GENERAL TERMS AND CONDITIONS
PRIVATE LIABILITY INSURANCE POLICY
VA CONTIGO

CLAUSE 1: PURPOSE OF INSURANCE

Through this insurance the Insurer undertakes to cover the risks mentioned in the Particular Conditions and Annexes, if any, and to compensate the Insured or the Beneficiary, those sums for which the Insured is declared legally responsible and is obliged to pay to third parties, by definitively final judgment, for events covered by this Contract, up to the Insured Sum indicated as the limit in the Policy Receipt Table.

CLAUSE 2: GENERAL DEFINITIONS

For the purposes of this contract, it is expressly agreed between the parties that the following terms will have the meanings indicated, and that the masculine gender will also include the feminine gender, when applicable, unless a different interpretation appears from the text of this contract:

1. INSURED: Natural or Legal Person whose economic interests are exposed to the risks covered and protected by this contract. The Policyholder or the Insured may not be the same person.

2. INSURER: Legal Person that assumes the risks covered in this contract.

3. BENEFICIARY: Natural or Legal Person who has the right to receive payment of the compensation that may apply.

4. SPECIAL CONDITIONS: those that contemplate aspects specifically related to the risk being insured.

5. POLICY STATEMENT RECEIPT: document that indicates, at a minimum, the following information: Policy number, complete identification of the Insurer and its main address, complete identification of the Policyholder and the Insured, address of the Policyholder, collection address, address of the Insured, name of the Intermediary of the Insurance Activity, contracted coverage, basic and optional, distinguishing for each coverage: the Insured Sum, the Deductible, if any, and the amount of the Premium, place and method of payment of the Premium, validity of the contract, date of issuance of the contract and signatures of the
Insurer and the Policyholder.

6. DOCUMENTS THAT ARE PART OF THE INSURANCE CONTRACT: the Insurance Application; the Provisional Coverage document, if any, the General Conditions, the Particular Conditions, the Policy Receipt Table, the Annexes that are issued to complement or modify the Policy and other documents that by their nature are part of the contract.

7. PREMIUM: consideration that, depending on the risk, the Policyholder must pay to the Insurer by virtue of the conclusion of the contract. The Premiums for this insurance will correspond to annual, semi-annual, quarterly, monthly and any other periods agreed between the parties, and will be determined based on the rates that the Insurer has approved for each modality.

8. RISK: possible occurrence by chance of an event that does not depend exclusively on the will of the Policyholder, the Insured or the Beneficiary, that causes an economic need, and whose real appearance or existence is prevented and guaranteed in this contract.

9. LOSS: materialization of the risk that gives rise to the obligation to indemnify on the part of the Insurer, which corresponds in accordance with this contract.

10. INSURANCE APPLICATION: questionnaire provided by the Insurer, which contains a set of questions related to the identification of the Policyholder, the Proposed Insured and the Beneficiary, as well as the identification, detailed description and location of the interests that are intended to be insured. and other data that may influence the risk estimate, which must be answered in full and accurately by the Policyholder or the Proposed Insured, said declaration constituting the legal basis for the issuance of the Insurance Contract.

Additionally, it must contain details of the coverage that is intended to be contracted, distinguishing basic coverage from optional coverage, expressly stating that the latter will not be mandatory for the Policyholder or the Proposed Insured.

11. SUM INSURED: Maximum limit of liability of the Insurer.

12. POLICYHOLDER: Natural or Legal Person who, acting on his or her own behalf or on behalf of another, contracts insurance with the Insurer, transferring the risks to it and being obligated to pay the Premium.

CLAUSE 3: GENERAL EXCLUSIONS

This Policy does not cover:

1. Losses, expenses, damages or liabilities resulting from or occurring in the course of: war, invasion, act of a foreign enemy, hostilities or war operations (whether there has been a declaration of war or not), military insubordination, military uprising, insurrection, rebellion, revolution, civil war, internecine war, military power or usurpation of power, proclamation of a state of emergency, act of terrorism or act of any person acting on behalf of or in relation to any organization that carries out activities aimed at forcibly removing the government or influencing it through terrorism or violence.

2. Losses, expenses, damages or liabilities resulting from: nuclear fission or fusion, ionizing radiation and radioactive contaminants. Losses, expenses, damages or liabilities resulting

3. Other exclusions established in the Specific Conditions of the Policy.

CLAUSE 4: DISCLAIMERS OF LIABILITY

The Insurer will not be obliged to pay compensation in the following cases:

1. If the Policyholder, the Insured, the Beneficiary or any person acting on their behalf presents a fraudulent or misleading claim, or if at any time uses deceptive or fraudulent means or documents to support a claim or to derive other benefits related to this contract.

2. If the Loss has been caused by fraud on the part of the Policyholder, the Insured or the Beneficiary.

3. If the Loss has been caused by the serious fault of the Policyholder, the Insured or the Beneficiary, unless it is expressly covered in the Particular Conditions. However, the Insurer will be obliged to pay compensation if the Loss has been caused in compliance with legal duties of relief or in protection of common interests with the Insurer with regard to this contract.

4. If the Loss begins before the validity of the contract and continues after the risks have begun to be borne by the Insurer.

5. If the Policyholder, the Insured or the Beneficiary does not use the means at their disposal to reduce the consequences of the Loss, provided that this failure occurred with the clear intention of harming or deceiving the Insurer.

6. If the Policyholder or the Insured acts with intent or serious negligence, as indicated in CLAUSE 8: DECLARATIONS IN THE INSURANCE APPLICATION, of these General Conditions.

7. If the Policyholder, the Insured or the Beneficiary intentionally omits to notify the Insurer about the contracting of Policies that cover the same risk covered by this contract or if they have entered into the second or subsequent Insurance Contracts, on the same risks, in order to of obtaining an illicit benefit.

8. If the Insured or the Beneficiary fails to comply with the provisions of CLAUSE 12: SUBROGATION OF RIGHTS, of these General Conditions, unless it is proven that the failure is due to a strange cause not attributable to them. If the Policyholder, the Insured, the Beneficiary or any person acting on their behalf, acting with intent or gross negligence, hinders the rights of the Insurer stipulated in this contract.

9. Other exemptions from liability established in the Specific Conditions of this contract.

CLAUSE 5: VALIDITY OF THE CONTRACT

The validity of the contract will be annual, half-yearly, quarterly, monthly or any other duration that has been agreed between the parties, and in any case, it will be recorded in the Policy Receipt Table, indicating the date of issue, the time and day of initiation and expiration.

In the absence of express indication, the covered risks begin to be borne by the Insurer at 12 m. on the day of the beginning of the validity of the contract and will end at the same time on the day of its expiration.

CLAUSE 6: PREMIUM PAYMENT

The Policyholder must pay the first Premium within a period of ten (10) continuous days from the start date of the contract. If the Premium is not paid or its collection becomes impossible for reasons attributable to the Policyholder within the established period, the Insurer will have the right to demand the corresponding payment or terminate the contract.

In the event of termination, this will take effect from the beginning of the term of the contract, without the need for prior notice to the Policyholder.

If an Accident occurs within the agreed period for payment of the first Premium, the Insurer will pay the compensation, provided that the Policyholder pays the corresponding Premium before its expiration.

The payment of the Premium only keeps the contract in force for the time to which said payment corresponds, as stated in the Policy Receipt Table

If the payment of the Premium is in installments, it is understood that such installment is an ease of payment and does not imply modification of the period of validity of the contract. In this case, if the Policyholder does not pay any fraction of the Premium within five (5) business days following the date of completion of the last fraction paid, the Insurer has the right to demand the Premium due or to terminate the contract and if a Loss occurs during that period covered, the Insurer will proceed in accordance with the following rules:

1. Deduct the fraction of Premium due from the compensable amount. However, if the amount to be paid is for the entire Insured Sum, the Insurer may deduct the fractions of outstanding Premiums to complete the entire Premium for the period of validity of the contract.

2. If the compensable amount is less than the fraction of Premium due, the Insurer will pay the compensation, provided that the Policyholder pays the aforementioned fraction of Premium due, before the aforementioned period of five (5) business days provided for in this Clause.

In the event of termination due to non-payment of a fraction of Premium due, this will take effect from the end date of the period covered by the last fraction of Premium paid, provided that the Insurer has previously notified the Policyholder or the Insured.

Against the payment of the Premium or any of its fractions, the Insurer will deliver to the Policyholder the corresponding Policy Receipt Box or Premium Receipt, as the case may be, signed and sealed. The delivery of this document may be carried out in printed form or through the electronic mechanisms provided for this purpose and agreed upon by the parties included in the Insurance Application.

Premiums paid in excess will not give rise to any liability on the part of the Insurer for the excess, but only and exclusively to the reimbursement without interest of the surplus, even if they have been formally accepted by the latter.

CLAUSE 7: PLACE AND MEANS OF PAYMENT OF PREMIUMS

The Premiums corresponding to this contract will be paid directly at the Insurer's offices. However, the latter may collect the Premiums at home and give notice of their due dates and, if he does so, he will not set a precedent of obligation and may suspend this management at any time, with prior notice.

Premiums may be paid under any mechanism or means agreed upon by the parties.

CLAUSE 8: DECLARATIONS IN THE INSURANCE APPLICATION

When filling out the application, the Policyholder or the Proposed Insured must accurately declare to the Insurer, in accordance with the questionnaire and other requirements indicated, all the circumstances known to him or her that may influence the assessment of the risk.

The Insurer must inform the Policyholder or the Insured, within a period of five (5) business days, that it has become aware of a fact not declared in the application that may influence the risk assessment, and may adjust or terminate the contract, by means of communication addressed to the Policyholder or the Insured, as appropriate, within a period of one (1) month, counted from the knowledge of the facts.

In case of resolution, this will occur from the fifth (5th) continuous day following its notification, deducting the commission paid to the agency/agent, corresponding to the period that remains to elapse. The Premiums relating to the insurance period elapsed will correspond to the Insurer at the time this notification is made. The Insurer may not terminate the contract when the fact that has been the subject of reservation or inaccuracy has disappeared before the Loss.

If the Loss occurs before the Insurer makes the participation referred to in this Clause, the compensation will be reduced proportionally to the difference between the agreed Premium and the one that would have been established if the true nature of the risk had been known. If the Policyholder or the Insured act with intent or gross negligence, the Insurer will be released from paying the compensation and returning the Premium.

When the contract refers to several people or interests and the reservation or inaccuracy is contracted only to one or more of them, the contract will subsist with all its effects with respect to the rest, if this is technically possible.

CLAUSE 9: OMISSIONS, FALSEHOODS AND RETICCENCES

Omissions, falsehoods and reluctance on the part of the Policyholder or the Insured made in the Insurance Application, duly proven, will be cause for absolute nullity of the contract, if they are of such a nature that the Insurer, had it been known, would not have contracted or would have made under other conditions.

In the event of omissions, falsehoods and reluctance on the part of the Policyholder, the Insured or the Beneficiary in the claim for the Loss, duly proven, they will be cause for absolute nullity of the contract and will exempt the Insurer from payment of compensation.

There is no place for the return of Premium to the Policyholder in the cases of nullity of the contract contemplated in this Clause.

CLAUSE 10: PAYMENT OF COMPENSATION

Any payment that the Insurer must make by virtue of any claim covered by this contract and as a consequence of any liability legally attributable to the Insured or for any damage or loss suffered by the Insured, will be made within the following thirty (30) days counted from the moment in which

the amount that the Insurer is obligated to pay has been determined, either by a definitively final judgment against the Insured, after the corresponding trial has been carried out, or by written agreement between the Insured, the claimant and the Insurer, or after the last collection requested or from the loss adjustment report, if applicable, except for strange causes not attributable to the Insured.

CLAUSE 11: REJECTION OF THE CLAIM

The Insurer must notify in writing to the Policyholder, the Insured or the Beneficiary, within the period indicated in the previous Clause, the causes that in its opinion justify the rejection, total or partial, of the compensation required.

CLAUSE 12: SUBROGATION OF RIGHTS

The Insurer who has paid the compensation is fully subrogated, up to the concurrence of the amount thereof, in the rights and actions of the Policyholder, the Insured or the Beneficiary against the responsible third parties.

Except in the case of fraud, subrogation will not be carried out against the persons for whose acts the Insured must be civilly liable, nor against the cause of the Loss linked to the Insured up to the second degree of relationship by blood or who is his or her spouse or the person with who maintains a stable de facto union.

In the event of an Accident, the Insured or the Beneficiary is obliged to carry out, at the expense of the Insurer, all necessary acts and everything that the latter may reasonably require, in order to allow the exercise of the rights that correspond to it by subrogation, whether before or after the Insurer. After payment.

If the Insured or the Beneficiary fails to comply with the provisions of this Clause, they will lose the right to the payment granted by this contract or will be obliged to repay the amount of compensation, if it has already been made, unless they prove that the failure is due to a strange cause not attributable to him.

CLAUSE 13: PLURALITY OF INSURANCE

When an interest is insured against the same risk, by two or more Insurers, the Policyholder, the Insured or the Beneficiary will be obliged, unless otherwise agreed, to inform all Insurers of that circumstance, at the time of presentation of the documents requested for the processing of the Claim, indicating the name of each of them, number and period of validity of each contract.

If the Policyholder, the Insured or the Beneficiary intentionally omits this notice or has entered into the second or subsequent Insurance Contracts, with the purpose of obtaining an illicit benefit, the Insurers are not obliged to the former. However, they will retain their rights derived from the respective contracts. In this case, they must have reliable proof of the malicious conduct of the Policyholder, the Insured or the Beneficiary.

The Insurers will contribute to the payment of compensation in proportion to the Own Insured Sum, without the amount of damage being exceeded. Within this limit, the Insured or the Beneficiary may

request from each Insurer, in the order that it establishes, the compensation due, according to the respective contract. The Insurer that has paid an amount greater than that which proportionally corresponds to it, may repeat against the rest of them.

In the case of contracting a plurality of insurance in good faith, all contracts will be valid, and will oblige each of the Insurers to pay up to the value of the damage suffered, within the limits of the sum that they had Insured, proportionally to what corresponds to it by virtue of the other contracts entered into.

When there is a plurality of insurances, in the event of an Accident, the Insured or the Beneficiary may not renounce the rights that correspond to them, according to the Insurance Contract or accept modifications thereof, with one of the Insurers to the detriment of the others.

CLAUSE 14: ARBITRATION

The parties may submit to an arbitration procedure any differences that arise in the interpretation, application and execution of the contract. Each party will appoint an expert and these two in turn will appoint a third expert, in order to make the corresponding decision. If the death or incapacity of any of the named experts occurs, the same procedure already established will be followed to replace them, which must be done within a period of no more than five (5) business days. The arbitration award will be mandatory.

CLAUSE 15: EXPIRATION

The Policyholder, the Insured or the Beneficiary will lose all right to take legal action against the Insurer or agree with the latter to submit to the Arbitration provided for in the previous Clause, if they have not done so before the expiration of the period of one (1) year counted from the date of notification, in writing:

1. Total or partial, rejection of the Claim.

2. The decision of the Insurer regarding the disagreement of the Policyholder, the Insured or the Beneficiary regarding compensation or compliance with the obligation through suppliers of inputs or services.

For the purposes of this provision, the judicial action will be deemed to have been initiated once the libel of claim is filed with the jurisdictional bodies.

CLAUSE 16: OBLIGATIONS OF THE POLICYHOLDER, INSURED OR BENEFICIARY

1. The Policyholder and the proposed Insured must complete the Insurance Application and declare, with absolute sincerity, all the circumstances necessary to identify the Insured interest and appreciate the extent of the risks, in the terms indicated in this contract.

2. The Insured must provide all necessary collaboration to facilitate the performance of risk inspections, as well as damage adjustments, as applicable.

3. The Policyholder must pay the Premium in the manner, frequency and time agreed in this contract.

4. The Insured must employ the care of a diligent parent to prevent the Loss.

5. The Insured or the Beneficiary must take the necessary measures to safeguard the Insured interest or to preserve their remains.

6. The Policyholder, the Insured or the Beneficiary will inform the Insurer, within the period established in the Particular Conditions, of the occurrence of a Loss, clearly expressing the causes and circumstances of what occurred.

7. The Policyholder, the Insured or the Beneficiary must declare, at the time of contracting the Policy and at the time of demanding payment of the Loss, the Insurance Contracts that exist and that cover the same risk.

8. The Policyholder, the Insured or the Beneficiary must prove the occurrence of the Loss through the submission of all information necessary for compensation for the Loss, which is requested by the Insurer.

9. The Insured or the Beneficiary must diligently carry out all necessary actions intended to guarantee the Insurer the exercise of its right of subrogation.

10. The Policyholder or the Insured, in the event of a change of collection address, domicile, room or office, as the case may be, must notify the Insurer in writing within fifteen (15) business days following the date of having made the payment. The change, unless this obligation is considered an aggravation of risk, in which case the period provided for this will apply.

11. The Insured must comply with each and every one of the obligations, responsibilities and conditions established in the different documents that make up this contract.

CLAUSE 17: OBLIGATIONS OF THE INSURER

1. Inform the Policyholder or the Insured, by delivering the Policy and other documents, the extent of the risks assumed and clarify, at any time, all doubts and queries that the latter may ask.

2. Deliver the Policy Schedule Receipt to the Policyholder along with a copy of the Insurance Application, the General Conditions, the Particular Conditions, the Annexes, if any, and the other documents that form an integral part of the Insurance Contract. Upon renewal, the obligation will apply to new documents or to those that have been modified. The delivery of the indicated documents must be carried out in the terms agreed by the parties.

3. Proceed to adjust damages, if applicable, after receiving the notification for processing the Loss, in accordance with the provisions of the Specific Conditions of this contract.

4. Pay the Insured Sum or the corresponding compensation in the event of an Accident, within the deadlines established in this contract or reject coverage of the Accident, by means of written and duly motivated notice, within the same period to pay.

5. Deliver to the Insured or it's Intermediary of the insurance activity, a copy of the definitively final judgment that generated the claim or of the loss adjustment report containing the calculations used to determine compensation, as appropriate.

6. Comply with each and every one of the obligations, responsibilities and conditions established in the different documents that make up the Insurance Contract.

CLAUSE 18: MODIFICATIONS

Written requests to extend or modify a contract are considered accepted if the Insurer does not reject the request in writing within ten (10) business days of receiving it.

The modification of the Insured Sum or the Deductible will always require express acceptance from the other party; In the event that there is no express acceptance, it will be presumed accepted: by the Insurer, with the issuance of the Policy Receipt Table, in which the Insured Sum or the Deductible is modified and, by the Policyholder or the Insured, with the payment of the difference. Corresponding Premium, if any.

If the modification is effective from the extension of the contract, it must be communicated to the Policyholder by means of notification made in printed form or through the electronic mechanisms agreed for this, with a period of one (1) month in advance of the conclusion of the insurance period in progress.

In the event of disagreement between the Policyholder or the Insured, the Insurer will maintain or renew the contract under the same conditions of Sum Insured and Deductible in force at the time of the modification proposal.

The modifications will be recorded through Annexes, duly signed by a representative of the Insurer and the Policyholder, which will prevail over the Particular Conditions and these over the General Conditions of the Policy.

If the modification requires payment of additional Premium, the provisions of this contract will apply.

CLAUSE 19: EARLY TERMINATION

The Insurer may terminate this contract, with effect from the fifth (5th) continuous day following the date of the Acknowledgment of Receipt of the notification sent to the Policyholder. The Insurer will make available to the Policyholder or the Insured, the amount corresponding to the proportional part of the unconsumed Premium, for the period that remains to elapse.

In turn, the Policyholder or the Insured may terminate the Insurance Contract, with effect from the business day following receipt of the notification sent to the Insurer, or any later date indicated therein. In this case, within the following fifteen (15) continuous days, the Insurer must make available to the Policyholder, the proportional part of the Premium, deducting the commission paid to the Intermediary of the Insurance Activity, corresponding to the period that remains to elapse.

The early termination of the Policy will be carried out without prejudice to the right of the Insured or the Beneficiary to compensation for Claims that occurred prior to the date of early termination, in which case, no refund of Premium will be made when the compensation is for the entire amount Secured.

CLAUSE 20: NOTICES

Any notice or communication that one party must give to the other regarding this contract will be made with Acknowledgment of Receipt, by written communication or telegram addressed to the address of the Policyholder or the Insured that appears in the contract, as appropriate, or to the main address, or branch of the Insurer, or through the electronic means agreed upon by the parties.

Communications related to the processing of Claims that are delivered to The Agency/Agent produce the same effect as if they had been delivered to the other party, unless otherwise stipulated.

The Agency/Agent will be administratively and civilly responsible in the event that it has not delivered the correspondence to its recipient, within a period of five (5) business days, counted from its receipt.

CLAUSE 22: TRANSFER

No transfer or assignment of rights over this contract will be valid if it has not been previously approved by the Insurer, for both the assignor and the assignee. The approval by the Insurer must be recorded in the Annex issued to this Policy.

CLAUSE 23: AUTHORIZATIONS

Without written authorization from the Insurer, the Policyholder, the Insured or the Beneficiary may not incur any expense, judicial or extrajudicial, nor make any payment, nor enter into any settlement, nor admit liability with respect to any of the covered risks for which responsibility is presumed to be borne by the Insurer, in accordance with this contract.

CLAUSE 24: SPECIAL ADDRESS

For all effects and consequences derived or that may arise from this Policy, the parties choose a special domicile, unique and exclusive of any other, the place where the Insurance Contract was concluded, to whose Jurisdiction the parties declare to submit.

SPECIAL CONDITIONS OF THE PRIVATE LIABILITY INSURANCE POLICY VA CONTIGO

CLAUSE 1: INTERPRETATION OF TERMS

For the purposes of this Policy, it is expressly agreed that the following definitions will have the meaning assigned to them below:

1. ACCIDENT: Accident means the fact that, coming from a violent, sudden, external and unintentional cause, which produces material damage or personal injury that results in temporary or permanent disability or death:

a) Material damage: is understood as damage caused to things and that results in their deterioration or destruction, as well as the injury or death of animals.

b) Personal injury: bodily injury or death caused to people.

2. DEDUCTIBLE: amount or percentage indicated in the Policy Table Receipt that the Insured assumes responsibility for in the event of an Accident covered by the Policy.

3. DOMESTIC EMPLOYEES: any person directly employed by the Insured who is usually performing work related to the maintenance of the premises used as a residence.

4. RELATIVES: refers to:

a) Spouse of the Policyholder or the person who cohabits with him or her.

b) Any single child who lives with the Policyholder.

c) Direct ascendants who are legally dependent on the Policyholder or his/her Spouse and who reside at their expense.

5. SINGLE COMBINED LIMIT: is the Insurance Company's total liability limit applicable to each accident for all damages resulting from bodily injury or property damage suffered by one or more persons or organizations as a result of each accident.

6. PREMISES: real estate possession that includes both buildings and surrounding land, which are part of the same property and which are under the direct responsibility or control of the Insured. In the case of properties subject to the regime Horizontal Property law must be interpreted as the apartment and accessories of the individual property of the Insured, including the aliquot that corresponds to common things and goods for common use.

7. THIRD PARTIES: natural or legal persons other than the Insured, their family members, employees or legal dependents.

8. POLICY HOLDER: understood as the person in whose name this Policy is issued.

CLAUSE 2: SCOPE OF COVERAGE

The Insurance Company covers non-contractual Civil Liability against third parties that the Insured may incur for bodily injuries including death and/or property damage, occurring during the term of this Policy, for which he or she is legally responsible and obligated to pay, in excess of the Deductible and up to the limit established in the Policy Receipt Table. The aforementioned Civil Liability of the Insured comes from the following cases:

1. The personal activities of the Insured and their family members, inside and outside their residence. This coverage is granted exclusively in the country of residence of the insured.

2. The activities of domestic employees while they are performing the specific functions for which they have been hired.

3. Damage caused by the possession of domestic animals. This coverage is granted exclusively in the country of residence of the insured, the Insurer is obliged to cover the Extra contractual Civil Liability incurred by the Insured for the possession of animals and/or domestic pets, unless it is proven that such Damage and/or Injuries occurred due to the victim's fault or the act of a third party

4. For damages as a result of accidental and unforeseen liquid spills, the Insurer is obliged to cover the Extra contractual Civil Liability incurred by the Insured for material damage caused to the property of neighbors, as a direct consequence of spills, flooding, leaks and/ or water vapor, provided they are produced by accidental events, have their origin in the events mentioned below, occur on the premises occupied by the Insured and communicate with the premises of the affected neighbors; The amount of damages caused as a result of the materialization of the risks or events described below will be compensated:

a. Imperfections in the plumbing network.
b. Air conditioning system malfunctions.
c. Damage to the water conduction network for feeding fire hoses.
d. Damage to the water supply storage tank.
e. Breakdowns in refrigeration devices.
f. Water leaks through walls, foundations, upper or lower floors.
g. Accidental breakage of faucets, faucets and pipes

Damage to neighbors' properties is expressly excluded from coverage when the Insured or any other person for whom he or she is civilly responsible, due to forgetfulness or carelessness, leaves the taps or taps of the pipes, tanks or water tanks open.

5. Minor maintenance and remodeling work, carried out by independent contractors on behalf of the Insured. This coverage is granted exclusively in the country of residence of the insured. The Insurer is obliged to cover the Extra contractual Civil Liability incurred by the Insured for bodily injuries and/or material damage suffered by third parties as a result of accidents that occurred during the validity of this Annex and caused by the reckless or negligent acts of one or more any of the independent contractors hired by the Insured, to carry out any work or work on their own account and express order, as long as said works or works are related to the Insured's own operations specified in the Policy Receipt Table and such responsibility was declared judicially borne by the Insured.

6. Fall of objects transported in motor vehicles that are used for private purposes and whose load capacity does not exceed 500 kilos.

7. For any other accident that is not expressly excluded. The Insurance Company agrees to compensate, up to the limit of liability established in the Policy Receipt Table, minus the Deductible, the amounts incurred by the insured as a result of damages caused to third parties due to accidents that are not expressly excluded.

8. Cost of issuing Bonds. The Insurance Company agrees to indemnify, up to the limit of liability established in the Policy Receipt Table, discounting the Deductible, the amounts incurred by the insured in the management of bonds. The amount of bail required by the competent jurisdiction is excluded.

9. Administrative or pecuniary sanctions for traffic violations. The Insurance Company agrees to compensate, up to the limit of liability established in the Policy Receipt Table, discounting the Deductible, the amounts incurred for traffic fines.

10. Repair of damage as a result of traffic accidents. The Insurance Company agrees to compensate, up to the liability limit established in the Policy Receipt Table, minus the Deductible, the amounts incurred due to traffic accidents. Traffic accidents resulting from the insured driving while intoxicated or alcoholic breath exceeding the legal limit are expressly excluded from this coverage.

11. Expenses for international legal assistance. The Insurer is obliged to cover the expenses that the Insured may incur as a result of accidents that give rise to his or her arrest, as well as subsequent criminal action against the Insured, provided that the accident from which the criminal action arises is related to the nature of the Insured's own activities and does not occur as a result of malicious acts or acts of the Insured. Likewise, this coverage covers legal assistance for civil actions against the insured as a result of the occurrence of the risks covered by this policy.

12. Damage caused to property rented by the insured for residence or lodging. The Insurance Company agrees to indemnify, up to the limit of liability established in the Policy Receipt Table, discounting the Deductible, direct material damage caused to the residential property or lodging rented by the Insured, as a result of fire, explosion, smoke and damage due to water that originates in the property and provided that the Insured is legally and civilly responsible for said damages.

13. Damage caused to neighbors adjacent to the insured, due to accidents that occurred in the property occupied by the insured. The Insurance Company agrees to compensate up to the limit of liability established in the Policy Receipt Table, discounting the Deductible, material damage to property of neighbors or adjoining parties of the Insured, as a result of accidents that occurred in the properties occupied by the Insured Party, which is legally and civilly responsible.

In the case of communities of owners, this guarantee will extend to the Extra contractual Civil Liability of the Insured for accidental damage caused to the common properties of the condominiums, deducting from such damages the percentage equivalent to the Insured's share as owner of said elements. Likewise, in the event of damage to third parties in the common areas, the liability guarantee will be limited to the percentage equivalent to the Insured's share as co-owner.

For the purposes of this Annex, the following are not considered third-party neighbors:

1. The Insured, any member of his or her family, dependents or people at the service of the Insured.

2. The tenants or subtenants of the Insured.

3. The owner of the property occupied by the Insured.

4. Those people who, in their personal capacity, provide help to put out a fire on the Insured's property, covered by this policy.

14. Death or bodily injury of third parties as a result of an accident caused by the Insured.

CLAUSE 3: DESIGNATION OF DEFENSE LAWYER

In the event that the Insured is sued based on an accident covered under this section, the Insured must obtain authorization from the Insurance Company for the appointment of a defense attorney, as well as for any agreement, transaction or arbitration. The Insurance Company may appoint a defense attorney when it deems appropriate.

CLAUSE 4: COMPLEMENTARY COMPENSATIONS

Within the limit of liability established in the Policy Receipt Table for this policy, the Insurance Company agrees to compensate:

1. The costs for issuing a bond to release embargoes or criminal release of the insured, without implying an obligation on the part of the Insurance Company to grant said bonds.

2. The fees, legal expenses and judicial costs incurred by the Insured when assuming, with the written consent of the Insurance Company, the defense of any civil action attempted against him.

CLAUSE 5: EXCLUSIONS

Unless the Insurance Company has expressly agreed in advance and in writing otherwise, the following are excluded from this policy:

1. Bodily injuries or material damage resulting from any commercial operations carried out by the Insured.

2. Bodily injuries or material damage arising from professional liability.

3. Bodily injury or property damage resulting from the ownership, maintenance, operation, use or discharge of:

3.1. Watercraft owned or rented by the Insured.

3.2. Aircraft owned or leased by the Insured.

3.3. Land motor or animal-drawn vehicles owned or rented by the Insured.

3.4. Winches, cranes or elevators.

4. Bodily injuries or damage to property, caused intentionally by the Insured or by order of the Insured.

5. Bodily injury or property damage arising from liability assumed by the Insured under any contract or agreement.

6. Bodily injuries or damages caused to the spouse of the Insured (not separated in fact or law), the ascendants or descendants of both, those under their guardianship or who live permanently with them, as long as they are under their legal and economic dependence; permanent or temporary domestic servants at their service during the exercise of their duties.

7. Damage to any property, land or building caused by vibration or by removal or weakening of the ground or supports of such property, land or building; as well as any liability to neighbors for damages or losses of this nature.

8. Except as stipulated in clause 2. Scope of Coverage, fines imposed on the Insured by courts or authorities of all kinds.

9. Losses produced during challenges, bets, races or contests of any nature.

10. The obligations of the Insured imposed by labor laws.

11. Compensation for moral damages, defamation and slander.

12. Lost profits or consequential damages, unless they occur as a direct consequence of damage to persons or property that gives rise to compensable liability under this policy.

13. Pollution of the atmosphere, water, soil, subsoil, or noise, whether accidental, or gradual.

14. Bodily injuries or material damage occurring as a result of an earthquake or earthquake, volcanic eruption, typhoon, hurricane, cyclone, storm, tempest, rain, flood or other cataclysm, natural convulsion or atmospheric disturbance.

15. Damage due to any manufacturing, construction, alteration, repair or treatment process carried out by the Insured or any person acting on his behalf.

16. Moral damages, defamation and insult

17. Damage caused under the influence of alcohol, drugs, or narcotic and psychotropic substances.

18. Damage caused as a result of mental illness.

19. Damage that affects those things or property of others that the Insured has in his or her possession by reason of deposit, loan, for custody, use, repair, construction, assembly, transportation or any other purpose.

20. Lost profits and/or consequential damages and/or consequential damages.

21. Civil Liability of vehicles rented by the insured.

22. Damage caused to third parties when they are getting on, off or inside a vehicle driven by the insured.

CLAUSE 6: DECREASE IN THE INSURED SUM

At the time of an Accident covered and indemnified by this Policy, the Insured Sum established in the Policy Receipt Table will be reduced by the same amount equivalent to the amount of the claim.

CLAUSE 7: CONSENT OF THE INSURANCE COMPANY

Under penalty of losing all right to compensation, without written authorization from the Insurance Company, the Insured may not incur any judicial or extrajudicial expenses, make any payment or enter into any settlement or settlement or admit liability with respect to any of the accidents, that liability may be deducted by the Insurance Company, in accordance with this Policy.

CLAUSE 8: RIGHTS OF THE INSURANCE COMPANY

The Insurance Company is authorized to use the name of the Insured for any purpose related to this Policy, whether to initiate or continue litigation, or to defend itself or to enter into transactions or arrangements in favor of its interests; Likewise, it may, before any trial or at any stage of the proceedings, deliver to the Insured the entire sum payable under this Policy in respect of any claim, and thus be completely relieved of further liability in connection with such claim, and will have no liability in respect of any such claim, reason for loss that may have occurred to the Insured as a consequence of action or omission of the Insurance Company related to such claim, suit or procedure. By the mere fact of making the payment of the compensation, without any transfer being necessary, the Insurance Company acquires all the rights that the Insured may have against third parties responsible for the event that occurred, up to the amount of the compensation paid. The Insurance Company does not incur any obligation or responsibility towards the Insured, for any act executed in the exercise of these powers, nor will it diminish its right to rely on any of the conditions of this Policy, with respect to the Loss.

If the Insured or any other person acting on his or her behalf does not comply with the requirements of the Insurance Company or prevents or obstructs the latter from exercising its powers, he or she will lose all right to compensation under this coverage.

CLAUSE 9: DUTIES OF THE POLICYHOLDER OR INSURED IN THE EVENT OF AN ACCIDENT

Upon occurrence of any loss or damage, the Policyholder or the Insured must:

1. Take the necessary and timely measures to prevent further loss or damage from occurring.

2. Notify the competent authorities in a timely, manner and place.

3. Notify the Insurance Company immediately or at the latest within five (5) continuous days following your knowledge. The Policyholder or the Insured must also give written notice to the Insurance Company of any claim, procedure or diligence of which they have notice and that is related to any event that could give rise to claim under this Policy; as well as a detailed list of any other insurance that exists.

4. Keep any device, machinery or element that may be necessary or useful as evidence related to any claim.

5. Give all the necessary information to the Insurance Company, present all your cooperation and deliver the documents that enable it to make any claim or oppose them or initiate any action, at the discretion of the Insurance Company.

6. Have the consent of the Insurance Company to dispose of damaged or defective objects.

7. Without the consent of the Insurance Company, no alteration or repair of buildings, defenses, machines, furniture, fixtures, installations or accessories will be carried out, as far as possible, after an Incident has occurred and until such time as the Insurance Company has not had the opportunity to inspect them.

CLAUSE 10: DESIGNATION OF ADJUSTER

Once notification of the Loss has been received, the Insurance Company, if it considers it necessary, will designate at its expense a legal representative or loss adjuster, who will verify the claim and present its report in writing.

CLAUSE 11: VALIDITY OF THE POLICY

It is expressly agreed that for a claim to be valid and collectible under this Policy, whether for the coverage indicated in CLAUSE 2: SCOPE OF COVERAGE of the Particular Conditions, the Loss must occur and be reported within the validity of the Policy.

CLAUSE 12: RENEWAL

Unless otherwise provided, the Contract will be deemed automatically renewed at the end of the last day of the previous validity period and for a period of one year, it being understood that renewal does not imply a new Contract, but rather the extension of the previous one. The parties may refuse the extension of the Contract, by means of a written notification to the other party addressed to the last address stated in the Policy, made within a period of thirty (30) continuous days prior to the expiration of the current validity period.

CLAUSE 13: GRACE PERIOD

The Insurance Company will grant a grace period of thirty (30) continuous days for the payment of the renewal Premiums, counted from the expiration date of the period. Above, with the understanding that during such period the Contract will continue in force and in the event of any Loss occurring in that period, the following rules will apply:

1. If the amount to be compensated is higher than the Premium to be deducted, the Insurance Company will fully deduct the Premium from the amount to be compensated and will pay the difference to the Insured, as compensation for the Loss. In this case, the amount to be deducted will be the full Premium corresponding to the renewal period.

2. If the amount to be compensated is less than the Premium to be deducted, the Policyholder must pay, before the end of the grace period, the difference between the Premium and said amount.

However, if the Policyholder refuses or is unable to pay the difference in Premium before the end of the grace period, the Contract will be considered extended only for the period of time that results from dividing the amount of the compensable Loss by the complete Premium that corresponds to the same period of the previous coverage, multiplied by the number of days that said period contains.

CLAUSE 14: OTHER DISCLAIMER OF LIABILITY

In addition to the exonerations of liability established in CLAUSE 4: EXEMPTIONS OF LIABILITY of the General Conditions, the Insurance Company will not be obliged to pay compensation, in the following cases:

If the Policyholder, the Insured or the Beneficiary does not notify the Loss or does not deliver the documents required by the Insurance Company, within the deadlines indicated in CLAUSE 9: DUTIES OF THE POLICYHOLDER OR INSURED IN THE EVENT OF A CLAIM of the Particular Conditions, unless it is proven that it stopped being carried out due to an extraneous cause not attributable to the Policyholder, the Insured or the Beneficiary.

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BY BEE INSURANCE POLICYHOLDER

THE INSURED