Approved by:
Order No. 02-2204/2022 dated 22 April, 2022

CEO of Russian Insurance Company «EUROINS» LTD

Rules of insurance

of property interests of citizens traveling outside their permanent place of residence under **“Standard”, “Standard Plus”, “Trip Cancellation” programs**

Version 2022, valid from April 22, 2022

Translated from Russian

Section I

General provisions

1. Insurance entities

1.1. On the basis of these Rules of insurance of property interests of citizens traveling outside their permanent place of residence under “Standard” and “Standard Plus”, “Trip Cancellation” programs (hereinafter, the Insurance Rules) and the current legislation of the Russian Federation, Branch of RIC “EUROINS” Travel Insurance LTD (hereinafter, the Insurer) shall conclude with legal entities and capable indi-viduals (hereinafter, the Policyholders), hereinafter collectively and individually referred to as the Parties, insurance contracts for the property interests of citizens traveling outside their permanent place of residence.
Citizens, traveling outside their permanent place of residence, who have a resi-dence permit and/or dual citizenship in the country of intended stay cannot be insured under the terms and conditions of these Insurance Rules.
1.2. The Policyholders may conclude insurance contracts in favor of third par-ties (hereinafter, the Insureds). If a Policyholder being an individual concluded the insurance contract in respect of his/her property interests, he/she shall also be deemed an Insured.
1.2.1. Policyholders being legal entities shall conclude insurance contracts with the Insurer in favor of third parties — the Insureds.
1.2.2. An insurance contract shall be deemed to be concluded in favor of the Insured, unless another person is named as the Beneficiary in the contract.
1.3. When concluding 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.
1.4. An insurance contract shall be deemed to be concluded on the terms and conditions in these Rules in the event that the contract indicates explicitly that such terms and conditions shall be applied and the Rules themselves and/or an extract from the Rules are attached to the contract.
The delivery to the Policyholder of the Insurance Rules and/or extracts from the Insurance Rules when concluding an insurance contract shall be certified by the fact of insur-ance premium payment by the Policyholder.
1.4.1. The Insurer has the right to form, on the basis of these Insurance Rules and the current legislation of the Russian Federation, appropriate additional insurance conditions and programs (insurance products).
Herewith, additional conditions shall mean special insurance rules (conditions) drawn up on the basis of these Insurance Rules, applicable to a specific type (kind) of insurance contracts (insurance policies), a segment of insurance services consumers, an insurance program (insurance products), etc. reflecting the conditions of insurance, namely: subjects of insurance; objects to be insured; list of claims (risks); the minimum amount of the insurance amount or the pro-cedure for its determination; term and procedure for payment of the insurance premium (insurance instalments); term of the insurance contract; procedure for determining the amount of insurance payment; other provisions.
1.4.2. The Insurer, on the basis of the Insurance Rules, shall develop insurance programs (insurance products) and relevant insurance contracts (insurance policies), indicating the main parameters of the insurance contract, special insurance conditions, the list of risks insured and accepted for insurance, indicating sums insured and limits of the Insurer’s liability for risks, risk clauses and other insurance conditions that are priority for the Insurer and the Policyholder. The Insurer may include both particular risks and a combination of several risks in insurance programs (insurance products).
1.4.3. The Policyholder/Insured shall study the terms and conditions of insurance, insurance programs (insurance products), calculation of insurance premiums and other information on the Insurer’s website www.erv.ru.
1.4.4. When entering into an insurance contract, the Policyholder and the Insurer may agree on any other addenda, exceptions, clarifications to the insurance contract, not prohibited for by the applicable legislation of the Russian Federation, exclude certain provisions hereof, while agreeing on these exceptions not related to a specific contract and stating it in the text of the insurance contract and/or in the text of a supplementary agreement to such contract.
Herewith, the terms and conditions of the insurance contract (insurance policy) shall prevail over the Insurance Rules.
1.5. By concluding an insurance contract (insurance policy), the Policyholder, in accordance with Federal Law No. 152-FZ On Personal Data, shall express consent to the Insurer to process, store, and otherwise use personal data to fulfill obligations by the Insurer and its representatives under this insurance contract (insurance policy).

2. Basic terms and concepts

The basic terms and concepts used in these Insurance Rules are:
2.1. Outpatient Medical Center shall mean a medical institution licensed for providing outpatient and surgical treatment and care.
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. Luggage shall mean luggage accessories transported during the Trip (suitcase, travel bag, backpack, bag, briefcase, etc.), luggage contents registered during passport and customs control when taking out luggage outside the Russian Federation, transferred to the transport organization (airline company) for transportation, with a confirmation document issued (a luggage ticket, receipt, other documents of the transport organization which carries luggage).
Luggage shall also include baby strollers and wheelchairs, sports equipment, provided that they are used by the Insured(s) during the Trip.
2.4. Close Relatives shall mean father/mother, stepfather/stepmother, son/daughter, including children of the Insured person’s spouse from previous marriages, including adopted children (including those under guardianship or guardianship), brothers and sisters, grandparents (great-grandparents), grandchildren, legal spouse, stepfather/stepmother (raising or have raised children from previous marriages).
Close relatives (spouses) do not include people who live together, run a joint household, etc., but are not officially married.

2.5. Hospital shall mean a medical institution, which:
- operates in accordance with the law of the country of its registration, to provide medical care and treatment to the sick and injured;
- has diagnostic and surgical departments;
- provides 24-hour care by licensed/certified professionals;
- is supervised by one or more physicians.

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

2.6. Sick List shall mean a disability certificate (including in electronic form), which is issued to insured citizens of the Russian Federation permanently or temporarily living in our country, foreigners, and stateless persons. This is an official financial, legal, and accounting and statistical document that certifies an employee's disability during a certain period of time. The issuance of sick lists can be performed only by state polyclinics and medical centers that have obtained state accreditation.

In case of illness/accident, students of educational institutions of primary vocational, secondary vocational, and higher vocational education and institutions of postgraduate vocational education are issued an extract from the medical record of an outpatient (inpatient).

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 his/her license/certificate.

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, organized by the Insurer/Assistance Company/departmental public service.

2.9. Beneficiary shall mean a party to an insurance contract, as a rule, the Insured specified in the contract, unless another person is named as the Beneficiary.

In the event 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 concluded by the Policyholder — a legal entity — In favor of the Insureds may be the Policyholder, if it has incurred medical, medical and transportation and other expenses incurred in connection with a claim that occurred with the Insured when making a Trip outside the permanent place residence. This rule also applies to the Policyholder — a legal entity under the risks of 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 documents (air tickets, railway tickets, water transport tickets, etc.) associated with the visa denial, death or serious illness of the Insured or his/her close relative, and provided for by the carrier's rules.

2.11. Disability Groups

a) The first group of disability is social insufficiency due to a health disorder with a persistent, significantly pronounced disorder of body functions caused by diseases, the consequences of injuries or defects, leading to a pronounced physical dysfunction.
b) Disability Group II shall mean social insufficiency due to a health disorder with a persistent, pronounced disorder of body functions caused by diseases, the consequences of injuries or defects, leading to a pronounced physical dysfunction.
c) Disability Group III shall mean social insufficiency due to a health disorder with a persistent slight or moderate disorder of body functions caused by diseases, the consequences of injuries or defects leading to a mild or moderate pronounced physical dysfunction.

2.12. Childhood Infections shall mean specific childhood infections (chickenpox, measles, rubella, scarlet fever, whooping cough, parotitis, poliomyelitis, pneumococcal disease), as well as meningococcal disease, infectious mononucleosis, diphtheria.

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 dated 07.08.2001 No. 115-FZ "On Countering the Legalization (Laundering) of Proceeds from Crime and Financing of Terrorism" (as amended); Resolution of the Government of the Russian Federation dated 08.07.1997 No. 828 "On Approval of Regulations on Russian Passport, Blank Form and Description of Russian Passport"; and Resolution of the Government of the Russian Federation dated 06.08.2015 No. 813 "On Approval of Regulation on the State System of Migration and Registration as well as Production, Execution and Control over the Circulation of Identity Documents". The main identity document for citizens of the Russian Federation is the Russian passport.

2.14. Ban on entering the country of temporary residence shall mean a ban on entering the country established in accordance with the regulations of any state authorities and/or administration, and/or a statement by officials of the country of temporary residence in relation to an unlimited number of persons (all citizens), and/or a certain group of people.

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

Refusal to enter for medical reasons (including in the absence of certificates/tests/analysis/vaccinations/certificates/questionnaires/QR-codes, etc. for dangerous diseases, infections and other in accordance with the requirements/rules of the country/territory of residence) is not a ban on entering the country of temporary stay.

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

The Policyholder/Insured is responsible for being informed about the ban on leaving the Russian Federation.

2.16. 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 transport documents and/or residence documents, the insurance coverage validity shall start at a distance of two hundred (200) kilometers and more from the administrative boundary of the place of permanent residence and/or the place of registration of the Insured in the Russian Federation.

A trip of the Insured for the purpose of changing the place of residence shall not be deemed the Trip.

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

2.18. 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 requirements for care, indications and contraindications of a medical nature. MSA requirements provide for the establishment of three (3) groups of disability (Clause 2.11.).

2.19. Foreign Citizens and/or Stateless Persons entering the territory of the Russian Federation or traveling within the territory of the Russian Federation may not be insured under the terms and conditions hereof.

2.20. Quarantine shall mean a complex of restrictive administrative and medical and sanitary measures, the implementation of which allows to prevent introduction and spread of quarantine (dangerous) diseases imposed in relation to a certain Insured on the basis of decrees/orders/documents of the medical and sanitary supervision and state control services with mandatory analyzing/testing for confirmation of disease.

Quarantine shall be introduced in relation to Insureds 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).

2.21. Trip Partner shall mean a third party participating in a joint trip, which is not a close relative of the Policyholder (Insured) and:

a) subject to the following criteria:
   - living with the Insured in a reserved and paid room, apartment, villa, bungalow located in the territory of one hotel complex/hotel, or in the cabin of one cruise ship;
   - or specified with the Insured in the same agreement on the tourist product with a travel agency (if any);
   - or included with the Insured in one insurance contract (insurance policy);
b) when insuring only travel documents, the Partners shall follow one flight and/or one vehicle to the Trip destination and be insured under one insurance contract (insurance policy).

According to the last criterion of clauses "a" and "b", the insurance payment under one insurance contract (insurance policy) is carried out to the Insured Person and his Companions in the number of 4 (four) people (taking into account the main Insured person), in compliance with the conditions under clause 11.14 of these Insurance Rules.

2.22. Liability Limit shall mean the established maximum amount of the insurance benefit for any risk insured, claim, or in respect of the Insured. The liability limit may be established both by these Insurance Rules and by the insurance contract (insurance policy).

2.23. Medical Expenses shall mean the costs of treatment performed or prescribed by a qualified physician.

2.24. Proper Notification shall mean notification using one or several methods provided for by the insurance contract and these Insurance Rules. The insurance rules 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;

2. by sending a written notice/statement/documents by mail through the operators of 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 Policyholder/Insured, a postal item to the address specified by the Policyholder/Insured when concluding an insurance contract or in a statement of the insured event;
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 on the Insurer's website, including (hereinafter, incl.) through the mobile application or personal account (on the Insurer's website and/or Assistance Company), or by other means of electronic interaction using the Internet;
5. SMS notification to the mobile phone number (of the Policyholder and the Insurer) specified in the insurance contract;
6. when contacting by telephone (incl. fax) to the contact numbers of the parties specified in the insurance contract.

The Insurer shall determine proper notification methods in the insurance contract (insurance policy).

* According to Sub-Clauses 3 to 4 of this Clause at the request of the Insurer, the Policyholder/Insured/Beneficiary shall send all the necessary documents in accordance with Sub-Clauses 1 to 2 of this Clause. The Policyholder (Insured) shall keep the original copies of all documents for six (6) months and provide them at the request of the Insurer.

2.25. 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.

2.26. Accident shall mean a sudden physical effect 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, other cases that have signs of probability and chance that lead to harm to the life and health of the Insureds.

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

2.27. 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 Decree of the Government of the Russian Federation dated 01.12.2004 No. 715 (as amended as of the insured event date) "On Approval of the List of Socially Significant Diseases and the List of Diseases that Pose Danger to Others".

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

2.28. Refusal of 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 certificates/tests/analyzes/vaccinations/certificates/questionnaires/QR codes, etc. for dangerous diseases, infections and other in accordance with the requirements/rules of the host country) is not a claim.

2.29. 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.

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

2.31. Free Look Period shall mean a period of time during which the Policyholder being an individual is entitled to repudiate the insurance contract and obtain a refund of the insurance premium paid in part or in full depending on the conditions specified herein and (or) in the contract. The term of the Free Look Period shall be established by the regulations of the insurance market regulator, which monitors and supervises the insurance activities of insurance organizations.

2.32. 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 about 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.

2.33. Permanent Place of Residence shall mean a place within the administrative boundaries of a settlement of the citizen's permanent place of residence or permanent registration.

2.34. Unlawful Acts shall mean an offense, i.e. action (inaction) of an individual, for which administrative liability is established.

2.35. Expenses shall mean the costs of the Insured or incurred in favor of the Insured, confirmed by the 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 claims by these Insurance Rules.

2.36. Child (Children) – Insured shall mean an individual aged 0 to 23, inclusive, specified in the insurance contract (taking into account the fact that in the period from 18 to 23 years he/she is a student (trainee, pupil)).

A minor child shall mean a child under the age of 18 (eighteen) (in accordance with Federal Law dated 24.07.1998 No. 124-FZ (as amended on 31.07.2020) "On Basic Guarantees of the Children's Rights in the Russian Federation".

2.37. Regular Flight shall mean domestic and international air transportation of passengers, luggage, cargo by scheduled flights of aircraft and additional flights.

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

2.39. Assistance Company shall mean a specialized organization, which, on behalf of the Insurer, provides the organization around the clock or assists in obtaining services provided for by these Insurance Rules.

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

2.40. 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 material assets, such as: forest and peat fires, landslides, snow avalanches, glacier collapse, volcanoes, earthquakes, mudslides, floods, seismic sea waves, etc.

2.41. Sport shall mean activities of people (athletes) arranged according to certain rules, consisting in comparing their physical and (or) intellectual abilities as well as preparing for this activity and interpersonal relationships arising in their process. The Insurer may apply increasing coefficients to the insurance premium when insuring sports risks depending on the category and type of sport, which shall be reflected in the insurance contract:

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

– activities in the sea and/or swimming pool, beach activities, entertainment in hotels, parks, amusement rides;
– hiking, sightseeing and tourist safari (without hunting), cross-country skiing, excursions, hikes, incl. involving animals;
– roller skating, cycling, biking, driving cars, scooters, and similar types of transport, taking into account safety requirements (Clause 10.3 of these Insurance Rules);
– movement as a passenger, sightseer by airplanes, yachts, boats, cars, etc.;
– river rafting (sightseeing and tourist rafting), fishing;
– other types of outdoor activities, with the exception of the types of activities stated in Clauses 2.41.2 and 2.41.3 hereof.

2.41.2. Dangerous Sports shall mean traumatic sports associated with high physical activity of a person, which require specific skills and abilities. Dangerous sports shall include:

– mountain skiing and snowboarding along marked trails, all types of surfing;
– diving to a depth of up to 40 meters, river rafting (category of complexity 2–3), sailing, piloting a yacht;
– equestrian sport, figure skating, speed skating, and similar sports;
– tracking to a height of up to 3,500 meters above sea level;
– target shooting;
– participation in all types of competitions organized by sports schools;
– with the exception of sports specified in Clause 2.41.3) of these Insurance Rules.

2.41.3. Extreme Sport shall mean a sport associated with high risks of danger to human life:
- flying by motor and non-powered aircraft/equipment, parachuting;
- mountaineering, cave descent (speleology), tracking to a height of more than 3,500 meters above sea level and similar sports;
- river rafting (above category of complexity 3), diving to a depth of more than 40 meters using special breathing mixtures, ice (subglacial) diving;
- mountain skiing, snowboarding along unmarked routes;
- martial arts, boxing;
- high-speed freeride down mountainous areas by any means of transport (bicycle, motorbike, etc.), car and motorcycle races, and trainings;
- hunting (including safaris, spear fishing), practical shooting;
- participation in any kind of competition, including amateur ones, those arranged by an entity, organization, or affinity group.

2.41.4. Insurance as per Clauses 2.41.1 to 2.41.3 shall be maintained taking into account Clause 18.1.29 of these Insurance Rules.
2.41.5. In cases where the sport does not fall within any category of Clauses 2.41.1 to 2.41.3, it is necessary to attribute it to the category of extreme sports (2.41.3.).
2.41.6. In the framework of Clauses 2.41.2 and 2.41.3, the concept of diving includes the following stages:
- swimming with equipment on the water surface, with equipment from the point of water entry or from the watercraft;
- diving itself;
- staying at depth;
- emerging;
- drifting with equipment on the water surface;
- return swimming with equipment along the water surface to the place of emergence or to watercraft.

Herewith, an event that occurred at any of these stages shall be deemed to be a diving-associated event.
2.42. Period of Trip shall mean the period of time during which the Insured is planned to be on the Trip. The Period of Trip must be documented (for example, in an insurance contract and/or a contract for the sale of a tourist product, travel documents, residence documents). When making Trips in T-III Territory, the Period of Trip shall start from the moment 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.
2.43. Urgent Message shall mean the initial appeal of the Policyholder (Insured) to the Assistance Company via telephone, facsimile, or other available communication means, including short text messages (SMS).
2.44. Country of Permanent Residence shall mean a country or countries being the primary or secondary permanent place of residence of the Insured.
2.45. Risk insured shall mean an alleged event with signs of the likelihood and chance of its occurrence established by these Insurance Rules, in the event of the occurrence of which the insurance is maintained.
2.46. Claim 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 obliged to pay an insurance benefit to the Insured, Beneficiary, or other third parties (by a notarized power of attorney).
2.47. Insurance Territory shall mean a territory, within which the Insurer, upon the occurrence of a claim, shall be liable for the payment of insurance indemnity.
2.48. 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 of time;
- 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.

2.49. Charter Flight shall mean a flight made by special order. This means that seats are bought out by interested travel companies that sell the same to their customers. Such flights depart only if they are in demand, or there are no regular aircraft with such routes.
2.50. 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/Assistance Company/departmental service of the country in accordance with the requirements of Clause 17.2.2. of these Insurance Rules.
2.51. Emergency Medical Care shall mean care provided in case of sudden acute diseases, exacerbation of chronic diseases that threaten the life of a patient.
2.52. Emergency Hospitalization shall mean the hospitalization for urgent needs, carried out directly by the emergency hospital department (without a referral) or at the direction of the emergency medical facilities.
2.53. Digital 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.
2.53.1. An encrypted and certified digital signature is a digital signature that complies with the following requirements:
1. it is obtained as a result of cryptographic transformation of information using a digital signature key;
2. it allows identifying a person who signed the electronic document;
3. it allows detecting the fact of amending the electronic document after its signing;
4. it is created using digital signature tools;
5. digital signature verification key is specified in the qualified certificate.

2.53.2. A simple digital signature is a digital signature that, through the use of codes, passwords, or other means, confirms the fact that a digital signature has been generated by a certain person.
2.53.3. To create and verify digital signatures, digital signature tools shall be used, which have proved to be compliant with the requirements set forth in accordance with Federal Law dated 06.04.2011 No. 63-FZ "On Digital Signature".
2.54. The concepts used in these Insurance Rules are specifically explained by the relevant 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 cannot 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, which occurred during the period of the Trip and in the territory specified in the insurance contract, which may be associated with:
a) unforeseen expenses accepted by the Insurer for insurance in case urgent or emergency medical care is required upon the occurrence of a claim 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 air transportation, expenses for traveling by personal transport, legal advice;
c) causing harm to the life and/or health of the Insured as a result of an accident (accident insurance);
d) destruction of, damage to, theft, disappearance (loss) of luggage (luggage insurance) belonging to the Insured;
e) obligation of the Insured to compensate for the harm caused to the life, health, and/or property of third parties (civil liability insurance) when making abroad Trips (i.e. except for Territory III);
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 related to obtaining by the Insured of the necessary legal assistance during the Trip abroad (insurance of expenses related to obtaining the necessary legal assistance during the Trip abroad).

3.2. The insurance contract may be concluded 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 listed in Clause 3.1 of the Insurance Rules.
The Insurer may assign marketing names to insurance programs formed for individual risk groups, as well as to individual groups of uniform insurance contracts concluded on the grounds hereof, to the extent that does not contradict the applicable legislation of the Russian Federation.
3.3. In all cases listed in Clause 3.1 of the Insurance Rules, insurance coverage shall include reimbursement of the Insured's expenses for telephone calls or short text messages (SMS) with the Assistance 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 a claim.

4. Insurance territory

4.1. The Insured shall have the right to receive insurance services stipulated by the terms and conditions of the insurance contract during his/her stay on the Trip in the territory specified in the insurance contract, unless otherwise provided by these Insurance Rules for certain risks:

4.1.1. Territory I (T-I) shall mean all countries of the world, except for countries of South and North America, the Caribbean, as well as Japan, Australia, New Zealand, Philippines, Malaysia, Indonesia, Oceania, Thailand, the territories/waters of the Arctic and Antarctic, and the country of permanent residence. For citizens of the Russian Federation (hereinafter, the Residents 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, with the exception of territories/waters of the Arctic and Antarctic unless otherwise provided by the insurance contract; except for the country of permanent residence in full.
For citizens of the Russian Federation (hereinafter, the Residents 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 residents of the Russian Federation, the exception from the insurance indemnity is the territory within the administrative boundary of the permanent place of residence, for nonresidents of the Russian Federation, the exception is the country of the permanent place of residence, in full).
Liability limits (sums insured) for risks for T-III Territory are set in Russian rubles and are specified in 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 boundary of the place of permanent residence and/or the place of registration of the Insured in the Russian Federation.

5. Term of the insurance contract

5.1. The insurance contract, as a rule, shall be concluded for one year or for a period not less than the period specified by the Insured for his/her stay outside the place of permanent residence, unless otherwise provided by the contract.
5.2. If the one-year insurance contract provides for multiple Trips of the Insured outside the permanent place of residence within Territory T-II, then the coverage applies to the first 91 days of each Trip, unless otherwise provided by the contract. Herewith, the column "number of days" indicates the duration of the entire term of the insurance policy, i.e. "365" days.
5.2.1. If the insurance contract for a period of six months or one year provides for multiple Trips of the Insured outside the permanent place of residence in Territory T-I, then the coverage applies to the first days of each Trip, the number of which is indicated in the column "number of days", unless otherwise provided by the insurance contract.
5.3. If the insurance contract does not provide for multiple Trips and is concluded for a period, within which a limited number of contract validity days (period of insurance) is indicated in the insurance contract, the Insurer's liability shall be considered commenced from the moment the Insured crosses the border of his/her country of residence (for residents of the Russian Federation, the administrative boundary of the permanent place of residence) and shall continue during the entire term of the insurance contract, but shall not exceed in total the number of days indicated in the column "number of days" of the insurance contract (insurance policy), unless otherwise provided by the insurance contract (insurance policy).
5.4. The insurance contract shall take effect only when the Policyholder pays the insurance premium.
5.5. If by the end 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 claim (illness, injury, etc.) followed by hospitalization, evacuation or repatriation of the body (remains)), which is confirmed by relevant documents, the Insurer shall fulfill its obligations related to this claim until such circumstances cease, in accordance with the insurance contract.
5.6. Insurance stipulated by the contract applies to the claims that occurred within the period specified in the insurance contract.
5.7. The insurance contract shall enter into force no later than on the date when the Insured crosses the state border of the Russian Federation, taking into account the following:
5.7.1. For the risks insured specified in Clause 16.2. (medical, transportation and other expenses), 22.2. (accident insurance), 32.3. (Sub-Clauses 'a','b' — early termination of the Trip/delay in the Trip due to illness, death), the insurance period shall start:
- in case of 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. For residents of the Russian Federation, 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 citizens, from the moment the Insured crosses the administrative boundary of the settlement of his/her permanent place of residence, but not earlier than the date specified in the insurance contract as the Trip start date.

5.7.2. under the specified risks, the period of insurance shall end:
- in case of Trips abroad (overseas Trips), from the moment the Insured crosses the border of the Russian Federation when entering its territory; For residents of the Russian Federation, from the moment of crossing the administrative border of the permanent place of residence but no later than the date specified in the insurance contract (insurance policy) as the end date of the Trip;
- when Russian citizens travel within the territory of the Russian Federation, from the moment the Insured crosses the administrative border when entering the settlement of permanent place of residence in which the Insured permanently resides, but no later than the date specified in the insurance contract (insurance policy) as the end date of the Trip, or unless otherwise provided by the insurance contract.

5.8. For the risks insured specified in Clause 28.1. (civil liability) in case of Trips abroad (overseas Trips), the insurance period shall:
5.8.1. start from the date specified in the insurance contract as the Trip start date, 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.
5.8.2. end from the moment the Insured crosses the border of the country of permanent residence when entering the territory of the country of permanent residence, but not later than the date specified in the insurance contract (insurance policy) as the Trip end date.
5.9. For the risks insured specified in Clauses 25.2. to 25.3 (loss of luggage, damage to luggage), the insurance period:
5.9.1. shall start:
- in case of Trips abroad (overseas Trips), from the time when 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, 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 citizens, from the moment the Insured crosses the administrative boundary of the settlement of his/her permanent place of residence, but not earlier than the date specified in the insurance contract as the Trip start date.

5.9.2. shall end:
- in case of Trips abroad (overseas Trips), from the moment 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 Trip end date;
- when traveling within the Russian Federation, from the moment the Insured crosses the administrative border when entering the settlement of his/her permanent residence where the Insured resides permanently, but not later than the date specified in the insurance contract (insurance policy) as the Trip end date, unless otherwise provided by the insurance contract.

5.10. For the risks insured specified in Clauses 25.4. (delay of luggage), the insurance period:
5.10.1. shall start:
- in case of Trips abroad (overseas Trips), from the time when 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, but not earlier than the date specified in the insurance contract as the Trip start date;
- when Russian citizens travel within the territory of the Russian Federation (on the territory of Russia and abroad), from the moment the Insured crosses the administrative border of the settlement of permanent residence, but not earlier than the date specified in the insurance contract as the Trip start date.

5.10.2. shall end:
- in case of Trips abroad (overseas Trips) and for Trips within the territory of the Russian Federation (and in T-III Territory), upon arrival of the Insured at the destination of the Trip (in the territory/locality/in the country of temporary stay).

5.11. For the risks insured specified in Sub-Clauses (a) to (e) of Clause 32.2 (Involuntary Trip Cancellation), the insurance period shall start at 00:00 on the day following the day of payment of the insurance premium and shall end:
- In case of Trips abroad (overseas Trips), from the moment of 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.

5.12. For the risks insured specified in Clause 32.2 "g" (Involuntary Cruise Cancellation) and Clause 32.3 "c" (Cruise Termination), the period of insurance shall start at 00:00 on the day following the day of payment of the insurance premium and shall end:

– in case of Trips abroad (overseas Trips), from the moment the Insured crosses the border of the country of his/her permanent residence when entering the territory of the country of his/her permanent residence;
– When traveling within the territory of the Russian Federation, from the moment the Insured crosses the administrative border when entering the settlement of his/her permanent residence where the Insured resides permanently, unless otherwise provided by the insurance contract.

5.13. For the risks insured specified in Clauses 17.3.9. (Delay of Scheduled Flight) and 17.3.13. (Delay of Charter Flight), the insurance period shall start from the time of the alleged departure indicated in the Insured's ticket on the Trip start date or on the day of return and shall end at the time of boarding the aircraft.

5.14. For the risks insured specified in Clause 36 (Legal Assistance), the insurance period:

5.14.1. start from the moment the Insured crosses the border of the country of his/her permanent residence when leaving the country of his/her permanent residence, as confirmed by the mark of the Border Guard Service in the international passport;

5.14.2. For the risks insured specified in Clause 36, the insurance period shall end from the moment the Insured crosses the border of the country of his/her permanent residence when entering the territory of the country of his/her permanent residence.

5.15. If the Insured is detained (arrested) within the initiated criminal case, the term of the contract shall be extended until the case is transferred to the court for consideration on the merits, and if the Insured is recognized as a victim in the criminal case, until the end of the preliminary investigation period established by the legislation of the country of temporary stay.

6. Insurance contract: conclusion and termination

6.1. The Insurance Contract shall be concluded on the territory of the Russian Federation in writing by drawing up a single document (insurance contract/insurance policy) or by handing/sending the insurance policy by the Insurer or its authorized representative to the Policyholder based on his/her written or oral application.

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

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 digital signature of the Insurer.

6.3. For the conclusion of an insurance contract, the Policyholder shall submit a written or oral 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. In order to identify users of insurance services, when concluding an insurance contract, the Insurer may request from the Policyholder (incl. for 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 product;
– data of other documents confirming the intention to carry out the Trip (confirmation of the hotel reservation, travel documents, etc.).

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

6.5.1. The insurance contract shall be deemed to be concluded on the terms and conditions set forth herein in the event that 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 him/her/it in print format.

6.5.3. When concluding an insurance contract in the form of an electronic document, the fact of familiarization of the Policyholder with the terms of insurance, insurance documents (Insurance Rules, Information on insurance, 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 the execution of 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 concluding 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. By concluding an insurance contract, the Policyholder, in accordance with Federal Law No. 152-FZ "On Personal Data" expresses his/her/its consent and confirms that such consent was obtained from the Insured specified 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 undertakes to 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.

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

6.6.2. In order to ensure the performance of the concluded 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 on paper and electronic media. To achieve the above objectives, the Insurer may transfer personal data, which it became aware of in connection with the conclusion and performance of the insurance contract, to third parties, with which the Insurer has entered into the relevant agreements ensuring the safe storage and prevention of unlawful disclosure (confidentiality of personal data).

6.6.3. For the purpose of compliance with the requirements of Federal Law No. 115-FZ "On Countering the Legalization (Laundering) of Proceeds from Crime and Financing of Terrorism", when concluding an insurance contract, the Policyholders (Insureds, Beneficiaries) undertake to provide additional information and/or documents required to identify them upon the Insurer's request.

6.6.4. To withdraw the consent to the processing of personal data, the Policyholder shall submit an application to the Insurer, made on a form developed by the Insurer. Herewith, 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 entering into an insurance contract, the Insured shall:

6.7.1. Release the Physicians from confidentiality obligations to the Insurer in the part concerning the claim.

6.7.2. Release the Insurer from confidentiality obligations to relatives (adult children and grandchildren, capable parents, siblings, grandparents, adopted children and adoptive parents, legal spouses who are in an official civil marriage) 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 him/her to make a decision about providing information about his/her health status, diagnosis, treatment (coma, acute mental disorders, HIV infection, artificial lung ventilation, unconsciousness, etc.).

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

6.8.1. Fulfillment by the Insurer of its obligations to the Insured under the insurance contract in full (termination of obligations due to the fulfillment thereof).

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

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

6.8.4. Liquidation (as well as in other cases of winding-up) of the Insurer.
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 current legislation 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 claims 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 signs of the claim under the insurance contract, then the refund of the insurance premium shall be suspended until a decision is made on an event having signs of the claim.
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 2.24 Sub-Clauses 1 to 4).
- In case of repudiation of the insurance contract in accordance with the requirements of Clause 6.9.5., upon request of the Insurer, 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 as agreed 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 other 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 there are no events within this period that have signs of the claim, the Insurer shall be entitled to a portion of the insurance premium pro rata the time of the insurance contract validity.
- Herewith, 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 him/her after the date of entering into the insurance contract (insurance policy), the insurance premium shall not be refunded.
- If the insurance contract was concluded, in particular for the risk of non-receipt of a visa, delay in obtaining a visa, or obtaining a visa in other terms than those requested, and herewith the visa was obtained, as confirmed by a mark on the issuance of a visa in the Insured's international passport received after the date of conclusion 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 in ten (10) business days from the date when the Insurer received the relevant written statement of the Policyholder of repudiation of the insurance contract with the specified set of documents submitted, or from any other date, as agreed between the Policyholder and the Insurer.
6.10. To terminate the insurance contract, the Policyholder must provide the Insurer with an application for termination of the insurance contract in the form of the Insurer, personally signed by the Policyholder, duly executed (readable and scalable) and sent to the Insurer by any of the methods of proper notification (Clause 2.24 Sub-Clauses 1 to 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 ten (10) business days from the date of receipt by the insurer of the Application and in one of the ways provided for in Clause 2.24 (Sub-Clauses 1 to 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 receipt of the documents duly executed.
6.11. In case of early termination of the insurance contract, with the consent of the Insurer, outside the free look period, for circumstances other than the claim, the Insurer is entitled to a part of the insurance premium in proportion to the time during which the insurance was valid.
6.11.1. The premium to be reimbursed shall be returned to the Policyholder (payer under the insurance contract) within ten (10) business days from the date of receipt by the Insurer of the application, taking into account the requirements of Clauses 6.10.1 to 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 refunded, 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 his/her failure to leave for the country after the expiration date specified in the insurance contract (insurance policy).
6.14. Upon receipt of applications for termination of insurance contracts that expired during the free look period, the insurance premium shall not be refunded.
6.15. Under these Insurance Rules, a collective insurance contract may be concluded, and a list of the Insureds shall be attached to the application form.
6.16. The insurance contract against the risks specified in Clause 32.2 of these Insurance Rules shall be concluded not 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.
6.17. Insurance contracts for the risks specified in Clauses 16.2, 22.1, 25, 28.1, 36.2 of the Insurance Rules shall be concluded strictly before the start of the Trip.
6.18. In case of breach of the conditions of Clause 6.16 and Clause 6.17 of these Insurance Rules, the insurance contract shall be deemed not to be effective and the Insurer's liability shall not occur.
6.19. When contacting the Insurer in the form of an electronic document, the fact of familiarization of the Policyholder/Insured with the conditions of personal data processing, insurance conditions, conditions and procedure for receiving insurance payment (etc.) may be confirmed 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. Sum insured is a monetary amount set forth 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 indemnity are determined.
7.2. When concluding an insurance contract, the Parties can set the maximum amount of insurance indemnity for one claim, for one risk insured, for one object of property interests, etc. (limits of indemnity) of these Insurance Rules. Under no circumstances the insurance benefit may not exceed the limits of indemnity set forth in the insurance contract.
7.3. If total treatment or other expenses exceed the sum insured (limit of indemnity) set forth in the insurance contract, the share of expenses exceeding the sum insured shall be born by the Insured.
7.4. The limit of insurance indemnity shall be established in the insurance contract in the section "Special Conditions" or stipulated separately in these Insurance Rules.
7.5. The sum insured shall be established in the insurance contract (insurance policy).
7.6. The insurance contract establishes the aggregate (reduced) sum insured. The Insurer and the Policyholder, by agreement of the parties, may determine a non-aggregate sum insured, which will be specified in the insurance contract (insurance policy).
7.7. In the insurance contract, the Parties may specify 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. Deductible can be conditional or unconditional and is set as a percentage of the amount of expenses, and in absolute terms:
- in case of conditional deductible the Insurer shall not be liable for expenses not exceeding the deductible amount but shall reimburse for expenses in full if the amount of expenses exceeds the deductible amount;
- in case of unconditional deductible, the expenses shall be reimbursed in all cases less the deductible amount for each Insured.

7.7.2. Deductible may be provided for both the entire package of risks and for certain risks, except for the object of insurance specified in Clause 3.1.(b) of these Insurance Rules.
7.8. Upon agreement of the Parties, the sum insured may be specified in the insurance contract (insurance policy) in a foreign currency and be equivalent to the corresponding amount in rubles (hereinafter, the forex equivalent insurance).
7.8.1. The sum insured cannot 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).
7.9. When insuring the costs of claims specified in Clause 16.2. of the Insurance Rules, the sum insured shall be established in the insurance contract (insurance policy), taking into account the prices in force in the locality where the Insured travels for the provision of medical, including dental services, for medical evacuation, transportation, repatriation of body (remains), etc.
The sum insured cannot 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 concluding an insurance contract with respect to 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 more than the limits established by the insurance contract.
7.11. When concluding an insurance contract in relation to the costs of obtaining legal assistance, the sum insured shall be established in the insurance contract (insurance policy), based on the cost of providing legal services in the locality, for which the Insured leaves.
7.12. When concluding 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 concluding an insurance contract for expenses related to the risk of involuntary cancellation of the Trip, the sum insured shall be established 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 reserved hotel room, apartment, etc.) as well as the cost of tickets (air and railway tickets, etc.).
7.14. When concluding an insurance contract related to the 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 obliged 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 take into account 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 solved by the Insurer independently and individually in each case.
8.4. The insurance premium shall be payable in a lump sum when concluding an insurance contract, unless the insurance contract prescribes a different procedure and deadlines for paying the insurance premium. The insurance premium can 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:

a) If the insurance premium is not paid by the insurance commencement date provided for in the insurance contract, the insurance contract shall be deemed not to be effective and the Insurer's obligations shall not occur thereunder, unless the insurance contract provides otherwise.

8.7. The insurance premium shall be set in Russian rubles. Upon agreement of the Parties, the insurance premium may be specified in the insurance contract in a foreign currency and be equivalent to the corresponding amount in rubles.
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 other person and in this case it shall not acquire any rights under the insurance contract (with the exception of Clause 12.4.6). The Policyholder shall be liable for the actions of such a person.

9. Risk insured. Claim. Scope of insurance coverage

9.1. A risk insured shall mean an alleged event showing signs of probability and chance, for the case of occurrence of which the insurance is maintained.
9.2. A claim 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 obliged to pay an insurance benefit to the Policyholder, Insured, Beneficiary, or other third parties.
9.3. The insurance benefit shall be paid by the Insurer upon occurrence of claims stipulated in the insurance contract, within the sums insured specified in the insurance contract, and also, if stipulated in the contract, within the limits of indemnity for certain risks specified in the insurance contract (insurance policy).
9.4. The insurance benefit may be paid by the Insurer:

a) directly to the Insured before the start of the Trip or after his/her return to the country of permanent residence, in the form of reimbursement of his/her expenses for payment of services for the organization of the Trip, or rendered to him/her in connection with the claim and paid by him/her on his/her own, subject to all standards, provided for by these Insurance Rules;
b) to the organization specified in the insurance contract (insurance policy) as an Assistance Company, in accordance with the contract concluded between the Insurer and the Assistance Company, according to which the latter, on behalf of the Insurer, provides round the clock arrangement of or assists the Insured in obtaining the services provided for by these Insurance Rules, payment for services rendered by third parties (medical institutions, etc.) and agreed with the Insurer;
c) to the Trip organizer, if such organizer is a legal entity. In this case, the Insured has the right to specify this legal entity in the application for payment of insurance indemnity by the recipient of the insurance payment.

9.5. The insurance benefit can also be paid directly to the medical institution, with which the Insurer has concluded the relevant contract for the provision of medical care to the Insured within the framework of rendering insurance services, in accordance with 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. Risks insured shall be specified in the special conditions of the insurance contract (insurance policy). 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.

10. Events not considered as claims, 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. related to the reimbursement of:

a) moral harm under an insurance contract (insurance policy) concluded in accordance with these Insurance Rules, including those related to the quality of services rendered by third parties (medical institutions, etc.);
b) lost profit;
c) social compensation;
d) compensation (guarantee payments) in order to reimburse the costs associated with the performance of labor and/or professional duties by the Insured (labor compensation);
e) compensation of salary in case the Insured is on a 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 date of conclusion of the insurance contract and/or commencement of the insurance period, including as a result of a claim during the period of validity of the insurance contract, the reasons for which began to operate before the entry into force of the insurance contract;
10.1.3. which are not separately agreed upon and are not specified in the insurance contract (insurance policy);

10.1.4. which occurred after the return of the Insured from the Trip to the country of permanent residence/to the territory of permanent residence, including the costs of treatment in the territory of the Russian Federation (when traveling in Russia) outside the administrative borders of the Trip territory;
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. 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;
10.1.8. for translation of documents of foreign states into Russian.
10.2. Expenses upon the occurrence of an event having signs of a claim shall not be reimbursed if the following factors occurred:
10.2.1. in a direct cause-effect relationship with the Insured being under the influence of alcohol, drugs or other intoxicants or under the influence of psychotropic and toxic substances (other than cases of poisoning by legally acquired poor quality alcoholic beverages) and the occurred event;
10.2.2. criminal or unlawful acts of the Insured as well as during his/her 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 of temporary stay (country, hotel, etc.);
10.2.4. suicide or attempted suicide, self-mutilation of the Insured;
10.2.5. exposure to a nuclear explosion, radiation, radioactive or other type of infection;
10.2.6. as a result of military actions as well as maneuvers or other military activities, civil war, strikes, all types of riots, civil commotion;
10.2.7. service of the Insured in any armed forces and armed units;
10.2.8. performing by the Insured of hazardous professional and production activities (including as a circus artist, ballet or theater artist, miner, builder, electrician, etc.), except for cases of special insurance under special conditions using the corrective factors established by the Insurer and reflected in the insurance contract (insurance policy);
10.2.9. the Trip of the Insured made with the intention of receiving treatment;
10.2.10. a ban on visiting the country/region imposed by the state authorities/administration/health control and supervision agencies, if the Insured entered this country/regions through third countries/regions after the date of such ban imposition;
10.2.11. imposition of restrictions by administrative bodies/state authorities/health control and supervision agencies of the country, territories, regions (districts, regions, republics, cities, settlements, etc.) on self-isolation/isolation/quarantine in relation to age categories of citizens, individuals with a certain list of chronic diseases, other categories of individuals grouped based on any grounds;
10.2.12. declaration of quarantine by administrative bodies/state authorities/health control and supervision agencies in relation to a specific region/territory (settlement, city, region, district, etc.) or in relation to a sea/river cruise ship (all passengers), or in relation to all passengers of an aircraft (airplane), or in relation to all residents of the same hotel;
10.2.13. restrictive measures imposed by the state in relation to persons entering the country in accordance with the internal rules of entry into the country and other regulatory acts of the state, authorities/administrative bodies/health control and supervision agencies;
10.2.14. refusal 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, 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 relevant driving license (required in the country of stay) or under the influence of alcohol, drugs or other intoxicants or under the influence of psychotropic and toxic substances;
b) The Insured has transferred the vehicle to a person who does not have a relevant driving license;
c) The Insured was in a vehicle (as the passenger), except for public transport, 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 not recognize the event as a claim 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 for the purpose of receiving the insurance benefit or when concluding an insurance contract are insufficient or contain incomplete, contradictory, inaccurate, or deliberately false information about the causes and circumstances of the claim as well as the types and cost of services rendered in connection with the claim;
10.4.3. restriction (ban) of entry/exit from/into the country in accordance with the acts of state and/or administrative authorities, and/or statements of official authorized persons;
10.4.4. other cases provided for by the legislation of the Russian Federation.
10.5. The subjective attitude of the Policyholder/Insured (fear, panic, fear of mass crowds of people, terrorist acts or civil commotion, etc.) to the situation that has arisen in the country/territory of residence, which, in his/her/its opinion, does not allow him/her/it to start the Trip at the planned time shall not be a claim and shall not be covered by the insurance policy (insurance contract).
10.6. If expenses for medical and other services may be paid by any other insurance policy held by the Insured or included in the cost of any state or private program (including state fees stipulated in such cases by the country of stay) implemented in the country/territory/locality where the claim occurred, or medical services can be rendered and/or are rendered under the compulsory health insurance system in the Russian Federation.
10.7. The decision on non-recognition of the event as a claim shall be communicated by the Insurer to the Insured in writing with justification of the reasons within three (3) business days from the date of the decision.

11. Insurance benefit

11.1. Upon occurrence of the claim, 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 for a good reason (force majeure, critical physical condition, hard-to-reach place of stay, technical problems with the telephone system, etc., which should be supported by relevant documents) did not have the opportunity to contact the Assistance Company or the Insurer until receipt of the necessary aid, the Insured shall, where possible, report the incident to the Assistance Company or the Insurer prior to his/her departure from the country of temporary residence and notify of the expenses incurred.
11.2.1. In this case, if the Insured has independently incurred the expenses (or part thereof) provided for in Chapters 17, 25, 29 arising in connection with the claim, then upon arrival at the place of residence, he/she must apply to the Insurer for reimbursement of such expenses within two (2) years from the date of occurrence of the claim:

- In cases where the expenses accepted by the Insurer for insurance were paid by another person for the Insured, arising in connection with the claim that occurred to the Insured, the other person who made the payment of these expenses has the right to apply to the Insurer with a statement for reimbursement of expenses with an attachment a complete set of documents provided for in Chapters 19, 27, 39 of these Insurance Rules, including original documents confirming the payment of these expenses.
- In case of payment by another person of expenses that are not related to the claim that occurred with the Insured and/or expenses that were not accepted for insurance and/or expenses that are not reimbursed by the Insurer, these expenses may be reimbursed by the Insured to another person independently and shall not be reimbursed by the Insurer.

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 under a notarized power of attorney) shall apply to the Insurer with a statement about the occurrence of the claim and provide documents in accordance with the requirements of Chapter 24 of these Insurance Rules.
11.4. In case of occurrence of claims under the risks provided for in Chapter 32 of these Insurance Rules, the Insured (or a representative of the Insured under a notarized power of attorney) shall apply to the Insurer with a statement about the occurrence of the claim and provide documents in accordance with the requirements of Chapter 35 of these Insurance Rules.
In cases where the Trip was organized by a legal entity, the Insured shall be entitled to specify 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 a Claim Statement in order 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 transferred to the Insurer in a foreign language, except for English and German, shall be translated into Russian and certified by a notary or a translation agency.
11.7. A claim statement with all the documents required (originals or certified copies of documents) confirming the occurrence of the claim and payment for expenses arising in connection with the occurrence of the claim shall be submitted by the Insured/Beneficiary to the Insurer using any method specified and agreed upon with the Insurer*:
11.7.1. when contacting the Insurer's office in person, or to its authorized representative.
11.7.2. by sending a set of documents through the operators of Russian Post, JSC, with a mandatory list of documents and a return receipt, or through courier services;
11.7.3. by 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 Insured/Beneficiary shall provide in accordance with Clauses 11.7.1 to 11.7.2 provide 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:
11.8.1. When submitting documents 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.
11.9. The amount of expenses incurred by the Insured and the insurance indemnity shall be determined by the Insurer on the grounds of the documents received from law enforcement authorities of supervision and control (fire, emergency, and other services), 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 a court decision that has taken effect (with notarized translations of original documents drawn up in a language other than English or German) or a substantiated property claim for damages recognized by the Insured with the written consent of the Insurer.
11.10. The Insurer may request information related to the claim from law enforcement authorities, medical institutions, and other enterprises, organizations, and institutions possessing information on the circumstances of the claim as well as to establish independently the causes and circumstances of the claim.
11.11. In case of any disputes between the Parties concerning the causes and amount of damage, each Party shall be entitled to call for expert examination. The expert examination shall be carried out at the expense of the Party, which has requested it. If the results of the examination determine that the Insurer's recognition of the event as not a claim was unreasonable, the Insurer shall assume the share of the costs of the examination corresponding to the ratio of the amount recognized initially as not reimbursable and the amount of reimbursement paid after the examination. The expenses for the examination execution for events, which were recognized as not a claim upon execution thereof, shall be borne by the Insured.
11.12. The Insurer may postpone payment of the insurance indemnity if:

a) any disputes related to the right of the Insured to receive the insurance benefit arise, until the necessary evidence is submitted;
b) if, on the grounds of the facts connected with the occurrence of a claim, the relevant law enforcement authorities have initiated a criminal case, proceeding, litigation, or administrative investigation against the Insured or his/her authorized persons or investigation of circumstances that caused loss, until the completion of the investigation (process) or proceedings and finding the Insured innocent;
c) the Insurer sends requests to third parties to provide information (data, documents, etc.), that have data about 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 receipt of replies to the Insurer's requests.

11.13. If the documents submitted for the insurance benefit (including bank details) are insufficient for the Insurer to make a decision on recognizing the event as a claim 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, whereas 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 2.24. Sub-Clauses 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 sending the request. In the event that the response to the request has not been received within the specified period, the Insurer shall, within three (3) business days from the date of the decision, shall send a notice of not recognizing the event as a claim, or may pay the insurance benefit to the extent uncontested and confirmed.
11.14. If more than four (4) Insureds who are Travel Partners (Clause 2.21. hereof) are specified in the insurance contract (insurance policy), the Beneficiaries who are entitled to receive the insurance benefit, will be determined by the Policyholder in a written Expense Reimbursement Application submitted to the Insurer.
11.15. The general term for settling a claim shall not exceed forty-five (45) business days from the date of receipt of the claim statement and all the documents required and executed in a proper manner.
11.15.1. Notification of refusal of insurance indemnity shall be sent to the Insured/Beneficiary within three (3) business days from the date of the decision, in writing using one or several methods provided for by Clause 2.24. (Sub-Clauses 1 to 4) of these Insurance Rules.
11.16. The insurance benefit shall be paid in Russian rubles.
11.16.1. In the event of a claim for the risks specified in Chapters 16, 22, 25, 28, 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 claim.
11.16.2. In the event of a claim 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.
11.17. In the event of a claim under the risks specified in Clause 32.3 outside the borders of the Russian Federation, the insurance benefit shall be made in Russian rubles at the exchange rate of the Central Bank of the Russian Federation as of the date of the accident/claim.
11.18. 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 the insurance benefit shall be paid based on the rate of the national currency of the country of residence (at the exchange rate of the Central Bank of the Russian Federation as of the date of claim).

12. Rights and obligations 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.
12.1.2. Communicate to the Policyholder its contact phone number or contact phone number of its representative, as well as the Assistance Company rendering services upon the occurrence of claims.
12.1.3. In cases recognized by the Insurer as claims, make timely insurance indemnity payment within the term specified in these Insurance Rules.
12.1.4. If the event is not recognized as a claim, within three (3) business days notify the Insured of its decision in writing with a motivated reason.
12.1.5. When drawing up the insurance contract, formulate precise and unambiguous provisions.
12.1.6. Not disclose information about the Policyholder, his/her health and property status, except for the cases stipulated by the applicable legislation of the Russian Federation.
12.1.7. Upon receipt of requests from the Policyholder (Insured, Beneficiary), provide information and documents within thirty (30) days (provided that it is possible to identify the recipient of insurance services in accordance with the requirements of Federal Law dated June 27, 2006 No. 152-FZ "On Personal Data"):
12.1.7.1. Upon a written request, provide information on the procedure and method of calculating the amount of insurance benefit, including an exhaustive list of legal norms and/or conditions of the insurance contract and these Insurance Rules, circumstances and documents, on the grounds of which the calculation was made and/or the decision on insurance benefit was made, or a decision on the refusal of the insurance benefit was made.
12.1.7.2. Upon an oral, written request, including those submitted in electronic form, once the decision on the insurance benefit was made, provide information on the calculation of the amount of the insurance benefit, which should include the following:

1. the sum insured (a part thereof) for personal insurance (excluding health insurance) to be paid or the final amount of insurance indemnity payable for property insurance;
2. the procedure for calculation of the insurance benefit;

3. an exhaustive list of legal norms and/or conditions of the insurance contract and insurance rules, circumstances, and documents, on the grounds of which the calculation was made.

12.2. The Policyholder/Insured shall:

12.2.1. When concluding an insurance contract, inform the Insurer about all circumstances it is aware of, which are important for determining the probability of a claim 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 about all existing and concluded insurance contracts regarding the property accepted for insurance by the Insurer. Material circumstances are at least those stipulated in the Application Form. Data 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 insurance 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 Sub-Clauses 6.10.1 to 6.10.2) and 11.12 ("c"), Clause 12.3.10 of these Insurance Rules.

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

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. In order to confirm the bodily injuries received as a result of an event that has signs of a claim, appear for a medical examination and/or survey (evaluation) at the place, time and within the terms determined by the Insurer.

12.2.8. The Policyholder undertakes to obtain the consent of the Insured to receive information in accordance with Article 13 of Federal Law of the Russian Federation dated November 21, 2011 No. 323-FZ "On Fundamental Healthcare Principles in the Russian Federation".

12.2.9. The Policyholder, in pursuance of the requirements of Federal Law dated 07.08.2001 No. 115-FZ "On Countering the Legalization (Laundering) of Proceeds from Crime and Financing of Terrorism", undertakes to provide the Insurer, upon its request, with documents and information for identifying the Policyholder, his/her representative, Beneficiary, beneficial owner, as well as, if necessary, for updating this information.

12.2.10. Within one month after receipt of a written claim by the Insurer, reimburse for its costs, for which, according to the insurance contract, the Insurer should be held liable under the insurance contract.

12.3. The Insurer shall be 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. Require documents from the Insured certifying the occurrence of the claim as well as confirming the amount of insurance indemnity payable; including, if necessary, require original documents from the Insured proving the occurrence of the claim, 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 that has signs of a claim.

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 the claim until the reply is received.

12.3.6. Find out independently the causes and circumstances of the claim, the amount of expenses incurred.

12.3.7. Verify the documents submitted.

12.3.8. Request information from organizations that have data about the circumstances of the claim.

12.3.9. If the competent authorities or other organizations have materials that give the Insurer grounds to recognize the event as not a claim, defer the decision on the insurance benefit until all circumstances are clarified.

12.3.10. The Insurer has the right to request from the Policyholder/Insured/Beneficiary documents duly executed, additional documents certifying the fact of making/not making the Trip (all pages of the international passport, including blank ones), obtaining/not receiving a visa and other documents established by legislative and regulatory acts of the Russian Federation, including identity documents.

12.3.11. The Insurer has the right to request from the Policyholder (Insured) a notarized power of attorney 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 caused within the limits of amounts of the insurance indemnity paid.

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

– independent expert appraisal of reasons and circumstances of a claim and the amount of damage has been carried out. the postponement shall take place until the evaluation 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 can take place until the enforcement of the judicial ruling in the absence of an appeal. In case of an appeal, the postponement shall be until the enforcement of the judicial ruling that is not subject to appeal;

12.3.14. Upon the Insured's claim for insurance indemnity, require the Insured to fulfill his/her obligations under the insurance contract, including the obligations assumed by the Policyholder but not fulfilled by him/her. The risk of consequences of the failure to fulfill or untimely fulfillment of obligations, which must have been fulfilled earlier, shall be borne by the Insured.

12.3.15. 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.

12.3.16. Require recognition of the contract as invalid if, after concluding the insurance contract, it is established that the Policyholder has provided the Insurer with knowingly false information about circumstances it was aware of, which are essential for determining the likelihood of a claim and the amount of possible losses from its occurrence.

In any case, the circumstances shall be deemed significant if they are explicitly specified by the Insurer in the insurance contract (insurance policy) standard form or in the written request.

12.3.17. Require transfer of claims within the limits of medical expenses coverage if the Policyholder (Insured) has claims to a third party for compensation of damage to his/her health and such claims are not related to the legal aspect of insurance.

12.3.18. Be relieved from obligations on payment of insurance coverage to the extent the Insured could receive indemnity from claims to third parties if the Insured waives such claims without consent of the Insurer.

12.3.19. Pay no insurance benefit if the Insured or his/her representative:

a) has failed to provide the Insurer with all the documents required to make a decision on the insurance indemnity payment (including bank details when choosing a noncash method of receiving insurance benefit);
b) has failed to notify the Insurer of all information relevant to the assessment of the risk degree;
c) if the claim occurred due to the fault of an employer;
d) if the claim occurred during the performance of any type of work by the Insured, not provided for in the terms and conditions of his/her employment contract;
e) if the Policyholder (Insured) has provided the Insurer with knowingly false information about the health of the Insured and/or about the amount and cost of medical services rendered, other information required to conclude an insurance contract.

12.3.20. Represent the interests of the Insured.

12.3.21. Postpone the insurance benefit payment in the case of an administrative or judicial investigation prior to the decision.

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

12.4. The Policyholder/Insured shall be entitled to:

12.4.1. familiarize with:

– the information on the Insurer Branch of RIC "EUROINS" Travel Insurance LTD;
– these Insurance Rules;
– the information on the terms and conditions of insurance at the conclu-sion of the insurance contract;
– the procedure for repudiation of the insurance contract during the free look period or contract termination;
– the procedure for applying for the insurance benefit;
– the 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, incl. those to the organizations that supervise and control the activities of the Insurer;
– the text of the Basic Standard for Protecting the Rights and Interests of Individuals and Legal Entities — Recipients of Financial Services Pro-vided by Members of Self-Regulatory Organizations Consolidating Insur-ance Organizations (Approved by the Decision of the Financial Super-vision Committee of the Central Bank of the Russian Federation (Bank of Russia).

12.4.2. The Policyholder (Insured) may familiarize with this information in any convenient way:
- on the Insurer's website — www.erv.ru;
- by receiving information to the e-mail address specified by the Policyholder in his/her/its personal account;
- in print format (as leaflets, booklets, recommendations).

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 amounts established at the conclusion of the insurance contract.
12.4.4. Timely insurance benefit when an event is recognized as a claim (when the Insured has independently paid the expenses included in the insurance coverage under the insurance contract in accordance with these Insurance Rules).
12.4.5. Receive a duplicate of the insurance policy in case of its loss (or a copy of the insurance policy certified by the Insurer).
Herewith, a duplicate of the lost insurance policy shall be issued to the Policyholder. After issuing a duplicate, the lost insurance policy (insurance contract) shall be considered invalid and no payments shall be made thereunder.
12.4.6. 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, upon return of the insurance premium or part thereof, shall be entitled to specify the third party to whom the Policyholder has instructed to pay the insurance premium under the insurance contract.
12.4.7. Receive information about the Insurer in accordance with the legislation of the Russian Federation.
12.4.8. Send a request to the Insurer:
- a verbal or written one, including those submitted in electronic form to the Insurer for explanations of calculations for the insurance premium and/or insurance benefit;
- a written one, for the provision of the information and documents (including copies and extracts) on the basis of which the Insurer made a decision on insurance benefit or refusal of insurance benefit.

12.4.9. Appeal the decision of the Insurer on the recognition of the event as not a claim (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 conclusion of the insurance contract, which the Parties could neither foresee nor prevent.
13.2. Extraordinary circumstances include: flood, fire, earthquake, explosion, storm, soil subsidence, and other natural phenomena, as well as epidemic, pandemic, war and military actions, explosions, terrorist acts, a strike in an industry or region.
13.3. Possible failure to fulfill the obligations under the insurance contract must be in direct cause-effect relationship with the circumstances specified in this Sub-Clause.
13.4. Force majeure circumstances affecting the Party shall be proved by the relevant documents, such as certificates from the competent state authorities, officially published documents (regulations), etc.

14. Dispute resolution procedure

14.1. All disputes under the insurance contract between the Insurer and the Policyholder (Insured) shall be resolved through mutual agreement of the Parties:
- in pre-trial procedure when the Policyholder (Insured, Beneficiary) files an appeal (in this Chapter — claim) against the Insurer;
- using mediation procedures (Clause 14.2)

14.2. In case the Parties fail to reach an agreement, and the amount of the property claims of the Insured (Beneficiary) is less than five hundred thousand rubles (RUB500,000), the Insured (Beneficiary) may appeal to the Financial Commissioner in the manner and within the term prescribed in Chapter 3 of Federal Law No. 123-FZ "On Authorized Representative for Rights of Consumers of Financial Services".
Information on the appeal procedure to the Financial Commissioner is available on the website: www.erv.ru.
14.3. If the Insured (Beneficiary) does not agree with the decision of the Financial Commissioner or the amount of property claims is more than five hundred thousand (RUB500,000), then all disputes shall be referred to the court of general jurisdiction.
14.4. The right to file claims against the Insurer regarding payment of the insurance benefit under the insurance contract shall be retained for the statute of limitation established by the legislation of the Russian Federation provided for the property types of insurance.

15. Procedure for amendment of the insurance contract terms and conditions

15.1. Under the agreement between the Policyholder and the Insurer, the insurance contract concluded in accordance with these Insurance Rules may be amended or modified on the grounds of the Policyholder's specific needs in insuring his/her property interests or the interests of a third party in whose favor the Policyholder concluded an 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 agreement of the Parties.

Section II

Medical, transportation, and other expenses insurance

16. Claim

16.1. A claim 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 obliged to pay an insurance benefit to the Insured, Beneficiary, or other third parties.
16.2. In accordance with these Insurance Rules, the claims are events, upon the occurrence of which the Insured has incurred or may incur expenses as a result of qualified emergency medical care services and other necessary assistance rendered to him/her, as follows:
16.2.1. Bodily injury shall mean an injury resulted from an accident caused by exposure to an apparent external force (including the injuries occurred as a result of damage of 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 which requires emergency medical intervention.
16.2.3. Exacerbation of chronic diseases shall mean chronic disease aggravated during the period of the Insured's Trip, that may threaten the life and health 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. Flight delay shall mean a flight delay of more than three (3.0) hours, unless otherwise provided by the insurance contract.
16.2.6. Loss, theft, or total loss of the international passport and/or transport documents of the Insured carried by him/her during the Trip.
16.2.7. The need for the Insured to get the first legal advice, which is caused by the occurrence of a claim
16.2.8. Breakage, loss of (highjacking, embezzlement), or damage to a land vehicle, on which the Insured makes the Trip beyond the borders of the Russian Federation.
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.

17. Expenses reimbursed by the insurer

If the events listed in Clause 16.2 of this Section of the Insurance Rules occur during the Trip, the Insurer shall reimburse (make payments):
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 of medical services, including outpatient treatment;

17.1.1.2. diagnostic testing expenses with following-up treatment procedure (including magnetic resonance imaging (MRI) and computerized tomography (CT));
17.1.1.3. inpatient treatment expenses (including necessary (reasonable and sufficient) tests and studies, medical treatment, surgeries, postsurgical care, physiotherapy (as part of treatment prescribed by a physician), and also 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 purchasing drugs and dressings upon the prescription of the attending physician in the country of stay;
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. necessary to prevent an immediate threat to life or health or connected with acute pain from 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;
17.1.2.2. necessary to prevent an immediate threat to life or health, related to oncological diseases and benign neoplasms, including hemoblastosis, and their sequela, till the diagnosis was made and on events that occurred outside of the territory of the Russian Federation.
Herewith, the liability of the Insurer shall be limited to the amount in Russian rubles equivalent to one thousand (USD/EUR1,000) (for insurance in T-III Territory, the limit of the insurance benefit shall be set in rubles in the insurance contract (insurance policy) — Clause 4.1.3. of these Insurance Rules).
17.1.3. Expenses for emergency dental care, namely:
17.1.3.1. expenses related to soothing treatment of 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 necessary 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.
In any case, as of the claim occurrence date, the gestation period should not exceed twenty-four (24) weeks, inclusive.
Herewith, the Insurer shall pay for 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 determined in the insurance contract (insurance policy).
17.2. Medical and transportation expenses:
17.2.1. Medical transportation expenses, which 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 himself/herself, shall be covered by the Insurer in an amount not exceeding the amount in Russian rubles equivalent to five hundred (USD/EUR500) (for insurance in T-III Territory, the limit of the insurance benefit shall be set in rubles in the insurance contract (insurance policy) — Clause 4.1.3. of these Insurance Rules).
17.2.2. Expenses for medical evacuation and repatriation of body (remains), which include:
17.2.2.1. Expenses for emergency medical evacuation by an appropriate vehicle, including expenses for an accompanying person (if such accompanying person is prescribed by a doctor) from the place of stay of the Insured to his/her place of permanent residence or to the nearest medical institution at the place of residence, provided that there are no opportunities in the place of temporary stay to provide the required medical care. Emergency medical evacuation shall be carried out exclusively in cases when its necessity is confirmed by the opinion of the Insurer's physician based on documents provided by the local attending physician and subject to the absence of medical contraindications. Expenses for medical evacuation shall be covered within the amount specified in the insurance contract.
17.2.2.2. Expenses for medical evacuation of the Insured from the place of temporary stay to the place of his/her permanent residence or to the nearest medical institution at the place of residence in case when expenses for stay in a hospital may exceed the limit of reimbursement specified in the insurance contract or in cases where treatment abroad significantly exceeds the cost of medical evacuation. Medical evacuation shall be carried out only in the absence of medical contraindications. Expenses for medical evacuation shall be covered within the amount specified in the insurance contract.
17.2.2.3. Expenses for a body (remains) repatriation, including payment for a coffin or cremation, as well as the required documents, transportation of cargo 200, authorized by the Assistance Company (Service Center) or made independently by the Insured's relatives but necessarily agreed on with the Assistance Company (Service Center) or with the Insurer, to the country of permanent residence of the Insured if his/her death was caused by a claim. Expenses for the body (remains) repatriation shall be covered within the amount specified in the insurance contract. Herewith, the Insurer shall not pay the costs of funeral services at the place of permanent residence of the Insured.
17.2.2.4. The Insured shall reimburse the Insurer for all actual expenses incurred by the latter due to the Insured's refusal of the services to evacuate him/her to the country of permanent residence, which the Insurer has arranged with the consent of the Insured.
17.2.3. Expenses for search and rescue, which include:
17.2.3.1. 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.
Expenses for search and rescue in case of an accident, an emergency in the mountains or at sea shall be covered by the Insurer within the limit specified in the insurance contract (insurance policy).
17.3. Other unforeseen expenses, which include:
17.3.1. Expenses for stay at hospital of one adult (parent, guardian, close relative) during emergency hospitalization of a child under eighteen (18).
17.3.2. Expenses for return (only payment of economy class travel to the place of permanent residence) of one Partner who is on the Trip and his minor children who are traveling with the Insured Person, in case of forced early return from the Trip or delay of the latter's stay due to evacuation or return of the body (remains) of the Insured Person, which occurred as a result of an insured event.
17.3.3. Expenses for return of minor children (one-way economy class travel, confirmed by travel documents), who are with the Insured during their stay outside their permanent place of residence, to their place of permanent residence if children were left unattended as a result of a claim that occurred with the Insured, as well as payment of travel expenses of one adult accompanying a child or children. If the Insured cannot name such a person, the Insurer will arrange and pay the costs of the respective accompanying person.
17.3.4. Expenses for visit of an adult third party in cases of hospitalization or death of the Insured travelling alone or with minor children: Herewith, the expenses for economy class two-way travel (confirmed by travel documents) from the place of permanent place of residence and back shall be reimbursed. The Insurer shall also reimburse the costs of a third party's hotel accommodation, but not exceeding the amount in Russian rubles equivalent to three hundred (USD/EUR300) (for insurance in T-III Territory, the limit of insurance benefit shall be set in rubles in the insurance contract (insurance policy) — Clause 4.1.3. of these Insurance Rules).
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 (or the only adult Insured) have suffered (have been hospitalized, death has been established), provided that all victims (sick) Insureds are members of the same family (close relatives).
17.3.5. Expenses for accommodation of the Insured at the hotel, in case of his/her extended stay in the Trip due to quarantine disease and/or emergency hospitalization or the presence of medical contraindications to the flight that occurred on the eve 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, if there were quarantine diseases (childhood infections, dangerous diseases) that led to quarantine in relation to the Insured (with positive tests for a dangerous disease), as well as injuries and illnesses that required emergency hospitalization, or medical contraindications to the flight that occurred on the eve or on the day of departure (confirmed by medical documents). Expenses for hotel accommodation shall be reimbursed in the amount of the limits established by the insurance contract (insurance policy). In case of the insurance in T-III Territory, the limit of the insurance benefit shall be set in rubles in the insurance contract (insurance policy) — Clause 4.1.3. of these Insurance Rules. Herewith, the accommodation shall be arranged by the Assistance Company or the Insured himself/herself, subject to mandatory agreement with the Assistance Company.

17.3.6. Expenses of the Insured for economy class one-way travel to the place of permanent residence (payment of only economy class travel to the place of permanent residence, confirmed by travel documents), 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 a claim, which entailed hospitalization of the Insured.

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 close relative of the spouse) 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 Assistance Company and/or the Insurer in case of claims, 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 specified in the Special Conditions section of the insurance contract (insurance policy).

17.3.9. If a regular flight is delayed by more than three (3) hours from the time indicated on the Insured's ticket, subject to the provision of relevant documents issued by an authorized representative of the airline confirming such a delay:

17.3.9.1. The amount of the insurance benefit for each claim per one Insured shall be indicated in the insurance contract (insurance policy).

17.3.9.2. The limit of the sum insured for the risk shall be specified in the insurance contract (insurance policy) for the aggregate of all claims for the entire insurance period.

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

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

17.3.10.2. 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 transferred to the Insurer in a foreign language, except for English and German, shall be translated into Russian and notarized.

17.3.11. 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 an accidental infliction of damage to a third party by the Insured, 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.

17.3.12. Unforeseen expenses of the Insured in the event of a breakdown, loss of (highjacking, theft), or damage to a private vehicle, on which the Insured travels beyond the borders of the Russian Federation:

17.3.12.1. expenses for towing (evacuating) a private vehicle damaged in case of an accident or broken, on which the Insured travels, to the nearest repair location in the host country. The insurance benefit may not exceed the amount specified in the insurance contract (insurance policy) or the established limit;

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

17.3.12.3. The insurance indemnity shall be paid to the Insured on the basis of an application for receiving insurance benefit upon damage, breakdown or loss of a vehicle with all available documents attached (for example, if such a document was issued: a report from the accident scene, an invoice of the towing and/or repair crew paid by the Insured with attachment of payment documents). All documents transferred to the Insurer in a foreign language, except for English and German, shall be translated into Russian and certified by a notary or a translation agency.

17.3.13. If a charter flight is delayed, the Insurer shall pay an insurance benefit in the amount of the limit established by the insurance contract (insurance policy) of the sum insured with the provision of documents confirming the flight delay.

17.3.13.1. The limits of the sum insured for each claim per Insured and for the entire insurance period are established by the insurance contract (insurance policy).

17.3.13.2. The delay time of a charter flight shall be established in the insurance contract.

17.4. Insurance risks under Clauses 17.1 to 17.3. shall be specified 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 as claims, not accepted for insurance, and expenses not subject to reimbursement

18.1. Upon the occurrence during the period of a Trip of the events listed in Clause 16.2., 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 related to high-tech surgeries with regard to the heart and blood vessels, including angiography, angioplasty, bypass surgery, etc., except for conditions associated with an immediate threat to the life and health of the Insured (AMI, CVA);
Herewith, if these expenses cannot be distinguished from the general bill for treatment, the Insurer shall not pay the first two (2) days of the Insured's stay at hospital;

18.1.4. expenses related to obtaining medical services by the Insured not related to a sudden disease or 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 in order to save life of the Insured;

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

18.1.7. expenses associated with cosmetic or plastic scheduled surgery, performed with the aim of improving 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 carried out for aesthetic or cosmetic purposes;

18.1.8. expenses associated with the treatment using methods of manual therapy, reflex therapy (conducting acupuncture), chiropractic, massage, homeopathy, phyto- and naturotherapy, physiotherapy not related to treatment and not prescribed by a doctor, 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 his/her 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 routine vaccinations to the Insured (including when traveling for the purpose of vaccination), except for cases arising from vaccinations and requiring emergency medical care;

18.1.13. expenses related to examination and treatment of diseases by non-scientific methods;

18.1.14. 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;

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

18.1.16. expenses for treatment in the territory of the Russian Federation outside the administrative borders of the territory of the Trip/territory of occurrence of a claim;

18.1.17. any expenses for improving the comfort level of the hospital room, flight, accommodation, etc.;

18.1.18. 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;

18.1.19. expenses for treatment, which was carried out by relatives of the Insured;

18.1.20. expenses related to the services not necessary from the medical point of view or to treatment, which was not prescribed by an attending physician in the country of stay;

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

18.1.22. expenses associated with the treatment of radiation sickness;
18.1.23. expenses related to the transplants of organs and tissues;
18.1.24. expenses associated with the management of pregnancy, childbirth, abortion, except as otherwise provided in the insurance contract.
The Insurer shall not be liable and shall not reimburse any expenses incurred in connection with the care, medical supervision, treatment, transportation, evacuation, and repatriation of the newborn child of the Insured.
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 a claim;
18.1.27. expenses in a direct cause-effect relationship with the Insured being under the influence of alcohol, drugs or other intoxicants or under the influence of psychotropic and toxic substances (other than cases of poisoning by legally acquired poor quality alcoholic beverages) and the occurred event;
18.1.28. expenses for inpatient treatment not authorized by the Insurer through the Assistance Company. Except for the existence of objective circumstances preventing the coordination of hospitalization at the time of occurrence of a claim, with the obligatory condition of coordinating such expenses as soon as practicable by the Insured himself/herself or his/her representative until the Insured returns from the Trip to the country of permanent residence.
18.1.29. 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 (18.1.29), it is required to categorize it as an extreme sport (2.41.3);
18.1.30. expenses related to the treatment of injuries, diseases caused by the Insured's involvement in dangerous activities (including as circus and theater artists, gymnasts, ballet dancers, etc.) or production activities (as a miner, builder, electrician, industrial climber, etc.) unless otherwise provided by the insurance contract (insurance policy), which should be reflected in the insurance contract and entail an increase in the insurance premium, according to the tariffs developed by the Insurer;
18.1.31. 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 their consequences, the introduction of a state of emergency or special status by order of the military and civilian authorities;
18.1.32. 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;
18.1.33. expenses related to any evacuation and/or repatriation of a body (remains) not arranged by the Insurer or the Assistance 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.);
18.1.34. expenses for any evacuation and/or repatriation of a body (remains) as a result of oncological diseases;
18.1.35. expenses due to intentional (scheduled) treatment abroad.
18.2. In case of occurrence of the events listed in Clause 17.2.2 during the Trip, the Insurer shall not reimburse the expenses for the repatriation of a body (remains) if death was caused by the following circumstances, namely:
18.2.1. if death was due to suicide, attempted suicide, or intentional self-harm;
18.2.2. when taking narcotic, toxic, potent and psychotropic substances, alcoholic beverages (with the exception of poisoning by legally acquired poor quality alcoholic beverages), and also due to treatment of injuries, upon occurrence of which the Insured was under the influence of the above substances;
18.2.3. due to intentional (scheduled) treatment abroad;
18.2.4. due to treatment of diseases by nonscientific methods and taking of noncertified medical products;
18.2.5. consequences of oncological diseases.
18.3. Upon occurrence of events during the Trip listed in Clause 16.2.8, the Insurer shall not indemnify for expenses in the event of a breakdown, loss of (highjacking, theft), or damage to the private vehicle of the Insured if it occurred due to:
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 to undergo a medical examination and/or inspection (expertise) scheduled by the Insurer.

19. Actions of the parties upon occurrence of a claim. Procedure for insurance benefit payment

19.1. Upon the occurrence of the events stipulated in Clause 16.2:
19.1.1. Before receiving medical and/or other necessary assistance, the Insured or his/her representative shall contact the Insurer's representative, the Assistance Company, by calling the phone number specified in the insurance contract and inform the dispatcher of the incident. The costs of negotiations with the Assistance 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 Assistance Company may be contacted 24/7 via the multi-channel telephone number indicated in the insurance policy.
19.1.2. When contacting the Assistance Company, the Insured or his/her representative shall provide the insurance policy number, the full name of the Insured to whom the claim occurred, the location and telephone number for feedback, the circumstances of the claim as well as other information requested by the coordinator of the Assistance Company.
In case the Insured refuses to provide the requested data (information), the Insured shall pay all expenses independently.
19.1.3. The Insured undertakes to follow strictly the instructions of the Assistance Company.
19.1.4. Upon receipt of information, the Insurer or the Assistance Company (specialized service center) shall arrange or assist in the arrangement of the necessary 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), which rendered such services to the Insured.
19.1.4.1. If for some objective reasons that do not depend on the Assistance Company or its intermediaries the Insured is asked to pay for the services directly to the institution itself, he/she may, upon return, refer to the Insurer for reimbursement under the terms and conditions of these Insurance Rules.
19.1.5. If it is impossible to call the Assistance Company before consulting with a physician or sending to a clinic, the Insured must 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 by means of the Assistance Company.
19.1.6. In connection with a claim, the Insured shall have the right to contact independently the nearest medical facility, a physician and call an ambulance if he/she has not had an objective opportunity to contact the Assistance 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 the severe painful condition of the Insured, which did not allow him/her to conduct telephone conversations.
19.2. If it is impossible to contact the representative of the Insurer or the Assistance Company (specialized service center), the Insured may contact independently the nearest medical institution by submitting the insurance policy. Thereby, until the moment of returning to the country of residence, the Insured shall, if possible, coordinate with the Assistance 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 claim;
19.2.2. copy of the identity document;
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 rendering medical or other services to a child);
19.2.5. copy of the international passport of the Insured (the first page and the page with the marks on crossing the border at the time of the claim occurrence);
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, 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 introduction of quarantine in relation to 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 terms of treatment, diagnosis, treatment plan; a copy of the compulsory medical insurance policy (policy number, region of issue of the policy).
19.3. All documents transferred to the Insurer in a foreign language, except for English and German, shall be translated into Russian 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 executed in a proper manner.
19.5. In the event of a breakdown, loss of (highjacking, theft) or damage to a private vehicle as a result of an accident, on which the Insured travels beyond the borders of the Russian Federation, he/she shall report the event to the traffic police and receive a document confirming the occurrence of a traffic accident with a description of the event and damage to the ground vehicle as well as information about the guilty party 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 it is necessary to call a service crew 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 Assistance 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 transmitted to the Insurer in a foreign language, except for English and German, shall be translated into Russian 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, health, and capacity for work of the Policyholder or other individuals specified in the insurance contract, hereinafter referred to as the Insureds, can be insured.
20.2. With the consent of the Insured, expressed in writing or by the personal will of the Insured, the Policyholder shall have the right to designate any person (or several persons in the established proportion) 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 proportion of receipt of the insurance indemnity has not been established, the insurance indemnity shall be paid to the Beneficiaries in equal proportions, but not more than 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 and liability interests of the Insured related to his/her life and capacity for work as well as to incurring additional expenses caused by harm to life, health, capacity for work of the Insured.

22. Claim. Scope of insurance coverage

22.1. A claim shall mean an event which has occurred, is covered by insurance and has occurred during the period of insurance due to the factors provided for in the insurance contract, which result in the Insurer's obligation to pay insurance benefits to the Insured, Beneficiary, or other third parties within the limit of the sum insured established in the insurance contract (insurance policy) for this risk.
22.2. Claims are events that are the direct result of an accident(s) occurring during the term of the insurance contract (insurance policy). The insurance contract may provide for insurance against one or a number of risks from the following list:
The following events are recognized as claims:
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. Indemnity 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 proportion:

Table 1

Nature of Injury	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 proportion:

Table 2

Disability Group	Amount of Insurance Benefit (% of limit of sum insured)
Group I (first) disability	100%
Group II (second) disability	75%
Group III (third) disability	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. Indemnity 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 claims 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 body, medical institutions, medical and social assessment, court).

23. Events not considered as claims, not accepted for insurance

23.1. The events listed in Clause 22.2 are not claims 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 actions and maneuvers or other military events;
23.1.3. civil war, civil commotions, strikes;
23.1.4. if it is not explicitly provided for in the insurance contract (insurance policy), the exclusions from 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 a claim) aimed at the occurrence of the claim, including suicide (attempted suicide) of the Insured and causing bodily injury to himself/herself;

23.1.6. commission or attempt of the Insured to commit an intentional crime, another offense that affected the occurrence of a claim;
23.1.7. use of alcohol, narcotic, psychotropic, and toxic substances by the Insured (with the exception of 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 a decision or ruling of a court that has taken effect, 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 a claim. Procedure for insurance benefit payment

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 Insured, Beneficiary, the heirs of the Insured, documents confirming the occurrence of the claim, and other documents.
24.2. The amount of the insurance benefit is determined in accordance with this clause and the principles set forth in Clause 22.2 of these Insurance Rules and the terms of the insurance contract.
24.2.1. Upon occurrence of claims 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 disability and shall be determined on the grounds of a diagnosis in accordance with the proportions established by these Insurance Rules.
24.3. Payment of insurance indemnity (or the amount of insurance indemnity for the entire term of the insurance contract) under no circumstances may exceed the sum insured provided for by the insurance contract.
24.4. If the insurance contract (insurance policy) establishes separate sums insured for different risks, the amount of insurance indemnity for an individual risk cannot exceed the sum insured for this risk.
24.5. Upon occurrence of the claim **"death of the Insured"** under Clause 22.2.1, the insurance indemnity shall be paid in the following manner: insurance indemnity 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 claim "burns of the Insured" under Clause 22.2.2, the insurance indemnity shall be paid in accordance with the proportions established by these Insurance Rules.
24.7. Upon occurrence of the claim "disability of the Insured" under Clause 22.2.3, the insurance indemnity shall be paid in the amount specified in Clause 22.2.3 of these Insurance Rules. In this case, the amounts paid under previous claims 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 during the term of the insurance contract the disability group of the Insured changes to the extent of 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.
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); certificate of medical and social assessment agency.
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 notarized copy of the Insured's death certificate; detailed medical report of death (original or copy certified in the prescribed manner); copy of the identity document. If a preliminary investigation has been carried out on the death of the Insured, a decision to initiate a criminal case/decision not to initiate a criminal case (original or copy certified in the prescribed manner) shall also be provided.
24.10.3. By the heir (heirs) of the Insured in the event of death of the Insured: documents listed in Clauses 24.10.1 to 24.10.2.; certificate of inheritance (original or a notarized copy).
24.10.4. The Insurer shall have the right to require the Insured/Beneficiary to provide other documents relating to the insurance contract (including an X-ray image as well as other documents confirming the occurrence of a claim and the applicant's right to receive the insurance benefit).
24.11. To determine the cause of a claim and the circumstances of its occurrence, the Insurer shall have the right 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).
24.12. The Insurer shall be entitled to schedule a medical examination and/or inspection (expertise) of the Insured in order 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 may postpone the insurance benefit payment until the person who has submitted the request for payment provides all the necessary documents in the form and within the scope in which they were requested by the Insurer, and in the event of the refusal of the specified person to provide the necessary documents, the Insurer may refuse to pay the insurance indemnity.
24.14. After providing all the necessary documents, the Insurer, within the time limits set out in Clause 11.15., shall decide on the payment of the insurance indemnity or on the recognition of the case as not a claim.
24.15. In the event a decision is made to recognize the event as not a claim, the Insurer shall send a reasoned refusal to the Beneficiary within three (3) business days.

Section IV

Luggage insurance

25. Claim

25.1. Claims for the risk of "Luggage Insurance" are events occurring during the period of the Trip, related to the loss of, damage to, or delay in delivery of the Insured's luggage checked in with the airline.
25.1.1. In case of complete destruction (damage) or loss of luggage checked in the luggage room of the airline, the Insurer shall pay the sum insured within the liability limit specified in the insurance contract, but not more than two (2) pieces of luggage. The Insurer shall pay the insurance indemnity for each kilogram of luggage, unless other amounts are established by the insurance contract (insurance policy):

Trip Territory	Amount per kg of weight for business class	Amount per kg of weight for economy class
Foreign trips (except for T-III Territory)	USD/EUR50 (fifty)	USD/EUR25 (twenty-five)
T-III Territory	RUB2,000 (two thousand)	RUB1,000 (one thousand)

25.3. If luggage accessories are damaged (suitcase, travel bag, backpack, bag, briefcase, stroller, etc.), with the exception of carry-on luggage, the Insurer shall pay the sum insured equivalent to USD/EUR70 (seventy) per luggage unit, but not more than for two (2) units under the insurance contract.
25.3.1. When traveling in T-III Territory, the Insurer shall pay the sum insured for damage to a unit of luggage in the amount of RUB5,000 (five thousand) (unless another amount is established by the insurance contract), but no more than for two (2) units under the insurance contract.
25.4. In case of delay of luggage at the airport of the locality/country of temporary stay, for more than six (6) hours from the moment of arrival of the Insured at the airport of the locality/country of temporary residence (including transit carriage):
25.4.1. For foreign trips (with the exception of T-III Territory), the Insurer shall pay a sum insured equivalent to USD/EUR100 (one hundred) per one (1) person (unless another amount is established 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 USD/EUR 300 (three hundred) for all the Insureds (unless other amounts are specified in the insurance contract).
25.4.2. When traveling in T-III Territory, the Insurer shall pay the sum insured in the amount of RUB3,000 (three thousand) 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 RUB 9,000 (nine thousand) (unless other amounts are specified in the insurance contract).

26. Events not considered as claims, not accepted for insurance, and expenses not subject to reimbursement

26.1. If luggage is damaged, the Insurer shall not be liable for the property that is the contents of the luggage (objects, things, etc. inside the luggage).
26.2. For risk "Luggage Insurance", the Insurer shall not accept for insurance and shall not be liable for luggage 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 luggage left at the territory of airports, train stations and other places, i.e. not delivered to the airline.
26.4. The Insurer shall not recognize events as claims and shall not reimburse expenses for luggage insurance, if the same occurred due to:
- property damage by insects or rodents;
- scratches, scuffs, peeling paint, other changes in the appearance of property, not interfering with its functions;
- damage to luggage sent separately (CARGO) or by post;
- arrest, confiscation or other lawful seizure of luggage.

26.5. The Insurer shall not pay insurance benefits as a result of luggage delay upon arrival of the Insured at the airport of the country/locality of permanent residence.

27. Actions of the parties upon occurrence of a claim. Procedure for insurance benefit payment

27.1. In case of loss, damage to or delay of the luggage checked in the luggage room of the carrier, the Insured shall contact the carrier's authorized persons to obtain documents recording the fact of loss, damage to or delay of luggage, including photos and/or video materials (if applicable).
The refusal of these persons to provide or execute properly the relevant documents shall also be made in writing.
27.2. The insurance benefit in the event of loss of luggage shall be paid in addition to the carrier's compensation on the basis of confirmation of full loss of luggage and only after such compensation has been received by the Insured from the carrier.
27.3. 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 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 claim occurred, and depending on the category of the claim, originals and/or copies of the documents listed in this section.

Section V

Civil liability insurance for the trip period

28. Claim

28.1. The claim for risk of "Civil Liability Insurance" is an event that occurred during the Trip abroad, as a result of which the Insured is obliged to reimburse for the damage inflicted to the life, health, and/or property of third parties. In this case, the event shall be a claim if harm and/or damage is caused as a result of the unintentional actions of the Insured, which is confirmed by a court decision that has entered into legal force. If damage is caused only to the property of third parties, the Insurer may recognize the event as a claim on the grounds of a justified pre-trial property complaint of the injured third party against the Insured.

29. Expenses reimbursed by the insurer

29.1. Upon occurrence of events during the Trip, as a result of which the Insured is obliged 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 caused to a third party as a result of damage (destruction), loss of property owned by a third party (or belonging to him/her on the grounds of a legally documented legal relationship) within the actual value of the property or the cost of its restoration (repair). Herewith, the Insurer's liability shall be limited to the amount within the limit specified in the insurance contract (insurance policy).
29.1.2. property damage inflicted to a third party, not exceeding the amount equivalent to USD/EUR1,000 (one thousand):
- insurance benefit shall be paid on the grounds of documents confirming the costs of reimbursement for damage.

29.1.3. property damage inflicted to a third party, exceeding the amount equivalent to USD/EUR1,000 (one thousand):
- 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.) in effect in the territory of the Trip;

29.1.4. physical harm (harm to health and/or life) caused to a third party, within:
a) the amount of expenses required for medical treatment and/or subsequent rehabilitation of the injured person on the grounds of judicial acts in effect 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 a victim, on the grounds of judicial acts in effect in the territory of the Trip.

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

30. Events not considered as claims, not accepted for insurance, and expenses not subject to reimbursement

30.1. The Insurer shall not reimburse for the expenses for risk of "Civil Liability Insurance" in the event of liability for damages to life, health, and property of third parties, if they occurred in connection with:
30.1.1. 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 inflicting 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 caused 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 their consequences;
30.1.8. unlawful acts of a third party, the Insured himself/herself 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 caused by animal belonging to the Insured;
30.1.12. transfer of a disease to another person (infection, etc.);
30.1.13. any internal family relationships of the Insured with respect to members of his/her family;
30.1.14. damage to or loss of property leased by the Insured (except for hotel/apartment property) or borrowed, or transferred for custody and/or storage.

31. Actions of the parties upon occurrence of a claim. Procedure for insurance benefit payment

31.1. If the events specified in Clause 29.1 of these Insurance Rules occur during the Trip, 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 laws of the country of the Trip, make photo, audio and video recordings of events in order to protect his/her interests and/or determine the amount of harm caused.
31.1.3. Receive documents confirming the fact of property damage and expenses for damages:
31.1.3.1. In case of damage, the amount of which is not more than the amount equivalent to USD/EUR1,000 (one thousand), documents confirming the costs of compensation for damage (invoice with a note on payment, a Property Damage Certificate, payment documents (Clause 2.32 of these Insurance Rules) on payment for repairs, payment documents confirming the fact of damage compensation, etc.).
31.1.3.2. In case of damage, the amount of which is more than the amount equivalent to USD/EUR1,000 (one thousand), documents confirming the costs of

compensation for damage (invoice with a note on payment, a Property Damage Certificate, payment documents (Clause 2.32 of these Insurance Rules) 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 about the circumstances and details of the event and providing, if possible, the testimony of witnesses, the injured (or his/her 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. Without the written consent of the Insurer, make no promises/guarantees to the affected party on its own behalf and/or on behalf of the Insurer orally and/or in writing and not recognize the guilt in part or in full.

31.1.6. The Insured may not sign any documents, the meaning of which he/she does not understand.

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

31.2. 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 a claim as well as a copy of the insurance policy/insurance information;
c) documents confirming the amount of the harm caused (including photo, audio and video recordings, if applicable) to life, health and/or property of a third party;
d) original of the effective court decision (in case of court proceedings), including 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 damage to property: 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.

31.3. If the Insured has not paid according to the invoice for damage caused to a third party after returning from the Trip, the Insurer shall pay under the invoice to a third party on its own, provided that all the necessary documents are submitted.

31.4. The Insurer may not pay 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 trip cancellation, early termination of the trip, or involuntary extension of the trip

32. Claim

32.1. A claim 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 obliged to pay an insurance benefit to the Insured, Beneficiary, or other third parties (by a notarized power of attorney).

32.2. According to these Insurance Rules, a case of involuntary cancellation of the planned Trip (Trip cancellation) is the impossibility of the Insured to make the intended Trip outside the place of permanent residence due to:

a) death; sudden illness (i.e. emergency hospitalization and further treatment in the hospital (except for the day-patient treatment); or outpatient treatment ended with hospitalization during the planned Trip); injuries of any complexity (in the presence of medical indications according to the CEC opinion (Clinical Expert Commission), which prevent the trip within the specified terms of the Trip), dangerous diseases*, as well as childhood infections** of the Insured or his close relative;
   * Clause 2.27 of these Insurance Rules;
   ** Clause 2.12 of these Insurance Rules;
b) death or sudden illness (subject to emergency hospitalization and further treatment in the hospital (except for the day-patient treatment), outpatient treatment of dangerous diseases) of the spouse of the Insured or his/her close relative;
c) damage or destruction of the property (other than a vehicle) belonging to the Insured as a result of a natural disaster, flooding, engineering network failure, traffic accident, third-party actions, including actions that led to a fire, which resulted in significant damage (destruction of more than 70% of the property) and significantly affected the financial standing of the Insured, or in accordance with the legislation of the Russian Federation, those requiring personal presence of the Insured in his/her place of permanent residence/outside the territory of the Trip;
d) the need for personal (independent) participation of the Insured in criminal and/or administrative court proceedings initiated during the insurance period, as a victim, witness and/or expert;

If the Insured participates in a criminal and/or administrative court proceeding (legal proceedings) as a representative and/or if the Insured performs professional or labor functions, the event shall not be considered as a claim and the expenses of the Insured shall not be refundable by the Insurer;

e) refusal to receive, delay in receiving or receipt of an entry visa issued on the territory of the Russian Federation in other terms than those requested; erroneous actions of authorized organizations when applying for an entry visa (making mistakes in writing the applicant's data, registration for another person, loss of documents submitted for a visa, etc., preventing border crossing) in relation to the Insured and/or his close relatives accompanying the Insured during the Trip and specified with him/her in one contract with a travel agency, in one reserved and paid hotel room, apartment, etc., provided timely submission of documents for visa processing, subject to the fulfillment of the necessary requirements of the consulate to the documents submitted for a visa, as well as the absence of **previously received refusals** for a visa/pro-visa/e-visa and other permitting* documents (except in cases of cancellation of this refusal or three (3) months after the date of refusal for all participants of the Trip)
   * Medical documents do not belong to authorization documents for entry into the country of temporary stay;
f) in case of cancellation of the Trip (early termination of the Trip) of the Insured and/or his/her close relatives due to the refusal of entry to the country of temporary residence, as evidenced by the absence of the entry mark by the Border Guard Service in the international passport of the Insured and/or a confirmation of refusal to enter the country of temporary stay;
g) 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 Trip.

32.3. According to these Insurance Rules, a recognized claim shall be an early termination of the Trip that has already begun, or an involuntary extension of the Trip, due to:

a) early return of the Insured from the Trip to the country of permanent residence if such return is caused by illness (subject to the need of inpatient treatment) and/or death of his/her close relative or close relative of his/her spouse in the country of permanent residence;
b) involuntary delay of the Insured's Trip after the expiration date caused by death, accident, sudden illness (subject to inpatient treatment) of a close relative travelling with him/her, accompanying the Insured during the Trip and indicated with him/her in one agreement with a travel agency or in one reserved and paid hotel room, apartment, etc.;
c) 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.

32.4. The subjective attitude of the Insured (fear, phobias, etc.) to the situation in the country of temporary residence shall not be a claim and shall 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 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 "a, b, c, d" and related to the involuntary return of the travel documents, the refusal of a reserved hotel room, and other services related to the arrangement of the Trip, which were paid for by the Insured and are not reimbursable fully or partially by the transport company, consulates, hotels, etc., as evidenced by the relevant documents.

Expenses incurred by the Insured in connection with the involuntary return of travel documents shall be reimbursed upon confirmation by the transport company (carrier) of the refusal to refund expenses for the return of tickets, or partial reimbursement of expenses when returning tickets.

33.1.2. Expenses incurred by the Insured due to the reasons provided for in Clause 32.2. "e" and associated with the payment of the consular fee of the embassy of the destination state, 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., as confirmed by the relevant documents.

— The Insurer may pay the insurance benefit to reimburse the expenses for the unused part of the tour/Trip (cost of travel documents, transfer, unused days at hotel/apartment, etc.), if the Trip start date is postponed by the Insured to a later date (but not more than three (3) days) in connection with a claim. The insurance benefit shall be paid within the limit of liability stipulated in the insurance contract (insurance policy).

33.1.3. Expenses incurred by the Insured under the reasons provided for in Clause 32.2 "f" 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 refusal of entry to the country of temporary stay which were paid by the Insured and are not reimbursable fully or partially by such companies and as evidenced by the relevant documents.

33.1.4. Expenses incurred by the Insured for the reasons provided for in Clause 32.2 "g", if the planned Trip is canceled, within the confirmed cost of accommodation in the cabin for the unused Trip as well as the cost of purchasing new or reissuing existing air and railway tickets due to the need to return to the place of permanent residence.

33.1.5. Expenses incurred by the Insured Person in connection with the forced cancellation of a Trip (cancellation of a planned Trip) for the reasons provided for in subclause "a-zh" of clause 32.2.:

a) with the retention of the travel agent commission established by the tour operator for the travel agent, according to the terms of the tour formed by the tour operator, or determined by the contract between the tour operator and the travel agent and not subject to refund to the Insured person in case of his refusal to Travel (including the surcharge established by the travel agent independently to the tour operator's product, but in an amount not exceeding 10% (ten percent)). At the same time, the cost of the tourist product /package is indicated in the contract on the sale of the tourist product and is included in the insurance amount, as well as confirmed by payment documents (p. 2.32.), about the implementation of such a travel product/package;

b) with deduction of an allowance for certain services offered by the travel agent to the Insured person in an amount not exceeding 10% (ten percent) of the nominal value of the service (transportation, accommodation (including on a cruise), visa).

33.1.6. Expenses incurred by the Insured upon his/her early return from the Trip, caused by the reasons provided for in Clause 32.3 "a" 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 hotel room, apartment, etc. for the unused part of the period of stay outside the permanent residence shall be reimbursed.

Expenses for the purchase of travel documents are to be reimbursed only if 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;

33.1.7. The documented expenses incurred by the Insured as a result of the delay in his/her return after the end of the Trip caused by the reasons provided for in Clause 32.3 "b" within the limits of the sum insured established in the insurance contract. Herewith, the Insured's hotel accommodation expenses shall be reimbursed in an amount not exceeding the amount in Russian rubles equivalent to USD/EUR300 (three hundred) (for travel in T-III Territory — RUB 9,000 (nine thousand)), purchase of economy class tickets, transfer of a one-time urgent message (telephone, telefax, telegram), unless otherwise provided by the insurance contract.

Expenses for the purchase of travel documents are to be reimbursed only if 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. Expenses incurred by the Insured for the reasons provided for in Clause 32.3 "c", 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 place of permanent residence as well as the cost of purchasing new or reissuing existing air and railway tickets due to the need to return early to the place of permanent residence.

34. Events not considered as claims, not accepted for insurance, and expenses not subject to reimbursement

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 arising from 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 due to:

34.1.1. the state of alcoholic, narcotic or toxic intoxication of the Insured or his/her close relative, a close relative of his/her spouse;

34.1.2. deliberate acts or as a result of gross negligence by the Insured or Beneficiary, his/her close relative, a close relative of the Insured's spouse, or interested parties, if such actions were aimed at the occurrence of a claim;

34.1.3. suicide (attempted suicide) of the Insured or his/her close relatives, close relatives of the Insured's spouse;

34.1.4. natural disasters and their consequences, weather conditions. This exception shall not apply to the cases referred to in Clause 32.2 "c" of these Insurance Rules;

34.1.5. epidemics, pandemics, general quarantine;

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

34.1.7. acts of any government and/or administration authorities, as well as statements of state officials including bans on entry/exit to/from a country. Illness/injury/death occurring at the time or after the publication of such regulatory/legislative acts and/or statements of officials shall not be a claim, and the expenses for such events shall not be reimbursed.

34.1.8. Failure to obtain an entry visa if the Insured or his/her close relative accompanying the Insured during the Trip and indicated with him/her in the same agreement with a travel agency, in the same reserved and paid hotel room, apartment, etc. had 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 necessary 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. failure to obtain an entry visa/delay in issuing a visa due to the closure of institutions that process and issue visas (embassies, consulates, etc.);

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

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

34.1.12. refusal of 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. commission of unlawful acts (which are the basis for cancellation (interruption) of the Trip) by the Insured, his/her close relative, a close relative of the Insured's spouse;

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

34.1.15. failure to fulfill or improper fulfillment of its obligations by a tour operator, travel agent, hotel, etc.;

34.1.16. exacerbation or complication of existing oncological diseases, as well as in the case of a newly diagnosed oncological disease for the Insured or his/her close relatives, close relatives of the Insured's spouse;

34.1.17. convulsive conditions, 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 their complications and any other consequences (injury, illness or death) caused by these conditions of the Insured or his/her close relatives, close relatives of the Insured's spouse;

34.1.18. the need for care by the Insured for sick and close relatives;

34.1.19. planned vaccinations in accordance with the planned vaccination schedule (including the vaccination schedule for children) of the Insured and his/her close relatives;

34.1.20. planned management of pregnancy, the natural course of pregnancy at any time, including planned hospitalization for maternity of the Insured or her close relatives;

34.1.21. planned hospitalizations and surgeries of the Insured or his/her close relatives;

34.1.22. Non-compliance with consular requirements for visas to make the Trip abroad by the Insured or his/her close relative accompanying the Insured during the Trip and indicated with him/her in the same agreement with a travel agency or in the same reserved and paid hotel room, apartment, etc.;

34.1.23. non-compliance 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 necessary vaccinations, tests for the presence/absence of disease, tests, etc.

34.2. Should events listed in Clause 32.2. "f" 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 in excess of 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, the Insurer shall not be liable for the risks of the Trip cancellation or early termination specified in Clause 32.2 "e".

35. Insurance indemnity payment procedure

35.1. In case of occurrence of the events specified in Clause 32.2 and Clause 32.3, the Insured shall notify the Insurer by one of the methods specified in Clauses 11.7.1 to 11.7.4 not earlier than the start date of the intended Trip. The Statement shall indicate the nature and circumstances of the claim, 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 or the visa is delayed); the first page of an international passport and a page with the marks on crossing the border relating to the period of a claim (in case of early return or delayed return);

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 (in cases where the event 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 2.32 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 the provision of tourist services or under the terms of booking (information about 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, the services of which the Insured used to organize 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 about 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/childhood infection;

35.2.10. documents of a transport company, consulate, hotel and other organizations, the services of which the Insured used for the arrangement of the Trip abroad, confirming the losses connected with the involuntary return of travel documents (air, railway and other tickets (travel documents)), refusal of a reserved hotel room;

a) documents and information which are necessary to determine the nature of a claim, if it is impossible to make the Trip due to illness, injury or death:
   – originals or copies: a certificate of disability of the established form, an extract from the medical record of an outpatient (inpatient) sick person and/or a certificate indicating the diagnosis, discharge epicrisis of an official medical institution (hospital) with the circumstances of injury (in case of traumatic injury), a complete 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 of impossibility to carry out the Trip due to damage to or destruction of the property belonging to the Insured, originals or copies of reports of the police or relevant administrative services, confirming the fact of damage;
c) in case of impossibility to carry out the Trip as a result of court proceedings, court summons (copy) and court ruling, decision (a copy certified by court);
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 delay in obtaining an entry visa or obtaining an entry visa within the term other than those requested, copies of all pages of the Insured's international passport (including blank pages);
f) in case of early return of the Insured and his/her close relatives from the Trip due to the refusal of entry to the country of temporary residence, documentary evidence of this refusal. 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 his/her return to the territory of permanent residence, dated on the dated of arrival or the day following it.

35.2.11. As a result of the delay in the return of the Insured from the Trip in accordance with Clause 32.3 "a", it is required to submit tickets and documents confirming the cost thereof or documents confirming reissue cost of travel documents; a document confirming the cost of one urgent message; a document confirming the cost of additional hotel accommodation.

35.2.12. As a result of the delay in the return of the Insured from the Trip in accordance with Clause 32.3 "b", 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 messages; document confirming the cost of additional hotel accommodation.

35.2.13. As a result of cancellation of the planned Trip, the early return of the Insured from the Trip due to the reasons provided for in Clauses 32.2 "g" and 32.3 "c", it is necessary to provide:

a) documents confirming the fact of interruption of a cruise as a result of the occurrence 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 stay in the Trip; tickets and documents confirming their cost or documents confirming the cost of re-issuing of travel documents.

35.3. 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 no more than forty-five (45) business days.

35.4. 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 incurred by the Policyholder (Insured), and also may request originals of the documents provided and additional information for the event.

– The Insurer may pay the insurance benefit 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.

35.5. The Policyholder (Insured) shall immediately notify the tour operator, travel agent, or hotel, etc. of cancellation of the Trip or its postponement for the purpose of 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 related to obtaining the necessary legal assistance during the trips abroad

36. Claim

36.1. A claim 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 obliged to pay an insurance benefit.

36.2. The claim is an actual sudden, unforeseen and unintended event, as a result of which the Insured required urgent legal assistance as a result of his/her involvement in a legal or non-legal (administrative) proceedings as a result of:

36.2.1. damage to the health, property, property interests of the Insured by third parties;

36.2.2. damage to the life, health or property of third parties that caused the civil liability of the Insured.

36.3. In accordance with these Insurance Rules, the Insurer shall not cover the costs of events specified in Clause 36.2 that arose as a result of:

36.3.1. any intentional action (inaction) of the Insured, except for the necessary defense;

36.3.2. abuse by the Insured of a third party.

37. Expenses reimbursed by the insurer

37.1. The Insurer undertakes to arrange for the provision of legal assistance and pay the insurance indemnity for the following expenses:
37.1.1. expenses for consultations, advice, opinions on legal issues, information on the legislation of the country of temporary residence. Consultations shall be provided by telephone, e-mail, verbally and in writing in a lawyer's office. For counseling, the visit of a lawyer is not provided;
37.1.2. expenses for defense in civil cases, cases of administrative offenses, criminal cases in which the Insured is held as a plaintiff/defendant, suspect, accused, victim. The visit of a lawyer and a translator is not provided in cases stipulated by the legislation of the host country, or at the discretion of the representative of the Insurer — the Assistance Company.
37.1.3. Expenses for the protection of the rights of the Insureds in conflict situations arising when the Insured crossed the state border and the customs control zone of the Russian Federation and other countries. The visit of a lawyer and a translator is not provided in cases stipulated by the legislation of the host country, or at the discretion of the representative of the Insurer — the Assistance Company.
37.2. The Insurer shall cover the expenses specified in Chapter 36 of these Insurance Rules related to the organization and provision of legal assistance to the Insured exclusively through an Assistance Company or other persons/organizations having contractual relations with the Insurer, to the extent of the sum insured specified in the insurance contract.
37.3. The expenses indicated in Chapter 36 of these Insurance Rules shall be paid by the Insurer directly to the Assistance Company or other persons/organizations that provide legal assistance to the Insureds, and have contractual relations with the Insurer.
37.4. The payment of insurance indemnity provided for in these Insurance Rules may not exceed the sum insured specified in the insurance contract.
37.5. The quality of legal assistance provided to the Insured under these terms shall be the responsibility of the person who provided legal assistance to the Insured.

38. Events not considered as claims, not accepted for insurance, and expenses not subject to reimbursement

38.1. The Insurer shall not cover the costs of providing legal assistance to the persons accused of terrorism.
38.2. The Insurer shall not cover the costs of providing legal assistance to family members of the Insured (except for family members of the Insured whose legal representative is the Insured), his/her friends, comrades, fellow travelers, trip partners, etc.
38.3. The Insurer shall not cover the costs of providing legal assistance not arranged by the Insurer or its representative and incurred by the Insured on his/her own.
38.4. The Insurer shall not cover the costs of providing legal assistance in matters related to the protection of the consumer rights of the Insured.
38.5. The Insurer shall not cover the legal and non-legal costs of the Insured, such as notary fees, state fees and other mandatory fees, payment of fines, cash awards (imposed by an authorized body).
38.6. The Insurer shall also not cover the costs of providing legal assistance to persons in other cases stipulated in Chapter 10 of these Insurance Rules.

39. Actions of the parties upon a claim occurrence. Procedure for insurance benefit payment

39.1. In case of occurrence of a claim, the Insured shall immediately, within the term not exceeding twenty-four (24) hours from the moment of accusation, claim, etc., contact the 24/7 contact center of the Insurer's representative — the Assistance Company by calling the phone number indicated in the insurance policy and follow all their instructions.
In case of breach by the Policyholder (Insured) of the obligation provided for by this clause, the event shall not fall under the insurance coverage provided by these Insurance Rules, and the Insurer shall not cover the expenses for the provision of legal assistance.
39.2. In case of occurrence of a claim, the Insured shall strictly follow all recommendations of the persons who arrived on behalf of the Insurer's representative and who provide legal assistance and, if necessary, issue a power of attorney to these person (persons).
39.3. When applying for reimbursement for expenses (Clauses 11.7.1 to 11.7.4), the following documents shall be attached (if necessary, certified translations of the original documents executed in languages other than Russian):
39.3.1. original or copy of the insurance contract (insurance policy); original or copy of insurance information (if available);
39.3.2. copy of an identity document (of an applicant and beneficiary);
39.3.3. copies of filled in pages of the international passport of the Insured (the first page and the page with the marks on crossing the border relating to the period of a claim);
39.3.4. documents (copies) confirming the relationship of the Insured and a close relative (in cases where the event occurred with a close relative or one of the Insureds participating in the Trip);
39.3.5. documents confirming the costs of providing legal services (a contract for the provision of legal services, a payment document confirming the fact of payment for services).