred, except for actions to comply with safety requirements and taking measures to preserve the baggage and reduce losses;
- 8.9.3. provide a Property Irregularity Report (PIR), a Damage Baggage Report (DBR) or any other certificate of loss or damage to baggage issued by a competent service and documents confirming the amount of damage.
- 8.10. In the event of an event that has the characteristics of an insured event, under civil liability insurance, in addition to the actions specified above in this section, the Insured/Insured Person is obliged, in the event of a claim or lawsuit, to immediately, but not later than 24 hours from the moment of receipt, send to the Insurer's email address specified in this Agreement a copy of the letter, court ruling, statement of claim, summons (notice), notification, court summons, any other documents received in connection with the claim. If the case on the insured event is transferred to court, the Insured Person, at the request of the Insurer, is obliged to provide him with authority (in particular, but not exclusively, a notarized power of attorney) to conduct the case and represent his interests in all judicial instances. The case may be considered only under the laws of Ukraine or the country of temporary stay of the Insured Person.

The Insurer has the right, but is not obliged, to defend the Insured Person in any claim related to the assignment of losses to a third party. The Insurer has the right at any time to refuse to represent the interests of the Insured Person, of which the Insurer shall notify the Insured Person by sending a notification to the email address provided by the Insured/Insured Person. In the event of representation of the interests of the Insured Person by the Insurer, the Insured Person is prohibited under the terms of this Agreement from conducting any negotiations with the claimant or his representatives regarding the pre-trial settlement of the case, from making compensation, from partially or fully recognizing the claims made to him in connection with the insured event, and also from assuming obligations regarding the settlement of the dispute without the consent of the Insurer.

The obligation to prove the occurrence of an insured event and justify the amount of their expenses or, if necessary, the inability to establish contact with the Insurer lies entirely with the Insured/Insured Person.

- 8.11. In the event of an event that has the characteristics of an insured event, in addition to the actions specified above in this section, the Insured Person is obliged to provide the Insurer with:
 - 8.11.1. documents confirming payment for travel (cruise) by water transport (liner, motor ship);
- 8.11.2. a certificate from the tour operator (cruise operator, etc.) about the circumstances that make it impossible to continue the trip (cruise) due to unforeseen technical malfunctions that occurred with the water transport vehicle;
- 8.11.3. documents confirming the return by the tour operator (cruise operator, etc.) to the Insured Person of funds (or part thereof) under the tourist service (transportation) contract, if such return has taken place.
- 8.12. The obligation to prove the occurrence of an insured event and justify the amount of their expenses or, if necessary, the inability to establish contact with the Insurer lies entirely with the Insured/Insured Person.

9. PROCEDURE AND CONDITIONS FOR MAKING INSURANCE PAYMENTS

- 9.1. Insurance payment for medical or other services provided for by the Contract, organized by the Insurer for the Insured Person, is made by the Insurer without the participation of the Insured Person on the basis of invoices issued to the Insurer.
- 9.2. In the event of self-payment by the Insured (Insured Person) for medical or additional services, the Insurer shall make an insurance payment to the Insured (Insured Person) on the basis of an application for insurance payment and documents specified in Section 8 of this Agreement, which shall be submitted within 20 calendar days from the date of occurrence of the insured event.

- 9.3. To receive insurance payment, the Insurer shall be provided with the following documents, which are common to any insured event:
 - 9.3.1. written application in the form established by the Insurer;
 - 9.3.2. original Insurance Contract (Policy);
- 9.3.3. a copy of the passport with marks on crossing the border of the host country, if the border crossing does not require markings, copies of airline tickets, train or bus tickets or other document confirming the border crossing;
 - 9.3.4. copy of national passport;
 - 9.3.5. copy of the certificate of assignment of an identification number;
 - 9.3.6. bills for telephone calls with the Insurer, indicating the telephone number and the cost of each call;
 - 9.3.7. a copy of the return ticket to the Country/Place of Permanent Residence of the Insured Person.
 - 9.3.8. documents specified in clause 8.7 of the Agreement.
- 9.4. The application for insurance payment and other documents shall be submitted to the Insurer no later than 20 calendar days after the occurrence of an event that has the characteristics of an insured event. The documents shall be sent directly to the Insurer's office or to the Insurer's e-mail address. Original documents shall be provided upon request of the Insurer.
- 9.5. Taking into account the circumstances of the event that occurred, the Insurer has the right to request additional documents to confirm the fact and circumstances of the insured event, as well as to determine the amount of insurance payment, which the Insured/Insured Person must provide within 10 (ten) calendar days from the date of receipt of the Insurer's request. The Insurer's request is considered received on the day the letter is sent by e-mail or delivered by registered letter.
- 9.6. The Insurer has the right to request from the Insured/Insured Person a copy of the return ticket to the country from which the trip began. In the absence of a return ticket at the time of the insured event, the Insurer's liability limit is limited to 1% (one percent) of the insured amount, the deductible is 250 USD.
- 9.7. Documents shall be provided to the Insurer in Ukrainian or English. If the documents are drawn up in another language, the Insured/Insured Person shall attach to the documents their notarized translation into Ukrainian.
- 9.8. All documents submitted to the Insurer must be legibly written or printed on letterheads and have the signatures of officials with appropriate seals, as well as the name, address and contact phone number of the institution (person) that issued them. Invoices and financial documents confirming the fact of payment (checks, receipts, orders, etc.) must be provided in original. All documents, information and evidence are provided to the Insurer free of charge.
- 9.9. The Insurer has the right to contact medical institutions where the Insured/Insured Person received medical care to obtain additional documents/clarifications.
- 9.10. The Insured/Insured Person agrees to the Insurer's request to provide him with his medical history and/or medical card, duly certified.
- 9.11. In the event of an injury, traffic accident or breakdown of a passenger car in which the Insured (Insured Person) was traveling, the Insurer is additionally provided with:
- 9.11.1. an official protocol or certificate about the event drawn up in the country of temporary stay, which must necessarily include the following information: officials certifying the fact of the event and their authority to perform such actions;
 - 9.11.2. addresses and/or telephone numbers of persons who witnessed the event;
- 9.11.3. detailed description of the circumstances of the event and the role of the Insured (Insured Person) in it; confirmation of the Insured Person being sober or in a state of alcoholic, narcotic or toxic intoxication;
- 9.11.4. a copy of the driver's license for the right to drive the relevant vehicle. The obligation to prove the right to drive the relevant vehicle in the country where the traffic accident occurred lies with the Insured/Insured Person.
- 9.12. In the event of an application by the Insured regarding damage resulting from a traffic accident or breakdown of a passenger car, the Insurer shall additionally be provided with a conclusion of an auto expert examination.

- 9.13. Reimbursement of medical expenses and other third party services provided for by the Contract shall be made by the Insurer directly to these third parties in a non-cash form on the basis of issued invoices in accordance with the current legislation of Ukraine. Payment by the Insured/Insured Person for medical services shall be made independently only with the written consent of the Insurer and in cases where payment is required urgently, in such a case the Insured/Insured Person shall prove the urgency of the circumstances.
- 9.14. If the cost of the specified services was paid by the Insured (Insured Person) independently, such expenses shall be reimbursed by the Insurer in accordance with the terms of this Agreement.
- 9.15. If the Insured Person does not agree with the Assistance or the Insurer the invoice issued by the medical institution before its payment, the cost of the medical and other services provided, which is subject to reimbursement under the terms of this Insurance Contract, shall be paid by the Insurer in an amount not exceeding 300 USD.
- 9.16. Insurance payments for compensation of unforeseen independent expenses of the Insured (Insured Person), if they are provided for by this Agreement, are made exclusively in hryvnias. Insurance payment is made in hryvnias at the NBU exchange rate on the date of the insured event.
- 9.17. The decision on insurance payment or refusal to pay shall be made by the Insurer within 30 (thirty) business days from the date of receipt by the Insurer of all necessary documents provided in accordance with the procedure provided for in this Agreement.
- 9.18. The insurer shall make an insurance payment within 5 (five) banking days after making a decision to make an insurance payment or insurance indemnity.
- 9.19. If there are grounds for doubt regarding the validity (legality) of the insurance payment, the Insurer may postpone the decision on payment until confirmation or refutation of these reasons is received for a period of no more than 45 (forty-five) business days.
- 9.20. The Insurer shall notify the Insured Person in writing of the refusal to make an insurance payment (insurance indemnity) or of the decision to postpone the payment within 5 (five) business days from the date of the decision, stating the motivation for the decision or substantiating the reasons for the refusal.
- 9.21. The insurance payment is made by the Insurer in cashless form or in another manner not prohibited by the current legislation of Ukraine at the Insurer's discretion. The insurance payment to the Insured Person for services provided abroad is made in the national currency at the NBU exchange rate on the date of the expenses.
- 9.22. The sum insured for the type of insurance is reduced by the amount of the insurance payment made by the Insurer. The sum of all insurance payments cannot exceed the sum insured, the amount of which is specified in the Contract separately for each type of insurance.
- 9.23. Taxation of insurance payments is carried out in accordance with the procedure and at the rates provided for by the current legislation of Ukraine.

10. RIGHTS AND OBLIGATIONS OF THE PARTIES, LIABILITY FOR IMPROPER PERFORMANCE OF OBLIGATIONS

10.1. The insurer is obliged to:

- 10.1.1. in the event of an insured event, make an insurance payment or payment of insurance compensation within the period provided for by the Contract or the Law.
- 10.1.2. in the event of an insured event, reimburse the costs incurred by the Insured to prevent the occurrence of an insured event and mitigate the consequences of the insured event.
- 10.1.3. ensure the preservation of information constituting an insurance secret, taking into account the requirements of the Law.

10.2. The insurer has the right:

- 10.2.1. Verify the information provided by the Insured for the conclusion of the Contract;
- 10.2.2. submit requests to the competent authorities regarding information necessary to clarify the circumstances of the insured event;

- 10.2.3. in the event of a violation by the Insured of the terms of the Contract, demand early termination of the Contract;
- 10.2.4. conduct an independent examination of the circumstances of the insured event, if necessary, appoint a medical commission to examine the Insured Person, as well as other examination regarding the insured event;
 - 10.2.5. to record telephone conversations regarding insured events using technical means;
- 10.2.6. use the Insured Person's return ticket in the event of organizing his/her early return to the country of permanent residence;
- 10.2.7. refuse to make insurance payments in cases provided for by the Agreement and the current legislation of Ukraine;
 - 10.2.8. refuse to compensate for any indirect losses of the Insured Person;
- 10.2.9. refuse to make insurance payment/compensation if the Insured Person is located in the territory of a country for which there is a valid recommendation from the Ministry of Foreign Affairs of Ukraine to refrain from traveling on the date of the Insured Person's crossing of the border;
- 10.2.10. independently choose a medical institution for the treatment of the Insured/Insured person. If the Insured/Insured person refuses to undergo treatment at a medical institution selected by the Insurer and is treated at a clinic selected independently, the Insurer has the right to refuse insurance payment;
- 10.2.11. transfer information about the Insured Person, in particular, but not exclusively, personal data related to the health of the Insured Person (examination results, doctor's opinions, etc.), to a medical institution of his own choosing to verify the diagnosis, prescribed treatment and any other circumstances necessary to make a decision on making an insurance payment or refusing such payment, and to conduct an investigation into the legality of making an insurance payment;
- 10.2.12. apply surcharges (increased age coefficient) in cases of insurance of persons under the age of 4 (inclusive) and for insured persons over the age of 60 (inclusive), as well as for persons who, during the term of the Contract, will engage in active recreation, sports at a professional level, or work for remuneration.
- 10.2.13. before concluding the contract, conduct an inspection and assessment of the insured object(s) and, if necessary, conduct an assessment at one's own expense in order to establish its (their) real value;
- 10.2.13. to withdraw from the Agreement in accordance with the procedure provided for by the Agreement and the General Terms and Conditions of the insurance product.

10.3. The Insured (Insured Person) is obliged to:

- 10.3.1. pay insurance premiums on time;
- 10.3.2. to familiarize the Insured Persons with the terms of the Contract;
- 10.3.3. when concluding the Contract, provide the Insurer with truthful information about all circumstances known to him that are of significant importance for assessing the insurance risk (information specified in the insurance application), and subsequently inform about any change in the insurance risk;
- 10.3.4. provide the Insurer with information about the location (country of residence) of the Insured/Insured person (if the contract is concluded in his favor by another person) on the date of conclusion of the Insurance Contract.
- 10.3.5. provide the Insurer with all necessary documents regarding the insured event to make a decision on making an insurance payment or insurance indemnity;
- 10.3.6. when concluding an Insurance Contract, inform the Insurer about other valid insurance contracts regarding this subject of the contract;
- 10.3.7. take measures to prevent and reduce losses caused by the occurrence of an insured event;
- 10.3.8. to follow the instructions of the Assistance and the Insurer and coordinate with them all actions related to the provision of emergency medical and other services provided for by the Agreement;
- 10.3.9. follow the instructions of the attending physician, follow the rules of the medical institution where the care is provided;
- 10.3.10. provide, at the request of the Insurer, any necessary information to establish the fact of the occurrence of an insured event or to determine the amount of insurance payment;

10.4. The Insured (Insured Person) has the right to:

- 10.4.1. in the event of an insured event, receive insurance payment in the amount and in the manner established by the terms of this Agreement;
 - 10.4.2. contact the Insurer for instructions on how to obtain the necessary assistance;
- 10.4.3. in the event of a violation by the Insurer of the terms of the Agreement, demand early termination of the Agreement;
- 10.4.4. to receive a duplicate of the Insurance Contract in case of its loss (once during the term of the Contract) based on a written application from the Insured/Insured Person for the provision of a duplicate;

- 10.4.5. within 30 calendar days from the date of conclusion of the Insurance Contract, to withdraw from such contract without giving any reason, except
 - 1) cases when the term of the Insurance Contract is less than 30 calendar days;
 - 2) if an event has occurred that has the characteristics of an insured event under this insurance contract;
- 10.5. The Insured's withdrawal from the Insurance Contract shall be effected by sending the Insurer a written notice (by mail or to the Insurer's e-mail address) of such withdrawal no later than 10 (thirty) calendar days prior to the date of withdrawal. In the event of the Insured's withdrawal from the Insurance Contract, the Insurer shall return the insurance payment to the Insured within 30 (thirty) calendar days.
- 10.6. The Parties shall be liable for failure to fulfill or improper fulfillment of the terms of the Agreement in accordance with the current legislation of Ukraine.
- 10.7. Upon the occurrence of an insured event, make the insurance payment within the period stipulated by the Contract. The Insurer shall be liable for the untimely payment of the insurance payment by paying the Insured (Insured Person) a penalty equal to 0.1% of the amount of the debt for each day of delay, but not more than 3% (three percent) of the amount of the insurance payment (insurance indemnity).
- 10.8. If the Insurer, after making an insurance payment, discovers that the insurance payment was made on the basis of forged documents and/or documents containing false information and/or false information provided by the Insured/Insured Person during the conclusion of the Contract, the Insurer has the right to recover from the Insured and/or Insured Person the amount of such insurance payment and to contact law enforcement agencies. In such a case, the Insured and all Insured Persons under the Policy shall be jointly and severally liable to the Insurer. The period during which the Insurer may initiate the recovery of funds is unlimited. Termination of the Contract shall not affect the Insurer's right to contact law enforcement agencies and recover funds.

11Procedure for amending and terminating the contract

- 11.1. The Agreement shall terminate and become invalid upon the consent of the Parties, as well as in the following cases:
 - 11.1.1. Expiration of the Agreement.
 - 11.1.2. Full fulfillment by the Insurer of its obligations under the Agreement.
- 11.1.3. liquidation of the insured legal entity or death of the insured individual or loss of legal capacity, except for cases provided for by the Law of Ukraine "On Insurance";
 - 11.1.4. liquidation of the Insurer in accordance with the procedure established by the legislation of Ukraine;
 - 11.1.5. adoption of a court decision declaring the insurance contract invalid;
 - 11.1.6. in other cases provided for by the current legislation of Ukraine.
- 11.2. In the event of failure by the Insured to pay the insurance premium within the time limits established by the Agreement, this Agreement shall be deemed to have not entered into force. In this case, the Insurer shall not send the Insured a written demand regarding the need to pay the insurance premium and a written notification of early termination of the Agreement. Funds received by the Insurer (authorized Insurance Agent of the Insurer) untimely shall be deemed to have been transferred in error and shall not renew the validity of this Agreement, and shall be returned to the Insured in full to his account on the basis of his written application.
- 11.3. The Contract may be terminated early at the request of the Insured or the Insurer. Any Party shall notify the other Party in writing of its intention to terminate the Contract early no later than 30 (thirty) calendar days prior to the expected date of termination of the Contract. In the event of early termination of the Contract at the request of the Insurer, the Insured's consent, as provided for in Article 28 of the Law of Ukraine "On Insurance", shall be deemed to have been received.
- 11.4. In the event of early termination of the Contract at the request of the Insured, the Insurer shall return to him the insurance premiums for the period remaining until the expiration of the Contract, less the costs associated with the conclusion and performance of the insurance contract in the amount of 50%, as well as the actual insurance payments made under this Contract. If the Insured's claim is due to the Insurer's violation of the terms of the Contract, the latter shall return to the Insured the insurance premiums paid by him in full.

- 11.5. In the event of early termination of the Contract at the request of the Insurer, the Insured shall be fully refunded the insurance premiums paid by him. If the Insurer's request is due to the Insured's failure to fulfill his obligations under the Contract, the Insured shall be refunded the insurance premium for the period remaining until the expiration of the Contract, less the share of expenses related to the conclusion and performance of the insurance contract in the amount of 50%, as well as the actual insurance payments made under this Contract.
- 11.6. In the event of early termination of the Contract at the request of the Insured due to the Insurer's failure to fulfill its obligations under this Contract, the Insured shall be fully refunded the insurance premiums paid by him.
- 11.7. All amendments to the Insurance Contract by agreement of the Parties shall be made exclusively to the conditions specified in the Electronic Policy and shall be concluded in writing in the form of an Additional Agreement, which is an integral part thereof.
- 11.8. All Insurance Contracts concluded during the validity period of this Offer shall be valid until the expiry of their validity period on the terms and conditions specified in this Offer. The validity period of the Insurance Contract concluded with a specific Insured is determined in the Insurance Policy.

12. APPLICABLE LAW AND DISPUTE RESOLUTION PROCEDURE

- 12.1. This Agreement is drafted and shall be interpreted in accordance with the current legislation of Ukraine.
- 12.2. In the event of disagreements on issues related to this Agreement, the Parties will make every effort to resolve them through negotiations.
- 12.3. Disputes that the Parties have not been able to resolve through negotiations shall be subject to resolution in the courts of Ukraine in accordance with the current legislation of Ukraine.
- 12.4. The parties, guided by Article 27 of the Civil Procedure Code of Ukraine, determined that claims against the Insurer must be considered by a court in the city of Kyiv at the location of the Insurer.
- 12.5. The place of territorial jurisdiction is the relevant court in Kyiv at the location of the Insurer.
- 12.6. All terms not defined in the Agreement shall be interpreted in accordance with the Law of Ukraine "On Insurance".

13. FORCE MAJEURE CIRCUMSTANCES (FORCE MAJEURE)

- 13.1. The Parties are exempt from liability for full or partial failure to fulfill their obligations under this Agreement, if such failure was a consequence of force majeure circumstances that occurred during the validity of this Agreement.
- 13.2. By the term "force majeure circumstances" for the purposes of the Agreement, the Parties mean extraordinary events or circumstances that could not have been foreseen and/or averted by the Parties by the means available to them, namely: threat of war, armed conflict or serious threat of such conflict, including, but not limited to enemy attacks, blockades, military embargoes, actions of a foreign enemy, general military mobilization, military actions, declared and undeclared war, actions of the public enemy, riots, acts of terrorism, sabotage, piracy, disorders, invasion, blockade, revolution, rebellion, uprising, mass riots, imposition of curfew, expropriation, forced removal, seizure of enterprises, requisition, public demonstration, blockade, strike, accident, unlawful actions of third parties, epidemic, quarantine, fire, explosion, long interruptions in transport, regulated by the terms of relevant decisions and acts of state authorities, closure of sea straits, embargo, ban (restriction) of export/import, etc., any ban or restriction of monetary settlements by the National Bank of Ukraine, as well as caused by exceptional weather conditions and natural disasters, namely: severe storm, cyclone, hurricane, tornado, storm, flood, accumulation of snow, ice, hail, frost, freezing of the sea, straits, ports, passes, earthquake, lightning, fire, drought, subsidence and landslide, other natural disasters, etc.
- 13.3. The Party that is unable to properly fulfill its obligations under this Agreement as a result of force majeure circumstances must, as soon as possible, but no later than 3 (three) business days after it becomes aware of the impact of such force majeure circumstances and their consequences, notify the other Party in writing about the force majeure circumstances and their impact on the fulfillment of obligations under the Agreement. Posting by

the Insurer of a notice of the onset or termination of force majeure circumstances on its website https://insk.com.ua is considered a proper notification of the Insured/Insured Person.

- 13.4. In the event of failure to provide such notification, the Party that has failed to fulfill its obligations shall be fully liable for the losses caused to the other Party.
- 13.5. After the termination of the force majeure circumstances, the Party that was unable to properly fulfill its obligations under the Agreement as a result of such circumstances is obliged to notify the other Party of the termination of the force majeure circumstances.
- 13.6. Proof of the existence of force majeure circumstances and their duration are the relevant documents issued by the Chamber of Commerce and Industry of Ukraine.
- 13.7. In the event of force majeure circumstances, the Parties' performance of their obligations under this Agreement shall be suspended for the period of such circumstances.
- 13.8. If force majeure circumstances continue for more than 30 (thirty) calendar days, each Party has the right to unilaterally terminate the Agreement by notifying the other Party in writing no less than 10 (ten) days prior to the termination.

14.OTHER

14.1. Prior to concluding the Insurance Contract, I have familiarized myself with the General Terms and Conditions and have chosen the method of familiarizing myself with the General Terms and Conditions - publicly by reviewing the contract on the Insurer's own website. https://insk.com.ua, and also confirms that he voluntarily provides the Insurer with his unconditional and irrevocable consent to the collection and processing of his personal data, certifies that he has been notified of the inclusion of his personal data in the Insurer's personal data database for the purpose of fulfilling the terms of this Agreement, certifies that he is familiar with the rights of the personal data subject specified in Article 8 of the Law of Ukraine "On Personal Data Protection", as an individual and as a personal data subject.

15. Details and signature of the Insurer

PRIVATE JOINT-STOCK COMPANY "INNOVATIVE INSURANCE CAPITAL"

Location: 01033, Kyiv city, Saksaganskoho street, building 3, letter A.

EDRPOU code 32942598. Website: https://insk.com.ua.

tel.: 0 800 505 123 - 24 hours a day (free for calls within Ukraine).

Chairman

