

TERMS AND CONDITIONS

INSURANCE CONTRACTING

CHUBB SEGUROS DE CHILE SA

What does it cover?

Depending on the plan contracted for round-trip or one-way trips, National and International, the policy will compensate for the damages that the insured suffers as a result of an accident, illness or any other covered event that occurs during a trip. Likewise, it will indemnify the designated beneficiaries, in case of accidental death of the insured as a result of an accident that occurs during a trip of the insured.

The terms and conditions applicable to the plan of insurance contract and the customer accepts are detailed in this document, which is understood to form an integral part of the General Conditions of the policy deposited in the CMF, POL 320180032 code, and the particular conditions of insurance applicable to domestic flights or international flights, as appropriate, which are incorporated in Annex A of this document.

For the Travel Assistance Service CHUBB has contracted the services of Europ Assistance.

Plans:

One way:

Domestic Plan:

	Maximum amount to compensate
Section a - Personal accidents:	
A1: Accidental Death	US\$ 10,000
A1 & A5: A1 Accidental death and dismemberment A accidental	US\$ 10,000
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip cancellation	Roundtrip Air Ticket up to US \$ 250
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 200

International Plan (South America Online):

	Maximum amount to compensate
Section A - Personal Accidents:	
A1: Accidental death	US\$ 25,000
A1 & A5: A1 Accidental Death and Accidental Dismemberment	US\$ 25,000
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip Cancellation	One-way air ticket up to US \$ 400
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 600
G2: Reimbursement of expenses for late luggage	US\$ 100

Round trip

Domestic Plan:

	Maximum amount to compensate
Section A - Personal Accidents:	
A1: Accidental Death	US\$ 10,000
Section B - Reimbursement of medical, dental, medication and emergency medical evacuation expenses:	
B1: Reimbursement of medical and hospital expenses necessary for accident and / or illness	US\$ 5,000
B1: Medical expenses for COVID-19 during the trip	US\$ 5,000
B2: Reimbursement of dental expenses	US\$ 500
B3: Drug reimbursement	US\$ 500
Section C - Hotel recovery expenses and companion expenses:	
C1: Hotel recovery	US\$ 250
C2: Passenger cost for companion in case of prolonged hospitalization	Roundtrip Air Ticket up to US \$ 250
Section D - Repatriation:	
D1: Funeral repatriation	US\$ 2,500
D2: Repatriation in life - emergency medical transfer	US\$ 2,500
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip cancellation	Roundtrip Air Ticket up to US \$ 250
E2: Trip interruption and early return - wide coverage	Exchange cost up to US \$ 250
E5: Return of minors	Roundtrip Air Ticket up to US \$ 250
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 400

International Plan (South America):

	Maximum amount to compensate
Section A - Personal Accidents:	
A1: Accidental death	US\$ 25,000
Section B - Reimbursement of medical, dental, medication and emergency medical evacuation expenses:	
B1: Reimbursement of medical and hospital expenses necessary for accident and / or illness	US\$ 10,000
B1: Medical expenses for COVID-19 during the trip	US\$ 30,000
B1: Compensation in case of hospitalization for COVID 19	US\$ 150 per night
B2: Reimbursement of dental expenses	US\$ 1,000
B3: Drug reimbursement	US\$ 1,000
Section C - Hotel recovery expenses and companion expenses:	
C1: Hotel recovery	US\$ 500
C2: Passenger cost for companion in case of prolonged hospitalization	Roundtrip Air Ticket up to US \$ 500
C3: Companion accommodation cost	US \$ 1,500 (US \$ 150 per day)
Section D - Repatriation:	
D1: Funeral repatriation	US\$ 5,000
D1: Funeral repatriation for COVID-19	US\$ 30,000

D2: Repatriation in life - emergency medical transfer	US\$ 5,000
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip Cancellation	Roundtrip Air Ticket up to US \$ 400
E2: Trip interruption and early return - wide coverage	Exchange cost up to US \$ 400
E5: Return of minors	Roundtrip Air Ticket up to US \$ 500
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 600
G2: Reimbursement of expenses for late luggage	US\$ 100

What does it not cover?

The policy does not grant any of the coverage or benefits stipulated therein, when they originate from, or are a consequence:

- 1) Diseases or ailments pre-existing to the insured's trip and any of its consequences, including convalescence and alterations during treatments that are not yet in a consolidated stage and the sequelae of illness is prior to the trip. For the purposes of applying this exclusion, at the time of hiring the insurance company must consult the insured and about all those pre-existing diseases or conditions that may imply a limitation or exclusion of coverage. It should be recorded in the particular conditions of those diseases, medical conditions or pre-existing health conditions declared by the contracting party or insured, which will not be covered or, conversely, the conditions in which they will be covered.
- 2) Participation in the following activities or sports: passenger in private aviation, skydiving, hang gliding, paragliding, bungee jumping, mountaineering, climbing, motorcycling, martial arts, boxing, fighting, rodeo, rugby, horse riding, polo, and those that expressly excluded in the particular conditions of the policy
- 3) Suicide, suicide attempt or injury intentionally infringed by the insured himself.
- 4) Fertility treatments, including services and supplies related to the diagnosis and treatment of infertility or other problems related to the ability to conceive; birth control, including surgical interventions and devices for this purpose;
- 5) Birth and pregnancy assistance, unless it is a sudden, clear and unpredictable complication and the pregnancy time is less than 24 weeks;
- 6) Provision of services in the armed forces or auxiliary units thereof in cases of national or foreign civil wars, riots, popular movements, reprisals, restrictions on free movement, strikes, explosions, missions for obtaining or maintaining peace ;
- 7) Epidemic diseases and their consequences, which come directly or indirectly from a pandemic, whether declared by the world health organization or the body that replaces it, or by the corresponding authority of any of the countries, affected locations or regions. However, this exclusion will not be applicable in the case of diagnosis of COVID 19, the above in case of requiring medical attention for the BI coverage and only if the medical attention occurs during the trip by the insured, and in the case of Repatriation of Mortal Remains from COVID-19 in coverage D1.
- 8) All fact recognize their origin or resulting from a trip to, on or through any of the countries or territories specified in the particular conditions of the policy, as also the payment requested in that country, whatever the cause , even if the stay in the excluded country could be considered as fortuitous for the insured.
- 9) Acts classified as a crime, as well as active participation in rebellion, revolution, uprising, assonance, mutiny, civil commotion, subversion and terrorism.
- 10) Find the insured in a drunken state, or under the influence of any narcotic, unless it had been administered by medical prescription. These states must be qualified by the competent authority.

- 11) Insured act as a pilot or crew of civil or commercial aircraft, unless expressly and specifically provided for and covered by the insurer.
- 12) Bacterial infections, except for pyogenic infections that result from an accidental wound, cut or amputation.
- 13) Hernia and its consequences, whatever the cause they may come from.
- 14) Medical or surgical treatments other than those necessary as a result of injuries or illness covered by this policy. Therefore, if the insured travels abroad to undergo specific medical treatment, these benefits will be expressly excluded from the coverage of this policy.
- 15) Routine medical examinations.
- 16) Cures of rest, health care, quarantine periods or isolation.
- 17) An opportunistic infection, or a malignant neoplasm (cancer), if at the time of death or illness the insured suffered or was a carrier of acquired immunodeficiency syndrome. For this purpose, it will be understood as:
 - (i) "Acquired immunodeficiency syndrome", defined for that purpose by the world health organization.
 - (ii) Opportunistic infection includes, but should not be limited to pneumonia caused by pneumocystis, organism of chronic enteritis, viral infection or disseminated mycobacterial infection.
 - (iii) Malignant neoplasm includes, but should not be limited to kaposi sarcoma, central nervous system lymphoma or other known malignancies or that may be known as immediate causes of death in the presence of an acquired immunodeficiency.
 - (iv) Acquired immunodeficiency syndrome should include HIV encephalopathy (dementia) . (Human Immunodeficiency Virus) and HIV wasting syndrome .
- 18) Dental treatment or surgery, except for injuries to healthy natural teeth, caused by an accident.
- 19) All kinds of obesity treatments.
- 20) Diagnosis and treatment of acne.
- 21) Medical treatment for drug or alcohol abuse, injury, illness or treatment caused by voluntary ingestion of barbiturates, barbiturate, drugs and other substances analogous or similar effects.
- 22) Participation in careers, bets, competitions and challenges that are remunerated or are the main occupation of the insured.
- 23) A criminal act committed, as an author or accomplice, by a beneficiary or who may claim the insured amount or compensation.
- 24) The assistance for services that the insured has contracted without prior authorization from the assistance center, unless it is credited to the satisfaction of the company that due to force majeure it has been impossible to require prior authorization.
- 25) The medical, hospital or health care expenses incurred outside the coverage territory as determined in the particular conditions of the policy.
- 26) Any type of mental or nervous illness, or the assistance for mental illness or pathological conditions produced during the trip by voluntary ingestion of alcohol, drugs, toxic substances, narcotics or medicines acquired without a medical prescription.

27) At the request of assistance or coverage that consists of the provision of prostheses, glasses and contact lenses, even if they obey events that occurred during the trip.

28) At the request of assistance or coverage for any event, loss, injury, damage or legal responsibility that occurs as a direct or indirect consequence of a trip in, to, or through any of the following countries : Afghanistan, Cuba , Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria or any country that enters the list OFAC .

29) At the request of assistance or coverage for any loss, injury, damage or legal liability suffered directly or indirectly by a terrorist or member of a terrorist organization, drug dealer, or supplier of nuclear, chemical or biological weapons.

30) Radiation risks, nuclear or atomic reaction, or radioactive contamination.

31) Congenital nominations, and disorders that arise from such anomalies or are related to them.

The company may evaluate and provide coverage to the risks recently described in this policy, with an additional premium payment, if applicable, and leaving expressly established in the particular conditions of the policy, the risks covered under this stipulation.

32) Additional and specific exclusions for coverage B1 reimbursement of medical and hospital expenses necessary for accident and / or illness . In addition to the exclusions described above, the requested reimbursement will not be made when medical or hospital expenses originate in any of the following situations:

32.1.- Services , supplies or treatments, including any period of hospitalization that have not been recommended, approved and certified as medically necessary by the physician.

32.2.- Routine physical exams or other examinations where there are no objective indications or deterioration in normal health or laboratory diagnosis or x-rays.

32.3.- Repair, plastic surgery, except as a result of an injury that occurred during a trip of the insured.

32.4.- Rejuvenating or aesthetic treatments.

32.5.- Expenses on purchases of prostheses that are not originated as a result of an accident covered by this policy.

32.6.- Congenital normalities and conditions that result from them.

32.7.- Expenses incurred in relation to fragile, deformed or flat feet, calluses or toenails.

32.8.- Diagnosis and treatment of acne.

32.9.- Deviated septum, including submucosal resection and / or any surgical correction thereof.

32.10.- Care of healthy children, including examinations and immunizations (vaccinations).

32.11.- Glasses, contact lenses, hearing aids and examinations for the prescription or adjustment thereof, unless the injury or illness has caused the deterioration of vision or hearing.

32.12.- Mental, nervous or emotional disorders or sleep cures.

32.13.- Elective procedures or advance long-term treatments or procedures.

33) Additional and specific exclusions for coverage B2 reimbursement of dental expenses, in addition to the exclusions just exposed, the requested reimbursement will not be made when the dental expense originates in any of the following situations:

33.1.- Any routine treatment that is not medically necessary.

33.2.- Rejuvenating, or aesthetic treatments, expenses in purchases of prostheses (expenses in dental prosthesis arrangements or replacements resulting from trauma are excluded).

34) Additional and specific exclusions for G1 coverage lost luggage. In addition to the exclusions described above, the requested refund will not be made when the expense originates in any of the following situations:

34.1.- If the luggage is confiscated or retained by customs or other government authority;

34.2.- If the insured is a member or operator of the crew in the means of authorized public transport that gave rise to the event;

34.3.- If the notification of theft, theft or loss of the authorized public transport company, by means of the corresponding report, has been omitted before leaving the landing site;

34.4.- If the insured has not taken the necessary measures to safeguard or recover lost luggage.

35) E additional and specific exclusion for coverage G2 re pocketed expenses for delayed luggage. In addition to the exclusions described above, the requested refund will not be made when the expense originates in any of the following situations:

35.1.- If the luggage is confiscated or retained by customs or other governmental authority;

35.2.- If the insured is a member or operator of the crew in the means of authorized public transport that gave rise to the event;

35.3.- If the notification of theft, theft or loss to the transport company has been omitted, by means of the corresponding report, before leaving the landing site.

35.4.- If the insured has not taken the necessary measures to safeguard or recover lost luggage.

Who covers the risks?

The Insurance Company that assumes the risks and offers the insurance is CHUBB Seguros Chile S.A.

JetSMART will limit itself exclusively to giving access to its Web site so that CHUBB can commercialize insurance and third parties can acquire it from CHUBB. JetSMART will not hold in any case the quality of insurance company, sales agent and / or insurance broker.

Insurability Conditions:

In order to purchase this insurance, the following requirements must be met:

- The age limit for entering the policy is 99 years and 364 days. This means that the insured must not be that age at the time of contracting the insurance, regardless of the effective date of subsequent travel.
- Holder and Additional must acquire their insurance in Chile.

Validity of Insurance:

- The coverage of accidental death and dismemberment will come into force, for each individual insured from the moment the insured starts the journey from his private or work domicile, where appropriate, to the airport to make his trip until the end of the same. The trip will be understood to be completed in cases of one-way coverage only when the passenger has arrived at their place of accommodation at destination.

- In the case of round-trip coverage, the coverage will also end at the time of the insured's return to his or her work or private domicile, as long as it occurs within 24 hours of the date of the last day of coverage contracted by the insured. In the event that the insured has contracted coverage for less days than the entire stay or duration of their trip, it will only be covered until the last calendar day hired. One certificate will be issued per passenger (insured)
- Allows change of date up to one day before the start date of the original trip
- In case of return request, this can be done up to one day before the start date of the trip and will be free of charge. The communication must be sent to the email clientes.chile@CHUBB.com
- It does not require Personal Health Declaration (DPS) and the insurance do not consider lack.

Premium Payment Method:

The premium will be charged to the means of payment chosen by the insured at the time of contracting the insurance.

CHUBB Seguros de Chile S.A. RUT No. 99,225,000-3, with domicile in Miraflores 222, 17th floor, Santiago, Chile.

Annex A

Particular Conditions Domestic Plan

These particular conditions are an integral part of this insurance policy together with its general conditions registered in the CMS policy register under the POL 320180032 codes.

Domestic Online Plan
Policy No. 7635209

Insurance company
CHUBB Seguros Chile S.A.
RUT: 99,225,000-3
Address: Miraflores 222, 17th floor, Santiago

Insured
Natural persons who wish to contract this insurance and who meet the insurability requirements.

Requirements for insurability

- Minimum age of admission: 0 years.
- Maximum age of admission: 99 years and 364 days.
- Age of permanence: 99 years and 364 days.

Validity of Master Policy

- 03/01/2019 until 03/01/2022

Coverage Chart According to Domestic Plan

Plan 1: One Way

	Maximum amount to compensate
Section a - personal accidents:	
A1: Accidental Death	US\$ 10,000
A1 & A5: A1 Accidental Death and Accidental Dismemberment	US\$ 10,000
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip Cancellation	Roundtrip Air Ticket up to US \$ 250
Section G- Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 200

Plan 2: Round Trip

	Maximum amount to compensate
Section A - Personal Accidents:	
A1: Accidental Death	US\$ 10,000
Section B - Reimbursement of medical, dental, medication and emergency medical evacuation expenses:	
B1: Reimbursement of medical and hospital expenses necessary for accident and / or illness	US\$ 5,000
B1: Medical expenses for COVID-19 during the trip	US\$ 5,000
B2: Reimbursement of dental expenses	US\$ 500
B3: Drug reimbursement	US\$ 500
Section C - Hotel recovery expenses and companion expenses:	
C1: Hotel recovery	US\$ 250
C2: Passenger cost for companion in case of prolonged hospitalization	Roundtrip Air Ticket up to US \$ 250
Section D - Repatriation:	
D1: Funeral repatriation	US\$ 2,500
D2: Repatriation in life - emergency medical transfer	US\$ 2,500
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip cancellation	Roundtrip Air Ticket up to US \$ 250
E2: Trip interruption and early return - wide coverage	Exchange cost up to US \$ 250
E5: Return of minors	Roundtrip Air Ticket up to US \$ 250
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 400

Beneficiaries

For accidental death coverage, the company will pay compensation to the beneficiaries indicated by the insured at the time of hiring, in the absence of designation, they will be the legal heirs of the insured, who would have been declared as such in the corresponding certificate of effective possession. For the rest of the coverage, the beneficiary will be the insured himself.

Insured matter

Natural persons that may be affected by the risks covered in this policy.

Coverages

It is covered according to the general conditions of the personal accident policy according to POL 320180032 of the CMF.

For the purposes of this policy, it will be understood as death as a direct and immediate consequence of an accident, that which occurs at the latest within ninety (90) days following the accident.

Section A: personal accidents.

A1: Accidental death due to accident occurred during the insured's trip.

The company will pay the beneficiaries the amount specified in the insured coverage chart, immediately after receiving and approved the evidence that the insured's death occurred as a **direct and immediate** consequence of an accident, which occurred either during the insured's trip specified at the time of contracting the insurance.

In the event that this coverage becomes effective, the company will deduct from the amount to be paid, the total amount already paid to the insured for the same accident under the coverage defined in the a5 alternatives if they have been hired.

Section B- Reimbursement of medical, dental, medication and emergency medical evacuation expenses incurred as a result of an accident occurring during the trip or illness diagnosed for the first time or contracted during the insured's trip:

All the expenses of the coverage indicated in this policy under section b, will be considered as a single combinable expense, never being able, in the sum of all of them, to exceed the amount established in the coverage table per insured b garlic coverage b1 medical expenses for accident and / or illness.

The expenses that will be recognized under this coverage will be reasonable and customary, as defined in POL 320180032.

For the purposes of this policy, medical and hospital expenses necessary are only those indicated in POL 320180032.

The company will grant the coverage of this section, to the extent that the expenses in respect of which the reimbursement is requested, have been incurred as a result of an accident occurred during the insured's trip or as a result of a disease that has been contracted or whose diagnosis be made for the first time during that trip.

B1 Reimbursement of necessary medical and hospital expenses incurred as a result of an accident that occurred during the trip or illness diagnosed for the first time or contracted during the insured's trip:

The company will proceed with the reimbursement or payment of necessary medical and hospital expenses incurred by the insured, to the extent that they were the result of an accident that occurred during the trip or sudden illness that was first diagnosed or contracted during the trip. of the insured, up to the limit established in the table of benefits specified in the particular conditions and / or in the certificate of coverage, all in accordance with the contracted plan, less any other amount paid to the insured for the same accident or illness of a sudden nature under the coverages defined in sections B2, B3 and B4.

It will be a necessary condition to proceed with the reimbursement, the presentation by the insured of the original receipts or invoices of the medical and hospital expenses incurred.

In the event that the insured had benefits from any state, private or welfare health institution, he must use them previously. In that circumstance, the presentation of original ballots or invoices will not be required if instead of them there are documents proving the benefits already received and the actual expense incurred by the insured. In these cases, only expenses that are actually borne by the insured will be reimbursed.

Terms:

-the company in charge will have the right to submit the insured to medical exams, as reasonably necessary, while the claim corresponding to the payment of a benefit is pending.

-in the only case in which the severity of the accident or illness prevents the insured from calling the assistance center, he may request reimbursement of medical expenses, for which the insured must submit:

A) Medical diagnosis;

B) Letter with a brief account of what happened including the specific data of the insurance policy contracted and according to what is specified in the particular conditions;

C) Original proof of payment.

- If it is not defined otherwise in the particular conditions, all the expenses of the coverage indicated in this policy under section b, will be considered as a single combinable expense, never being able, in the sum of all of them, to exceed the amount established in the particular conditions under coverage b1 medical expenses for accident and / or illness.

- Medical expenses due to an accident or illness covered by this policy are limited to emergency treatment of acute conditions and are aimed at covering sudden and unpredictable events where a disease or product of a clear, verifiable and acute accident has been diagnosed by a doctor. Prevent the normal continuation of the trip that is specified in the particular conditions or at the time of contracting the insurance and for the same reason they are not provided for long-term procedures but to guarantee the initial recovery and the physical conditions that allow the normal continuation of the insured's trip.

B2 Reimbursement of necessary dental expenses as a result of dental emergency due to accident and / or illness incurred as a result of an accident that occurred during the trip or illness that was first diagnosed or contracted during the insured's trip:

The company will reimburse, up to the limit established in the table of benefits specified in the particular conditions and / or in the respective certificate of coverage, the expenses corresponding to medically necessary emergency dental services received by the insured during his trip, as a result of pain acute, sudden and sudden in his teeth, product of an accident occurred on the trip or illness diagnosed for the first time or contracted during the trip of the insured.

The first treatment should be carried out abroad and begin within 24 (twenty-four) hours after the emergency or at the time the acute, sudden and sudden pain first occurred.

This coverage includes reimbursement or payment of expenses in dental prosthesis arrangements or replacements as long as they arise from trauma. The fact that a dental emergency occurs does not mean that for this reason alone it is the object of benefit, all of which will be duly qualified according to the background provided by the treating physician.

It will be a necessary condition to proceed with the reimbursement, the presentation by the insured of the original bills or invoices verifying the dental expenses incurred.

In the event that the insured had benefits from any state, private or welfare health institution, he must use them previously. In that circumstance, the presentation of original ballots or invoices will not be required if instead of them there are documents proving the benefits already received and the actual expense incurred by the insured. In these cases, only expenses that are actually borne by the insured will be reimbursed.

Terms:

-In the only case in which the severity of the accident or illness prevents the insured from calling the assistance center, he may request reimbursement of medical expenses, for which the insured must submit:

A) Medical diagnosis;

B) Letter with a brief account of what happened including the specific data of the insurance policy contracted and according to what is specified in the particular conditions;

C) Original proof of payment.

- The company in charge will have the right to submit the insured to medical exams, as often as necessary, while the claim corresponding to the payment of a benefit is pending.

- if it is not defined otherwise in the particular conditions, all the expenses of the coverage indicated in this policy under section b2, will be considered as a single combinable expense, never being able, in the sum of

all of them, to exceed the amount established in the particular conditions under coverage b1 medical expenses for accident and / or illness.

B3 Reimbursement of prescription drugs as a result of the circumstances described above

The company will reimburse, up to the limit established in the table of benefits specified in the particular conditions and / or in the respective certificate of coverage, the expenses in the purchase of necessary medicines prescribed to the insured as a result of the medical or dental care indicated in the coverage b1 and b2, subject to the limit provided in the benefits table specified in the particular conditions and / or in the respective certificate of coverage, provided that the expenses have occurred during the insured's trip and have been prescribed by a doctor who You have attended during the trip specified in the particular conditions or at the time of contracting the insurance.

In the case of being medically necessary, if the insured could not have access to specific medications because they are not available in the countries where he is during the trip, they can be sent directly from Chile. This applies as long as the discontinuity of the use of the medication puts the insured's life at risk and they have been prescribed by a local doctor.

It will be a necessary condition to proceed with the reimbursement, the presentation by the insured of the original bills or invoices verifying the expenses on medications made.

In the event that the insured had benefits from any state, private or welfare health institution, he must use them previously. In that circumstance, the presentation of original ballots or invoices will not be required if instead of them there are documents proving the benefits already received and the actual expense incurred by the insured. In these cases, only expenses that are actually borne by the insured will be reimbursed.

Terms:

- In the case of requesting reimbursement of medicines, the insured must submit:

A) Medical diagnosis;

B) Letter with a brief account of what happened including the specific data of the insurance policy contracted;

C) Original proof of payment.

- The company in charge will have the right to submit the insured to medical exams, as often as necessary, while the claim corresponding to the payment of a benefit is pending.

- all the expenses of the coverage indicated in this policy under section b3, will be considered as a single combinable expense, and may never, in the sum of all of them, exceed the amount established in the particular conditions under the coverage b1 medical expenses for accident and / or illness.

Section C - Hotel Recovery Expenses and Companion Expenses.

C1 Hotel recovery:

In the event that the medical team of the establishment where the insured is located and the medical team indicated by the company, determine the need to extend the period of stay of the insured by convalescence, after he was discharged from the hospital, due to accident or illness that occurred on the trip or was first diagnosed or contracted during the insured's trip, will be compensated or reimbursed, as specified in the benefits table specified in the particular conditions and / or in the respective certificate of coverage, the cost of daily stays at the hotel, limited to the value per day and the number of days indicated in the benefits table. These expenses must be previously authorized by the company and in coordination with the assistance center.

The company will not be responsible for payment or reimbursement of expenses that are the responsibility of third parties or that are already included in the cost of the trip.

Terms:

This coverage begins to apply as long as the insured has been hospitalized for at least the number of days indicated in the particular conditions.

C2 Cost of passenger ticket in case of prolonged hospitalization:

The company will assume the cost of buying a round-trip air ticket in economy class, to whom the insured indicates, when he is traveling alone and the doctors of the assistance service consider his hospitalization necessary for a period greater than 5 (five) days, since it has previously been requested and approved through the company's assistance center.

In the event that the insured cannot indicate a companion, the spouse or any relative in the first degree will be considered and that he or she is of legal age. This benefit is subject to the limit indicated in the benefits table specified in the insured coverage table

D1 Funeral repatriation:

In the event of the insured's death during the trip, the company will assume the payment of the transfer of the mortal remains to their country of habitual residence, as well as provide a common coffin or a funeral urn.

This service includes the entire bureaucratic process for the release of mortal remains, airfare and embalming, up to the limit indicated in the insurance coverage table ; or local burial, at the request of the bereaved, up to the equivalent of the cost in case it had been repatriated or moved.

D2 Repatriation in life - emergency medical transfer:

The company will assume the payment of the insured's medical transfer expenses, up to the maximum amount that appears in the table of benefits specified in the particular conditions and / or in the respective certificate of coverage, in the case that you suffer an injury due to accident that has occurred or illness of a sudden nature, which has been diagnosed for the first time during the insured's trip and when its emergency evacuation is necessary.

The emergency evacuation must be at the request of the company or a doctor certifying that the severity or nature of the insured's injury or illness makes such an evacuation necessary.

The expenses covered correspond to those of transportation and medical treatment, including medical services and supplies, which were necessarily incurred due to the emergency evacuation of the insured, applying in the following cases:

- A) That the Insured's Medical Condition necessitates Immediate Transportation from the place where he or she is Injured or Ill, to the Nearest Hospital where the Appropriate Medical Treatment may be obtained;
- B) That after having been treated at a local hospital, the Insured's Medical Condition makes it necessary to transport them to their country of habitual residence to receive additional medical treatment or to recover.

Terms:

- The medical evacuation service must be carried out in the most direct and reasonable way possible, using the transport compatible with the insured's state of health. In any case, transportation costs must be:
 - Recommended by the doctor attending the insured;
 - Required by the standard regulations of the means of transport that transfer to the insured;
 - Agreed and authorized in advance by the company and in coordination with the assistance center.

Section E - Cancellation, interruption, early return trip and return of minors.

E1 Trip cancellation:

The company will reimburse or coordinate the payment to the insured, up to the limit indicated in the insured coverage table, of the expenses for travel services, non-returned tickets, hotel accommodation and / or the charges for canceling the use of an authorized public transport, in the event

that the insured is prevented from starting the trip, due to a sudden illness, accident, or death of the insured himself or insured travel companion or death of a family member, always and when the insured has reserved and paid or owed these costs before such illness, accident or death occurs .

The company reserves the right to conduct a medical examination.

This coverage will also be extended in the following events:

- A) That the insured's home becomes uninhabitable after a fire, a storm, or a flood of such magnitude that it requires their presence on the premises during their insurance period
- B) That a natural disaster has occurred recently or is reasonably expected to occur at the place of destination or in your home and prevent you from starting your trip.
- C) That the aeronautical management and / or some other government entity has issued a "do not travel" warning for the destination of your trip abroad
- D) That an act of terrorism occurs at the destination of your trip

Terms:

- In the case of cancellation of the trip, the company must be notified within a maximum period of 72 hours from the occurrence of the illness, accident, or death.
- After this deadline, the company will not be liable for additional fines, whatever their nature.
- For purposes of this benefit, diseases of a sudden nature must be manifested or contracted from the date of contracting the insurance.
- The insured must deliver to the company the originals extended in the name of the insured of the receipts, tickets and invoices when applicable, a copy of the travel contracts, tickets, hotel vouchers or other documents that accredit the expense incurred and its cancellation; as well as, where appropriate, those that accredit the payment or reimbursement of a part of them, by the institutions or entities referred to above.
- Any request for coverage of this benefit must be accompanied by an explanatory letter with the reasons for the cancellation and the result obtained together with the company with which the insured entered into the travel contract, in the return of the amounts paid or owed .
- The insured must present the medical documents that prove the identity of the insured, travel companion or family member of either of them, where the veracity of the illness or accident is demonstrated.
- In case of death of a relative, the corresponding death certificate, and in case of death of the insured or travel companion, will be governed by the procedure for the request for reimbursement and compensation payment for accidental death.

E2 Trip interruption and early return - wide coverage

The company will reimburse or coordinate the payment of expenses for non-refundable and non-refundable services paid in advance to the hotel and / or the authorized public transportation ticket, less the value of the credit applied for the unused return ticket, in case the insured is unable to conclude the trip due to any of the following circumstances:

- Death or serious illness of the insured, which is of an urgent nature and that motivates hospitalization or inhibits ambulation, generating a state of prostration in the insured and therefore, makes it impossible to initiate and / or continue the insured's trip.
- Death or hospitalization for more than five (5) days due to an accident or sudden illness of a family member.
- When the insured received reliable notification to appear before the courts, and must have received said notification after the start of the trip.
- When the insured has been declared in quarantine by competent health authority after the start of the trip.
- Due to fire or theft in the habitual residence of the insured, occurred while the insured is on the trip.

The situations described must be accredited by certificates or legal documents, where the veracity of the claim is demonstrated. Payment subject to the limit established in the coverage table per insured.

In the event that the insured cannot make a change in their authorized public transportation tickets, the company will deliver an air ticket in the same class that originally traveled for the insured's return to their country of origin, in case he himself is disabled To continue the journey. This ticket will be delivered only if it is not possible to use the originally authorized means of public transport.

Terms:

- The company will not be liable for any additional fine or penalty incurred that would not have been imposed if the insured had notified the company within 72 hours after the claim occurred.
- For purposes of this benefit, diseases of a sudden nature must be manifested or contracted from the date of commencement of the trip. In cases where there is a pre-existing condition, the benefit of interruption of the trip and early return will be only in cases where the doctor certifies a severe, sudden and unforeseen deterioration, where the continuation of the trip places the insured's life in serious danger. , your travel companion, family member or family member of your travel companion.
- The insured must deliver to the company the originals extended in the name of the insured of the receipts, tickets and invoices when applicable, copy of the travel contracts, tickets, hotel vouchers or other documents that accredit the expense incurred and its cancellation or interruption; as well as, where appropriate, those that accredit the payment or reimbursement of a part of them, by the institutions or entities referred to above.
- Any request for coverage of this benefit must be accompanied by an explanatory letter with the reasons for the interruption and the result obtained together with the company with which the insured entered into the travel contract, in the return of the amounts paid or owed.
- The insured must present the medical documents that prove the identity of the insured or family member, where the veracity of the disease or accident is demonstrated. In case of death of the insured or family member; the corresponding death certificate must be presented.
- Complaint to the police of the theft of the place of residence or domicile and / or report of firefighters in case of fire.

E5 Return of minors:

When, as a result of an accident suffered by the insured person during a trip, he is unable to accompany the minor (s) who accompanied him on that trip, the company will pay for the granting of an air ticket, economy class, of round trip so that an adult, designated by the family of the insured, can accompany the minor (s) back to the home, provided that it has been previously requested to the assistance center and authorized by the company.

This coverage applies only when the insured is accompanied by a minor (s) up to 16 years of age and due to accident, serious illness, or death of the insured, and said minor (s) remains without company an adult person.

Section G - Loss of luggage and reimbursement of expenses for delayed luggage.

G1 Lost luggage:

In case of loss, theft or theft of luggage once it is under the responsibility of an authorized public transport company, accredited by submitting the corresponding loss report (PIR- property irregularity report) or its equivalent, the company will pay an amount calculated for the weight of the luggage, limited to the amount declared in the loss report (PIR- property irregularity report) or its equivalent.

The amount to be indemnified is subject to what is indicated in the insured coverage table, less any other amount paid to the insured under the coverage defined in section G2.

In the event that the authorized public transport company has not made the weight of the insured's luggage, the insured must make a list by item contained in their luggage and with that the insurer will estimate according to the list the approximate kilos contained in the luggage.

The company will grant this benefit, per event, when the luggage has not arrived until 72 hours after the insured's arrival time at the destination indicated on his authorized public transport ticket.

Terms:

- In case of lost luggage, the insured will have to present the following documents:

- Proof of the loss issued by the responsible authorized public transport (PIR-property irregularity report) or its equivalent, indicating the weight, in kilograms of lost luggage, or the declaration per item contained in the luggage, for the estimation of approximate kilos contents.
- Original luggage ticket;

Exclusions:

The coverage of this insurance will not operate when the accident or event occurs by direct effect, either totally or partially of the situations indicated in art. 05 of the general conditions of POL 320180032.

It is stated that in Point 7 of Exclusions the following applies: Epidemic diseases and their consequences, which come directly or indirectly from a pandemic, whether it has been declared by the World Health Organization or the body that replaces it, or well, by the corresponding authority of any of the affected countries, localities or regions. However, this exclusion will not be applicable in the case of COVID 19 diagnosis, the above in case of requiring medical attention for the BI coverage and only if the medical attention occurs during the trip by the insured.

PROCEDURE FOR THE USE OF THIS INSURANCE

In order to use the coverage of this policy or to report a claim, the insured must contact the following numbers, depending on where they are:

CHILE

+ 56-2-2560 6609

FROM ABROAD

+ 56-2- 2560 6609 (CALL FOR REVERT CHARGED)

If in the place where you are not admitted or for some reason it is not possible to communicate through the reverse charging system, you must communicate directly and then upon return to Chile request the reimbursement of telephone expenses, presenting the respective original vouchers.

To coordinate the provision of coverage, the following information will be required: patient name, Ruth, date of birth, address, telephone number, email and symptoms or problem. Once this information is obtained, coordination begins and the patient will be notified how to proceed.

It should be taken into account that there is a period of 48 hours to notify the operations center from the occurrence of symptoms or from the occurrence of an accident or problem that requires assistance.

Always at all times, any medical decision is evaluated and controlled by our medical department in conjunction with the treating physician (s).

In the case of refunds by indication of the operations department, you must submit the following information upon your return to Chile:

- Medical assistance: original and complete medical report, original proof of expenses incurred according to the contracted plan
- Delay and / or loss of luggage: PIR and original proof of expenses incurred according to the contracted plan
- Delayed flight: proof of the airline certifying the delay and original proof of expenses incurred according to the contracted plan

Remember that you should always call the assistance center if you need a service.

In case of requiring reimbursement from the company. For insurance, please contact siniestrostravel.chile@CHUBB.com

Premium payment method

The premium will be unique and the payment of the premium charged to the credit card or bank debit card of the insured holder or other credit card issuer indicated at the time of hiring.

The company will not be liable for omissions or lack of diligence that result in late payment of the premium, even if it is made through the agreed fee.

Validity of the collective policy

This collective policy will be effective from 00:01 hours on March 01, 2019 and ending at 00:01 hours on March 01, 2022 from the date of termination, no new insured may be incorporated into the collective policy, unless there is an agreement between the contracting party and the insurance company to renew its validity

Individual validity

Coverage for each individual insured will start from the date and time indicated on the travel ticket and will remain valid until the date of arrival in the country of origin, except in the case of a one-way trip, where coverage It will end once it has reached its destination. The insurance may be terminated in advance in accordance with the provisions of POL 320180032.

Right to retraction of insurance

The insured may, without expressing any cause or penalty, withdraw the insurance contracted until before the beginning of the individual term. Said retraction must be communicated to the company, by any means that allows the reliable expression of said will if the retraction occurs after the charge of the respective premium, its full amount must be returned to the person responsible for payment, regardless of the means of payment respective.

Without prejudice to the foregoing, after this period has elapsed, the insured / proposer may terminate the insurance at any time and without expressing cause, by any means that allows the reliable expression of will before the insurance company.

Communications and communication sending

Any communication, declaration or notification that the insurer must make to the contracting party or the insured party due to this policy must be made to their email address indicated in the telephone recording or request for incorporation, unless the insured does not have an email or arrange another form of notification at the time of contracting the insurance.

Likewise, the copy of the policy will be sent to the same means indicated, if the insured has so authorized in the recording or application for incorporation.

If your email is unknown or if you receive proof that the email was not sent or received successfully, the communications must be made by sending a letter addressed to the address of the contracting party or the insured.

Home

For the purposes of this contract, the city and commune of Santiago are established as domicile.

Service Care Customer CHUBB

If you have any questions, the insured may call the CHUBB customer service center at 56 (2) 2756 1010, where a specialized executive will assist you Monday through Friday from 9:00 a.m. to 5:30 p.m.

For inquiries or requests for modification, cancellation, issuance of certificate or other related to changes in the initial purchase of your travel insurance, please contact our central CHUBB at

+56 2 23987022, from 09:00 to 17:45

Notes:

- The company will always have the right to request, either from the insured, any other background or document that is needed, or that it deems necessary, in addition to and without prejudice to

those already mentioned, for the evaluation of the incident and the corresponding adjustment if appropriate.

- This contract does not have the Sernac seal of art. 55 of law 19,496.
- Annex related to claims settlement procedure is included.

Annexed Information on customer service and presentation of inquiries and Claims

Under Circular No. 2131 of November 28, 2013, insurance companies, insurance brokers and claims liquidators must receive, register and respond to all submissions, queries or claims submitted directly by the contracting party, insured, beneficiaries or legitimate interested parties or their agents.

The presentations can be made in all the offices of the entities, in which it is publicly attended, in person, by postal mail, electronic means, or by telephone, without formalities, during normal business hours.

Once a presentation, consultation or complaint has been received, it must be answered in the shortest possible time, which may not exceed 20 business days from receipt.

The interested party, in case of disagreement regarding the information, or when there is an unjustified delay of the response, may resort to the superintendence of securities and insurance, an area of protection for the investor and insured, whose offices are located in av. Libertador Bernardo O'Higgins n° 1449, 1st floor, Santiago, or through the website www.svs.cl.

CHUBB Insurance Chile S.A. It is voluntarily adhered to the self-regulation code and the compendium of good practices of insurance companies, whose purpose is to tend to the development of the insurance market, in line with the principles of free competition and good faith that must exist between companies, and between them and their customers.

Copy of the compendium of good corporate practices of insurance companies is available to those interested in any of the offices of CHUBB Seguros Chile SA and www.aach.cl.

Likewise, CHUBB Seguros Chile S.A, is voluntarily adhered to the institution of the insured defender of the insured under the self-regulation council of the insurance companies, when the clients submit claims in relation to the contracts concluded with it. Clients can submit their claims to the insured's defender using the forms available at the offices of CHUBB Seguros Chile SA or through the website www.ddachile.cl.

(CIRCULAR Nº 2106 SUPERINTENDENCE OF SECURITIES AND INSURANCE) CLAIM SETTLEMENT PROCEDURE

1) Purpose of the settlement

The purpose of the settlement is to establish the occurrence of an accident, determine if the incident is covered in the policy contracted at a certain insurance company, and quantify the amount of the loss and the compensation to be paid. The liquidation procedure is subject to the principles of speed and procedural economy, of objectivity and technical character and of transparency and access.

2) Method of liquidation

The liquidation can be carried out directly by the company or entrusted to an insurance liquidator. The decision must be communicated to the insured within three business days from the date of the claim of the accident.

3) Right to object to direct settlement

In the event of direct liquidation by the company, the insured or beneficiary may object to it, requesting it in writing to designate an insurance liquidator, within a period of five business days from the notification of

the company's communication. The company must designate the liquidator within two business days from said opposition.

4) Information to the insured party of procedures to be carried out and request for background information

The liquidator or the company must inform the insured, in writing, in a sufficient and timely manner, to the email (informed in the claim of the accident) or by certified letter (to the address indicated in the complaint of the accident), of the steps that he It is necessary to carry out, requesting at one time, when circumstances permit, all the background required to settle the incident.

5) Pre-settlement report

In those claims where problems arise and differences in criteria regarding their causes, risk assessment or coverage extension, the liquidator, acting ex officio or at the request of the insured, may issue a pre-settlement report on the claim coverage and the amount of damage caused, which must be brought to the attention of the interested parties. The insured or the company may make written observations to the pre-report within five business days of their knowledge.

6) Settlement term

Within the shortest possible time, not exceeding **45 calendar days** from the date of denunciation, except for;

- a) Claims corresponding to individual insurance on risks of the first group whose annual premium is greater than UF 100 : 90 **calendar days** from the date of denunciation;
- b) Maritime casualties that affect the hulls or in case of gross breakdown: **180 calendar days** from the date of denunciation;

7) Extension of the settlement period

The aforementioned deadlines may, exceptionally provided that the circumstances warrant it, be extended, successively for the same periods, informing the reasons that support it and indicating the specific and specific procedures that will be carried out, which must be communicated to the insured and to the superintendence, being able Lastly, to extend the extension, in qualified cases, and set a deadline for the delivery of the settlement report. It may not be a reason for the extension of the request for new records whose requirement could have been anticipated before, unless the reasons that justify the lack of the requirement are indicated, nor can claims be extended in which there has been no management of the liquidator, registered or direct.

8) Final settlement report

the final settlement report must be sent to the insured and simultaneously to the insurer, when applicable, and must necessarily contain the full transcript of articles 26 and 27 of the regulation of auxiliary of the insurance trade (DS OF FINANCE No. 1,055, 2012, OFFICIAL JOURNAL FROM DECEMBER 29, 2012),

9) Challenge settlement report

Upon receipt of the settlement report, the company and the insured will have a period of ten business days to challenge it. In case of direct liquidation by the company, this right will only have the insured.

When the report is contested, the liquidator or the company will have a period of 6 business days to answer the challenge.

Particular Conditions Latin America Plan

These particular conditions are an integral part of this insurance policy together with its general conditions registered in the CMS policy register under the POL 320180032 codes.

South America Online Plan
Policy No. 7635210

Insurance company

CHUBB Seguros Chile S.A.

Ruth: 99,225,000-3

Address: Miraflores 222, 17th floor, Santiago

Insured

Natural persons who wish to contract this insurance and who meet the insurability requirements .

Requirements for insurability

- Minimum age of admission: 0 years.
- Maximum age of admission: 99 years and 364 days.
- Age of permanence: 99 years and 364 days.

Validity of Master Policy

- 03/01/2019 until 03/01/2022

Coverage Chart According to South America Plan

Plan 1: One Way

	Maximum amount to compensate
Section A - Personal Accidents:	
A1: Accidental death	US\$ 25,000
A1 & A5: A1 Accidental Death and Accidental Dismemberment	US\$ 25,000
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip Cancellation	One-way air ticket up to US \$ 400
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 600
G2: Reimbursement of expenses for late luggage	US\$ 100

Plan 2: Round trip

	Maximum amount to compensate
Section A - Personal Accidents:	
A1: Accidental death	US\$ 25,000
Section B - Reimbursement of medical, dental, medication and emergency medical evacuation expenses:	
B1: Reimbursement of medical and hospital expenses necessary for accident and / or illness	US\$ 10,000
B1: Medical expenses for COVID-19 during the trip	US\$ 30,000
B1: Compensation in case of hospitalization for COVID 19	US\$ 150 per night
B2: Reimbursement of dental expenses	US\$ 1,000
B3: Drug reimbursement	US\$ 1,000
Section C - Hotel recovery expenses and companion expenses:	
C1: Hotel recovery	US\$ 500
C2: Passenger cost for companion in case of prolonged hospitalization	Roundtrip Air Ticket up to US \$ 500
C3: Companion accommodation cost	US \$ 1,500 (US \$ 150 per day)
Section D - Repatriation:	
D1: Funeral repatriation	US\$ 5,000
D1: Funeral repatriation for COVID-19	US\$ 30,000
D2: Repatriation in life - emergency medical transfer	US\$ 5,000
Section E - Cancellation, interruption, early return trip and return of minors:	
E1: Trip Cancellation	Roundtrip Air Ticket up to US

	\$ 400
E2: Trip interruption and early return - wide coverage	Exchange cost up to US \$ 400
E5: Return of minors	Roundtrip Air Ticket up to US \$ 500
Section G - Loss of luggage and reimbursement of expenses for delayed baggage:	
G1: Lost luggage	US\$ 600
G2: Reimbursement of expenses for late luggage	US\$ 100

Beneficiaries

For accidental death coverage, the company will pay compensation to the beneficiaries indicated by the insured at the time of hiring, in the absence of designation, they will be the legal heirs of the insured, who would have been declared as such in the corresponding certificate of effective possession. For the rest of the coverage, the beneficiary will be the insured himself.

Insured matter

Natural persons that may be affected by the risks covered in this policy.

Coverages

It is covered according to the general conditions of the personal accident policy according to POL 320180032 of the CMF.

For the purposes of this policy, it will be understood as death as a direct and immediate consequence of an accident, that which occurs at the latest within ninety (90) days following the accident.

Section A: Personal accidents.

A1: Accidental death due to accident occurred during the insured's trip

The company will pay the beneficiaries the amount specified in the insured coverage chart, immediately after receiving and approved the evidence that the insured's death occurred as a **direct and immediate** consequence of an accident, which occurred either during the insured's trip specified at the time of contracting the insurance.

SECTION B - Reimbursement of medical, dental, medication and emergency medical evacuation expenses incurred as a result of an accident occurring during the trip or illness diagnosed for the first time or contracted during the insured's trip:

All the expenses of the coverage indicated in this policy under section b, will be considered as a single combinable expense, never being able, in the sum of all of them, to exceed the amount established in the coverage table per insured b garlic coverage b1 medical expenses for accident and / or illness.

The expenses that will be recognized under this coverage will be reasonable and customary, as defined in POL 320180032.

For the purposes of this policy, medical and hospital expenses necessary only to those indicated in POL 320180032.

The company will grant the coverage of this section, to the extent that the expenses in respect of which the reimbursement is requested, have been incurred as a result of an accident occurred during the insured's trip or as a result of a disease that has been contracted or whose diagnosis be made for the first time during that trip.

B1 Reimbursement of necessary medical and hospital expenses incurred as a result of an accident that occurred during the trip or illness diagnosed for the first time or contracted during the insured's trip:

The company will proceed with the reimbursement or payment of necessary medical and hospital expenses incurred by the insured, to the extent that they were the result of an accident that occurred during the trip or sudden illness that was first diagnosed or contracted during the trip. of the insured, up to

the limit established in the table of benefits specified in the particular conditions and / or in the certificate of coverage, all in accordance with the contracted plan, less any other amount paid to the insured for the same accident or illness of a sudden nature under the coverages defined in sections B2, B3 and B4.

It will be a necessary condition to proceed with the reimbursement, the presentation by the insured of the original receipts or invoices of the medical and hospital expenses incurred.

In the event that the insured had benefits from any state, private or welfare health institution, he must use them previously. In that circumstance, the presentation of original ballots or invoices will not be required if instead of them there are documents proving the benefits already received and the actual expense incurred by the insured. In these cases, only expenses that are actually borne by the insured will be reimbursed.

Terms:

-The company in charge will have the right to submit the insured to medical exams, as reasonably necessary, while the claim corresponding to the payment of a benefit is pending.

-In the only case in which the severity of the accident or illness prevents the insured from calling the assistance center, he may request reimbursement of medical expenses, for which the insured must submit:

A) Medical diagnosis;

B) Letter with a brief account of what happened including the specific data of the insurance policy contracted and according to what is specified in the particular conditions;

C) Original proof of payment.

- If it is not defined otherwise in the particular conditions, all the expenses of the coverage provided in this policy under section b, will be considered as a single combinable expense, and may never, in the sum of all of them, exceed the amount established in the particular conditions under coverage b1 medical expenses for accident and / or illness.

- The medical expenses due to an accident or illness covered by this policy are limited to emergency treatment of acute symptoms and are aimed at covering sudden and unpredictable events where a disease or product of a clear, verifiable and acute accident has been diagnosed by a doctor. Prevent the normal continuation of the trip that is specified in the particular conditions or at the time of contracting the insurance and for the same reason they are not provided for long-term procedures but to guarantee the initial recovery and the physical conditions that allow the normal continuation of the insured's trip.

Compensation in case of hospitalization for COVID 19:

In case of being hospitalized due to COVID 19 during the trip, the company will compensate with the daily payment up to the limit established in the table of coverage per insured.

Terms:

- 2 night deductible

- Maximum coverage time 15 nights

- The insured must submit to the company. Insurance documents that prove the hospitalization of the insured.

B2 Reimbursement of dental expenses necessary as a result of dental emergency due to accident and / or illness incurred as a result of an accident that occurred during the trip or illness that was first diagnosed or contracted during the insured's trip:

The company will reimburse, up to the limit established in the table of benefits specified in the particular conditions and / or in the respective certificate of coverage, the expenses corresponding to medically necessary emergency dental services received by the insured during his trip, as a result of pain acute, sudden and sudden in his teeth, product of an accident occurred on the trip or illness diagnosed for the first time or contracted during the trip of the insured.

The first treatment should be carried out abroad and begin within 24 (twenty-four) hours after the emergency or at the time the acute, sudden and sudden pain first occurred.

This coverage includes reimbursement or payment of expenses in dental prosthesis arrangements or replacements as long as they arise from trauma. The fact that a dental emergency occurs does not mean that for this reason alone it is the object of benefit, all of which will be duly qualified according to the background provided by the treating physician.

It will be a necessary condition to proceed with the reimbursement, the presentation by the insured of the original bills or invoices verifying the dental expenses incurred.

In the event that the insured had benefits from any state, private or welfare health institution, he must use them previously. In that circumstance, the presentation of original ballots or invoices will not be required if instead of them there are documents proving the benefits already received and the actual expense incurred by the insured. In these cases, only expenses that are actually borne by the insured will be reimbursed.

Terms:

-in the only case in which the severity of the accident or illness prevents the insured from calling the assistance center, he may request reimbursement of medical expenses, for which the insured must submit:

A) Medical diagnosis;

B) Letter with a brief account of what happened including the specific data of the insurance policy contracted and according to what is specified in the particular conditions;

C) Proof of original payments.

- The company in charge will have the right to submit the insured to medical exams, as often as necessary, while the claim corresponding to the payment of a benefit is pending.

- If not otherwise defined in the particular conditions, all the expenses of the coverage indicated in this policy under section b2, will be considered as a single combinable expense, and may never, in the sum of all of them, exceed the amount established in the particular conditions under coverage B1 medical expenses for accident and / or illness.

B3 Reimbursement of prescription drugs as a result of the circumstances described above

The company will reimburse, up to the limit established in the table of benefits specified in the particular conditions and / or in the respective certificate of coverage, the expenses in the purchase of necessary medicines prescribed to the insured as a result of the medical or dental care indicated in the coverage b1 and B2, subject to the limit provided in the benefits table specified in the particular conditions and / or in the respective certificate of coverage, provided that the expenses have occurred during the insured's trip and have been prescribed by a doctor who You have attended during the trip specified in the particular conditions or at the time of contracting the insurance.

In the case of being medically necessary, if the insured could not have access to specific medications because they are not available in the countries where he is during the trip, they can be sent directly from Chile. This applies as long as the discontinuity of the use of the medication puts the insured's life at risk and they have been prescribed by a local doctor.

It will be a necessary condition to proceed with the reimbursement, the presentation by the insured of the original bills or invoices verifying the expenses on medications made.

In the event that the insured had benefits from any state, private or welfare health institution, he must use them previously. In that circumstance, the presentation of original ballots or invoices will not be required if instead of them there are documents proving the benefits already received and the actual expense incurred by the insured. In these cases, only expenses that are actually borne by the insured will be reimbursed.

Terms:

- In the case of requesting reimbursement of medications, the insured must submit:

A) Medical diagnosis;

B) Letter with a brief account of what happened including the specific data of the insurance policy contracted;

C) Original proof of payment.

- The company in charge will have the right to submit the insured to medical exams, as often as necessary, while the claim corresponding to the payment of a benefit is pending.
- All the expenses of the coverage indicated in this policy under section b3, will be considered as a single combinable expense, and may never, in the sum of all of them, exceed the amount established in the particular conditions under the coverage b1 medical expenses for accident and / or illness.

Section C - Hotel recovery expenses and companion expenses.

C1 Hotel recovery:

In the event that the medical team of the establishment where the insured is located and the medical team indicated by the company, determine the need to extend the period of stay of the insured by convalescence, after he was discharged from the hospital, due to accident or illness that occurred on the trip or was first diagnosed or contracted during the insured's trip, will be compensated or reimbursed, as specified in the benefits table specified in the particular conditions and / or in the respective certificate of coverage, the cost of daily stays at the hotel, limited to the value per day and the number of days indicated in the benefits table. These expenses must be previously authorized by the company and in coordination with the assistance center.

The company will not be responsible for payment or reimbursement of expenses that are the responsibility of third parties or that are already included in the cost of the trip.

Terms:

This coverage begins to apply as long as the insured has been hospitalized for at least the number of days indicated in the particular conditions.

C2 Cost of passenger ticket in case of prolonged hospitalization:

The company will assume the cost of buying a round-trip air ticket in economy class, to whom the insured indicates, when he is traveling alone and the doctors of the assistance service consider his hospitalization necessary for a period greater than 5 (five) days, since it has previously been requested and approved through the company's assistance center.

In the event that the insured cannot indicate a companion, the spouse or any relative in the first degree will be considered and that he or she is of legal age. This benefit is subject to the limit indicated in the benefits table specified in the insured coverage table

C3 Companion accommodation cost:

The company will indemnify the insured or reimburse the daily expenses at the hotel for Accommodation of the insured's companion, which, in accordance with the provisions of this clause, will be limited as indicated in the table of benefits specified in the table of coverage by the insured and / or in the respective certificate of coverage since it was requested through of the assistance center and previously approved by the company, with a maximum of days per event as specified in the coverage chart. This coverage applies only as a continuation to the coverage described in section c2, that is, it must be contracted jointly with it.

Section D - Repatriation

D1 Funeral repatriation:

In the event of the insured's death during the trip, the company will assume the payment of the transfer of the mortal remains to their country of habitual residence, as well as provide a common coffin or a funeral urn.

This service includes the entire bureaucratic process for the release of mortal remains, airfare and embalming, up to the limit indicated in the insurance coverage table ; or local burial, at the request of the bereaved, up to the equivalent of the cost in case it had been repatriated or moved.

D2 Repatriation in life - emergency medical transfer:

The company will assume the payment of the insured's medical transfer expenses, up to the maximum amount that appears in the table of benefits specified in the particular conditions and / or in the respective certificate of coverage, in the case that you suffer an injury due to accident that has occurred or illness of a sudden nature, which has been diagnosed for the first time during the insured's trip and when its emergency evacuation is necessary.

The emergency evacuation must be at the request of the company or a doctor certifying that the severity or nature of the insured's injury or illness makes such an evacuation necessary.

The expenses covered correspond to those of transportation and medical treatment, including medical services and supplies, which were necessarily incurred due to the emergency evacuation of the insured, applying in the following cases:

- A) That the insured's medical condition necessitates immediate transportation from the place where he is injured or ill, to the nearest hospital where the appropriate medical treatment may be obtained;
- B) That after being treated at a local hospital, the insured's medical condition makes it necessary to transport to his country from the usual residence to receive additional medical treatment or to recover.

Terms:

- The medical evacuation service must be carried out in the most direct and reasonable way possible, using the transport compatible with the insured's state of health. In any case, transportation costs must be:
 - Recommended by the doctor attending the insured;
 - Required by the standard regulations of the means of transport that transfer to the insured;
 - Agreed and authorized in advance by the company and in coordination with the assistance center.

Section E - Cancellation, interruption, early return trip and return of minors.**E1 Trip cancellation:**

The company will reimburse or coordinate the payment to the insured, up to the limit indicated in the insured coverage table, of the expenses for travel services, non-returned tickets, hotel accommodation and / or the charges for canceling the use of an authorized public transport, in the event that the insured is prevented from starting the trip, due to a sudden illness, accident, or death of the insured himself or insured travel companion or death of a family member, always and when the insured has reserved and paid or owed these costs before such illness, accident or death occurs.

The company reserves the right to conduct a medical examination.

This coverage will also be extended in the following events:

- A) That the insured's home becomes uninhabitable after a fire, a storm, or a flood of such magnitude that it requires their presence on the premises during their insurance period
- B) That a natural disaster has occurred recently or is reasonably expected to occur at the place of destination or in your home and prevent you from starting your trip.
- C) That the aeronautical management and / or some other government entity has issued a "do not travel" warning for the destination of your trip abroad
- D) That an act of terrorism occurs at the destination of your trip

Terms:

- In the case of cancellation of the trip, the company must be notified within a maximum period of 72 hours from the occurrence of the illness, accident, or death.
- After this deadline, the company will not be liable for additional fines, whatever their nature.
- For purposes of this benefit, diseases of a sudden nature must be manifested or contracted from the date of contracting the insurance.
- The insured must deliver to the company the originals extended in the name of the insured of the receipts, tickets and invoices when applicable, a copy of the travel contracts, tickets, hotel vouchers or other documents that accredit the expense incurred and its cancellation; as also, where appropriate,

those that accredit the payment or reimbursement of a part of them, by the institutions or entities referred to above.

- Any request for coverage of this benefit must be accompanied by an explanatory letter with the reasons for the cancellation and the result obtained together with the company with which the insured entered into the travel contract, in the return of the amounts paid or owed .
- The insured must present the medical documents that prove the identity of the insured, travel companion or family member of either of them, where the veracity of the illness or accident is demonstrated.
- In case of death of a relative, the corresponding death certificate, and in case of death of the insured or travel companion, will be governed by the procedure for the request for reimbursement and compensation payment for accidental death.

E2 Trip interruption and early return - wide coverage

The company will reimburse or coordinate the payment of expenses for non-refundable and non-refundable services paid in advance to the hotel and / or the authorized public transportation ticket, less the value of the credit applied for the unused return ticket, in case the insured is unable to conclude the trip due to any of the following circumstances:

- Death or serious illness of the insured, which is of an urgent nature and that motivates hospitalization or inhibits ambulation, generating a state of prostration in the insured and therefore, makes it impossible to initiate and / or continue the insured's trip.
- Death or hospitalization for more than five (5) days due to an accident or sudden illness of a family member.
- When the insured received reliable notification to appear before the courts, and must have received said notification after the start of the trip.
- When the insured has been declared in quarantine by competent health authority after the start of the trip.
- By fire or theft in the habitual residence of the insured, occurred while the insured is on the trip.

The situations described must be accredited by certificates or legal documents, where the veracity of the claim is demonstrated. Payment subject to the limit established in the coverage table per insured.

In the event that the insured cannot make a change in their authorized public transportation tickets, the company will deliver an air ticket in the same class that originally traveled for the insured's return to their country of origin, in case he himself is disabled To continue the journey. This ticket will be delivered only if it is not possible to use the originally authorized means of public transport.

Terms:

- The company will not be liable for any additional fine or penalty incurred that would not have been imposed if the insured had notified the company within 72 hours after the claim occurred.
- For purposes of this benefit, diseases of a sudden nature must manifest or be contracted from the date of commencement of the trip. In cases where there is a pre-existing condition, the benefit of interruption of the trip and early return will be only in cases where the doctor certifies a severe, sudden and unforeseen deterioration, where the continuation of the trip places the insured's life in serious danger. , your travel companion, family member or family member of your travel companion.
- the insured must deliver to the company the originals extended in the name of the insured of the receipts, tickets and invoices when applicable, a copy of the travel contracts, tickets, hotel vouchers or other documents that accredit the expense incurred and its cancellation or interruption; as also, where appropriate, those that accredit the payment or reimbursement of a part of them, by the institutions or entities referred to above.
- Any request for coverage of this benefit must be accompanied by an explanatory letter with the reasons for the interruption and the result obtained together with the company with which the insured concluded the travel contract, in the return of the values paid or owed.
- The insured must present the medical documents proving the identity of the insured or family member, where the veracity of the disease or accident is demonstrated. In case of death of the insured or family member; the corresponding death certificate must be presented.
- Complaint to the police of the theft of the place of residence or domicile and / or report of firefighters in case of fire.

E5 Return of minors:

When, as a result of an accident suffered by the insured person during a trip, he is unable to accompany the minor (s) who accompanied him on that trip, the company will pay for the granting of an air ticket, economy class, of round trip so that an adult, designated by the family of the insured, can accompany the minor (s) back to the home, provided that it has been previously requested to the assistance center and authorized by the company.

This coverage applies only when the insured is accompanied by a minor (s) up to 16 years of age and due to accident, serious illness, or death of the insured, and said minor (s) remains without company An adult person.

Section G - Loss of luggage and reimbursement of expenses for delayed luggage.**G1 Lost luggage:**

In case of loss, theft or theft of luggage once it is under the responsibility of an authorized public transport company, accredited by submitting the corresponding loss report (PIR- property irregularity report) or its equivalent, the company will pay an amount calculated for the weight of the luggage, limited to the amount declared in the loss report (PIR- property irregularity report) or its equivalent.

The amount to be indemnified is subject to what is indicated in the insured coverage table, less any other amount paid to the insured under the coverage defined in section G2

In the event that the authorized public transport company has not made the weight of the insured's luggage, the insured must make a list by item contained in their luggage and with that the insurer will estimate according to the list the approximate kilos contained in the luggage.

The company will grant this benefit, per event, when the luggage has not arrived until 72 hours after the insured's arrival time at the destination indicated on his authorized public transport ticket.

Terms:

- In case of lost luggage, the insured will have to present the following documents:
- Proof of the loss issued by the responsible authorized public transport (PIR-property irregularity report), or its equivalent, indicating the weight, in kilograms of lost luggage, or the declaration per item contained in the luggage, for the estimation of the approximate kilos contents.
- Original luggage ticket;

G2 Reimbursement of expenses for late luggage:

The insured may request reimbursement of expenses for purchases of personal effects, not provided by authorized public transport, due to the delay or loss of the insured's luggage, once it is under the responsibility of an authorized public transport company. To obtain reimbursement, the insured must prove the delay by submitting the corresponding loss report (PIR - property irregularity report) or its equivalent. The company will grant this benefit, per event, when the luggage has not arrived until 36 hours after the insured's arrival time at the destination indicated on his authorized public transport ticket. This benefit will not be granted if the insured's destination is that of his residence or domicile. This benefit recognizes as a limit the one indicated in the table of benefits specified in the insured coverage table, payable at the rate of a quarter of said maximum for each additional 24 hours that the insured's luggage is late.

Terms:

- In case of reimbursement of expenses for delayed baggage, the insured must submit the following documents:
- Copy of the boarding pass or authorized public transport ticket;
- Original proof of expenses with purchases of personal effects;
- Proof of the loss issued by the responsible authorized public transport (PIR-property irregularity report), indicating the weight, in kilograms of lost luggage;
- Original luggage ticket.

In order to proceed with this reimbursement, in all cases, the presentation of all the documentation proving the occurrence of the event (police report, customs declaration, proof of rental, etc.).

Exclusions

The coverage of this insurance will not operate when the accident or event occurs by direct effect, either totally or partially of the situations indicated in art. 05 of the general conditions of POL 320180032.

It is stated that in Point 7 of Exclusions the following governs: Epidemic diseases and their consequences, directly or indirectly arising from a pandemic, whether it has been declared by the World Health Organization or the body that replaces it, or well, by the corresponding authority of any of the affected countries, localities or regions. However, this exclusion will not be applicable in the case of COVID 19 diagnosis, the above in case of requiring medical attention for the BI coverage and only if the medical attention occurs during the trip by the insured, and in case of repatriation of mortal remains by COVID-19 in DI coverage.

Procedure for using this insurance

In order to use the coverage of this policy or to report a claim, the insured must contact the following numbers, depending on where they are:

CHILE

+ 56-2-2560 6609

FROM ABROAD

+ 56-2- 2560 6609 (CALL FOR REVERT CHARGED)

If in the place where you are not admitted or for some reason it is not possible to communicate through the reverse charging system, you must communicate directly and then upon return to Chile request the reimbursement of telephone expenses, presenting the respective original vouchers.

To coordinate the provision of coverage, the following information will be required: patient name, Ruth, date of birth, address, telephone number, email and symptoms or problem. Once this information is obtained, coordination begins and the patient will be notified how to proceed.

It should be taken into account that there is a period of 48 hours to notify the operations center from the occurrence of symptoms or from the occurrence of an accident or problem that requires assistance.

Always at all times, any medical decision is evaluated and controlled by our medical department in conjunction with the treating physician (s).

In the case of refunds by indication of the operations department, you must submit the following information upon your return to Chile:

- Medical assistance: original and complete medical report, original proof of expenses incurred according to the contracted plan
- Delay and / or loss of luggage: pir and original proof of expenses incurred according to the contracted plan
- Delayed flight: proof of the airline certifying the delay and original proof of expenses incurred according to the contracted plan

Remember that you should always call the assistance center if you need a service.

In case of requiring reimbursement from the company. For insurance, please contact siniestrostravel.chile@CHUBB.com

Premium payment method

The premium will be unique and the payment of the premium charged to the credit card or bank debit card of the insured holder or other credit card issuer indicated at the time of hiring. The company will not be liable for omissions or lack of diligence that result in late payment of the premium, even if it is made through the agreed fee.

Validity of the collective policy

This collective policy will be effective from 00:01 hours on March 1, 2019 and ending at 00:01 hours on March 01, 2021 from the end date, no new insured may be incorporated into the collective policy, unless there is an agreement between the contracting party and the insurance company to renew its validity

Individual validity

Coverage for each individual insured will start from the date and time indicated on the travel ticket and will remain valid until the date of arrival in the country of origin, except in the case of a one-way trip, where coverage It will end once it has reached its destination. The insurance may be terminated in advance in accordance with the provisions of POL 320180032.

Right to retraction of insurance

The insured may, without expressing any cause or penalty, withdraw the insurance contracted until before the beginning of the individual term. Said retraction must be communicated to the company, by any means that allows the reliable expression of said will if the retraction occurs after the charge of the respective premium, its full amount must be returned to the person responsible for payment, regardless of the means of payment respective.

Without prejudice to the foregoing, after this period has elapsed, the insured / proposer may terminate the insurance at any time and without expressing cause, by any means that allows the reliable expression of will before the insurance company.

Communications and communication sending

Any communication, declaration or notification that the insurer must make to the contracting party or the insured party due to this policy must be made to their email address indicated in the telephone recording or request for incorporation , unless the insured does not have an email or arrange another form of notification at the time of contracting the insurance.

Likewise, the copy of the policy will be sent to the same means indicated, if the insured has so authorized in the recording or application for incorporation.

If your email is unknown or if you receive proof that the email was not sent or received successfully, the communications must be made by sending a letter addressed to the address of the contracting party or the insured.

Home

For the purposes of this contract, the city and commune of Santiago are established as domicile.

CHUBB customer service

If you have any questions, the insured may call the CHUBB customer service center at 56 (2) 2756 1010, where a specialized executive will assist you Monday through Friday from 9:00 a.m. to 5:30 p.m.

For inquiries or requests for modification, cancellation, issuance of certificate or other related to changes in the initial purchase of your travel insurance, please contact our central CHUBB at +56 2 23987022, from 09:00 to 17:45.

Notes:

- The company will always have the right to request, either from the insured, any other background or document that is needed, or that it deems necessary, in addition to and without prejudice to those already mentioned, for the evaluation of the incident and the corresponding adjustment if appropriate.
- This contract does not have the Sernac seal of art. 55 of law 19,496.
- Annex related to claims settlement procedure is included.

**Annexed
Information on customer service and presentation of inquiries and
Claims**

Under Circular No. 2131 of November 28, 2013, insurance companies, insurance brokers and claims liquidators must receive, register and respond to all submissions, queries or claims submitted directly by the contracting party, insured, beneficiaries or legitimate interested parties or their agents.

The presentations can be made in all the offices of the entities, in which it is publicly attended, in person, by postal mail, electronic means, or by telephone, without formalities, during normal business hours.

Once a presentation, consultation or complaint has been received, it must be answered in the shortest possible time, which may not exceed 20 business days from receipt.

The interested party, in case of disagreement regarding the information, or when there is an unjustified delay of the response, may resort to the superintendence of securities and insurance, an area of protection for the investor and insured, whose offices are located in av. Libertador Bernardo O'Higgins n° 1449, 1st floor, Santiago, or through the website www.svs.cl.

CHUBB insurance chile sa It is voluntarily adhered to the self-regulation code and the compendium of good practices of insurance companies, whose purpose is to tend to the development of the insurance market, in line with the principles of free competition and good faith that must exist between companies, and between them and their customers.

Copy of the compendium of good corporate practices of insurance companies is available to those interested in any of the offices of CHUBB Seguros Chile SA and www.aach.cl.

Likewise, CHUBB Seguros Chile S.A. is voluntarily adhered to the institution of the insured defender of the insured under the self-regulation council of the insurance companies, when the clients submit claims in relation to the contracts concluded with it. Clients can submit their claims to the insured's defender using the forms available at the offices of CHUBB Seguros Chile S.A. O through the website www.ddachile.cl."

(CIRCULAR N° 2106 SUPERINTENDENCE OF SECURITIES AND INSURANCE) CLAIM SETTLEMENT PROCEDURE

1) Purpose of the settlement

The purpose of the settlement is to establish the occurrence of an accident, determine if the incident is covered in the policy contracted at a certain insurance company, and quantify the amount of the loss and the compensation to be paid. The liquidation procedure is subject to the principles of speed and procedural economy, of objectivity and technical character and of transparency and access.

2) Method of liquidation

The liquidation can be carried out directly by the company or entrusted to an insurance liquidator. The decision must be communicated to the insured within three business days from the date of the claim of the accident.

3) Right to object to direct settlement

In the event of direct liquidation by the company, the insured or beneficiary may object to it, requesting it in writing to designate an insurance liquidator, within a period of five business days from the notification of the company's communication. The company must designate the liquidator within two business days from said opposition.

4) Information to the insured party of procedures to be carried out and request for background information

The liquidator or the company must inform the insured, in writing, in a sufficient and timely manner, to the email (informed in the claim of the accident) or by certified letter (to the address indicated in the complaint of the accident), of the steps that he It is necessary to carry out, requesting at one time, when circumstances permit, all the background required to settle the incident.

5) Pre-settlement report

In those claims where problems arise and differences in criteria regarding their causes, risk assessment or coverage extension, the liquidator, acting ex officio or at the request of the insured, may issue a pre-settlement report on the claim coverage and the amount of damage caused, which must be brought to the attention of the interested parties. The insured or the company may make written observations to the pre-report within five business days of their knowledge.

6) Settlement term

Within the shortest possible time, not exceeding **45 calendar days** from the date of denunciation, except for;

- a) Claims corresponding to individual insurance on risks of the first group whose annual premium is greater than 100 uf: **90 calendar days** from the date of denunciation;
- b) Maritime casualties that affect the hulls or in case of gross breakdown: **180 calendar days** from the date of denunciation;

7) Extension of the settlement period

The aforementioned deadlines may, exceptionally provided that the circumstances warrant it, be extended, successively for the same periods, informing the reasons that support it and indicating the specific and specific procedures that will be carried out, which must be communicated to the insured and to the superintendence, being able to Lastly, to extend the extension, in qualified cases, and set a deadline for the delivery of the settlement report. It may not be a reason for the extension of the request for new records whose requirement could have been anticipated before, unless the reasons that justify the lack of the requirement are indicated, nor can claims be extended in which there has been no management of the liquidator, registered or direct.

8) Final settlement report

the final settlement report must be sent to the insured and simultaneously to the insurer, when applicable, and must necessarily contain the full transcript of articles 26 and 27 of the regulation of auxiliary of the insurance trade (DS OF FINANCE No. 1,055, 2012, OFFICIAL JOURNAL FROM DECEMBER 29, 2012),

9) Challenge settlement report

Upon receipt of the settlement report, the company and the insured will have a period of ten business days to challenge it. In case of direct liquidation by the company, this right will only have the insured.

When the report is contested, the liquidator or the company will have a period of 6 business days to answer the challenge.

This is an English translation of the original text in Spanish. For legal purposes will be valid only the original text is Spanish.