

REGULATIONS NO. 60.13
INSURANCE OF MEDICAL AND OTHER UNEXPECTED EXPENSES OF PERSONS
LEAVING THE PLACE OF PERMANENT RESIDENCE
(as amended on 25.12.2017)

Present Regulations No. 60.13 for insurance of medical and other unexpected expenses of persons leaving the place of permanent residence (hereinafter referred to as the Regulations) were accepted and approved by SAO “VSK” to execute the terms of concluded insurance policies (certificates of insurance) for the relevant type of insurance and for the specified period of conclusion and validity of an insurance policy (certificate of insurance), unless otherwise specified in the insurance policy (certificate of insurance).

The concluded insurance policy (certificate of insurance) on the terms and conditions contained in the present Regulations shall define the present Rules as an integral part of the concluded insurance policy (certificate of insurance), which are binding on the Policy Holder and the Insurer.

1. GENERAL PROVISIONS AND ABBREVIATIONS

1.1. The Insurer - Joint-Stock Insurance Company “VSK”, a legal entity established in accordance with the laws of the Russian Federation and licensed to perform insurance activities.

1.2. The Policy Holder is a legal entity or a capable physical person who has entered into an Insurance Policy.

1.3. The Insured is a physical person whose property interests are subject matter of insurance.

1.4. Beneficiary is a physical or legal person which the insurance payment is intended to, the recipient of money or a person appointed by the policy holder to receive insurance payments under an insurance policy. To be recorded in the insurance policy.

1.5. Other third persons are supposed subjects of material relationships at law (close relatives of the insured, in accordance with clause 1.6), interrelated with a controversial relationship at law that is the subject of litigation, entering or engaging in the process that started between the initial parties to protect their subjective rights or legally protected interests.

1.6. According to the present Regulations, close relatives are the officially registered spouse, children, including adopted children, father, mother, siblings, official guardians and wards, grandparents, grandchildren.

1.7. Insurance Terms and Conditions is a statement of the general provisions of the Insurance Regulations published in the Certificate of Insurance issued at the time of concluding the Insurance Policy.

1.8. Insurance territory is the countries and other state-territorial and administrative-territorial entities covered by the Insurance Policy, the exception is limited to the 100 kilometers radius from the administrative boundary of the place of permanent residence of the Insured (clause 1.9).

1.9. The place of permanent residence is the place where the insured permanently or mainly lives (according to registration in the passport, temporary registration certificate, document confirming the residence permit in a given country).

1.10. Service company is an organization that, on the instructions of the Insurance Company, on the basis of the concluded Policy, ensures arrangement of the services provided for under the Insurance Policy to the Insured in the insurance territory.

1.11. Medical expenses - are the expenses for the examination and treatment of the insured, held in a licensed medical facility or by a licensed physician according to the standards of medicine in the country of stay of the insured, confirmed by properly executed medical documents.

1.12. Transportation is the delivery of the injured or patient from the place of injury or disease to medical facility, where the insured may be provided with qualified medical care, or between any healthcare facilities.

1.13. Evacuation is a system of arrangements for evacuation of a patient in need of medical care and treatment from the country of patients stay to the country of permanent residence with medical escort.

1.14. An accident under the present Regulations shall be a sudden, external, unforeseen impact on a human body, as a result of which the Insured person's health is damaged. Such impact occurs at a limited time during the period when the Insured is located on the insurance territory within the terms established by the insurance policy (insurance period) and causes damage to health of the Insured in the form of damage to organs and tissues or his/her spontaneous death due to external, violent, sudden and uncontrolled effect.

1.15. Acute (sudden) disease under the present Regulations shall be recognized as a sudden acute health disorder (impairment of a body's vital activity) that has arisen under the influence of disease-causing and/or extreme (for a given organism) irritants of the external and/or internal environment, which is manifested by changes in the structure and functions of the body and requires emergency medical care.

A disease according to which the Insured receives a planned therapy, is registered or referred to relevant medical specialists, prior to the start of the trip, as well as long-term (congenital or acquired) progressive persistent pathological changes in organs and/or systems requiring medical or surgical treatment to eliminate them or reduce the negative effects on the body cannot be recognized acute (spontaneous).

1.16. Chronic disease is a long-term persistent deviation from the norm and requires constant (regular) observation and/or treatment and possesses one of the following conditions:

- it is acquired, may exist for an indefinite period of time, regardless of whether the Insured knew about it or not, requires medical or surgical treatment to eliminate them or reduce the negative impact on a body;
- congenital, due to intrauterine damage, or the influence of other damaging factors on the fetus during pregnancy. Diagnosed at birth, childhood, or later, including newly diagnosed, requiring medical or surgical treatment to eliminate the symptoms or reduce the negative effects on a body;
- hereditary and genetic are the diseases, the occurrence and development of which are associated with defects in the hereditary apparatus of cells that are inherited through the gametes, exist due to violations in the processes of storage, transfer and realization of genetic information;
 - likelihood of recurrence;
 - is permanent or progresses;
 - known recognized methods of treatment not available;
 - requires palliative care;
 - requires long-term follow-up, advice, periodic examinations, research or analysis, continuous or regular medication.

1.17. Medical care performance types:

1) emergency care is the medical care provided for sudden acute diseases, conditions, exacerbation of chronic diseases that threaten a patient's life;

2) urgent care is the medical care provided for sudden acute diseases, conditions, exacerbation of chronic diseases without apparent signs of a threat to a patient's life;

3) scheduled medical care is the medical care provided during preventive measures in case of diseases and conditions that are not accompanied by a threat to the life of a patient, do not require emergency and urgent medical care, and delaying which for a certain time will not entail a deterioration of the patient's condition, threat to his or her life and health.

1.18. Trip for the purpose of treatment is a trip that involves the receiving, based on previously received written and/or oral recommendations and diagnoses, traditional and alternative medicine services by the Insured aimed at reducing the negative impact or completely eliminating external and internal signs of the disease of any etiology, periods and extent of damage to the Insured

1.19. Deductible is a part of the loss not compensated by the Insurer in accordance with the terms of the Insurance Policy.

1.20. Luggage is packed personal belongings of the Insured, officially checked in to the luggage of the transport organization transporting the Insured.

1.21. The currency unit (c.u.) is the equivalent of an amount of money determined by the currency of the amount insured under the Insurance Policy.

1.22. Social / non-medical escort - the escort of the insured by social service employees, including employees of the airport, train station, port, carrier company.

1.23. Urgent messages are the addresses of a policy holder (insured) on the insurance territory to the Service Company or the Insurance company related to the insured event via telephone, facsimile or other available communication, including short text messages, confirmed by documents.

1.24. Medical facility (hereinafter referred to as "MF") is a medical institution specialized in the provision of primary and/or specialized medical care.

1.25 Carrier is an officially registered company engaged in the transportation of passengers by land, water or air, which is licensed to the relevant type of activity.

1.26. Outdoor activities is a non-systematic execution of sports and physical exercises, including the Insured's participation in sports events, except for the insured's participation in officially registered competitions (including the ones at the amateur level) and training sessions, subject to appropriate safety procedures. **For the purposes of the present document, the outdoor activities shall include:** arm wrestling; aqua aerobics; aerobics; aquatlon; badminton; jogging; bowling; water polo; bicycle rides; golf; "small towns" sport; water skiing, biking, skating, rollerblading, sleds, skateboards, ice-boats, tubing, mini scooters, scooters, hoverboards, segway, cross-country skiing, various types of animals; curling; cricket; staying at a sauna, water park; beach volleyball, handball; on the trampoline; trips on vehicles (carts, buggies, mopeds, motorcycles, motor scooters, quad bikes, snowmobiles, scooters, motorbikes); paintball; petanque; fishing; fun on the water with the use of towed floatation and flying devices ; water vehicles (motor, sailing, rowing and non-propelled); flying in a wind tunnel; safari; nordic walking; squash; softball; orienteering; speed walking; shooting in an equipped shooting gallery; hiking (1-3 grades of complexity, 1-2 categories of complexity); fitness.

1.27. Amateur sports is sports or exercise, including participation of the Insured as an amateur athlete in sports events and sports competitions on the basis of voluntariness and material disinterest. **Amateur sports, for the purposes of the present document, shall include:** basketball; baseball; biathlon; bobsleigh; boxing and its variants, tennis, wrestling (freestyle, Greco-Roman, sambo, belt wrestling), martial arts, capoeira, judo, taekwondo; cycling (track, highway); wakeboard; windsurfing; volleyball; handball; gymnastics; weight-lifting; rowing; skiing; diving; kiting skating; horse riding (all kinds); hunting (including underwater); sailing; hiking (3-4 complexity categories with the exception of mountaineering); polo; rafting (using the declared routes); rugby, American football; surfing; synchronized swimming; dance Sport; snowboarding; snowkiting; fencing; figure skating; football; hockey.

The "amateur sport" notion shall include exercises and physical exercises listed for the "outdoor activities" notion.

1.28 Professional sports is performing sports as the main activity and receiving, in accordance with a contract (employment contract), of wages or other monetary remuneration for preparing for and participating in sports competitions.

1.29. A letter from the tour operator about the penalties is an official document issued by a tour operator, containing information about the amount of penalties applied in under the tourist services agreement for cancellation, postponement or early termination of a tour.

1.30. The daily activities of a physical person are participation in road traffic as pedestrians or cyclists, visits to public places and cultural and entertainment events (exhibitions, cinemas, museums,

skating rinks, ski slopes, swimming pools, etc.), and so forth, excluding participation in sports competitions, the professional activities performance.

2. INSURANCE PARTICIPANTS

2.1. Insurance participants shall be as follows: Insurer, Policy Holder, Insured, Beneficiary.

2.2. Under the terms of the present Regulations the policies shall be concluded for voluntary insurance of medical and other unforeseen expenses of persons leaving the place of permanent residence between Insurance Company VSK, of the one part (hereinafter the Insurer), and:

- legal entities of any legal form, registered and operating in accordance with the current legislation of the Russian Federation (hereinafter - the Policy Holders), of the other part, in favour of third parties (hereinafter referred to as the Insured);

- legally capable physical persons (hereinafter referred to as the Policy Holders), of the other part, in their own favour or in favour of third parties (hereinafter referred to as the Insured). When the Policy Holder concludes an Insurance Policy in his/her/its favour, the rights and obligations of the Insured shall apply thereto.

2.3. According to the present Regulation the following physical persons can be the Insured: citizens of the Russian Federation and citizens of foreign countries.

3. SUBJECT MATTER OF INSURANCE

3.1. The subject matter of insurance under the “Medical and other expenses” program and the “Travel refusal” program shall be the property interests of the Policy Holder (Insured) related to expenses incurred in connection with the provision of medical and other assistance in connection with acute illness, exacerbation of chronic disease, accident or death of the Insured or other unforeseen circumstances stipulated by the terms of the insurance policy that occurred during the validity period of the insurance policy and are subject to the present Regulations.

3.2. The object of insurance under the Civil Liability Program shall be the property interests of the Policy Holder (Insured), related to his/hers/its duty, in the manner prescribed by law, to compensate for damage caused to life, health and/or property of third parties as a result of daily activities of the Policy Holder (Insured) according to cl. 1.30 of the present Regulations.

4. INSURANCE RISKS, INSURANCE EVENTS (INSURANCE OPTIONS AND PROGRAMS)

4.1. The insurance risk shall be the probable event for which the insurance is performed. An event considered as an insurance risk must have signs of the likelihood and chance of its occurrence.

4.2. The insurance event shall be the occurrence of an event provided for in the insurance policy, upon the occurrence of which the Insurer is obliged to make an insurance payment to the Policy Holder/Insured or the Beneficiary.

4.3. Insurance stipulated by the insurance policy shall apply to insurance events that have occurred since the insurance policy entry into force until the termination thereof, except for the cases under clause 6.9.2. of the present Regulations.

4.4. According to the present Regulations, under the "Medical and other expenses" Program insurance events depending on the Insurance Option (Appendix No. 1) **actual, unforeseen and unintended acute diseases and accidents for the Insured person shall be recognized, as well as other events with the onset of which the Insurer's obligation arises to make insurance payment for reimbursement of all or part of unforeseen expenses of the Insured person incurred by him/her during the term of the insurance policy, namely:**

4.4.1. Medical expenses (excluding the dental care expenses) in accordance with clause 9.1.1 of the present Regulations.

4.4.2. Transportation and medical transportation expenses, medical evacuation in accordance with clause 9.1.2 of the present Regulations;

4.4.3. The costs of a body repatriation in case of death of the Insured in accordance with clause 9.1.3 of the present Regulations;

4.4.4. Expenses for early return of the Insured to the place of residence in an emergency situation in accordance with clause 9.1.4 of the present Regulations;

4.4.5. The evacuation expenses for children accompanying the Insured in accordance with clause 9.1.5 of the present Regulations;

4.4.6. Expenses for urgent messages transmission in accordance with clause 9.1.6 of the present Regulations;

4.4.7. Urgent dental care expenses in accordance with clause 9.1.7 of the present Regulations;

4.4.8. A third party visit expenses in an emergency situation in accordance with clause 9.1.8 of the present Regulations;

4.4.9. Legal advice expenses in accordance with clause 9.1.9 of the present Regulations;

4.4.10. Expenses in case of loss of documents in accordance with clause 9.1.10 of the present Regulations;

4.4.11. Expenses in case of luggage loss/delay in accordance with clause 9.1.11 of the present Regulations;

4.4.12. Expenses in case of delay of a regular flight in accordance with clause 9.1.12 of the present Regulations;

4.5. According to the present Regulations, under "Travel refusal" program, insurance events, depending on the Insurance Option (Appendix No. 2), shall be deemed the events that actually occurred, unforeseen and unintended for the Insured person during the validity period of the Insurance Policy, upon full payment of the tour, but not earlier than 30 days before the travel (the restriction shall not apply to the case of refusal to issue an entry visa):

4.5.1. Inability to make a pre-paid travel by one or several Insured persons included in the application for accommodation in one room, in the following cases:

4.5.1.1. Acute disease of the Insured, requiring emergency hospitalization or interfering with a pre-paid trip in accordance with the conclusion of the clinical expert commission or commission consisting of the attending physician and the head of the unit (MF) certified by the institution's seal.

4.5.1.2. Injuries suffered by the insured as a result of the accident and impeding with a pre-paid trip in accordance with the conclusion of the clinical expert commission or commission consisting of the attending physician and the head of the MF unit, certified by the institution's seal.

4.5.1.3. Death of the Insured, a close relative of the Insured or a close relative of the Insured's spouse.

4.5.1.4. An acute disease or injury developed or occurred to a close relative of the Insured or a close relative of the spouse of the Insured, requiring unqualified care by the Insured.

4.5.1.5. Court proceedings in which the Insured is required to participate by court decision as a defendant or a plaintiff.

4.5.1.6. Destruction of the residential accommodation of the Insured or damage thereof, making it unsuitable for living due to fire, flood from water supply, sewerage and heating systems; unlawful actions of third parties; natural disasters.

4.5.1.7. Reception by the Insured/spouse of the Insured of call-up order for military service or military training (except for current employees of the Ministry of Internal Affairs and the Federal Security Service), the dates of which fall on the travel period.

4.5.1.8. Refusal to issue an entry visa to the Insured upon timely submission for issuance of all properly issued and unadulterated documents required by the consular department of the embassy of the country of temporary residence.

4.5.1.9. Delay in issuance of an entry visa to the Insured upon timely submission for issuance of all the properly issued and unadulterated documents required by the consular department of the

embassy of the country of temporary residence.

4.5.2. Early termination of the travel in the following cases:

4.5.2.1. Evacuation to the place of permanent residence of the Insured due to medical reasons, agreed with the Service Company.

4.5.2.2. Death of a close relative of the Insured or a close relative of the spouse of the Insured, including being on a joint trip.

4.5.2.3. Destruction of the residential premises of the Insured due to fire, flood from water supply, sewerage and heating systems; unlawful actions of third parties; natural disasters.

4.6. According to the present Regulations, **under the Civil Liability Program** an insured event is the civil liability case of the Insured for causing harm to life, health and/or property of third parties within the framework of the daily activities of the Insured. **An event shall be deemed an insured event if:** the infliction of harm is in a direct causal relationship between the daily activities of the Insured and the consequences occurring to the affected person; the injury occurred during the term of the insurance policy; the civil liability of the Insured for damages to third parties occurred due to reasons not excluded by the Insurance Regulations; the fact of the obligation of the Insured to compensate the damage to the Beneficiary is acknowledged by the Insured (with the Insurer's prior consent) in a prejudicial (out-of-court) procedure or established by a valid court decision.

**5. INSURANCE COVERAGE INSURANCE PREMIUM.
DEDUCTIBLE AND COVERAGE LIMITS.**

5.1. Insurance Amount is the amount of money defined by the insurance policy or law, within which the Insurer undertakes to pay the insurance compensation under the insurance policy upon occurrence of the insurance event. The Insurance Amount shall correspond to the maximum amount of the Insurer's obligation for insurance payment to the policy holder or a third party entitled to receive it.

5.2. The Insurance Amount under the insurance policy shall be determined by the agreement of the Policy Holder with the Insurer taking into account the requirements of the legislation of the Russian Federation. The Insurance Amount for each program shall be aggregate. Aggregate Insurance Amount is a reduced amount, within which the Insurer undertakes to pay the insurance compensation under the insurance policy. The Amount will be reduced in case of each subsequent insured event in the amount of the insurance compensation already paid.

5.3. The Insurance Policy may set individual limits of insurance payments (limits of liability of the Insurer) for the types of medical and other expenses or their various aggregates, or for individual diseases (conditions), for each insurance event, etc. The limits of insurance payments specified in the insurance policies (limits of the Insurer's liability) shall be set in the same currency as the insurance amount of the Insurance Policy. The liability limit shall be established for the entire insurance period and deducted from the total liability limit under the insurance policy. Limits of liability for reimbursement of certain types of expenses shall be indicated in the description of insurance options: Appendix No. 1 and Appendix No. 2 to the present Regulations.

5.4. Insurance Premium is the payment for insurance, which the Policy Holder pays to the Insurer for the assumed liability to indemnify the Policy Holder/Insured/other third party for property damage caused by the insurance event.

5.5. The amount of the insurance premium shall be determined by the Insurer based on the size of the insurance amount, the insurance option, the corresponding values of the basic insurance rate, insurance terms, correction rates based on various factors affecting the risk level of the insurance event: age, territorial, purpose of travel, etc.

5.6. The insurance amount and insurance premium shall be established in Russian rubles or in a foreign currency, the equivalent of which is the corresponding amount in rubles. In this case the Insurer's monetary obligation shall be payable in rubles in an amount equivalent to a certain amount in

foreign currency at the rate of the Central Bank of the Russian Federation established on the insurance premium payment date, unless otherwise provided by the insurance policy. In cases when the legislation of the Russian Federation allows settlements in a foreign currency under an insurance policy, the monetary obligation may be paid in foreign currency.

5.7. The insurance premium must be paid in full as a lump sum in cash or cashless within the terms established by the insurance policy.

5.8. The insurance premium payment day shall be the following day:

- the day of receipt of the insurance premium at the cash desk of the Insurer or the representative of the Insurer in case of paying in cash;

- the day of credit of the insurance premium to the account of the Insurer or the representative of the Insurer in case of bank transfer payment

5.9. The Policy Holder shall be obliged to keep documents confirming the payment of the insurance premium by it and present them at the request of the Insurer. If any person pays for the insurance premium instead of the Policy Holder, it shall not acquire any rights under the insurance policy in connection therewith.

5.10. An insurance policy for each insurance event may provide for a deductible (clause 1.19 of the present Regulations). The amount of the established deductible shall be specified in the description of the Insurance Options (Appendix 1) and/or in the corresponding field of the insurance policy.

6. PROCEDURE OF CONCLUSION, PERFORMANCE AND TERMINATION OF THE INSURANCE POLICY (VALIDITY OF THE POLICY)

6.1. The insurance policy shall be concluded on the basis of a written or oral Application of the Policy Holder or by its authorized person.

6.2. The Insurance Policy shall be concluded by:

6.2.1. By issuance of one document (certificate of insurance) signed by the parties.

6.2.2. By delivery of a certificate of insurance to the Policy Holder or sending an electronic document with a facsimile seal and the Insurer's signature (in this case the Policy Holder consent to conclude an insurance policy on the terms and conditions proposed by the Insurer shall be confirmed by acceptance of this certificate of insurance and payment of the insurance premium).

6.2.3. By sending a certificate of insurance executed in the form of an electronic document and signed by the enhanced encrypted and certified digital signature of the Insurer in compliance with the requirements of Federal Law dated April 06, 2011 No. 63-FZ "On Electronic Signature".

6.3. The insurance policy shall come into force only after payment of an insurance premium by the Policy Holder in full, but not earlier than the policy effective date.

6.4. When concluding the Insurance Policy, the Insured shall provide the Insurer with the following information:

a) the last name, first name of the Insured in Russian and/or Latin transcription, date of birth, contact phone number for emergency communication;

b) the names of the countries in the territory of which the Insurance Policy is to be valid;

c) the start and end dates of the travel;

d) the insurance amount for each risk (the final amount shall be set by the Insurer);

e) circumstances that may affect the risk level increase.

6.5. The "Travel refusal" risk insurance policy must be concluded within 3 (three) calendar days from the date of conclusion of the tourist services agreement, but not less than 7 (seven) days before the start of the planned trip, unless otherwise provided by the Insurance Policy.

6.6. The Insurance Policy shall be terminated in the following cases:

a) expiration;

b) fulfilment of obligations to the Policy Holder (Insured) by the Insurer under the Policy in full;

- c) liquidation of the Insurer in the manner prescribed by law;
- d) by agreement of the parties;
- e) in other cases stipulated by the legislation of the Russian Federation;

6.7. The Insurer shall be entitled to demand recognition of the contract null and void if, after entering into the insurance policy, it is detected that the Policy Holder has provided the Insurer with deliberate misrepresentations about circumstances known to him/her/it that are essential for determining the probability of an insurance event and the amount of possible losses from occurrence thereof. In any case, the circumstances determined by the Insurer in the standard form of the insurance policy or in its written request shall be deemed significant.

6.8. Based on Art. 435, 438 of the Civil Code of the Russian Federation, the consent of the Policy Holder to conclude an insurance policy on the terms and conditions proposed by the Insurer shall be confirmed by the acceptance of the insurance policy from the Insurer and payment of the insurance premium determined by the insurance policy.

6.9. Insurance policy effect:

6.9.1. The insurance policy under the Programs "Medical and other expenses", "Travel refusal" in terms of early termination of travel (clause 4.5.2. of the present Regulations), "Civil liability" shall come into effect from the date of commencement of the insurance period specified in the insurance policy, but not earlier than the date on which the Insured crossed the border of the insurance territory, except as specified in clause 6.9.2 of the present Regulations.

6.9.2. If the Insurance Policy is concluded when the Insured is in the insurance territory (the date of entry into the insurance territory, according to an international passport, is or precedes the insurance policy effective date), the policy shall take effect seven (7) calendar days after the date of the insurance policy execution. The condition shall not apply to cases of insurance of citizens of the Russian Federation traveling through the territory of the Russian Federation.

6.9.3. The insurance policy effect under the Programs "Medical and other expenses", "Travel refusal" in terms of early termination of travel (clause 4.5.2. of the present Regulations), "Civil liability" shall terminate from the date of expiry of the insurance period specified in the insurance policy, but not later than the date on which the Insured returned from the insurance territory.

6.9.4. In case of comprehensive insurance under the "Medical and other expenses" and "Travel refusal" programs, the effect of insurance policy under the "Travel refusal" risk in terms of the impossibility to make a prepaid trip (in accordance with clause 4.5.1. of the Regulations) shall begin from the date following the date of payment of the insurance premium and expire from the date following the insurance policy effective date under the "Medical and other expenses" program.

6.9.5. When only the "Travel refusal" program is included in the insurance policy, the validity of the policy:

- in terms of impossibility to make a prepaid trip (in accordance with clause 4.2.1. of the Regulations) shall begin from the date of commencement of the insurance period specified in the insurance policy and expire on the date following the date of the planned trip in accordance with the tourist servicing agreement;

- in terms of early discontinuation of a travel (in accordance with clause 4.5.2. of the Regulations) shall begin from the date of commencement of the insurance period specified in the insurance policy and expire from the date of return of the Insured from the insurance territory, but no later than the end date of the insurance period specified in the insurance policy.

6.10. The term of the insurance policy may be limited by number of days of the Insured's stay in the insurance territory, this limitation shall be specified in the "number of days" box in the insurance policy. The Insurer shall be liable only within the specified number of days. At each entry to the territory of the insurance policy the specified number of days shall be automatically reduced by the

number of days spent in the territory of the policy, which shall be confirmed by the passport stamps for crossing the border of the territory specified in the insurance policy. The liability of the Insurer shall cease upon the expiration of the specified number of days. If in the country of entry a stamp is not applied upon border crossing, then the counting of the number of insured days shall start from the day of passport control pass at the first crossing of the Russian border for exit to the insurance territory.

7. RIGHTS AND LIABILITIES OF THE PARTIES.

7.1. The Policy Holder shall be entitled to:

7.1.1. Require the Insurer to comply with the provisions of the Insurance Policy in accordance with the terms of the Regulations on the basis of which it was concluded;

7.1.2. Early refuse from the insurance policy before it enters into force by submitting a written application to the Insurer. In this case, the amount of 100% of the paid insurance premium shall be returned to the Policy Holder.

7.1.3. Early refuse from the insurance policy after it enters into force, submitting a written application to the Insurer. In this case, the insurance premium is returned to the Policy Holder for the remaining term of the Policy less the Insurer's expenses for the conduct of business in the amount of 35% of the paid insurance premium and payments made under the insurance policy:

The calculation of the returned amount shall be made according to the formula:

$RA = 0.65 * (IP/N * (N-V)) - P$, where:

RA is the refundable amount

IP is the insurance premium paid at the conclusion of the insurance policy,

N is the number of insurance days (indicated in the "number of days" (days) box),

V is the term during which the insurance policy was valid (days)

P is the amount of payments made under the Policy (if any)

Upon expiration of the insurance period specified in the insurance policy, the insurance premium paid by the Policy Holder shall not be refunded.

7.1.4. To make changes to the Insurance Policy before its entry into force, by submitting a written application to the Insurer, including by a new Policy conclusion. In the event of an insurance premium increase, the Policy Holder shall be obliged to make an additional payment in the amount of the difference between the insurance premium under the canceled insurance policy and the new insurance policy. In this case, the paid insurance premium under the canceled policy in the amount of 100% shall be transferred to the new policy.

7.1.5. Obtain explanations from the Insurer about the Terms or Conditions of Insurance, the terms of the Insurance Policy and the action procedure in case of an insured event.

7.1.6. Get a copy of the insurance policy in case of loss thereof.

7.2. The Policy Holder shall be obliged to:

7.2.1. Pay in due time and in full the insurance premium stipulated by the Insurance Policy.

7.2.2. Provide the Insurer with complete and reliable information necessary to enter into an insurance policy, as well as information about circumstances, including medical ones, that have a significant impact on the increase in insured risk.

7.2.3. Upon termination of the insurance policy, provide the following documents:

- a written application for termination;
- Insurance Policy;
- a document confirming the insurance premium payment to the Insurer;
- a copy of civil passport;
- a copy of all pages of the international passport;
- banking details.

7.3. The Insured shall be entitled to:

7.3.1. Receive services and reimbursement of expenses incurred by him/her in accordance with the Insurance Policy.

7.3.2. Obtain explanations from the Insurer about the Terms or Conditions of Insurance, the terms of the Insurance Policy and the action procedure in case of an insured event.

7.3.3. Inform the Insurer about cases of non-provision, incomplete or poor-quality provision of services under the Insurance Policy.

7.3.5. Obtain a copy of insurance policy in case of loss thereof.

7.4. The Insured shall be obliged to:

7.4.1. Provide the Insurer with reliable information about significant changes in the circumstances reported to the Insurer at conclusion of the policy, if such circumstances can significantly affect the increase of the insured risk.

7.4.2. In case of an insurance event, strictly follow the provisions of Section 8 of the present Regulations, the instructions of the Insurer, Service Company and the attending physician.

7.4.3. Provide consent to SAO "VSK" for processing of personal data specified in the application (policy, certificate), including automated one, including collection, systematization, accumulation, storage, elaboration (update, change), use, distribution (including transfer), depersonalisation, blocking, destruction in accordance with Federal Law dated July 27, 2006. № 152-FZ "On personal data". These data shall be provided for the conclusion and execution of the insurance policy, as well as the development of new products and services.

The consent shall be granted from the moment of the policy conclusion and valid for five years after the fulfillment of the policy obligations. Consent may be withdrawn by sending a written application to SAO "VSK".

7.4.4. In accordance with Federal Law of the Russian Federation "On the Principles of Health Protection of Citizens in the Russian Federation" No. 323-FZ dated 11.21.2011, entitle SAO "VSK" to review his/her medical documentation to resolve issues related to the performance of the Insurance Policy, other services and protection of the rights of the Insured person, as well as grant the right to medical institutions in which the Policy Holder (Insured) received, receive, will receive medical and other services, transfer to the Insurer the information constituting the patient confidentiality. Information constituting medical confidentiality shall include, inter alia: information on the fact that the Insured applied for medical assistance, his/her health condition, the diagnosis of his/her disease, other information obtained during his/her examination and treatment after the occurrence of an accident or a disease declared to the Insurer. The Insurer shall guarantee compliance with patient confidentiality and insurance secrecy in accordance with the legislation of the Russian Federation.

7.5. The Insurer shall be entitled to:

7.5.1. Check the information provided by the Policy Holder/Insured upon the Insurance Policy conclusion, as well as when requesting payment for the insurance event.

7.5.2. Send data (information, documents, data) requests to third parties that have information about the circumstances of the event occurred with the Insured, including the competent authorities, on matters related to the detection and investigation of the causes and circumstances of the case, and determine the amount of expenses incurred as well as in the case of sending a request by the Insurer to a third party for clarification of the event prior to the receipt of a response to the Insurer's requests.

7.5.3. Fully or partially refuse to provide services or insurance payment in cases provided for in Section 11 of the present Regulations, as well as if the Policy Holder/Insured fails to fulfill the obligations stipulated by the Regulations.

7.6. The Insurer shall be obliged to:

7.6.1. Issue an insurance policy to the Policy Holder in due time.

7.6.2. Familiarize the Policy Holder and the Insured with the Insurance Regulations.

7.6.3. Upon occurrence of insurance events, reimburse expenses incurred due to acute disease, exacerbation of chronic illness, accident or death of the Insured, as well as other unforeseen

circumstances according to the terms of the Insurance Policy in the absence of a dispute about the insured nature of the event, on whether the insured event occurred as well as in the absence of a dispute about the right of the Policy Holder/Insured to receive insurance compensation and the Insurer's obligation to indemnify thereof, the causal relationship between the insurance event and any resulting damages.

7.6.4. Ensure confidentiality of relations with the Policy Holder and the Insured.

7.7. The insurance policy may provide for other rights and obligations of the parties that do not contradict the current legislation of the Russian Federation.

8. ACTIONS OF THE PARTIES IN CASE OF THE INSURANCE EVENT.

8.1. Reimbursement of expenses under the "Medical and other expenses" program shall be performed in the following order:

8.1.1. by reimbursement of the expenses incurred by the Policy Holder/Insured/third party in connection with the occurrence of the insurance event with the Insured, after returning to the place of permanent residence;

8.1.2. by paying for the services of the Service Company that organized and paid for the provision of services to the insured in connection with the insurance event.

8.2. Upon occurrence of an event having signs of an insurance event under the "Medical and other expenses" and "Civil liability" programs, before taking any action, the Insured should contact the Service Company at any time of the day by the telephone numbers specified in the insurance policy, and:

8.2.1. specify in full his/her last name, first name, patronymic, number and term of validity of the insurance policy;

8.2.2. specify the place of his/her location, and the phone number or other means of communication;

8.2.3. give a detailed description of the problem and the type of assistance required;

8.2.4. provide additional information at the request of the Service Company, allowing to determine the insurance nature of the case and compliance with the insurance terms and conditions).

8.3. The Service Company will provide recommendations to the Insured on his/her further actions on behalf of the Insurer: against cash payment or bank transfer, direct the Insured for medical examination to a medical facility, or arrange for medical examination at the location of the Insured, or arrange for the transportation of the Insured to a medical facility. The procedure and method of services provision to the Insured shall depend on the standards of medical care in the host country, the working hours of local medical facilities/medical officers, regulations for the emergency services, the type of assistance required.

8.3. If it is impossible to contact the Service Company before consulting a medical officer or sending to a clinic, the Insured shall present the insurance policy to the medical staff. Then the Insured or his/her representative shall be obliged to contact the Service Company and inform about the insurance event before expiration of the Insurance Policy.

8.4. **Upon occurrence of an insured event under the "Travel refusal" program, the Insured shall be obliged to notify the Insurer in writing of the insurance event.**

8.5. **Upon occurrence of an insurance event for the risk "expenses incurred due to loss/delay of checked luggage", the Insured shall be obliged to notify the Insurer in writing of the insurance event.**

8.6. The Insured should use all possible means to the utmost to prevent or reduce the damage caused by the insurance event.

8.7. If payment for the services provided to the Insured is to be made directly by him/her, the Insured, upon agreement with the Service Company, shall pay them independently. The specified expenses shall be reimbursed by the Insurer, if the documents stipulated by Section 10 of the present Regulations confirming the expenses incurred by the Insured are provided, and complying by the Insured with the present Regulations.

9. PROCEDURE OF DETERMINING THE AMOUNT OF DAMAGE (AMOUNT OF INSURANCE OBLIGATIONS)

9.1. Upon occurrence of insurance events under the "Medical and other expenses" program, except for cases provided for in Section 11 of the present Regulations, the amount of insurance obligations of the Insurer, taking into account the Insurance Option and liability limits for reimbursement of certain types of expenses (Appendix 1 and Appendix 2 to the present Regulations) specified in the insurance policy shall include:

9.1.1. Medical expenses (excluding the dental care expenses), namely:

9.1.1.1. Outpatient care: organization of emergency therapeutic, specialized, surgical care, prescribed by a medical officer required therapeutic and diagnostic procedures to be carried out in the Territory of Insurance, medicines, medical dressings, fixation devices (fixed plaster bandage, fixed splint), without staying in a general or specialized department of a medical facility for more than 12 hours.

For an insurance event, regardless of whether the previous or subsequent hospitalization happened, the Insurer shall cover not more than 2 (two) outpatient requests for medical care, including for the purpose of medical dressings and/or injections (except for the VIP Insurance Option). Both examinations must be justified by the complaints of the Insured and agreed with the Service Company.

9.1.1.2. Hospital admission: organization of emergency therapeutic, specialized, surgical care, prescribed by a medical officer required therapeutic and diagnostic procedures to be carried out in the Territory of Insurance, medicines, medical dressings, fixation devices (fixed plaster bandage, fixed splint), with staying in a general or specialized medical facility for more than 12 hours. Medicines for subsequent outpatient treatment shall not be covered (except for the VIP Insurance Option).

9.1.1.3. In case of hospitalization of children up to 12 years of age, the Insurer shall cover the stay of one of the parents in the hospital within 150 c.u./5 000 rubles per day (according to the currency of the insurance policy). In this case, the amount of expenses for the payment of the person's stay in the hospital shall be reimbursed from the coverage of the Insurance Policy of the Insured.

9.1.1.4. When traveling in the territory of the Russian Federation, treatment shall be covered only in the territory of occurrence of the insurance event (an injury or a disease), namely within the boundaries of an administrative unit of the Russian Federation. The exceptions are the cases of transfer to another medical facility, located outside the administrative unit of the insured event and equipped to treat injuries or a specific disease the Insured suffers, that was performed as prescribed by the attending physician.

9.1.2. Transportation and medical transportation expenses, medical evacuation, namely:

9.1.2.1. Transportation within the country of stay under emergency and urgent circumstances to a specialized medical facility in the insurance territory. The type of transportation (taxi, ambulance, other) shall be determined by the physician of the Service Company or the attending physician depending on the patient's objective condition and location, including with regard to the standards of medical care in the host country. Transportation by an ambulance car must be justified by a life-threatening condition or medical indications for transportation only in the clinostatic state. In other cases, expenses for transportation by an ambulance car shall not be subject to coverage.

Return transportation from a medical institution shall not be refundable, except for:

- cases of transportation of children up to 12 years of age inclusive (the type of transportation shall be determined by a physician of the service department);

- VIP Insurance Option.

Transfer to a transportation hub (airport/port/station) in the insurance territory shall not be included in the coverage and not refundable.

9.1.2.2. Transportation of the Insured from the insurance territory to the international

transportation hub (airport, station, port) specified in his/her initial purchased return tickets, if the Insured or his/her underage child could not use the scheduled return flight:

A) due to an insurance event (hospital stay or in case of medical contraindications for the flight);

B) due to quarantine disease (chickenpox, scarlet fever, measles, rubella, infectious mononucleosis, infectious parotiditis) and a ban on leaving the insurance territory, confirmed by a medical document.

Payment shall be due only to the cost of return tickets and accommodation expenses of the Insured in a hotel before the date of transportation at the rate of up to 100 c. u./5 000 rubles per day for a room (according to the currency of the insurance policy). Transfer to a transportation hub (airport/port/station) in the insurance territory shall not be included in the coverage and not refundable.

If the Insured is a minor child, the cost of return tickets and hotel accommodation for one of the legal representatives of a minor child (parent, guardian, etc.) shall be also payable.

If the Insured has no return tickets, the expenses under clause 9.1.2.2. shall not be subject to coverage.

9.1.2.3. Transportation of the Insured from the insurance territory to the international transportation hub (airport, station, port) specified in his/her initial purchased return tickets, by the most economical transport as agreed with the Service Company and in presence of documents confirming the insurance event and the prescription of an attending physician about the need for early return to the place of permanent residence. Payment is due only for the cost of return tickets, the transfer to a transportation hub (airport/port/station) in the insurance territory shall not be included in the coverage and not refundable.

If the Insured has no return tickets, the expenses under clause 9.1.2.3. shall not be subject to coverage.

9.1.2.4. Performance of search and rescue activities to locate the Insured in mountains, on the sea, in a desert, in a jungle, or in other remote areas, including the cost of evacuating from a ship to shore.

9.1.2.5. Emergency medical evacuation from the insurance territory to the international transportation hub (airport, station, port) specified in his/her original purchased return tickets, the most economical transport, including the expenses for escorting medical staff (to perform medical procedures during evacuation) as prescribed by an attending physician or a physician of the Service Company provided absence of possibility for the Insured to independently return due to medical reasons to the place of residence based on the insurance event.

The necessity and method of medical evacuation and medical escort shall be determined jointly by an attending physician and an expert (medical officer) of the Service Company. Ambulance aviation shall be used in exceptional cases if the state of an Insured does not allow the use of other vehicles.

The cost of the medical transfer to the transportation hub (airport/station/port), return tickets and medical escort shall be subject to payment according to the officially issued recommendations for transportation. Medical evacuation shall be carried out only in the absence of medical contraindications.

9.1.3. Expenses for repatriation of the deceased, namely: the costs of autopsy and embalming of the body, storing the body in a morgue, the purchase of a coffin required for transportation, registration of documents required for a body or an urn transportation to the international transport hub (airport, station, port), nearest to the place of permanent residence of the Insured. In case of repatriation of the deceased body within the Russian Federation, transportation of the body or urn shall be performed to the transport hub (airport, station, port) specified in the initially purchased return tickets of the Insured.

9.1.4. The cost of early return of the Insured to the place of permanent residence in an emergency, namely: expenses for the purchase of economy class tickets for returning the Insured

from the insurance territory to the international transport hub (airport, station, port) indicated in his/her originally purchased return tickets in case of death of a close relative.

If the Insured has no return tickets, the expenses under clause 9.1.4. shall not be subject to coverage.

9.1.5. The cost of evacuation of children accompanying the Insured, namely: expenses for social escort and one-way travel by the economic class (in case of failure to use the initially purchased return tickets) of children under 18 years of age staying with the Insured during the trip, if the children were left without supervision of the Insured person accompanying them on the travel (not younger than 18 years of age) as a result of an insured event. Evacuation shall be performed from the insurance territory to an international transport hub (airport, station, port) specified in his/her initially purchased return tickets.

If the children travelling with the Insured fail to have return tickets, the expenses under clause 9.1.5. shall not be subject to coverage.

9.1.6. Expenses for the transfer of emergency messages on the insurance event: payment of telephone, SMS, facsimile messages between the Insured (or a representative thereof) and the Service/Insurance Company.

9.1.7. The emergency dental care expenses, namely: expenses for provision of the Insured with emergency dental care in connection with an acute toothache or due to an injury caused by an accident. Emergency dental care shall refer to the cost of examination, first aid for acute pain, the prescription of analgetic medical products, x-ray, sealing of a tooth cavity with a sedative filling, tooth extraction due to acute inflammation or trauma, tooth grinding in case of injury.

9.1.8. The expenses for a third party visit in case of emergency.

If the period of hospitalization of the Insured exceeds 10 days and his/her health condition, documented by the attending physician of the medical facility in the insurance territory, is critical, the Insurer will refund the cost of economy class tickets for one relative of the Insured (another person) to the insurance territory and back. The expenses for lodging and meals for a relative (another person) shall not be covered.

9.1.9. The cost of legal assistance, namely: the expenses for legal advice to the Insured, if he/she is prosecuted for violation of local civil law with regard to inadvertently causing damage to a third party, unintentional violation of laws and local administrative regulations in daily activities, excluding damage and violations related to the use, possession and storage of vehicles.

9.1.10. The expenses for organizing assistance in case of documents loss.

In case of loss or theft of a passport/birth certificate, the Service Company shall organize assistance in obtaining a duplicate of a lost passport.

9.1.11. Expenses in case of loss/delay of a checked luggage.

In case of loss of luggage, the Insurer will pay the Insured a cash refund equivalent to 500 c. u./20 000 rubles (according to the currency of the insurance policy) for one lost piece of the checked luggage.

In case of delay of checked luggage due to the fault of the air carrier for a period of more than 4 hours, the Insurer shall reimburse the expenses for the purchase of essential goods in the amount of not more than 100 c. u./4,000 rubles (according to the currency of the insurance policy). Herewith, essential belongings shall be deemed personal hygiene items (toothbrush, toothpaste, comb, shaving stick, shampoo, shower gel, soap, sponge for washing, adult diapers), including childcare (disposable diapers, wet wipes, hygienic lotion, feeding bottles, passies).

9.1.12. Expenses in case of a delayed scheduled flight.

In case of delay of a scheduled flight, the Insurer will reimburse as follows:

9.1.12.1. Expenses of the Insured person for meals, including non-alcoholic beverages, when the flight is delayed for more than 4 hours. The maximum amount of insurance compensation per Insured shall be 50 c. u./1500 rubles per day (according to the currency of the insurance policy);

9.1.12.2. The Insured person's expenses for temporary accommodation in a hotel, in case of a flight delay for more than 8 hours. The maximum amount of insurance compensation shall make 100 c. u./4 000 rubles per room per day (according to the currency of the insurance policy).

Expenses for accommodation and meals, confirmed by documents subject to the provision of a document issued by an authorized representative of a carrier with an indication of the flight delay time, shall be reimbursed.

9.2. In case of occurrence of insurance events under the "Travel refusal" program:

9.2.1. with regard to "impossibility to make a prepaid travel", the Insurer shall indemnify the Insured for expenses incurred due to the Insured person's unilateral refusal of the Tourist Service Agreement concluded with a tourist organization, less the travel agency commission included in the price of the travel package. A part of the tour cost, non-refundable under the tourist service agreement in accordance with the letter of the tour operator about penalties in connection with the cancellation of the tour, shall be subject to reimbursement. All additional expenses of the Insured, not included in the tourist service agreement, shall not be subject to reimbursement. In case of travel time extension due to the delay in issuing an entry visa, the cost of unused tickets, unused days of staying at the hotel and transfer in accordance with the letter of the tour operator about the penalties in connection with the postponement of the tour shall be reimbursed.

9.2.2. with regard to the "early termination of travel", the Insurer shall reimburse the Insured for the cost of the unused hotel stay in accordance with the tourist service agreement and the travel agent's penalties letter due to the early termination of the tour.

9.3. Upon occurrence of insured events under the "Civil liability" Program, the amount of insurance compensation (insurance payment) will include:

9.3.1. The amount of compensation for harm caused to the life and health of injured persons in the form of: additional incurred expenses due to damage to the health of the victim, including the cost of treatment, the purchase of medicines, the purchase of special individual medical care items (crutches, wheelchair, etc.), if it is determined that the victim needs these types of assistance and is not entitled to receive them free of charge; the victim funerals cost.

9.3.2. The amount of compensation for damage caused in the form of loss or damage to a property of a victim, including: a) the actual value of the lost property at the time of causing damage, less the value of balances suitable for further use; b) the cost of repair (restoration) of the damaged property to the state which it has before the insurance event, including the cost of deactivation. If the cost of repair (restoration) of the damaged property exceeds its actual value at the time of the damage, then the property shall be considered lost.

9.3.3. Legal expenses.

9.3.4. Expert examination expenses.

9.3.5. The amount of insurance compensation (insurance payment) shall not include the loss of profits and the moral harm.

9.4. If the Insured is located on a warfare territory (regardless of whether a war has been declared), civil war or military coup, and/or with no civil transport connection, preventing the organization of providing assistance to the Insured, the Insurer shall fulfill its obligations under the "Medical and other expenses" program in the form of reimbursement of expenses actually incurred by the Policy Holder/Insured/third party in accordance with the present Regulations and the Insurance Policy.

9.5. In all cases of transportation or evacuation in accordance with Section 9 of the present Regulation, if the Insured or his/her underaged child was unable to use the planned return flight, the Insured shall be obliged to return unused return tickets to purchase new ones, and the amount paid by the Insurer shall be reduced by the cost of unused travel documents.

10. PROCEDURE OF DETERMINATION OF THE LOSS AMOUNT AND INSURANCE PAYMENT AMOUNT, TERM OF INSURANCE PAYMENT PERFORMANCE

10.1. The beneficiary of the insurance compensation shall be the Policy Holder/Insured or other third party that has paid the expenses in accordance with the submitted documents.

10.2. The Insurer shall indemnify the expenses incurred by the Policy Holder/Insured/third party in connection with the insurance event in the manner and under the conditions specified by the present Regulations.

10.3. When applying for reimbursement under the "Medical and other expenses" program, the Policy Holder/Insured or other person who paid the costs shall submit the following documents to the Insurer:

10.3.1. A written application according to the form of the Insurer containing full information about the insurance event;

10.3.2. personal identity document of the applicant;

10.3.3. international passport with border-crossing stamps.

10.3.4. insurance agreement/insurance certificate;

10.3.5. the original document confirming the payment of the insurance premium (if the insurance policy was paid as part of the tourist service agreement, the original tourist service agreement and a document confirming full payment thereof shall be provided);

10.3.6. birth certificate, if the insurance event occurred with an underaged child, and one of the parents acts as the payer of expenses and the payee;

10.3.7. a notarized power of attorney from the Insured or another person to represent the interests in the Insurance Company, if the payee is not the person that paid the expenses for the event;

10.3.8. if the insurance event occurred as a result of an road traffic accident and the Insured drove the vehicle, then: a copy of the driver's license of the relevant category, a police report, a court judgement indicating the party faulty in the accident; if the Insured was a passenger or a pedestrian, then: a police report and court decision indicating the party faulty in the accident;

10.3.9. documents confirming the occurrence of the insurance event under the "Medical and other expenses" program, namely:

10.3.9.1. **For reimbursement of medical expenses** (including the dental care cost) in accordance with clauses 9.1.1 and 9.1.7 of the present Regulations:

- a medical report, an extract from the medical history or another medical documents indicating the patient's full name, the date of treatment, the diagnosis and the list of services rendered on a physician's/medical institution's letterhead, in case of injury - the results of the alcohol test or an indication of signs of alcohol use in the medical report;

- invoices on behalf of the medical officer and/or medical institution for medical services rendered, with confirmation of payment thereof;

- prescriptions issued on the form of a medical officer or medical institution and invoices/cheques with confirmation of purchase and payment thereof (with enumeration of the medicines' names);

10.3.9.2. For reimbursement of transportation, medical and transportation expenses, expenses for medical evacuation in accordance with clause 9.1.2 of the present Regulations:

- a medical report, an extract from the medical history or another medical documents

indicating the patient's full name, the date of treatment, the diagnosis and the list of services rendered on a medical institution's letterhead, in case of injury - the results of the alcohol test or an indication of signs of alcohol use in the medical report;

- Ambulance bills with the first and last names of the Insured, the route, the date of travel and the cost of services, with confirmation of payment thereof;

- receipts for payment of taxi fare with the first and last names of the Insured, the route, the date of the trip and the cost of the paid services;

- accounts of other organizations that have provided transport or search and rescue services.

10.3.9.3. To reimburse the expenses for a body repatriation in case of death of the Insured in accordance with clause 9.1.3 of the present Regulations:

- a notarized copy of the Insured's certificate of death;

- a copy of the medical certificate of death or other official document with information on causes of death;

- documents confirming repatriation expenses to be covered in accordance with clause 9.1.3. of the present Regulations.

10.3.9.4. For reimbursement of early return of the Insured to the place of permanent residence in an emergency situation in accordance with clause 9.1.4 of the present Regulations;

- the original or notarized copy of a certificate of death, documents confirming the Insured person's kinship with the deceased person;

- tickets, boarding passes and a ticket payment receipt;

10.3.9.5. To reimburse evacuation expenses for children accompanying the Insured in accordance with clause 9.1.5 of the present Regulations;

- a medical report or certificate from the medical facility where the Insured was located, containing information about the insurance nature of the event;

- a copy of the child's passport;

- tickets, boarding passes and a ticket and escort payment receipt.

10.3.9.6. To reimburse the expenses for urgent messages transmission from the insurance territory in accordance with clause 9.1.6 of the present Regulations:

- documents confirming the fact of telephone calls, sending sms, facsimile messages to the phones of the insurance or service company with the cost thereof.

10.3.9.7. To reimburse third party visit expenses in an emergency situation in accordance with clause 9.1.8 of the present Regulations:

- a medical report or certificate from the medical facility where the insured is located, containing information about the need for a visit due to the critical condition of the insured;

- tickets, boarding passes and a ticket payment receipt.

10.3.9.8. Legal advice expenses in accordance with clause 9.1.9 of the present Regulations;

- documents of official bodies confirming the fact of administrative violation of the host country civil legislation in part of inadvertently causing damage to a third party, unintentional violation of laws and local administrative rules in everyday situations, excluding damage and violations related to the use, possession and storage of vehicles;

- documents confirming the fact of payment for legal services with information on the advice specifics.

10.3.9.9. To reimburse the expenses in case of loss of documents in accordance with clause 9.1.10 of the present Regulations;

- a document from authorized bodies confirming the fact of loss or theft of documents (passport, travel documents);

- a document confirming the fact of payment for restoration of lost documents, indicating the cost of services.

10.3.9.10. To reimburse the expenses in case of checked luggage loss/delay in accordance with clause 9.1.11 of the present Regulations:

- a boarding pass, a luggage check and/or a luggage tag confirming that the luggage was transferred to the carrier;
- the original luggage loss/delay certificate, drawn up by the competent authorities (representatives of the carrier);
- documents confirming acquisition of essential goods with an indication of the list of goods purchased and value thereof (in case of luggage delay).

10.3.9.11. To reimburse the expenses in case of delay of a scheduled flight in accordance with clause 9.1.12 of the present Regulations:

- a document issued by an authorized representative of the carrier company confirming the fact of the flight delay and indicating the length of the delay;
- documents confirming the expenses of the Insured for food and/or non-alcoholic beverages in case of flight delay for more than 4 hours from the time indicated in the ticket;
- documents confirming the Insured person's expenses for accommodation at the hotel due to a flight delay for more than 8 hours from the time indicated on the ticket.

10.4. When applying for a refusal under the "Travel refusal" program, the Insured provides:

10.4.1. Written application according to the form of the Insurer containing full information about the insurance event.

10.4.2. Personal identity document of the applicant.

10.4.3. International passport with border crossing stamps (in case of early return).

10.4.4. Insurance policy/certificate of insurance .

10.4.5. Original document confirming the payment of the insurance premium (if the insurance policy was paid as part of the tourist service agreement, the original tourist service agreement and a document confirming full payment thereof shall be provided).

10.4.6. Notarized power of attorney from the Insured to represent the interests in the Insurance Company, if the payee is not the person that paid the expenses for the event.

10.4.7. Original or notarized copy of the tourist services agreement with a tourist organization.

10.4.8. Original hotel voucher (if any).

10.4.9. Payment document confirming timely and full payment of a tour (tour documents, sales receipt or other payment document).

10.4.10. A written confirmation from the tourist organization of the amount of penalties withheld in accordance with the agreement in connection with the cancellation of the tour on a letterhead with the signature and seal of the General Director and the Chief Accountant.

10.4.11. Documents confirming the insurance event occurrence, namely:

10.4.11.1. If it is impossible to travel due to acute illness or injury of the Insured:

- an extract from a medical history (in case of inpatient treatment), certified by the signature and seal of the Head Physician of the medical facility;

- an extract from the medical history with the conclusion of the clinical expert commission or the medical commission (the attending physician and the head) of the MF that during the specified period of time the planned travel is contraindicated for the Insured indicating the terms and reasons,

stamped by the medical facility and bearing the seal of the Head Physician of the MF.

10.4.11.2. If it is not possible to travel due to death of the Insured or his/her close relative:

- original or notarized copy of the certificate of death ;
- documents confirming relationship of the Insured with the deceased person.

10.4.11.3. If it is impossible to travel due to the need of care for a close relative of the Insured:

- a copy of a disability certificate certified by the employer;
- the conclusion of clinical expert commission or a medical commission (the attending physician and the head) of the MF, bearing the seal of the MF, about the term of the non-qualified care necessary for a relative of the Insured;
- documents confirming relationship of the Insured with the person becoming ill.

10.4.11.4. If it is impossible to travel due to legal proceedings, institution of a criminal case:

- a copy of the summons or arraignment, certified by a judicial body .

10.4.11.5. If it is not possible to travel due to the refusal of an entry visa:

- original international passport;
- official refusal from the consular service of the embassy (if issued).

10.4.11.6. If it is impossible to travel due to delay in obtaining an entry visa:

- passport of the insured, containing information on the date of visa receipt;
- official documents of the tour operator, confirming the timely transfer to the consulate of the documents of the Insured (postal invoice or letter from the consulate/tour operator on the official letterhead signed and stamped by an authorized person).

10.4.11.7. If it is impossible to travel due to destruction or damage of real estate owned by the insured:

- document confirming the property ownership;
- documents or certificates from the internal affairs bodies, fire supervision or operational and emergency services, confirming the fact, time and place of the event, as well as the extent of damage.

10.4.11.8. When applying for early return payment following a medical evacuation of the Insured:

- a physician's conclusion on the causes and timing of the evacuation on the letterhead of a medical facility or the Service Company;
- documents confirming the fact of delivery of unused return tickets with indication of the refund amount received (in case of a refund fare).

10.4.11.9. When applying for early return due to death of a close relative of the Insured:

- a notarized copy of the certificate of death;
- documents confirming relationship of the Insured with the deceased person;
- documents confirming the fact of delivery of unused return tickets with an indication of the refund amount received (in case of a refund fare).

10.5. When applying for reimbursement of expenses incurred by the Insured in connection with the reimbursement of damage caused to third parties under the "Civil liability" program in accordance with clause 9.3. of the present Regulations, the Insured shall provide:

- 10.5.1. Written application according to the form of the Insurer containing full information

about the insurance event.

10.5.2. Personal identity document of the applicant.

10.5.3. International passport with border-crossing stamps.

10.5.4. Insurance policy/certificate of insurance .

10.5.5. Original document confirming the payment of the insurance premium (if the insurance policy was paid as part of the tourist service agreement, the original tourist service agreement and a document confirming full payment thereof shall be provided).

10.5.6. Birth certificate, if the insurance event occurred with an underaged child, and one of the parents acts as the payer of expenses and the payee;

10.5.7. Notarized power of attorney from the Insured to represent the interests in the Insurance Company, if the payee is not the person that paid the expenses for the event.

10.5.8. Documents confirming the occurrence of the insurance event and allowing to determine the amount of damage, namely:

10.5.8.1. Document from competent authorities confirming the fact of the insured event and identifying the Insured as the guilty party obliged to compensate the damage to the victim.

10.5.8.2. In order to compensate for property loss or damage:

a) conclusion of an independent examination the event causes, with signs of an insurance event, and the amount of damage to property;

b) documents confirming an actual value of the lost property at the time of damage (independent experts reports, property purchase agreements, invoices, cash and sales receipts, etc.);

c) documents confirming necessary and reasonable costs for acquisition of materials, spare parts (agreement, invoice, delivery notes, payment documents);

d) service and repair organizations documents confirming performance of damaged property repair works;

10.5.8.3. documents proving the expenses incurred due to damage to health of a victim, namely:

a) documents (services provision agreement with a medical institution, invoices, etc.) proving the payment for medical facilities services;

b) documents (prescriptions, pharmacy checks), confirming medical prescriptions of medicines and drugs and purchase cost thereof;

c) cash checks, receipts and other documents confirming purchase of special individual medical care items (crutches, wheelchair, etc.).

10.5.8.4. documents confirming burial expenses, namely:

a) copy of the certificate of death of the victim and a document indicating the cause of death;

b) documents confirming the amount of necessary burial expenses.

10.5.8.5. In order to reimburse legal expenses: agreement with an organization providing legal services (other services related to filing documents to a court) and a document confirming payment therefor.

10.5.8.6. In order to reimburse the expert examination expenses: agreement with an expert institution involved by the Insured upon written consent of the Insurer to clarify the circumstances of the insurance event, the amount of damage, and a document confirming expert services payment.

10.5.8.7. An effective court judgment.

10.5.8.8. The Insurer shall be entitled to independently decide on the sufficiency of the documents actually submitted to recognize the fact of the insurance event and determine the amount of loss. If necessary, the Insurer shall request in writing from the Insured, as well as the victims (Beneficiaries) and the competent authorities additional documents allowing to assess the causes, circumstances and amount of the damage, as well as independently investigate the causes, circumstances and the amount of damage.

10.6. All documents confirming the amount and the fact of expenses payment (invoices, checks, receipts) must be provided in the original.

10.7. The Insurer shall consider the application of the Insured regarding the occurrence of the insured event with the required set of documents provided for in the present Section of the Regulations within 15 (fifteen) business days from the date of receipt thereof. Within the specified period the Insurer shall be obliged to make a decision on the event by one of the following actions:

- perform payment of insurance compensation;
- send a reasoned refusal to pay.

10.8. The Insurer shall be entitled to inspect the documents submitted and request additional information from the Insured and/or organizations having information about the circumstances of the insurance event.

10.9. If an incident is under investigation, a criminal case or a legal process is initiated, then the decision on the payment of insurance compensation can be made by the Insurer after the completion of investigation or court proceedings and the submission of relevant documents to the Insurer.

10.10. The person claiming the insurance compensation, upon request of the Insurer, must attach to the documents in foreign languages a translation into Russian language made by an organization specializing in translation of documents (according to Federal Law "About the State Language of the Russian Federation" N 53-FZ dated June 1, 2005). Upon agreement of the parties, the translation can be made by the Insurer, with the Insurer's right to deduct from the amount of the insurance compensation the cost of translation into Russian of submitted documents under the insurance event.

10.11. Calculation and payment of insurance compensation shall be performed:

10.11.1. Under the "Medical and other expenses" program - in rubles at the foreign exchange rate of the Central Bank of the Russian Federation at the date of payment by the Insured of expenses under the Insurance Event according to the provided documents.

10.11.2. Under the "Refusal to travel" program and the risk "expenses incurred due to loss/delay of checked baggage" - in rubles at the foreign currencies exchange rate of the Central Bank of the Russian Federation as of the date of the insurance event.

10.11.3. Under the "Civil liability" program - in rubles at the foreign currency exchange rate of the Central Bank of the Russian Federation as of the date of payment by the Insured of expenses related to the Insurance event, according to the documents provided

10.12. The day of payment shall be the day when the monetary funds are debited from the Insurer's settlement account or the day the Insured receives the cash in the Insurer's cash register.

10.13. The Insurer shall be entitled to refuse the insurance payment in the following cases, if the Policy Holder/Insured):

- intentionally contributed to the increase in the amount of damages or failed to take reasonable measures to reduce thereof - in the amount of damages arising from failure to take such measures;
- unreasonably refused to comply with the instructions of the Insurer or the Service Company;
- provided inaccurate information or documents with misleading information regarding the insurance event;
- in other cases stipulated by the legislation of the Russian Federation;

10.14. If the documents and information necessary to establish the reasons for the nature of the event possessing signs of an insurance event have not been submitted, the Insurer shall not make an insurance payment, since it is not possible to establish a causal relationship and determine whether the occurring event is an insured event.

11. EXCLUSIONS FROM INSURANCE COVERAGE (GROUNDS FOR INSURANCE PAYMENT REFUSAL)

11.1. The Insurer shall be exempt from the payment of insurance compensation for events that occurred as a result of the following:

11.1.1. Direct or indirect effects of a nuclear explosion, ionizing radiation, radioactive contamination, any type of radiation.

11.1.2. Military operations, as well as maneuvers or other military activities.

11.1.3. Civil war, civil commotion of any kind or strikes.

11.1.4. Confiscation, requisitions or destruction of property by order of the authorities.

11.1.5. Natural phenomena (floods, earthquakes, rains with an intensity of 30 mm per hour or more, landslides, drifts, fires, events deemed emergency under the established order), as well as environmental pollution, epidemics, quarantine (unless otherwise stipulated by the insurance agreement) .

11.1.6. Decisions of public authorities or local governments that prevent the Insurer from fulfilling obligations thereof and other force majeure.

11.2. Insurance events for all Programs shall not constitute insurance and not cover events, signs of which occurred prior to the commencement of the Insurance Policy and/or after the expiration date of the insurance term, as well as occurred during validity period thereof and appeared to the Insured in the following circumstances or as a result of the following:

11.2.1. Intake of alcohol, drugs or other psychoactive substances in case of a causal link between the use of the specified substances and the event.

11.2.2. Manifestations, exacerbations or complications of a nervous or mental disorder, including those developed due to congenital anomalies, birth trauma, mental retardation and feeble-mindedness, behavioral disorders (neuroses, panic attacks, depression, hysterical syndromes, sleep disorders), episodic or paroxysmal disorders of nervous system, convulsive (epileptic form) seizures (with the exception of febrile seizures in children under 10 years old inclusive);

11.2.3. Committing or attempting to commit an unlawful act by the Insured, which is in causal relation to the event occurrence.

11.2.4. Suicide, attempted suicide, intentional self-mutilation or non-compliance with safety regulations, including instructions posted on information boards in public places in the host country.

11.2.5. Impacts of any type of radiation, including sun (sunburn, photodermatitis, sun allergy, heat stroke, overheating).

11.2.6. ovarian menstrual cycle disorders, menstrual pain (algodysmenorrhea), including on the background of the use or use of hormonal drugs, including contraceptives.

11.2.7. Pathological or normal pregnancy for more than 12 weeks, in case of pregnancy as a result of in vitro fertilization - at any time.

11.2.8. Manifestations and complications of the HIV infection, as well as manifestations and complications of immunodeficiency syndromes of other origin.

11.2.9. Manifestations and complications of diseases of blood and blood-forming organs, including those involving the immune mechanism.

11.2.10. Manifestations and complications of:

11.2.10.1. chronic diseases;

11.2.10.2. any neoplasms (benign and malignant ones);

11.2.10.3. sequelae of previous injuries;

11.2.10.4. tuberculosis, leprosy, viral hepatitis, excluding type "A" hepatitis;

11.2.10.5. congenital, hereditary, autoimmune diseases.

Under the "Medical and other expenses" program, the Insurer shall cover the costs of diagnostic and therapeutic measures under clause 11.2.10. until the threat of life is eliminated within the limit of liability set forth in Annex 1 in the paragraph "Medical expenses for the treatment of exacerbation of a chronic disease".

11.3. According to the "Medical and other expenses" program, the events described in clauses 11.1.-11.2 of the present Regulations shall not apply to insurance events, as well as the costs

of treatment, transport and medical transport services, medical evacuation or deceased body repatriation expenses associated with these diseases/conditions/cases or complications/consequences thereof:

11.3.1. Hard drinking interruption, relief of intoxication caused by the use of alcohol, narcotic, psychotropic and drug-like medicinal products, causing mental and physical dependence.

11.3.2. Medical examinations, medical care, acquisition of medicines of any composition and form, and/or individual diagnostic tools not related to a sudden disease or injury that occurred during the insurance period and in the insurance territory.

11.3.3. Complications of diseases and injuries that developed during a travel undertaken despite the medical contraindications of the attending physician for this travel/occupation of the Insured.

11.3.4. Planned hospitalizations and surgeries, if they can be postponed and the patient's condition allows to organize his/her evacuation to the place of permanent residence for this treatment, confirmed by the conclusion of the attending physician.

11.3.5. Expenses for the early return of the Insured in cases of a disease or injury, which, in the opinion of the attending physician and/or physician appointed by the Insurer, can be treated at the Insured person's place of stay and do not interfere with the continuation of his/her travel.

11.3.6. Organ transplantation (except blood and plasma components transfusion), skin grafts, extracorporeal detoxication methods (all types of dialysis, hemofiltration, plasmapheresis), as well as complications caused by these types of treatment.

11.3.7. Surgeries on heart and cardiac vessels (angiography, angioplasty, stenting, shunting, including coronary artery bypass surgery, reparative surgery on heart and vessels, any types of ablation), even in case of medical indications for implementation thereof, as well as complications caused by these types treatment. If the cost of the procedure (angiography, angioplasty, stenting) is not possible to exclude (allocate) from the general invoice, it shall be equated to the cost of 3 (three) days of hospitalization in a general department or 2 (two) days in the intensive care unit.

11.3.8. Expenses related to computer tomography (CT) and magnetic resonance imaging (MRI), except when these studies are conducted for emergency diagnosis of traumatic brain injury severity, to determine the indications for emergency surgical intervention for traumatic brain injury or cerebral circulation disorder (hemorrhagic and ischemic stroke), and can not be replaced by other examination methods and subject to the obligatory coordination with the service company or representative of the Insurance Company.

11.3.9. Any types of prosthetics, including dental, ocular, joints, all types of temporary and permanent implantation (artificial and biological heart valves, artificial pacemakers, cardioverter-defibrillators, vascular prostheses, vascular stents, instruments and devices for assisted circulation, auxiliary oxygenation, artificial and biological materials for plastics of ligaments, skin), as well as complications caused by these types of treatment.

11.3.10. Purchase and repair of braces, removable orthoses, cervical collars, supporting dressings, prosthetic joints, metal structures (including those required for surgery), compression underwear and compression dressings, regardless of the physician's prescriptions. In that case, if the cost of metal structures cannot be extracted (allocated) from the total invoice, then it shall be equated to the cost of 2 (two) days of hospitalization.

11.3.11. Purchase, repair and maintenance of medical equipment, all types of prostheses (including dental), osteophones, glasses, blood glucose meters, dosing pens, medical patches, and other personal medical equipment (braces, supporting medical dressings, compression underwear, walkers, personal hygiene items), consumables, medical instruments for any surgery, excluding crutches and a wheelchair rental. The maximum coverage limit for renting/purchasing of crutches shall be 30 c. u./1 000 rubles (according to the currency of the insurance amount), for the a wheelchair rental - 150 c. u./10 000 rubles (according to the currency of the insurance amount).

11.3.12. Any manifestations and complications of fungal, skin diseases, oral mucosa disorders, including: psoriasis, neurodermatitis, eczema, mycoses, thrush, corns, papillomas, warts and nevi, condylomas, acne, blackheads, food dermatitis, ingrown nail, blepharitis, allergic conjunctivitis,

atheroma, alopecia; cerumen impaction, excluding infectious and viral diseases.

11.3.13. Insect stings (excluding tick, poisonous insects, wasps, bees stings), any allergic reactions (excluding angioedema, anaphylactic shock).

11.3.14. Any manifestations of urogenital infections and urinary tract infections, if the fact of infection (diagnosis of the corresponding disease) was recorded for the insured prior to the conclusion of the insurance policy, except in cases of such diseases detection in children under 15 years of age inclusive.

11.3.15. Sexually transmitted diseases.

11.3.16. Traumas and injuries of the genitals as a result of the impact of foreign objects, except for accident injuries.

11.3.17. Pregnancy termination, with the exception of spontaneous miscarriage with a period of up to 12 weeks inclusive or forced pregnancy termination, resulting from an accident.

11.3.18. Obstetric aid, cesarean operation and aftercare, medical supervision, treatment, including expenses for medical transportation, evacuation, repatriation of a newborn child and/or the Insured.

11.3.19. Services not required for diagnosis and treatment according to the conclusion of medical expert examination.

11.3.20. The provision of medical, transportation services, medical evacuation services by an institution not having a corresponding license, or a person not entitled to medical activities, the consequences associated with such treatment.

11.3.21. Preventive vaccination (except for the antitetanic serum injection and rabies vaccination), disinfection, medical examination, quarantine measures in case of a disease.

11.3.22. Self-treatment, treatment carried out by the Insured person's relatives, as well as any complications resulting from such treatment, including complications caused by self-medication.

11.3.23. Plastic surgery, repair surgery, reconstruction and reparative correction surgery, including repair of bands and tendons of muscles, joints.

11.3.24. Any rehabilitation and restorative treatment, remedial gymnastics, massage, physiotherapy, acupuncture, manual therapy, mud therapy, ear auricle washing (cerumen impaction removal), inhalation (except for inhalation form of drug delivery when inhibiting a bronchospasm, asthmatic status), and any complications developed as a result of such procedures

11.3.25. Cosmetic procedures and neoplasty surgeries, reconstructive surgery, reparative and neoplasty corrective surgeries, as well as any complications resulting therefrom.

11.3.26. Performance of preventive measures, general medical examinations and vaccinations; expenses related to treatment in sanatoria and dispensaries, accommodation and treatment in nursing homes, water, spa, natural clinics, sanatoria or similar institutions or hospitals.

11.3.27. Exacerbations of existing diseases during the stay of the Insured in a sanatorium specializing in treatment thereof.

11.3.28. Any form of alternative and folk medicine, dietary supplements, homeopathic medicines, acupuncture and phytotherapy, massage, as well as any complications resulting from the use of such drugs and methods.

11.3.29. Extra comfort provision: cubicle, luxury ward, TV, telephone, air conditioning, hairdresser, services of a massage therapist, cosmetologist, interpreter, restaurant food and additional nutrition, etc.

11.3.30. Events that occurred during or due to failure of the Insured to comply with the prescriptions of an attending physician, the Insurer or the Service Company, including due to refusal to evacuate to the country of permanent residence when allowed for medical reasons.

11.4. Unless otherwise specified in the Insurance Policy in the "Supplementary conditions" section, under the "Medical and other expenses" program, the events that occurred to the Insured under or as a result of the following circumstances shall not constitute insurance events:

11.4.1. Any kinds of outdoor activities specified in clause 1.26 of the present Regulations.

11.4.2. Any kinds of amateur sports specified in clause 1.27 of the present Regulations.

11.4.3. Any kinds of professional sports according to clause 1.28. of the present Regulations.

11.4.4. Implementation by Insured of professional activities associated with a high risk.

11.5. The following shall not be deemed insurance events under the "Medical and other expenses program", regardless of whether the Insurance Policy includes an extension in the "Additional Conditions" box:

11.5.1. Driving under the influence of alcohol or drugs intoxication.

11.5.2. Driving without relevant category of the driver's license in accordance with the laws of the country specified for the insurance territory.

11.5.3. Participation in excursions organized by an unauthorized, unofficial agency.

11.5.4. Serving in any armed forces or paramilitary formations.

11.5.5. Extreme sports activities, namely: rock-climbing, mountaineering, mountain hiking, digging, ice climbing, caving, heli-skiing, parkour; paragliding, base jumping, hang gliding; street racing; technical diving; off-piste skiing and snowboarding, freestyle, mountain bike, trial, roofering, train surfing, parachuting, kudo, ultimate fighting, mixed martial arts.

11.5.6. Events in the country of permanent or preferential residence (according to the documented registration, residence permit, temporary registration, citizenship), except for cases of insurance of the Russian Federation citizens traveling across the Russian Federation.

11.6. Under the "Travel refusal" program the events stated in clauses 11.1-11.2 of the present Regulations shall not constitute insurance events as well as those occurred before the Insurance Policy effective date and after the insurance period expiry date, including those occurred during the period of validity thereof and occurred to the Insured in the following circumstances or as a result of the following:

11.6.1. Obtaining a refusal to issue an entry visa by a person who had previously received a refusal to issue an entry visa within the last 6 months before the date of application.

11.6.2. Deportation by the relevant authorities (migration service) of the country of temporary residence.

11.7. According to the risk of "expenses incurred in the event of loss/delay of a checked luggage", insurance events shall not include events described in clauses 11.1-11.2 of the present Regulations, as well as loss of luggage as a result of intentional actions of the Insured.

11.8. Under the "Civil liability" program, the insurer shall not reimburse expenses related to the occurrence of the obligation of the Insured to compensate damage caused to third parties as a result of the following:

11.8.1. Alcoholic, narcotic, poisonous intoxication of the Insured person, entailed the actions (inaction), which caused damage to third parties.

11.8.2. Implementation by the Insured of activities other than everyday one (clause 1.30 of the present Regulations).

11.8.3. Driving of a power-driven vehicle (driven by the engine) by the Insured.

11.8.4. Causing damage to the personality of the Insured himself/herself and relatives thereof, regardless of whether they live together or separately.

11.8.5. Causing damage to property owned by the Insured himself/herself or relatives thereof or transferred to them for management, use, rent, pledge or custody.

11.8.6. Offense and/or crime committed by the Insured, which is in direct causal relation to the insurance event.

11.8.7. Causing damage to copyright, discovery, invention or industrial design and similar rights, including unauthorized use of registered trademarks, logotypes or brands, symbols and names.

11.8.8. Causing harm due to the intent of the Policy Holder (Insured).

11.8.9. The Insurer shall be entitled to refuse to pay the insurance in cases the Policy Holder (Insured) failed to notify the Insurer of the insurance event occurrence. Notification of an insurance

event shall be performed by contact of the Insured with the Service Company, the phone numbers of which are specified in the insurance policy.

Requirements for damage compensation for harm shall be deemed written claims or claims for damage compensation made by the Beneficiary to the Policy Holder (Insured), confirmed by evidence of the fact, causes and extent of the damage caused.

11.9. The Insurer shall be entitled to refuse to reimburse all or part of the expenses, if the expenses for medical and other services are paid (reimbursed) under another insurance policy concluded by the insured or are included in the cost of any state or private program implemented in the country where insurance event happened, or medical services were provided within the system of compulsory medical insurance in the Russian Federation, or carried out by the HTA (high-tech assistance), or may be paid by the insurance company of the guilty person for the trauma to the insured.

13. MISCELLANEOUS. DISPUTE SETTLEMENT PROCEDURE

13.1. Disputes arising from the insurance agreement shall be settled by the Parties through negotiations. In case of failure to reach an agreement on disputed issue - by judicial means in accordance with the current legislation of the Russian Federation.

13.2 The Policy Holder and the Insurer shall not be entitled to make claims to each other for recovery of interest under Art. 317.1 of the Civil Code of the Russian Federation for the amount of monetary obligation.

Appendix No.1

to the Insurance Regulations for medical and other unforeseen expenses of persons leaving the place of permanent residence

"Medical and other expenses" program

Expenses and coverage limits included in the insurance option	Regulations clause	Insurance options				
		ECONOM-CLASS	BUSINESS-CLASS	BUSINESS-CLASS - ONLINE	VIP-CLASS	VIP-CLASS - ONLINE
		Coverage limits (in c. u. = USD or EUR)/RUB depending on the insurance amount currency under the insurance policy				
Medical expenses, excluding dental care expenses:	9.1.1.	within the insurance amount under the insurance policy				
including outpatient treatment	9.1.1.1.	not more than 2 visits for one disease			unlimited visits	
including treatment of exacerbation of chronic disease	11.2.10	1000 c.u./ 25 000 RUB	2000 c.u./ 50 000 RUB		5000 c.u.	
including deductible for insured persons from 0 to 2 years of age, over 70 years of age		200 c.u. / 1 500 RUB	-	-	-	-
Transportation, medical transportation expenses, medical evacuation	9.1.2.	10 000 c.u. / 500 000 RUB			30 000 c.u.	
including for search and rescue operations	9.1.2.4.	3000 c.u.				
Expenses for repatriation of the deceased	9.1.3.	10 000 c.u./ 250 000 RUB			15 000 c.u.	
Expenses for early return in a case of emergency	9.1.4.	according to the Insurance Regulations				
The cost for evacuation of children accompanying the Insured	9.1.5.	according to the Insurance Regulations				
Expenses for emergency messages transmission	9.1.6.	100 c.u./ 1000 RUB			100 c.u.	
The emergency dental care expenses	9.1.7.	-	200 c.u./ 2 000 RUB		400 c.u.	
Expenses fore a third party visit in an emergency case	9.1.8.	-	-	-	according to the Insurance Regulations	
Legal advice expenses	9.1.9.	-	-	1000 c.u.		
Expenses at loss of documents	9.1.10.	-	-	-	according to the Insurance	
Expenses in case of baggage loss	9.1.11.	-	500 c.u./ 20 000 RUB	-	1000 c.u.	-
Expenses in case of a delayed scheduled flight	9.1.12.	-	-	according to the Insurance Regulations		

Appendix No. 2

to the Insurance Regulations for medical and other unforeseen expenses of persons leaving the place of permanent residence

"Travel refusal" program

Insurance events included in the insurance option	Regulations clause	Insurance options		
		Visa	Standard	Extra
Inability to make a pre-paid travel by one or several Insured persons included in the application for accommodation in one room, in the following cases:				
Acute disease of the Insured requiring emergency hospitalization	4.5.1.1.	-	✓	✓
Trauma sustained by the Insured as a result of an accident	4.5.1.2.	-	✓	✓
Death of the Insured, a close relative of the Insured or a close relative of the Insured person's spouse.	4.1.3.	-	✓	✓
An acute disease or injury of a close relative of the Insured or a close relative of the spouse of the Insured, requiring unqualified care by the Insured.	4.5.1.4.	-	✓	✓
Court proceedings in which the Insured is required to participate by court decision as a defendant or a plaintiff.	4.5.1.5.	-	✓	✓
Loss of the Insured person's residential premises or damage thereto due to fire, water flood, illegal actions of third parties, natural disasters	4.5.1.6.	-	✓	✓
Receipt by the Insured/spouse of the Insured of the agenda of the call to military service or military training	4.5.1.7.	-	✓	✓
Refusal to issue an entry visa to the Insured	4.5.1.8.	✓	-	✓
Delay in issuing an entry visa to the Insured	4.5.1.9.	✓	-	✓
Early termination of the trip in the following cases:				
Medical evacuation to the place of permanent residence of the Insured	4.5.2.1.	-	✓	✓
Death of a close relative of the Insured or a close relative of the Insured person's spouse.	4.5.2.2.	-	✓	✓
Loss of the Insured person's residential premises due to fire, water flood, illegal actions of third parties, natural disasters	4.5.2.3.	-	✓	✓