TEMPORARY LIFE INSURANCE POLICY

Between BEE INSURANCE CORP and the INSURED, identified in the Policy Receipt Table, have agreed to sign this contract, which is made up of and will be governed by the General Conditions, the Particular Conditions, the Policy Receipt Table, the Policy Application, the Health Declaration , Annexes and other documents that form an integral part of the Contract.

GENERAL CONDITIONS

CLAUSE 1. OBJECT OF THE CONTRACT.

Through this Contract, BEE INSURANCE CORP undertakes to cover the risks mentioned in its Specific Conditions and Annexes, if any, and to pay to the Beneficiary(s) upon the death of the INSURED, occurring during its validity, a payment equal to the Insured Sum indicated in the policy receipt box.

CLAUSE 2. GENERAL DEFINITIONS.

1. 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, when applicable, unless a different interpretation appears from the text of this Agreement:

2. INSURED: Natural person who is exposed to the covered risks indicated in the Particular Conditions, in the Coverage Annexes, if applicable, and which are indicated in the Policy Receipt Table.

3. BEE INSURANCE CORP: Legal entity that assumes the risks covered in this Contract.

4. BENEFICIARY: Natural or legal person in favor of whom the payment of the benefit to be made by BEE INSURANCE CORP has been established if the death of the INSURED occurs.

5. SPECIAL CONDITIONS: Those that contemplate aspects specifically related to the contracted protection plan.

6. POLICY RECEIPT TABLE: Document

in which the particular data of the Contract is indicated and that includes the following information: Contract number; complete identification of BEE INSURANCE CORP and its main address; complete identification of the INSURED; Premium collection address; Name the agency or agent, contracted risks, basic and optional, distinguishing for each of them: the contracted nominal amount, the Contracted Sum Insured, and the amount of the Premium discriminated according to the contracted coverage and its total. Place and method of payment of the Premium; duration of the Contract;

period Translated from Spanish to English - www.onlinedoctranslator.com duration of the term for the payment of the Premium; date of issuance of the Contract, date on which its validity begins and signatures of the legal representative of BEE INSURANCE CORP, of the INSURED.

7. AGE: The INSURED's age will be determined by his or her passport or other legal proof to the satisfaction of BEE INSURANCE CORP. Said age is established by the birthday closest to the date of the beginning of the validity of this Contract and will be indicated in the Policy Receipt Table.

8. MEDICAL EXAMS. Examinations that depend on the age of the INSURED and the amount of the Contracted Sum Insured that BEE INSURANCE CORP requires for the purposes of evaluating the proposed service. They will be carried out in the clinics, laboratories and offices of the professionals chosen by him. The proposed INSURED must also declare to the examining doctor, in the interrogation that he will carry out, all the circumstances known to him regarding his state of health, which may influence the assessment and extension of the service object of this Contract.

9. DOCUMENTS THAT FORM PART OF THE CONTRACT: The Service Request, the Health Declaration signed by the INSURED in the corresponding places indicated; the medical examinations taken as a basis for the signing of this Contract, if any; the General Conditions; the Particular Conditions; the policy receipt box; the annexes that are issued to complement or modify the Contract or cover additional risks and other documents that by their nature form part of it.

10. BONUS: Amount that, depending on the covered service, the INSURED must pay to BEE INSURANCE CORP under this contract.

11. COVERED LOSS: Possible random occurrence of an event that does not depend exclusively on the will of the INSURED or the Beneficiary, which causes the death of the INSURED, and whose appearance or actual occurrence is prevented and guaranteed in this Contract.

12. LOSS: Materialization of the covered incident that gives rise to the obligation to pay or make, on the part of BEE INSURANCE CORP, the corresponding Contracted Insured Amount.

13. POLICY REQUEST: Questionnaire provided by BEE INSURANCE CORP, which contains a set of questions related to the identification of the INSURED and the Beneficiary(s). It also contains questions about a detailed description of the background of the Proposed INSURED's family ancestors, their own past and present state of health, a formal declaration of their state of health at the time of hiring and other information about their profession, activity or current trade that may influence the estimate of the service. All questions must be answered completely and accurately by the Proposed INSURED, said declaration constituting the legal basis for the issuance of the Life Contract requested.

Also, the application contains the details of the coverages that are intended to be contracted additionally, distinguishing the basic coverage from the optional ones, expressly noting that the latter will not be mandatory to contract by the INSURED.

When filling out the application, the Proposed INSURED must accurately declare to BEE INSURANCE CORP, in accordance with the questionnaire and other requirements indicated, all the circumstances known to them that may influence the assessment of the service. The proposed INSURED must accompany the Service Request with a copy of their legible identification document.

14. NOMINAL AMOUNT: Constant or level value of the insurance benefit that is contracted, indicated in the Policy Receipt Table and on which the Premium will be determined, the Guaranteed Values if this contract so provides and any additional coverage through an annex if it is provided for in this Contract.

15. CONTRACTED SUM INSURED: Maximum limit of liability assumed by BEE INSURANCE CORP if the death of the INSURED occurs, if applicable. It also indicates the Insured Sum Contracted for any of the additional coverages subscribed through Coverage Annexes indicated in the Policy Receipt Table.

16. INSURED: Natural or legal person who, acting on their own behalf or on behalf of others, contracts with BEE INSURANCE CORP, transferring the covered claims and obligating themselves to pay the corresponding Premium.

CLAUSE 3. PERIOD OF THE CONTRACT.

The maximum duration period of the Contract is indicated in the Policy Receipt Table, in accordance with the structure of the Life Protection Plan stipulated in the Specific Conditions of this Contract.

CLAUSE 4. LAPSE OF THE PREMIUM PAYMENT PERIOD.

It is for the maximum period indicated in the Table that I receive the policy in accordance with the definition of the Protection Plan established in the Specific Conditions of this Contract. The Premium payment period may be equal to or less than the duration of the Contract. Premium payment must be made for the entire stipulated period.

If the Premium payment period is less than the duration of the Contract, the INSURED will stop paying the Premium at the expiration of the Premium payment period indicated in the Policy Receipt Table.

CLAUSE 5. EFFECTIVENESS OF THE CONTRACT.

The validity of the Contract will be for the period covered by the established and paid Premium, which will be recorded in the Policy Receipt Table that is issued indicating the date of issue, the time and day of its initiation and expiration.

The validity of this Contract is maintained, throughout its period, only through the timely payment of all the Premiums agreed upon and indicated in the Policy Receipt Table or until the death of the INSURED occurs, whichever comes first.

In the absence of express indication, the covered risks begin to be borne by BEE INSURANCE CORP at 12 m. on the day of the beginning of the validity of the Contract and will end at the same time as the end day of the period covered by the payment of the Premium made.

CLAUSE 6. PERIOD COVERED BY PREMIUM PAYMENT.

The Premiums of this Contract correspond to the validity periods of the annual, semi-annual, quarterly, or any other contract agreed between the parties, and are determined on the basis of each type of Protection Plan contracted with BEE INSURANCE CORP.

The payment of a Premium only keeps this Contract in force for the period to which the agreed validity has been determined and established.

These Premiums are payable at the beginning of each period of validity of the Contract.

The change from one form of payment to another requires a written request by the INSURED to BEE INSURANCE CORP, made no less than thirty (30) continuous days before the expiration of the current period and the issuance of an annex to this Contract by part of BEE INSURANCE CORP.

CLAUSE 7. PLACE AND MEANS OF PAYMENT OF THE PREMIUM.

The Premiums corresponding to this Contract will be paid directly at any of the offices or agencies of BEE INSURANCE CORP, duly authorized for collection against receipts on printed forms, issued and signed by authorized officials.

The fact that Premium has been collected at home on any occasion does not exempt the INSURED from the obligation to make the payment of the Premiums at the Main Office of BEE INSURANCE CORP or at any of its agencies or offices, since home collection is a service that BEE INSURANCE CORP can provide to its INSURED is without establishing precedents of obligation and could suspend this management at any time, without prior notice to the INSURED.

Upon payment of the first Premium, BEE INSURANCE CORP will deliver to the INSURED the corresponding policy receipt box, signed and sealed. The delivery of this Contract may be made in printed form or through the electronic mechanisms provided for this purpose and agreed upon by the parties and stated in the Service Request.

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

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

CLAUSE 8. NON-PAYMENT OF PREMIUM.

If the INSURED fails to pay an annual, semi-annual, quarterly Premium, or any other payment method agreed upon in due time, this Contract will automatically be terminated and of no value, leaving all Premiums paid in favor of BEE INSURANCE CORP. except as provided in the Specific Conditions of the Contract that refer to the Grace Period for the Payment of the Premium.

CLAUSE 9. RENEWAL OF THE VALIDITY OF THE CONTRACT.

After updating the health declaration and/or compliance with the medical protocol required by BEE INSURANCE CORP sixty (60) days before the expiration of the current term and approval of the conditions for renewal, the term of the Contract will be deemed renewed at the end of the last day of duration of the previous period of validity and for an equal period, provided that the INSURED promptly pays the Premium corresponding to the new period of validity at the corresponding opportunity.

The costs of examinations or medical protocol are the responsibility of the insured. In either case, BEE INSURANCE CORP is not required to automatically renew the policy; and must notify non-renewal thirty (30) days before the expiration of the current term.

CLAUSE 10. AGGRAVATION OF RISK.

The INSURED must notify the insurer within thirty (30) continuous days following the date they become aware of any circumstance that alters their health condition.

CLAUSE 11. INACCURATE DECLARATION OF AGE.

BEE INSURANCE CORP has the right to demand satisfactory proof of the INSURED's age. If the true age is incorrect, but falls within the limits of the rate established for the Protection Plan contracted, the following procedure will be followed:

1. If it is greater than that declared, the amount of the Contracted Sum Insured will be reduced from the Nominal Sum Insured in the proportion that exists between the Premiums stipulated in the Policy Receipt Table and the Rate Premium for the actual age on the date of celebration of the contract. Contract.

2. If BEE INSURANCE CORP has already paid the amount of the nominal insured sum upon determining the inaccuracy of the INSURED's age, it will have the right to repeat what it would have paid more, according to the calculation of the fraction established in the previous paragraph, including interest that occur from the date of payment of the excess made, at the active interest rate corresponding to the average of the active rate of the six (6) main commercial banks set by the Central Bank of Venezuela, from the date of payment of the excess until the time of return.

3. If the INSURED's age is lower than that declared, BEE INSURANCE CORP will only be obliged to return the excess of the Premium received, without interest, and the subsequent Premiums to be paid by the INSURED will be reduced in accordance with this age.

4. If, after the death of the INSURED, it is discovered that the INSURED's true age is less than the declared age, BEE INSURANCE CORP will reimburse the Beneficiaries, in the event of the INSURED's death, the difference in the excess Premium paid.

If it is determined that the true age on the date of contract is greater than the maximum age of admissibility accepted by BEE INSURANCE CORP to subscribe to this Contract, provided for in the Specific Conditions, the contract will be void and BEE INSURANCE CORP will only refund the INSURED or the Beneficiary, based on the age at which this Contract was signed, as the case may be. In all cases related to this clause, the Protection Plan rates that have been in force at the time of the conclusion of the Contract will apply.

CLAUSE 12. EXEMPTION OF LIABILITY

BEE INSURANCE CORP will not be obliged to pay as a result of the death of the INSURED in the following cases:

1. If the Beneficiary(s) 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 thereto Contract.

2. If the service has been caused by fraud on the part of the INSURED or the Beneficiary.

3. If the service has been caused by serious fault of the INSURED or the Beneficiary. However, BEE INSURANCE CORP will be obliged to pay if the service has been caused in compliance with legal duties of relief or in protection of common interests with BEE INSURANCE CORP with respect to this Contract.

4. If at the time of payment of the first Premium and delivery of the Schedule I receive the policy, the INSURED has already died.

5. If the INSURED or beneficiary has acted with intent or serious negligence, as indicated in Clause 13 of these General Conditions, in the Declarations in the policy application and other medical examination requirements fulfilled at the time of subscription of the policy this contract.

6. If the Beneficiary does not notify the death of the INSURED within the period established in Clause 10 of the Specific Conditions of the Contract that refers to PROCESSING AND DOCUMENTS REQUIRED TO REQUEST PAYMENT FOR THE SERVICE, except for duly proven extraneous causes not attributable to the Beneficiary.

7. If the time periods established in Clause 10 of the Specific Conditions, which refers to the PROCESSING AND DOCUMENTS REQUIRED TO REQUEST PAYMENT FOR THE SERVICE, are not met, except for duly proven strange causes not attributable to the Beneficiary(s).

8. If I do not notify the insurer of the known aggravation of risk.

9. If you fail to comply with any of the obligations established in clause 14 of the particular conditions.

10. Other exemptions from liability established in the Specific Conditions and Annexes to this Contract.

CLAUSE 13. OMISSIONS, FALSEHOODS AND RETICCENCES.

Omissions, falsehoods and reluctance on the part of the INSURED made in the Risk Request or at the time of carrying out the medical examinations performed on the INSURED for the purposes of the issuance of this Contract, as the case may be and duly proven, will be cause of absolute nullity of this Contract and exonerate the beneficiary from payment of the nominal insured sum if they are of such a nature that BEE INSURANCE CORP, if it had known about them, would not have contracted or would have done so under other conditions.

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

CLAUSE 14. OBLIGATIONS OF THE INSURED OR BENEFICIARY.

1. The Proposed INSURED must complete the policy application and declare, with absolute sincerity, all the circumstances necessary for their identification and so that BEE INSURANCE CORP can appreciate the extent of the losses to which they are exposed, with respect to the indicated terms in this Contract.

2. The proposed INSURED must provide all necessary collaboration to facilitate the performance of medical examinations if these are necessary, for the purposes of signing the requested Contract.

3. The INSURED must sign the policy application in the place indicated therein and following the declaration of faith of the origin of the funds with which the requested Contract Premium will be paid.

4. The INSURED must pay the Premium in the form, place, manner and times agreed upon in this Contract.

5. The Beneficiary(s) will inform BEE INSURANCE CORP, within ten (10) business days of knowing it, of the occurrence of the death of the INSURED, expressing the causes and circumstances under which the same thing happened.

6. The Beneficiary(s) must prove the occurrence of the death of the INSURED through the submission of all information necessary for payment of the service, which is requested by BEE INSURANCE CORP.

7. If the INSURED changes the collection address, domicile, office, room or means of payment of the Premium, as the case may be, they must notify BEE INSURANCE CORP in writing within fifteen (15) business days following the date if the change has been made.

8. 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.

9. Accurately declare everything that represents a permanent change in your health status or an aggravation of risk.

CLAUSE 15. OBLIGATIONS OF BEE INSURANCE CORP.

1. Inform the INSURED, by delivering the Policy and other documents that comprise it, the extent of the risks assumed and clarify, at any time, all doubts and queries that the INSURED may ask.

2. Deliver the Policy Receipt Table to the INSURED, the General Conditions, the Particular Conditions, the annexes, if any, and the other documents that form an integral part of the Contract. The delivery of the indicated documents must be carried out in the terms agreed by the parties.

3. Pay the Contracted Insured Sum or corresponding benefit in the case of covered service, within the deadlines established in this Contract or reject the service, through written and duly motivated communication.

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

CLAUSE 16. PAYMENT OF COMPENSATION.

BEE INSURANCE CORP must pay the corresponding amount within a period not exceeding thirty (30) consecutive days, counted from the date on which it has received the last collection requested by virtue of the claim presented by the Beneficiary or Beneficiaries of the service that occurred, except for strange causes not attributable to BEE INSURANCE CORP.

All payments to be made by BEE INSURANCE CORP will be made in its offices to the person(s) responsible for making the payment, against a signed receipt.

BEE INSURANCE CORP may also agree with the Beneficiary(s) to make the payment by any means that facilitates the payment that it is responsible for making for the service that occurred. The Beneficiary must sign the corresponding payment settlement as a sign of acceptance and agreement with the form and amount of the payment.

CLAUSE 17. REJECTION OF SERVICE.

BEE INSURANCE CORP must notify in writing to the INSURED or the Beneficiary, within the period indicated in the previous Clause, the factual and legal causes that in its opinion justify the rejection, total or partial, of the contracted insured sum required.

CLAUSE 18. ARBITRATION.

The parties may submit to an arbitration procedure any differences that arise in the interpretation, application and execution of the contract. The processing of the arbitration will comply with the

provisions of the law that regulates the matter of arbitration and, additionally, the Code of Civil Procedure.

The Superintendent of the BEE INSURANCE CORP Activity will act as arbitrator in those cases in which he is appointed by mutual agreement between both parties, due to disputes that arise in the interpretation, application and execution of the contract. In this case, the arbitration processing will comply with the provisions of the rules to regulate alternative dispute resolution mechanisms in the BEE INSURANCE CORP activity.

The arbitration award will be mandatory.

CLAUSE 19. EXPIRATION. The Beneficiary will lose all right to take legal action against BEE INSURANCE CORP or agree with it to submit to the Arbitration provided for in the previous Clause, if it has not been done before the expiration of the period indicated below:

1. One (1) year from the date of formal notification of the rejection of the claim,

2. One (1) year in case you have expressed your disagreement regarding the payment, counted from the date on which BEE INSURANCE CORP made the payment. 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 20. MODIFICATIONS.

The modifications to this Contract will be recorded through Annexes, duly signed by a representative of BEE INSURANCE CORP and the INSURED, which will prevail over the Specific Conditions and these over the General Conditions that make it up.

CLAUSE 21. ELIMINATION OF EXTRA-PREMIUM.

In the event that the conditions that warranted payment by the INSURED of any extra Premium for profession, occupation, trade or activity declared in the Risk Application by the INSURED at the time of signing this Contract have ceased, the INSURED must notify it. to BEE INSURANCE CORP, in writing, no less than thirty days prior to the date of payment of the new Premium for the next insurance period, so that the Premium is adjusted to its new condition.

CLAUSE 22. NOTICES.

Any notice or communication that one party must give to the other regarding this Contract will be made with acknowledgment of receipt, through written communication or to the email provided by the INSURED in the insurance application, addressed to the INSURED's address stated in the contract or to the main address or branch of BEE INSURANCE CORP, or through other electronic means agreed upon by the parties.

Communications related to the processing of claims that are delivered to the Agency or Agent of BEE INSURANCE CORP produce the same effect as if they had been delivered to the other party.

The BEE INSURANCE CORP Agency or 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 23. TRANSFER.

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

CLAUSE 24. SPECIAL ADDRESS.

For all effects and consequences derived or that may arise from this Contract, given that it will be signed via the web, the parties choose a special domicile, unique and exclusive of any other, the city of Miami, Florida, USA, to whose Jurisdiction the parties declare to submit to.

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The INSURED by BEE INSURANCE CORP

SPECIAL CONDITIONS OF TEMPORARY LIFE INSURANCE POLICY

CLAUSE 1. PARTICULAR DEFINITIONS.

For all purposes related to this Contract, it is expressly agreed that the following terms will have the meaning assigned to them below:

1. ACCIDENT: Fortuitous, violent, sudden and external event, beyond the intention of the INSURED, or the Beneficiary, that causes the death of the INSURED.

2. PREFERRED BENEFICIARY: Natural or legal person designated by the INSURED and indicated in the Annex to this Policy, with preferential right over the payment that corresponds to BEE INSURANCE CORP, in the event of the death of the INSURED.

CLAUSE 2. RISKS COVERED.

If the person indicated as INSURED in the policy receipt table dies, with the Contract in force, BEE INSURANCE CORP will pay the Contracted Sum Insured, leaving such payment free of all obligations.

The Contracted Sum Insured is equal to the Contracted Nominal Amount indicated in the Policy Receipt Table and its payment will be made to the Beneficiary(s) who have been named by the INSURED and indicated in the aforementioned Table. I receive policy.

This Contract is issued based on the declarations and information contained in the insurance health declaration application formulated for its issuance and on the medical examinations, if any, which are part of this Contract as well as the General Conditions and the annexes of coverage issued by BEE INSURANCE CORP duly signed by the legal representative of BEE INSURANCE CORP, and the INSURED.

CLAUSE 3. DURATIONS.

a) Maximum duration of the Contract: At the end of the maximum period expressed in years, indicated in the Policy Receipt Table or until the death of the INSURED, if it occurs before the end of the aforementioned period.
b) Maximum duration of Premium payment: Maximum for the period specified in years indicated in the Policy Receipt Table or until the death of the INSURED.

CLAUSE 4. MAXIMUM AGE OF ADMISSIBILITY.

The maximum age of admissibility for signing this Contract is seventy-five (75) years.

CLAUSE 5. GRACE PERIOD FOR PREMIUM PAYMENT.

As any Premium is payable, except the first, the INSURED has the right to a period for its payment and during said extension, the insurance will continue in force and with all its value, so that, in the event of the death of the INSURED during the indicated period, BEE INSURANCE CORP will pay the Contracted Sum Insured in the agreed manner and terms, with deduction of the overdue and unpaid Premium.

The grace period will be thirty (30) continuous days if the Premium payment covers an annual insurance period; of fifteen (15) continuous days if the payment of the Premium covers a semiannual insurance period; It will be seven (7) continuous days if the payment covers a quarterly period.

If the Premium is not paid within the aforementioned period, the Contract will be without validity and effect as of the date of termination of the previous term of the Contract.

CLAUSE 6. RESTRICTIONS.

The insurance covered under this Contract is not subject to restrictions regarding residence, occupation, lifestyle, travel, manner, time or place where death occurred, except as established in Clause 7 (Suicide).

CLAUSE 7.

Exclusions Death will not be covered under this Policy if the INSURED is deprived of life during the term of the Policy, whether in a state of sanity or loss of reason. Death caused by acts of War, Coup d'état or attempt thereof, Mutiny or civil commission, practicing professional sports, robbery or attempted robbery, death due to Earthquake, Hurricanes or flood.

CLAUSE 8. DESIGNATION OF BENEFICIARIES

The INSURED has the right to choose and change the Beneficiary at any time as long as he or she has not expressly waived this right in writing. Likewise, the rights regarding the distribution of the corresponding amount of the Contracted Sum Insured among its Beneficiaries, when there are several, may be varied by written notice to BE INSURANCE COMPANY so that an authorized official can make the respective change through an annex to this Contract. In the absence of proof in the aforementioned form, the change of Beneficiary does not occur even if it has been requested.

When there are several Beneficiaries, the distribution of the payment that proceeds under this Contract will be made in equal parts if, as indicated by the INSURED, this Contract does not contain a stipulation to the contrary, and if any of them die before the INSURED, the rest will remain as sole Beneficiaries.

If any of the Beneficiaries die before or simultaneously with the INSURED, the portion that may have corresponded to them will accrue in favor of the rest of the Beneficiaries. It will be presumed that a Beneficiary dies simultaneously with the INSURED when the event that gave rise to his death occurs at the same time, regardless of whether the death could occur at a later date and he died within thirty (30) continuous days following the event that will determine the death of the INSURED. If all the Beneficiaries die before the INSURED, the corresponding payment will be made to the legal heirs of the INSURED. In the absence of Beneficiary designation or in the event of inaccuracy or error in the name of the sole Beneficiary that makes identification impossible, the corresponding payment will be paid to the legal heirs of the INSURED.

If the event that causes the death of the INSURED has occurred due to the intentional cause of any of the Beneficiaries, the part of the Contracted Sum Insured corresponding to those Beneficiaries who are involved in the intentional cause will be distributed among the remaining Beneficiaries in the corresponding proportion for each one of them.

When the incident occurs, the Beneficiary(s), except for a non-attributable foreign cause, must:

1. Give written notice to BEE INSURANCE CORP within twenty (20) consecutive days following the date on which you became aware of its occurrence.

2. Provide BEE INSURANCE CORP within twenty (20) business days following the date of notification of the incident, the following information:

a) Claim declaration in accordance with the form provided by BEE INSURANCE CORP, completely filled out.

b) Identification of the deceased INSURED by means of identity card or passport (original and photocopy) or birth certificate if applicable.

c) Death certificate issued by the competent authority, stating the immediate cause of death and stating the identity document number with which the deceased person was identified (original and copy)

d) Medical certification of the cause of death;

e) Clinical report of the doctors who treated you on the occasion of the occurrence of the event or illness that caused death.

f) If the INSURED had died as a result of an accident, the official report of the authorities that intervened at the time of the accident.

g) Proof of burial or cremation if applicable.

h) Identity documents of the Beneficiary(s) or heir(s), as the case may be: Birth Certificate(s); Identity Card(s) or Passport(s) (originals and copies) as well as documents that prove the relationship with the deceased INSURED as the case may be and if necessary

i) Declaration of legal heirs, if applicable, if there is no Beneficiary named when the death of the INSURED occurs.

j) Any other(s) that may reasonably be necessary on the occasion of the event that caused the death.

BEE INSURANCE CORP may request, only on one (1) occasion, based on the information provided, new information for the evaluation of the incident and the determination of the corresponding payment, within thirty (30) business days following delivery. of the collections initially requested. The Beneficiary will have a period of fifteen (15) business days, counted from the date of receipt of the last request, to deliver the new requested collections.

CLAUSE 9. DEBTS IN FAVOR OF BEE INSURANCE CORP.

Any debt created in favor of BEE INSURANCE CORP as a result of this Contract or with guarantee thereof, constitutes an advance on any payment that BEE INSURANCE CORP has to make and therefore will be deducted when BEE INSURANCE CORP must make a payment on the Contract or to determine any of the values or options or Annexes that the Contract guarantees.

CLASULE 10. REHABILITATION OF THE CONTRACT.

If this Contract expires due to non-payment of any Premium in due time, if the Contract so establishes, it may be reinstated upon written request within two years following the beginning of the expiration, provided that the INSURED proves to the satisfaction of BEE INSURANCE CORP that meets good insurability conditions, through medical examinations or statements that BEE INSURANCE CORP may require on behalf of the INSURED, and that pays the overdue and unpaid Premiums. Rehabilitation only begins to take effect in the event of and after having been accepted, through an Annex to this Contract, issued by the Main Office of BEE INSURANCE CORP and duly signed by an official authorized by it. BEE INSURANCE CORP has the power to deny rehabilitation or agree to it under conditions other than those stipulated in this Contract, as regards the amount of the new Premium to be paid or the amount of the contracted Nominal Amount.

BEE INSURANCE CORP may also, during the first two years of expiration, agree to the rehabilitation by deferring the start date of the Contract for as long as the expiration has lasted, as well as the expiration of the Premiums that remained unpaid during the expiration and all the effects of the Contract, to the new Premium payable calculated based on the insurance age that will result with respect to the new start date of the Contract.

CLAUSE 11. CURRENCY

The currency that governs this Contract for all monetary values indicated therein will be the one specified in the Policy Receipt Table.

CLAUSE 12. PREFERENTIAL BENEFICIARY.

If at any time during the validity of this Contract the INSURED names a Preferential Beneficiary, the payments that must be made as a result of the death of the INSURED will be made to the Preferential Beneficiary up to the corresponding amount in accordance with the provisions of the corresponding annex to this Contract that is issued in accordance with the provisions of the INSURED. Once the Preferential Beneficiary is appointed, this Contract may not be modified, annulled, resolved, redeemed or terminated early, by any act or omission of the INSURED, nor by the lack of compliance with any of its guarantees or conditions on which the Preferential Beneficiary has no control, without prior written notification by BEE INSURANCE CORP to the Preferred Beneficiary fifteen (15) continuous days in advance. In the event of an incident covered by this contract, BEE INSURANCE CORP will notify the Preferred Beneficiary fifteen (15) continuous days in advance of the date, the origin of the aforementioned payment, as well as its amount, according to the amount that may correspond to it with respect to the Sum insured Contracted payable as a consequence of the death of the INSURED. Once the causes that motivated the appointment of a Preferential Beneficiary have disappeared, the INSURED may ratify the original Beneficiaries that were temporarily suspended, requesting the respective change, in writing.

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The INSURED BY BEE INSURANCE CORP