



GENERAL TERMS

COLASISTENCIA VISITOR
2024

COLASISTENCIA ALWAYS FOR YOU.

CONTENIDO

1	GENERAL TERMS OF EXTREMO-VISITOR ASSISTANCE COLASISTENCIA	4
	PRELIMINARY CONSIDERATIONS.....	4
2	TABLE OF COVERAGES AND INDIVIDUAL VALUES	5
3	ENTRY AND STAY AGES.....	6
4	EXCLUSIONS AND DEDUCTIBLES	6
5	DEFINITION OF COVERAGE	9
5.1	MEDICAL ASSISTANCE	9
5.1.1	MEDICAL ASSISTANCE FOR ACCIDENTS.....	9
5.1.2	MEDICAL ASSISTANCE FOR ILLNESS	10
5.1.3	OUTPATIENT MEDICATIONS.....	11
5.1.4	DAILY RENT FOR HOSPITALIZATION DUE TO ACCIDENT	11
5.1.5	HOME NURSING CARE IN CASE OF ACCIDENT.....	11
5.1.6	DENTAL EXPENSES DUE TO ACCIDENT.....	11
5.1.7	INITIAL CARE FOR PRE-EXISTING CONDITIONS (emergency consultation)	12
5.1.8	INITIAL CARE FOR MATERNAL DISEASES (emergency consultation) ...	
5.1.9	HOTEL EXPENSES FOR CONVALESCENCE.....	12
5.1.10	MEDICAL TRANSPORTATION DUE TO ACCIDENT	12
5.2	TRANSFERS.....	13
5.2.1	TRANSFERS AND ACCOMPANYING STAY IN CASE OF ACCIDENT.....	13
5.2.2	TRANSFERS AND ACCOMPANYING STAY IN CASE OF DEATH.....	13
5.3	COMPENSATIONS	14
5.3.1	COMPENSATION FOR TOTAL AND PERMANENT ACCIDENTAL DISABILITY OR ACCIDENTAL DISMEMBERMENT.....	14
5.3.2	COMPENSATION FOR TOTAL AND PERMANENT DISABILITY OR ACCIDENTAL DISMEMBERMENT IN AIR, LAND, SEA, OR RIVER TRANSPORTATION.....	17
5.3.3	COMPENSATION FOR LOST LUGGAGE IN REGULAR AIRLINE TRANSPORTATION COMPLEMENTARY TO AIRLINE PAYMENT	21
5.3.4	REIMBURSEMENT FOR DOCUMENT THEFT	21

5.4	SPECIALIZED ASSISTANCE	21
5.4.1	REPATRIATION OF THE BODY DUE TO ACCIDENTAL DEATH OF THE FOREIGN HOLDER	21
5.4.2	ASSISTANCE IN LOSS OF LUGGAGE AND DOCUMENTS	22
5.4.3	EARLY RETURN DUE TO THE DEATH OF A FIRST OR SECOND DEGREE RELATIVE BY BLOOD OR AFFINITY.....	22
6	MINIMUM DOCUMENTS REQUIRED FOR CLAIMS PAYMENT	22
7	DEFINITIONS	24
8	IMPORTANT CONDITIONS	25
9	RESPONSIBILITY.....	27
10	SUBROGATION.....	28
11	AUTHORIZATION TO REQUEST MEDICAL RECORDS.....	28
12	RECORDING AND MONITORING OF COMMUNICATIONS.....	28
13	ANNEX OF EXTRA-CONTRACTUAL CIVIL LIABILITY.....	28
14	RESPONSIBILITY FOR USE OF COLASISTENCIA APP APPLICATIONS	30

1 GENERAL TERMS OF EXTREMO-VISITOR ASSISTANCE COLASISTENCIA

Between Colombiana de Asistencia, hereinafter referred to as COLASISTENCIA for the purposes of this contract, on the one hand, and on the other hand, the person enrolled in the Colombiana de Asistencia assistance service, hereinafter referred to as THE HOLDER, who, by acquiring the COLASISTENCIA assistance service, accepts the general terms contained in this contract that govern its use in all respects, expressly acknowledging acceptance and understanding.

PRELIMINARY CONSIDERATIONS

COLASISTENCIA is a Colombian comprehensive assistance entity whose purpose includes providing, among other services, medical and personal assistance in emergency situations during the contracted activity.

It is expressly acknowledged, and the holder of the assistance service accepts, that COLASISTENCIA services do not constitute insurance, nor are they an extension or substitute for social security programs, workplace accident insurance (ARL), prepaid medical care, or health policies. COLASISTENCIA services and benefits are solely aimed at assisting sudden and unforeseen events that prevent the normal continuation of the contracted activity, emphasizing that they constitute a means of service and not a guaranteed outcome.

COLASISTENCIA services will only be provided to the assistance service holder and are non-transferable to third parties. To receive the assistance services included herein, the holder or their representative must contact the national emergency line at 018000-510058 or Cellphone 310 315 73 35 or via WhatsApp 311 522 98 80 at the time of any event occurrence to obtain authorization for adequate assistance. Failure to communicate exempts COLASISTENCIA from any responsibility stipulated in this contract. In cases where communication is impossible due to technical factors, it must be promptly communicated once the impediment ceases, explaining the reason, which will be reviewed by COLASISTENCIA without implying any additional commitment to provide services or responsibility.

The acquisition by a holder of one or more assistance services does not automatically accumulate the benefits provided; instead, the established limits that are most beneficial to the holder will apply.

Requests for cancellation and/or date modifications for the validity of COLASISTENCIA assistance services can only be made with a written request at least 12 hours before the start of the service's validity period.

Upon reporting the acquisition of the Assistance service, coverage will not commence until 20 minutes after it appears in the COLASISTENCIA issuance system called SEA, with COLASISTENCIA being free from any responsibility to provide services or compensation before the specified time has elapsed.

2 TABLE OF COVERAGES AND INDIVIDUAL VALUES

MEDICAL ASSISTANCE

Medical assistance for accidents up to	\$40,000,000
Medical assistance for illness up to	\$6,000,000
Outpatient medications up to	\$ 250,00
Daily hospitalization benefit for accident	(maximum 5 days, \$50,000 per day)
Home nurse in case of accident	(maximum 5 days, \$100,000 per day)
Dental expenses due to accident up to	\$2,000,000
Initial consultation for pre-existing conditions	\$ 500,00
Initial consultation for maternal illnesses	\$500,000
Convalescence hotel expenses due to accident	\$1,000,000
Medical transfers due to accident	Included

TRANSFERS

Transfers and companion's stay in case of accident up to	\$2,000,000
Transfers and companion's stay in case of accidental death up to	\$2,000,000

COMPENSATIONS

Compensation for total and permanent accidental disability or accidental dismemberment (excludes disability or dismemberment in air, land, maritime, and river transport) up to	\$70.000.000
Compensation for accidental disability or dismemberment in air, land, maritime, and river transport up to	\$15.000.000
Supplementary compensation for lost luggage in air transport up to	\$2.500.000
Compensation for theft of documents	\$150.000

SPECIALIZED ASSISTANCES

Funeral repatriation for accidental death of foreigners (In place of compensation for accidental death) up to maximum	\$45.000.000
Assistance in case of loss of luggage and documents	Included
Early return due to death of a first-degree relative	\$1.000.000

The current coverage does not include assistance for accidents occurring during adventure activities.

3 ENTRY AND STAY AGES

BASIC COVERAGE	Minimum Entry Age:	Maximum Entry Age:
	0 years	Unlimited
ANNEXES	0 years	Unlimited

4 EXCLUSIONS AND DEDUCTIBLES

In addition to the exclusions outlined in the general conditions of this contract, COLASISTENCIA assumes no responsibility and is therefore expressly exempt from payment for any type of assistance arising from the following circumstances:

A. COLASISTENCIA shall not be liable for damages or expenses incurred by the INSURED within the assistance services covered by the adhesion contract when such damages are intentionally caused by the INSURED. This includes injuries or death caused to oneself, whether in a state of sanity or insanity, including suicide or attempted suicide.

B. Accidents caused by acts of terrorism involving NBCR (nuclear, biological, chemical, and radioactive materials).

C. Handling of explosives, ammunition, and fireworks.

D. Physical or mental illnesses of the insured, including any type of hernias and varicose veins, medical or surgical treatments not necessary due to covered

accidents under this assistance service, nor the psychological or aesthetic effects of any accident or illness.

E. Congenital or acquired diseases or defects originating before the start of the insurance period, whether known or unknown to the Insured, as these are deemed uninsurable according to Article 1054 of the Commercial Code.

F. Accidental death resulting from an exacerbation or episode of a pre-existing illness where the illness itself caused the accident resulting in accidental death.

G. Any treatment resulting from accidents covered by the COLASISTENCIA assistance service.

H. Accidents occurring as a result of or during surgical interventions, cosmetic, aesthetic, or plastic surgeries not required for health reasons. This exclusion does not apply when the surgery or procedure is performed as a result of a covered accident.

I. Also excluded are any assistances requested as a result of acts of terrorism, internal or external war, rebellion, sedition, civil unrest, terrorist acts, acts of foreign enemies, civil commotion, riots, or violent acts arising from civil commotion or martial law, strikes, or any violent act regardless of its origin.

J. Participation of the insured in military activities, armed forces, navy, air force, police of any country, or international authority, as well as participation in illegal groups.

K. Use of any aircraft as a pilot, pilot trainee, flight mechanic, or crew member.

L. Specifically excluded are compensations for accidental death and all assistances requested directly resulting from the insured being under the influence of substances that inherently alter full consciousness, not prescribed by a medical professional, and solely in cases where such loss directly causes the incident. Additionally, any assistance derived from mental or psychiatric disorders is excluded.

M. Seizures of any kind; nuclear fission, nuclear fusion, or radioactivity.

N. Direct participation of the insured in the commission of any crime or offense classified by criminal law. Violation of penal norms.

O. Participation of the insured in any kind of brawl.

P. Coverage for daily hospitalization allowance for accidents excludes hospitalization due to pregnancy, infertility treatments, contraceptive treatments, AIDS, or any similar syndrome, check-ups, or diagnostic tests.

Q. Accidents and injuries occurring prior to the commencement of the activity for which coverage was contracted.

R. Similarly, COLASISTENCIA is exempt when the condition to be assisted arises as a result of engaging in dangerous sports, including but not limited to diving, hang gliding, parachuting, gliding, mountain biking, or any other professional sports competition.

S. Any intentional or negligent act by the INSURED, including falsification or omission of information at the time of application, immediately terminates coverage under the service contract and excludes any type of assistance.

T. Additionally, all assistances derived from HIV/AIDS or any sexually transmitted disease, their exacerbations, and consequences are excluded, as well as all attention derived from diagnosed or undiagnosed tropical diseases, such as malaria, leishmaniasis, and any tropical disease categorized.

U. Diagnosis, monitoring, tests, treatment, or voluntary termination of pregnancy, and/or childbirth and/or cesarean section.

V. All services and benefits of this contract are valid only when the INSURED is within Colombian national territory.

W. In case of accident or death involving any transportation where the vehicles or equipment transporting the insured do not have the necessary documents and requirements such as insurance, inspections, manifests, among others required by law, Colasistencia assumes no responsibility in such event.

X. Costs of treatment for dental diseases or pre-existing dental conditions are excluded.

Y. Also excluded from coverage are all expenses related to any type of prosthesis, mechanical and/or external aids, including but not limited to lenses, glasses, hearing aids, crutches, mechanical prostheses, dental prostheses, etc., even if requested for accident treatment within the coverage.

Z. In case of accident in any transport where coverage by SOAT or its equivalent is mandatory, this insurance must cover in the first instance.

AA. Any injury or death due to failure to heed warnings of high winds, high tides, currents, or extraordinary circumstances on any beach in Colombia. Injuries or

deaths occurring when entering restricted areas by any public authority are also not covered.

BB. Any type of assistance abroad is excluded; this product only applies within Colombian territory.

CC. COLASISTENCIA assumes no responsibility within the assistance services covered by this contract for non-compliance with the TECHNICAL SECTORAL STANDARDS OF TRAVEL AGENCIES OR TOUR OPERATORS (NTS AV 010, NTS AV 011, NTS AV 012, and NTS AV 013).

These General Conditions govern the provision of assistance services by COLASISTENCIA as detailed below:

5 DEFINITION OF COVERAGE

5.1 MEDICAL ASSISTANCE

5.1.1 MEDICAL ASSISTANCE FOR ACCIDENTS

COLASISTENCIA will cover the expenses for outpatient or hospital care provided to the INSURED, as a direct and exclusive consequence of an accident occurring within the assistance service period and up to its termination, up to a maximum of Forty Million Pesos (\$40,000,000), provided that medical care and related expenses have been evaluated and authorized by COLASISTENCIA's assistance department. Treatment, consultations, check-ups, and/or therapies after the end of the COLASISTENCIA assistance service period are excluded. In case of hospitalization, the assistance center will authorize hospitalization in a double room, up to the limit allowed by the general conditions; if requested by the INSURED, a single room may be assigned, with the difference in cost to be borne by the INSURED and billed by the hospital.

This coverage includes orthotics defined as external support or devices applied to the body to modify functional or structural aspects of the neuromusculoskeletal system. Orthotics can be stabilizing, functional, corrective, or protective.

For accidents in any transportation where coverage by SOAT is mandatory, SOAT must cover this first, and COLASISTENCIA will cover any excess.

If the activity involves diving, the following are included up to the mentioned limit:
1. Barotraumas: a. Ear barotrauma, b. Paranasal sinus barotrauma, c. Pulmonary barotrauma or squeeze, d. Facial mask barotrauma or visor squeeze, e. Wetsuit barotrauma, f. Dental barotrauma. 2. Ménière's disease vertigo. 3. Decompression sickness.

IMPORTANT: Medical assistance services provided by COLASISTENCIA are limited to emergency treatments for acute sudden and unforeseeable events and are aimed at providing assistance in a specific activity that prevents its normal continuation. Therefore, they are not intended for elective procedures or long-duration treatments.

5.1.2 MEDICAL ASSISTANCE FOR ILLNESS

COLASISTENCIA will cover the expenses for outpatient or hospital care provided in Colombia to the INSURED due to a sudden, unforeseeable, verifiable, and diagnosed illness or pathological disorder that first occurred after the start date of the COLASISTENCIA assistance service period, up to Six Million Pesos (\$6,000,000), provided that medical care and related expenses have been evaluated and authorized by COLASISTENCIA's assistance department. If the illness or pathological disorder is related to diving and occurs within 72 hours after the end of the activity, the following are included under this item: 1. Nosebleeds, 2. Caloric stimulation vertigo, 3. Fainting due to hyperventilation, 4. Exhaustion, 5. Cramps, 6. Hypothermia. Treatment, consultations, check-ups, and/or therapies after the end of the COLASISTENCIA assistance service period are excluded. In case of hospitalization, the assistance center will authorize hospitalization in a double room, up to the limit allowed by the general conditions; if requested by the INSURED, a single room may be assigned, with the difference in cost to be borne by the INSURED and billed by the hospital.

If the COLASISTENCIA assistance service period exceeds 24 hours or one day, appendicitis will be considered a sudden pathology, up to the stipulated amount for medical care due to illness. Before this period, appendicitis is completely excluded from coverage.

For COVID-19 coverage, Colasistencia will assume expenses up to Six Million Pesos (\$6,000,000), which can only be used for the treatment of said disease.

Initially, Colasistencia will provide the service of a medical consultation via video call if any tourist presents symptoms related to COVID-19. If the doctor orders a COVID-19 test during this consultation, Colasistencia will cover the cost of the test at the nearest facility. If, according to protocol from competent authorities, the rest of the group must also undergo testing, this must be covered by the EPS or the entity stipulated by the requesting authority at the destination city. If any of the companions test positive for COVID-19, Colasistencia will guarantee treatment up to Six Million Pesos (\$6,000,000).

NOTE: This COVID-19 coverage will only be provided if all safety protocols are strictly followed, including records and surveys of clients and providers through the Colasistencia APP.

5.1.3 OUTPATIENT MEDICATIONS

COLASISTENCIA will directly assume or reimburse, within the coverage of medical assistance for illness or accident during the activity and within the validity of the COLASISTENCIA assistance service, the cost of medications prescribed or provided by the medical center where treatment is received, both intra and extrahospitalary, provided that the corresponding expenses have been evaluated and authorized by the COLASISTENCIA assistance department, up to a maximum of Two Hundred Fifty Thousand Pesos (\$250,000). It is expressly stated that medication expenses will not cover treatment for pre-existing conditions.

5.1.4 DAILY RENT FOR HOSPITALIZATION DUE TO ACCIDENT

If the POLICYHOLDER suffers an accident during the coverage period of the COLASISTENCIA assistance service and requires at least twenty-four (24) hours of hospitalization in Colombia for treatment and recovery, COLASISTENCIA will provide Fifty Thousand Pesos (\$50,000) per day for periods of complete 24-hour days, up to a maximum of 5 days as daily rent. This rent will be provided as reimbursement upon presentation of hospitalization and discharge orders resulting from the accident. The initial 24-hour hospitalization period will be counted from the issuance time of the pertinent hospitalization order.

5.1.5 HOME NURSING CARE IN CASE OF ACCIDENT

If the POLICYHOLDER of the COLASISTENCIA assistance service, due to an accident and upon medical prescription motivated by complete immobility, requires special care at home, COLASISTENCIA will provide a nurse for the POLICYHOLDER's care for a maximum period of five (5) days, from 6 am to 6 pm, for a maximum value of One Hundred Thousand Pesos (\$100,000) per day. This service will only be provided in major cities of the country.

5.1.6 DENTAL EXPENSES DUE TO ACCIDENT

COLASISTENCIA will cover directly or reimburse costs incurred by the POLICYHOLDER as a result of sudden and unforeseen dental accidents, such as trauma to untreated natural teeth of the POLICYHOLDER, occurring during the trip and within the validity of the COLASISTENCIA assistance service, up to a maximum emergency coverage of Two Million Pesos (\$2,000,000). COLASISTENCIA reserves the right to choose the dental care center according to the city where the event occurred, as well as the materials and procedures strictly necessary to cover the emergency related to untreated natural teeth. It is clarified that dental implants will be covered if the treatment cost does not exceed the maximum amount established for this service, despite implants being prosthetics excluded from COLASISTENCIA

service benefits and additionally belonging to the POLICYHOLDER's treatment phase.

5.1.7 INITIAL CARE FOR PRE-EXISTING CONDITIONS (emergency consultation)

COLASISTENCIA will guarantee emergency consultation for sudden pathologies originating from a pre-existing condition of the POLICYHOLDER, diagnosed or not previously, with a medical initial care coverage of up to Five Hundred Thousand Pesos (\$500,000). This coverage includes emergency vital transfers, emergency consultations, diagnosis, and treatment of the emergency, up to the aforementioned limit. Treatment for dental diseases or pre-existing dental treatments, as well as consequences, aggravations, complications, inflammations, infections, among others, resulting from surgeries or accidents occurring before the start of the assistance service, are excluded.

5.1.8 INITIAL CARE FOR MATERNAL DISEASES (emergency consultation)

If during a trip or activity, a pregnant POLICYHOLDER experiences discomfort or anomalies related to her maternal condition, COLASISTENCIA will authorize initial medical care up to Five Hundred Thousand Pesos (\$500,000). This coverage includes emergency vital transfers, emergency consultations, diagnosis, and treatment of the emergency, up to the specified limit.

5.1.9 HOTEL EXPENSES FOR CONVALESCENCE

COLASISTENCIA will reimburse the POLICYHOLDER's hotel expenses, solely for accommodation (i.e., excluding extras) in a city other than their residence, provided there is prior authorization granted by COLASISTENCIA's assistance center. This applies when the attending doctor prescribes forced rest after hospitalization, and the POLICYHOLDER cancels their initial hotel reservation or finishes their contracted stay during the trip. To qualify for this benefit, the POLICYHOLDER must have been hospitalized for a minimum of 2 (two) days, with hospitalization duly authorized by COLASISTENCIA's assistance center. These hotel expenses are limited to a maximum of 5 days, with a daily maximum total of Two Hundred Thousand Pesos (\$200,000), whichever occurs first, for a total maximum expenditure of One Million Pesos (\$1,000,000).

5.1.10 MEDICAL TRANSPORTATION DUE TO ACCIDENT

COLASISTENCIA will transport the POLICYHOLDER who, as a result of an accident resulting in critical conditions, occurs during the covered activity and within the

validity of the assistance service contract, and when the patient cannot be moved by their own means. If the patient needs to be transferred to a different medical facility than the initial location of treatment, as determined by medical professionals at the accident site, COLASISTENCIA will arrange transportation by any suitable means available in the region to the nearest center providing the necessary level of care. The cost of this service is included within the maximum limit for medical assistance due to accidents only.

5.2 TRANSFERS

5.2.1 TRANSFERS AND ACCOMPANYING STAY IN CASE OF ACCIDENT

If the POLICYHOLDER suffers an accident and requires at least two (2) days of hospitalization for treatment and recovery, COLASISTENCIA will cover the cost of ground or air transportation in regular class and the stay for a companion traveling to care for the POLICYHOLDER or one of the companions who traveled with the POLICYHOLDER. COLASISTENCIA will cover their stay if their travel plan has ended, the difference in the ticket, penalty, or new ticket, up to a maximum of Two Million Pesos (\$2,000,000). These expenses will be reimbursed upon submission of invoices and receipts, not exceeding a daily expense of Two Hundred Thousand Pesos (\$200,000) per day, allowing for a maximum stay of ten (10) days if no transportation is required. If transportation is required, the transportation cost must be deducted from the overall maximum amount to arrive at a daily accommodation expense. If the POLICYHOLDER is discharged before the planned ten (10) days of the companion's stay due to medical recommendation, the service will end immediately unless the POLICYHOLDER is unable to travel and must remain in recovery, in which case the remaining days will be activated up to the maximum of 10 days.

5.2.2 TRANSFERS AND ACCOMPANYING STAY IN CASE OF DEATH

In the event of the POLICYHOLDER's accidental death covered by COLASISTENCIA assistance service, COLASISTENCIA will authorize, upon telephone request from a family member of the POLICYHOLDER, an air or ground ticket in regular class and accommodation expenses for a companion who traveled with the POLICYHOLDER. COLASISTENCIA will cover the difference in the ticket or ticket and accommodation up to Two Million Pesos (\$2,000,000). This service is provided as reimbursement upon submission of payment receipts or invoices, not exceeding a daily expense of Two Hundred Thousand Pesos (\$200,000) per day, allowing for a maximum stay of ten (10) days if no transportation is required. This service ends when the body or remains of the deceased are transported to the destination city or after a maximum of 10 days.

5.3 COMPENSATIONS

5.3.1 COMPENSATION FOR TOTAL AND PERMANENT ACCIDENTAL DISABILITY OR ACCIDENTAL DISMEMBERMENT

TOTAL AND PERMANENT DISABILITY DUE TO ACCIDENT

For the exclusive purposes of this coverage, total and permanent disability due to accident is understood as the disability suffered by the POLICYHOLDER of the assistance service, with a date of establishment within the validity of the assistance service, resulting from physical injuries caused by an accident and not intentionally caused by the POLICYHOLDER, which has persisted for a continuous period of not less than one hundred twenty (120) calendar days from the date it was determined by a physician, duly qualified based on the single disability rating manual (regulated by decree 917 of 1999) with a loss of work capacity equal to or greater than fifty percent (50%).

The percentage mentioned above will initially be validated by a physician or institution appointed by the insurance company (ALLIANZ).

ACCIDENTAL DISMEMBERMENT

If, as a consequence of an accident suffered by the Service Holder during the term of the assistance service, within the next ninety (90) calendar days from the date of the accident, there occurs the functional or anatomical loss of one of their limbs or organs, or traumatic or surgical amputation, the Service Holder shall be entitled to compensation according to the percentages established in the following dismemberment table, which shall be based on the stipulated value for the Accidental Dismemberment coverage, as established in the coverage and individual values table of these conditions.

Except for exclusions provided for the purposes of this assistance service, an accident shall be understood as any event caused by a violent, external, visible, sudden, unforeseen, sudden action, independent of the will of the insured and their beneficiaries, which results in dismemberment or verifiable functional disturbance through a medical examination conducted by a physician.

DEFINITIONS: INCAPACITY AND/OR LOSS: Inability is understood as the total and permanent functional loss of a limb.

LOSS CATEGORY	% OF INDEMNIFIABLE SUM
Incurable mental alienation with absolute functional impotence	100%

Paralysis or Total and Permanent Disability	100%
Complete blindness in both eyes 100%	100%
Total and irreparable loss of both feet or both hands	100%
Bilateral total deafness	100%
Loss of speech	100%
Loss of the right arm or hand	60%
Complete loss of vision in one eye	50%
Unilateral total deafness	50%
Loss of the left arm or hand	50%
Loss of one leg above the knee	50%
Loss of one foot	40%
Complete loss of use of the hip	30%
Non-consolidated fracture of a leg	30%
Loss of the right thumb	25%
Total loss of three fingers of the right hand or thumb and another finger other than the index	25%
Complete loss of use of the right shoulder	25%
As maximum compensation for chewing and speech disorders	25%
Loss of the left thumb	20%
Total loss of three fingers of the left hand or thumb and another finger other than the index	20%
Complete loss of use of the wrist or right elbow	20%
Complete loss of use of any knee	20%
Non-consolidated fracture of a knee	20%
Loss of the right index finger	15%
Complete loss of use of the left wrist or elbow	15%
Complete loss of use of the ankle	15%
Loss of the left index finger	12%
Loss of the right ring finger	10%
Loss of the right middle finger	10%
Loss of the left ring finger	8%
Loss of the left middle finger	8%
Loss of the big toe of any foot	8%
Loss of the right little finger	7%
Loss of the left little finger	5%
Loss of a phalanx of any finger	5%

Paragraph 1

- A. For all purposes of this condition, loss of hand is understood as amputation verified at or above the wrist, and loss of foot as amputation verified at or above the ankle.
- B. Loss is also understood as the total and permanent functional disablement of

the injured organ or limb, in such a way that it cannot perform any of its natural functions.

C. When the Service Holder suffers two or more losses specified in the table, the total compensation value cannot exceed 100% of the insured amount under this coverage.

D. Compensations paid for finger loss shall be deducted from any payment made for the loss of the respective hand or foot.

Paragraph 2:

The table contained in this numeral applies to right-handed individuals; in the case of left-handed insured individuals, the same percentages apply but in reverse.

Paragraph 3:

When 100% of the insured amount for accidental dismemberment is recognized, the assistance service ends; therefore, THE HOLDER loses the right to claim any other coverage subscribed under this assistance service.

Paragraph 4:

Compensation for accidental dismemberment coverage is not cumulative with the coverage for total and permanent disability and/or incapacity due to accident; therefore, any payment made under this coverage shall be deducted from the insured amount that may correspond to the coverage for total and permanent disability and/or incapacity.

In the case of multiple losses caused by the same accident, the total value of the indemnity shall be the sum of the percentages corresponding to each loss, without exceeding the individual sum. If any payment under this appendix does not correspond to 100% of the individual sum, this appendix shall remain in force for accidental death events arising from the same cause, for up to a maximum of 180 days from the date of the accident, for the difference between the individual sum and the indemnities already paid.

For this item, total and permanent accidental disability and accidental dismemberment are excluded in any air, land, river, or sea transport. EXCLUDED COVERAGE

Compensation for accidental disability or dismemberment is not cumulative with compensation for accidental death; therefore, if after paying compensation for accidental disability or dismemberment the service holder dies, the difference between this compensation and accidental death compensation shall be paid. Once total compensation has been paid, Colasistencia shall be relieved of all liability regarding accidental death compensation.

5.3.2 COMPENSATION FOR TOTAL AND PERMANENT DISABILITY OR ACCIDENTAL DISMEMBERMENT IN AIR, LAND, SEA, OR RIVER TRANSPORTATION

TOTAL AND PERMANENT DISABILITY DUE TO ACCIDENTS IN AIR, LAND, SEA, OR RIVER TRANSPORTATION

For all exclusive purposes of this coverage, total and permanent disability due to an accident is understood as the disability suffered by the Holder of the assistance service, whose structuring date is within the validity of the assistance service, originating from physical injuries caused by an accident in air, land, sea, or river transportation not intentionally caused by the Holder. This disability must have persisted for a continuous period of no less than one hundred and twenty (120) calendar days from the date it was determined by a doctor. The disability must be duly qualified based on the single disability qualification manual (regulated by decree 917 of 1999) with a loss of work capacity equal to or greater than fifty percent (50%).

The percentage indicated in the previous paragraph will be validated, in the first instance, by a doctor or institution appointed by the insurance company (ALLIANZ). In the second and final instance, it can be demonstrated through certification from EPS, ARL, AFP, or a Regional or National Disability Qualification Board.

Without prejudice to any other cause, total and permanent disability is considered the total and irreparable loss of vision in both eyes, the amputation of both hands or both feet, or of one whole hand and one whole foot.

For the purposes of this coverage, the above losses are defined as follows:

- Hands: Traumatic or surgical amputation at the wrist level.
- Feet: Traumatic or surgical amputation at the ankle level.
- Eyes: Total and irreparable loss of vision.

For the purposes of this coverage, an accident is understood as any unforeseen, external, violent, visible, verifiable event through medical examination, sudden and independent of the Holder's will, causing any of the losses indicated.

Colasistencia will compensate up to the sum of Fifteen Million Pesos (\$15,000,000) for losses suffered by the holder of the assistance service, as described in the previous paragraph.

However, in the event of an accident involving more than one Holder, the maximum liability for all affected holders will not exceed Three Hundred and Fifty Million Pesos (\$350,000,000).

If the sum of the compensations to be paid exceeds the amounts, each individual compensation will be made proportionally to the maximum defined liability.

ACCIDENTAL DISMEMBERMENT IN AIR, LAND, SEA, OR RIVER TRANSPORTATION

If, as a result of an accident suffered by the Holder of the assistance service during the validity of the assistance service, within ninety (90) calendar days from the date of the accident, there is a functional or anatomical loss of one of their members or organs, or traumatic or surgical amputation, the Holder of the assistance service will be entitled to compensation according to the percentages established in the following dismemberment table and which will be set based on the value stipulated for the Accidental Dismemberment coverage, established in the table of coverages and individual values of this condition.

Unless otherwise excluded for the effects of this assistance service, an accident is understood as any event caused by a violent, external, visible, sudden, unforeseen, and independent of the will of the insured and their beneficiaries, causing dismemberment or functional disturbance verifiable through medical examination by a doctor.

DEFINITIONS: DISABILITY AND/OR LOSS: Disability is understood as the total and definitive functional loss of a member.

TYPE OF LOSS	% OF COMPENSABLE AMOUNT
Incurable mental alienation with absolute functional impotence	100%
Total and Permanent Paralysis or Disability	100%
Complete blindness in both eyes	100%
Total and irreparable loss of both feet or both hands	100%
Total bilateral deafness	100%
Loss of speech	100%
Loss of the right arm or hand	60%
Complete loss of vision in one eye	50%
Total unilateral deafness	50%
Loss of the left arm or hand	50%
Loss of a leg above the knee	50%

Loss of a foot	40%
Complete loss of use of the hip	30%
Unconsolidated fracture of a leg	30%
Loss of the right thumb	25%
Total loss of three fingers on the right hand or thumb and another finger not the index	25%
Complete loss of use of the right shoulder	25%
Maximum compensation for chewing and speech disorders	25%
Loss of the left thumb	20%
Total loss of three fingers on the left hand or thumb and another finger not the index	20%
Complete loss of use of the right wrist or elbow	20%
Complete loss of use of any knee	20%
Unconsolidated fracture of a knee	20%
Loss of the right index finger	15%
Complete loss of use of the left wrist or elbow	15%
Complete loss of use of the ankle	15%
Loss of the left index finger	12%
Loss of the right ring finger	10%
Loss of the right middle finger	10%
Loss of the left ring finger	8%
Loss of the left middle finger	8%
Loss of the big toe of either foot	8%
Loss of the right little finger	7%
Loss of the left little finger	5%
Loss of one phalanx of any finger	5%

Paragraph 1

E. For all the effects of this condition, the loss of a hand is understood as an amputation verified at the wrist level or above it, and the loss of a foot is understood as an amputation verified at the ankle level or above it.

F. Loss is also understood as the total and permanent functional disability of the injured organ or member in such a way that it cannot perform any of its natural functions.

G. When the holder of the assistance service suffers two or more losses specified in the table, the total value of the compensation cannot exceed 100% of the Insured Value in this coverage.

H. Compensation paid for the loss of fingers will be deducted from any payment made for the loss of the respective hand or foot.

Paragraph 2

The table contained in this numeral applies to right-handed people. In the case of left-handed insured, the same percentages indicated apply in reverse.

Paragraph 3

When 100% of the insured value is recognized for accidental dismemberment, the assistance service ends, and therefore, the HOLDER loses the right to claim for any other coverage subscribed in the present assistance service.

Paragraph 4

Compensation for accidental dismemberment coverage is not cumulative with coverage for total and permanent disability due to an accident. Therefore, any payment made for this coverage will be deducted from the insured value that may correspond to the coverage for total and permanent disability.

In the case of several losses caused by the same accident, the total value of the compensation will be the sum of the corresponding percentages for each, not exceeding the individual sum. If any payment for this annex does not correspond to 100% of the individual sum, this annex will remain in force for accidental death by the same cause up to a maximum of 180 days from the date of the accident, for the difference between the individual sum and the compensations already paid.

In the specific case of events occurring in tourist land transportation, it is a condition, unavoidable, for this coverage that the contracting company has provided, along with the passenger list and their identity documents, documentation of the land transportation that accredits the safety of passengers in the transportation. This compensation will only be entitled upon prior submission of a photocopy of the current SOAT, the latest Technical Mechanical Review certificate, and copies of the vehicle's RC policy cover pages.

EXCLUSIVE COVERAGES

Compensation for disability or accidental dismemberment is not cumulative with compensation for accidental death. Therefore, if, after compensation for disability or accidental dismemberment has been paid, the holder of the assistance service

dies, the difference between this compensation and the compensation for accidental death will be paid. Once the total compensation has been paid, Colasistencia will be free of all responsibility concerning the accidental death compensation service.

5.3.3 COMPENSATION FOR LOST LUGGAGE IN REGULAR AIRLINE TRANSPORTATION COMPLEMENTARY TO AIRLINE PAYMENT

COLASISTENCIA will recognize, complementary to the airline's payment, the value of the luggage lost by the airline during a national regular flight, up to a maximum sum of Two Million Five Hundred Thousand Pesos (\$2,500,000), summing the airline's and Colasistencia's indemnification at a rate of One Hundred and Twenty-Five Thousand Pesos (\$125,000) per kilogram lost. This loss must be reported to the assistance center by phone immediately after it occurs. For the corresponding compensation, the HOLDER must present the airline's claim form, boarding pass, and the original receipt of the airline's lost luggage indemnity payment. This compensation item will have a deductible of 10% of the claimed value or a minimum of Two Hundred and Fifty Thousand Pesos (\$250,000).

5.3.4 REIMBURSEMENT FOR DOCUMENT THEFT

In the event that the holder of the assistance service is a victim of the qualified theft of the driver's license, ID card, passport, vehicle registration card, military booklet, EPS and/or compensation fund card, student card, and work card; Colasistencia will compensate up to one hundred fifty thousand pesos (\$150,000) by way of reimbursement upon presentation of the invoices for the expenses incurred for the reissuance of said documents. This event must be reported to the Colasistencia call center within a maximum of 12 hours after the incident. To make this claim, it is necessary to present a report to the relevant authorities of the occurrence of the qualified theft.

5.4 SPECIALIZED ASSISTANCE

5.4.1 REPATRIATION OF THE BODY DUE TO ACCIDENTAL DEATH OF THE FOREIGN HOLDER

In the event of the accidental death of the foreign HOLDER, funeral repatriation services will be provided to the country of their nationality or to the country

requested by the family, as long as it is equivalent to the country of their nationality. The service will be provided with standard specifications, including all required documentation and legal procedures, and in accordance with the requirements of the country to which the remains will be repatriated. This amount will be deducted from the basic coverage up to a maximum of forty-five million pesos (\$45,000,000).

5.4.2 ASSISTANCE IN LOSS OF LUGGAGE AND DOCUMENTS

COLASISTENCIA will assist the HOLDER in the process of notifying, searching, and locating lost luggage (air travel) or documents for any reason during the trip and while the COLASISTENCIA assistance service is in effect. This service is understood as a best-effort obligation and not a result-based obligation.

5.4.3 EARLY RETURN DUE TO THE DEATH OF A FIRST OR SECOND DEGREE RELATIVE BY BLOOD OR AFFINITY

This applies when a first or second-degree relative by blood or affinity of the holder dies in the holder's city of residence while they are traveling and the assistance service is in effect. COLASISTENCIA will cover the payment of the penalty or fare difference or the cost of a new ticket in tourist or economy class from the location of the holder to their permanent residence, up to the amount of one million pesos (\$1,000,000). The holder must provide proof of the event with a death certificate and civil records that prove the degree of affinity or consanguinity. When this service is provided, the holder must transfer the unused airline ticket to COLASISTENCIA.

This service is provided as a reimbursement upon presentation of the new ticket or penalty receipt paid to the airline and must have been authorized by the COLASISTENCIA assistance center.

6 MINIMUM DOCUMENTS REQUIRED FOR CLAIMS PAYMENT

Below are the minimum documents required to be submitted in case of a claim, either in original or authenticated photocopies as applicable:

IN CASE OF DEATH:

- Declaration Form to Claim Group and Collective Insurance Payment
- Certification from the policyholder entity stating the insured's name, date of birth, identification number, and insured amount.
- Death certificate and/or autopsy report.
- Claim letter from the beneficiary, indicating the date of death occurrence.
- Banking certification of the beneficiaries.

- Medical certificate of the insured's death.
- Original civil registry death certificate of the insured.
- Original civil registry birth certificate of the insured.
- Photocopy of the insured's identification document.
- Photocopy of the beneficiaries' citizenship card.
- Birth certificate of the beneficiaries.
- Marriage certificate and/or extrajudicial declaration, if the beneficiary is a partner.
- Appointment of legal representative if beneficiaries are minors.
- Detailed report of the accident facts.
- Prosecutor's certification regarding possible causes of the violent act.
- If any rights are assigned that correspond to the same, authenticated power of attorney from the person assigning the benefit.
- Copy of the request with designation of beneficiaries.
- If no beneficiary is designated, or the designation is ineffective or voided for any reason, the spouse or permanent partner of the insured shall qualify as such for half of the insurance, and the heirs of the insured for the other half.
- Copy of the succession establishing the heirs by law.
- Completed transfer payment form by the beneficiaries.
- Copy of the alcohol test result.

IN CASE OF DISABILITY OR ACCIDENTAL DISMEMBERMENT:

- Declaration Form to Claim Group and Collective Insurance Payment
- Birth Certificate or Citizenship Card
- Opinion of the treating physician certifying the cause, description of disability and/or dismemberment, and diagnosis and/or opinion from Health Insurance, Pension Fund, Occupational Risk Administrator (ARL), or Disability Assessment Board indicating the percentage of work capacity reduction, which must exceed 50%.
- Complete Medical History
- If disability occurs due to a traffic accident, request for the report from the corresponding Traffic Authority.
- Certification from the policyholder entity stating the insured's name, date of birth, identification number, and insured amount.

EXPENSES FOR REIMBURSEMENT:

- Claim letter including: policy number, policyholder's name, insured's name, coverage claimed, list of submitted documents, and contact information.
- Original invoice and proof of payment meeting standards or requirements set by the tax authority (DIAN).

- Photocopy of complete, legible, and clear medical history of the incurred expense, including medical prescriptions for medication reimbursements.
- Photocopy of citizenship card.
- Transfer payment form.

CLINICAL RENT DUE TO ACCIDENT:

- Claim request letter showing policy number, coverage claimed, documents submitted, and claimant's details.
- Photocopy of citizenship card or identification document.
- Hospitalization Medical Record (showing diagnosis date of pathology leading to hospitalization, and admission and discharge dates).
- Transfer payment form completed by the insured.
- Certification from the policyholder entity stating insured's name, position, date of employment with the company, and salary earned at the time of the incident (if employer-sponsored).
- Completed insurance request form by the insured (if applicable).
- If hospitalization cause is accidental, provide certification or document issued by competent authority evidencing the cause.

7 DEFINITIONS

A. ACCIDENT

For the purposes of this contract, an accident is understood as any unforeseen, external, violent, visible, sudden event independent of the will of the service holder, which results in any of the physical losses, bodily injuries, or functional disturbances indicated in this contract, verifiable by medical examination. It is also considered an accident for the purposes of this assistance service:

- a. Death resulting from drowning or asphyxiation by water or gases.
- b. Involuntary electrocution, including lightning.
- c. Animal bites or insect stings and their consequences.
- d. Drowning.
- e. Poisoning.
- f. Death as a result of Stray Bullet, as determined by a declaration issued by a competent authority.
- g. Those not caused by the service holder occurring on vessels, aircraft, buses, or railways of public service or commercial lines authorized for regular passenger transport by the governmental authority with jurisdiction over public transport in the country of registration, provided they occur during trips with established and previously published itineraries.

B. NBQR TERRORIST ACTIVITY

Means any intentional and unlawful act including, involving, or associated, in whole or in part, with the use or threat of use, or the release or threat of release of any nuclear, biological, chemical, or radioactive substance, material, instrument, or weapon, with the intention to:

- a. Promote, encourage, or express opposition to any political, ideological, philosophical, racial, ethnic, social, or religious cause or objective.
- b. Influence, disrupt, or interfere with any governmental operation, activity, or policy.
- c. Intimidate, coerce, or create fear and terror in the public opinion or part thereof, or disrupt or interfere with a national economy or any segment of a national economy, or include, involve, or be associated, in whole or in part, with the use or threat of use, or the release or threat of release of any nuclear, biological, chemical, or radioactive substance, material, instrument, or weapon that any authorized governmental entity has declared to be terrorist or involving terrorism, terrorist activities, or acts of terrorism.

C. CONGENITAL

Present or existing from before the moment of birth.

D. HOSPITALIZATION

Is the stay of a service beneficiary in a hospital institution and/or clinic for a period exceeding twenty-four (24) hours or in cases where they overnight.

E. COMPREHENSIVE ASSISTANCE SERVICE

Is a service for personal and medical emergency care provided through national agreements and coordinated through a call center.

F. VITAL EMERGENCY: Vital emergency or urgency is understood as any clinical condition that involves risk of death or severe functional impairment.

8 IMPORTANT CONDITIONS

FIRST CONDITION - VALIDITY AND TERMINATION OF ASSISTANCE SERVICE

Coverage for each service beneficiary of COLASISTENCIA will begin and end at the date and time of commencement and termination of the trip.

SECOND CONDITION - MAXIMUM LIABILITY LIMIT

COLASISTENCIA will not be liable under any circumstances for any amount exceeding the Maximum Liability Limit of Three Hundred Fifty Million Colombian

Pesos (\$350,000,000). If the total amount that COLASISTENCIA would have had to pay due to a single accident exceeds the Maximum Liability Limit, COLASISTENCIA will pay each service beneficiary affected by that accident a proportionate amount relative to the Maximum Liability Limit.

THIRD CONDITION - PAYMENT OF ASSISTANCE SERVICE

Unless expressly agreed otherwise between the parties, as stated explicitly in a document attached to this contract, the client undertakes to pay for the assistance service upon receipt of the issuance certificate. Failure to pay for the assistance service within the specified deadlines will result in the nullification of the assistance service contract, and consequently, COLASISTENCIA will be released from all liability for claims occurring after the premium payment deadline.

FOURTH CONDITION - NOTICE IN CASE OF ACCIDENT

COLASISTENCIA provides its Assistance Center, where the Beneficiary or a representative must call at 018000 510058 for any accident requiring assistance. COLASISTENCIA will provide the Beneficiary with the necessary conditions for timely care, either by referring to a professional in each case or authorizing treatment at any of the available medical centers or hospitals in the area where the event requiring assistance occurred. It is the Beneficiary's sole responsibility to notify COLASISTENCIA as many times as assistance is required. After the first assistance or service provided, the Beneficiary must always contact COLASISTENCIA to obtain authorization for new assistance or services arising from the same cause as the initial event.

FIFTH CONDITION - REIMBURSEMENTS (Where applicable)

The service beneficiary or their Beneficiaries, as applicable, must submit a formal claim to COLASISTENCIA under the terms set forth in Article 1077 of the Commercial Code, accompanied by essential documents to prove the occurrence and amount of the accident, such as: a) Copy of the beneficiary's identification documents, b) Original invoices verifying the amount paid, c) Original medical report issued by the authorized physician treating the case.

SIXTH CONDITION - PAYMENT OF COMPENSATION

COLASISTENCIA will pay compensation in case of death or total and permanent disability as obligated by this contract and its annexes, if any, within one month from the date the claim is perfected with the required documents specified in each case under Article 1077 of the Commercial Code. If additional documents arise, they must be provided to perfect the claim.

SEVENTH CONDITION - LOSS OF RIGHT TO COMPENSATION

The bad faith of the service beneficiary or the Beneficiary in the claim or proof of the right to payment for a particular accident will result in the loss of such right. Such right will also be lost if the accident was voluntarily caused by the beneficiary or with their complicity, or due to gross or inexcusable negligence on their part, or due to any exclusions listed in this contract.

EIGHTH CONDITION - JURISDICTION AND ARBITRATION

For all purposes, the contractual domicile will be considered as the city of Bogotá, DC; likewise, the parties agree that any dispute arising between them will be resolved through Conciliation and Arbitration according to the terms established by law.

NINTH CONDITION - LEGAL PROVISIONS

For all aspects not explicitly addressed in this contract, the provisions of the Commercial Code and other relevant legal norms will apply.

TENTH CONDITION - OFAC CLAUSE

This contract provides no coverage when the service beneficiary or beneficiary is included in OFAC lists or Colombian government lists related to anti-money laundering, anti-terrorism, or other economic sanctions.

ELEVENTH CONDITION - CONTRACT PRESCRIPTION

All contractual obligations of COLASISTENCIA arising from this assistance service contract expire on the same date the service expires for each beneficiary, except in the event of an accident requiring hospitalization beyond the service period, for which COLASISTENCIA will provide coverage for up to 5 additional days. The assistance service will also be terminated if the beneficiary or their family decides on voluntary discharge from a medical facility and assumes responsibility for any consequences from that decision, thereby absolving COLASISTENCIA completely.

9 RESPONSIBILITY

The provision of any services must be evaluated and authorized in advance by the assistance department of COLASISTENCIA and will be provided exclusively through healthcare institutions or professionals affiliated with the national assistance network of COLASISTENCIA. If the beneficiary or their representatives wish for the service to be provided by a different entity or in a different city than assigned by COLASISTENCIA or voluntarily discharge from the assigned medical entity, COLASISTENCIA's responsibility ceases. The beneficiary accepts that the costs of care or services will then be borne by them or their healthcare system, including voluntary discharge from the medical entity assigned by COLASISTENCIA. In cases

where unforeseen circumstances prevent prior communication before providing any services, the beneficiary or their representative must contact COLASISTENCIA upon reaching the hospital to report the communication failure and the incident suffered, allowing COLASISTENCIA to coordinate with treating entities or process a reimbursement claim. Under any circumstances, COLASISTENCIA shall not be liable for injuries, damages, or losses suffered by the beneficiary as a result of the potential incompetence, recklessness, or negligence of the professionals or healthcare institutions providing the service. If the beneficiary fails to comply with the instructions and recommendations of the attending physician or assisting personnel, they assume exclusive responsibility for the event requiring assistance and expressly absolve COLASISTENCIA from any liability.

10 SUBROGATION

The beneficiary irrevocably agrees to subrogate in favor of COLASISTENCIA any other rights they may have for the same cause against any direct or indirect party liable to assume any obligation, whether principal or derivative. Failure to cooperate or subrogate such rights to COLASISTENCIA automatically relieves it of the obligation to cover the costs of the assistance provided.

11 AUTHORIZATION TO REQUEST MEDICAL RECORDS

COLASISTENCIA shall have the right, through its medical staff, to access the examinations of any patient as often as deemed prudent and necessary during any stage of assistance. The patient must provide all required examinations and medical reports and must sign authorizations to facilitate COLASISTENCIA's access to a complete medical history.

12 RECORDING AND MONITORING OF COMMUNICATIONS

COLASISTENCIA reserves the right to record and audit telephone conversations it deems necessary for the proper provision of its services. The beneficiary expressly agrees to this method and the possible use of recordings as evidence in case of disputes regarding the assistance provided.

13 ANNEX OF EXTRA-CONTRACTUAL CIVIL LIABILITY

In the event of an ACCIDENTAL assistance and timely notification to Colasistencia in accordance with these general conditions, and if the entire case management is handled through Colasistencia, if as a consequence of such accident the Beneficiary, their beneficiary, or their representative initiates legal proceedings against a travel agency, which must be legally constituted, the following protection shall be provided by Allianz Seguros:

EXTRA-CONTRACTUAL CIVIL LIABILITY	\$100,000,000	DEFENSE
EXPENSES	\$20,000,000	

Allianz shall not be liable for events described in the exclusions section of the general policy terms, and also for the following cases: unless coverage is expressly contracted, this policy excludes loss and any type of claim, damage, cost, or expense of any nature related, derived from, caused by, or as a consequence of:

- a. any bodily injury, asbestos-related illness.
- b. pure financial losses.
- c. kidnapping and ransom.
- d. recycling and waste disposal.
- e. risks of nuclear energy, nuclear reaction, nuclear radiation, radioactive contamination. atomic and nuclear risks, radioactive isotopes.
- f. pure ecological damage.
- g. civil liability for pharmaceutical and cosmetic products or toiletries.
- h. excludes any loss, damage, cost, or expense of any nature caused directly or indirectly, as a result of or in connection with any act of terrorism irrespective of any other cause or event contributing concurrently or in any other sequence to the loss. This exclusion also excludes loss, damage, cost, or expense of any nature directly or indirectly caused by, as a result of or in connection with any action taken in control, prevention, suppression, or in any way related to any act of terrorism.
- i. loss, liability, damage, compensation, injury, illness, death, medical payment, cost of defense, cost, expense, or any other amount, actual or alleged. incurred or accumulated for the insured directly or indirectly and regardless of any other cause contributing at the same time or in any sequence, arising from, caused by, contributed to, resulting from, or otherwise in connection with a communicable or contagious disease, fear, or threat (real or perceived) of a communicable disease.
- j. Communicable or Contagious Disease: It is any disease that can be transmitted through any substance or agent from one organism to another, where:
 The substance or agent includes, but is not limited to, a virus, bacteria, parasite, or other organism or any variation thereof, whether considered alive or not.
 The method of transmission, whether direct or indirect, includes, but is not limited to, airborne transmission, transmission through bodily fluids, transmission to or from any surface or object, solid, liquid, or gas, or between organisms.
 The disease, substance, or agent can cause or threaten to cause personal injury, illness, emotional distress or affliction, damage to health or life, human well-being, or general harm.
- k. Cyber Event: Any unauthorized treatment of data by the insured or any person with any kind of real and/or presumed link to them. Any violation of laws or non-compliance with regulations related to data security or protection. Any failure in the security of the insured's technological systems.
 Failure in the security of technological systems: Any situation affecting the protection or assurance of data, systems, and applications, i.e., any situation

affecting the confidentiality, integrity, and availability of data stored, reproduced, or processed in computer systems.

m. Sanctions Clause: It will not provide coverage or be liable to pay any claim or provide any benefit to the extent that: Granting coverage. Payment of the claim. Providing such benefit exposes Allianz to any sanction, prohibition, or restriction under resolutions, laws, directives, regulations, decisions, or any rule of the United Nations, the European Union, the United Kingdom of Great Britain and Northern Ireland, the United States of America, or any other applicable national law or regulation. This clause applies to all coverages under this policy.

n. Territorial Exclusion: Belarus, Russia, and Ukraine notwithstanding any indication to the contrary in this policy, this policy excludes any loss, damage, liability, cost, or expense of any nature that, directly or indirectly, may arise from or with respect to any: Entity domiciled, resident, located, incorporated, registered, or established in an excluded territory. Property, asset, or goods located in an excluded territory. Individual who is resident in or located in an excluded territory. Claim, action, lawsuit, or enforcement proceeding brought or maintained in an excluded territory. Payment in an excluded territory. This exclusion will not apply to any coverage or benefit that the insurer is required to provide by law or applicable regulation to that insurer. However, the terms of any sanctions clause shall prevail. For the purposes of this exclusion, excluded territory means: Belarus (Republic of Belarus). Russian Federation. Ukraine (including Crimea Peninsula and Donetsk and Luhansk regions).

o. Damages resulting from non-compliance by the travel agency or operator with technical standards, laws, and decrees issued by national agencies for the development of the offered activity.

p. Damages and/or harm caused to third parties when traveling to places with restrictions on entry and/or transit by competent authorities.

q. Damages voluntarily caused by users of tourist and/or recreational services when under the influence of alcohol, narcotics, hallucinogens, or toxic drugs or heroin, whose use was not prescribed by a medical professional.

14 RESPONSIBILITY FOR USE OF COLASISTENCIA APP APPLICATIONS

COLASISTENCIA makes every effort to ensure its applications are stable, user-friendly, and available 24 hours a day. When using a self-management tool like Colasistencia APP, it is the responsibility of the service distributor to correctly enter the name, surname, and identification documents, as well as travel dates, activity, and destination to provide successful assistance. There will be no liability in providing services to persons whose details are not entered correctly, whose dates are incorrectly entered, or who choose a product that does not correspond to the specific risk of the activity undertaken by the protected person.

THE GENERAL CONDITIONS, TERMS, COVERAGE LIMITS, EXCLUSIONS, AND RESTRICTIONS OF THE ACQUIRED ASSISTANCE SERVICE ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.