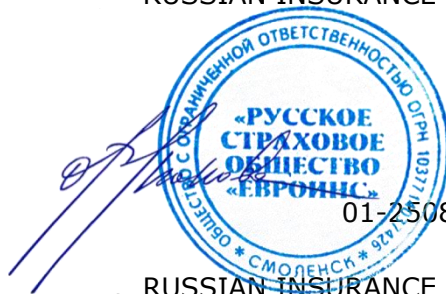


RUSSIAN INSURANCE COMPANY EUROINS LTD.



APPROVED BY:

Order

01-2508/2025 dated 25.08.2025

General Director

RUSSIAN INSURANCE COMPANY EUROINS LTD.

O.B. Makova

/signed/

/Seal:/ **RUSSIAN INSURANCE COMPANY "EUROINS"** LIMITED LIABILITY
COMPANY, PSRN 1037714037426, SMOLENSK

**INSURANCE RULES No. 5
FOR PROPERTY INTEREST OF INDIVIDUALS TRAVELING OUTSIDE THEIR
PERMANENT PLACE OF RESIDENCE**

(version 2025, valid from August 25, 2025)

MOSCOW, 2025

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Section I. GENERAL PROVISIONS

1. INSURANCE ENTITIES

1.1. On the grounds of these Insurance Rules for Property Interests of Individuals Traveling outside Their Permanent Place of Residence (hereinafter, the Insurance Rules) and the applicable law of the Russian Federation, Russian Insurance Company "EUROINS" Limited Liability Company (hereinafter referred to as the Insurer) shall execute insurance contracts for the property interests of individuals traveling outside their permanent place of residence with legal entities and capable individuals (hereinafter referred to as the Policyholders), hereinafter collectively and each individually referred to as the Parties.

Insurance in respect of individuals traveling outside their permanent place of residence who are the nationals of the country where the Trip is made to (except for the territory of the Russian Federation) shall not cover the territory of the country whereof the Insured is a national unless otherwise provided for by the Insurance Contract.

1.2. The Policyholders may enter into insurance contracts to the benefit of third parties (hereinafter referred to as the Insureds). If a Policyholder being an individual has executed the insurance contract for their property interests, they shall also be deemed the Insured.

1.2.1. The Policyholders being legal entities shall enter into insurance contracts with the Insurer to the benefit of third party Insureds.

1.2.2. The Beneficiary under the contract executed by the Policyholder to the benefit of the Insured, as a rule, is the Insured identified in the contract unless any other person is named as the Beneficiary.

1.3. When executing an insurance contract on the terms and conditions set out in these Insurance Rules, such terms and conditions shall become an integral part of the insurance contract and be binding on the Policyholder and the Insurer.

1.4. Based on the Insurance Rules, the Insurer shall independently develop insurance programs (insurance products) and respective insurance contracts (insurance policies), indicating the main parameters of the insurance contract, special insurance conditions, the list of risks insured to be accepted for insurance, indicating sums insured and limits of the Insurer's liability for risks, risk clauses, and other insurance conditions. The Insurer may include both particular risks and a combination of several risks in the insurance programs (insurance products). In this case, the Insurer shall not assume any insurance obligations and shall not pay indemnity for any risks that are not specified (not included) in the insurance program/insurance contract (insurance policy).

1.4.1. When executing an insurance contract, the Policyholder and the Insurer may agree on any other supplements, exceptions, clarifications to the insurance contract that are not prohibited by the applicable law of the Russian Federation, exclude certain provisions hereof, having agreed on these exceptions and stated them in the text of the insurance contract and/or in the text of a supplementary agreement to such contract.

Therewith, the terms and conditions of the insurance contract (insurance policy) shall prevail over the Insurance Rules.

1.4.2. The insurance contract shall be deemed executed on the terms and conditions set out in these Insurance Rules in case the contract indicates explicitly that such terms and conditions shall be applied and the Insurance Rules themselves and/or an extract from the Insurance Rules are attached to the contract. The delivery to the Policyholder of the Insurance Rules and/or extracts from the Insurance Rules for the risk insured upon execution of the contract shall be certified by an entry in the insurance contract or the presence of a link/hyperlink/QR code in the insurance contract (insurance policy) or Key Information Document (KID).

1.4.3. The Policyholder/Insured may also review the Insurance Rules, insurance programs (insurance products), insurance premium calculation and other information on the Insurer's

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website.

1.5. By entering into an insurance contract (insurance policy), the Policyholder, pursuant to Federal Law No. 152-ФЗ On Personal Data, expresses its consent to the Insurer for the processing, storage and other use of personal data by the Insurer and third parties authorized by it, as well as persons associated with the Insurer by contractual relations (counterparties) of information related to Personal Data specified in this Insurance Contract (Policy), in the ways stipulated by law, *inter alia*, through the implementation of actions (operations) or a set of actions (operations) performed using automation tools or without the use of such tools, including collection, recording, systematization, accumulation, storage, clarification (updating, modification), retrieval, use, including, in cases provided for by law or contract, transfer, blocking, deletion, destruction of such data, for the following purposes:

- for the execution of agreements between the Parties, including servicing, prolongation and termination of the said agreements, as well as in the case of the provision of additional services and products;
- for marketing and statistical research and providing information about the Insurer's products and services, promotion of the Insurer's products and services on the market, *inter alia*, through direct contacts with potential consumers using communication tools;
- for promotion and improvement of the process of providing the Insurer's services in the insurance market by establishing direct contacts with the consumer of services.

1.5.1. Data transfer may be carried out, *inter alia*, via e-mail, specialized software, or on tangible media (paper or electronic).

1.5.2. The Policyholder/Insured also agrees to receive advertisements of the Insurer's products and services through advertisers and/or advertising distributors, *inter alia*, via telecommunication networks, using telephone and mobile radiotelephone communications.

1.5.3. The consent is granted for a period of five (5) years. Upon expiration of the specified period, the Consent shall be automatically extended for each subsequent five-year period unless the Consent is revoked.

1.5.4. Consent may be revoked in whole or in part by submitting a corresponding request to the Insurer. Such request shall be drawn up on paper with the applicant's personal signature.

2. KEY TERMS AND CONCEPTS

The key terms and concepts used herein are as follows:

2.1. **Outpatient Medical Center** shall mean a medical and preventive institution that has obtained state accreditation and is intended for the provision of outpatient medical care and primary health care by physicians in an outpatient setting.

2.2. **Outpatient Treatment** shall mean treatment carried out at home or when visiting a medical institution by patients themselves due to illness, poisoning, or injury.

2.3. **Baggage** shall mean baggage accessories transported during the Trip (suitcase, travel bag, backpack, bag, briefcase, etc.), baggage contents, transferred to the transport organization (airline company) for transportation, with a confirmation document issued (a baggage ticket, receipt, other documents of the transport organization which carries baggage), and/or registered during passport and customs control when taking out baggage outside the Russian Federation

Baggage shall also include baby strollers and wheelchairs, sports equipment, weapons, provided that they are used by the Insured(s) during the Trip.

2.4. **Close Relatives** shall mean father/mother, stepfather/stepmother (non-biological father/mother), son/daughter (including the son/daughter of the Insured's spouse from previous marriages), including adopted children (under guardianship or custody), siblings, grandparents (great-grandparents), grandchildren/great-grandchildren, legal spouse.

Close relatives (spouses) do not include people who reside together, run a joint household, etc.

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but are not officially married.

When filing a claim for an insured event, the relationship shall be confirmed by the relevant document (marriage certificate, birth certificate, certificate from the civil registry office, etc.).

2.5. Hospital shall mean a state-accredited inpatient medical institution that specializes in the treatment of patients who require hospitalization and that operates in accordance with the laws of the country in which it is registered.

The hospital shall not refer to the obstetric department, recovery department, or department of geriatrics, in case where the patient mainly adheres to bed rest and needs the care of nurses, sanatorium, recreation institution, nursing home.

2.6. Sick Leave Certificate shall mean a working incapacity certificate (including in electronic form, a scanned image of an electronic sick leave certificate) issued to insured individuals as well as permanent and visiting resident aliens of the Russian Federation. This is an official financial, legal, and accounting and statistical document that certifies an employee's incapacity to work during a certain term. Sick leave certificates may only be issued by medical institutions that have obtained state accreditation.

In case of illness (injury, poisoning), pre-school children, students of educational institutions of primary vocational, secondary vocational, higher vocational education and institutions of postgraduate vocational education, obtain an extract from the outpatient (inpatient) medical record.

2.7. Physician shall mean an expert with completed and properly registered medical education who is not related to the Policyholder (Insured) and acting within the limits of their license for the treatment of diseases and accident consequences.

2.8. Body (Remains) Repatriation shall mean the return of a body (remains) of the Insured from the country/locality of temporary stay to the country/locality of permanent residence, arranged by the Insurer/ Service Company/ tour operator/ departmental public service.

2.9. Beneficiary shall mean a party to an insurance contract to whose benefit the insurance contract is made, as a rule, the Insured identified in the contract unless any other person is named as the Beneficiary.

In case of the death of the Insured under the contract specifying no other Beneficiary, the heirs of the Insured shall be recognized as Beneficiaries. The Beneficiary under the contract executed by the Policyholder being a legal entity—to the benefit of the Insured, may be the Policyholder itself if it has incurred medical, medical transportation, and other expenses in connection with an insured event that occurred with the Insured when making a Trip outside the permanent place of residence (in case of trips abroad, outside the Russian Federation); this rule also applies to the Policyholder being a legal entity for the risks of trip cancellation (Chapter 32 of these Insurance Rules), provided that it is the payer for the services of organizing the Trip of the Insured outside the permanent place of residence.

2.10. Involuntary Return of Travel Documents shall mean the process of returning travel personal documents (plane tickets, railway tickets, water transport tickets, etc.) associated with the visa denial, death, or serious illness of the Insured or their close relative, which process is provided for by the carrier's rules.

2.11. Forced aircraft landing at an alternate aerodrome shall mean a refusal by the aviation authorities/airfield control service to allow the aircraft to land at the destination aerodrome (scheduled landing) and the subsequent landing of the aircraft (plane) at an alternate aerodrome other than the destination airport specified in the travel document (itinerary receipt, ticket, boarding pass).

2.11.1. Emergency aircraft landing at an aerodrome of departure/intermediate/alternate aerodrome shall mean an early landing performed by aircraft in response to an emergency involving an imminent or continuing threat to the safety and operation of the aircraft, or to a sudden need for a passenger or crew on board to terminate

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the flight (e.g. for emergency medical care, threat to passengers, public order, etc.), including forced return to the airport of departure or diversion to the nearest or most suitable airport or air base; landing outside the airport/aerodrome and/or refusal to continue the flight if the flight cannot reach the destination aerodrome.

2.12. Infantile Infections shall mean specific infantile infections (chickenpox, measles, rubella, scarlet fever, whooping cough, parotitis, poliomyelitis, pneumococcal disease) as well as meningococcal disease, infectious mononucleosis, diphtheria. Diseases shall be recognized as "infantile infections" regardless of the age of the Insured.

2.13. Identity document shall mean a document identifying the Policyholder (Insured, Beneficiary) in accordance with the requirements of regulations and laws of the Russian Federation, namely: Article 7 of Federal Law No. 115-ФЗ On Countermeasures to Combat Legalization (Laundering) of Illegally Obtained Proceeds and Financing of Terrorism dated August 7, 2001 (as amended and restated); Resolution of the Government of the Russian Federation No. 828 On Approval of Regulations on Russian Federation Passport, Blank Form, and Description of Russian Federation Passport dated July 8, 1997; and Resolution of the Government of the Russian Federation No. 813 On Approval of Regulation on the State System of Migration and Registration, Production, Execution, and Control over the Circulation of Identity Documents dated August 6, 2015. The main identity document for nationals of the Russian Federation is the Russian passport.

2.14. Disease (Illness) shall mean a disturbance of the normal functions of a body, which occurs in response to pathogenic factors. The onset of a disease in the Insured shall be poor health or primary symptoms of the disease, manifested before the diagnosis by a physician and recorded by a physician in the medical documents. Confirmation of a disease (illness) shall be the diagnosis established by a medical institution based on the determination of the nature and characteristics of the deviation of the Insured's health status.

2.15. Ban on entering the country of temporary stay shall mean a ban on entering the country, stipulated in accordance with the regulations of any state authorities and/or administration, and/or a statement by officials of the country of temporary stay concerning an unlimited number of persons (all individuals) and/or a certain group of people.

The Policyholder/Insured shall be responsible for being informed of the ban on entering the country of temporary stay.

Prohibition to enter in the absence of reference sheets/tests/assessments/vaccinations/certificates/questionnaires/QR codes, etc. for dangerous diseases, infections, etc. in accordance with the requirements/rules of the country of stay) is not a ban on entering the country of temporary stay.

2.16. Ban on leaving the country of permanent residence (Russian Federation) shall mean a ban on leaving the country, stipulated in accordance with the regulations of any state authorities and/or administration, and/or a statement by officials of the country concerning an unlimited number of persons (all individuals) and/or a certain group of people.

The Policyholder/Insured shall be responsible for being informed of the ban on leaving the Russian Federation.

Prohibition to leave the country of permanent residence in the absence of reference sheets/tests/studies/vaccinations/certificates/questionnaires/QR codes, etc. for dangerous diseases, infections, etc. in accordance with requirements/regulations of the country of permanent residence) is not a ban on leaving the country of permanent residence.

2.17. Insured Trip (hereinafter, the Trip) shall mean a trip within the territory of the Russian Federation or abroad, subject to departure from the territory of the Russian Federation, confirmed by registered transport documents (air tickets, railway tickets, water transport tickets), documents for accommodation during the Trip. In case of the Insured's Trip without personal travel documents and/or residence documents, the insurance coverage validity shall commence at a distance of two hundred (200) kilometers and more from the administrative

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border of the place of permanent residence and/or the place of registration of the Insured in the Russian Federation. The calculation of distances shall be determined by the length of federal public highways in accordance with the applicable law of the Russian Federation.

A trip of the Insured with the aim of changing the place of residence shall not be deemed the Trip and included in the insurance coverage.

2.18. **Disability** shall mean social insufficiency due to deterioration of health with a persistent disorder of body functions leading to physical dysfunction and the need for social protection.

2.19. **Disability Group** shall be established in accordance with the requirements and on the grounds of a medical and social assessment (hereinafter, "MSA") opinion, shall describe the degree of disability and determine the care requirements, medical indications, medical contraindications. MSA requirements provide for the establishment of three (3) groups of disability.

2.20. **Disability Groups** shall be assigned in accordance with the applicable laws of the Russian Federation.

2.21. **Foreign Individuals and/or Stateless Persons** legally staying in the Russian Federation may be insured under these Insurance Rules only on special conditions expressly provided for by the Insurance Contract and/or the Insurance Program.

2.22. **Quarantine** shall mean a set of restrictive administrative and medical and sanitary measures, the implementation of which allow the prevention of introduction and spread of quarantine (dangerous) diseases imposed on a certain Insured based on resolutions / orders / documents of the medical and sanitary supervision and state control services with mandatory analyzing/testing for confirmation of disease.

Quarantine shall be introduced against the Insured with positive tests for a dangerous disease that does not require inpatient treatment in the form of an isolation (house, apartment, hotel room, cabin, etc.) or in a quarantine facility (observation facility).

2.23. **Companion** shall mean a third party participating in a joint trip who is not a close relative of the Insured(s) and:

a) Subject to the following criteria:

- Always – accommodation with the Insured in a booked and paid hotel room, apartment, villa, bungalow, located in the territory of the same hotel complex/hotel, in a cabin or on the same cruise ship;
- and/or specified with the Insured in the same agreement on the tourist product with a travel agency (if any);
- and/or included in the same insurance contract (insurance policy) as the Insured;

(b) When insuring only travel documents, the Companions shall take the same flight and/or vehicle to the Trip destination and be insured under the same insurance contract (insurance policy).

According to items (a) and (b), the insurance benefit under the same insurance contract (insurance policy) shall be paid to the Insured and their Companions in the number of four (4) people excluding the conditions under Cl. 2.4 of these Insurance Rules and subject to the conditions under Cl. 11.15 of these Insurance Rules.

2.24. **Liability Limit** shall mean the stipulated maximum amount of the insurance benefit for any covered risk, insured event, or in respect of the Insured.

2.25. **Medical Expenses** shall mean the expenses for treatment performed or prescribed by a qualified physician.

2.26. **Proper Notification** shall mean notification of the parties to the contract using one or several methods provided for by the insurance contract and these Insurance Rules: The insurance contract may provide for any or specific method of interaction of the following:

1. by personal delivery of the notification against signature when the Policyholder (Insured, Beneficiary) visits the office of the Insurer (Insurer's representative) or via courier services;

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2. by sending a written notification/application/documents via Russian Post JSC:
 - when notifying the Insurer, to the official Insurer's address, or to the address indicated by the Insurer in the insurance contract, or to the address for correspondence indicated on the Insurer's Website;
 - when notifying the Insured, by post to the address indicated by the Insured when executing the insurance contract or in the Insured Event Statement;
3. sending notices/statements/documents to the e-mail of the Insurer or the Policyholder (Insured, Beneficiary), which is confirmed by the receipt of a message confirming its delivery and reading;*
4. Notification via the application form on the Insurer's website, the Policyholder's personal account, including (hereinafter, "incl.") Mobile Application (on the website of the Insurer and/or Service Company) or by other means of electronic communication on the Internet;
5. SMS notification to the mobile phone number (of the Policyholder and the Insurer) indicated in the insurance contract;
6. when contacting by telephone (incl. fax) using the contact numbers of the parties specified in the insurance contract.

The Insurer may establish proper notification methods in the insurance contract (insurance policy).

* according to items 3-4 of this Clause at the request of the Insurer, the Policyholder shall send all the necessary documents in accordance with items 1 and 2 of this Clause. The Policyholder (Insured) shall keep the original copies of all documents for six (6) months and provide them during this period at the Insurer's request.

2.27. Failure to Receive Service shall mean noncompliance of the service rendered by the place of accommodation (hotel, camping, etc.) with the mandatory requirements stipulated by the terms of the contract with the accommodation facility directly or through its representatives/intermediaries (booking), or the purposes for which a service of this kind is used as a rule, or the description/offer when booking and selling the service.

2.28. Emergency Medical Care shall mean care provided in case of sudden acute diseases, acute exacerbation of chronic diseases not being life-threatening for a patient.

2.29. Accident shall mean a sudden physical impact of various external factors (mechanical, thermal, chemical, etc.) on the Insured, which was beyond the control of the Insured and resulted in bodily injuries, physiological malfunctions in the body, or death of the Insured.

Accidents include inter alia, attacks of violators or animals (including insects, reptiles, and other animals), falling of any object on the Insured, falling of the Insured himself/herself, sudden suffocation, sudden intoxication by harmful products or substances, injuries received while driving a vehicle or in the course of a road accident, while operating machines, mechanisms, production tools, and any other equipment, etc. In addition, accidents include the following exposures: explosion, burn, frostbite, drowning, electric shock, lightning stroke, sunstroke, and other exposures.

Accidents shall not include any forms of acute, chronic, and hereditary diseases.

2.30. Overbooking shall mean within the framework of these Insurance Rules, refusal to provide a passenger with a seat on board aircraft if the passenger has a ticket for the specified flight (except for risks of incorrectly issued/invalid documents or their absence, or being late for a flight).

2.31. Dangerous Diseases shall mean diseases with A36, A22, A15, A00, A20, B34.2, U07.1, U07.2 codes (U04.9, U10.9, U10 including the consequences of these diseases) in accordance with the classification according to ICD-10*, posing a danger to others and requiring quarantine measures included in the list of such diseases by Resolution No. 715 of the Government of the Russian Federation On Approval of the List of Socially Significant Diseases and the List of Diseases that Pose Danger to Others dated 01.12.2004 (as amended as of the insured event

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date).

** ICD-10 is the International Statistical Classification of Diseases and Related Health Problems (Revision 10).*

2.32. Response from the Tour Operator/Tour Service Provider shall mean a notification from the tour operator/tour service provider, an official document containing information on the cancellation, postponement or early termination of the Trip, in accordance with the terms of the contract for tourist services.

2.33. Hotel Day shall mean the estimated time for check-in and check-out (usually from 02:00 p.m. to 12:00 a.m. the next day) at the place of accommodation, the duration from the start of scheduled check-in at the place of accommodation until the check-out time for the next day. The check-out time is set by the internal rules of the place of accommodation.

2.34. Denied Entry to the Country of Temporary Stay shall mean the decision of the Border Guard Service of the country of temporary stay on the personal denial of the Insured's entry into the country of temporary stay.

Refusal to enter for medical reasons, including in the absence of reference sheets/tests/studies/vaccinations/certificates/questionnaires/QR codes, etc. for dangerous diseases, infections, etc. in accordance with the requirements/rules of the host country, is not an insured event.

2.35. Flight Cancellation shall mean cancellation by the carrier of the flight specified in the travel documents, which occurred no earlier than 24 hours before the departure time specified in the Insured's ticket and/or insurance policy as the departure time of the flight. Flight cancellation during the period following a flight delay (multiple flight delays) later than three (3) hours from the departure time indicated on the ticket shall be considered a flight delay.

2.36. Carrier shall mean any registered carrier engaged in the carriage of passengers by land, water, or air, which also has a license for this type of transportation and carrying it out on a certain route.

2.37. Insurance Period shall mean a duration of insurance (number of days) during which the Insurer's liability for the risks insured specified in the insurance contract (insurance coverage) applies. The insurance shall cover events that occurred only during the specified insurance period. The insurance contract (insurance policy) may provide for a limitation of the insurance validity term within the specified period (number of days) for specific risks, which shall be reflected in the insurance policy in a separate column.

2.38. Free Look Period shall mean a period during which the Policyholder being an individual may repudiate the insurance contract and be reimbursed for the insurance premium paid—in part or in full, depending on the conditions specified herein and/or in the insurance contract (insurance policy). The term of the Free Look Period is stipulated by regulations of the insurance market regulator, which monitors and supervises the insurance activities of insurance organizations.

2.39. Payment Document shall mean a cash register receipt or payment order confirming payment for goods/services, etc.:

a) cash register receipt (including electronic one) is a primary accounting document generated in electronic form and/or printed using cash registers at the time of settlement between the user and the buyer (client), containing information on the settlement, confirming the fact of its implementation and complying with the requirements of the legislation of the Russian Federation on the use of cash registers;

b) payment order is a settlement (payment) document, an order of a payer to the bank to transfer funds from the payer's account with this bank to the beneficiary's account with this or another bank.

2.40. Place of Permanent Residence shall mean a place within the administrative boundaries of a locality of the citizen's permanent place of residence.

For permanent, visiting, and predominant resident aliens of the Russian Federation, such a

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locality in the Russian Federation is determined based on a permit and/or residence permit in the Russian Federation (TRP, residence permit) issued by authorized state agencies, and/or temporary registration in accordance with the migration legislation of the Russian Federation.

2.41. **Unlawful Acts** shall mean an offense, i.e., action (omission) of an individual, for which administrative liability is stipulated.

2.42. **Professional Sports** shall mean activities aimed at meeting the interests of professional athletes who have chosen sports as their profession, aimed at obtaining higher sports achievements and monetary rewards/payments. Professional athlete shall mean an individual who systematically engages in a chosen sport, participates in sports competitions, and/or has a sports passport and receives payment for participation in such competitions.

2.43. **Expenses** shall mean the costs of the Insured or incurred to the benefit of the Insured, confirmed by documents executed in accordance with the legislation, related to payment for services rendered by third parties (medical institutions, travel agencies/operators, lawyers (attorneys) upon the occurrence of events defined as insured events by these Insurance Rules.

2.44. **Insured Child (Children)** shall mean an individual aged 0 to 23, inclusive, identified in the insurance contract (considering that from 18 to 23 years they are a student (trainee, pupil)). A minor child shall mean a child under eighteen (18) years (in accordance with Federal Law No. 124-Φ3 On Fundamental Guarantees of the Children's Rights in the Russian Federation dated July 24, 1998 (as amended on July 31, 2020).

2.45. **Scheduled Flight** shall mean the implementation of domestic and international air transportation of passengers, baggage, cargo by scheduled flights of aircraft and additional flights.

2.46. **Flight/Voyage**, for the purpose of these Insurance Rules, shall refer to:

- in air transportation – regular transportation of passengers, registered in the flight schedule, possessing a unique combination of attributes, namely the carrier code and flight number, departure date and time, route, seat.
- for rail/ferry transportation – transportation of passengers registered in the train/ferry schedule, possessing a unique combination of attributes, namely – train/ferry flight number, voyage name along the route, departure date, place, etc.

The ticket, itinerary receipt, boarding pass of the Insured shall contain unique combinations of flight/ferry attributes that comprise the air, rail or ferry transportation, the parameters whereof are the route, number, date and time, place.

2.47. **Prescription** shall mean a written instruction on the use of medications issued by a physician.

2.48. **Service Company** shall mean a specialized company that ensures round-the-clock arranging or assists in obtaining the services provided for by these Insurance Rules—on behalf of the Insurer.

The contact information of the Service Company shall be indicated in the insurance contract (insurance policy) or transmitted to the Policyholder by electronic means.

2.49. **Disaster** shall mean a natural phenomenon of an extraordinary nature and leading to disruption of the normal activities of the population, death, damage, and destruction of tangible assets, such as forest and peat fires, landslides, snow avalanches, glacier collapse, volcanoes, earthquakes, mudslides, floods, seismic sea waves, etc.

2.50. **Connecting/Transfer Flight** shall mean, pursuant to these Insurance Rules, a flight of aircraft with a landing at one or more destinations to change aircraft or transfer to another type of transport.

- A *connecting flight* implies one booking for all flights along the flight/travel route (one travel document for the entire route, taking into account connecting flights, incl. the "Single Ticket").
- A *connecting flight* involves different bookings along the Trip route, inter alia, for different types of transport (several travel documents for the entire route).

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2.51. **Sport** shall mean an activity of people (athletes) organized according to certain rules, comparing their physical and/or intellectual abilities <https://ru.wikipedia.org/wiki/%D0%98%D0%BD%D1%82%D0%B5%D0%BB%D0%BB%D0%B5%D0%BA%D1%82>, as well as preparation for such activity, an integral part of physical culture, focused on the physical development of a person, strengthening their health and well-being. The Insurer may apply increasing factors to the insurance premium when insuring sports risks depending on the category and type of sport, which shall be reflected in the insurance contract:

2.51.1. **Outdoor Activities** shall mean a way to spend free time, a kind of hobby in which the vacationer is engaged in activities that require active human participation or active physical work of the body, not associated with competitions. Outdoor Activities shall include:

- activities in the sea and/or swimming pool, beach activities, entertainment in hotels, parks, amusement rides;
- walking, jogging, excursions, tourist safari (without hunting), cross-country skiing, roller-skating, skateboarding, hiking, incl. involving animals (riding animals), and similar activities;
- movement with the use of individual mobility devices, bicycles, motorbikes, considering the observance of traffic rules and safety requirements (Clause 10.3 hereof);
- movement as a passenger, sightseer by airplanes, yachts, boats, cars, etc.;
- river rafting (sightseeing and tourist rafting), fishing;
- activities in fitness facilities, fitness clubs;
- official sports events of a mass nature organized by local authorities or organizations to engage the general public in participation therein;
- other types of outdoor activities, except for the types of activities stated in Clauses 2.51.2 and 2.51.3 hereof.

2.51.2. **Dangerous Sports** shall mean traumatic sports associated with high physical activity of a person that require specific skills and abilities. Dangerous sports shall include:

- sports related to constant and systematic training in sports clubs, schools, clubs, ballet and circus studios, etc., participation in any type of competition organized by sports schools, enterprises, entities, or interest groups, including amateur competitions at various levels;
- alpine skiing and snowboarding on marked tracks, figure skating, speed skating, and similar sports;
- downhill skiing in mountainous areas on any means of transportation (bicycle, motorbike, etc.) along equipped routes/tracks;
- diving to a depth of 40 meters, river rafting (complexity categories 2–3), sailing, yacht piloting, all types of surfing, and similar sports;
- equestrian sports, trekking up to 3,500 meters above sea level, etc.;
- target shooting;
- similar sports, with the exception of sports specified in Clause 2.51.3 of these Insurance Rules.

2.51.3. **Extreme Sports** shall mean sports associated with high risks of danger to human life:

- flying by motor and unpowered aircraft/equipment, parachuting;
- mountaineering, cave descent (speleology), trekking to a height of over 3,500 meters above sea level, and similar sports;
- river rafting (above complexity category 3), diving to a depth of over 40 meters using special breathing mixtures, ice (subglacial) diving, etc.;
- alpine skiing, snowboarding on unmarked tracks, professional hockey, and similar sports;
- martial arts and boxing at the professional level;
- high-speed descents on mountainous areas on any means of transportation (bicycle, motorbike, etc.) along unequipped routes/tracks, car and motorcycle races, and training;
- hunting (including safaris, spear fishing), practical and tactical shooting;

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– sports events and/or competitions in extreme sports, and/or competitions held by professional sports organizations, associations, leagues with the participation of professional athletes and the payment of cash prizes and/or rewards, etc.

2.51.4. Insurance under Clauses 2.51.1 to 2.51.3 shall be performed taking into account Clause 18.1.30 hereof.

2.51.5. In cases where the sport does not fall within any category of Clauses 2.51.1 to 2.51.3, it shall be attributed to the category of extreme sports (Cl. 2.51.3).

2.51.6. For the purpose of Clauses 2.51.2 and 2.51.3, the concept of diving includes the following stages:

- swimming with equipment on the water surface, with equipment from the point of water entry or the watercraft;
- diving as such;
- staying at depth;
- emerging;
- drifting with equipment on the water's surface;
- return swimming with equipment along the water surface to the place of emergence or watercraft.

In this case, an event that occurred at any of these stages shall be considered an event due to diving.

2.52. **Personal Mobility Devices (PMD)** shall mean a vehicle with one or several wheels (rollers) designed for individual transportation of a person using an engine (engines) (electric scooters, electric skateboards, gyro scooters, segways, unicycles, and other similar vehicles).

2.53. **Place of Accommodation** shall mean any facility of the tourism industry intended for the temporary residence of the Insured (hotels, motels, campsites, glampings, cruise ships, apartment hotels, tourist complexes, guest houses, vacation homes, sanatoriums, boarding houses, etc.), providing reception, accommodation, and temporary residence of the Insured in an accommodation place unit.

2.53.1. **Accommodation Place Unit (hereinafter, the "room")** shall mean a room, apartment, villa, bungalow, cabin, etc. in the place of accommodation.

2.53.2. Apartment (Apartment-hotel/apart-hotel/hotel) shall mean an apartment-type room in a complex of apartment-type rooms with the possibility of renting and a full range of hotel services. Typically apartments are equipped with a kitchen and bathroom.

2.54. **Period of Trip** shall mean the period during which the Insured is expected to be on the Trip. The Period of the Trip shall be documented (e.g., in an insurance contract and/or a contract for the sale of a tourist product, travel documents, residence documents). The Period of the Trip shall start immediately after the Insured crosses the administrative border of the place of permanent residence but not earlier than the date specified in the insurance contract as the Trip start day.

2.55. **Urgent Message** shall mean the initial appeal of the Policyholder to the Service Company via telephone, facsimile, or other available communication means, including short text messages (SMS).

2.56. **Country of Permanent Residence** shall mean a country or countries being the primary or secondary permanent place of residence of the Insured.

2.57. **Risk Insured** shall mean an alleged event with signs of the likelihood and chance of its occurrence established by these Insurance Rules, for whose occurrence the insurance is maintained.

2.58. **Insured Event** shall mean an event that has occurred, included in the insurance coverage, and occurred during the insurance period as a result of events that are provided for in the insurance contract, as a result of which the Insurer is to pay an insurance benefit to the Insured, Beneficiary, or other third parties.

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2.59. **Insurance Territory** shall mean a territory within which the Insurer is liable for the payment of insurance indemnity in case of an event insured. The insurance territory shall be established in accordance with the terms of Chapter 4 of these Insurance Rules or by agreement of the parties and shall be indicated in the insurance contract (insurance policy).

2.60. **Chronic Diseases** shall mean diseases or injuries having at least two of the following characteristics:

- Have no known recognized methods of treatment;
- May exist for an indefinite period;
- have relapses, or there is a likelihood of relapses;
- Are permanent;
- Require palliative treatment;
- Require long-term follow-up, consultation, examinations, studies, or tests;
- Require rehabilitation or special training of the Insured to cope with the disease.

2.61. **Evacuation** (medical evacuation) shall mean transportation of the Insured from the medical institution of the country of temporary stay to the country of permanent residence arranged by the Insurer / Service Company / departmental service of the country in accordance with the requirements of Clause 17.2.2 of these Insurance Rules.

2.62. **Emergency Medical Care** shall mean care provided in case of sudden acute diseases, exacerbation of chronic diseases that threaten the life of a patient.

2.63. **Emergency Hospitalization** shall mean the hospitalization for urgent needs, carried out directly by the emergency hospital department (without a referral) or upon referral of the emergency medical facilities;

2.64. **Electronic Signature** shall mean information in electronic form attached to other information in electronic form (signed information) or otherwise associated with such information, and used to determine the person who signs the information.

2.64.1. An encrypted and certified electronic signature is an electronic signature that complies with the following requirements:

1. Is obtained as a result of the cryptographic transformation of information using an electronic signature key;
2. Allows identifying a person who signed the electronic document;
3. Allows detecting the fact of amending the electronic document after its signing;
4. Is created using electronic signature tools;
5. The electronic signature verification key is specified in the qualified certificate.

2.64.2. A simple electronic signature is an electronic signature that, through the use of codes, passwords, or other means, confirms the fact that an electronic signature has been generated by a certain person.

2.64.3. To create and verify electronic signatures, electronic signature tools shall be used that are confirmed as compliant with the requirements established in accordance with Federal Law No. 63-ФЗ On Electronic Signature dated April 6, 2011.

2.65. The concepts used in these Insurance Rules are specifically explained by the respective definitions in this Chapter and hereinafter in the Insurance Rules. If the purpose of any name or concept is not stipulated by these Insurance Rules or the insurance contract (insurance policy) and may not be determined based on the legislation of the Russian Federation, then such name or concept shall be used in its usual lexical meaning.

3. OBJECTS INSURED

3.1. The objects insured stipulated by these Rules are the property interests of the Insured making the Trip that do not contradict the legislation of the Russian Federation (except for traveling to change their permanent place of residence or to extend the residence permit), which arose during the policy validity term and in accordance with the insurance program established by the Insurer, which may be associated with:

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- (a) unforeseen expenses accepted by the Insurer for insurance in case urgent or emergency medical care is required upon the occurrence of an insured event in the amount stipulated by the insurance contract (medical and transportation expenses);
- (b) unforeseen expenses for accommodation during a Trip, compensation in case of emergency hospitalization / outpatient treatment, other transportation costs, expenses for traveling by personal transport, legal advice;
- (c) inflicting harm to the life and/or health of the Insured as a result of an accident (accident insurance);
- d) loss, destruction, damage, theft, disappearance (missing) of baggage (baggage insurance), delay of baggage, if provided for by the insurance contract (insurance policy);
- (e) obligation of the Insured to compensate for the harm to the life, health, and/or property of third parties (civil liability insurance) when making Trips abroad (i.e., except for territory of the Russian Federation);
- (f) expenses incurred by the Insured due to the involuntary cancellation of the Trip, early termination of the Trip, or involuntary extension of the Trip (insurance of expenses associated with the involuntary cancellation of the Trip, early termination of the Trip, or involuntary extension of the Trip);
- g) expenses incurred as a result of a delay of a scheduled flight, cancellation of a scheduled flight, missed connecting scheduled flight, landing of aircraft at an alternate airfield or emergency landing of aircraft;
- (h) failure to receive booked and paid services upon check-in at the place of accommodation;
- i) expenses incurred as a result of the death of an animal during the Trip and transportation by air/ and/or rail transport, water transport, if provided for by the insurance contract (insurance policy).

3.2. The insurance contract may be executed with the provision of insurance coverage against all risks listed in Clause 3.1 of the Insurance Rules, and with the provision of coverage against one or more risks/group of risks listed in Clause 3.1 of the Insurance Rules.

3.2.1. The Insurer may assign marketing names to insurance programs generated for individual risk groups, as well as to individual groups of uniform insurance contracts executed on the grounds hereof, insofar as that does not contradict the applicable law of the Russian Federation.

3.3. In all cases listed in Clause 3.1, items a, b of the Insurance Rules, insurance coverage shall include reimbursement of the Insured's expenses for telephone calls or short text messages (SMS) with the Service Company or the Insurer, within the limits established by the insurance contract, if the need for such telephone conversations or SMS is caused by the occurrence of an insured event.

4. INSURANCE TERRITORY

4.1. The Insured is entitled to receive insurance services stipulated by the terms and conditions of the insurance contract during their stay on the Trip in the territory specified in the insurance contract unless otherwise provided for by these Insurance Rules or the insurance contract (insurance policy) for certain risks:

4.1.1. **Territory I (T-I)** shall mean all countries of the world, except for the countries of South and North America, the Caribbean, as well as Thailand, Japan, the Philippines, Malaysia, Indonesia, Australia, New Zealand and Oceania, the territories/waters of the Arctic and Antarctica and the country of permanent residence. For individuals of the Russian Federation, the exclusion is limited to the territory within the administrative boundaries of the permanent place of residence.

4.1.2. **Territory II (T-II)** shall mean all countries of the world except for territories/waters of the Arctic and Antarctic unless otherwise provided for by the insurance contract; except for

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the country of permanent residence in full.

For individuals of the Russian Federation, the exclusion is limited to the territory within the administrative boundaries of the permanent place of residence.

4.1.3. ***Territory III (T-III)*** shall mean the Russian Federation, Belarus, Kazakhstan as well as Abkhazia and South Ossetia (for Russian Federation residents, the exception from the insurance benefit is the territory within the administrative border of the permanent place of residence, for persons who are not residents of the Russian Federation, the exception is the country of the permanent place of residence, in full) unless otherwise provided for by the insurance contract.

Liability limits (sums insured) for risks for T-III Territory are set in Russian rubles and are specified in the insurance contract (insurance policy), unless otherwise stipulated by the insurance contract (insurance policy).

Unless otherwise provided for by the insurance contract (insurance policy), in case of the Insured's Trip without personal transport documents and/or residence documents, the insurance coverage validity shall commence at a distance of two hundred (200) kilometers and more from the administrative border of the place of permanent residence and/or the place of registration of the Insured in the Russian Federation.

5. INSURANCE CONTRACT TERM

5.1. The insurance contract, as a rule, shall be executed for one year or for a period not less than the period specified by the Insured for their stay outside the place/country of permanent residence unless otherwise provided for by the contract.

5.2. If a one-year insurance contract provides for multiple Trips of the Insured outside the permanent place of residence/the Russian Federation, then the coverage shall apply to the period specified in the insurance contract (insurance policy). Herewith, the "number of days" column indicates the duration of the entire term of the insurance policy, i.e. "365" days.

5.2.1. If the insurance contract provides for multiple Trips of the Insured outside the permanent place of residence/Russian Federation, then the coverage shall apply to the first days of each Trip the number whereof is indicated in the "number of days" column unless otherwise provided for by the insurance contract.

5.3. If the insurance contract does not provide for multiple Trips and is executed for a period within which a limited number of contract validity days (insurance period) is indicated in the column "number of days," the Insurer's liability shall be considered to have commenced from the moment the Insured crosses the border of the Russian Federation (for Russian Federation residents, the administrative boundary of the permanent place of residence) and shall continue during the entire term of the insurance contract but shall not exceed the total of the number of days indicated in the column "number of days" and unless otherwise provided for by the insurance contract.

5.4. The insurance contract shall take effect only when the Insured pays the insurance premium.

5.5. If by the expiry date of the insurance contract, the return of the Insured from the place of temporary stay for which the insurance was maintained is impossible due to the occurrence of the insured event (illness, injury, etc.) followed by hospitalization, evacuation, or repatriation of the body (remains)), which is confirmed by respective documents, the Insurer shall fulfill its obligations related to this insured event under the insurance contract until such circumstances cease.

5.6. The insurance stipulated by the contract (insurance policy) shall apply to insured events that occurred within the period specified in the insurance contract.

5.7. For trips abroad, the Insurance Contract shall enter into force no later than the date of crossing the State Border of the Russian Federation by the Insured, taking into account the validity period of the insurance contract, inter alia, for risks stipulated by the special terms of

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the insurance contract (insurance policy) (Cl. 5.8 - 5.18 of the Insurance Rules).

5.8. For the risks insured specified in Cl. 16.2 (medical, medical-transport and other expenses), 22.2 (accident insurance), 32.3 (items 32.3.1-32.3.2 – early termination of the Trip/delay in the Trip due to illness, death),

5.8.1. the insurance period shall commence:

- in case of the Trips abroad (overseas Trips), from the date specified in the insurance contract as the Trip start date but not before the Insured crosses the border of the Russian Federation when leaving its territory, as confirmed by the mark of the Border Guard Service in the international passport or other documents confirming the trip abroad. For Russian Federation residents, from the moment of crossing the administrative border of the permanent place of residence but not earlier than the date specified in the insurance contract as the Trip start date;
- when traveling within the territory of the Russian Federation for Russian individuals, immediately after the Insured crosses the administrative boundary of the locality of their permanent place of residence, but not earlier than the date specified in the insurance contract as the Trip start date.

5.8.2. Under the specified risks, the insurance period shall terminate:

- in case of the Trips abroad (overseas Trips), immediately after the Insured crosses the border of the Russian Federation when entering its territory; For Russian Federation residents, immediately after crossing the administrative border of the permanent place of residence but not later than the date indicated in the insurance contract (insurance policy) as the end date of the insurance;
- when Russian individuals travel within the territory of the Russian Federation, immediately after the Insured crosses the administrative border when entering the locality of the permanent place of residence in which the Insured permanently resides but not later than the date specified in the insurance contract (insurance policy) as the end date of the insurance, or unless otherwise provided by the insurance contract.

5.9. For the risks insured specified in Clause 28.1 (civil liability) in case of the Trips abroad (overseas Trips), the insurance period shall:

5.9.1. commence from the date specified in the insurance contract as the Trip start date, after the Insured crosses the border of the country of their permanent residence when leaving the country of their permanent residence, as confirmed by the mark of the Border Guard Service in the international passport or other documents confirming the trip abroad.

5.9.2. terminate immediately after the Insured crosses the border of the country of permanent residence when entering its territory but not later than the date specified in the insurance contract (insurance policy) as the insurance end date;

5.10. For the risks insured specified in Clauses 25.2–25.3 (Loss of Baggage, Damage to Baggage, damage to sports equipment), the insurance period:

5.10.1. shall commence:

- in case of the Trips abroad (overseas Trips), from the moment the Insured crosses the border of the Russian Federation when leaving its territory, as confirmed by the mark of the Border Guard Service in the international passport or other documents confirming the trip abroad, however no earlier than the date specified in the insurance contract as the insurance start date;
- when traveling within the territory of the Russian Federation for Russian individuals, immediately after the Insured crosses the administrative border of the locality of their permanent place of residence but not earlier than the date specified in the insurance contract as the insurance start date;

5.10.2. shall terminate:

- in case of Trips abroad (overseas Trips), immediately after the Insured crosses the border

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of the country of permanent residence when entering its territory but not later than the date specified in the insurance contract (insurance policy) as the insurance end date, or unless otherwise provided by the insurance contract;

- when traveling within the territory of the Russian Federation – from the moment the Insured crosses the administrative border of the locality of permanent residence upon entry into its territory, however no later than the date specified in the insurance contract (insurance policy) as the insurance end date, or unless otherwise provided by the insurance contract.

5.11. For the covered risks specified in Clauses 25.4 (Delay/Non-Arrival of Baggage), the insurance period:

5.11.1. shall commence:

- in case of the Trips abroad (overseas Trips), from the moment the Insured crosses the border of the Russian Federation when leaving its territory, as confirmed by the mark of the Border Guard Service in the international passport or other documents confirming the trip abroad, however no earlier than the date specified in the insurance contract as the insurance start date;
- when Russian individuals travel within the territory of the Russian Federation (in the territory of Russia and abroad), immediately after the Insured crosses the administrative border of the locality of permanent residence but not earlier than the date specified in the insurance contract as the insurance start date.

5.11.2. shall terminate:

- for Trips abroad (overseas Trips) and for Trips within the territory of the Russian Federation (and within the T-III territory) – upon arrival of the Insured at the point/country of permanent residence.

5.12. For the risks insured specified in Clauses 32.2.1-32.2.9, 32.2.11, 32.2.14-32.2.18 (Trip Cancellation), the insurance period shall commence at 00:00 on the day following the day of payment of the insurance premium and end:

- In case of the Trips abroad (overseas Trips), immediately after crossing the border of the Russian Federation on the Trip start date when leaving the territory of the Russian Federation.
- When traveling within the territory of the Russian Federation, at 11:59 p.m. of the Trip start date.

5.13. For the risks insured specified in Clauses 32.2.12-32.2.13 (Cruise Cancellation, Natural Disasters), Cl. 32.3.3-32.3.4 (Cruise Interruption, Natural Disasters), the insurance period shall commence at 00:00 of the day following the day of payment of the insurance premium and end:

- in case of the Trips abroad (overseas Trips), immediately after the Insured crosses the border of the country of their permanent residence when entering the territory of the country of their permanent residence;
- when traveling within the Russian Federation - from the moment the Insured crosses the administrative border entering the locality of their permanent residence where the Insured resides permanently unless otherwise provided for by the insurance contract;

5.14. For the risks insured specified in Clause 32.2.10 (Entry Denial), the insurance period shall commence for Trips abroad (overseas Trips)—immediately after the Insured crosses the border of the Russian Federation and end at the time of crossing the country of temporary stay when entering its territory.

5.15. For the risks insured specified in Chapter 36:

5.15.1. in Clauses 36.2.1-36.2.2 (Delay/Cancellation of a Scheduled Flight), the insurance period shall commence from the expected departure time indicated on the Insured's ticket, on the day of the Trip commencement or on the day of the end of the Trip and end at the time of boarding the aircraft in the event of a flight delay or at the time of the actual cancellation of the flight indicated by the carrier.

5.15.2. For the risks insured specified in Cl. 36.2.3 (Missed Connecting Flight), the insurance period

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shall commence from the expected arrival time indicated on the Insured's ticket, on the day of the Trip commencement or on the day of the end of the Trip and end at the moment of boarding the connecting aircraft or other connecting transport.

5.15.3. For the risks insured specified in Cl. 36.2.4 (Emergency Landing/Alternate Airfield), the insurance period shall commence when the Insured boards the aircraft and end at the time the aircraft lands at the alternate airfield.

5.16. For the risks insured specified in Chapter 40 (Failure to Receive Services) of these Insurance Rules, the insurance contract validity term shall commence from the moment of arrival (check-in) of the Insured in the territory of the accommodation place and end upon the lapse of the first hotel day.

5.17. For the risks insured specified in Chapter 43 (Death of an Animal during a Trip), the insurance period shall commence on the date specified in the insurance contract (insurance policy) as the start of the insurance and end on the date specified in the insurance contract as the end of the insurance.

5.18. Under individual insurance programs developed by the Insurer for individuals entering the territory of the Russian Federation and traveling within Russia (T-III territories, unless otherwise provided by the insurance contract (insurance policy)), for risks insured as per Chapter 16 and/or the insurance contract (insurance policy), the insurance period shall:

5.18.1. commence from the date specified in the insurance contract as the start date of the Trip, however no earlier than the moment the Insured crosses the border of the Russian Federation upon entry into its territory, confirmation whereof shall be a stamp from the border services in the international passport and/or other documents confirming the completion of the Trip;

5.18.2. end on the date specified in the insurance contract as the date of completion of the Trip, however no later than the moment the Insured crosses the border of the Russian Federation when leaving its territory, confirmation whereof shall be a mark from the border services in the international passport and/or other documents confirming the completion of the Trip.

6. INSURANCE CONTRACT: EXECUTION AND TERMINATION

6.1. The insurance contract shall be executed on the territory of the Russian Federation (unless otherwise agreed with the Insurer) in writing by drawing up a single document or by handing a certificate of insurance by the Insurer to the Policyholder, on the grounds of its written or verbal Application unless otherwise provided by the insurance contract.

6.1.1. The insurance application executed in writing on paper shall be signed by the Policyholder personally and be an integral part of the insurance contract.

6.1.2. The insurance application submitted in electronic form to the Insurer and signed by a simple electronic signature of the Policyholder being an individual shall be recognized as an electronic document equivalent to a document in print format, certified by a personal signature of this individual.

6.1.3. At the request of the Policyholder and on its behalf, the application for the insurance contract conclusion and the documents attached thereto (inventories, lists, questionnaires, etc.) may be completed by the representative of the Insurer in compliance with the following requirements:

- Use of formulations that do not allow for ambiguous interpretation;
- Legible filling in when filling in by hand.

6.2. In accordance with Article 160 of the Civil Code of the Russian Federation, an insurance policy may be certified by facsimile reproduction of the Insurer's signature using mechanical or other copying tools or an enhanced qualified electronic signature of the Insurer.

6.3. For the conclusion of an insurance contract, the Policyholder shall submit a written or

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verbal application form to the Insurer. When submitting an application in writing, the application made on the prescribed form shall be used. The form of the application submitted shall be determined by the Insurer in each case.

6.4. To identify users of insurance services, when executing an insurance contract, the Insurer may request from the Policyholder (including, but not limited to the Insureds in cases where the insurance premium exceeds the amount prescribed by the legislation of the Russian Federation):

- identity document data (passport: series, number, issuing authority and date of issue, subdivision code);
- international passport data;
- information on registration at the place of residence, telephone number, e-mail address;
- contract data on the implementation of tourist products;
- data of other documents confirming the intention to carry out the Trip (confirmation of the hotel booking, travel documents, etc.).

6.5. The fact of the conclusion of the insurance contract shall be certified by an insurance policy issued by the Insurer to the Policyholder when the insurance premium is received.

6.5.1. The insurance contract shall be deemed executed on the terms and conditions set forth herein in case the insurance contract (insurance policy) indicates explicitly their application and the Insurance Rules themselves and/or excerpts from the Insurance Rules (insurance terms, insurance programs) are attached to the insurance contract and are an integral part thereof, and/or in the insurance contract (insurance policy) there is a link/hyperlink to the Insurance Rules posted on the official website of the Insurer on the Internet.

6.5.2. These Insurance Rules may be provided to the Policyholder (Insureds) electronically via one or several electronic resources: on the Insurer's website, in the Personal Account, Mobile Application, and/or may be sent to the e-mail address specified by the Policyholder (Insured), or provided to them in print format.

In case the Insurance Rules are provided to the Policyholder without delivery of the text of the document on paper, at the Policyholder's request, the Insurer shall provide them with the text of the Rules in print format.

6.5.3. When executing an insurance contract in the form of an electronic document, the fact of familiarizing the Policyholder with the terms of insurance, insurance documents (Insurance Rules, Insurance Booklet, Personal Data Processing Policy, etc.) may be confirmed by special electronic marks (confirmations) of purchase of the insurance contract, affixed by the Policyholder in electronic form on the website of the Insurer or its representatives.

6.5.4. In accordance with Articles 160, 435, and 438 of the Civil Code of the Russian Federation, the Policyholder's consent to execute the insurance contract (insurance policy) on the terms and conditions proposed by the Insurer, including the terms and conditions hereof, shall be confirmed by the acceptance of the insurance contract (insurance policy) by the Policyholder from the Insurer (incl. those signed by the Insurer's facsimile signature) and/or payment of the insurance premium.

6.5.5. When executing an insurance contract on the terms and conditions in these Rules, such terms and conditions shall be an integral part of the insurance contract and be binding on the Policyholder and the Insurer.

6.6. In accordance with Federal Law No. 152-Φ3 On Personal Data, by executing an insurance contract, the Policyholder expresses their consent and confirms that such consent was obtained from the Insureds identified in the insurance contract (insurance policy) to process, store, and otherwise use personal data to fulfill obligations under the insurance contract (insurance policy). The Policyholder shall provide the Insurer with the consent of the Insureds (Beneficiaries) referred to in this Clause and shall bear personal liability for its failure to fulfill or improper fulfillment of this obligation.

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6.6.1. The Insurer shall ensure the processing and unlimited secure storage of personal data using its software and hardware.

6.6.2. To ensure the performance of the executed insurance contract, the Insurer shall collect, systemize, accumulate, store, clarify (update, change), use, disseminate (including transfer, including cross-border transfer of personal data), depersonalize, block, destroy personal data, both in print format and on electronic media. To achieve the above objectives, the Insurer may transfer personal data, whereof it became aware in connection with the conclusion and performance of the insurance contract, to third parties with whom the Insurer has executed the respective agreements ensuring the safe storage and prevention of unlawful disclosure (confidentiality of personal data).

6.6.3. For compliance with the requirements of Federal Law No. 115-Φ3 On Countermeasures to Combat Legalization (Laundering) of Illegally Obtained Proceeds and Financing of Terrorism, when executing an insurance contract, the Policyholders (Insureds, Beneficiaries) undertake to provide, upon the Insurer's request, additional information and/or documents required to identify them.

6.6.4. To withdraw the consent to the processing of personal data, the Policyholder shall submit an application to the Insurer, made in accordance with the form developed by the Insurer. Therewith, such a withdrawal may be executed by the Insurer only if the Policyholder terminates the insurance contract or after the expiration of the insurance contract and subject to the submission of such an application from all of the Insureds and/or Beneficiaries listed in the insurance contract (insurance policy).

6.7. When executing an insurance contract, the Insured shall:

6.7.1. The Policyholder/ Insured/ Beneficiary, by accepting the insurance contract and paying the insurance premium, give permission to the Insurer to receive information in accordance with Article 13 of Federal Law of the Russian Federation No. 323-Φ3 On the Fundamentals of Health Protection of Individuals in the Russian Federation dated November 21, 2011 (requesting and receiving data from medical institutions regarding the state of health and other information constituting a medical secret, as well as providing access to medical documentation).

6.7.2. Release the Physicians from confidentiality obligations to the Insurer in what pertains to an insured event.

6.7.3. Release the Insurer from confidentiality obligations to relatives (adult children and grandchildren, capable parents, siblings, grandparents, adopted children and adoptive parents, legal spouses who officially married) based on information received by the Insurer as a result of their professional activities about the Insured (Policyholder, Beneficiary), their health status, as well as their property status, in cases when the Insured's state does not allow them to make a decision on providing information about their health status, diagnosis, treatment (coma, acute mental disorders, HIV infection, artificial lung ventilation, unconsciousness, etc.).

6.7.4. Release the Insurer from confidentiality obligations at the request of other Insurers, competent authorities and organizations.

6.8. The insurance contract shall be terminated earlier than the period for which it was executed in the following cases:

6.8.1. the Insurer's complete fulfillment of its obligations to the Insured under the insurance contract (termination of obligations due to the fulfillment thereof).

6.8.2. if, after the insurance contract takes effect, the possibility of the insured event has disappeared, and the existence of the covered risk has ceased due to circumstances other than the insured event (Article 958 of the Civil Code of the Russian Federation).

6.8.3. the Policyholder's failure to pay the insurance premium within the term prescribed by the insurance contract unless otherwise provided for by the insurance contract;

6.8.4. liquidation (as well as in other cases of winding-up) of the Insurer;

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6.8.5. liquidation (as well as in other cases of winding-up) of the Policyholder — for legal entities; death — for individuals;

6.8.6. Other grounds provided for by the applicable law of the Russian Federation and the insurance contract.

6.9. If the Policyholder being an individual repudiates the insurance contract within the **free look period**, the insurance premium paid shall be refunded by the Insurer, provided that no insured events occurred as of the date of repudiation of the insurance contract.

6.9.1. If, after the insurance contract takes effect, the Insurer received a notice of an event having the insurance features under the insurance contract, then the refund of the insurance premium shall be suspended until a decision is made on an event having the insurance features.

6.9.2. To repudiate the insurance contract subject to refund of the insurance premium, within the free look period, the Policyholder shall submit to the Insurer a statement of repudiation signed in person by the Policyholder, the insurance contract, a document confirming the payment of the insurance premium, and a copy of the identity document of the Policyholder, when sending the specified set of documents to the Insurer by means of proper notification (Clause 2.26 items 1 to 4).

- In case the insurance contract is repudiated in accordance with the requirements of Clause 6.9.5, a copy of the international passport (all pages) shall be provided additionally.

6.9.3. The insurance contract shall be deemed terminated:

- from the date of receipt by the Insurer of the Policyholder's written statement of repudiation of the insurance contract, submitted directly to the Insurer's office (incl. via e-mail, the Personal Account), or another date agreed upon by the Parties;

- from the date when the Policyholder submits a written statement of repudiation of the insurance contract to the postal service for delivery to the Insurer, or another date as agreed by the Parties.

6.9.4. In case the Policyholder being an individual repudiates the insurance contract within the free look period from the date of conclusion thereof until the contract takes effect, the Insurer shall refund the paid insurance premium to the Policyholder in full.

6.9.5. In case the Policyholder repudiates the insurance contract within the free look period and after the contract takes effect, provided that within this period, no events that have insurance features occur, the Insurer is entitled to a portion of the insurance premium pro rata the time of the insurance contract validity.

- Therewith, the Policyholder (Insured) shall document the **absence** of a valid visa for the Trip and/or **failure to leave** the territory within the period of the Trip specified in the insurance contract (Clause 6.9.2).

- If the insurance contract (insurance policy) was used/granted to obtain an entry visa, as confirmed by the marks for issuing a visa in the international passport of the Insured, obtained by them after the date of the insurance contract (insurance policy), the insurance premium shall not be refunded.

6.9.6. The Insurer shall refund the insurance premium not later than seven (7) business days from the date when the Insurer received the Policyholder's respective written statement of repudiation of the insurance contract with the specified set of documents or from another date as agreed between the Policyholder and the Insurer.

6.10. To terminate the insurance contract, the Insured must provide the Insurer with an application for termination of the insurance contract in the form of the Insurer, personally signed by the Insured, duly executed (readable and scalable) and sent to the Insurer by any of the methods of proper notification (Clause 2.26 items 1–4).

6.10.1. Upon receipt of unsigned and/or improperly executed applications and documents thereto, the Insurer shall be entitled to request documents from the Policyholder, duly executed, no later than seven (7) business days from the date of receipt by the Insurer of the

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Application and in one of the ways provided for in Clause 2.26 (items 1 - 4) of these Insurance Rules.

6.10.2. When requesting documents, the Insurer shall suspend consideration of the Policyholder's application for termination of the insurance contract and resume the process of consideration from the date of receiving the documents duly executed.

6.11. In case of early termination of the insurance contract outside the free look period for reasons other than the insured event or in cases of failure to provide information on insurance by the Insurer or provision of incomplete or inaccurate information in the form of a key information document, the Insurer is entitled to a part of the insurance premium pro rata the during the insurance validity term.

6.11.1. The premium to be reimbursed shall be returned to the Policyholder (payer under the insurance contract) within seven (7) business days from the date on which the Insurer receives the application (taking into account the requirements of Clauses 6.10.1-6.10.2).

6.12. The Policyholder may repudiate the insurance contract at any time if, by the time of the repudiation, the possibility of the claim occurrence has not ceased to exist due to the circumstances other than the claim occurrence.

- Early unilateral termination of the insurance contract at the Policyholder's initiative shall be recognized as the Policyholder's early repudiation of the insurance contract.

- If the Policyholder initiates early repudiation of the insurance contract, the insurance premium paid to the Insurer shall not be subject to reimbursement unless the Insurer's faulty actions caused the repudiation.

6.13. The insurance premium shall not be refunded if the Insured has not left for the country specified in the insurance contract if the latter has a valid visa for the Trip, and also if the Insured declares their failure to leave for the country after the expiration date specified in the insurance contract (insurance policy).

6.14. The contract shall be terminated upon expiration of its term (at 11.59 p.m. on the date of termination of insurance, unless another time is provided for by the insurance contract). Upon receiving an application for termination of the insurance contract, which expired during the free look period or after the termination of the insurance contract, such insurance contract shall not be terminated and the insurance premium thereunder shall not be refunded.

6.15. Under these Insurance Rules, a group insurance contract may be executed with a list of the Insureds attached to the application form.

6.16. The insurance contract against the risks specified in Clause 32.2.11 hereof shall be executed no later than five (5) calendar days from the date of confirmation of the tourist product, the purchase of ground service, travel documents, etc. but before the submission of documents by the Policyholder and/or Insured to obtain an entry visa. Under the insurance contract (insurance policy) executed after submitting documents for a visa, the Insurer shall not assume any insurance obligations for the specified risk and shall not pay indemnity.

6.17. An insurance contract for the risks specified in Clauses 16.2, 22, 25, 28 of the Insurance Rules may be executed by nationals of the Russian Federation during the Trip, if this is provided for by the insurance contract (insurance policy), the insurance program determined by the Insurer for the Insureds being on the Trip. The validity period of the insurance contract shall be indicated in the insurance policy.

6.18. All insurance contracts (insurance policies) and/or insurance programs require that the insurance contract be executed strictly prior to the Trip commencement (with the exception of insurance programs for Insureds on the Trip); if this condition is breached, the insurance contract shall be deemed not to have entered into force and the Insurer shall not be liable.

6.19. When contacting the Insurer in the form of an electronic document, the fact of familiarizing the Policyholder/Insured with the conditions of personal data processing, insurance conditions, conditions and procedure for receiving insurance benefit (etc.) may be confirmed

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by special marks (confirmations) in the electronic form of an event statement or in the form of an application for termination of the insurance contract, or in the form of an appeal to the Insurer, placed by the Policyholder in electronic form on the website of the Insurer or its representatives.

7. SUM INSURED

7.1. The Sum Insured is a monetary amount determined in the insurance contract, within the limits of which the Insurer is liable for the fulfillment of its obligations under the insurance contract and on the grounds of which the amount of the insurance premium (insurance installments) and the insurance benefit are determined.

7.2. When executing an insurance contract, the Parties may set the maximum amount of insurance benefit for one insured event, for one covered risk, for one object of property interests, etc. (limits of indemnity) hereunder. Under no condition shall the insurance benefit exceed the limits of indemnity established in the insurance contract.

7.3. If total treatment or other expenses exceed the sum insured (limit of indemnity) established in the insurance contract, the portion of expenses exceeding the sum insured shall be paid by the Insured.

7.4. The limit of insurance indemnity shall be established in the insurance contract in the "Special Conditions" section or stipulated separately in these Insurance Rules.

7.5. The sum insured shall be established in the insurance contract.

7.6. The insurance contract shall determine the aggregate (reduced) sum insured.

The Insurer and the Policyholder, by agreement of the parties, may determine a non-aggregated sum insured which will be specified in the insurance contract (insurance policy).

7.7. The Parties may specify in the insurance contract the amount of the part of expenses incurred that is not compensated by the Insurer, i.e., the deductible, which releases the Insurer from reimbursement for damage not exceeding a certain amount.

7.7.1. These Insurance Rules establish an unconditional deductible which is established both as a percentage of the insured amount and in absolute value. In case of unconditional deductible, the expenses shall be reimbursed in all cases less the deductible amount for each Insured.

7.7.2. A deductible may be provided for both the entire set of risks and certain risks, except for the object of insurance specified in Clause 3.1 (c) of these Insurance Rules.

7.7.3. The deductible is established for each insured event and each Insured specified in the insurance contract (insurance policy).

7.8. The sum insured shall be set in Russian rubles. Upon the Parties' agreement, the sum insured may be indicated in the insurance contract in a foreign currency and be equivalent to the corresponding amount in rubles (hereinafter, the "forex equivalent insurance").

7.8.1. The sum insured may not be lower than that established by the requirements of the host country and not less than the amount established by the federal legislation of the Russian Federation.

7.8.2. The sum insured for T-III Territory (Clause 4.1.3 hereof) is set in Russian rubles with an indication (reflection) in the insurance contract (insurance policy).

7.8.3. When insuring persons entering the territory of the Russian Federation and making trips within the territory of the Russian Federation and/or T-III, the sum insured may also be set in foreign currency in accordance with the insurance programs developed by the Insurer.

7.9. When insuring the expenses incurred through the insured events specified in Clause 16.2 of the Insurance Rules, the sum insured shall be established in the insurance contract (insurance policy), considering the prices effective in the locality where the Insured travels for the provision of medical services (including dental services, services for medical transportation, repatriation of body (remains), etc.) effective in the country/locality to which the Insured

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travels.

The sum insured may not be lower than that established by the requirements of the host country and not less than the amount established by the federal legislation of the Russian Federation.

7.10. When executing an insurance contract for expenses for urgent messages, the sum insured shall be established in the insurance contract (insurance policy) based on the cost of sending such messages valid in the locality where the Insured travels but not exceeding the limits established by the insurance contract.

7.11. When executing an insurance contract regarding failure to receive a booked and paid service during the check-in at the place of accommodation, the insurance amount is established by agreement of the parties depending on the insurance program:

- either per accommodation place unit under an insurance contract (insurance policy);
- or for each Insured identified in the insurance contract.

7.12. When executing an insurance contract in respect of expenses related to the loss of or damage to a private vehicle as a result of an accident or breakdown of the vehicle, the sum insured shall be established in the insurance contract (insurance policy).

7.13. When executing an insurance contract for expenses related to the risk of involuntary cancellation of the Trip, the sum insured shall be stipulated in the insurance contract (insurance policy), based on the amount of expenses that the Insured incurs to arrange the Trip (purchase of a tourist product, payment of a consular fee, payment for a booked hotel room, apartment, etc.) as well as the cost of tickets (air and railway tickets, etc.).

7.14. When executing an insurance contract related to civil liability insurance, the sum insured shall be established in the insurance contract (insurance policy).

8. INSURANCE PREMIUM

8.1. The insurance premium shall mean a payment for insurance, which the Policyholder (Beneficiary) is required to pay in the manner and within the term prescribed by these Insurance Rules.

8.2. The insurance premium shall be calculated based on the size of the sum insured, using tariff rates and corrective factors that consider the specific insurance conditions, risk degree, and risk factors.

8.3. The Insurer may apply increasing or decreasing coefficients to the base tariff rates on the grounds of the circumstances that are essential for determining the degree of risk insured. The issue of applying increasing or decreasing coefficients to the base tariff rates shall be resolved by the Insurer independently and on a case-by-case basis.

8.4. The insurance premium shall be payable in a lump sum when executing an insurance contract unless the insurance contract prescribes a different procedure and deadlines for paying the insurance premium. The insurance premium may be paid in cash or by wire transfer.

8.5. If the insurance premium is paid by wire transfer, the day it is paid shall be the day of crediting the funds to the Insurer's settlement account. If the insurance premium is paid in cash, it will be deemed to be paid on the day when the insurance premium is paid to the cashier of the Insurer or its representative.

8.6. Consequences of late and/or incomplete payment of the insurance premium:

- if the insurance premium is not paid by the insurance contract (insurance policy) commencement date provided for in the insurance contract or is not paid in full, the insurance contract shall be considered to not have taken effect and the Insurer's obligations shall not occur thereunder unless the insurance contract provides otherwise.

8.7. The insurance premium shall be payable in Russian rubles. Upon agreement of the Parties, the insurance premium may be indicated in the insurance contract in a foreign currency and be equivalent to the respective amount in rubles.

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8.8. In case of forex equivalent insurance, the insurance premium shall be paid in rubles at the rate of the Bank of Russia established for foreign currency at the date of payment (transfer).

8.9. On behalf of the Policyholder, the insurance premium may be paid by any third party, and in this case, it shall not acquire any rights of the Policyholder under the insurance contract (except Clause 12.4.7). The Policyholder shall be liable for the actions of such a party.

9. RISK INSURED. INSURED EVENT

9.1. A covered risk shall mean an alleged event having the features of probability and chance, which occurrence is insured.

9.2. The insured event shall mean an event that has occurred under the insurance coverage and that has occurred during the insurance period due to factors provided for in the insurance contract, as a result of which the Insurer's obligation commenced to pay insurance benefit to the Insured (Policyholder, Beneficiary, or other third parties).

9.3. The insurance benefit shall be paid by the Insurer upon the occurrence of insured events stipulated in the insurance contract, within the sums insured specified in the insurance contract, and also, if stipulated in the insurance contract, within the limits of indemnity for certain risks.

9.4. The Insurer may pay the insurance benefit:

a) directly to the Insured before the Trip commencement or after their return to the country of permanent residence, in the form of reimbursement of their expenses for payment of services for the organization of the Trip, or rendered to them in connection with the insured event and paid by them independently, subject to all standards, provided for by these Insurance Rules;

b) to the organization (hereinafter referred to as the Service Company) identified in the insurance contract (insurance policy) in accordance with the contract executed between the Insurer and the Service Company, whereunder the latter shall render, on behalf of the Insurer, the round-the-clock services provided for by these Insurance Rules, pay for the services rendered by third parties (medical institutions, etc.) and agreed on with the Insurer;

(c) to the Trip organizer if such an organizer is a legal entity. In this case, the Insured may indicate this legal entity in the application for payment of insurance indemnity by the recipient of the insurance benefit.

9.5. The insurance benefit can also be paid directly to the medical institution with whom the Insurer has executed the respective contract for medical care to the Insured within the framework of rendering insurance services under these Insurance Rules and terms and conditions of the insurance contract (insurance policy), provided that the Insurer has agreed on such actions with the medical institution in each case.

9.6. When executing an insurance contract, the Insurer reserves its right to assess the risk unilaterally.

9.7. Covered risks shall be indicated in the special conditions of the insurance contract (insurance policy). In cases where the risks are not explicitly stated in the insurance contract (policy), no insurance shall be provided and the Insurer shall not be liable for the same.

10. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

10.1. In any case, the Insurer shall not cover the following expenses:

10.1.1. pertaining to the reimbursement of:

(a) moral damage related to the quality of services provided by third parties (medical institutions, etc.);

(b) lost profit;

(c) social compensation;

(d) compensation (guarantee payments) to reimburse the costs associated with the performance of labor and/or professional duties by the Insured (labor compensation);

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- (e) compensation of salary in case the Insured is on sick leave;
- (f) any other compensation, and/or guarantee payments, and/or allowances, and/or refunds, and/or penalties, and/or interest.
- (g) any fees in case of financial transactions charged by banks, payment systems, collection agencies, and other organizations engaged in financial operations;
- 10.1.2. incurred by the Insured for events that occurred before the insurance contract date and/or the start of the insurance period, including as a result of an insured event during the period of validity of the insurance contract, the reasons for which commenced before the insurance contract took effect;
- 10.1.3. which are not separately agreed upon and are not specified in the insurance contract (insurance policy);
- 10.1.4. which arose after the Insured returned from the Trip to the country of permanent residence/territory of permanent residence, including expenses for treatment in the territory of the Russian Federation;
- 10.1.5. in excess of the established sums insured and internal limits of indemnity reflected in the Special Conditions section of the insurance contract (insurance policy);
- 10.1.6. expenses related to the treatment of injuries, diseases caused by sports in breach of the rules and safety requirements, fire safety, qualified as administrative offenses and/or criminal offenses arranged in the areas prohibited for such activities (parkour, runs on prohibited routes, roofing, street acrobatics, climbing buildings, jumping from high-rise buildings with a parachute or in special equipment, and similar activities);
- 10.1.7. for trips made from the territory of a state other than the Russian Federation, unless otherwise provided by the insurance program and/or insurance contract (insurance policy);
- 10.1.8. any expenses for improving the comfort class of the hospital ward, hotel, accommodation (including when under quarantine in the hotel/observatory), flight, additional services, etc.;
- 10.1.9. for translation of documents of foreign states into Russian.
- 10.2. Expenses upon the occurrence of an event having the insurance features shall not be reimbursed if the following factors apply:
 - 10.2.1. the Insured is in a state of alcoholic, narcotic and/or other intoxication or under the influence of psychotropic and toxic substances (except for cases provided for by these Insurance Rules);
 - 10.2.2. criminal or unlawful acts of the Insured as well as during their participation in political demonstrations, strikes, or military actions;
 - 10.2.3. deliberate actions or gross negligence including, inter alia, in cases of breach of the rules of conduct, security, or procedure in the territory/place
 - 10.2.4. of suicide or temporary stay (country, hotel, hostel, etc.); attempted suicide, self-harm of the Insured;
 - 10.2.5. exposure to a nuclear explosion, radiation, radioactive, or other types of infection;
 - 10.2.6. as a result of military operations as well as maneuvers or other military activities, civil war, strikes, all types of insurrection, civil unrest;
 - 10.2.7. staying in the territory where there are armed clashes, military actions, counter-terrorism, military and/or special operations, martial law, or other actions of a military nature;
 - 10.2.8. participation of the Insured in any armed forces and formations during military actions, special military operations of various natures, general or partial mobilization, conscription of the Insured for military service, including compulsory military service, military training, with the exception of Cl. 32.2.14 of these Insurance Rules;
 - 10.2.9. the Insured performing any hazardous professional and production activities (including as a circus artist, ballet or theater artist, miner, builder, electrician, etc.), except in cases of special insurance under special conditions using the corrective factors established by

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the Insurer and covered in the insurance contract (insurance policy);

10.2.10. the Trip of the Insured made with the intention of receiving treatment;

10.2.11. a ban on visiting the country/region, imposed by the state authorities/administration/health control and supervision agencies—if the Insured entered this country/region through third countries/regions after the date when such ban was imposed;

10.2.12. imposition of restrictions by administrative/state/health control and supervision authorities of the countries, territories, regions (districts, republics, cities, localities, etc.) for self-isolation/isolation/quarantine for age categories of individuals, individuals with a certain list of chronic diseases, other categories of individuals/groups based on any grounds;

10.2.13. quarantine declared by administrative bodies/state authorities/health control and supervision agencies for a specific region/territory (locality, city, region, district, etc.), or for a sea/river cruise ship (all passengers), or for all passengers of an aircraft (airplane), or for all residents of the same hotel;

10.2.14. restrictive measures imposed by the state on persons entering the country in accordance with the internal rules of entry into the country and other regulations of the state, authorities / administrative agencies / health control and supervision agencies;

10.2.15. prohibition to leave the Russian Federation for reasons of tax arrears, fines, enforcement proceedings from the bailiff service, and other restrictions established by the legislation of the Russian Federation.

10.3. In any case, the Insurer shall not cover the expenses stipulated in the insurance contract related to an accident that caused injuries, illness, or death of the Insured as a result of a traffic accident (except for public transport), including when using a car, bicycle, motorcycle, scooter, hydrocycle and ATV, all-terrain vehicle, snow vehicle, speedboat, motorboat, etc., if:

(a) the Insured was driving a vehicle without having a respective driving license or under the influence of alcohol, drugs, or other intoxicants or under the influence of psychotropic and toxic substances;

(b) the Insured has transferred control over the vehicle to a person who does not have the appropriate driver's license, or who is in a state of alcoholic, narcotic or other intoxication, or under the influence of psychotropic and toxic substances;

(c) the Insured was in a vehicle (as the passenger) driven by a person under the influence of alcohol, drugs, or other intoxicants or under the influence of psychotropic and toxic substances;

(d) the Insured neglected and did not use safety (protection) equipment both collectively and separately, such as seat belt, helmet, life jacket as well as other safety equipment provided for by the rules of operation of a vehicle.

10.4. The Insurer may recognize the event as not an insured event if the following has occurred:

10.4.1. the Insured's failure to comply with the obligations provided for in these Insurance Rules;

10.4.2. if the information and documents submitted by the Insured to the Insurer to receive insurance benefit or when executing an insurance contract are insufficient or contain incomplete, contradictory, inaccurate, or deliberately false information on the causes and circumstances of the insured event as well as the types and cost of services rendered in connection with the insured event;

10.4.3. restriction (ban) of entry to / exit from the country in accordance with the acts of any state and/or administrative authorities and/or statements of official authorized persons;

10.4.4. if expenses for medical and other services are included in the cost of any state or private program implemented in the country/territory/locality where the insured event occurred, or medical services may be rendered and/or are rendered under the compulsory health insurance system in Russian Federation;

10.4.5. other cases provided for by the legislation of the Russian Federation.

10.5. The Policyholder's/Insured's or Companion's subjective attitude (fear, panic, fear of mass

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crowds of people, terrorist acts, or civil commotion, etc.) to the situation that has arisen in the country/territory of residence, which, in their opinion, does not allow them to start the Trip at the planned time shall not be an insured event and shall not be covered by the insurance policy (insurance contract).

10.6. The Insurer shall communicate the decision on nonrecognition of the event as an insured event to the Insured in writing with justification of the reasons within three (3) business days after the respective decision.

11. INSURANCE BENEFIT

11.1. Upon occurrence of the insured event, the Insurer shall pay an insurance benefit in accordance with the terms and conditions of the insurance contract (insurance policy).

11.2. If the Insured was unable, for a good reason (force majeure, critical physical condition, hard-to-reach place of stay, technical problems with the telephone system, etc. that should be supported by respective documents), to contact the Service Company or the Insurer until receipt of the required aid, the Insured shall report the incident to the Service Company or the Insurer, where possible, prior to their departure from the country of temporary residence and notify them of the expenses incurred.

11.2.1. If the Insured paid for the expenses (or part thereof) arising from the insured event, then upon arrival to the place of residence, they shall contact the Insurer with an application for compensation of such expenses within two (2) years from the insured event.

– If the expenses incurred in connection with the insured event with the Insured were paid by another person, the latter may apply to the Insurer with the insured event for reimbursement of expenses with the attachment of a full set of documents provided for in Chapters 19, 27, 31, 38 of these Insurance Rules, including original documents confirming the payment of these expenses.

11.2.2. In case another person pays the expenses that are not related to the insured event that occurred to the Insured and/or expenses that were not accepted for insurance, those shall not be subject to reimbursement by the Insurer.

11.2.3. In cases where the Insurer is contacted with an application for reimbursement of expenses/receipt of insurance benefit by a representative of the Insured, in addition to the documents confirming payment of expenses, the Applicant shall provide a notarized power of attorney from the Insured, a power of attorney certified by the administration of the medical institution where the Insured is being treated, the commander (chief) of the relevant military units where the Insured is serving, the chief of the relevant place of detention where the Insured is located.

11.3. In case of occurrence of the events related to the risks provided for in Chapter 22 of these Insurance Rules, the Insured (or a representative of the Insured u - Cl. 11.2.3) shall apply to the Insurer with a statement of the occurrence of the insured event and provide documents in accordance with the requirements of Chapter 24 of these Insurance Rules.

11.4. Upon occurrence of insured events for risks stipulated by Chapters 32, 36, 40, 43 of these Insurance Rules, the Insured (or the representative of the Insured under power of attorney – Cl. 11.2.3.) shall apply to the Insurer with a statement on the occurrence of an insured event and shall provide documents in accordance with the requirements of Chapters 35, 39, 42, 45 of these Insurance Rules.

Where the Trip was organized by a legal entity, the Insured may identify this legal entity in the statement for insurance indemnity as the recipient of the insurance benefit.

11.5. When the Insured applies to the Insurer with an Insured Event Statement to reimburse the expenses incurred and for the purposes of identifying the recipient of insurance services, the Insured (Beneficiary, other persons) shall present an identity document to the Insurer.

11.6. All documents submitted to the Insurer shall be translated into the Russian language and

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certified by a notary or a translation agency.

11.7. The Insured Event Statement with all the documents required (originals or certified copies of documents) confirming the occurrence of the event and payment for expenses arising in connection with the occurrence of the insured event shall be submitted by the Policyholder (Insured, Beneficiary) to the Insurer using any method specified and agreed on with the Insurer:

11.7.1. when contacting the Insurer's office in person or its authorized representative.

11.7.2. by sending a set of documents via Russian Post JSC with a mandatory list of documents and a return receipt or via courier services;

11.7.3. via email*;

11.7.4. via the application form on the Insurer's website, through a personal account or mobile application, through individual authorization*.

*According to Clauses 11.7.3 to 11.7.4 at the request of the Insurer, the Policyholder shall provide in accordance with Clauses 11.7.1 to 11.7.2 the Statement and/or all the necessary documents in the form (originals, certified copies, etc.) requested by the Insurer.

11.8. Time for consideration of claim documents, decision-making on recognition of the event as a claim, refusal to pay the insurance benefit, or payment of the insurance benefit shall commence when documents are provided in accordance with Clauses 11.7.1 to 11.7.4, starting from the next day following the date of receipt by the Insurer of the statement and all the required documents.

if the recipient of the insurance benefit is not the person who applied to the Insurer with an application for the insurance benefit, an identity document of the recipient of the benefit shall be presented. In this case, the term for making a decision (a single term for the settlement of the insurance benefit claim) shall be calculated from the date of receiving this document by the Insurer.

11.9. Regardless of the method of settling the insured event, the Insurer may delegate the authority to receive notifications, applications, and collect documents necessary to settle the insured event to its representative, including the Service Company.

11.10. The Insurer shall determine the amount of expenses incurred by the Policyholder (Insured) and the insurance benefit on the grounds of the documents received from law enforcement authorities of supervision and control (fire, emergency, and other services), documents of medical institutions, on the grounds of the economic and accounting materials and calculations, accounting documents, payment documents, conclusions and calculations of legal, consulting, and other specialized organizations, as well as in terms of insurance of the risk of civil liability for obligations arising from harm to life, health, and/or property of third parties, on the grounds of an effective court decision (with notarized translations of original documents) or a substantiated property claim for damages recognized by the Insured with the written consent of the Insurer.

11.11. The Insurer may request information related to the insured event from law enforcement authorities, medical institutions, and other enterprises, organizations, and institutions possessing information on the circumstances of the insured event as well as to establish independently the causes and circumstances of the insured event.

11.12. In case of disputes between the Parties concerning the causes and amount of damage, each Party is entitled to request an expert examination. The expert examination shall be carried out at the expense of the Party that has requested it. If the results of the examination determine that the Insurer's failure to recognize the event as an insured event was unreasonable, then the Insurer shall assume the share of the examination costs corresponding to the ratio of the amount recognized initially as not reimbursable and the amount of compensation paid after the examination. The expenses for the examination of events which were considered not insured events upon examination shall be borne by the Insured.

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11.13. The Insurer may postpone payment of the insurance indemnity if:

- (a) any disputes related to the right of the Insured to receive the insurance indemnity arise until the required evidence is submitted;
- (b) if according to the facts connected with the occurrence of an insured event, the internal affairs agencies have initiated a criminal case, proceeding, litigation, or administrative investigation against the Insured or investigation of circumstances that entailed loss—until the completion of the investigation (process) or proceedings and proving the absence of the Insured's fault;
- (c) the Insurer sends information requests (data, documents, etc.) to third parties that have data on the circumstances of the event that occurred with the Insured, including the competent authorities, on establishing (investigating) the causes and determining the amount of expenses incurred and, if the Insurer sends requests for clarification to third parties, prior to receiving responses to the Insurer's requests;

11.14. If the documents submitted for the insurance benefit (including banking details) are insufficient for the Insurer to make a decision on recognizing the event as an insured event and paying the insurance benefit, and/or are executed improperly in accordance with the insurance contract and/or these Insurance Rules, the Insurer shall:

- accept the same unless otherwise provided for by the legislation of the Russian Federation for an individual type of insurance, herewith, the time for consideration of the documents and making a decision on the insurance benefit shall commence from the date of submission of the last of the missing and/or properly executed documents;
- within a period not exceeding fifteen (15) business days from the date of receipt of the Claim Statement, notify the applicant thereof in a proper manner (Clause 2.26. items 1 to 4 of these Insurance Rules) with an indication of the list of missing and/or improperly executed documents.

Herewith, the term for providing responses shall not exceed sixty (60) calendar days from the date of filing the request. Unless the response to the request is received within the specified period, within three (3) business days from the decision date, the Insurer shall send a notice of the documents review termination and the impossibility to pay the insurance benefit or may pay the insurance benefit in the undisputed and confirmed part.

11.15. If more than four (4) Insureds who are Travel Companions (Clause 2.23 hereof) are specified in the insurance contract (insurance policy), the Beneficiaries who are entitled to receive the insurance indemnity, will be determined by the Policyholder in a written Expense Reimbursement Application submitted to the Insurer.

11.16. The general term for settling an insured event shall not exceed forty-five (45) business days from the date of receiving the insured event statement and all the documents required and executed in a proper manner.

11.17. A notice of refusal to pay insurance benefit shall be sent to the Insured/Beneficiary within three (3) business days from the date of the decision in writing with the justification for such decision and with references to the rules of law and/or terms of the insurance contract and insurance rules based on which the decision was made. The refusal notification shall be sent by one or more methods provided for in Clause 2.26. (items 1 - 4) of these Insurance Rules.

11.18. At the Policyholder's written request, the Insurer shall provide documents (including copies of documents and/or extracts from them) justifying the decision to refuse within a period not exceeding thirty (30) days, free of charge, once per event, except documents that indicate possible illegal actions of the Policyholder (the Insured, Beneficiary) aimed at obtaining the insurance benefit.

11.19. The insurance benefit shall be paid in Russian rubles in noncash form (to the Beneficiary's/Insured's account using the respective banking details indicated in the statement

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for insurance benefit).

11.19.1. In case of an insured event for the risks specified in Chapters 16, 22, 25, 28, 36, 40, 43, the indemnity shall be paid in Russian rubles at the exchange rate of the Central Bank of the Russian Federation as of the insured event date.

11.19.2. In case an insured event occurs for the risks specified in Clause 32.2, the benefit shall be paid in Russian rubles at the exchange rate of the Central Bank of the Russian Federation as of the date of the insurance contract.

11.19.3. In case an insured event for the risks specified in Clause 32.3 occurred abroad, the insurance benefit shall be paid in Russian rubles at the exchange rate of the Central Bank of the Russian Federation as of the insured event / occurrence date.

11.19.4. If there is no currency designation in the documents for reimbursement of expenses (only a numerical value), then the calculation of the insurance indemnity and payment of the insurance indemnity shall be made based on the rate of the national currency of the country of residence in Russian rubles (at the exchange rate of the Central Bank of the Russian Federation as of the date of the insured event occurrence).

11.20. The Insurer shall not be liable for the actions of credit institutions to refuse to accept funds from the Insurer and credit the same to the bank account of the Beneficiary/Insured.

11.21. When transferring the amount of insurance benefits to the accounts of the Insureds (Beneficiaries), the Insurer withholds the amount of income tax (personal income tax) in cases provided for by the Tax Code of the Russian Federation.

11.22. The right of claim that the Policyholder (Insured, Beneficiary) has against the person responsible for the losses compensated as a result of the insurance shall be transferred to the Insurer having paid the insurance benefit, within the limits of the amount paid.

- The right of claim, transferred to the Insurer, shall be executed by it with the observance of the rules that regulate relationship between the Policyholder (Insured, Beneficiary), and a person, responsible for the losses.

- The Policyholder (Insured, Beneficiary) shall provide the Insurer with all documents and evidence and provide it with all information, necessary for the exercise of the Insurer's right of claim that has been transferred to it.

- If the Policyholder (Insured, Beneficiary) waives its right to claim against any person responsible for all losses indemnified by the Insurer or if the exercise of this right may not be possible due to the fault of the Policyholder (Insured, Beneficiary), the Insurer shall be released from the payment of the insurance indemnity in full or in the relevant part thereof and may claim the payment of the excess indemnity amount.

12. RIGHTS AND RESPONSIBILITIES OF THE PARTIES

12.1. The Insurer shall:

12.1.1. Familiarize the Policyholder (Insured) with these Insurance Rules and the information specified in Clause 12.4.1 by any of the means stipulated in Clause 12.4.2.

In addition, the Policyholder may read the text of the Insurance Rules on the Insurer's website.

12.1.2. Communicate to the Policyholder its contact phone number or the contact phone number of its representative as well as the Service Company.

12.1.3. For events recognized by the Insurer as insured events, make timely insurance benefit payment within the term specified herein.

12.1.4. In the absence of legal grounds for the insurance benefit payment (decision on refusal/nonrecognition of the event as an insured event)—within three (3) business days, inform the Insured of its decision in writing with a justification of the reasons and with references to the rules of law, and/or the terms of the insurance contract, and the Insurance Rules that serve as the grounds for the decision on refusal/nonrecognition of the event as an insured event.

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12.1.5. When drawing up the insurance contract, formulate precise and unambiguous provisions.

12.1.6. Refrain from disclosing information on the Policyholder, their health and property status, except in cases stipulated by the applicable law of the Russian Federation.

12.1.7. After making a decision on the insurance benefit payment, the Insurer shall provide the information on the calculation of the insurance benefit within a term not exceeding thirty (30) days from the date when such a request was received — at the insurance service recipient's verbal or written request, including those received in electronic form, subject to the possibility of identifying the insurance service recipient in accordance with the requirements of Federal Law No. 152-ФЗ On Personal Data dated June 27, 2006.

(a) the sum insured (part thereof) for personal insurance, with the exception of medical insurance, subject to payment (or offset against the part of payment of contributions in the event of exemption from payment of contributions as a result of damage to life and health under life insurance) or the final amount of insurance indemnity subject to payment.

(b) the procedure for calculating the insurance benefit;

(c) an exhaustive list of legal norms and/or conditions of the insurance contract and insurance rules, circumstances, and documents based on which the calculation was made.

12.1.8. At the insurance service recipient's written request, the Insurer shall provide in writing — free of charge once for each insured event — the comprehensive information and documents (including copies of documents and/or extracts therefrom), on which grounds the Insurer made a decision on insurance benefit payment (except for the documents that possibly prove illegal the insurance service recipient's actions aimed at obtaining insurance benefit), within a term not exceeding thirty (30) days. The specified information and documents shall be provided to the extent that it does not contradict the applicable laws.

12.1.9. Provide free of charge once a year at the written (including in electronic form) request of the Policyholder:

12.1.9.1. Under current insurance contracts—copies of the insurance contract (insurance policy) and other documents that are an integral part of the insurance contract (insurance rules, program, plan, additional conditions, etc.), except for information that is not subject to disclosure (personal data and insurance conditions of other insured, the amount of the insurance premium under a group insurance agreement, etc.).

12.1.9.2. Calculation of the insurance premium amount certified by the Insurer in connection with the termination or early termination of the insurance contract (insurance policy) with written explanations and references to the rules of law, the insurance rules based on which the calculation was made.

12.2. The Policyholder/Insured/Beneficiary shall:

12.2.1. When executing an insurance contract, inform the Insurer of all circumstances they are aware of, which are important for determining the probability of an insured event and the amount of possible expenses from its occurrence if the Insurer is not aware or should not be aware of these circumstances as well as of all insurance contracts both effective and pending conclusion regarding the property accepted for insurance by the Insurer. Material circumstances are at least those stipulated in the Application Form. Details and circumstances related to determining the degree of risk may also be deemed material if the Insurer proves that with the knowledge of such data and/or circumstances it would have never accepted the given covered risk or would have accepted it on other conditions.

12.2.2. Provide the Insurer upon request with the required information and documents, including in accordance with Clause 6.10 (including Cl. 6.10.1) and 12.3.11, Clause 12.3.10 of these Insurance Rules.

12.2.3. During the insurance contract validity term, notify the Insurer immediately of all material changes in the risk accepted for insurance.

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- 12.2.4. Pay timely the insurance premium in the amount and within the term stipulated in the insurance contract (insurance policy).
- 12.2.5. Comply with the rules and regulations of fire safety, protection of premises and valuables, safety of work, or other similar standards established by laws or other regulations.
- 12.2.6. Comply with the legislation of the host country.
- 12.2.7. To confirm the bodily injuries received as a result of an event having the insurance features, appear for a medical examination and/or survey (evaluation) at the place, time, and within the term determined by the Insurer.
- 12.2.8. In pursuance of the requirements of Federal Law No. 115-ФЗ On Countermeasures to Combat Legalization (Laundering) of Illegally Obtained Proceeds and Financing of Terrorism dated August 7, 2001, the Policyholder shall provide the Insurer, upon its request, with documents and information for identifying the Insured, their representative, Beneficiary, beneficial owner as well as for updating this information, if necessary.
- 12.2.9. Within one month after receiving a written claim from the Insurer, reimburse the Insurer's expenses in cases stipulated by law (double insurance, reimbursement of expenses by third parties, etc.) and for which, according to the insurance contract, the Insurer should have been liable.
- 12.2.10. Upon request (written request, including in the form of an electronic communication) of the Insurer, provide the original documents on the insured event, previously provided in the form of electronic documents or copies, for further consideration in accordance with these Insurance Rules when settling the insurance event/terminating the insurance contract.
- 12.2.11. Be responsible for their own awareness of the ban on leaving the Russian Federation.
- 12.2.12. Be responsible for their own awareness of the ban on entering the country of temporary stay.
- 12.2.13. Keep the originals of all documents for six (6) months and provide them during this period at the Insurer's request.
- 12.3. The Insurer is entitled to:**
- 12.3.1. Verify the information provided by the Policyholder (Insured) and the performance of the terms and conditions of the insurance contract.
- 12.3.2. Terminate the insurance contract immediately unilaterally or demand additional payment of the insurance premium when the initial characteristics of the insured object specified in the Application Form are changed.
- 12.3.3. Request documents from the Insured certifying the occurrence of the insured event as well as confirming the amount of insurance indemnity payable; including, if necessary, request original documents from the Insured proving the occurrence of the insured event if they were originally submitted in copies.
- 12.3.4. Prescribe and conduct medical examination and/or survey, and/or evaluation of bodily injuries of the Insured, sustained as a result of an event having the insurance features.
- 12.3.5. Send inquiries to third parties, including to the competent authorities, on issues related to establishing/investigating the causes and determining the amount of expenses incurred. The Insurer may extend the time for consideration of documents on an insured event until the reply is received.
- 12.3.6. Find out independently the causes and circumstances of the insured event and the amount of expenses incurred.
- 12.3.7. Verify the documents submitted.
- 12.3.8. Request information from organizations that have information on the circumstances of the insured event.
- 12.3.9. If the competent authorities or other organizations have materials that give the Insurer grounds to recognize an event as not an insured event, defer the payment until all circumstances are clarified.

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12.3.10. The Insurer is entitled to request from the Policyholder/Insured/Beneficiary documents duly executed, additional documents certifying the fact of making / not making the Trip, obtaining / failed obtaining of a visa, and other documents established by legislative acts and regulations of the Russian Federation, including identity documents.

12.3.11. The Insurer is entitled to request from the Policyholder (the Insured) a notarized power of attorney (Cl. 11.2.3) addressed to the representative of the Insurer to obtain information from medical and expert institutions (information on the state of health, diagnosis, treatment performed, and the decision on disability confirmation, etc.).

12.3.12. File claims by way of subrogation against the persons responsible for the damage inflicted within the limits of amounts of the insurance benefit paid.

12.3.13. Postpone the drawing up of the insurance act and payment of insurance indemnity in case that:

- independent expert appraisal of reasons and circumstances of an insured event and the amount of damage has been carried out. The postponement shall take place until the examination is completed and the corresponding document is drawn up;
- a trial is underway, the result of which may affect the amount of expenses incurred and/or the circumstances of the event. The postponement may take place until the enforcement of the judicial ruling in the absence of an appeal. In case of appeal, the deferment shall occur until the judicial ruling comes into force;
- as well as in other cases provided for by these Insurance Rules and the applicable law of the Russian Federation.

12.3.14. Make a decision on the occurrence of an insured event for the risks of Chapters 17, 25, 36 and 40 of these Insurance Rules, recognition of the event as an insured event, on the amount of the insurance benefit and its payment, based on:

(a) simple (non-certified) copies of documents (including the insurance claim form) specified in these Insurance Rules, notarized translations; (b) information and documents on the insurance claim received from the Policyholder/Insured/Beneficiary in electronic form, through the use of electronic Internet services (e-mail, personal account information, information from the Service Company, the official website of the Insurer and third parties authorized by it, etc.); (c) the results of an own investigation into the circumstances of the occurrence of an insured event – materials of correspondence (in particular, electronic, including the use of instant messengers), witness statements, publicly available information posted in the media or on the Internet, received upon request from the organization that issued the documents on the insured event;

(d) information from open sources (information systems), including information on the status of flights, delays, cancellations of flights and other information to confirm the causes and nature of the insured event.

12.3.15. Upon the Insured's insured benefit claim, require that the Insured fulfill their obligations under the insurance contract, including the obligations assumed but not fulfilled by the Policyholder. The Insured shall bear the risk of consequences of the failure to fulfill or untimely fulfillment of obligations which shall have been fulfilled earlier.

12.3.16. Deduct the cost of unused travel documents not transferred to the Insurer from the indemnity amount for the expenses incurred by the Insured upon occurrence of the events specified in Clauses 17.3.5 to 17.3.7 of these Insurance Rules.

12.3.17. Require recognition of the contract as invalid if, after executing the insurance contract, it is established that the Policyholder has provided the Insurer with knowingly false information regarding circumstances they were aware of, which are essential for determining the likelihood of an insured event and the amount of possible losses from its occurrence. Circumstances shall be deemed significant if specified by the Insurer in the standard form of the Insurance Contract (Insurance Policy) or its written request.

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12.3.18. Delegate the authority to receive notifications, communications, applications on the occurrence of an insured event/termination of the insurance contract, collection of documents confirming the occurrence of an insured event or termination of the insurance contract, and/or expenses incurred and necessary for settling insured events to its official representative, including the Service Company.

12.3.19. Transfer the insurance benefit/insurance indemnity to the account of the Insured/Beneficiary through the bank account of the service company or from the accounts of the payment provider.

12.3.20. When paying insurance benefits to the account of the Insured, withhold the amount of personal income tax (PIT) in cases stipulated by the Tax Code of the Russian Federation.

12.3.21. Not pay insurance benefit or pay insurance benefit in the undisputed part if the Insured or their representative:

(a) has failed to provide the Insurer with all the documents required to make a decision on the insurance indemnity payment (including banking details when choosing a noncash method of receiving insurance benefit);

(b) has failed to provide the Insurer with all information relevant to the assessment of the risk degree;

(c) if the Insured Event occurred by fault of the employer;

(d) if the insured event occurred during the Insured performing any type of work beyond the terms and conditions of their employment contract;

(e) if the Insurer was given knowingly false information about the health of the Insured, and/or about the nature and/or circumstances of an event that has the characteristics of an insured event, and/or about the scope and cost of services rendered, or other information necessary when executing and/or performing the insurance contract.

12.3.22. Represent the Insured.

12.3.23. Employ all measures it deems appropriate to reduce the losses, upon written order of the Insured, provide remedies, and manage the settlement of expenses.

12.4. The Policyholder/Insured/Beneficiary may:

12.4.1. familiarize oneself with the information in full:

- on the Insurer;
- these Insurance Rules;
- on information regarding the terms of insurance when executing an insurance contract, including in the form of a Key Information Document (KID);
- on the procedure of actions in case the insurance contract was repudiated within the free look period or upon termination of the contract;
- the procedure for applying for the insurance benefit;
- exceptions to the insurance benefit that are not accepted for the interest insured;
- the information on the procedure for appeals in the pre-trial and court settlement of claims, including those to the organizations that supervise and control the activities of the Insurer;
- the text of the Basic Standard for the Protection of the Rights and Interests of Individuals and Legal Entities - Recipients of Financial Services Provided by Members of Self-Regulatory Organizations Uniting Insurance Organizations and Foreign Insurance Organizations (approved by the Bank of Russia).

12.4.2. The Policyholder (Insured) may familiarize themselves with this information in any convenient way:

- on the Insurer's website;
- by obtaining information in the form of a memo, KID, insurance rules to the e-mail specified by the Policyholder, through the personal account;
- in print format (as leaflets, booklets, recommendations).

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12.4.3. Timely receipt of a set of insurance services included in the insurance coverage in accordance with the terms and conditions of the insurance contract, within the limits of the sums insured established at the time of execution of the insurance contract.

12.4.4. For the timely payment of insurance benefit when the event is recognized as an insured event (if the Insured has paid independently for the expenses included in the insurance coverage under the insurance contract in accordance with these Rules.

12.4.5. Use the Internet service of the Insurer, the Insurer's representative (including the Service Company) when settling insurance claims or when terminating the insurance contract.

12.4.6. Receive a duplicate of the insurance policy in case of its loss (or a copy of the insurance policy certified by the Insurer). After issuing a duplicate, the lost insurance policy (insurance contract) shall be considered invalid and no payments shall be made thereunder.

12.4.7. Terminate early the insurance contract in accordance with these Insurance Rules and the legislation of the Russian Federation.

Upon termination of the insurance contract, the Policyholder/Insured may specify, upon return of the insurance premium or part thereof, the third party to whom the Policyholder has instructed to pay the insurance premium under the insurance contract.

12.4.8. Obtain information on the Insurer in accordance with the legislation of the Russian Federation.

12.4.9. Send a request to the Insurer:

- a verbal or written, including those submitted in electronic form to the Insurer for explanations of insurance benefit;
- a written one, for the provision of the information and documents (including copies and extracts) that served as the grounds for the Insurer's decision on insurance benefit or refusal of insurance benefit.

12.4.10. Appeal the decision of the Insurer on the recognition of the event as not an insured event (Chapter 14 of these Insurance Rules) in accordance with the procedure established by law.

12.5. The parties to these Insurance Rules have other rights and shall perform other duties provided for in other sections of the Insurance Rules as well as the legislation of the Russian Federation.

13. FORCE MAJEURE

13.1. The parties shall be exempt from liability for partial or complete failure to fulfill, as well as improper fulfillment of, their obligations under the insurance contract if this failure to fulfill or improper fulfillment of their obligations resulted from extraordinary circumstances that arose after the insurance contract conclusion, which the parties could neither have foreseen nor prevented.

13.2. Extraordinary circumstances include flood, fire, earthquake, explosion, storm, soil subsidence, and other natural phenomena, epidemics, pandemics as well as war and military actions, strikes in an industry or region.

13.3. Possible failure to fulfill the obligations under the insurance contract shall be in a direct cause-effect relationship with the circumstances specified in this item.

13.4. The party which cannot fulfill obligations shall, at the first opportunity after the above circumstances occur, notify about the occurrence and expected duration thereof, including by posting a notice on the website.

13.5. The Parties shall prove force majeure with the respective documents, certificates from the competent state authorities, officially published documents (regulations), etc.

14. DISPUTE RESOLUTION PROCEDURE

14.1. Disputes arising from the insurance contract shall be resolved by the parties in a mandatory pre-trial manner by sending a written claim. In case of failure to resolve the dispute

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out of court, disputes shall be resolved by the court in accordance with the legislation of the Russian Federation.

14.2. Disputes with Policyholders being legal entities (individual entrepreneurs) shall be considered in the Arbitration Court of Moscow, unless otherwise provided by agreement of the parties.

14.3. Due to the fact that the Insurer is included in the Register of Financial Institutions required to organize interaction with the Commissioner for the Rights of Consumers of Financial Services, in addition to the dispute resolution procedure specified in Clause

14.1 of these Insurance Rules, disputes involving the Insurer and the financial service consumer, until such consumer files a claim in court, shall be considered by the Financial Commissioner in the manner and within the terms determined by Federal Law No. 123-Φ3 On the Commissioner for the Rights of Consumers of Financial Services dated 04.06.2018 (hereinafter referred to as Law No. 123-Φ3).

- For the purposes of dispute resolution with the participation of the Financial Commissioner, a financial service consumer shall mean an individual who is the person to whose benefit an insurance contract is executed, or the person to whom a financial service is provided for purposes not pertaining to the implementation of entrepreneurial activity.

In the event of the transfer of the right of claim of a financial service consumer against a financial institution to another person, the said person shall also have the obligations stipulated by Law No. 123-Φ3.

14.4. The Financial Commissioner shall consider appeals against the Insurer if the amount of the financial service consumer's claims for the recovery of monetary sums does not exceed the amount stipulated by Federal Law No. 123-Φ3 (with the exception of appeals that are not subject to consideration by the Financial Commissioner) and if no more than three years have passed from the day when the financial services consumer learned or should have learned of the violation of their rights.

14.4.1. If the amount of the financial services consumer's claims exceeds the amount stipulated by law, or the financial services consumer's claims concern issues pertaining to compensation for moral damages and compensation for losses in the form of lost profits (Para. 9, Part 1, Article 19 of Law No. 123-Φ3), the financial services consumer shall have the right to file the said claims in court without sending an appeal to the Financial Commissioner.

14.4.2. The Financial Commissioner will not consider the appeals:

- if the appeal does not comply with Part 1 Article 15 of Law No. 123-Φ3 (the amount of claims is greater than the amount stipulated by Law No. 123-Φ3, the Insurer is not included in the special register, etc.);
- if the financial service consumer has not previously submitted an application to the Insurer in the manner prescribed by Article 16 of Law No. 123-Φ3 (mandatory written application to the Insurer before sending the appeal to the Financial Commissioner);
- if a case has been heard or considered in a court or arbitration tribunal on a dispute between the same parties, on the same subject and on the same grounds;
- in the process of settlement through mediation;
- for which there is a decision of the Financial Commissioner or an agreement adopted in a dispute between the same parties (including in the case of assignment of a claim), on the same subject and on the same grounds;
- in relation to financial institutions whose license has been revoked (cancelled), which have been excluded from the register of financial institutions of the relevant type or which are in the process of liquidation, have been liquidated, have ceased to exist or have been recognized as having effectively wound up;
- on issues related to bankruptcy of legal entities and individuals;
- on issues related to compensation for moral damages and compensation for losses in the

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form of lost profits;

- on issues related to labor, family, administrative, tax legal relations, as well as requests for the collection of mandatory payments and sanctions provided for by the legislation of the Russian Federation;
- submitted repeatedly on the same subject and for the same reasons as the appeal previously accepted for consideration by the Financial Commissioner;
- containing obscene or offensive expressions, threats to the life, health and property of the Financial Commissioner or other persons;
- the text whereof is illegible.

14.4.3. If there is a case pending in court or arbitration tribunal regarding a dispute between the same parties, on the same subject and on the same grounds that arose before the appeal was sent to the Financial Commissioner, the parties shall notify the Financial Commissioner accordingly in writing or electronically.

14.4.4. Before filing an appeal to the Financial Commissioner, the financial service consumer shall send the Insurer an application in written or electronic form:

- The insurer shall consider the application of the financial service consumer and send them a reasoned response regarding satisfaction, partial satisfaction or refusal to satisfy the submitted claim:

- within fifteen (15) business days from the date of receiving the application from the financial service consumer, if the said application is filed in electronic form using a standard form approved by the Council of the Financial Commissioner Service, and if no more than one hundred eighty (180) calendar days have passed from the date of violation of the rights of the financial service consumer;

- within thirty (30) calendar days from the date of receiving the application from the financial service consumer in other cases. The response to the application of the financial service consumer shall be sent to the consumer's e-mail address, or, if not available, to the postal address.

14.4.5. The financial service consumer may file an appeal to the Financial Commissioner after receiving a response from the Insurer or in the event of no response from the Insurer upon expiration of the relevant periods for Insurer's consideration of the application specified in Clause 14.4.4 of these Insurance Rules.

- The appeal shall be submitted by the financial service consumer in person, except in cases of legal representation. When an appeal is submitted by a legal representative of a financial service consumer, documents confirming the authority of the legal representative shall be attached to the appeal.

- The financial service consumer may withdraw the appeal before the date on which the Financial Commissioner makes a decision based on the results of the dispute review. An appeal that is withdrawn by a financial service consumer shall not be subject to consideration, and the consideration that has begun shall be terminated no later than the business day following the day of registration of the request for withdrawal of the appeal. A copy of the request for withdrawal of the appeal shall be sent to the Insurer. The withdrawal of an appeal by a financial service consumer shall not deprive them of the right to send a repeated appeal to the Financial Commissioner on the same grounds.

The procedure for sending requests from consumers of financial services, the requirements for requests, as well as other conditions related to sending and considering requests from consumers of financial services to the Financial Commissioner shall be detailed by the provisions of Law No. 123-Φ3.

15. AMENDMENT OF THE INSURANCE CONTRACT

15.1. Under the agreement between the Policyholder and the Insurer, the insurance contract

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executed in accordance with these Insurance Rules may be supplemented or amended based on the Insured's specific needs in insuring their property interests or the interests of a third party in whose favor the Policyholder executed the insurance contract.

15.2. All amendments and supplements to the current insurance contract shall be made in writing in two (2) copies and take effect within the term established by the Parties' agreement.

Section II. INSURANCE OF MEDICAL, TRANSPORTATION, AND OTHER EXPENSES

16. INSURED EVENT

16.1. An insured event shall mean an event that has occurred, included in the insurance coverage and occurred during the insurance period due to the factors provided for in the insurance contract, as a result of which the Insurer is obliged to pay an insurance benefit to the Insured, Beneficiary, or other third parties (by a notarized power of attorney).

16.2. In accordance with these Insurance Rules, the insured events are those upon whose occurrence the insured has incurred or may incur expenses as a result of qualified emergency medical care services and other required assistance rendered to them during Trips, as follows:

16.2.1. *Bodily injury* shall mean an injury resulting from an accident caused by exposure to an apparent external force (including the injuries that occurred as a result of damage to a plane, vessel, bus, or other vehicle by which the Insured was traveling during the Trip).

16.2.2. *Sudden illness* shall mean a disease that occurred unexpectedly during the period when the Insured was on the Trip and requires emergency medical intervention.

16.2.3. *Exacerbation of chronic diseases* shall mean chronic disease aggravated during the period of the Insured's Trip and may threaten the life of the Insured, concerning which the Insured has received treatment in the past but which was not, according to the physician's opinion, an obstacle to making the Trip.

16.2.4. *Death* shall mean death of the Insured as a result of injury, sudden disease, or exacerbation of a chronic disease, except for diseases being excluded from insurance according to Clause 18.1 of these Insurance Rules;

16.2.5. *Loss, theft, or total loss of the international passport and/or transport documents of the Insured* carried by them during the Trip.

16.2.6. *The need for the Insured to get the first legal advice*, caused by the occurrence of the insured event.

16.2.7. *Breakage, loss of (hijacking, embezzlement), or damage to a land vehicle* which the Insured uses to make the Trip beyond the borders of the Russian Federation, unless otherwise provided by the insurance contract.

16.3. Reimbursement for the expenses for medical care in urgent and emergency forms during the period of the Trip within the limits of the sums insured stipulated by the insurance contract shall be made in all cases, which may threaten the life and health of the Insured, if there are no grounds for refusal of insurance indemnity payment.

17. EXPENSES REIMBURSED BY THE INSURER

Upon occurrence of the events during the Trip that are listed in Clause 16.2, the Insurer shall reimburse the following expenses:

17.1. Medical expenses

17.1.1. Medical expenses for outpatient and/or inpatient treatment in case of occurrence or exacerbation of diseases during the Trip, which include:

17.1.1.1. payment for medical services, including outpatient treatment (inter alia, remote online consultations with a physician provided by the Service Center using the Internet);

17.1.1.2. diagnostic testing expenses with follow-up treatment procedure (including magnetic resonance imaging (MRI) and computerized tomography (CT));

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17.1.1.3. inpatient treatment expenses (including required (reasonable and sufficient) tests and studies, medical treatment, surgeries, postsurgical care, physiotherapy (as part of a physician-prescribed hospitalization treatment), and treatment of the caisson disease in a compression pressure chamber);

17.1.1.4. expenses for local ambulance services (if the call was caused by sufficient medical reasons), including expenses for transportation by ambulance or other means of transport (including, inter alia, an emergency aircraft and/or helicopter) from the locus of an accident to the nearest medical facility or to a physician in a country or a place of temporary stay to provide emergency medical care in case that the Insured is in a critical condition and does not have the physical ability to visit the nearest health care institution independently without medical support;

17.1.1.5. expenses for pharmaceuticals and dressings (as prescribed by the attending physician, required only to treat the disease which risk is insured), and only to relieve an acute condition;

17.1.1.6. expenses for payment of the immobilization devices prescribed by a physician (the Insurer may pay for both the purchase or hire of immobilization devices). Immobilization devices for the purposes of these Insurance Rules shall mean, inter alia, crutches, special footwear for walking, wheelchairs, and other orthopedic equipment.

17.1.2. Expenses for medical care in urgent and emergency forms:

17.1.2.1. required to prevent an immediate threat to life or health or connected with acute pain from a disease known to the Insured as of the time of the conclusion of the insurance contract, including exacerbation of chronic diseases, manifestations of any forms of hepatitis, and epileptic seizures; In these cases, the costs of providing emergency and urgent care may be limited to the amount stipulated in the insurance contract (insurance policy);

17.1.2.2. required to prevent an immediate threat to life or health, related to oncological diseases and benign neoplasms, including embolectomies, and their sequela.

In these cases, the costs of providing emergency and urgent care shall be paid within the amount set forth in the insurance contract (insurance policy);

17.1.2.3. necessary to prevent an immediate threat to life or health associated with alcohol, drug or other intoxication of the Insured, if stipulated by the insurance program/contract (insurance policy).

In this case, the Insurer's liability for expenses related to the provision of emergency and urgent care shall be limited to the amount specified in the insurance contract (insurance policy).

17.1.3. Expenses for emergency dental care, namely:

17.1.3.1. expenses related to the soothing treatment of the natural tooth, including its removal, in case of tooth injury as a result of an accident;

17.1.3.2. expenses related to the analgesic treatment of a natural tooth, including its removal in case of acute inflammation of the tooth as well as the tissues surrounding the tooth (anesthesia, opening of inflamed tissue and drainage, stemming of a flow of blood);

17.1.3.3. Expenses for emergency dental care shall be covered within the agreed indemnity limit, as reflected in the "special conditions" of the insurance contract (insurance policy).

17.1.4. Expenses related to the provision of required outpatient and/or inpatient care as a result of a sudden pregnancy complication threatening the life and health of the Insured or the consequences of a documented accident that threatens the course of pregnancy.

17.1.4.1. The event shall be recognized as an insured event only if, on the date of occurrence of the insured event, the pregnancy period does not exceed, depending on the terms of the insurance contract (insurance policy):

(a) 24 weeks inclusive;

(b) 31 weeks inclusive.

This condition shall be included in the text of the insurance contract (insurance policy).

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17.1.4.2. If the insurance program/contract (insurance policy) provides for the Insurer to pay the necessary medical expenses for outpatient and/or inpatient care, as well as medical transportation and other transportation expenses within the limits of the sum insured set forth in the insurance contract (insurance policy) in relation to the newborn child of the Insured:

- The Insurer shall reimburse for the expenses incurred due to the care, medical supervision, treatment, transportation, evacuation, and repatriation of the body (remains) of the Insured's child born not later than two (2) months before the expected birth date.
- In this case, the Insurer's liability shall be limited to an amount in Russian rubles equivalent to ten thousand (10,000) US dollars/euros (in accordance with the currency of the insurance contract), unless otherwise provided by the insurance contract (insurance policy).

17.2. Medical and transportation expenses:

17.2.1. Medical transportation expenses that include:

17.2.1.1. expenses for carriage (transportation) from the locus of an accident to a medical institution and back from a medical institution or clinic of a physician in private practice to the place of temporary stay of the Insured, arranged by the Insured themselves, shall be covered by the Insurer in an amount not exceeding the amount in Russian rubles equivalent to five hundred (500) US dollars/euros as of the date of the insured event (in accordance with the currency of the insurance contract), unless otherwise provided by the insurance contract (insurance policy).

17.2.2. Medical evacuation expenses that include:

17.2.2.1. *Expenses for medical evacuation* by an adequate vehicle, including expenses for an accompanying person (if such escort is prescribed by the attending physician) or escort by medical personnel, and/or the availability of appropriate medical equipment (if such escort is appointed by the attending physician), from the place of stay of the Insured to the place of their permanent of residence or to the nearest medical institution at the place of residence, provided that the required medical care may not be provided at the place of temporary stay, or when the costs of hospital stay may exceed the indemnity limit established in the insurance contract, or in cases where treatment abroad significantly exceeds the costs for medical evacuation. Medical evacuation shall be carried out only in cases where the need for such is documented by the opinion of the attending physician and agreed with the Insurer (Service Company), provided that there are no medical contraindications. Expenses for medical evacuation shall be covered within the amount specified in the insurance contract.

17.2.3. Expenses for the return of the body (remains) of the Insured in the event of their death as a result of an insured event, which include:

(a) payment for a coffin, as well as the issuance of required documents, transportation of cargo 200, authorized by the Service Company (Service Center) or made independently by the Insured's relatives but subject to mandatory agreement upon with the Service Company (Service Center) or with the Insurer, to the country of permanent residence of the Insured if their death was caused by the insured event. Expenses for the body (remains) repatriation shall be covered within the amount specified in the insurance contract. The Insurer shall not pay the expenses for funeral services at the place of permanent residence of the Insured.

(b) assistance in the preparation of documents, cremation of the body (remains) and also transportation of the urn with ashes, authorized by the Service Center, in accordance with the rules of the country of stay and the rules of the carrier to the country of permanent residence on a mandatory basis, and at the discretion of the Insurer and the transport accessibility (regular air service*, regular railway service**); to the place of permanent residence by the most optimal route;

* - availability of an airport that services short-, medium- and long-haul aircraft (i.e. excluding local aviation);

** - availability of a railway station that services long-distance trains.

(c) in the event that the body (remains) repatriation is arranged by relatives of the Insured, expenses shall be reimbursed subject to their approval by the Service Center or the Insurer;

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(d) expenses for the body (remains) repatriation shall be covered within the amount specified in the insurance contract. In this case, the Insurer shall not pay for the costs of funeral services in the territory of the permanent place of residence of the Insured; (e) all activities related to the body (remains) repatriation, including the terms and methods of repatriation, shall take into account the applicable laws, norms, rules and traditions of the country (locality) of temporary residence.

! In the event of the Insured's/Policyholder's/Beneficiary's refusal of the services for the evacuation/transportation/repatriation of the body (remains) to the country of permanent residence, which the Insurer has already arranged for earlier with the consent of the Insured/Policyholder/Beneficiary for the risks provided for in Clause 17.2 of these Insurance Rules, the Insured/Policyholder/Beneficiary shall reimburse the Insurer for all expenses actually incurred by the latter.

17.2.4. Expenses for search and rescue that include:

17.2.4.1. Expenses associated with search and rescue activities for the purpose of locating the Insured in the mountains, in the sea, in the desert, in the jungle, or other remote areas, including the cost of air/sea search and evacuation to shore from a vessel or from the sea. The Insurer shall reimburse expenses for search and rescue in case of accidents and/or disasters in the mountains, at sea, in forests, and other remote places within the limits stipulated in the insurance contract.

17.3. Other unforeseen expenses that include:

17.3.1. Expenses for the hospital stay of one adult (one parent, or one guardian, or one close relative) in case of emergency hospitalization of a child under eighteen (18) years of age.

17.3.2. Expenses for returning (economy class travel to the place of permanent residence) of a Companion and their minor children who are on the Trip with the Insured in case of an involuntary early return from the Trip or delayed stay of the latter due to evacuation or repatriation of the Insured's body (remains) as a result of an insured event occurrence.

17.3.3. Travel expenses for minor children (one-way travel in economy class, confirmed by travel documents) who are with the Insured Person during their Trip outside the country of permanent residence/permanent place of residence, to their place of permanent residence, if the children are left unattended as a result of an insured event that occurred with the Insured Person, as well as payment of travel expenses for one adult accompanying the child or children. If the Insured cannot name such a person, the Insurer shall arrange and pay the costs of the respective accompanying person.

17.3.4. Expenses for the visit of an adult third party in cases of hospitalization or death of the Insured traveling alone or with minor children: In this case, the expenses for economy class two-way travel from the place of permanent residence and back shall be reimbursed. The insurer shall also reimburse the costs of accommodation of a third party in a hotel, however not exceeding the amount in Russian rubles equivalent to three hundred (300) US dollars/euros (in accordance with the currency of the insurance contract), unless otherwise provided by the insurance contract (insurance policy).

A visit by an adult third party is allowed in cases when as a result of the event, all the Insureds under the insurance contract are hospitalized, provided that all affected (sick) Insureds are members of the same family (close relatives).

17.3.5. Expenses for accommodation and travel of the Insured in case of delay in the Trip due to a quarantine disease, emergency hospitalization, or medical contraindications to the flight that arose before or on the day of return from the Trip.

Herewith, the costs of accommodation and travel expenses in economy class to the permanent place of residence (if supporting documents are available) shall be covered in case of quarantine diseases (infantile infections, dangerous diseases) that led to quarantine imposed on the

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Insured (with positive tests for a dangerous disease) as well as events and illnesses that required emergency hospitalization or medical contraindications to the flight that arose on the eve (no earlier than 24 hours before the flight departure) or on the day of departure (confirmed by medical documents).

Expenses for hotel accommodation shall be reimbursed to the Insured with whom the insured event occurred within the limits, however not exceeding the amount in Russian rubles equivalent to three hundred (300) US dollars/euros (in accordance with the currency of the insurance contract), unless otherwise provided by the insurance contract (insurance policy).

Therewith, the accommodation shall be arranged by the Service Company or the Insured themselves, subject to mandatory agreement with the Service Company.

In the event of illness of the Insured minor child, leading to a delay in the Trip, payment for travel in economy class to the permanent place of residence shall be made for this child (and/or minor children who are on the Trip with one parent/guardian/close relative) and one (1) adult accompanying them (parent, guardian, close relative).

17.3.6. The Insured's expenses for economy class one-way travel to the place of permanent residence, including transfer to the airport if the Insured failed to depart in time, i.e., on the day specified in travel documents of the Insured due to the insured event that **entailed hospitalization of the Insured**.

In the event of illness of the Insured minor child, leading to a delay in the Trip, payment for travel in economy class to the permanent place of residence shall be made for this child (and/or minor children who are on the Trip with one parent/guardian/close relative) and one (1) adult accompanying them (parent, guardian, close relative).

17.3.7. Expenses for early return of the Insured to the place of permanent residence (payment of only economy class travel to the place of permanent residence, confirmed by travel documents) in case of a sudden disease (subject to emergency hospitalization) or unexpected death of a close relative (including a spouse's close relatives) in the country of permanent residence.

17.3.8. For reimbursement of the Insured's expenses for telephone calls or short text messages (SMS) with the Service Company and/or the Insurer in case of insured events, bills for telephone conversations and SMS messages must be attached to the Insured's statement. The insurance benefit shall be limited to the amount specified in the insurance contract, as stated in the Special Conditions section of the insurance contract (insurance policy).

17.3.9. Expenses in case of loss, theft, or damage to the international passport and/or transport documents of the Insured:

for execution of duplicates of lost documents (passport with visa, travel documents) within the limits specified in the insurance contract.

The Insurer shall reimburse for expenses within the limits specified in the insurance contract for the restoration of documents on the grounds of the application and documents confirming expenses (receipts for payment of photographs, receipts for payment of travel to the consulate/embassy).

All documents submitted to the Insurer shall be translated into the Russian language and certified by a notary or a translation agency.

17.3.10. Expenses for arranging and paying for the first legal consultation for the Insured, including translation services during such consultation, if necessary, and in cases when the latter is prosecuted in accordance with the civil legislation of the host country as a result of the Insured inflicting accidental damage on a third party, an unintentional violation of the regulations of the host country, excluding damage and violations related to the use, possession, and storage of vehicles, narcotic drugs, psychotropic drugs, weapons of any kind. The insurance benefit may not exceed the amount specified in the insurance contract.

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17.3.11. Unforeseen expenses of the Insured in the event of breakdown, loss (hijacking, theft) or damage to a personal vehicle

– on which the Insured makes a Trip outside the borders of the Russian Federation:

17.3.11.1. expenses for towing (evacuating) to the nearest repair location in the host country the private vehicle damaged in an accident or broken that the Insured uses to travel. The insurance benefit may not exceed the amount specified in the insurance contract (insurance policy) or the established limit;

17.3.11.2. expenses for transporting passengers, including a driver, to the place of accommodation in the country of residence in the case of loss (hijacking, theft), breakdown of, or damage to a private vehicle. The insurance benefit may not exceed the amount specified in the insurance contract.

The insurance indemnity shall be paid to the Insured based on an Application for insurance benefit upon damage, breakdown, or loss of the vehicle with all available documents attached (for example, if such a document was issued: a report from the accident site, the invoice of the towing and/or repair crew paid by the Insured with attachment of payment documents). All documents submitted to the Insurer shall be translated into the Russian language and certified by a notary or a translation agency.

17.4. Covered risks under Clauses 17.1–17.3 shall be stated in the Special Conditions section of the insurance contract. In cases where the risks are not explicitly stated in the insurance contract (insurance policy), no insurance shall be maintained and the Insurer shall not be liable for the same.

18. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

18.1. In case the events listed in Clause 16.2 occur during the period of a Trip, the Insurer shall not cover or reimburse:

18.1.1. expenses related to the treatment of the consequences of accidents and/or injuries that occurred to the Insured prior to the Trip start date;

18.1.2. expenses for diagnostic services and activities (including consultations and laboratory tests), general medical examinations, vaccinations without subsequent treatment or prescription of treatment as well as without establishing a diagnosis, including presumptive one;

18.1.3. Expenses associated with high-tech surgeries with regard to the heart and blood vessels, including angiography, angioplasty, bypass surgery, etc., except in cases of emergency hospitalization of the Insured with resuscitation to eliminate the threat to life (AMI, CVA).

Therewith, if these expenses may not be distinguished from the general bill for treatment, the Insurer shall not pay the first two (2) days of the Insured's stay at the hospital;

18.1.4. expenses related to the receipt by the Insured Person of medical services not related to a sudden illness, exacerbation of a chronic illness or an accident;

18.1.5. any expenses associated with the treatment of diseases accompanied by chronic renal or hepatic failure and requiring the next programmed (scheduled) hemodialysis, except for the relief of an acute condition, when hemodialysis shall be carried out to save the life of the Insured;

18.1.6. expenses related to the treatment in sanatoriums and dispensaries, accommodation, and treatment in nursing homes, water, spas, natural clinics, sanatoriums, or similar institutions or hospitals.

18.1.7. expenses related to cosmetic or plastic surgery performed for aesthetic or cosmetic purposes or to improve the psychological or physical condition of the Insured, including for skin diseases (calluses, papillomas, warts, and nevi, condylomas), including any complications caused by these types of procedures and surgical treatment.

18.1.8. expenses associated with the treatment using methods of manual therapy, reflex

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therapy (conducting acupuncture), chiropractic, massage, homeopathy, phyto- and naturotherapy, physiotherapy (not related to treatment and not prescribed by a physician or prescribed for outpatient treatment), etc., including the consequences of such treatment;

18.1.9. expenses associated with persistent behavioral disorders, neuroses (panic attacks, depression, hysterical syndromes, etc.), paroxysmal nervous system disorders, sleep disorders, demyelinating diseases of the nervous system as well as their complications and any other consequences (injury, illness, or death) caused by these conditions of the Insured or their close relatives, close relatives of the Insured's spouse, except in cases requiring emergency medical care if there is a threat to life;

18.1.10. expenses related to reconstructive surgery, all kinds of prosthetics, including dental and eye prosthetics as well as complications caused by these types of treatment;

18.1.11. expenses related to contraception, sterilization (or reverse procedure), fertilization, IVF, vasectomy, gender change, or other gender conditions, infertility or related health conditions associated with artificial insemination, infertility treatment, and the expenses for preventing conception or other forms of artificial reproduction;

18.1.12. expenses for vaccinations to the Insured (including routine ones and/or those performed when traveling for vaccination), except for cases arising from vaccinations and requiring emergency medical care;

18.1.13. expenses associated with medical research, analyses, prevention of sexually transmitted diseases;

18.1.14. expenses related to examination and treatment of diseases by nonscientific methods;

18.1.15. expenses related to the provision of services by a medical institution (by an attending physician in the country of stay) without an appropriate license or if the license has been suspended;

18.1.16. expenses for treatment in the territory of the Russian Federation, which are or may be provided under the compulsory health insurance system;

18.1.17. expenses for treatment in the territory of the Russian Federation outside the administrative borders of the territory of the Trip/territory of occurrence of the insured event;

18.1.18. any expenses for improving the comfort class of the hospital ward, hotel, accommodation (including when under quarantine in the hotel/observatory), flight, additional services, etc.;

18.1.19. expenses in connection with the acquisition of noncertified drug products or the composition of which is concealed by the manufacturer, expenses associated with the purchase of foodstuff, antasthenics, weight-loss drugs, and laxatives supplied under prescription, cosmetic means, food additives, mineral water, and additives to bath water;

18.1.20. expenses for treatment carried out by relatives of the Insured;

18.1.21. expenses related to the services not required from the medical point of view or to treatment that was not prescribed by an attending physician in the country of stay;

18.1.22. expenses related to the purchase of glasses, contact lenses, hearing aids, prostheses as well as expenses for all types of prosthetics;

18.1.23. expenses associated with the treatment of radiation sickness;

18.1.24. expenses related to the transplants of organs and tissues;

18.1.25. expenses associated with any claims filed during the Trip taken despite medical contraindications;

18.1.26. expenses incurred as a result of the voluntary refusal of the Insured to comply with the physician's prescriptions received in connection with an appeal for an insured event;

18.1.27. expenses for inpatient treatment that are not authorized by the Insurer through the Service Company, except in cases of objective circumstances that prevent the approval of hospitalization at the time of the insured event occurrence, provided that such expenses are agreed upon as soon as possible by the Insured or their representative before the Insured

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returns from the Trip to the country of permanent residence;

18.1.28. expenses related to the planned management of pregnancy, natural childbirth, abortion, and artificial termination of pregnancy (except for the procedures carried out for medical reasons with a direct threat to the life of the Insured);

18.1.29. expenses incurred in connection with the Insured Person being in a state of alcoholic, narcotic and/or other intoxication or under the influence of psychotropic and toxic substances, with the exception of cases of poisoning by legally acquired low-quality alcoholic beverages and insurance against risks (Cl. 17.1.2.3) provided for by these Insurance Rules;

18.1.30. expenses related to the treatment of injuries, diseases caused by sports in breach of the rules and safety requirements, fire safety, qualified as administrative offenses and/or criminal offenses arranged in the areas prohibited for such activities (parkour, runs on prohibited routes, roofing, street acrobatics, climbing buildings, jumping from high-rise buildings with a parachute or in special equipment, and similar activities).

In cases when the sport does not fall within the scope of this Clause, it is required to categorize it as an extreme sport (2.51.3);

18.1.31. expenses related to the treatment of injuries, diseases caused by the Insured's involvement in hazardous activities (including as a miner, builder, electrician, etc.) unless otherwise provided by the insurance contract (insurance policy), which should be reflected in the insurance contract and entails an increase in the insurance premium according to the tariffs developed by the Insurer;

18.1.32. expenses related to the treatment of injuries, diseases obtained in direct or indirect dependence on the existence of civil war, civil commotions of all kinds, strikes, uprisings, riots, and consequences thereof, the introduction of a state of emergency or special status by order of the military and civilian authorities;

18.1.33. expenses for transportation/evacuation in case of insignificant diseases or injuries which in the opinion of the medical adviser appointed by the Insurer, may be treated locally and do not prevent the continuation of the Trip of the Insured;

18.1.34. expenses related to any evacuation and/or repatriation of a body (remains) not arranged by the Insurer or the Service Company (unless it is impossible to reconcile evacuation and transportation for valid reasons, e.g., force majeure circumstances, critical physical condition, due to being in an inaccessible place, technical problems with the telephone system, etc.);

18.1.35. expenses due to intentional (scheduled) treatment abroad.

18.2. In the case of occurrence of the events listed in Chapter 17 during the Trip, the Insurer shall not reimburse the costs of any evacuation and/or repatriation of the body (remains) if the death was caused by the following circumstances:

18.2.1. if death was due to suicide, attempted suicide, or intentional self-harm;

18.2.2. if death occurred as a result of the commission or attempted commission of an intentional criminal offence by the Insured;

18.2.3. due to intentional (scheduled) treatment abroad;

18.2.4. due to the treatment of diseases by nonscientific methods and taking of noncertified medical products.

18.3. Upon the occurrence of the events listed in Clause 16.2.7 during the Trip, the Insurer shall not reimburse the costs in case of breakdown, loss (theft), or damage to a vehicle if occurred in connection with:

18.3.1. expenses related to compensation of losses associated with civil liability of vehicle owners;

18.3.2. expenses related to the breakdown and/or accident of a vehicle carrying passengers for a fee, with or without a permit.

18.4. The Insurer may refuse to pay the insurance indemnity in cases of refusal of the Insured

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to undergo a medical examination and/or inspection (expertise) scheduled by the Insurer.

**19. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT.
INSURANCE BENEFIT PAYMENT PROCEDURE**

19.1. Upon the occurrence of the events stipulated in Clause 16.2:

19.1.1. Before receiving medical and/or other required assistance, the Insured or their representative shall contact the Insurer's representative, the Service Company, by calling the phone number specified in the insurance contract and informing the dispatcher of the incident. The costs of negotiations with the Service Company or a specialized Service Center shall be reimbursed to the Insured upon submission of supporting documents within the scope stipulated by the insurance contract.

The Service Company may be contacted round-the-clock via the multi-channel telephone number indicated in the insurance policy.

19.1.2. When contacting the Service Company, the Insured or their representative shall provide the insurance policy number, the full name of the Insured to whom the insured event occurred, the location and telephone number for feedback, the insured event circumstances as well as other information requested by the coordinator of the Service Company.

In case the Insured refuses to provide the requested data (information), the Insured shall pay all expenses independently.

19.1.3. The Insured shall follow strictly the instructions of the Service Company.

19.1.4. Upon receipt of information, the Insurer or the Service Company (specialized service center) shall arrange or assist in the arrangement of the required medical, transportation, and other services to the Insured, as provided for under the insurance contract, and reimburse for the expenses incurred by the Insured according to the insurance contract to institutions (both directly and via intermediaries) that rendered such services to the Insured.

19.1.4.1. If for some objective reasons beyond the control of the Service Company or its intermediaries the Insured is asked to pay for the services directly to the institution itself, they may, upon return, refer to the Insurer for reimbursement under the terms and conditions of these Insurance Rules.

19.1.5. in case calling the Service Company is impossible before consulting with a physician or going to a clinic, the Insured shall do so, if possible, before leaving for the country of residence. In any case, at hospitalization or applying to a physician, the Insured shall submit the insurance contract to the medical personnel for further coordination of actions with the Insurer via the Service Company.

19.1.6. The Insured is entitled to contact independently the nearest medical facility, a physician and call an ambulance in connection with an insured event if the Insured has not had an objective opportunity to contact the Service Company for a good reason, namely:

19.1.6.1. due to the absence of telephone (landline or mobile) communication at the location of the Insured;

19.1.6.2. due to a severe painful condition of the Insured that did not allow them to conduct telephone conversations.

19.2. If contacting the representative of the Insurer or the Service Company (specialized service center) is impossible, the Insured may contact independently the nearest medical institution by submitting the policy. Herewith, until returning to the country of residence, the Insured shall, if possible, coordinate with the Service Company or the Insurer the payment of necessary assistance. If the Insured has independently incurred expenses related to a claim, upon return from the Trip, he/she shall notify the Insurer in writing (Clause 11.7.1 to 11.7.4) of the incident and submit the following documents:

19.2.1. application for reimbursement for expenses related to the insured event;

19.2.2. copy of the identity document;

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19.2.3. original or a copy of the insurance policy; insurance information (if any);

19.2.4. copy of a child's birth certificate (if insurance expenses were related to medical or other services to a child);

19.2.5. a copy of the Insured's international passport (all pages, including those with marks on crossing the border of the Russian Federation (exit and entry, or a certificate confirming exit from the territory of the Russian Federation and entry into the territory of the Russian Federation) during the period when the insured event occurred);

19.2.6. payment documents (originals) confirming payment for medical treatment, medicines, and other services (payment stamp, bank confirmation of the amount transfer, or cash register receipt);

19.2.6.1. physician's opinion with an indication of the diagnosis, prescribed treatment, certificate invoice from a medical institution indicating the full name of the patient, the diagnosis, treatment date, regimen of treatment (outpatient, inpatient, day inpatient), treatment duration (treatment terms), with a list of services rendered, with a breakdown by dates and cost, with a total amount payable—for reimbursement of expenses for treatment;

19.2.6.2. original prescriptions issued by a physician in connection with the disease, with a stamp of the pharmacy and an indication of the cost of each medicine purchased—for reimbursement of expenses for medicines;

19.2.6.3. referral to laboratory tests issued by a physician and an invoice issued by the laboratory with a breakdown by dates, name, and cost of the services rendered—for reimbursement of expenses for laboratory tests;

19.2.6.4. documents of the medical and sanitary control and supervision services/health services of the state/region and/or medical services of the hotel/airport/port/ship/liner and other institutions having such rights confirming the fact of imposing a quarantine on the Insured, transfer of the Insured to the quarantine areas of the hotel/ship or a quarantine institution (observation facility) in case of positive analysis/test results.

19.2.6.5. documents for treatment in a medical institution on the territory of the Russian Federation (the territory of the Trip) when traveling within the Russian Federation, indicating the period of treatment, diagnosis, treatment plan; a copy of the compulsory medical insurance policy (policy number, region of issue of the policy);

19.2.6.6. the following shall be required to arrange the repatriation of the body (remains):

- availability of the original international passport confirming the identity of the deceased Insured;

- a contact person (e.g. a relative) who will receive and clear cargo 200 through customs upon arrival in the country of residence;

- in the event that the Insured dies during the Trip and no relatives or other persons interested in the return and burial of the body (remains) have been identified, then the responsible organizations (internal affairs agencies, consulate) shall search for such relatives or interested persons within the period stipulated by the legislation of the territory of stay. If relatives or interested persons are not identified within the stipulated term, the burial of the Insured shall be carried out by the consulate/local authorities of the country/locality of temporary stay and in accordance with the applicable law of the country/locality of stay.

19.3. All documents submitted to the Insurer shall be translated into the Russian language and certified by a notary or a translation agency.

19.4. The insurance benefit in the form of reimbursement for expenses incurred by the Insured shall be paid by the Insurer upon receipt of all the documents requested and, if necessary, certified translations thereof within the term stipulated in the insurance contract but not later than forty-five (45) business days from the date of submission of all the documents required and duly executed.

19.5. In case of a breakdown, loss of (hijacking, theft), or damage to the vehicle in an accident

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that the Insured uses to travel beyond the borders of the Russian Federation, they shall report the event to the traffic police and obtain a document confirming the occurrence of the accident with a description of the event and received damage to the ground vehicle as well as information on the perpetrator and the injured party.

If there is a different scheme for the registration of a traffic accident in the accident area, the Insured shall follow this scheme and receive documents in the form prescribed by local authorities for subsequent submission to the Insurer.

19.5.1. If calling a service crew is required for the subsequent towing of the ground vehicle to the nearest repair point in the territory of the temporary stay, the Insured may contact the Service Company to clarify the telephone numbers of the local auto repair services. Further settlements with the towing service and the repair crew at the car service center shall be performed by the Insured independently while receiving all the required documents confirming the amount of expenses incurred and the nature of the works performed. Upon return, the Insured shall contact the Insurer to submit an application for receiving insurance benefit for the fact of damage, breakdown, or loss of a ground vehicle with all available documents attached.

19.5.2. All documents submitted to the Insurer shall be translated into the Russian language and certified by a notary or a translation agency.

Section III. INSURANCE AGAINST ACCIDENTS DURING THE TRIP

20. INSURANCE ENTITIES

20.1. Under the insurance contract, the life and working capacity of the Policyholder themselves or other individuals identified in the insurance contract (hereinafter referred to as the "Insureds") can be insured.

20.2. The Policyholder being an individual may execute insurance contracts for themselves or third parties. The Policyholder being a legal entity may execute insurance contracts for its employees and other individuals. The individual in respect of whom the insurance contract has been executed is hereinafter referred to as the "Insured." An insurance contract executed by an individual for a third party (not the Policyholder) or an insurance contract executed by a legal entity shall be considered executed to the benefit of the Insured unless otherwise specified in the insurance contract.

20.3. With the consent of the Insured, expressed in writing or by the personal will of the Insured, the Policyholder is entitled to designate any person (or several persons in the established ratio) as a beneficiary of insurance coverage (Beneficiary) in case of death of the Insured. If several Beneficiaries have been appointed under the insurance contract and the ratio of receipt of the insurance benefit has not been established, the insurance indemnity shall be paid to the Beneficiaries in equal ratios but not exceeding the limit of the sum insured established in the insurance contract (insurance policy). If, under the insurance contract, the Beneficiary is not appointed, then in the event of the death of the Insured, the Beneficiaries shall be the heirs of the Insured.

21. OBJECT INSURED

21.1. An object insured shall mean property interests of the Policyholder (Insured) that are related to their life and working capacity as well as to incurring additional expenses through harm to the life, health, working capacity of the Policyholder (Insured).

22. INSURED EVENT. SCOPE OF INSURANCE COVERAGE

22.1. An insured event is an event that has occurred, is covered by insurance and has occurred during the insurance period due to the factors provided for in the insurance contract, which result in the Insurer's obligation to pay insurance benefits to the Insured, Policyholder,

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Beneficiary, or other third parties within the limit of the sum insured established in the insurance contract (insurance policy) for this risk.

22.2. The events that are the direct result of an accident(s) occurring during the term of the insurance contract (insurance policy) are the insured events. The insurance contract may provide for insurance against one or several risks from the following list. The following events are recognized as insured events:

22.2.1. Death of the Insured, inter alia, as a result of a traffic accident that occurs within one year after the accident and is a direct consequence thereof. The benefit for this risk is 100% of the sum insured.

22.2.2. Burns of the Insured due to an accident. Indemnity for this risk is determined by the following ratio:

Nature of damage	Amount of insurance benefit (% of limit of sum insured)
Degree III burns accompanied by the development of burn disease and scarring of soft tissues (30% or more of the whole body surface)	80%
Degree III burns without development of burn disease (up to 30% of the whole body surface)	30%

22.2.3. Disability of the Insured due to an accident. Indemnity for this risk is determined by the following ratio:

Disability group	Amount of insurance benefit (% of limit of sum insured)
I (first) disability group	100%
II (second) disability group	75%
III (third) disability group	50%

With regard to the insurance of children, only the concept of "disability" is applied without assigning a disability group but with the assignment of a "disabled child" category. The benefit for this risk is 100% of the limit of the sum insured.

22.3. The events provided for in Clause 22.2 shall be recognized as insured events if they occurred during the term of the insurance contract and are confirmed by the documents issued by the competent authorities in accordance with the procedure established by law (civil registration agency, medical institutions, medical and social assessment, court, etc.).

23. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE

23.1. The events listed in Clause 22.2 are not insured events if they occurred as a result of:

23.1.1. effects of a nuclear explosion, radiation, and radioactive, chemical, or bacteriological contamination;

23.1.2. military operations and maneuvers or other military activities;

23.1.3. civil war, civil unrest, strikes;

23.1.4. if not explicitly provided for in the insurance contract (insurance policy), the exclusions from the insurance shall include the participation of the Insured in sports activities, training, competitions (except for amateur sports, such as running, football, volleyball, table tennis, and other games not associated with increased traumatism);

23.1.5. intentional actions of the Policyholder, the Insured, or the Beneficiary (or any other person directly or indirectly interested in the occurrence of an insured event), aimed at the insured event occurrence, including suicide (attempted suicide) of the Insured and causing

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bodily injury to themselves;

23.1.6. commission or attempt of the Insured to commit an intentional crime, another offense that impacted the occurrence of the insured event;

23.1.7. use of alcohol, narcotic, psychotropic, and toxic substances by the Insured (except poisoning by legally acquired poor-quality alcoholic beverages);

23.1.8. events mentioned in these Insurance Rules or in the insurance contract (insurance policy) as exceptions to insurance.

23.2. The events and acts listed in Clause 23.1 of these Insurance Rules shall be recognized as such on the grounds of an effective decision or ruling of a court, a decision of the prosecutor's office, or other documents proving the fact of a crime, in accordance with the procedure prescribed by the legislation.

**24. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT.
INSURANCE BENEFIT PAYMENT PROCEDURE**

24.1. The Insurer shall pay the insurance indemnity in accordance with these Insurance Rules, insurance indemnity payment tables, and insurance contract on the grounds of a written application of the Policyholder, Insured, Beneficiary, the heirs of the Insured, documents confirming the occurrence of the insured event, and other documents.

24.2. The amount of the insurance benefit shall be determined in accordance with this clause and the principles outlined in Clause 22.2 of these Insurance Rules and the terms of the insurance contract.

24.2.1. Upon the occurrence of insured events provided for in Section III of these Insurance Rules, the Insurer shall pay the insurance benefit in the amount provided for in Clause 22.2.3 of these Insurance Rules. If payments have been made previously to the Insured under the insurance contract, the insurance indemnity shall be paid less the amount previously paid.

24.2.2. Upon the occurrence of the event provided for in Clause 22.2 of these Insurance Rules, the amount of the insurance benefit shall depend on the degree of working incapacity and shall be determined on the grounds of a diagnosis in accordance with the ratio established by these Insurance Rules.

24.3. Payment of insurance indemnity (or the amount of all insurance benefits for the entire term of the insurance contract) under no circumstances may exceed the amount of sum insured provided for by the insurance contract.

24.4. In case the insurance contract (insurance policy) establishes separate sums insured for different risks, the amount of insurance indemnity payment for an individual risk may not exceed the sum insured for this risk.

24.5. Upon the occurrence of the "*Death of the Insured*" insured event (Clause 22.2.1), the insurance indemnity shall be paid as follows: the insurance benefit shall be paid to the Beneficiary or the legal heirs of the Insured in the amount of 100% of the sum insured.

24.6. Upon occurrence of the "*burns of the Insured*" insured event (Clause 22.2.2), the insurance indemnity shall be paid in accordance with the ratio established by these Insurance Rules.

24.7. Upon the occurrence of the "*Disability of the Insured*" insured event (Clause 22.2.3), the insurance indemnity shall be paid in the amount provided for in Clause 22.2.3 of these Insurance Rules. Herewith, the amounts paid under previous insured events shall be deducted from the amount of the payment if such cases resulted in the disability of the Insured.

24.8. The insurance contract may stipulate that if the Insured's disability group changes during the insurance contract term to the extent of an increase in its degree, the Insurer shall make an additional payment in the amount of the difference between the sum insured payable with a higher degree of disability and the sum insured paid to the Beneficiary for the previously established lower degree of disability.

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24.9. When assigning a category of "*Disabled Child*" to a Child being the Insured, the insurance benefit shall be paid in the amount of 100% of the sum insured established under the insurance contract.

24.10. *When applying for insurance benefit to the Insurer using any of the methods specified in Clauses 11.7.1 to 11.7.4, the following documents shall be provided:*

24.10.1. by the Insured in the event of total permanent, partial permanent, or temporary loss of general capacity for work: insurance contract or insurance information; application for insurance indemnity (may be made on the Insurer's letterhead or in free form); a copy of the identity document (of the applicant and beneficiary of the insurance benefit); documents of the medical institution confirming the diagnosis and, if applicable, the duration of the period of disability (original or copy certified in the prescribed manner); copy of the identity document of the Insured.

24.10.2. by the Beneficiary in case of death of the Insured: insurance contract or insurance information (copy); application for insurance indemnity (may be made on the Insurer's letterhead or in free form); a copy of the death certificate of the Insured; detailed medical report of death (original or copy certified in the prescribed manner); copy of the identity document. In case a preliminary investigation has been conducted on the death of the Insured, there shall also be provided an order on commencement of a criminal case / order to dismiss the criminal complaint (original or copy certified in the prescribed manner).

24.10.3. By the heir (heirs) of the Insured in case of death of the Insured: documents listed in Clauses 24.10.1–24.10.2.; certificate of inheritance (original or a notarized copy).

24.10.4. The Insurer is entitled to demand that the Policyholder/Insured/Beneficiary provide other documents related to the insured event (including X-ray, examination results, expert opinion as well as other documents).

24.11. To determine the cause of the insured event and the circumstances of its occurrence, the Insurer is entitled to apply to the competent authorities as well as to require the person who applied for the insurance benefit to provide other documents (including radiographs for fractures, a forensic expert report on the cause of death of the Insured, extracts from the patient medical record, etc.).

24.12. The Insurer is entitled to schedule a medical examination and/or inspection (expertise) of the Insured to confirm the injuries / bodily injuries of the latter. If the Insured refuses to undergo a medical examination and/or inspection (expertise), the Insurer may refuse to pay the insurance indemnity.

24.13. The Insurer is entitled to postpone the payment of insurance indemnity until the person who has submitted the payment claim provides all the required documents, and in case the said person refuses to submit the above documents, the Insurer is entitled to refuse payment of the insurance indemnity.

24.14. After providing all the required documents, the Insurer, within the time limits set out in Clause 11.16, shall decide on the payment of the insurance indemnity or on the recognition of the case as not an insured event.

24.15. In case of a decision to recognize the event as not an insured event, the Insurer shall send a reasoned refusal to the Beneficiary in writing within three (3) business days after the decision is made.

Section IV. BAGGAGE INSURANCE

25. INSURED EVENT

25.1. The insured events under the "Baggage Insurance" risk are the events occurring during the period of the Trip, related to the loss of, damage to, or delay of baggage belonging to the

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Insured, handed over to the baggage compartment of the airline company.

25.2. ***In case of loss of baggage checked in with the airline***, the Insurer shall pay the sum insured within the limit specified in the insurance contract in accordance with Clause 25.2.1.

25.2.1. The Insurer shall pay the insurance benefit for each kilogram of baggage, however not exceeding the limit specified in the insurance contract, and unless otherwise provided by the insurance contract (insurance policy):

Trip Territory	Amount per kg of weight for business class	Amount per kg of weight for economy class
Territory T-I, T-II	fifty (50) US dollars/euros	twenty five (25) US dollars/euros
T-III Territory	two thousand (2,000) rubles	one thousand (1,000) rubles

25.3. ***In case of damage to a baggage transportation accessory*** (suitcase, travel bag, backpack, briefcase, stroller, etc.), with the exception of hand baggage, the Insurer shall pay the sum insured equivalent to seventy (70) US dollars/euros (in accordance with the currency of the insurance contract) per unit of baggage, unless otherwise provided by the insurance contract (insurance policy).

25.3.1. When travelling in the T-III territory, the Insurer shall pay the sum insured for damage to a piece of baggage in the amount of five thousand (5,000) rubles, unless otherwise provided by the insurance contract (insurance policy).

25.3.2. In case of damage to sports equipment transported in the baggage compartment of aircraft, the Insurer shall pay the sum insured equivalent to seventy (70) US dollars/euros (in accordance with the currency of the insurance contract) per unit of equipment, unless otherwise provided by the insurance contract (insurance policy).

25.4. ***In case of a delay in baggage delivery for more than three (3) hours*** after the arrival of the Insured at the destination airport or ***non-arrival of baggage*** at the destination airport on the same flight with the Insured after their arrival and during the insurance period:

25.4.1. For abroad trips (except for T-III Territory), the Insurer shall pay the sum insured equivalent to one hundred (100) US dollars/euros (in accordance with the currency of the insurance contract) per one (1) person (unless another amount is stipulated by the insurance contract). If the number of the Insureds is three (3) or more persons specified in one insurance contract, the Insurer shall pay the sum insured equivalent to three hundred (300) US dollars/euros (in accordance with the currency of the insurance contract) for all the Insureds unless other amounts are specified in the insurance contract (insurance policy).

25.4.2. When traveling in T-III Territory, the Insurer shall pay the sum insured in the amount of three thousand (3,000) rubles per one (1) person (unless other amounts are stipulated by the insurance contract). If the number of the Insureds is three (3) or more persons specified in one insurance contract, the Insurer shall pay the sum insured equivalent to nine thousand (9,000) US dollars/euros unless other amounts are specified in the insurance contract (insurance policy).

26. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

26.1. If the baggage is damaged, the Insurer shall not be liable for the property that is the contents of the baggage (objects, things, etc. inside the baggage).

26.2. For the "Baggage Insurance" risk according to Cl. 25.2-25.4, the Insurer shall not accept for insurance and shall not be liable for baggage transported by land and water transport.

26.3. In any case, the Insurer shall not cover the costs resulting from theft of the Insured's baggage left at the territory of airports, train stations, and in other places, i.e., not delivered

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to the airline.

26.4. The Insurer shall not recognize events as insured events and shall not reimburse expenses for baggage insurance if the same occurred due to:

- property damage by insects or rodents;
- scratches, scuffs, peeling paint, other changes in the appearance of the property, not interfering with its functions;
- damage to baggage sent separately (CARGO) or by post;
- arrest, confiscation, or another lawful seizure of baggage.

**27. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT.
INSURANCE BENEFIT PAYMENT PROCEDURE**

27.1. In case of loss, damage to, or delay of the baggage checked in the baggage room of the air carrier, the Insured shall contact the carrier's authorized persons to obtain documents recording the fact of loss, damage to, or delay of baggage, including photos and/or video materials (if applicable).

The refusal of these persons to provide or execute properly the respective documents shall also be made in writing.

27.2. The insurance benefit case of loss of baggage shall be paid in addition to the air carrier's compensation based on the confirmation of full loss of baggage and only after the Insured has received such compensation from the air carrier.

27.3. Upon returning from the Trip, the Insured shall submit, using any of the methods specified in Clauses 11.7.1–11.7.4, to the Insurer an Application for insurance benefit with an attachment of a copy of an identity document (of the applicant and beneficiary), copies of an international passport (all pages), and/or other information confirming the Trip, during which the insured event occurred, and depending on the insured event category, originals and/or copies of the documents listed in this section.

27.4. After all necessary documents have been submitted, the Insurer shall, within the terms set forth by Cl. 11.16 of Chapter 11 of these Insurance Rules, make a decision on the payment of insurance indemnity or on recognizing the event as non-insured and/or refusing to pay the insurance benefit.

Section V. CIVIL LIABILITY INSURANCE FOR THE TRIP PERIOD

28. INSURED EVENT

28.1. The insured event for the "Civil Liability Insurance" risk is an event that occurred during the Trip abroad which resulted in the Insured's obligation to reimburse for the damage inflicted to the life, health, and/or property of third parties. In this case, the event shall be an insured event if harm and/or damage is inflicted through the unintentional actions of the Insured, which is confirmed by a legally effective court decision. If damage is inflicted only to the property of third parties, the Insurer may recognize the event as an insured event on the grounds of a justified pre-trial property complaint of the affected third party against the Insured.

29. EXPENSES REIMBURSED BY THE INSURER

29.1. Upon occurrence during the Trip of events which result in the Insured's obligation to reimburse for damage inflicted to the life, health, and/or property of third parties, the Insurer shall reimburse:

29.1.1. Direct real property damage to a third party through damage (destruction), loss of property owned by a third party (or belonging to them on the grounds of a legally documented legal relationship) within the actual value of the property, or the cost of its restoration (repair). Therewith, the Insurer's liability shall be limited to the amount within the limit specified in the insurance contract (insurance policy).

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29.1.2. Property damage to a third party, not exceeding the amount equivalent to one thousand (1,000) US dollars/euros:

– insurance benefit shall be paid on the grounds of documents confirming the costs of reimbursement for damage.

29.1.3. Property damage to a third party, exceeding the amount equivalent to one thousand (1,000) US dollars/euros:

– insurance benefit shall be paid on the grounds of documents confirming the costs of reimbursement for damage and documents of the competent authorities (judicial acts, police orders, etc.) of the territory of the Trip;

29.1.4. physical harm (harm to health and/or life) to a third party, within:

(a) the amount of expenses required for medical treatment and/or subsequent rehabilitation of the affected person on the grounds of judicial acts effective in the territory of the Trip;

(b) the amount of the part of earnings, which the dependent persons of a victim lose in case of death of the victim, on the grounds of judicial acts in effect in the territory of the Trip;

(c) the amount of the incurred funeral expenses, in case of death of the affected person, on the grounds of judicial acts effective in the territory of the Trip.

29.2. Therewith, the Insurer's liability shall be limited to the amount within the limit specified in the insurance contract (insurance policy).

30. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

30.1. The Insurer shall not reimburse for the expenses for the "Civil Liability Insurance" risk in case of liability for damages to life, health, and property of third parties if occurred in connection with:

30.1.1. the implementation of professional (labor) activities of the Insured under an employment or civil law contract;

30.1.2. inflicting moral harm;

30.1.3. indirect losses, including lost profits;

30.1.4. damage or harm inflicted through gambling or betting;

30.1.5. liability arising from the use or operation by the Insured of motor vehicles, motorcycles, aircraft, and vessels;

30.1.6. liability of any kind arising directly or indirectly, or in part, as a result of pollution of the atmosphere, water, or soil and other pollution of the surrounding environment;

30.1.7. damage or harm inflicted by the action or inaction of the Insured who is under the influence of alcohol, drugs, or other intoxicants or under the influence of psychotropic and toxic substances, or the consequences thereof;

30.1.8. unlawful acts of a third party, the Insured themselves, or a crime;

30.1.9. violation of copyright and other exclusive rights to intellectual property;

30.1.10. fishing or hunting;

30.1.11. damage to animals belonging to the Insured;

30.1.12. transmission of a disease to another person (infection, etc.);

30.1.13. any internal family relationships of the Insured with respect to members of their family;

30.1.14. damage to or loss of property leased by the Insured (except for hotel/apartment property), borrowed, or transferred for custody and/or storage.

30.2. The insurer shall have the right to set other restrictions or change the restrictions specified in Chapter 30 of these Insurance Rules in the insurance contract (insurance policy)

31. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT. INSURANCE BENEFIT PAYMENT PROCEDURE

31.1. If the events specified in Clause 28.1 of these Insurance Rules occur during the Trip,

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the Insured shall:

31.1.1. Take all possible measures to reduce or prevent damage to property and/or to save the lives and/or health of third parties.

31.1.2. Whenever possible and in compliance with the legislation of the country of the Trip, make photo, audio, and video recordings of events to protect their interests and/or determine the amount of harm inflicted.

31.1.3. Obtain documents confirming the fact of property damage and expenses for damages:

31.1.3.1. In case of damage whose amount does not exceed the amount equivalent to one thousand (1,000) US dollars/euros, documents confirming the costs of compensation for damage (invoice with a note on payment, a Property Damage Certificate, payment documents on payment for repairs, payment documents confirming the fact of damage compensation, etc.).

31.1.3.2. In case of damage whose amount exceeds the amount equivalent to one thousand (1,000) US dollars/euros, documents confirming the costs of compensation for damage (invoice with a note on payment, a Property Damage Certificate, payment documents on payment for repairs, payment documents confirming the fact of damage compensation, including examination (calculation), documents of repair organizations / the cost of damage compensation, etc.) as well as documents of competent authorities (judicial acts, police orders, court decisions, etc.) of the state of the Trip.

31.1.4. Contact the competent authorities and directly notify the Insurer of the incident by any available means, informing of the circumstances and details of the event and providing, if possible, the testimony of witnesses, the affected person (or their official representatives), and other documents (including photo, audio, and video materials) allowing to assess the degree and nature of the event.

31.1.5. Follow the recommendations of the Insurer. Avoid making any promises/guarantees to the affected party without the Insurer's written consent, on their behalf and/or on behalf of the Insurer verbally and/or in writing, and admitting guilt in part or in full.

31.1.6. The Insured may not sign any documents whose meaning they do not understand.

31.1.7. Arrange independently the protection of their interests in court, including the search for witnesses, the payment of lawyer services and the preparation of the necessary documents.

31.1.8. Upon returning from the Trip, the Insured shall submit using any of the methods specified in Clauses 11.7.1 to 11.7.4, an Application to the Insurer for the insurance benefit with the following documents attached:

(a) copy of an identity document;

(b) copy of the international passport (all pages), with the marks on crossing the border of the Russian Federation and/or other information confirming the Trip relating to the period of an insured event as well as a copy of the insurance policy / insurance information;

(c) documents confirming the amount of harm caused (including photo, audio, and video recordings, if applicable) to the life, health, and/or property of a third party;

(d) original of the effective court decision (in case of court proceedings), including payment documents confirming that the Insured has paid for harm to life, health, and/or property of a third party; or

(e) only in cases of property damage: the original of the pre-trial property claim of the affected third party to the Insured, including documents confirming the payment of the property damage by the Insured to a third party.

31.2. In case the Insured has not paid according to the invoice for damage inflicted on a third party after returning from the Trip, the Insurer shall pay independently the invoice to a third party, provided that all the required documents are submitted.

31.3. The Insurer may refuse payment of an insurance benefit if the Insured has indemnified a third party for the damage without obtaining the Insurer's written consent.

Section VI. INSURANCE OF EXPENSES RELATED TO INVOLUNTARY CANCELLATION, EARLY TERMINATION, OR INVOLUNTARY EXTENSION OF THE TRIP

32. INSURED EVENT

32.1. An insured event shall mean an event that has occurred, included in the insurance coverage, and occurred during the insurance period due to the events that are provided for in the insurance contract, as a result of which the Insurer is obliged to pay an insurance benefit to the Insured, Beneficiary, or other third parties (under a power of attorney – Cl. 11.2.3).

32.2. According to these Insurance Rules, an insured event shall refer to a forced refusal from a planned Trip (cancellation of a trip) – the inability of the Insured to take the intended Trip outside the Russian Federation/permanent place of residence due to events that occurred from the commencement of the insurance contract (however no earlier than the payment of the insurance premium) until the Trip commencement and in accordance with the special terms of the insurance contract (insurance policy) and the insurance program:

32.2.1. death of:

- a) the Insured and/or a close relative of the Insured;
- b) the spouse of the Insured or their close relatives;
- c) the Insured's Travel Companion and their close relatives;

32.2.2. a disease that manifested itself suddenly during the policy period/exacerbation of a chronic disease that manifested itself during the policy period, requiring hospitalization and further treatment in a hospital (except for a day hospital):

- a) the Insured and/or a close relative of the Insured;
- b) the spouse of the Insured or their close relatives;
- c) the Insured's Travel Companion and their close relatives;

32.2.3. a disease that manifested itself suddenly during the policy period/exacerbation of a chronic disease that manifested itself during the policy period, requiring outpatient treatment ending in hospitalization during the planned Trip:

- a) the Insured and/or a close relative of the Insured;
- b) the spouse of the Insured or their close relatives;

32.2.4. a disease that manifested itself suddenly during the policy period/exacerbation of a chronic disease that manifested itself during the policy period, requiring outpatient treatment:

- a) the Insured and/or a close relative of the Insured;
- b) the spouse of the Insured or their close relatives;
- c) the Insured's Travel Companion and their close relatives;

If close relatives of the Insured's spouse or close relatives of the Trip Companion (if provided for by the insurance program and/or special terms of the insurance contract (insurance policy)) refused hospitalization and/or hospitalization was without further treatment in a hospital, then the costs are not subject to reimbursement by the Insurer.

32.2.5. injuries of any complexity in the presence of medical indications, according to the conclusion of the CEC (clinical expert commission), preventing the completion of the Trip within the specified term of the Trip):

- a) the Insured and/or a close relative of the Insured;
- b) the spouse of the Insured or their close relatives;
- c) the Insured's Travel Companion and their close relatives;

32.2.6. dangerous diseases*, as well as infantile infections**, that have occurred in:

- a) the Insured and/or a close relative of the Insured;
- b) the spouse of the Insured or their close relatives;
- c) the Insured's Travel Companion and their close relatives.

** - Clause 2.31 of these Insurance Rules.

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****** - *Clause 2.12 of these Insurance Rules.*

Provided that these conditions arose in the Insured or their close relative or in the Insured's Trip Companion.

In case the Insured, and/or their close relative, and/or their Companion have refused hospitalization; and/or hospitalization was without further hospital treatment; and/or have not properly documented the outpatient treatment, the expenses of the Insured shall not be reimbursed by the Insurer;

32.2.7. damage or destruction of the property (other than a vehicle) as a result of a natural disaster, flooding, engineering network failure, traffic accident, third-party actions, including actions that resulted in a fire, which resulted in significant damage (destruction of more than 70% of the property) and significantly affected the financial standing, or in accordance with the legislation of the Russian Federation, those requiring personal presence in the place of permanent residence / outside the territory of the Trip:

- (a) property owned by the Insured;
- (b) property owned by the Insured's Trip Companion;

32.2.8. the need for personal (independent) participation in investigative actions, criminal and/or administrative judicial proceedings (legal proceedings), as a victim, witness and/or expert, on the basis of subpoenas issued by competent authorities of:

- a) the Insured;
- b) or the Insured's Trip Companion.

In case the Insured/Insured's Trip Companion participates in a criminal and/or administrative court proceeding (legal proceedings) as a suspect/accused person or as a representative and/or if the Insured performs professional or labor functions, the event shall not be considered an insured event and the expenses of the Insured/Insured's Trip Companion shall not be reimbursable by the Insurer;

32.2.9. denial of an entry visa when submitting documents for its receipt (registration) in the territory of the Russian Federation:

- a) the Insured and/or his close relative, accompanying the Insured on the Trip and specified with him in the agreement with the tourist organization, in one booked and paid hotel room, apartment, etc.,
- b) the Insured's Trip Companion.

Provided that documents for visa processing are submitted in a timely manner and the necessary requirements of the consulate for documents submitted for a visa are met, and also provided that there have been no **previously received denials** of a visa/pro-visa/electronic visa and other permitting* documents, except in cases of cancellation of this denial or when three (3) months have passed from the date of denial for all participants of the Trip.

** Medical documents do not belong to authorization documents for entry into the country of temporary stay;*

32.2.10. Trip cancellation due to denial of entry into the country of temporary stay, which is confirmed by the absence of a border service entry stamp in the passport and/or confirmation of denial of entry into the country of temporary stay of:

- (a) the Insured and/or their close relatives participating in the same Trip with the Insured;
- (b) the Insured's Trip Companion;

32.2.11. Trip cancellations due to a prohibition to leave the Russian Federation (when crossing the border) due to errors in the international passport, which is confirmed by the act of the border service of the FSB of the Russian Federation:

- (a) the Insured and/or their close relatives participating in the same Trip with the Insured;
- (b) the Insured's Trip Companion;

32.2.12. technical malfunctions, failure in the operation of machine devices, and other unforeseen circumstances that occurred to the vessel (liner, boat, icebreaker, motorship, yacht, etc.) cruising on the planned route that resulted in the cancellation of the cruise of the Insured;

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32.2.13. natural disasters and their consequences, as well as adverse weather conditions that objectively prevent the Insured Person from leaving on a planned Trip due to the delay or cancellation of air, land, or water transport for a period of more than two (2) days, arising in the place/country/region of permanent residence or the place/country/region of the Trip;

32.2.14. conscription for military service or military training after the start of the Insurance Period and before the Trip commencement (in cases where the date of arrival of the Insured at the military registration and enlistment office/recruitment office falls on the insurance period or the Trip):

a) the Insured;

(b) the Insured's Trip Companion;

32.2.15. loss of employment in accordance with Paras. 1, 2 Part 1 of Art. 81 of the Labor Code of the Russian Federation during the insurance period before the Trip commencement:

a) the Insured;

(b) the Insured's Trip Companion;

32.2.16. forced relocation to another region (locality) of the Russian Federation as a result of transfer to another job in accordance with Articles 72.1 and 72.2. of the Labor Code of the Russian Federation during the insurance period prior to the Trip commencement:

a) the Insured;

(b) the Insured's Trip Companion;

32.2.17. filing documents for recognition of bankruptcy in court during the insurance period prior to the Trip commencement:

a) of the Insured;

b) of the Insured's Trip Companion;

32.2.18. issuance of a court ruling on divorce disputes during the insurance period before the Trip commencement in relation to:

a) the Insured;

b) the Insured's Trip Companion;

32.3. According to these Insurance Rules, an insured event shall refer to the early termination of an already started Trip or a forced extension of stay on the Trip due to events that occurred during the period of the Insured's stay on the Trip:

32.3.1. early return of the Insured from the Trip to the country of permanent residence if such return is caused by a disease/exacerbation of a chronic disease (subject to the need for inpatient treatment) and/or death of their close relative or close relative of their spouse in the country of permanent residence.

32.3.2. Delays in the return of the Insured from the Trip after the end of the Trip period caused by the death, accident, disease/exacerbation of a chronic disease (subject to emergency hospitalization) of the person traveling with him/her:

(a) a close relative of the Insured;

(b) the Insured's Trip Companion.

32.3.3. Technical malfunctions, failure in the operation of machine devices, and other unforeseen circumstances that occurred to the vessel (liner, boat, icebreaker, motorship, yacht, etc.) cruising on the planned route that resulted in the interruption of the commenced Trip or a delay in the Trip.

32.3.4. Natural disasters and their consequences, as well as adverse weather conditions, that objectively prevented the Insured from leaving the Trip area and returning to the place of permanent residence timely due to a delay or cancellation of air or land transport for more than two (2) days in the place/country/region of the Trip or the place/country/region of permanent residence.

32.4. The Insured's, Trip Companion's, close relative's subjective attitude (fear, phobias, etc.) to the situation in the country of temporary stay shall not be an insured event and shall

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not be covered by the insurance policy (insurance contract).

33. EXPENSES REIMBURSED BY THE INSURER

33.1. Upon the occurrence of the events listed in Clauses 32.2 and 32.3, the Insurer shall reimburse the costs of compensation for losses incurred as a result of the involuntary cancellation of the Insured's Trip outside the Russian Federation/place of permanent residence or the costs of compensation for losses arising from early termination of the Trip that has already started or involuntary extension of the Trip, namely:

33.1.1. expenses incurred by the Insured in the cases provided for in Clause 32.2.1-32.2.8, 32.2.11, 32.2.14-32.2.18 and associated with the involuntary return of the travel documents, the refusal of a reserved hotel room, and other services related to the arrangement of the Trip (transfer, etc.), which were paid for by the Insured, are not reimbursable, or are partially reimbursable, and are confirmed by the respective documents of the transport company, consulates, hotels, etc., which fact is evidenced by the respective documents;

33.1.2. Expenses incurred by the Insured due to the reasons provided for in Clause 32.2.9 and associated with the payment of the consular fee of the destination state's embassy, as well as with the purchase/exchange of air, railway, and other transport tickets and the payment of ground handling, accommodation at hotel, apartments, etc., and not subject to reimbursement or subject to partial reimbursement and confirmed by respective documents of a transport company, consulate, hotel, etc.

33.1.3. Expenses incurred by the Insured due to the reasons provided for in Clause 32.2.10 and related to the involuntary refusal of a reserved hotel room and services related to the arrangement of the Trip (except for the services used: visa, transfer, travel tickets, etc.) as a result of denied entry to the country of temporary stay, which expenses were paid by the Insured and are not reimbursable, or are partially reimbursable by such organizations, and are confirmed by the respective documents;

33.1.4. Expenses incurred by the Insured due to the reasons provided for in Clause 32.2.12: in case the planned Trip is canceled—within the sum insured as per the insurance contract; in case of early return of the Insured from the Trip—within the confirmed cost accommodation in the cabin for the unused Trip for the unused part of the period of stay outside the Russian Federation/place of permanent residence;

33.1.5. expenses incurred or expected to be incurred by the Insured for the reasons specified in Cl. 32.2.13 in case of cancellation of the Trip or delay of departure on the planned Trip, the Insurer shall pay the sum insured in Russian rubles, equivalent to two hundred (200) US dollars/euros (in accordance with the currency of the insurance contract);

33.1.6. expenses incurred by the Insured in connection with the involuntary cancellation of the Trip (cancellation of the planned Trip) for the reasons provided for in Clause 32.2.1- 32.2.12, 32.2.14-32.2.18 associated with:

(a) the deduction of the travel agency fee charged by the tour operator for the travel agent under the terms of the tour formed by the tour operator or determined by the agreement between the tour operator and the travel agent and nonrefundable to the Insured in case of Trip refusal and/or the surcharge set by the travel agent independently on the tour operator's product but in the amount not exceeding twenty percent (20%). In this case, the cost of the tourist product/tour package shall be indicated in the agreement on the sale of the tour product and included in the sum insured and shall also be confirmed by the payment documents (Clause 2.39) on the sale of such a tour product/tour package;

In cases of prepayment of a portion of the tour cost, the fee amount shall be calculated from the actual amount paid to the travel agent;

(b) the deduction of a surcharge for individual services offered by the travel agent to the Insured in an amount not exceeding twenty percent (20%) of the nominal cost of

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transportation, accommodation (including on a cruise), and visa obtaining from the service provider (hereinafter referred to as the nominal cost of the service).

In cases of prepayment of a portion of the nominal cost of the service, the fee amount shall be calculated from the amount actually paid to the travel agent;

33.1.7. expenses incurred by the Insured upon their early return from the Trip, caused by the reasons provided for in Cl. 32.3.1, within the limits of the sum insured set forth in the insurance contract. In this case, the expenses for the purchase of economy class tickets, the transfer of a one-time urgent message (telephone, telefax, telegram, etc.) as well as the confirmed cost of accommodation at the hotel room, apartment, etc. for the unused part of the period of stay outside the Russian Federation/permanent residence shall be reimbursed.

Expenses for the purchase of travel documents shall be reimbursed only if the initial ticket is not to be refunded. In case of reissue of travel documents, the Insurer shall reimburse the documented and justified expenses associated with the reissue of travel documents;

33.1.8. the documented expenses incurred by the Insured as a result of the delay in their return after the end of the Trip caused by the reasons provided for in Clause 32.3.2 within the limits of the sum insured set forth in the insurance contract. Therewith, the Insured's hotel accommodation expenses shall be reimbursed in an amount not exceeding the amount in Russian rubles equivalent to three hundred (300) US dollars/euros (in accordance with the currency of the insurance contract), purchase of economy class tickets, transfer of a one-time urgent message (telephone, telefax, telegram) unless otherwise provided for by the insurance contract.

Expenses for the purchase of travel documents shall be reimbursed only if the initial ticket is not to be refunded. In case of reissue of travel documents, the Insurer shall reimburse the documented and justified expenses associated with the reissue of travel documents;

33.1.9. Expenses incurred by the Insured due to the reasons provided for in Clause 32.3.3 in case of early return of the Insured from the Trip—within the confirmed cost of accommodation in the cabin for the unused part of the period of stay outside the Russian Federation/place of permanent residence as well as the expenses for purchasing new or reissuing existing air and railway tickets due to the need to return early to the place of permanent residence;

In case of a delay in the cruise – expenses incurred or expected to be incurred by the Insured, in the amount of the sum insured limit set in the insurance contract (insurance policy);

33.1.10. expenses incurred or expected to be incurred by the Insured for the reasons specified in Cl. 32.3.4 in case of a forced prolonged stay on a Trip, the Insurer shall pay the sum insured in Russian rubles, equivalent to two hundred (200) US dollars/euros (in accordance with the currency of the insurance contract);

33.2. Expenses under Clauses 33.1.5, 33.1.7 and Clause 33.1.8 shall refer to expenses for accommodation, food, essential goods and services, transfer or travel arrangements by other means of transport, actually incurred or expected to be incurred by the Insured in order to ensure their normal life.

34. EXPENSES NOT REIMBURSABLE BY THE INSURER

34.1. Upon the occurrence of the events listed in Clauses 32.2 and 32.3, the Insurer shall not reimburse for expenses incurred for compensation for losses incurred through the involuntary cancellation of the Trip, or the involuntary interruption of the Trip, or the involuntary extension of the Trip duration—if the same occurred:

34.1.1. if the Insured or their close relative, spouse's close relatives or the Insured's Trip Companion and/or their close relatives are under the influence of alcohol, drugs or toxic substances;

34.1.2. when intentional actions are committed by the Insured or the Beneficiary, their close relative, a spouse's close relatives of the Insured or the Insured's Trip Companion and/or their

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close relatives, if such actions are aimed at provoking the insured event occurrence;

34.1.3. in the event of suicide (attempted suicide) of the Insured or their close relatives, close relatives of the spouse of the Insured and/or the Insured's Trip Companion and/or their close relatives;

34.1.4. in cases of natural disasters and consequences thereof, adverse weather conditions. This exception shall not apply to the cases referred to in Clauses 32.2.7, 32.2.13 of these Insurance Rules.

The above exclusion will apply to Clause 32.2.13 if it is established that the Insured has arranged the Trip after the natural disaster and/or its consequence, or severe weather conditions have occurred in the place/country/region of permanent residence or in the place/country/region of the planned Trip;

34.1.5. when declaring epidemics, pandemics, general quarantine;

34.1.6. when organizing rehabilitation treatment, including sanatorium treatment, treatment in dispensaries, boarding houses, and similar institutions;

34.1.7. in case of publication of acts of any state and/or administration authorities as well as statements of state officials, including bans on entry or exit to/from a country. disease/injury/death occurring at the time or after the publication of such regulations / legislative acts and/or statements of officials shall not be an insured event, and the expenses for such events shall not be reimbursed;

34.1.8. in case of failure to obtain an entry visa, if the Insured or their close relative, spouse's close relatives or the Insured's Trip Companion and/or their close relatives previous visa denials (except in cases of cancellation of this denial or upon expiration of three (3) months after the date of denial) or visa violations, including in the case of failure to comply with the mandatory consular requirements for the documents submitted for the visa, and if there have been cases of criminal, administrative, or any other liability in the territory of the host country.

34.1.9. in case of failure to obtain an entry visa due to the closure of institutions that process and issue visas (embassies, consulates, etc.);

34.1.10. upon refusal to obtain a visa due to errors made during the execution of documents (electronic questionnaires) by the Insured;

34.1.11. in case of a failure to obtain an entry visa in the territory of another state (not in the Russian Federation);

34.1.12. upon denied entry to the country of temporary stay due to the provision of an insufficient/incomplete set/package of documents required to cross the border of the country of temporary stay (country of the Trip);

34.1.13. upon commission of unlawful acts (which are the basis for cancellation (interruption) of the Trip) by the Insured, their close relative, a close relative of the Insured's spouse or the Insured's Trip Companion and/or their close relatives;

34.1.14. in case of liquidation / bankruptcy / financial insolvency of a tour operator, travel agent, hotel, etc., or in the absence of a tour operator, travel agent, hotel, etc. at the legal/actual address known to the Insurer;

34.1.15. in case of nonfulfillment or improper fulfillment of obligations by the tour operator, travel agent, hotel, etc.;

34.1.16. in case of exacerbation or complication of existing oncological diseases as well as in the case of newly diagnosed oncological disease in the Insured, their close relatives, close relatives of the Insured's spouse, or Insured's Trip Companion and/or their close relatives except in cases of death;

34.1.17. for events that occurred prior to the date of execution of the insurance contract and/or the commencement of the insurance period, inter alia, as a result of an event, the commencement and/or causes whereof occurred before the insurance contract came into force. Thus, the onset of disease or exacerbation of disease in the Insured or their close relative,

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spouse's close relatives or the Insured's Trip Companion and/or their close relatives is considered to be poor health or primary symptoms (reasons) of disease/exacerbation that manifested in the Insured or their close relative, spouse's close relatives or the Insured's Trip Companion and/or their close relatives before the execution of the insurance contract and the establishment of the diagnosis by the physician and recorded by the physician in the medical documents of the Insured;

34.1.18. in case of the convulsive state, epilepsy, mental disorders, and behavioral disorders, neuroses (panic attacks, depression, hysterical syndromes, etc.), episodic and paroxysmal nervous system disorders, sleep disorders, demyelinating diseases of the nervous system as well as complications and any other consequences (injury, disease, or death) caused by these conditions of the Insured or their close relative, close relative of the Insured's spouse or the Insured's Trip Companion and/or their close relatives;

34.1.19. if it is necessary for the Insured or their close relative, spouse's close relatives or the Insured's Travel Companion and/or their close relatives to care for sick and close relatives;

34.1.20. when carrying out scheduled vaccinations in accordance with the scheduled vaccination schedule (including the children's vaccination schedule) of the Insured or their close relative, spouse's close relatives or the Insured's Trip Companion and/or their close relatives;

34.1.21. in case of planned pregnancy management, natural course of pregnancy at any stage, including planned hospitalization for pregnancy and childbirth of the Insured or their close relative, spouse's close relatives or the Insured's Trip Companion and/or their close relatives;

34.1.22. in case of failure to comply with the requirements of consular services imposed when applying for visas for an abroad Trip of the Insured or their close relative, spouse's close relatives or the Insured's Trip Companion and/or their close relatives;

34.1.23. in case of noncompliance with the requirements when leaving the Russian Federation and/or entering the country of temporary stay to provide documents with QR codes and/or certificates confirming the availability of required vaccinations, tests for the presence/absence of disease, tests, etc. The Insured or their close relative, spouse's close relatives or the Insured's Travel Companion and/or their close relatives;

34.1.24. with the participation of the Insured or their close relative, spouse's close relatives or the Insured's Travel Companion and/or their close relatives in any armed forces and formations during military campaigns, military operations of various kinds.

34.2. Should the events listed in Clause 32.2.10 occur during the Trip, the Insurer shall not be liable and shall not reimburse the costs of services already provided (used) (travel tickets, visa, transfer, etc.) due to the refusal of entry at the border point of the country of temporary residence.

34.3. The Policyholder (Insured) is notified that the Insurer shall pay insurance indemnity (under Clause 33.1.6 (a), (b) of these Insurance Rules) in the amount of the cost of the tourist product generated by the tour operator or the cost of individual travel services. In the case of the insurance policy for an amount in excess of the cost of the tourist product formed by the tour operator / the cost of individual services, the insurance contract in the part of the insurance amount that exceeds the cost of the tourist product / the cost of individual tourist services is null and void. The amount of losses exceeding the cost of the travel product generated by the tour operator / the cost of individual travel services shall not be reimbursed by the Insurer, the overpaid part of the insurance premium shall not be refundable in this case.

34.4. When insuring only the visa risk specified in Cl. 32.2.9, the Insurer shall not be liable for the risks of Trip cancellation or the risks of early Trip termination.

35. INSURANCE INDEMNITY PAYMENT PROCEDURE

35.1. Upon the occurrence of the events specified in Clause 32.2-32.3 and Clause 32.3, within a period not earlier than the intended Trip start date, the Insured shall declare it using

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any method agreed on with the Insurer, specified in Clauses 11.7.1 to 11.7.4 of these Insurance Rules.

The Statement shall indicate the nature and circumstances of the insured event, name the intermediary who formed a tourist group, or the address of the hotel, apartment, etc.

35.2. The following documents shall be attached to the Statement (if necessary, certified translations of the original documents drawn up in languages other than Russian):

35.2.1. copy of an identity document (of an applicant and beneficiary);

35.2.2. original or copy of the insurance contract (insurance policy); original or copy of insurance information (if available);

35.2.3. copies of all pages of the international passport (including blank ones) of the Insured (if the visa is denied); copy of the first page of an international passport and a page with the marks on crossing the border relating to the period of an insured event (in case of early return or delayed return), other document confirming the border crossing and the Trip);

35.2.4. copy of the birth certificate of a child (if the costs are related to the provision of services to a child);

35.2.5. documents (copy) confirming the relationship of the Insured and a close relative (where the event has occurred with a close relative or one of the Insureds participating in the Trip);

35.2.6. original or copy of the contract for the provision of tourist services, reservation, and confirmation of payment for the hotel room, apartment as well as payment documents (Clause 2.39 of these Insurance Rules) confirming the payment of expenses for the organization of the Trip;

35.2.7. documents confirming the refund by a travel agency, hotel, apartment, airline, other organizations to the Insured of part of the amount of funds under the contract for tourist services or under the terms of booking (information on the refund from the travel agency in the form of the Insurer, refund calculation, payment document);

35.2.8. documents of a tour operator, hotel, apartment, and other organizations whose services the Insured used to arrange the Trip abroad, confirming the existence of losses associated with the cancellation of paid services (calculation of tour cancellation, certificate of actual costs, official notification of a tour operator of the amount of fine and the amount of refund);

35.2.9. documents of the health control and surveillance services / health services of the state/region, confirming the fact of quarantine introduction against the Insured, based on the positive results of the test/analysis for a dangerous disease/infantile infection;

35.2.10. documents and information required to determine the nature of an insured event, namely:

(a) In case the Trip is impossible due to illness, injury, or death:

originals or copies of a certificate of working incapacity as per the established form (including a scanned image of an electronic sick leave certificate), an extract from the outpatient (inpatient) medical record, and/or a certificate indicating the diagnosis and period of treatment, a discharge summary of an official medical institution (hospital) with circumstances of the injury (in case of traumatic injury), full diagnosis, terms of treatment, therapeutic and diagnostic measures;

- copy of a death certificate, a copy of a death statement indicating the cause of death, documents confirming the relationship of the Insured and a close relative;

(b) in case the Trip is impossible due to damage to or loss of the property belonging to the Insured—originals or copies of reports of the police or respective administrative services, confirming the fact of damage;

(c) in case the Trip is impossible due to court proceedings—court summons (copy) and court judgment, decision, ruling (a copy certified by a court);

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(d) in case of an entry visa denial, the official denial of the embassy consular service (if any), and copies of all pages of the Insured's international passport (including blank pages);

(e) in case of early return of the Insured and their close relatives from the Trip due to the denied entry to the country of temporary residence, documentary evidence of such denial.

As well as air ticket and boarding pass, confirming both the fact of the Insured's arrival in the country of temporary residence and the fact of their return to the territory of permanent residence, dated by the date of arrival or the following day;

(f) in the event of conscription for military service or military training (Cl. 32.2.14): a copy of the summons, a certificate/notification from the military registration and enlistment office, certified by the military registration and enlistment office, a copy of the registration certificate, confirming the need for the Insured to arrive at the military registration and enlistment office/recruitment station during the insurance period or the Trip;

(g) in case of loss of employment (Cl. 32.2.15): a copy of the employer's order on reduction of the number of employees/staff or liquidation, notification of the employee with a note of familiarization, a copy of the work record book, certified by the employer or an extract from the electronic work record book), confirming the fact of job loss during the insurance period and prior to the Trip commencement;

(h) in the event of a forced relocation of the Insured to another region (locality) of the Russian Federation (Cl. 32.2.16): a copy of the order on transfer to another job in another region (locality), a copy of the work record book, certified by the employer or an extract from the electronic work record book, a copy of the employee's consent thereto, certified by the employer, a copy of tickets confirming the move and other documents confirming the fact of moving and/or residence in another region of the Russian Federation), and confirming the fact of forced relocation during the insurance period and prior to the Trip commencement;

(i) in the event that the Insured submits documents on recognition of bankruptcy (Cl. 32.2.17): a copy of the application for recognition of bankruptcy, with a note from the court on its acceptance, a copy of the decision on the acceptance of the application for court proceedings, confirming the fact of the bankruptcy proceedings during the insurance period and prior to the Trip commencement;

(j) in the event of divorce of the Insured as a result of a court decision (Cl. 32.2.18): a copy of the court decision on divorce, issued by the court during the insurance period before the Trip commencement, certified by the court;

35.3. In case of the early return of the Insured from the Trip in accordance with Clause 32.3.1, it is necessary to provide: travel tickets and documents confirming their cost or documents confirming the cost of reissuing travel documents; a document confirming the cost of an urgent one-time communication.

35.4. As a result of the delayed return of the Insured from the Trip in accordance with Clause 32.3.2, submission of the following documents is required: travel tickets and documents confirming their cost or documents confirming the cost of reissuing travel documents; a document confirming the cost of an urgent one-time message; document confirming the cost of additional hotel accommodation.

35.5. As a result of the cancellation of the planned Trip, the early return of the Insured from the Trip due to the reasons provided for in Clauses 32.2.12 and 32.3.3, it is required to provide: documents confirming the fact of interruption of a cruise as a result of technical problems, malfunctions, failure in the operation of machine devices, and other unforeseen circumstances that occurred to the vessel (liner, boat, icebreaker, motorship, yacht, etc.);

b) when making a cruise on the planned route, the fact of payment of the cost of living in the cabin during the Trip; tickets and documents confirming their cost or documents confirming the cost of reissuing travel documents.

35.6. As a result of the cancellation of the planned Trip, early return of the Insured from the

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Trip for the reasons provided for in Clause 32.2.13 or Clause 32.3.4, providing the following is required: documents issued by transport companies and/or other competent authorities confirming the occurrence of natural disasters and/or severe weather conditions that prevent the planned Trip and/or change in its duration.

35.7. The insurance benefit in the form of reimbursement for expenses incurred by the Insured shall be paid by the Insurer upon receipt of all the documents requested and, if necessary, certified translations thereof within the term stipulated in the insurance contract but not later than forty-five (45) business days.

35.8. The Insurer may send an official request to a tour operator, or a travel agent, or a hotel, etc. to determine or confirm the amount of expenses the Policyholder (Insurer) incurred and also may request originals of the documents provided and additional information for the event.

- The Insurer may pay the insurance indemnity upon the provision of supporting documents from a tour operator according to the scope of its final actual expenses.

- The Insurer may postpone the decision on insurance benefit payment until such documents are submitted.

35.9. The Policyholder (Insured) shall notify the tour operator, travel agent, or hotel, etc. immediately of cancellation or postponement of the Trip, for the maximum reduction of tariff sanctions prescribed in the contract for the provision of tourist services or in accordance with the booking terms and conditions.

Section VII. INSURANCE OF EXPENSES IN CONNECTION WITH FLIGHT DELAY, CANCELLATION OF A SCHEDULED FLIGHT, MISSING A CONNECTING FLIGHT, FORCED LANDING OF AIRCRAFT

36. INSURED EVENT

36.1. An insured event shall mean an event that has occurred, included in the insurance coverage and occurred during the insurance period due to the factors provided for in the insurance contract, as a result of which the Insurer is obliged to pay an insurance benefit to the Insured or Beneficiary.

36.2. According to these Insurance Rules, insured events shall refer to events upon the occurrence whereof the Insured has incurred or may incur **expenses** in accordance with these Insurance Rules as a result of:

36.2.1. flight delays, train delays, ferry delays;

36.2.2. flight cancellation, train departure cancellation, ferry departure cancellation;

36.2.3. missed connecting flights, missed connecting train departures, missed connecting ferry departures, including on combined routes with various modes of transport of official carriers;

36.2.4. landing of aircraft at an alternate airfield or emergency landing of aircraft.

36.3. **Expenses** according to Cl. 36.2 of these Insurance Rules shall refer to expenses for accommodation, food, essential goods and services, transfer or travel arrangements by other modes of transport, actually incurred or possible/expected to be incurred by the Insured in order to ensure their normal life activities during the period of flight delay/cancellation, train or ferry delay/cancellation, missed connecting flight, aircraft landing at an alternate airfield/emergency landing.

37. EXPENSES REIMBURSED BY THE INSURER

37.1. The insurer shall reimburse expenses for accommodation, food, essential goods and services, transfer or travel arrangements by other means of transport that arise as a result of:

37.1.1. ***Delays in the:***

a) ***the departure of a scheduled flight by more than three (3) full hours from the time***

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indicated in the ticket of the Insured as the departure time, provided that the Insured has registered for the flight in the manner prescribed by the carrier and such delay is confirmed by the carrier;

b) **departure of a train (hereinafter referred to as the train)** by more than one (1) full hour from the time indicated in the Insured's ticket as the departure time of the train;

c) **departure of a regular ferry** by more than three (3) full hours from the time indicated on the Insured's ticket as the departure time of the ferry.

37.1.2. Cancellations of the:

a) **scheduled flight** no earlier than twenty-four (24) full hours before the departure time indicated on the ticket (itinerary receipt, boarding pass, travel documents), subject to the provision of relevant documents issued by an authorized representative of the carrier confirming such cancellation of the flight. If the flight cancellation occurred after a flight delay in accordance with item (a) of Cl. 37.1.1 of this Chapter of the Insurance Rules, the insurance benefit shall be paid for the risk of flight delay (item (a) of Cl. 37.1.1);

b) **departure of a train** no earlier than eight (8) full hours and no less than thirty (30) minutes before the departure time indicated on the ticket, subject to the provision of relevant documents confirming the cancellation of the train departure.

c) **departure of a regular ferry** no earlier than twelve (12) full hours and no less than one (1) full hour before the departure time indicated on the ticket.

37.1.3. Missing a connecting flight/transfer due to the impossibility of making a transfer as a transit passenger at the airport of the connecting flight indicated in the travel documents as a result of:

- delays in the arrival of the Insured's scheduled flight at the transit airport for any reason at a time that differs from that indicated in the travel documents by thirty (30) minutes or more, which prevented the Insured from transferring to a connecting flight, despite the fact that the Insured provided for a time interval between the arrival time of the first flight indicated in the air tickets and the departure time of the next flight (flight with a transfer), which shall be at least two (2) hours for flights and three (3) hours for other means of transport. The exception is the route according to the "Single Ticket" system;

Within the framework of these Insurance Rules, the arrival time is defined as the difference between the scheduled arrival time (according to the ticket) and the actual arrival time. In this case, unless otherwise provided by the insurance contract, the actual time of arrival is the time the aircraft applies the parking brake when parked at the airport gate or in a parking space on the airfield.

37.1.4. Emergency/forced landing at an alternate or intermediate aerodrome as a result of the refusal of aviation authorities, competent authorities to accept the aircraft at the destination airport for various reasons or in the event of a forced or emergency landing of the aircraft at the departure airport (return of the aircraft to the departure airport), or an emergency/forced landing of the aircraft at an intermediate airport due to an emergency situation with the aircraft in the air, a violation of public order or other emergency situations (the need to provide emergency medical care, etc.) on board the aircraft, adverse weather conditions along the flight route.

37.2. Upon provision by the Insured of documents confirming the events specified in Cl. 37.1 of these Insurance Rules, the Insured's expenses incurred during the period of waiting for the departure of a flight/train/ferry for accommodation, food, essential goods and services, transfer or travel arrangements by other means of transport shall be reimbursed in the form of a fixed one-time payment in the amount in Russian rubles equivalent to fifty (50) US dollars/euro for each Insured, unless otherwise provided by the insurance contract.

37.3. The amount of the insurance benefit for each insured event per one Insured shall be indicated in the insurance contract (insurance policy) as the amount of a lump sum payment.

37.4. The limit of the sum insured for the risk shall be specified in the insurance contract

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(insurance policy) for the aggregate of all insured events for the entire insurance period.

38. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

38.1. The Insurer shall not cover expenses and shall not recognize events as insured events:

38.1.1. related to the delay of a flight departure or arrival of a business aviation flight, charter flights performed by private pilots;

38.1.2. related to the delay/cancellation of an air flight or the delay/cancellation of a train or ferry, the ticket for which the Insured cancelled (terminated the contract of carriage) before the expected departure time for the ticket or if the tickets were cancelled by the carrier for any reason before the Insurer's liability for the risks specified in Cl. 37.1 of these Insurance Rules commenced;

38.1.3. related to the delay/cancellation of an air flight or the delay/cancellation of a train or ferry for which the Insured did not check in the manner stipulated by the carrier or was late for boarding;

38.1.4. as a result of the carrier's refusal to allow the Insured to board the aircraft;

38.1.5. in case of violation by the passenger of the rules of air/rail/ferry transportation, as well as the Insured being in a state of alcoholic, narcotic or other intoxication, which resulted in the carrier refusing to allow the Insured to travel;

38.1.6. refusal of the Insured to fly/travel on a delayed flight;

38.1.7. the carrier postpones the departure time of the flight (air, train, ferry) before the insurance comes into effect;

38.1.8. termination of flights due to epidemiological restrictions in the country of departure, destination or region of arrival of the flight;

38.1.9. the carrier changes the date and/or time of departure to an earlier date and/or time than those indicated in the original (primary) itinerary receipt/ticket of the Insured;

38.1.10. being the result of suspension of the carrier's activities, inter alia, in connection with the prohibition of the aviation authorities on flights and/or operation of aircraft, cancellation of the license/revocation of the operator's certificate, financial insolvency (bankruptcy), etc.;

38.2. Events that are not expressly specified in Chapter 37 of these Insurance Rules or in the insurance contract (insurance policy), or outside the insurance period, are not considered insured events.

38.3. If the Policyholder (Insured, Beneficiary) has failed to fulfill the obligation to provide the documents requested by the Insurer, the Insurer has the right to refuse to consider the application for the occurrence of an insured event until the requested documents are provided in accordance with the requirements of Chapter 11 of these Insurance Rules.

39. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT. INSURANCE BENEFIT PAYMENT PROCEDURE

39.1. The Insured or their representative, upon the occurrence of the events specified in Cl. 37.1 of these Insurance Rules, shall contact the representative of the Insurer – the Service Company via the online service link on the Internet specified in the insurance contract (insurance policy).

39.2. The insurance benefit shall be paid by transferring funds to the Insured's account using the banking details provided.

39.3. When filing a claim for an insured event with the Insurer (its representative, Service Company), the Insured shall provide:

39.3.1. documents confirming the occurrence of the event:

- statement of occurrence of an insured event;
- document certifying the identity of the Insured (Beneficiary, heirs);
- itinerary receipt for airline tickets (issued when the ticket was initially purchased);

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- boarding pass/ passenger coupon/ plane/ train/ferry ticket;
- photo/scan of notifications about flight delay/cancellation/delayed flight arrival;
- other documents that comply with business practices (official notification, certified letter, etc.) and confirm the occurrence of an insured event (including information from competent authorities).

39.3.2. The Insurer (its representative, the Service Company) shall verify the occurrence of an insured event (flight delay (Clause 37.1a), flight cancellation (Clause 37.2a), missed connecting flight (Clause 37.1.3) using open sources of information (information systems) on the status of flights or delays in their performance, available to the Insurer (its representative, the Service Company) on the basis of contracts executed with providers of such information, operators of these systems or direct integrations with carriers' systems for the provision of information on the flight status.

39.3.3. For risks of forced/emergency landing of an aircraft at an alternate/intermediate airfield (Clause 37.1.4), documents confirming the occurrence of an insured event from the carrier shall be provided.

39.3.4. For risks of delay/cancellation of departure of a train or ferry (Clause 37.1.1 items b-c, Clause 37.1.2 items b-c), documents from the carrier confirming the occurrence of an insured event shall be provided.

39.4. The insurance benefit shall be paid in Russian rubles in non-cash form (to the account of the Insured using the bank details specified in the application for receiving the insurance payment) within the timeframes established by Chapter 11 of these Insurance Rules.

Section VIII. INSURANCE IN CASE OF FAILURE TO RECEIVE SERVICES WHEN CHECKING IN AT THE PLACE OF ACCOMMODATION

40. INSURED EVENT

40.1. An insured event is considered to be events that occurred from the moment of check-in of the Insured and after the first hotel day, associated with the failure to receive the booked and paid service provided for by the terms of the room reservation agreement and/or is included in the description of the service when selling/paying for (booking) the room.

40.2. When establishing and confirming the fact of failure to receive services at the place of accommodation and/or in the room, the Insurer shall make an insurance payment as a percentage of the limit of the sum insured established by the insurance contract for this risk for the following events:

40.2.1. Refusal to check in into the booked and paid-for room or temporary check-in to another category room during the first hotel day.

40.2.2. No view from the window/windows that has been additionally booked and paid for in the room.

40.2.3. Lack of amenities in the room (toilet, and/or bath, and/or shower), reserved and paid for when choosing and arranging the room.

40.2.4. Lack of individual air conditioning / centralized air conditioning system in the room, booked and paid for when choosing and arranging the room.

40.2.5. Lack of a kitchen and/or washing machine, and/or stove, and/or refrigerator in the apartments booked and paid for when choosing and arranging the room.

40.2.6. Lack of an individual sauna in the room, booked and paid for when choosing and arranging the room.

40.3. The insurance payment is calculated in accordance with the percentage of the limit of the sum insured established by the insurance contract (insurance policy):

Table 4

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Item No.	Service at the place of accommodation	% of the limit of the sum insured
Check-in of the Insured in the place of accommodation		
1.	Refusal of the place of accommodation to check in into a booked and paid-for room/bungalow/apartment, etc. (overbooking)*	70%
Failure to receive services in the accommodation place unit (inconsistency with the services declared and confirmed during booking and payment)		
2.	Lack of view stated when booking and paying for the accommodation place unit*	50%
3.	Lack of amenities (toilet and/or bath/shower)*	100%
4.	Lack of individual air conditioning/centralized air conditioning system in the accommodation place unit*	50%
5.	Lack of kitchen in apart-hotel/hotel apartments* and/or washing machine* and/or stove* and/or refrigerator*	50%
6.	Lack of an individual sauna in the accommodation place unit*	50%

** The insurance benefit is paid for each item independently but the payment in total will be made within the limits of the insured amount established in the insurance contract for the room or the Insured.*

40.4. In case of refusal to check-in in a room (Clause 1 of Table 4), an insured event shall be a complete refusal to check in into a booked and paid-for room or temporary check-in of the Insured into another category room and subsequent relocation of the Insured to a booked and paid for room before the expiration of the first hotel day after check-in.

40.5. In case the Insured checks into a room with no view from the window/windows declared, confirmed at the time of booking, and paid for (Clause 2 of Table 4), an insured event will be the absence of a view and failure to eliminate this situation by the place of accommodation during the first hotel day.

40.6. In the absence of amenities in the room (toilet and/or bath/shower) declared, confirmed at the time of booking, and paid for (Clause 3 of Table 4), an insured event shall be the absence of these services and failure to eliminate this situation by the place of accommodation during the first hotel day.

40.7. In the absence of an individual air conditioner / centralized air conditioning system in the room, declared, confirmed at the time of booking, and paid for (Clause 4 of Table 4), an insured event shall be the absence of an air conditioner / centralized air conditioning system and failure to eliminate this situation by the place of accommodation during the first hotel day.

40.8. If the apartment does not have a kitchen, and/or washing machine, and/or stove, and/or refrigerator, declared, confirmed at the time of booking and paid for (Clause 5 of Table 4), the absence of these services and failure by the place of accommodation to eliminate this situation within the first hotel days will be considered an insured event.

40.9. In the absence of an individual sauna in the room, declared and paid for when booking (Clause 6 of Table 4), an insured event shall be the absence of these services and failure to eliminate this situation during the first hotel day.

40.10. The insurance benefit for the risks specified in Cl. 40.2 of these Insurance Rules shall refer to reimbursement of expenses for food, goods and services necessary to ensure the living conditions of the Insured, actually incurred or possibly/expected to be borne by the Insured

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during the period of change/correction of the situation on the part of the accommodation facility during the first hotel day.

40.11. The Insurer shall not pay an insurance benefit to the Insured for events arising as a result of:

- a) breakdowns and failure of equipment and machinery in the room during the stay, nonworking condition of equipment and machinery and due to lack/outage of electricity, lack/outage of water supply for any reason, including as a result of emergencies;
- b) the presence of faulty household electrical equipment and appliances (air conditioner, stove, washing machine, refrigerator, or other equipment and appliances declared and confirmed when booking and paying for services) in the room;
- c) violation by the Insured of safety precautions and/or rules of use of electrical appliances, plumbing, and other equipment in the place of accommodation;
- d) the Insured's actions that led to the malfunction of equipment and technology, its breakdown, etc. in the room;
- e) seizure of property in the place of accommodation or actions of authorities / local self-government / officials restricting the use of property in the place of accommodation;
- f) causing harm to the Insured and/or their property when using equipment and property in the place of accommodation.

41. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

41.1. The events that occurred as a result of the following shall not be the insured events:

- (a) denial of check in the accommodation facility/room of the Insured in a state of drug or alcohol intoxication;
- (b) the validity of sanitary and epidemiological requirements at the location of the place of accommodation and/or on the territory of the place of accommodation;
- (c) refusal to provide or in case the Insured has no documents required for check-in (passport, birth certificate, and other documents required by the place of accommodation in accordance with the applicable law);
- (d) the Insured's accommodation in a superior room (compared to the one booked and paid for) from the moment the Insured arrives at the accommodation facility;
- (e) refusal to check in the Insured with animals (pets, decorative, exotic, etc.), unless this is provided for and permitted by the rules of the place of accommodation.

41.2. An event is not considered an insured event if the problem regarding the services listed in Clauses 2–6 of Table 4 (Clause 40.3 of these Insurance Rules) is resolved by the place of accommodation not later than the expiration of the first hotel day from the time of arrival.

41.3. The Insurer may refuse recognition of an event as an insured event and payment of an insurance benefit if the Insured refuses to confirm the fact of the absence (nonreceipt) of services via a video call during the period of the Insured's stay/residence on the territory of the place of accommodation organized by the Insurer and/or its representative (Service Company).

41.4. The Insurer shall not recognize an event as an insured event if the place of accommodation does not provide a document confirming the fact of failure to receive the service at the request of the Insurer and/or its representative (Service Company).

42. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT. INSURANCE BENEFIT PAYMENT PROCEDURE

42.1. Upon identifying facts of failure to receive the room services provided for in Clause 40.3 of these Insurance Rules, the Insured or their representative shall contact the Insurer's representative—the Service Company via the online service link on the Internet in the insurance

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contract (insurance policy).

42.2. The insurance benefit shall be paid by transferring funds to the Insured's account using the banking details provided.

42.3. If it is established and confirmed that the booked and paid service was not received at the place of accommodation, the Insured shall fill out an application, after the first hotel day, before leaving the territory of the place of accommodation, using the online service of the Insurer's representative (the Service Company—via the link in the insurance contract (policy)) and attach:

- a) documents (agreement, offer, payment documents, etc.) confirming the fact of booking and payment for services for accommodating the Insured at a place of accommodation (an agreement either with an aggregator and/or tour operator registered in the Russian Federation who made the reservation or with the place of accommodation);
- b) a document issued by the place of accommodation and confirming the fact of failure to receive the booked and paid service at the place of accommodation, signed by a duly authorized representative of the place of accommodation and certified by a seal, electronic signature, or other means;
- c) Photographs and/or videos confirming the fact of failure to receive the booked and paid service at the place of accommodation. Photos and videos shall contain information confirming the fact that the paid service is not available at the booked place of accommodation;
- d) The Insured's identity documents (passport of a citizen of the Russian Federation, birth certificate for Insureds under 14 years);

42.4. Based on the documents provided, the Insurer (its representative, the Service Company) shall:

- a) Send a request to the place of accommodation (or to the aggregator or tour operator registered in the Russian Federation) to confirm the fact of failure to receive the booked (confirmed) and paid service;
- b) Examine the submitted documents, photo and/or video evidence of the absence of a booked and paid service in accordance with the deadlines as per Clause 11.15 of these Insurance Rules;
- c) If necessary, request additional information and/or documents that are missing and/or executed improperly from the Insured and/or place of accommodation;
- d) Make a decision to recognize the event as an insured event and pay the insurance benefit; otherwise, send a notice of refusal to pay the same in accordance with the deadlines established by Chapter 11 of these Insurance Rules.

42.5. The Insurer (the Insurer's representative, the Service Company) may arrange a video communication session with the Insured to verify the arguments set out in the Insured's appeal to record and legally analyze violations of contractual terms committed by the place of accommodation. The Insurer (Insurer's representative, Service Company) may record the conversation and inspect (video review) the accommodation place unit:

42.5.1. The Insured agrees to participate in the video communication session and transfer the received video recording to the Insurer and, if necessary, to the Insurer's representatives, to controlling state agencies, and to the court.

42.5.2. The Insured shall independently ensure the availability of equipment (smartphone, tablet, etc.) as well as the ability to access the Internet to make a video call.

42.5.3. The Insurer (its representative, the Service Company) shall warn the Insured about the video call in advance, not later than thirty (30) minutes before its planned time.

42.5.4. When making a video call, an employee of the Insurer (Service Company, representative) may demand that the Insured demonstrate live the Insured's passport, room number in the place of accommodation, view from the windows, view of the walls of the room, and other objects and documents as may be required.

42.5.5. The Insured may also record a video call.

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42.6. Failure to confirm the fact of failure to receive services from the place of accommodation shall serve as the grounds to terminate the application consideration (under Clause 11.13 of these Insurance Rules) and refuse to pay the insurance benefit until the supporting documents are received.

42.7. When the Insureds apply, depending on the insurance program:

42.7.1. under an insurance contract in case of failure to receive service (provided for in Clause 40.3 of these Insurance Rules) with the established sum insured per accommodation place unit, the insurance benefit shall be paid to the Insured (Policyholder) under the insurance contract (policy) regardless of the number of persons who stay in the room;

42.7.2. under one insurance contract upon failure to receive service (provided for in Clause 40.3 of these Insurance Rules) with an established sum insured for each Insured, the insurance benefit shall be paid to each Insured who applied under one insured event, within the limit of the sum insured established for each Insured.

42.8. The sums insured established for the risk are aggregate (reduced by the payment amount).

Section IX. INSURANCE FOR ANIMALS DURING THE TRIP

43. INSURED EVENT

43.1. An insured event for the risk of animal insurance for the period of the Trip (including transportation of the animal in the same vehicle (air, rail, ferry) with the Insured) is the death of the animal for any reason, as a result of which the Insured has incurred or may be expected to incur expenses related to the burial, cremation, transportation of the remains of the animal. In this case, the Insurer's liability shall be subject to the liability limit stipulated by the insurance contract (insurance policy).

43.2. Insurance shall be valid subject to compliance with all requirements, norms and rules for registration of the export of animals from the territory of the Russian Federation and import into the country of temporary residence, including compliance with all rules and regulations when purchasing an animal in the territory of the country of temporary residence; or the rules for the transportation, placement and maintenance of an animal during a trip across the territory of the Russian Federation.

43.2.1. Insured events in animal insurance may include events that occurred during the Trip and/or during transportation of the animal, resulting in the death of the animal for any reason, provided that:

- The Insured complies with the rules for the transportation of animals, as well as the requirements for the import and export of animals stipulated by carriers and regulations in the Russian Federation and/or the countries of travel;
- The Insured complies with the rules for placing and keeping an animal in the territory of temporary residence;
- The Insured has a properly completed international veterinary passport for the animal, containing a list of vaccinations and information that the Insured is its owner, and that the animal has a microchip and can be identified by it.
- Animals shall have the necessary certificate (reference) from a veterinarian or veterinary control of the airport/carrier and meet the requirements specified in the certificate (reference) for the residence or transportation of the animal and/or for passage across the state border;
- The Insured has other documents for the animal in accordance with the rules and regulations for import/export, transportation and stay on the Trip.

43.3. The Insurer may set restrictions on the list of animals accepted for insurance (in the insurance policy), age and other requirements.

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43.4. The Insurer's liability for expenses specified in Chapter 43 of these Insurance Rules shall be limited to an amount within the liability limit specified in the insurance contract (insurance policy).

43.5. The insurance benefit shall be paid to the Insured in the amount of the liability limit stipulated by the insurance contract upon the occurrence of an insured event.

44. EVENTS NOT CONSIDERED INSURED EVENTS, NOT ACCEPTED FOR INSURANCE, AND EXPENSES NOT SUBJECT TO REIMBURSEMENT

44.1. Expenses under Clause 43.1 shall not be reimbursed for the transportation of animals, where such expenses are:

44.1.1. Pertaining to the provision of services by a veterinary institution (veterinarian) that does not have the appropriate license, or if the license has been suspended.

44.1.2. For the evacuation and/or posthumous return of the remains of an animal and any other transportation of the animal, including as a result of taxidermy work and the taxidermy work itself.

44.1.3. For reimbursement of the animal cost.

44.1.4. Commercial transportation of animals, transportation of animals for commercial purposes.

44.1.5. Non-commercial transportation of animals unaccompanied by the owner (animal delivery).

44.2. Transportation of animals recognized by customs and/or law enforcement agencies as illegal import/export of animals (smuggling) shall not constitute an insured event.

44.3. The following events shall not be insured:

- death of an animal that occurred outside the insurance period and/or outside the insurance territory;
- loss of an animal by the carrier or disappearance of an animal from a container (cage) for transportation;
- death of an animal for any reason outside the container (cage) for transportation in the territory of an airport and/or aircraft (except for guide dogs);
- death of an animal not confirmed by official documents of the carrier and the airport veterinary control service;
- death of an animal in the territory of temporary residence, not confirmed by the veterinary service of the territory (country) of temporary residence.

45. ACTIONS OF THE PARTIES UPON OCCURRENCE OF THE INSURED EVENT. INSURANCE BENEFIT PAYMENT PROCEDURE

45.1. Upon the occurrence of an insured event during the transportation of an animal specified in **Cl.**

43.1 of these Insurance Rules, the Insured shall independently contact the veterinary service of the airport/carrier (veterinarian) in order to confirm the death of the animal during transportation/Trip.

45.2. After completion of the transportation/Trip, the Insured shall file an application in the proper form (Cl. 11.7.1-11.7.4 hereof) to the Insurer for the insurance benefit payment with the following documents attached:

45.2.1. an original or copy of the insurance policy;

45.2.2. a copy of the Insured's passport;

45.2.3. a copy of the animal's veterinary passport;

45.2.4. a copy of the veterinary certificate/reference for transporting an animal and crossing the Russian border (for abroad trips);

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45.2.5. a copy of the Insured's passport (the first page and the page with marks on crossing the border during the period when the insured event occurred);

45.2.6. documents confirming the transportation and presence of the animal on the Trip:

- animal transportation ticket, transportation agreement, transportation application, transportation and forwarding service agreement;
- documents confirming the death of an animal: a veterinary certificate (reference), a departmental investigation report (if drawn up), an expert report or other report drawn up in accordance with the laws or customs of the place where the animal's death is established, a consignment note with a note on the preparation of the report (CMR for international transport), and other documents;

45.3. If necessary and if provided for by the rules for import/export of animals – documents from the Federal Service for Veterinary and Phytosanitary Surveillance (Rosselkhoz nadzor) confirming the right (permission) to import/export the animal.

45.4. The insurance benefit shall be paid within the terms and in accordance with the requirements of Chapter 11 of these Insurance Rules.