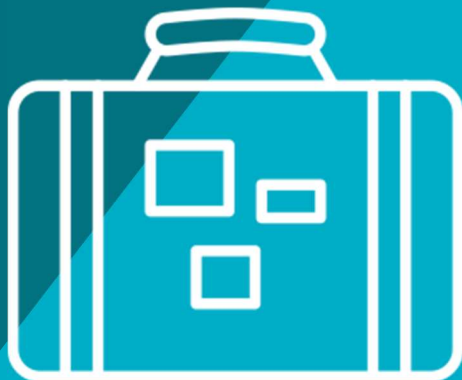




General Conditions AON STUDENTS





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Preliminary clauses

1. CONTRACT REGULATION AND GENERAL INFORMATION FOR THE POLICYHOLDER

This Contract is governed by the provisions of the current Insurance Contract Act (Act 50/1980, of 8 October; published in the Official State Gazette – BOE – of 17 October of the same year), as amended.

Any reference made in this Contract to the Act shall be understood to refer to the Act cited in the preceding paragraph.

Under Article 96 of Act 20/2015, of 14 July, on regulation, supervision and solvency of insurance and reinsurance entities, INTER PARTNER ASSISTANCE S.A., SUCURSAL EN ESPAÑA hereby informs the Policyholder that the applicable law is Spanish law and that the Directorate-General for Insurance and Pension Funds, which reports to the Ministry of Economy and Finance, is the supervisory body. The Policyholder is likewise informed that Belgian law would apply in the event that this Insurance Company were wound up, since the parent company, INTER PARTNER ASSISTANCE S.A., has its registered office at Avenue Louise, 166 Bte 1.1050 Brussels (Belgium).

It is further stated the Policyholder shall be entitled to bring a claim against INTER PARTNER ASSISTANCE S.A., SUCURSAL EN ESPAÑA through the Customer Service Department or Department for Insurance (Queries and Complaints Service) or through the ordinary courts.

Under Article 99 of Act 20/2015, of 14 July, on regulation, supervision and solvency of insurance and reinsurance entities, it is hereby stated that the data or part thereof and any other data generated through claims will be transferred to public or private bodies related to the insurance sector for statistical, actuarial and fraud prevention purposes in risk selection and claims settlement.

2. BASIS OF THE CONTRACT

The Policyholder and, where applicable, the Insured have the obligation to declare to the Insurer, on the Questionnaire provided by the latter in any format, all circumstances known to him/her that may affect appraisal of the risk; he/she shall be released from this duty if the Insurer does not provide him/her with the questionnaire or when, even if this occurs, there are circumstances that may affect appraisal of the risk which are not included in it.

He/she also authorises the Insurer's management centre to request, with regard to an accident or illness, all manner of information deemed necessary to assess the risk or process a claim.

COVERAGE SUMMARY

MEDICAL TRAVEL ASSISTANCE		Quantity
1. Repatriation or transfer of ill persons		Unlimited
2. Medical expenses Medical, surgical, pharmaceutical and hospitalisation expenses Emergency expenses abroad arising from the worsening of a chronic or pre-existing illness are limited to:		Actual Cost €100,000
3. Expenses for psychological or psychiatric illness		€1,000
4. Physical therapy or chiropractic expenses		€1,000
5. Emergency dental expenses outside the country of residence and/or nationality up to:		€1,000
6. Emergency orthodontic expenses abroad arising from an accident		€600
7. Optical expenses (only in the event of an accident)		€200
8. Transport or repatriation of the Insured and/or Insured Companions		Unlimited
9. Transport or repatriation of the deceased		Unlimited
10. Round-trip ticket and travel expenses for a family member		€150 per day/maximum 10
11. Expenses for extension of the Insured's hotel stay		€150 per day/maximum 10
12. Expenses from the extension of the hotel stay of the companion on medical instruction		€150 per day/maximum 10
13. Early return of the Insured due to the death or hospitalisation of a family member		Unlimited
14. Expenses from the extension of the hotel stay due to force majeure		€150 per day/maximum 10
15. Hotel expenses due to medical quarantine		€150 per day/maximum 10
16. Search and rescue expenses		€5,000
17. Return ticket to the destination country		Unlimited
18. Early return due to the declaration of a State of Emergency or Border closure notice, at origin or destination:		Unlimited
LUGGAGE		Quantity
19. Location and transport of luggage and personal effects		Included
20. Delayed delivery of luggage		€500
21. Robbery and material damage to luggage Valuable items (cameras, telephony (including telephone and laptop), electronic equipment)		€3,000 €1,000
22. Dispatch of objects left during travel home		€150
23. Dispatch of urgent medication not available abroad.		Included
OTHER GUARANTES COVERED		Quantity
24. Administrative expenses for loss/theft of official documentation		€250
25. Travel delay of the means of transport		€100 per day/max. €500
26. Overbooking or change of service		€60 every 6 hours/max €360
27. Missed connections (minimum 3 hours delay)		€800.00
28. Extension of the validity of the insurance for 10 days, due to forced extension of the trip		Included
29. Transmission of urgent messages		Included
30. Provision of funds in the event of theft of means of payment abroad.		€5,000



OTHER GUARANTES COVERED	Quantity
31. Private General Liability Civil liability of the tenant	€500,000 €100,000
32. Legal advice outside the country of residence and/or nationality	Included
33. Death or permanent disability due to accident	€30,000
34. Death or permanent disability due to accident on public transport	€50,000



General Conditions

ARTICLE I: DEFINITIONS, DURATION, VALIDITY AND TERRITORIAL COVERAGE OF THE POLICY

The following definitions shall obtain for the purposes of the above Guarantees:

Insurer: INTER PARTNER ASSISTANCE S.A., SUCURSAL EN ESPAÑA, member of the AXA Group, holder of Spanish Tax ID No. W-0171985-E, domiciled at Edificio Mar de Cristal, Calle Arequipa 1, Planta 3, Escaleras 2, 3 & 4, 28043 Madrid, holder of insurer code E0196, the entity issuing this policy which, in its position as Insurer and through collection of the premium, agrees to cover the risks under this contract and guarantees the corresponding benefits in accordance with the policy conditions.

Policyholder: The natural or legal person of legal age, whether or not insured, legally resident in SPAIN and recorded in the Policy Schedule and insurance certificate as such, responsible for payment of the premium and representing the set of INSUREDS under the policy.

Insured: Each of the natural persons listed as such in the Policy Schedule and Certificate of Insurance who are beneficiaries of the covers of the policy taken out.

Family members: The following shall be deemed to be family members of the Insured: his/her spouse, domestic partner or person who cohabits with him/her, ascendants or descendants of any degree of consanguinity (parents, children, grandparents, grandchildren) of both members of the couple and, in collateral lines, only brothers or sisters, with or without blood ties, brothers and sisters-in-law, sons and daughters-in-law and parents-in-law of both members of the couple.

Organiser: the organiser is understood to be the provider of tourist services with which the Insured has contracted the travel, such as hotel chains, airlines, tour operators, etc.

Premium: the price of the insurance including all legally applicable surcharges and taxes. The Policyholder is responsible for paying the premium.

Luggage: All objects for personal use that the Insured takes on the travel, including any provided by the means of transport used for travel.

Valuable items: Valuable items are understood to mean jewels, watches, objects made with precious metals, furs, paintings, objects d'art, silver and goldsmith work in precious metals, unique objects.

Electronic and digital equipment: Cameras and accessories for photography, radio, sound or image recording, telephony, electronic equipment and their accessories.

Entitlement goods: goods or essential products that cover the basic needs of daily life.

Term of the Insurance: The insurance coverage period specified and indicated in your Policy Schedule/Insurance Certificate.



Coverage territory: The guarantees under this policy **cover the entire world** and are valid for the relevant countries depending on the territorial zones selected by the Policyholder.

Validity: The policy must be taken out before the departure date of travel. If the policy is contracted once travel has begun, the coverage shall take effect 72 hours from issuance of the certificate.

Validity of complementary policies: When a new policy complements a previous one, it must be taken out before the termination date of the first. The above notwithstanding, if the new policy is taken out after the end of the coverage period of the previous one, the guarantees shall not take effect until 72 hours have elapsed from the certificate issuance date.

Theft: Theft is understood to mean only robbery committed with violence or intimidation of people or by forcing inanimate objects.

Accident: A violent, fortuitous, sudden event external to and not associated with the Insured which may result in damage covered by the insurance guarantees under this policy and which occurred after the insurance contract date.

Pre-existing or chronic illness: Pre-existing or chronic illness means any condition whose symptoms appeared prior to the insurance being arranged, even if a final diagnosis had not yet been obtained.

Serious illness: A serious illness is understood to mean any alteration of the state of health verified by a medical practitioner (whose report shall be subject to review by the Insurer's medical team) that entails cessation of all kinds of activity within the seven days prior to the travel and that make it medically impossible to embark on the travel on the scheduled date or involves the risk of imminent death. All tests and analyses allowing proper documentation of the medical process must be submitted with any claim.

Hospitalisation: Admittance of a person as a patient in a hospital for at least 24 hours or an overnight stay including a main meal at the medical centre in question.

Loss: An event the consequences of which are covered under the provisions of the policy.

Excess: Part of the damage of the loss that is borne by the insured. This may be a fixed amount or a percentage.

Travel: Travel means travel undertaken by the Insured away from his/her habitual residence from the moment he/she departs the same until he/she returns after it has concluded.

The duration of the trip may not exceed that stated on the insurance certificate.

Package travel: Combined trip means the prior combination of at least two of the following items: transport, accommodation or other tourism services not related to transport or accommodation and that constitute a significant part of the combined trip, sold or offered for sale for an all-inclusive price, when said service exceeds 24 hours or includes at least one night's stay.

Covered sports: The following activities are covered: Bull ranch activities (amateur bullfighting), children's entertainment activities, Basketball, Handball, banana boats and beach entertainment activities in general, motorboats (with driver), canyons (with official guide), mountain biking, buggy cars, diving (depth permitted by the qualification of the Insured) and subaquatic activities, bus-bob, camps, canoeing (local operators), catamarans, cycling, cycle touring, horse and carriage, canyoneering, boating descents, light vessels, horse riding, climbing (on a climbing wall), river skiing, fly surfing, football, outboards (with driver), hot air balloon and tethered balloon, golf, sports days, hydro-bob, pedalo, hydro-speed, ice karting, kayaks, motor launches (with driver), mountaineering (up to 4000 m), 4-wheeled motorcycles (up to 125 cc), jetskis, snowmobiles, mushing, sailing, flora and fauna observation, orienteering and survival, paintball, paragliding, skating, ice skating, canoeing, obstacle course, Tibetan bridge, quads, rafting, abseiling, snowshoes, climbing walls, hiking, water skiing, snorkelling, surfing and windsurfing, nature workshops, tennis, clay pigeon shooting, archery, crossbow shooting, dart gun shooting, shooting with dogs, zip line, trekking, mountain tourist train, sledding or similar, horseback tourism, ultralight (with pilot), sailing boats, powered flight, water volleyball.

ARTICLE II: GUARANTEES COVERED

Travel Assistance Guarantees

1. Transport or medical repatriation of injured and ill persons

The Insurer shall bear the costs of the following if the Insured suffers an illness or an accident:

- a) The cost of transport by ambulance to the nearest clinic or hospital.
- b) Prior control by the insurer's Medical Team in contact with the doctor who treats the injured or ill insured person to determine suitable measures for the best treatment of the same and the most advisable means for their transfer to the most appropriate hospital or to their place of residence.
- c) The cost of the transfer expenses originated by the first assistance to the injured or ill person by the most appropriate means of transport to the prescribed hospital authorised by the Insurer or to the habitual residence of the Insured. In case of hospitalisation in a hospital distant from the Insured's residence, the Insurer shall be responsible, on medical discharge of the insured, for the subsequent transfer of the same to his/her regular abode or holiday destination.

The means of transport used will be arranged according to the insured's condition. If the urgency and seriousness of the case so require, repatriation may be performed by special medical aircraft if the patient is in Europe or the countries bordering the Mediterranean. Transport shall be by scheduled airline from any other place.

The Insurer's medical team shall contact the medical centre where the Insured is being attended in order to verify that the care received is appropriate.

2. Medical, surgical, pharmaceutical and hospitalisation expenses

The Insurer shall be responsible for the following items resulting from accidents or illnesses suffered by the Insured up to the limit indicated in the Policy Schedule and the Insurance Certificate:

- a) Medical and surgical expenses and fees.
- b) Pharmaceutical expenses required by medical prescription for treatment of conditions covered by this policy.
- c) Hospitalisation expenses.

The Insurer's medical team shall contact the medical centre where the Insured is being attended in order to verify that the care received is appropriate.

In any case, emergency expenses abroad arising from the worsening of a chronic or pre-existing disease are limited to a maximum of 100,000 euros.

3. Expenses for psychological or psychiatric illness.

The Insurer shall bear the cost, up to the limit indicated for the duration of the insurance arranged in the policy schedule and insurance certificate, of the treatment of psychological/psychiatric illnesses for the Insured, when said treatment has been prescribed by a doctor, during the trip, as a result of an illness or accident occurring during the course thereof.

4. Physical therapy or chiropractic expenses.

The Insurer shall bear the cost, up to the limit indicated for the duration of the insurance arranged in the policy schedule and insurance certificate, of the physiotherapy/chiropractic treatment recommended to the Insured only on medical prescription by the treating physician and not the physiotherapist/chiropractor, during the trip, as a result of an illness or accident occurring during the course thereof.

5. Emergency dental expenses abroad

If the Insured requires emergency treatment as a consequence of the emergence of acute dental problems such as infections or trauma, the Insurer will be responsible for the expenses inherent in said treatment up to a limit of **1,000 euros**. Expenses deriving from implants, prostheses, veneers or endodontics shall not be covered.

The Insurer's medical team shall contact the medical centre where the Insured is being attended in order to verify that the care received is appropriate.

6. Emergency orthodontic expenses abroad arising from an accident

If the Insured requires emergency treatment as a result of an accident, the Insurer shall bear the expenses inherent to said treatment up to a limit of **€600**.

7. Optical expenses in the event of an accident:

If the Insured requires the repair to or replacement of lenses, frames or contact lenses as a result of an accident, the Insurer shall bear the expenses inherent to said replacement or replacement up to a limit of **€200**.

Transport or repatriation

8. Transport or repatriation of the Insured and/or Insured Companions

a) When one or more insured persons have been transferred or repatriated due to illness or accident in accordance with the transport or medical repatriation guarantee for injured and ill people, the Insurer shall be responsible for the transport of up to two insured companions for the return of the same to their habitual places of residence or to the place where the transferred or repatriated Insured is hospitalised and for subsequent transfer to their residence. The Insurer is subrogated in the rights of the Insured for the cost of the return tickets that the latter originally intended to use.

b) If the Insured parties referred to in paragraph a) above are under 15 years of age or disabled and have no family member or trusted person to accompany them on the travel, the Insurer shall provide an escort to the Insured's residence or to the place where he/she is hospitalised.

c) In the event that the Insured is able to resume their travel plans once their state of health has been restored (under the supervision of the medical team treating them, and with the agreement of the medical team of the Insurer), the Insurer shall bear the cost of said resumption for the Insured and any insured companions who have taken advantage of this guarantee.

9. Transport or repatriation of the deceased

a) The Insurer shall take care of all the formalities to be performed at the place where the Insured died and of transport or repatriation of the same to the funeral place in their country of habitual residence.

b) The Insurer shall be responsible for transporting the insured family members to the funeral place. The Insurer is subrogated in the rights of the Insured for the cost of the return tickets that the latter originally intended to use.

c) If the insured companions are under 15 years of age or disabled and do not have a family member or trusted person to accompany them on the travel, the Insurer shall provide a person to travel with them to the funeral place.

10. Round-trip ticket and travel expenses for a family member.

When the Insured is hospitalised and the hospital stay is expected to last longer than one (1) night, the Insurer shall provide a round-trip ticket for a family member or person designated by the insured for the purpose of accompanying the latter during hospitalisation.

If the Insured is hospitalised at a distance of more than 100 km from his or her habitual residence, the Insurer shall bear the costs of the hotel stay by the family member, upon presentation of the relevant supporting documents, up to a maximum amount of €150 per day, for a maximum of 10 days.

In the event that said relative or designated person is already at the location of hospitalisation of the insured because they are covered by this policy, and by virtue of the transport or repatriation guarantee for the Insured, accommodation and return expenses will be covered, as established in this guarantee.

11. Expenses for extension of the Insured's hotel stay.

When the medical expenses payment guarantee is applicable, the Insurer shall be responsible for the expense of prolonging the Insured's stay in a hotel after hospitalisation and/or under medical instruction, up to a maximum limit of €150 per day for a maximum of 10 days per Insured.

12. Expenses from the extension of the hotel stay of the companion on medical instruction.

When the medical expenses payment guarantee is applicable, the Insurer shall be responsible for the expense of prolonging the Insured's stay in a hotel after hospitalisation and/or under medical instruction, up to a maximum limit of €150 per day, for a maximum of 10 days per Insured.

13. Early return of the Insured due to the death or hospitalisation of a family member

If over the course of the travel a relative of the Insured dies or is hospitalised for a period of one (1) night in his/her country of regular abode (as defined above), the Insurer shall cover any possible surcharges or penalties as a result of changes to the original travel ticket, or in the event that travel cannot be brought forward, the Insurer shall cover the cost of a return ticket, on a scheduled tourist class or train service, to transport the Insured to the place of burial or hospitalisation of the relative in the country of regular abode of the Insured.

14. Expenses from the extension of the hotel stay due to force majeure

If the return trip is postponed due to Force Majeure, the Insurer shall bear the accommodation expenses up to a maximum amount of €150 per day and a maximum of 10 days.

15. Hotel expenses due to medical quarantine

The Insurer shall bear the costs of the Insured's stay in a hotel when the authorities of the destination country and on arrival determine isolation due to quarantine because of a possibility of contagion, up to a maximum amount of €150 per day and a maximum of 10 days per Insured.

16. Search and rescue expenses

If the insured is lost at the travel destination, the Insurer shall be responsible for the amounts – up to the amount indicated in the policy schedule and insurance certificate – demanded for search and rescue operations by the public or private rescue services in the destination country.

17. Return ticket to the destination country:

The Insured may opt for a return ticket from the location of the course, once he/she has returned in advance and only for the reasons described in the advance return covers.

18. Early return due to the declaration of a State of Emergency or border closure notice, at origin or destination:

When, during the course of a trip, the Insured must return early due to the declaration of a State of Emergency or border closure at the place of origin or destination, the Insured shall bear the costs of the

transfer of the Insured and his/her insured companions (spouse and children under the age of 25 living with their parents or two companions) to their home, provided that they are unable change it for the return trip initially arranged.

Luggage Guarantee

19. Location and transport of luggage and personal effects

In the event of loss of luggage and personal effects checked in to a means of transport in which the Insured is travelling, the Insurer shall provide advice to the Insured to enable the incident to be reported. If said objects are recovered, the Insurer shall be responsible for their dispatch to the place where the Insured is travelling or to his/her residence.

20. Delayed delivery of luggage

If the Insured suffers a delay of more than 24 hours between the expected and the real time in the delivery of his/her checked-in luggage on arrival at his/her destination, the Insurer shall reimburse the Insured up to the maximum limit of **€500** for expenses incurred for the urgent purchase of clothing and essential items.

Expenses for entitlement goods incurred at the point of destination are excluded, this being considered the return point to the place of origin of the journey.

The Insured shall submit a photocopy of the airline ticket, the property irregularity report (PIR) provided by the carrier and the original invoices for the purchase of personal items and entitlement goods that he/she may have acquired.

21. Theft and material damage to luggage:

Reimbursement for loss or damage to the Insured's luggage or personal effects is guaranteed in the event of theft, total or partial loss attributable to the carrier or damages as a result of fire or aggression that occurs during the journey, up to a maximum of **€3,000**.

This cover excludes petty theft and straightforward loss attributable to the Insured as well as any money, documents and valuables involved.

Valuables, cameras and accessories for photography, telephony, radio, sound or image recording, electronic equipment and their accessories are covered up to a limit of **€1,000**. Normal wear and tear due to use shall be deducted from said reimbursement.

The following documents must be submitted in advance to benefit from this cover in the event of theft:

- Declaration of lost items specifying their value and year of purchase.
- Report to the competent authorities during the journey and at the place the events occurred.
- Original invoice for the lost items.



In accidents caused by the airline: the original of the property irregularity report (PIR), proof of non-recovery of the luggage after 30 days from loss of the same and documentary proof of compensation (stating the amount) or, on the contrary, a statement that no compensation has been received. In losses caused by maritime, rail or road carriers: a replica of the claim made against the carrier and documentary proof of compensation (stating the amount) or, on the contrary, a statement that no compensation has been received.

Jewellery and furs are guaranteed solely against theft and only when deposited in the safe of a hotel or are carried by the Insured.

Luggage left in motor vehicles is considered insured only if it is in the luggage compartment and this remains locked.

From 10 p.m. to 6 a.m., the vehicle must remain inside a closed and guarded car park; vehicles entrusted to a carrier are exempt from this restriction. Theft of luggage placed in vehicles without a luggage compartment with an independent lock, such as vans, MPVs, SUVs or similar, will not be guaranteed under any circumstances.

Valuables left inside the luggage compartment of a vehicle are protected only when the vehicle is in a guarded garage or car park.

The rule of proportionality will not apply will not apply to this cover, and the claim is settled on a first loss basis.

In the event of permanent loss of the luggage, the Insurer will deduct the amount already indemnified as expenses incurred for urgent purchase of clothing and essential items provided for in the previous clause.

22. Dispatch of objects left during travel home.

In the case of luggage and personal items left behind while staying at a hotel or apartment, the Insurer shall provide the Insured with advice in order to report the incident. If the objects are recovered, the Insurer shall cover the cost of dispatch to the location where the Insured is travelling or his/her regular abode, up to a limit of **€150**, and provided that the overall value of the object is greater than said amount.

23. Dispatch of urgent medication not available abroad.

The Insurer shall be responsible for the dispatch of medication required to treat the insured that is prescribed by a doctor and not available where the Insured is located.

Other Guarantees Covered

24. Administrative expenses for loss/theft of official documentation

In the event of loss or theft of the Insured's passport or visa during the journey and during his/her stay in the country of destination, the Insurer shall assume the duly substantiated management and replacement expenses that may be required to obtain substitute documents issued by official bodies,

up to the maximum limit of **€250**. Damages derived from loss or theft of the aforesaid objects or their misuse by third parties are not covered by this policy and therefore shall not be compensated.

25. Travel delay of the means of transport.

The Insurer shall reimburse the Insured up to the maximum limit of **€500 (€100/24 h)** for actual expenses incurred in the event of a delay in travel caused by the airline or the weather conditions, provided that this delay is more than 12 hours as of the time indicated for scheduled departure. The Insured must submit:

- Copy of the ticket or boarding pass (in the case of an electronic ticket).
- An appropriate incident certificate issued by the airline.
- Entitlement goods expense receipts

26. Overbooking or change of service

If the carrier contracts more passengers than the number of places actually existing and the Insured suffers a change in the services initially contracted for this reason, the Insurer shall reimburse the expenses caused by said circumstances up to the maximum limit indicated:

- Departure in unforeseen transport (€60 every 6 hours) Up to €360

27. Missed connections (minimum 3 hours delay)

If the mode of public transport chosen by the INSURED is delayed by a minimum of 3 Hours due to technical failure, bad weather or natural disasters, intervention by the authorities or other persons by force, or any cause of force majeure, and the connection to the following mode of public transport mode arranged and planned on the ticket is impossible as a result of this delay, the INSURER shall pay the following expenses:

- Transport expenses required to return to the place of origin or alternative transport to reach the intended destination (up to €800).

The insured must provide receipts and invoices corresponding to said expenses

Under no circumstances may this compensation be cumulative with the compensation for the cover "Travel delay of the means of transport".

28. Extension of the validity of the insurance for 10 days, due to forced extension of the trip.

When the Insured is required to extend his/her return journey for reasons beyond his/her control, and the validity of the insurance policy arranged ends, the Insurer shall extend the validity of the covers arranged under said policy for up to 10 days.

29. Transmission of urgent messages

The Insurer shall be responsible for transmitting any urgent messages deriving from the events covered by these guarantees on request of the Insured.



30. Provision of funds in the event of theft of means of payment abroad.

If, as a result of the theft of means of payment (money, credit cards, traveller's checks, etc.), the Insured is left with no funds to continue the journey, the Insurer shall provide an advance of funds up to the maximum limit of **€5,000**.

The insurer reserves the right to ask the insured to provide any type of collateral, guarantee or deposit to ensure subsequent collection of the advance.

Proof of report to the competent authorities shall be required for provision of this guarantee.

31. Private General Liability

The Insurer shall bear the cost, up to the limit of €500,000, of any monetary indemnities which, according to articles 1,902 to 1,910 of the Spanish Civil Code or similar provisions of foreign legislations, the Insured, as a private person, would be obliged to pay as civilly liable for bodily or material damages to third parties, their animals or possessions caused involuntarily during the journey. The Policyholder, his/her spouse, legally registered domestic partners, ascendants and descendants or any other relative who lives with any of the aforesaid and their partners, employees and any other person who, de facto or under law, is dependent on the Policyholder or the Insured while acting within the scope of said dependency do not constitute third parties. This coverage includes payment of court costs and expenses and posting of bail required of the Insured.

When the Insured is on a trip as a tenant or guest of any type of public or private accommodation, the financial compensation to which the Insured is entitled by way of this cover, corresponding to bodily harm to the owner of said accommodation or other tenants/inhabitants thereof, animals of the owner or tenants/inhabitants of the accommodation, or material damage to said accommodation, caused involuntarily during the stay, shall be up to the limit of €100,000.

32. Legal advice outside the country of residence and/or nationality.

Under this guarantee, the Insurer provides the insured with a lawyer to provide information by telephone to avoid any litigation, regarding the scope of the rights that he/she in general enjoys within the context of his/her personal life, and the best manner of defending said rights.

Queries that can be resolved verbally are covered, but not any other actions subject to the payment of fees.

This guarantee shall be provided from Monday to Friday, between 9 a.m. and 3 p.m. A 24-hour service shall be available to take notes from the policyholder regarding the specific query, with a call then being made on the next working day.

Those queries requiring a search through legal texts or other additional consultancy shall be handled within a maximum period of 48 hours, the Insurer subsequently contacting the insured to resolve the query.

33. Death or permanent disability due to accident

The Insurer guarantees, up to the sum of €30,000 and subject to the exclusions indicated in these General Conditions, payment of the compensation due for death or disability as a consequence of accidents occurring to the Insured during journeys or stays away from the habitual residence. Persons

over 70 years of age are not covered by this guarantee and minors the cover for minors under 14 years of age is limited to €3,000 for funeral expenses and up to the amount set in the Policy Schedule for permanent disability.

The compensation limit is set as follows:

a) In the event of death: when it is proven that the death is the consequence of an accident guaranteed by the policy the Insurer shall pay the sum set in the Policy Schedule, provided that the death occurs within one calendar year of said accident.

If after payment of an indemnification for permanent disability the Insured dies as a result of the same loss event, the Insurer shall pay the difference between the amount paid for disability and the sum insured for the event of death, if the latter is greater.

b) In the event of permanent disability: The Insurer shall pay the total amount insured in the event of permanent total disability and the proportional part in the event of permanent partial disability. The following table is established for the purpose of assessing the respective degree of disability:

b.1 Loss or disabling of both arms or both hands, or of one arm and one leg, or of one hand or of one foot, or of both legs, or both feet, absolute blindness, absolute paralysis, or any other injury disabling him/her for all work 100%.

b.2 Loss or total paralysis of:

- One arm or one hand	60%
- One leg or one foot	50%
- Complete loss of hearing	40%
- Paralysis of the thumb or index finger	40%
- Loss of sight in one eye	30%
- Loss of the thumb of one hand	20%
- Loss of the index finger of one hand	15%
- Deafness of one ear	10%
- Loss of any other finger	5%

In cases not listed above and for partial losses, the degree of disability shall be set in proportion to the severity of the loss compared to the listed disabilities. In no event may the compensation for partial disability exceed that for permanent total disability.

The degree of disability must be finally determined within one year of the date of the accident.



For the purposes of assessment of the actual disability of an affected member or organ, the occupational situation of the Insured shall be disregarded.

If the Insured had physical defects before the accident, the disability caused by said accident cannot be classified as of a higher degree than it would be if the victim were a normal person from the point of view of body integrity.

34. Death or permanent disability due to accident on public transport

This guarantee exclusively covers, up to a maximum limit of €50,000, compensation for death and disability of the Insured as a result of an accident involving public transport: plane, scheduled boat, train or scheduled coach on the journey as a passenger, including the entering and exiting such means of transport, according to the means to be used and described in the travel schedule.

If, as a result of an accident covered by the policy, the Insured should die within two years as of the day of the accident, the Insurer shall pay the insured capital to the beneficiary or beneficiaries designated by the Insured. Where no beneficiary is designated, the Insurer shall consider the heirs of the victim at the time of the accident as such.

Following the death by accident of the Insured, the beneficiaries may immediately draw on an advance of €2,000.00 on account of payment of the insured capital to cover the expenses arising from the death.

ARTICLE III. CONTRACT LIMITS. EXCLUSIONS

A. General exclusions relating to all guarantees

- **Any circumstance known by the insured prior to the purchase of the policy, or at the time of booking any trip, that could reasonably involve cancellation thereof.**
- **Any amount for a service booked and not used when it can be recovered from:**
 - **The providers of accommodation transport and/or any other service contained in the booking.**
 - **Booking agents or travel agent.**
 - **Other existing compensation mechanisms.**
 - **The credit card, debit or PayPal service with which the insured paid for the trip or part thereof.**
- **Any claim incident derived from a trip to a specific country or area where a relevant governmental body or authority in the country of origin and/or destination had advised against travel due to an epidemic or pandemic, without the preventive and/or mandatory measures designated for this purpose.**
- **Any cause that is not included among the causes guaranteed by the insurance policy, including the disappearance of the reason for travelling or the unwillingness to travel.**
- **Where the insured has not administered the vaccines or mandatory medication before travelling.**

- Prohibition or recommendation not to travel by the Official Authorities (Ministry of Foreign Affairs or any other official body) due to the epidemic/pandemic, without the preventive and/or mandatory measures designated for this purpose.
- The Insurer shall not be obliged to provide coverage, reimburse expenses or assume any assistance whatsoever when the supply, payment or rendering thereof exposes the Insurer to a sanction, prohibition or restriction under any United Nations Resolution or pursuant to commercial and economic embargoes, sanctions, laws or any other regulation promulgated by the European Union, the United Kingdom or the United States of America.

B. General exclusions relating to all Guarantees except the guarantees of General Liability, Luggage, Accidents and Legal Defence.

- Guarantees and services not requested from the Insurer and which are claimed without agreement of or by the same, except in cases of force majeure or proven material impossibility.
- Refusal or delay in transporting the Insured decided by the Insurer's medical team for reasons attributable to the Insured or persons accompanying the same.
- In the event of war, popular demonstrations and movements, acts of terrorism and sabotage, strikes, arrests by any authority for crime not derived from a traffic accident, restrictions on free movement or any other case of force majeure unless the Insured proves that the loss is not related to said events.
- Loss and damage caused by fraud by the Insured, the Policyholder, the beneficiaries or by persons travelling with the Insured.
- The pursuit of sports in formats not explicitly covered by the policy schedule.
- Accidents or breakdowns occurring during participation in official or private sports competitions including training, testing and/or dares related to the same during the period between the start and end dates of the travel.
- Injuries and illnesses occurring during the period between the start and end dates of the travel in the exercise of a profession of a manual nature, or injuries occurring during participation as a volunteer in non-profit entities.
- Psychological, mental or nervous illnesses with or without hospitalisation, except for specific cover indicated in the policy.
- Rescue of people at sea, in the mountains or in the desert, except those caused by the sports mentioned in the definition of Covered Sports, and except for search and rescue cover.
- Loss and damage caused by radiation from nuclear transmutation or disintegration or radioactivity.
- The obligations of the Insurer pursuant to the coverage of this policy end the moment the Insured returns to his/her habitual residence or has been admitted to a health centre no further than 25 km from the aforesaid residence.
- Suicide or illnesses and injuries resulting from attempted suicide or self-inflicted injuries by the Insured and those directly or indirectly resulting from criminal actions committed by the Insured.

- The treatment of illnesses or pathological states produced by intentional ingestion or administration of alcohol, drugs, narcotics, or the use of medication without medical prescription.
- Expenses for any type of prosthesis, orthosis, dental repairs and parts, glasses and contact lenses, apart from the exceptions indicated in the policy
- Childbirth and pregnancies except unforeseeable complications during the first seven months.
- Any type of medical or pharmaceutical fees or expenses costing less than €10.
- Burial and ceremonial services in connection with the transport or repatriation of deceased persons.
- Any assistance derived from cosmetic plastic surgery.
- Any type of reimbursement derived from a voluntary arrangement of the Insured/travelling companion with the carrier (air, sea or land).

C. General Exclusions Relating to the General Liability guarantee

- In the event of war, popular demonstrations and movements, acts of terrorism and sabotage, strikes, arrests by any authority for crime not derived from a traffic accident, restrictions on free movement or any other case of force majeure unless the Insured proves that the loss is not related to said events.
- Loss and damage caused by fraud by the Insured, the Policyholder, the beneficiaries or by persons travelling with the Insured.
- Loss and damage caused by radiation from nuclear transmutation or disintegration or radioactivity.
- Any type of liability of the Insured for driving motor vehicles, flying aircraft and sailing boats and for the use of firearms.
- Civil liability derived from all professional, trade union, political or associative activities.
- Fines or sanctions imposed by courts or authorities of any kind.
- Liability arising from the pursuit of sports as professionals and in the following modalities, even as an amateur: sports of the modalities not expressly covered in the policy conditions.
- Damage to objects entrusted to the Insured for any reason whatsoever.

D. Exclusions relating to Luggage guarantees.

- Simple loss or misplacing due to carelessness or lack of attention attributable to the Insured.
- Loss, theft or damage to luggage left in an unattended vehicle without signs of forcing.
- Objects not mentioned in the original police or public transport company report.
- Objects not accompanied by the associated original invoice.
- Loss, theft or damage as a result of actions by official organisations or legally constituted authorities.
- Spectacles, contact lenses, hearing aids, dental appliances, medicines, orthopaedic devices.
- Cash, credit cards, identity documents or official documents and valuables.
- Normal wear and tear.

E. Exclusions relating to Accident guarantees.

The guarantee for Death or Permanent disability due to accident does not include the following:

- Bodily injuries that occur in a state of mental derangement, paralysis, stroke, diabetes, alcoholism, substance abuse, spinal cord diseases, syphilis, AIDS, encephalitis and, in general, of any injury or illness that diminishes the physical or mental capacity of the Insured.
- Bodily injuries as a result of criminal actions, provocations, quarrels, except in cases of self-defence, duels, recklessness, dares or any risky or reckless undertaking, accidents as a consequence of declared or undeclared war events, popular riots, earthquakes, floods and volcanic eruptions.
- Diseases, hernias, lumbago, intestinal strangulation, the complications of varicose veins, poisoning or infections not directly and exclusively caused by an injury within the scope of the covers under the insurance.
- The consequences of surgery or treatments that are not necessary to cure suffered accidents, and those pertaining to personal care.
- The pursuit of sports in formats not explicitly covered by the policy schedule.
- Use of two-wheel vehicles of a cubic capacity in excess of 50 cc.
- The exercise of a professional activity excluding commercial, artistic and intellectual pursuits.
- Any person intentionally causing the loss event is excluded from the benefit of the covers under this policy.
- Aggravation of injuries resulting from an accident that occurred prior to the insurance contract date is expressly excluded.
- Countries in a state of war or siege, insurrection or warlike conflict of any kind or nature, declared or not, and that are specifically mentioned on the invoice or in the Policy Schedule are excluded from the guarantees set forth in this policy.
- The Insured hereby expressly agrees that the obligations of the Insurer pursuant to the coverage of this policy end the moment the Insured returns to his/her habitual residence or has been admitted to a medical centre no further than 25 km from the aforesaid residence. (15 km in the Balearic and Canary Islands).
- **MAXIMUM ACCRUAL:**
- The maximum compensation for a single claim under this policy shall not exceed €120,000. Any circumstance known by the insured prior to the purchase of the policy, or at the time of booking any trip, that could reasonably involve cancellation thereof.

F. Exclusions relating to Legal Expenses

Under no circumstances are the following events covered by this policy:

- Those occurring in the pursuit of the Insured's private practice or resulting from any activity outside the scope of his/her private life.



- Any claims that the Insured under this Policy might make against each other, or by any of them against the Insurer under this Policy.
- Insured cases declared two years after the date of termination or cancellation of this contract, except in tax matters where the term is extended to five years.
- Events arising from participation by the Insured in sporting competitions or events not expressly covered by the policy schedule.
- Events, the origin or first declaration of which, occurred prior to the effective date of the policy.
- Disputes arising from or due to strikes, lockouts, collective labour disputes or employment regularisations.
- Any type of action arising directly or indirectly from events produced by nuclear energy, genetic alterations, radioactive radiation, natural disasters, war actions, riots and acts of terrorism.
- Events voluntarily caused by the Insured or those involving wilful misconduct or gross negligence on the part of the latter, according to a final court ruling. Any circumstance known by the insured prior to the purchase of the policy, or at the time of booking any trip, that could reasonably involve cancellation thereof.

ARTICLE IV. ADDITIONAL PROVISIONS REGARDING ALL GUARANTEES

To ensure that the Insurer provides the benefits inherent in the above guarantees, the Insured must request the intervention of the former within a maximum of 7 calendar days of the incident, by calling any of the telephone numbers indicated in the information provided once the insurance has been arranged (collect or reverse-charge calls are permitted).

The following information must be included in the telephone request for assistance:

- Name of the Insured and the Policyholder
- Policy number
- Current location
- Telephone number
- Type of assistance required.

Once the emergency call is received, the Insurer shall immediately activate the appropriate mechanisms enable its international organisation to assist the Insured directly wherever he/she is located.

The Insured has the duty of attempting to reduce the consequences of the loss by any means at his/her disposal in compliance with Article 17 of the Insurance Contracts Act.

The agreed compensations for the aforesaid guarantees shall be effective regardless of any other insurance that the Insured may have. Said compensations shall be subject to the Insurer's right of subrogation with respect to other contracts into which the Insured may have entered covering the same risks or of the social security benefits or those of any other collective prevision regime.



Please inform the Insurer by telephone, telex or telegram if the injuries or illness merit a request for repatriation or transport. Provide the following information:

- Name,
- Address
- The telephone number of the doctor and/or hospital that is treating the insured patient or where he/she is located

Provide the Insurer with the following supporting documents if medical, pharmaceutical and/or hospital care are required:

- Certificate of the competent Medical Authority
- Invoices and fees notes
- Detailed statement of the illness or accident

Immediately transmit to the Insurer all warnings, summonses, requirements, letters, citations and all judicial or extrajudicial documents in general that, due to an event that gives rise to the liability covered by the insurance, are addressed to the Insured or to the person responsible for the incident.

The Insurer will not be liable for delays or failures in compliance due to force majeure or the special administrative or political characteristics of a country. In any event, if the result of force majeure or a specific country. In any event, if because of force majeure or the other causes indicated it should prove impossible for the Insurer to intervene directly, the Insured shall be reimbursed any expenses incurred and guaranteed, by presenting the corresponding accreditation, upon return to his/her address in his/her country of regular abode, or if necessary while in a country for as long as the aforementioned circumstances do not exist.

Except for the aforementioned situations, the Insurer must, as an essential condition, be notified immediately of the incident that has occurred, and the medical and healthcare transportation provisions that need to be applied following agreement between the doctor at the hospital treating the Insured and the Medical Team of the Insurer.

With regard to transportation or repatriation expenses, and in the event that the Insured is entitled to reimbursement of the part of the tickets (airline, ferry, etc.) that they hold that has not been used, said reimbursement must be transferred to the Insured.

The Insurer's administration centre is likewise authorised with regard to an accident or illness to request all manner of information that it might deem necessary for the appraisal of the risk or the processing of a claim.

Commencement and term of the contract.

- The contract shall take effect on the date indicated in the Policy Schedule.
- The contract shall remain in force for the period specified in the Policy Schedule.

Upon expiry of the specified period, if the contract is of annual duration it shall be automatically extended for one further year, and so on successively, unless either of the parties should have called for cancellation on the terms set out in Article 22 of the Act.

Once notice of this cancellation has been served in the established manner, no new certificates shall be issued and the policy shall be deemed to have definitively lapsed once all of the certificates in force have expired.



Non-compliance.

In the event of non-compliance by the Policyholder or the Insured with the duties mentioned in the previous point, the Insurer may only claim loss and damage unless the law provides otherwise.

Variations in the composition of the Insured Group.

The policyholder is under the obligation to notify the Insurer of any variations in the composition of the insured group, which may comprise:

Registration: Brought about by inclusion on the list of Insured parties of those individuals who belong to the insurable group and meet the terms and conditions of membership at a time subsequent to the entry into force of the Group Insurance.

Each registration shall take effect on the next due date of the premium or fraction thereof, once the Policy Schedule conditions have been fulfilled.

Deregistration: This shall take place as a result of leaving the Insured or Insurable Group. If the Insured is deregistered from the insurance as a result of leaving the Insurable Group, he/she may request that the Insurer continue his/her insurance, subject to the rules governing individual contracts.

Insurance Certificates.

The Insurer shall issue the associated Insurance Certificate which shall include the data of the Policyholder and the Insured, the policy validity dates, the territorial validity, the type of travel and the guarantees and limits covered.

In the event of loss of an Insurance Certificate, it will be cancelled and the Insurer will issue a duplicate copy.

ARTICLE V. RIGHT OF WITHDRAWAL

The Insured shall have fourteen days from the policy contract date to withdraw from the same pursuant to the provisions of Act 22/2007 of 11 July on remote marketing of financial services for consumers. The above notwithstanding, the right of withdrawal shall not apply to travel policies with a duration of less than one month.

The Insured may exercise the right of withdrawal by notifying the Insurer before the end of the term indicated in the previous paragraph by a procedure that enables said notification to be recorded in any way admitted by law. Notification shall be considered to have been made on time if performed in writing or on a durable support which is available and accessible to the Insurer.

Once the right of withdrawal has been exercised, the insurer will return the part of the premium not consumed corresponding to the period between the notification of the right of withdrawal and the end of the initial validity period of the policy. The insurer shall have 14 calendar days from the notification of withdrawal to pay said amount.

ARTICLE VI. SUBROGATION

The Insurer shall be subrogated in the rights and actions inherent to the Insured up to the total cost of the services provided for the events that lead to the intervention of the former.

ARTICLE VII. JURISDICTION



As stated in the Policy Schedule, for the purposes of this contract, the Insured and Inter Partner Assistance shall be governed by Spanish legislation and jurisdiction.

The judge of the domicile of the Insured shall have the jurisdiction to examine actions resulting from this contract.

ARTICLE VIII. PERSONAL DATA PROTECTION

Pursuant to current personal data protection regulations, you are hereby informed that any personal data provided to the Insurer by the Policyholder and the Insured will be processed by INTER PARTNER ASSISTANCE S.A. SUCURSAL EN ESPAÑA (hereinafter, the “Insurance Company”), of registered office at Calle Arequipa 1, Planta 3, Escaleras 2, 3 & 4, 28043 Madrid, in its position as data controller, for the following:

- Arrangement of the insurance.
- Management of the insurance activity and compliance with the insurance contract.
- Provision of assistance and services as described in the insurance contract.
- Processing of claims, management of reimbursements or compensation.
- Processing of complaints and claims.
- Recording of calls for provision of the assistance service and quality control. Conducting of surveys and requests for opinions regarding our products and services.
- Technical studies for the analysis of claims and premiums, tariff calculation, support for the underwriting process and consolidation of financial reports (including regulatory matters).
- Prevention of fraud and money laundering.
- In addition, the data will be processed in order to comply with any legal obligation incumbent upon it, specifically obligations connected with regulation of the insurance market, financial markets, commercial and tax regulations or the regulation of healthcare provision, among others.

The subjects' data will be stored throughout the contractual relationship, and even thereafter for the time period required by the applicable legislation and until any possible legal liabilities that could result therefrom have become time-barred. Nonetheless, to conduct surveys and request opinions regarding our products and services, the data will be stored for a maximum period of two years or until the data subjects object to such processing.

It should be borne in mind that in order to fulfil the insurance contract itself, and to provide assistance, the health data of both the policyholder and the insured under the policy may be processed.

The Policyholder declares that the data provided to INTER PARTNER ASSISTANCE S.A. are precise and accurate, and undertakes to notify INTER PARTNER ASSISTANCE S.A. of any modification or variation in

the aforementioned data. Unless otherwise indicated, the responses to the questions asked by INTER PARTNER ASSISTANCE S.A. following the request and arrangement of this contractual relationship are mandatory. Any refusal to provide the required data shall lead to the impossibility of processing the operation.

With regard to the origin of the data, these may be provided to the Insurer by the data subject or the insurance policyholder at any time during the relationship (pre-contractual and contractual) with the Insurer for the aforementioned purposes. Furthermore, within the context of management of the policies signed and, where applicable, the handling of claims, personal data may be received from policyholders, insurers and third parties, including via entities providing services subject to cover under the policies, such as, for example, healthcare professionals and centres.

The Policyholder explicitly accepts and authorises through payment of the premium that the personal data provided may be processed for the aforementioned purposes. In the event that the data provided refer to natural persons other than the Policyholder/Insured, said party declares that they have informed the persons in question of the terms set out in this clause and obtained their prior consent for the processing of their data in accordance with the purposes set out in the policy. In the specific case of those under legal age, if the Policyholder/Insured is not the legal representative of the legal minor, he/she undertakes to obtain the express consent of the representative thereof.

The Insurer likewise guarantees that data provided by the applicant will not be processed for any purpose other than those established in advance, nor will they be sold under any circumstances.

The legitimate basis for the processing of their personal data, and the data of the insured under the policy for the purposes described above, is to perform this contract, except for the conducting of surveys and requesting of opinions with regard to our products and services, the execution of technical studies for the analysis of claims premiums, and rate calculation, in which case the processing of their personal data is legitimately based on the legitimate interest of the Insurance Company. Lastly, in order to prevent fraud and money laundering, and to comply with the legal obligations of the Insurance Company, the legitimate basis will be fulfilment of a legal obligation.

You are hereby informed that the data requested by the Insurance Entity are required in order to perform the insurance contract, and if they are not provided, or if erroneous data are provided, the Insurance Entity will therefore be unable to fulfil the aforementioned purposes. You are likewise hereby informed that your data may be obtained by you and also by third parties, such as hospitals that you might attend.

Your data may be communicated to:

- Public Authorities and Judges and Courts, in the cases provided for by law.
- Other entities of the AXA Group.

- Public or private bodies related to the insurance sector for statistical, actuarial and fraud prevention purposes in risk selection and claims settlement, under Article 99 of Act 20/2015, of 14 July, on regulation, supervision and solvency of insurance and reinsurance entities.
- Providers of assistance services, such as providers in the healthcare, hotel, transport, logistics, legal and other service sectors, where necessary so as to perform the services or obligations derived from the insurance contract.

In those cases, where we might be required to transfer your data to an entity of the group located outside Spain or the European Economic Area, said transfers shall be performed on the basis of the binding corporate rules of the AXA Group (the AXA Group BCR) to which we subscribe. Said standards guarantee an adequate level of protection. The AXA Group BCR may be consulted in the privacy policy of our website, a link to which is included at the end of this clause. In the event that the BCR cannot be applied, we ensure that a level of protection similar to that required in accordance with the provisions of data protection legislation in Spain will be applied to your data.

The Policyholder/Insured may exercise their rights of access, rectification, erasure and objection, restriction of processing or request portability before the Insurance Entity, and withdraw the consent they have given, without this affecting the lawfulness of prior processing actions. You may exercise the aforementioned rights and contact our Data Protection Officer by writing to the Personal Data Protection Department of the Insurer, with address at calle Tarragona 161, 08014 Barcelona, or by sending an e-mail to protecciondedatos@axa-assistance.es

The above notwithstanding, the Policyholder and the Insured may file a claim with the Spanish Data Protection Agency should they consider the Insurer to have violated their data protection rights.

Our full privacy policy is available at:

<https://corp.axa-assistance.es/es/terminos-de-uso-y-politica-de-privacidad>

ARTICLE IX. CUSTOMER SERVICE DEPARTMENT

In accordance with the provisions of Ministerial Order ECO/734/2004, INTER PARTNER ASSISTANCE, S.A. SUCURSAL EN ESPAÑA has a Customer Service Department for management of complaints and grievances arising from the application of this insurance contract and raised by the policyholder, the insured or their beneficiaries and injured third parties.

Complaints and grievances may be submitted by writing to the Customer Service Department located at Calle Tarragona, 161, 08014 Barcelona, Spain or by e-mail to atencion.cliente@axa-assistance.es.

The period of response by the Insurer shall be two months from receipt of the complaint or grievance.

Once said period has elapsed without an answer from the Insurer, or in the event of disagreement, you may submit the complaint or grievance to the Grievances Service of the Directorate-General for insurance and Pensions Schemes, located at Paseo de la Castellana, 44, 28046 Madrid, Spain.



ARTICLE X. CALL RECORDING

INTER PARTNER ASSISTANCE S.A. SUCURSAL EN ESPAÑA, in its capacity as Data Controller, informs the Policyholder that, in order to guarantee the performance and quality of services provided to customers and to combat fraud, incoming and outgoing calls may be recorded, to be held in the safekeeping of INTER PARTNER ASSISTANCE S.A. SUCURSAL EN ESPAÑA, for the period legally established for this purpose. The Policyholder shall inform the Insured with regard to said recordings.

The Policyholder hereby authorises INTER PARTNER ASSISTANCE S.A. SUCURSAL EN ESPAÑA to record the aforesaid calls.

INTER PARTNER ASSISTANCE S.A. SUCURSAL EN ESPAÑA, guarantees to the Policyholder that said recordings will be stored and protected in accordance with the provisions of the personal data protection regulations in force, furthermore giving an undertaking to make no misuse thereof, nor to disclose them by any public or private means of distribution.