PASSENGER INSURANCE RULES
(Revised as at 20 August 2021)

Rules Revised as at 20.12.2020 are Applied to Insurance Contracts Concluded Starting from 21.12.2020 to 19.08.2021

Rules Revised as at 10.04.2018 are Applied to Insurance Contracts Concluded Starting from 10.04.2018 to 21.12.2020

GENERAL PROVISIONS FOR ALL SECTIONS OF THESE RULES

1. GENERAL PROVISIONS. INSURANCE PARTIES. DEFINITIONS

1.1. In accordance with the civil laws of the Russian Federation (hereinafter referred to as the "Russian Federation"), the Law "On Organization of Insurance Activities in the Russian Federation," regulatory documents of the government insurance supervision authority of the Russian Federation, these Rules (hereinafter referred to as the "Rules") shall regulate the relations arising between the Insurer and the Policyholder as to insurance during transportation and travel.

1.2. When entering into the insurance contract, the terms and conditions contained herein shall become binding on the Policyholder, the Insurer, the Insured Persons and the Beneficiary. The Policyholder and Insurer may provide in the Insurance contract that some provisions of the Insurance Rules are not included into the contract and are not valid in certain insurance cases, can be included into the Insurance contract amended (supplemented), given these amendments and additions do not contradict the effective Russian legislation.

1.3. The terms and conditions of the insurance contract (policy) which are different from the terms and conditions contained herein shall prevail.

1.4. Basic notions specified by definitions stated below shall be interpreted within the framework of these Rules only according to these definitions:

1.4.1. AIRPORT means the territory (premises) of buildings of passenger terminals and the air field of the airport system intended for passengers.

1.4.2. BAGGAGE means personal belongings (including external packaging, i.e. suitcase/bag/rucksack, etc., except for paper, polyethylene, cardboard or wooden packaging) of the Policyholder (the Insured), his/her immediate relatives or immediate relatives of his/her spouse or any other Insured making a joint trip with him/her, delivered by him/her to the carrier for transportation in accordance with the required procedure (registered for the flight). Carry-on baggage shall not be deemed to be baggage in accordance with these Rules.

1.4.3. IMMEDIATE RELATIVES means a spouse and parents, father/mother (including adoptive parents or trustees), children (including adopted or in trusteeship/guardianship, including children of the relevant spouse), whole blood: siblings (including half-siblings), grandmothers and grandfathers, grandsons and granddaughters.

1.4.4. BENEFICIARY means the Insured, unless any other party is named as the Beneficiary in the contract.
The Beneficiary's right to get an insurance indemnity (benefit) may be assigned by the Beneficiary to any third party under a notarized power of attorney.
The insurance contract may establish a legal entity as the Beneficiary for all the risks of sections of these Insurance Rules, except for payments under Sections 1 and 2 (risks of accident and/or medical expenses).

1.4.5. GROUP OF COUNTRIES – unless otherwise provided for in the insurance contract or the text in any section hereof, the group of countries means the Schengen and European Union states being official member states of such unions as at the date of the insurance contract.

1.4.6. INSURANCE CONTRACT (POLICY) means a contract in writing (or in any equivalent form in accordance with the applicable laws of the Russian Federation), hereinafter, "in writing," by and between the Policyholder and the Insurer, in accordance with which the Insurer shall be obliged, for a stipulated fee (insurance premium) payable by the Policyholder (the Insured) upon occurrence of an event provided for by the contract (loss occurrence), to pay the insurance indemnity (benefit) to the extent of the insurance coverage specified in the insurance contract.

Pursuant to these Rules, the insurance contract shall be entered into by one of the following methods:

a) execution of a document containing all essential insurance terms and conditions, i.e. the "insurance contract," signed by the Parties to the contract.

b) delivery by the Insurer (or its duly authorized representative) to the Policyholder of an insurance policy (policy offer, statement, certification, receipt) signed by the duly authorized

representative of the Insurer. In this case, the consent of the Policyholder to enter into the insurance contract on the terms and conditions proposed by the Insurer is confirmed by payment of the insurance premium.

c) acceptance by the Policyholder of the Insurer's offer to enter into the insurance contract by payment of the insurance premium.

d) acceptance of the contract terms, by paying the insurance premium, when concluding an insurance contract in the form of an electronic document on the Insurer's website. The fact that the Policyholder is familiar with the insurance terms and conditions can be confirmed, inter alia, by special marks (confirmations) affixed by the Policyholder or his representative in electronic form on the website.

The insurance contract shall take effect upon payment of the insurance premium and shall remain effective for fifteen (15) calendar days. The term of the insurance contract shall be extended for the period necessary to complete the carriage if the ticket is purchased more than fifteen (15) calendar days prior to the start of the trip and/or the flight is delayed and/or the carriage is not completed within the specified time period.

1.4.7. INSURED means the person in whose respect the Policyholder enters into the insurance contract. If the Policyholder individual enters into the insurance contract for his/her own benefit, he/she shall be deemed to be the Insured.
If the Insured is legally incapable or under-age, his/her legal representative shall be the Beneficiary under the insurance contract.
The insurance contract may name a legal entity as the Insured, if the contract is concluded in relation to financial risks, property of this legal entity, liability for causing harm to third parties.
If the insurance contract provides for its conclusion without specifying the last name, first name, patronymic (if any) or the name of the insured person (the Policyholder, the Beneficiary), the insurance contract shall clearly define an identifying feature that makes it possible to unambiguously specify such a person (owner of the building, passenger of a certain vehicle, user of an individual mobility device, event participant, ticket holder, employee of the enterprise according to the staffing table, etc.), as well as mandatory identification of the insured person (beneficiary) when settling a loss.

1.4.8. HEALTH PROBLEM means any physical ill-being connected with the loss, abnormality of the physiological, anatomical structure and/or functions of the human body.

1.4.9. ACCIDENT means any sudden physical effect of various external factors (mechanical, thermal, chemical, etc.) on the Insured's body occurring within the insurance period beyond the Insured's will, which leads to harm to health - personal injuries, physiological dysfunction of the Insured's body or his/her death. The following refers to Accidents, without limitation: assaultive act of lawbreakers or animal attack (including insects, reptiles and other animals), falling of any object on the Insured, falling of the Insured, sudden asphyxiation, sudden intoxication by harmful products or substances, injuries by the vehicle traffic or any road accident, use of machinery, mechanisms, implements of production and various tools, etc. In addition, Accidents include the following exposures: explosion, burn, frostbite, drowning, effect of current, lightning stroke, and other exposures.

Any of the aforesaid events occurring due to any disease or death as a result of natural causes, as well as events which do not lead to harm to health, shall not be deemed to be an accident.

The above events related to harm to health as a result of an illness may be accidents if the insurance contract provides for insurance against the risks of Section 1 related to the onset of incapacity/disability/death as a result of illness, temporary loss of professional ability to work as a result of illness, diagnosis of an infectious disease, which is additionally stipulated in the insurance contract.

1.4.10. BAGGAGE ITEM means, pursuant to these Rules, a suitcase, bag, traveling bag, holdall, side bag or any other item containing one of more things for carriage.

1.4.11. OVERBOOKING means pursuant to these Rules:

- sale (resale) for any flight of more tickets than passenger seats on board the aircraft;
- refusal of the carrier to provide the passenger with a seat on board the aircraft due to replacement by the carrier of the aircraft effecting the carriage for any other one with less passenger seats.

1.4.12. ACUTE DISEASE means any disease first diagnosed and developed during the term of the insurance contract, in the territory of the insurance contract, which is not an exacerbation or complication of any other pathologic process.

With regard to insurance under Section 2 hereof, it is characterized by the need to provide first aid, including specialized medical aid, in hospital or clinic in the following forms:

a) urgent – as related to sudden acute diseases or conditions, aggravation of chronic diseases[1] threatening the patient's life;

b) emergency – as related to sudden acute diseases or conditions, aggravation of chronic diseases[1] without clear signs of any threat to the patient's life.

1.4.13. ELECTIVE MEDICAL CARE[2] means medical care provided during implementation of preventive measures, in case of diseases and conditions not threatening the patient's life, not requiring urgent and emergency medical care, delay of provision of which will not result in the exacerbation of the patient's condition, threat to his/her life and health.

1.4.14. TRANSPORTATION means transfer of the Insured by air, motor, railway, sea transport, and by inland water transport (river, lake and combined navigation transport) within the framework of transportation organized by the carrier on the basis of the appropriate license. The insurance contract may specifically stipulate that transportation means the movement of the Insured by any type of vehicle specified in the insurance contract or using individual mobility devices operated by the Insured on the basis of rent, lease or belonging to the Insured.

The Insurance Contract (Policy) can apply to a "one-way" ["there"] transportation to a destination or "round trip" to and back from a destination, depending on the number of airflights fixed by Contract and part of the transportation process, given the definitions of a "round trip".

1.4.15. TRANSPORTATION "TO" means:

- for transportation by motor, railway, sea transport, inland water transport or other transport provided for by the insurance contract: the period between the Insured's boarding at the point of departure / start of operation of the vehicle and the moment of his/her abandonment of the vehicle at the destination point;
- for transportation by air transport: the period between the Insured's preflight inspection for boarding at the point of departure and the moment of the Insured's exit from the airport at the destination point under the supervision of authorized persons of the carrier, including the period of staying at stopovers, provided that the Insured is in the territory (on the premises) of the airport.

1.4.16. TRANSPORTATION "BACK" means:

- for transportation by motor, railway, sea transport, inland water transport or other transport provided for by the insurance contract: the period between the Insured's boarding at the point of destination (one-way transportation "there") and the moment of his/her abandonment of the vehicle at the point of departure (one-way transportation "there");
- for transportation by air transport: the period between the Insured's preflight inspection for boarding at the point of destination (for one-way transportation "there") and the moment of the Insured's exit from the airport at the departure point (for one-way transportation "there") under the supervision of authorized persons of the carrier, including the period of staying at stopovers, provided that the Insured is in the territory (on the premises) of the airport.

1.4.17. TRIP means the Insured's traveling (overseas or in the Russian Federation) during and between transportation "to" and "back."

1.4.18. FLIGHT/RIDE means, according to these Rules:

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[1] Medical expenses resulting from aggravation of chronic diseases shall be settled subject to paragraphs 4.1.2., 4.7.-4.9. of Section 2 hereof.

[2] Medical expenses resulting from provision of elective medical care shall not be deemed to be a loss occurrence and shall not be paid for by the Insurer.

(for air transportation) - transportation registered in the flight schedule; this transportation has a unique combination of attributes - carrier code and flight number, date of departure and route.
(for railway, bus transportation) - transportation registered in the train/bus schedule; this transportation has a unique combination of attributes - train number, bus number, name of the trip enroute, departure date etc.
The ticket, Insurance Contract (Policy), boarding pass of the Insured will include unique combinations of travel attributes for transportation, including air flights, railroad, car transportation, the parameters of which (route, number, date and time) are detailed in the Insurance Contract (Policy) and match the parameters in the ticket or boarding pass of the Insured, or in a certificate from the carrier relating to the actual transportation of the Insured.
If the Insurance Contract (Policy) includes several transportations, the first transportation/ride is considered as included into the “one-way to the destination” routes, this also applies to transportations that chronologically follow the first transportation, and the destination (arrival) point of which does not coincide with the departure point of the first transportation, are considered as transportations included into the “one-way to the destination” route. This excludes flights (transportation) where the point of destination (arrival) is located in the same airline hub as the point of departure of the first flight detailed in the Insurance Contract (Policy). These flights are considered as following the "one-way return from destination" transportation route.

The point of departure of the flight/ride specified in the insurance contract (policy) means the starting point of the flight /ride departure route specified in the insurance contract (policy) and in the ticket for that flight/ride. The point of destination means the final point of landing/arrival specified in the insurance contract (policy) and in the ticket for that flight/ride. In connection with the "return" transportation, the meaning of destination and departure points applies to the definition of these points for the "transportation to the destination [to there]" route.

1.4.19. SERVICE COMPANY means a specialized organization whose details are specified in the insurance contract (the insurance policy) of the Insured and who provides the twenty-four-hour services stated in Section 2 hereof.

1.4.20. JOINT TRIP – a trip is deemed to be a joint trip: for persons whose route, time of traveling and flight number of air / railway / bus transport are the same; for persons who have the same hotel/apartment name in the tourist services contract(s) and/or for whom the periods spent at the hotel/apartment overlap or partially overlap. In this case, hotels/apartments, if they do not have the same name, shall be located within the territory of same settlement;

1.4.21. SPORTS means competitions and trainings related to various physical exercises and their sets.

1.4.22. INSURANCE TERM (the Insurer's indemnity period) means the period of time defined by the insurance contract within which the coverage shall apply to the Insured (the Policyholder). The insurance subject to the insurance contract shall apply to those events occurring within the specified period of time only. The insurance term need not to coincide with the term of the insurance contract.

1.4.23. POLICYHOLDER means a legally capable individual or legal entity who has made the insurance contract with the Insurer in accordance with these Rules. If the insurance contract provides for its conclusion with an individual without specifying the last name, first name, patronymic (if any), the insurance contract shall clearly define an identifying feature that makes it possible to unambiguously specify such a person (building owner, passenger of a certain vehicle, event participant, ticket owner , an employee of the enterprise according to the staffing table, etc.), and also provides for mandatory identification of the Policyholder when he performs actions within the framework of the rights and obligations under the contract in accordance with the General Provisions of these Rules and with each Section of these Rules.

1.4.24. INSURANCE INDEMNITY (BENEFIT) means the sum of money determined in the insurance contract and these Rules and payable by the Insurer to the Insured, the Beneficiary or any other third party upon any loss occurrence in accordance with the procedure provided for in these Rules and the terms and conditions of the insurance contract.

The benefit payment date shall be deemed to be the date of debiting the money from the Insurer's account with the bank or payment in cash at the cash desk. Payment shall be made to the recipient's bank account at the Insurer's expense, unless otherwise provided for in the insurance contract.

An insurance indemnity (benefit) shall be paid in Russian rubles or foreign currency in accordance with the applicable laws of the Russian Federation. One currency shall be converted into any other one (including the insurance indemnity (benefit) currency) at the rate of the Russian ruble to each of the currencies set out by the Central Bank of the Russian Federation as at the date of the loss occurrence (event), unless any other date (any other rate) is specified in the insurance contract (policy).

In cases where the benefit amount is obtained not as a whole number, but as a number with kopecks, the Insurer has the right to round off the benefit amount to the nearest whole value in rubles in accordance with the general rules of mathematics - up to a full ruble up or down, depending on the number of kopecks in relation to half the ruble.

Settlements with non-residents of the Russian Federation for payment of expenses (damages) may be made by the Insurer in the currency of the invoice made out for payment or in the currency of the insurance contract as agreed with the Insurer.

1.4.25. COVERED RISK means a probable accidental event provided for in the insurance contract for the occurrence of which the insurance shall be provided in accordance with these Rules.

1.4.26. LOSS OCCURRENCE means an occurred event provided for in the insurance contract upon the occurrence of which there is an obligation on the Insurer to pay an insurance indemnity (benefit) to the Insured, the Beneficiary or any other third party.

1.4.27. INSURANCE VALUE OF BAGGAGE means an actual value of the property at its location as at the date of the insurance contract; an actual value shall be determined based on the amount required for acquisition of the item which is fully identical to the lost one, net of depreciation; for furs, jewelries (precious metal wares, precious and semi-precious stone wares), an actual value shall be determined to the extent of the assessment in accordance with prices for items of such kind and quality usually determined in the commission trade. The insurance coverage shall not exceed the insurance value of the property.

1.4.28. SUM INSURED means the sum of money determined in the insurance contract to the extent of which the Insurer shall be responsible for the fulfillment of the Insurer's obligations under the insurance contract, and on the basis of which the insurance indemnity (benefit) and insurance premium amounts are determined. The insurance coverage under the contract can be “aggregate” and “non-aggregate”, where “aggregate” means a decrease in its size by the benefit amount made under one insurance contract, when subsequent benefits under the same insurance contract are calculated taking into account the decreased insurance coverage;

“non-aggregate” insurance coverage means that under the same insurance contract the amount of the insurance coverage does not change in connection with the insurance benefit made under this contract and remains unchanged for calculating the benefit amount for other loss occurrences that happened under this contract under the relevant risks for which this insurance coverage is established.

Unless otherwise specifically expressly stipulated by the insurance contract, for all Sections and risks of these Insurance Rules, the "aggregate" insurance coverage is established.

1.4.29. INSURER means **AlfaStrakhovanie PLC,** a legal entity established in accordance with the applicable laws of the Russian Federation to carry out insurance activities, acting under the license issued by the federal executive authority for insurance supervision.

1.4.30. INSURANCE PREMIUM means payment for insurance to be made by the Policyholder to the Insurer in accordance with the procedure and within the time limits specified in the insurance contract.

1.4.31. Personal mobility device (PMD) - in accordance with these Insurance Rules, the PMDs include electric scooters, scooters, bicycles, electric bicycles, roller skates, skateboards, hoverboards, segways, self-balancing unicycles, catamarans, inflatable or solid hull boats of small capacity. An insurance contract (policy) may provide for a narrower or broader interpretation of this term.

1.4.32. INJURY means traumatic injury to organs and tissues of the body with damage to their integrity and functions caused by external exposure (mechanical, thermal, chemical, radiation of any kind, electric current and changing atmospheric pressure).

1.4.33. TRANSIT PASSENGER – unless otherwise provided for in the insurance contract (policy), pursuant to these rules, the transit passenger means the Insured making a flight "there" or "there" and "back" on the transport route for which the Insurance Contract (policy) has been entered into, including intermediate stops (connecting flights, interlines). The Insured following the route of transportation "to" and "back" by a direct nonstop flight is not a transit passenger.

1.4.34. TERRITORY OF THE SCHEDULED TRIP – unless otherwise provided for in the insurance contract (policy), such territory means under Section 3 hereof the country in which the final point is situated in accordance with the transportation route of the insured, and intermediate transit points (countries) of boarding (connecting flights) on the route.

1.4.35. DEDUCTIBLE - means the terms and conditions of the insurance contract providing for exemption of the Insurer from payment of the insurance indemnity (benefit) due to the loss not exceeding the certain amount (conditional deductible) or exemption of the Insurer from payment for part of the loss stipulated in the contract (unconditional deductible). In case of unconditional deductible, the Insurer shall always cover the loss net of the specified amount of deductible. The insurance contract may provide for other types of deductible.

1.4.36. WHOLE ARTICLE OF BAGGAGE means the baggage packed in the baggage item, registered by the carrier as one place, confirmed by a baggage receipt.

1.4.37. CHRONIC DISEASE means an illness that does not have a recognized method of absolute cure, and proceeds with aggravation and remission periods.

1.4.38. VISA REFUSAL means an officially registered refusal of a consular institution to issue an entry visa, which was preceded by the consular institution's consideration of the submitted documents for a visa. A case of refusal of a consular institution to consider documents submitted for a visa for any reason is not a visa refusal.

1.4.39. EMERGENCY SITUATION (ES) means a situation in a certain area resulting from an accident, hazardous natural phenomenon, catastrophe, natural or other disaster that may or have resulted in human casualties, damage to human health or the environment, significant material losses and misbalance of living conditions of people. The ES state is introduced/canceled on the territory of the Russian Federation by the authorities of the Russian Federation.

1.4.40. EPIDEMIC means a massive spread of an infectious human disease in any locality, country, significantly exceeding the usual incidence rate. An epidemic is an ES particular case (cause).

1.4.41. PANDEMIA means the highest degree of development of the epidemic process, when the progressive spread of infection leads to unusually high damage to the population over large areas (countries, mainlands, continents).

1.4.42. PNR (Personal Name Record) means a code for booking an air transportation order from 6 alphanumeric characters.

1.4.43. TEMPORARY DISABILITY means a temporary inability of the Insured to perform official duties due to health impairment as a result of an accident or illness (depending on the risk contained in the insurance contract).

For non-working Insured, including children under the age of 18 and pensioners, this is a temporary health problem.

1.4.44. "DISEASE" means a health disorder not caused by an accident, diagnosed on the basis of objective symptoms for the first time during the validity period of the Insurance Contract, as well as resulting from complications after medical manipulations performed during the validity period of the Contract.

A disease that first manifested itself is a disease, the objective symptoms of which are not confirmed by medical research and/or are not reflected in medical documentation.

1.4.45. OCCUPATIONAL CAPACITY means the ability to perform work of a certain qualification, volume and quality. The insurance contract may establish the criteria for recognizing an adult Insured as professionally able-bodied on the basis of the conclusions of professional medical examinations in a certain production sector.

1.4.46. PERSONAL INJURY means a violation of the body integrity, which caused harm to health, dangerous to human life, which by its nature directly poses a threat to life, as well as harm to health that caused the development of a life-threatening condition. The source of determining the severity of personal injury, as well as the presence of the injury itself, if this is not specifically defined by these Rules, as well as by the insurance contract, are the medical criteria for qualifying signs of the severity of personal injury, established by the Ministry of Health and Social Development of the Russian Federation, as amended at the time of the loss occurrence.

1.4.47. TELEMEDICINE – is medical assistance in the form of remote medical consultations (written or oral) using information and communication technologies without setting a diagnosis as part of rendering primary medical and paramedical services on issues within the competence of a doctor. These services are rendered to the Insured by a medical organization that has contractual relations with the Insurer to provide these services.

1.4.48. OBSERVATION – is medical supervision over persons under isolation who have been in contact with patients with quarantine infections or who travel outside the quarantine diseases outbreak zone. Observation is introduced for the maximum incubation period of a disease as soon as the separation from the sick or residents of the quarantine zone is in effect. Observation includes a set of isolation-restriction, therapeutic and preventive, as well as anti-epidemic procedures focused at preventing the spread of infectious diseases.

1.4.49. INTERMIDIATE STOPOVER POINTS - for transportation to the destination (“there”) and/or round trip transportation ("there" and "back"), intermediate landing/stopover points mean the aerodromes/airports where the flight carrying the insured passenger lands for the following purpose: 1) scheduled refueling, and this intermediate airfield/airport is included into the flight plan for the flight route; 2) fixing technical defects in the aircraft; 3) waiting for departure to the flight destination according to the ticket, when the destination airfield/airport temporarily does not accept flights because of weather or technogenic reasons.

1.4.50. Unless otherwise expressly specified in these Rules and the insurance contract (policy), the day means a calendar day.

1.5. In accordance with these Rules, the following parts of the Rules shall be common for all Sections of the Rules:

- 1. General Provisions. Insurance Parties. Definitions.
- 2. Insurance Coverage. Insurance Premium. Deductible.
- 7. General Exclusions.
- 8. Procedure for Termination, Amendment and Cancellation of the Insurance Contract.
- 9. Rights and Obligations of the Parties.
- 10. Consequences of Increase of Insurance Risk during Validity of the Insurance Contract.
- 11. Procedure for Payment of Insurance Benefits in Case of the Insured's Death.
- 12. Dispute Resolution Procedure.

1.6. In accordance with these Rules, the following parts of the Rules shall be set out separately for each Section of the Rules:

- 3. Subject Matter Insured.
- 4. Loss Occurrences.
- 5. Insurance Contract: Validity Period and Conclusion Procedure.
- 6. Actions of the Parties upon Loss Occurrence, Insurance indemnity (benefit) Payment Procedure.

2. INSURANCE COVERAGE. INSURANCE PREMIUM. DEDUCTIBLE

2.1. The amount of the insurance coverage shall be specified in the insurance contract for each Section in accordance with the terms and conditions provided for in Sections 1 - 7 of these Rules, and shall be the limitation of the Insurer's liability.

2.2. The total amount of benefits as related to one or more loss occurrences may not exceed the insurance coverage specified for the relevant events (insurance risks) in the insurance contract (policy), excluding indemnity for events provided for by Section 6 herein, as well as excluding indemnity for events provided for by Sections 5 and 8 herein, if an appropriate condition is provided for in the insurance contract (policy) regarding the events of Sections 5, 6 and/or 8.

2.3. The insurance coverage in the insurance contract (policy) shall be specified in Russian rubles. As agreed by the Parties, the insurance contract (policy) may be entered into using the "forex equivalent insurance." In this case, the insurance coverage, limits of liability, deductibles, insurance premium and insurance indemnity may be specified and/or calculated in foreign currency.

2.4. The insurance contract may provide for limits of liability for each subject matter insured or covered risk or type of expenses.

2.5. The insurance premium shall be specified by the Insurer in accordance with the actual rates.

2.6. The insurance premium may be paid in accordance with the applicable laws of the Russian Federation:

a) in rubles;
b) as related to forex equivalent insurance, the insurance premium may be specified in foreign currency and paid in Russian rubles at the rate of the Central Bank of the Russian Federation set forth for foreign currency as at the date of payment by the Policyholder, unless otherwise provided for in the insurance contract (policy);
c) the insurance premium in the insurance contract (policy) may be specified and paid in foreign currency in accordance with the applicable laws of the Russian Federation.

2.7. The insurance premium under the insurance contract shall be paid by the Policyholder to the Insurer or the duly authorized representative of the Insurer in a lump sum in cash or by bank transfer, except as otherwise provided for in the insurance contract.

If the Policyholder pays a lesser amount of the insurance premium/insurance contribution than it is provided for in the insurance contract, the insurance contract shall not take effect, and the Insurer shall have no obligation to perform the contract until full payment thereunder by the Policyholder. In the event of payment of the insurance premium by the Policyholder to the incorrect bank details of the Insurer or the duly authorized representative of the Insurer, the Insurer shall not be liable under the insurance contract.

The date of payment of the insurance premium shall be deemed to be:

a) in case of non-cash payment – the date of receipt of the money on the account of the Insurer or the duly authorized representative of the Insurer, unless otherwise provided for in the applicable laws or any other procedure is provided for in the text of the insurance contract;
b) in case of cash payment – the date of payment of the premium in cash to the Insurer or receipt of the money by the duly authorized representative of the Insurer.
c) in case of bank transfer of cash without opening a bank account through a credit institution or bank payment agent (sub-agent) – the date of receipt of the money on the account of the Insurer or the duly authorized representative of the Insurer, unless otherwise provided for in the applicable laws or any other procedure for receiving the insurance premium is provided for in the text of the insurance contract;

2.8. If the Insurer makes a decision to enter into insurance contracts on the terms and conditions which are generally insurance exclusions (in accordance with paragraph 4.4.6 of Section 1 and paragraph 4.8.24 of Section 2 hereof), the insurance premium shall be paid by the Policyholder in accordance with the multiplying factors set forth by the Insurer.

2.9. The insurance contract may provide for a deductible. The deductible shall be specified in the insurance contract in the full amount or in the percentage of the insurance coverage or the insurance indemnity (benefit) and/or in the form of a temporary period. Unless otherwise expressly provided for in the insurance contract, the deductible shall be unconditional and shall apply to each loss occurrence and each Insured.

SECTION 1. ACCIDENT INSURANCE FOR PASSENGERS

3. SUBJECT MATTER INSURED

3.1. The subject matter insured is the property interests associated with damage to health of the Insured and death of the Insured as a result of the Accident occurring during the insurance term (the Insurer's indemnity period) in the insurance territory.

4. INSURANCE RISKS. LOSS OCCURRENCES

4.1. Insurance risks in accordance with this Section hereof are the following events occurring during the insurance term:

4.1.1. **"accidental injury" risk** means an injury (bodily damage) resulting in injury to health caused to the Insured during the insurance term as a result of the Accident occurring during the insurance term;

4.1.2. **"accidental incapacity for work" risk** means a temporary loss by the Insured of his/her general working capacity (temporary incapacity for work) caused by an Accident occurring during the insurance term resulting in injury to health (hereinafter it is implied that a temporary loss of the general working capacity also means for any Insured under 18 years of age and for any non-working Insured, including pensioners, a temporary deterioration of health). The insurance contract may establish different benefit amounts for working and non-working Insured, as well as determine the benefit amount in relation to self-employed Insured (IE). If the contract does not specify the benefit amount in relation to the self-employed Insured (IP), in relation to such an Insured benefit terms apply as for non-working citizens);

4.1.3. **"accidental disability" risk**

– means classification of disability groups I, II, or III for the Insured as a result of an Accident occurring during the insurance term, happening during the insurance term or three years after such Accident;

– means classification of the Insured child (under 18 years of age) as "disabled child" as a result of an Accident occurring during the insurance term, happening during the insurance term or three years after such Accident.

The contract may provide for insurance against classification of disability group I, II or III (separately or collectively) caused by an Accident occurring during the insurance term, arising during the Insurance term or three years after this Accident.

4.1.4. **"accidental death" risk** means the Insured's death caused by an Accident occurring during insurance term, happening during the insurance term or three years after such Accident.

4.1.5. **"diagnosis of an infectious disease" risk** means a disease first diagnosed during the insurance term (defined by the insurance contract as a specific disease or group of diseases) specified in the insurance contract, with the exception of chronic, venereal, oncological diseases and any types of allergies (unless a different set of exceptions is specified in the insurance contract), accompanied by the following set of mandatory features:

4.1.5.1. a positive reaction of the Insured to the causative agent of an infectious disease specified in the insurance contract, accompanied by deterioration of health and hospitalization or leading to hospitalization of the Insured within the insurance term after the completed transportation of the Insured, provided for by the insurance contract (policy);

4.1.5.2. a positive reaction of the Insured to the causative agent of an infectious disease specified in the insurance contract, accompanied by deterioration of health and the Insured's appeal to a medical institution for medical care due to deterioration of health within the insurance term and the prescribed course of outpatient treatment after the transportation of the Insured, provided for by the insurance contract (policy) ;

The insurance contract may provide for one or more of the mandatory signs in accordance with this paragraph of the Rules, as well as the degree of deterioration in health and/or the duration of treatment and other conditions under which the event is considered insured.

4.1.6. **"temporary loss of occupational capacity by the Insured as a result of an accident"** risk means a temporary loss of occupational capacity by the Insured that occurred during the insurance term in respect of such Insured as a result of an accident that occurred during the insurance term in respect of the Insured.

4.1.7. **"temporary loss of occupational capacity by the Insured as a result of illness"** risk means a temporary loss of occupational capacity by the Insured that occurred during the insurance term in relation to the Insured as a result of illness determined by the insurance contract, first manifested and diagnosed during the insurance term in relation to the Insured.

4.1.8. **"disability as a result of illness" risk** means assignment of disability groups I, II, or III for the Insured or classification of the Insured child (under 18 years of age) as "disabled child",

resulting from an illness the Insured was diagnosed with during the insurance term. The liability of the Insurer applies to the disability category assigned during one year after the insurance term end date or another term stipulated by the Ins.Contract.
In accordance with this para of the Rules, if disability group I, II or III are assigned, the Ins.Contract (Policy) may provide insurance coverage, separately or as a whole.

4.1.9. **"death as a result of illness" risk** means the death of the Insured as a result of an illness defined by the insurance contract (Policy), diagnosed during the insurance term pursuant to the Ins.Contract (Policy). The liability of the Insurer applies to death under this risk, which happened during one year or another term defined by the insurance contract:

4.1.9.1. after an illness diagnosed during the insurance term;

4.1.9.2. after a loss occurrence recognized and paid by the Insurer for the "diagnosis of an infectious disease" risk.

The insurance contract may provide for one or both of the specified sub-clauses 4.1.9.1 - 4.1.9.2 of this clause of the Rules, which form the definition of insurance risk.

4.1.10. **"incapacity for work as a result of illness" risk** means a temporary loss by the Insured of his/her general working capacity (temporary incapacity for work) as a result of an illness/group of diseases defined by the insurance contract that occurred/diagnosed during the insurance term (hereinafter it is implied that a temporary loss of the general working capacity also means for any Insured under 18 years of age and for any non-working Insured, including pensioners, a temporary deterioration of health). The insurance contract may establish different benefit amounts for working and non-working Insured, as well as determine the benefit amount in relation to self-employed Insured (IE). If the contract does not specify the benefit amount in relation to the self-employed Insured (IP), in relation to such an Insured benefit terms apply as for non-working citizens);

4.2. The insurance risks shall be specified in the insurance contract (policy).

4.3. Loss occurrence means an occurred event provided for in the insurance contract upon the occurrence of which the Insurer's obligation to pay an insurance benefit to the Policyholder, the Insured, the Beneficiary or any other third party provided for in the insurance contract (policy) arises.

4.4. In accordance with Section 1 hereof, the following events shall not be deemed to be loss occurrences if they result from:

4.4.1. suicide (attempted suicide of the Insured);

4.4.2. intended bodily self-harm of the Insured or willful commission of actions endangering the Insured (except in cases when it is connected with an attempt to save human life);

4.4.3. direct or indirect insolation (sun burn, sun stroke, sun allergy) or frostbite not caused by any technology-related reason;

4.4.4. disobedience of orders of the aircraft commander, ship master and other persons who are held liable by the applicable laws of the Russian Federation or other regulations for passenger safety during transportation by motor, railway, sea or inland water transport;

4.4.5. disobedience of the instructions/orders of persons officially protecting the law and order in the insurance territory (police, other, etc. law enforcement agencies);

4.4.6. mental disorders or diseases of the Insured;

4.4.7. sports activities or dangerous activities (as a professional driver of motor transport, miner, builder, construction electrician, airman, seaman, etc.) of the Insured, except when the insurance contract expressly provides for coverage of such loss occurrences and the Policyholder has paid the premium under the insurance contract subject to corrective ratios, in accordance with paragraph 2.9 hereof;

4.4.8. wrongful acts by the Insured as confirmed by competent authorities;

4.4.9. being of the Insured in a state of alcoholic, drug or other intoxication or driving by the Insured of any motor vehicle or transfer of control to the person in a state of alcoholic or drug intoxication or without any driving license.

4.4.10. injury to the Insured that does not lead to harm to health in accordance with medical criteria for determining the severity of harm caused to human health.

4.4.11. events that have occurred due to certain factors directly indicated in the insurance contract and the public offer to the contract, if the insurance contract is concluded on the basis of a public offer.

4.4.12. Unless otherwise provided for by the Ins.Contract (Policy), death under risk detailed in para 4.1.9, Section 1 of the Rules, does not qualify as an insured event, if it occurred from an illness diagnosed within a term other than the diagnosis timeframe set by the Ins.Contract (Policy) for the risk "Diagnosis of infectious disease".

4.5. Unless otherwise provided for in the insurance contract, the insurance benefit amount shall be determined as follows:

4.5.1. Upon the loss occurrence as related to the "accidental injury" risk pursuant to paragraph 4.1.1 of Section 1 of the Rules, the insurance benefit shall be paid in the percentage of the insurance coverage in accordance with one of the Tables of Insurance Benefits Payable upon Loss Occurrences (table of injuries No. 1, No. 2, No. 3) in Appendix No.1, 2, 3 hereto. The type of injury table to be applied is defined in the insurance contract (policy). The insurance contract may include a table of injuries with a different content and indemnity amounts than in tables No. 1, No. 2, No. 3. If upon payment of the insurance benefit according to the Table of Insurance Benefits Payable upon Loss Occurrences (version of the table on the terms of which the insurance was carried out under the contract) within three years upon the loss occurrence it is truly found out and certified by the relevant documents that the Insured's injuries appeared to be more serious than it was found out before, and according to the same version of the table of benefits, the Insured shall be entitled to receive more benefits than paid initially, the insurance benefits to the extent of the arising difference shall be paid given that the Insurer is provided with the relevant documents certifying the exacted diagnosis as related to the earlier paid injuries.

The insurance contract may provide for a conditional or unconditional monetary deductible for risk.

4.5.2. Upon the loss occurrence as related to the "accidental incapacity for work" risk, "temporary loss of occupational capacity by the Insured as a result of an accident" risk, "temporary loss of occupational capacity by the Insured as a result of illness" in accordance with paragraph 4.1.2, 4.1.6., 4.1.7., 4.1.8. of Section 1 hereof, the insurance benefit shall be paid for each calendar day of temporary incapacity for work for any working Insured and for each calendar day of treatment for any non-working Insured, and shall be determined when entering into the insurance contract in accordance with one of the following options, unless the contract provides for another option or method of calculating the benefit amount:

4.5.2.1. 0.1% of the insurance coverage per day;
4.5.2.2. 0.2% of the insurance coverage per day;
4.5.2.3. 0.3% of the insurance coverage per day;
4.5.2.4. 0.4% of the insurance coverage per day;
4.5.2.5. 0.45% of the insurance coverage per day;
4.5.2.6. 0.5% of the insurance coverage per day;
4.5.2.7. 0.6% of the insurance coverage per day;
4.5.2.8. 0.7% of the insurance coverage per day;
4.5.2.9. 0.8% of the insurance coverage per day;
4.5.2.10. 0.9% of the insurance coverage per day;
4.5.2.11. 1.0% of the insurance coverage per day.

The insurance contract may provide for a conditional or unconditional temporary deductible for the specified risks and/or restriction of the maximum number of days of the ongoing temporary incapacity / occupational capacity covered by the Insurer. The insurance benefit amount may not exceed 25% of the insurance c verage, unless otherwise provided for in the insurance contract.

4.5.3. Upon the loss occurrence as related to the "accidental disability" risk, "disability as a result of illness" risk pursuant to paragraph 4.1.3, 4.1.8. of Section 1 of the Rules, the insurance benefit shall be determined in accordance with the option specified in the insurance contract, in the percentage of the insurance coverage for this risk:
- when disability group I is classified - 50 to 100%;

- when disability group II is classified - 30 to 100%;
- when disability group III is classified (if such insurance is provided for in the insurance contract (policy)) - 10 to 60%.

Unless otherwise expressly provided for in the insurance contract, the contract shall contain one of the following options for the benefit with regard to the "accidental disability" and "disability as a result of illness"risks:

4.5.3.1. when disability group I is classified - 100%, disability group II - 80 %, disability group III – 60%;

4.5.3.2. when disability group I is classified - 100%, disability group II - 70 %, disability group III – 50%;

4.5.3.3. when disability group I is classified - 100%, disability group II - 60 %, disability group III – 40%;

4.5.3.4. when disability group I is classified - 100%, disability group II - 60 %.

If an insurance benefit was paid to the Insured as related to the risk specified in paragraph 4.1.3., 4.1.8. of Section 1 of the Rules and, subsequently, within three years upon occurrence of such Accident, as a result of the same Accident, a higher disability category was classified for to the Insured, the Insurer shall pay the insurance benefit to the Beneficiary to the extent specified in the insurance contract for the relevant disability category, less the amounts previously paid in connection with the classification of the disability category for the Insured as a consequence of the same Accident.

If the Insured is a child under 18 years of age, and the insurance contract provides for insurance benefits depending upon the disability group, in order to determine the insurance benefit amount pursuant to these Rules, the category "disabled child for a one-year period" shall be equal to disability group III, the category "disabled child for a two-year period" shall be equal to disability group II, the category "disabled child until the age of 18" shall be equal to disability group I.

Unless otherwise provided for in the insurance contract, when a lump-sum insurance benefit is paid if disability group I, II or III is classified for the Insured, the insurance related to such risk shall cease from the time of payment of the insurance benefit.

4.5.4. upon the loss occurrence as related to the "accidental death" risk, "death as a result of illness" risk pursuant to paragraph 4.1.4., 4.1.9 of Section 1 of the Rules, the insurance benefit shall be paid as 100% of the insurance coverage provided for in the insurance contract. If, under the insurance contract, benefits have already been made on the risks of Section 1 of these Rules, the benefit amount for risks 4.1.4., 4.1.9. of Section 1 of the Rules is reduced by the benefit amounts made earlier, if the insurance contract does not provide for the establishment of a separate insurance coverage for these risks or a non-aggregate type of total insurance coverage for risks.

4.6. upon the loss occurrence as related to the "diagnosis of an infectious disease" risk pursuant to paragraph 4.1.5. Section 1 of the Rules, the insurance benefit shall be paid in one of the following ways:

4.6.1. in the amount of 0.2% of the insured coverage for each day of hospitalization (or in another amount specified in the insurance contract (policy)), starting from the 7th day of hospitalization, but not more than 30 calendar days for one insured event from the first days of continuous hospitalization;

4.6.2. In the amount (in absolute value) specified in the insurance contract (policy) for each day of hospitalization, starting from the 1st or another day of hospitalization specified in the Contract.

The insurance contract may establish the maximum number of days of payment for hospitalization for one loss occurrene and or different absolute values for outpatient treatment and inpatient (hospitalization).

If the insurance contract does not establish an indemnity option, the benefit shall be paid pursuant to paragraph 4.6.1. Section 1 of the Rules.

4.7. If the insurance contract expressly states specific insurance coverage amounts in relation to each risk, the sum of insurance benefits in relation to a specific risk may not exceed the insurance coverage amount in relation to such risk.

4.8. If the Insurer paid the insurance benefit under the insurance contract for the risks specified in paragraphs 4.1.1. - 4.1.3, 4.1.5. - 4.1.8., 4.1.10 of Section 1 of the Rules and subsequently had an obligation to make payment for the risks specified in paragraphs 4.1.1. - 4.1.9. or payment due to classification of a higher degree of disability, the insurance benefit shall be calculated subject to the previously paid amount (out-paid amounts).

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT

5.1. Validity period of the insurance contract:

a) for the period of transportation "to";
b) for the period of transportation "to and back";
c) for the period of transportation "to and back" and for the period of traveling between transportations "to and back";
d) for the period of transportation(s) specified in the insurance contract;
e) for the period during which transportations are scheduled (including "to" or "to and back");
f) for the period specified in the insurance contract, as a specific time period in relation to time and dates, or in relation to an event, the stay at which is clearly limited in time for a specific date and is identified by documents issued by the organizers of the event.

5.2. The insurance term (the Insurer's indemnity period) may be set out in the insurance contract in accordance with one of the following options:

5.2.1. **"Acc. Transportation"** – for the period of boarding on the vehicle and till deboarding from the vehicle performing transportation.

5.2.2. **"Acc. Port"** – for the period of the Insured's arrival at the territory of the airport, bus station, port, station, quay where the transportation starts and till the Insured's exit from the territory of the airport, bus station, port, station, quay where the transportation ends.

5.2.3. **"Acc. Air Transportation"** – for the period from a preflight inspection in the airport where the transportation starts, and till exit from the air field of the airport where the transportation ends.

5.2.4. **"Acc. Trip"** – for the period of the Insured's arrival to the territory of the airport, bus station, port, station, quay where the transportation starts, and for the period of traveling in the insurance territory between the transportations specified in the insurance contract, and till the Insured's exit from the territory of the airport, bus station, port, station, quay where the transportation ends.

5.2.5. "Acc. Travel" - in the territory specified in the insurance contract, for the period specified in the insurance contract, during which one or more transportation is expected.

5.2.6. Unless the insurance contract expressly provides for any of the insurance options referred to in this paragraph, the contract shall be considered to be entered into on the terms "Acc. Port."

5.3. Territory of the insurance contract:

5.3.1. The insurance contract made in accordance with the "Acc. Transportation" option shall be valid during the Insured's being in the transportation vehicle.

5.3.2. The insurance contract made under the "Acc. Port" or "Acc. Air Transportation" scenario shall be valid during the Insured's being:
- in the transportation vehicle;
- in the territory of the airport, bus station, port, station, quay where the transportation starts and ends, except for territories (premises) not intended for passengers.

5.3.3. The insurance contract made in accordance with the "Acc. Trip" and/or "Acc.Travel" option shall be valid during the Insured's being:
- in the transportation vehicle;
- in the territory of the airport, bus station, port, station, quay where the transportation starts and ends, except for territories (premises) not intended for passengers;
- in the territory of the trip from the moment of exiting the airport of entry, bus station, port, station, quay, except for the territory declared as the zone of military operations4
- in the territory of travel from the moment specified in the insurance contract and until another moment specified in the contract.

5.3.4. The insurance contract (policy) may provide for any other insurance territory.

5.3.5. The insurance contract made in accordance with paragraph 5.1. "c", "e", "f"of this Section herein shall also apply to the territory of the trip, starting at the destination point specified in the insurance contract. The insurance contract may provide for a specific insurance territory in which the insurance contract is effective in terms of insurance during the trip or for the period during which it is planned to travel.

5.3.6. If the Insured is a transit passenger, the following clause shall be in effect in relation to the Insured: "Transit passengers shall remain Insured in the territory (premises) of the airport (bus station, port, station, quay), except for territories (premises) not intended for passengers, for the entire waiting period of boarding to the transportation vehicle specified in the insurance contract (insurance policy). The coverage of transit passengers shall be automatically terminated in case of their abandonment of the specified territory (premises) and resumed upon their return."

5.4. The insurance contract shall be made in favor of any person without any age limit, except for insurance for the period of use by the Insured of any vehicle as a person managing it, incl. personal mobility devices, if the management of such a vehicle and/or its lease is prohibited by the rules of the lessor.

5.5. In order to enter into the insurance contract, the Policyholder shall, in writing or orally, give notice to the Insurer of his/her intention of entering into the insurance contract and shall provide the information required for the execution of the insurance contract.

5.6. When entering into the insurance contract, the Insurer may request from the Insured (the Policyholder, the Beneficiary) the information about any circumstances known to the Insured (the Policyholder, the Beneficiary), which are essential for determination of the probability of any loss occurrence and the amount of possible losses (covered risk), including but not limited to:

a) name, address, banking details, phone, (if the Policyholder is a legal entity);
b) surname, name, age, permanent residence address, phone of the Insured (except in cases where the insured is identified according to a unique feature that allows one to unambiguously identify such a person (owner of a building, a passenger of a particular vehicle, an event participant, ticket owner, employee of an enterprise according to the staffing table, etc.);
c) route, period of traveling;
d) presence or absence of mental diseases;
e) in case of conclusion of an agreement in accordance with paragraph 5.1. "c", "e", "f" of this Section herein – the purpose of the trip, presence or absence of contraindications for the trip;
f) availability of the classified disability group (including cancelled), issued referral to the medical and social assessment, and registration at the out-patient drug-abuse/psychiatric facility;
g) other documents;

5.7. The insurance coverage established by the insurance contract under this Section of the Rules is reduced by the benefit amounts paid for the risks specified in this Section. Subsequently, insurance benefits under this Section are paid taking into account the reduced insurance coverage, if the insurance contract does not establish separate insurance coverage for risks. The insurance contract may establish benefit limits for individual risks within the general insurance coverage and/or a conditional/unconditional monetary deductible.

6. INSURANCE BENEFIT PAYMENT PROCEDURE AND CONDITIONS

6.1. Upon occurrence of any event having signs of a loss occurrence, the Insured shall be obliged to notify the Insurer thereof immediately but no later than thirty (30) calendar days after the date when the occurrence of the event becomes known, in any form allowing registering the notification fact. The insurance contract may establish a different period for notifying the Insurer, about which special conditions are introduced in the text of the contract.

The obligation of the Insured to notify of the event may be fulfilled by the Policyholder, the Beneficiary or heirs of the Insured or any other third party.

6.2. The Insured (the Policyholder, the Beneficiary) shall, within one hundred and eighty (180) calendar days upon return from the trip during which the loss occurrence happens, or upon expiration of the term of the contract during which the loss occurrence happens, submit a written claim in accordance with the form of the Insurer containing the description of the event and the date of its occurrence, accompanied by the following documents confirming the fact of the loss occurrence and the extent of the loss of the Insured (the Policyholder, the Beneficiary). The insurance contract may provide for a different term for submitting a written application to the Insurer, about which special conditions are introduced in the text of the contract.

6.3. The following documents shall be submitted for the Insurer to be able to make a decision on the insurance benefit:

6.3.1. Insurance contract (policy).

6.3.2. Identity document (copies of all completed pages) of the Insured and/or the Beneficiary, heirs of the Insured, the representative of the Beneficiary/heirs of the Insured).

6.3.3. Ticket (itinerary receipt).

6.3.4. Notarized power of attorney or any other document, as provided for in the applicable laws, certifying the powers of the representative if payment is received by a representative of the Beneficiary/heirs of the Insured.

6.3.5. Documents confirming the loss occurrence in the insurance territory and during the insurance term are as follows:
- report on the Transportation Accident or ambulance signal sheet;
- document issued by competent authorities and certifying the loss occurrence in the territory of the airport/bus station/station/quay/other insurance territory, and certificate issued by a medical institution.

6.3.6. Upon any of the loss occurrences referred to in paragraphs 4.1.1-4.1.3, 4.1.5 - 4.1.8, 4.1.10, as well as in paragraph 4.1.9 of Section 1 of the Rules, if the insurance contract provides for benefit for this risk (4.1.9) after the loss occurrence recognized by the Insurer at risk 4.1.5 of Section 1 of the Rules:
a) abstract of the case history specifying the diagnoses and duration of hospitalization (in case of hospital treatment) or of the outpatient medical record (in case of outpatient treatment);
b) copies of closed certificates of incapacity for work certified by the HR department of the Insured if the loss occurrence involves temporary incapacity for work or medical certificates indicating the period of treatment for unemployed citizens;
c) document provided for in the applicable laws and issued by the relevant authority that reliably provides evidence of the fact and circumstances of the occurrence of the Accident (court decision on a criminal case, investigation report on the Accident, ruling on initiation of criminal proceedings, etc.);
d) referral to a medical and social assessment and a back letter (Form No. 088/u-06) if the loss occurrence is related to disability assessment;
e) certificate of the medical and social assessment institution on disability assessment (change), if the loss occurrence is related to the disability assessment.
f) For the case under paragraph 4.1.5. of Section 1 of the Rules - medical documents confirming hospitalization (if such is provided for by the terms of the insurance contract), and information about the positive text for the infectious disease specified in the contract, taken by the method specified in the insurance contract; if there is no indication of hospitalization in the insurance contract, a positive test for an infectious disease specified in the contract, taken by the method specified in the insurance contract.

6.3.7. Upon any of the loss occurrences referred to in paragraph 4.1.4, 4.1.9 of Section 1 of the Rules and death of the Insured according to paragraph 4.1.5 of Section 1 of the Rules:
a) notarized death certificate or judicial decision on declaration of Insured's death. In case of death outside the Russian Federation, it is necessary to provide confirmation of the embassy or consulate of the state issuing documents that the received documents are an official certificate of death issued by such state or otherwise legalize the specified documents;
b) copy of the document stipulated by the applicable laws, which contains information on the cause of death of the Insured (medical certificate of death, forensic medical report, death reference, postmortem summary, autopsy report, etc.);

c) copy of the document stipulated by the applicable laws and issued by the relevant authority, which reliably provides evidence of the fact and circumstances of the occurrence of the Accident (investigation report on the Accident, ruling on initiation of criminal proceedings or on refusal to initiate criminal proceedings, etc.);
d) abstract from medical record;
e) for the case according to paragraph 4.1.9. of Section 1 of the Rules - information on the Insurer's recognition of a loss occurrence regarding the risk of diagnosing an infectious disease, if the insurance contract establishes the dependence of the loss occurrence at the risk specified in paragraph 4.1.9. of Section 1 of the Rules, and the loss occurrence recognized and paid by the Insurer for the risk specified in paragraph 4.1.5 of Section 1 of the Rules.
f) for the case according to paragraph 4.1.5. of Section 1 of the Rules - boarding passes for flights specified in the insurance policy, or a certificate from the carrier confirming the fact of the transportation of the Insured on flights specified in the insurance policy; Copies of passports/ foreign passports/ temporary registration/ other documents, for example, a boarding pass for a round-trip flight, confirming the presence of the Insured in the territory of the policy.

6.3.8. Upon the Insurer's request, the following documents shall be provided:
a) receipts (payment orders) confirming payment of the insurance premium in full;
b) autopsy report (if no autopsy is carried out, a copy of the statement by the relatives to refuse the autopsy and a copy of the certificate from the pathologist's office on the basis of which the death certificate is issued are to be provided);
c) post-mortem examination report;
d) forensic chemical survey report;
e) certificate of presence or absence of alcohol in the blood;
f) forensic psychiatric examination report;
g) forensic medical examination of harm to health (severity of injury);
h) effective court decision if criminal proceedings are initiated;
i) individual rehabilitation program for the disabled;
j) medical documents (e.g., case histories, outpatient cards, medical records/cards, abstracts of medical reports/cards, certificates issued by a first-aid station, referral to hospitalization);
k) diagnostic studies (e.g., X-ray, CT, spiral CT, magnetic resonance tomography) and their descriptions;
l) abstract of the outpatient/injury records specifying the date, circumstances of the injury/illness, full final diagnosis, treatment period, test results, and provided treatment;
m) certificate issued by the social security department at the place of residence of the parents, the guardian or the trustee;
n) documents from the Insured's employer to establish the fact of employment, the circumstances of an industrial accident;
o) for cases pursuant to paragraphs 4.1.5 and 4.1.9. of Section 1 of the Rules - a translation into Russian of medical documents made by a professional translation agency and/or a positive control test for an infectious disease made at a Russian medical institution licensed to perform such testing;
p) other documents, depending on the circumstances of the loss occurrence.

6.4. If the Insured is involved in an aircraft accident, the Insurer may reduce the list of mandatory documents to be submitted under paragraphs 6.3.6. "c" and 6.3.7. "b" and "c." this Section herein.

6.5. Depending on the circumstances of the loss occurrence, the list of required documents may be reduced by the Insurer.

6.6. If the Insured (the Beneficiary) dies as a result of any loss occurrence as related to the risk specified in paragraph 4.1.4, 4.1.9. of this Section of the Rules, or dies not having received the insurance benefit as related to any other risks under this Section of the Rules, payment shall be made to any other Beneficiaries in accordance with Section 11 of these Insurance Rules, unless otherwise provided for in the insurance contract.

6.7. When the court declares the Insured as deceased – an event regarding the risk specified in paragraph 4.1.4. of Section 1 of the Rules, is recognized as a loss occurrence, provided that the court decision indicates that the Insured disappeared under circumstances that threatened

death or giving rise to presupposing his/her death from a certain accident, and the day of his/her disappearance or presumed death falls on the term of validity of the Insurance Contract. If the Insured is recognized as missing by the court, the event is not recognized as a loss occurrence.

SECTION 2. INSURANCE OF MEDICAL EXPENSES PAID BY PASSENGERS

3. SUBJECT MATTER INSURED

3.1. The subject matter insured are the property interests of the Insured related to contingent expenses arising and related to organizing and delivering health and medicinal care (medical services) and other services, including, without limitation, medical evacuation in the territory of any foreign state and from any foreign state and/or payment of the repatriation of his/her body (remnants) due to any Accident or Acute Disease.

4. LOSS OCCURRENCES

4.1. Pursuant to Section 2 hereof, insured events are events that have taken place and are provided for by the Ins.Contract (Policy). When the insured events arise, the Insurer has the liability to payout indemnity. Upon the loss occurrence, the Insurer shall, in accordance with the terms and conditions of the insurance contract (policy), reimburse the following contingent expenses to the extent of the specified insurance coverage amount (unless otherwise provided for in the insurance contract):

4.1.1. "Costs for treatment and medicines" – costs for:

a) outpatient treatment (including calling a doctor);
b) hospital stay and treatment, including costs for physician services, hospital stay and treatment (including surgical expenses), diagnostic examinations, procedures and hospital service;
c) cost of medicines (including dressings) prescribed by the physician for emergency medical aid, costs for lease or, if impossible, purchase of crutches, wheelchairs, lease of other medical equipment and auxiliary devices, if such devices are provided as prescribed by the doctor.
d) payment for the immobilization devices prescribed by a doctor (the Insurer may pay both for purchasing and renting the immobilization devices). According to this Section herein the immobilization devices, in particular, include crutches, wheelchairs.

All medical activities/costs must be reasonable, justified by the attending physician and agreed with the Insurer

4.1.2. "Emergency care" – medical expenses for medical assistance in emergency and first aid forms for outpatient and/or inpatient treatment due to any injury, poisoning, sudden acute illness or aggravation of any chronic illness, until the immediate threat to the life of the insured is addressed. These costs include: arresting of aggravated chronic diseases, and emergency and/or first aid medical care in the cases contained in paragraphs 4.7, 4.9. of Section 2 hereof, if such care is provided to prevent the immediate threat to the life of the Insured. The Insurer shall pay the costs of transportation of the aggrieved Insured to the nearest medical institution, the initial diagnostics and the first medical visit prior to diagnosing by the doctor and/or costs for provision of emergency and/or first aid medical care required in order to prevent the immediate threat to the life of the Insured and/or costs related to arresting an acute pain. In any case, the amount of the covered expenses under this paragraph shall be paid for by the Insurer to the extent not exceeding 3% from total sum insured set by the contract related to the risk of medical expenses per one Insured.

In an invoice made out by a health care facility contains no details referring to the types of medical services and/or their cost and/or provision dates, the calculation unit for reimbursement of expenses shall be the cost of one treatment day calculated in proportion to the cost of the total number of treatment days, unless otherwise provided for in the insurance contract.

4.1.3. "Costs for dental care" – costs for dental health services in emergency and/or first aid forms. For the duration of the insurance contract, these Rules set out the limit of liability for payment

of dental expenses in the amount of the ruble equivalent of one hundred (100) US dollars at the rate of the Central Bank of the Russian Federation as at the date of the insurance contract, unless any other rate is provided for in the insurance contract. The insurance contract may set out any other limit of liability or any other limit currency (as related to the number of visits or the number of treated teeth).

4.1.3.1. costs related to pain relief treatment of a natural tooth following an injury to the tooth in an accident;

4.1.3.2. costs related to pain relief treatment of a natural tooth and related filling in case of acute inflammation of the tooth and surrounding tissues.

4.2. In addition to the expenses specified in paragraph 4.1 of Section 2 hereof, upon the loss occurrence, the Insurer shall, in accordance with the terms and conditions of the insurance contract, cover the following contingent expenses to the extent of the specified insurance coverage amount (unless otherwise provided for in the insurance contract):

4.2.1. "Costs for transportation (evacuation)":

a) costs for the Insured's transportation (evacuation) to one of the nearest medical institutions or to the doctor (including costs for the Insured's transportation (evacuation) to any other medical institution strictly due to medical reasons or with the prior consent of the Insurer or the Service Company);
b) costs for transportation (evacuation) (including by taxi) from the medical institution to the place of residence (a booked hotel, etc.) during traveling (once per each loss occurrence). These costs shall be covered to the extent of the limits specified in the insurance contract.

4.2.2. "Costs for transportation to the place of residence" – costs for the Insured's transportation strictly due to medical reasons and subject to consent of the Insurer or the Service Company (including costs for the accompanying person, if the need for such accompanying person is confirmed by the doctor) by air (economy class), rail (except tickets for sleeping cars – luxurious compartments), any other adequate vehicle to the station or airport nearest to the place of permanent residence or registration (in case of overseas trips – to the nearest international station or airport) with a direct air/railway connection.

4.2.3. "Costs for evacuation of children" – costs for evacuation of children making a joint trip with the Insured, left unsupervised by an ill adult, for one-way transportation by air (economy class) or rail (except tickets for sleeping cars – luxurious compartments) to the station or airport nearest to the place of permanent residence or registration (in case of overseas trips - to the nearest international station or airport), and further to the place of permanent residence of children under 18 years of age staying with the Insured during traveling, if children are left unattended as a result of any loss occurrence happened to the Insured. If necessary, the Insurer shall involve one accompanying person for children and pay expenses for air transportation (economy class) or railway transportation (except tickets for sleeping cars – luxurious compartments) of such person.

4.2.4. "Costs for a third-party emergency visit" – return fare costs strictly for medical reasons by air (economy class) or rail (except tickets for sleeping cars – luxurious compartments) from the country of permanent residence and back of one immediate relative of the Insured if the Insured travels alone.

4.2.5. "Costs for repatriation of the deceased (remains)" – costs connected with repatriation of the deceased body (remains) of the Insured to the international airport or station nearest to the place of permanent residence (or place of supposed burial) with direct air/railway communication, including expenses for all necessary measures to organize repatriation of the deceased body of the Insured.

The Insurer shall not reimburse for any funeral arrangement and burial costs.

4.2.6. "Accommodation costs of the accompanying person" – accommodation costs of one person making a joint trip with the Insured in the event of hospitalization of the Insured as a result of the accident on the basis of no more than 0.2% of the insurance coverage amount a day and no more than 3% of the insurance coverage amount for the entire accommodation period per one loss occurrence, unless otherwise provided for in the insurance contract (policy).

4.2.7. "Information costs" – costs for information transfer due to any acute disease or Accident – calls or sending facsimile messages to the Insurer's Service Company (or directly to the Insurer) in view of notification of the relevant event or for receipt of medical consultation.

The limit of liability for information costs, unless otherwise provided for in the insurance contract, shall be the ruble equivalent of one hundred (100) US dollars at the rate of the Central Bank of the Russian Federation as at the date of the insurance contract.

4.2.8. "Information and Consulting Expenses" - expenses for medical assistance rendered remotely through telemedicine. The insurance contract (policy) may include a certain number of consultations during the insurance term, as well as define the specialization of doctors.

4.2.9. "Laboratory tests expenses" - expenses for medical laboratory tests. The insurance contract (policy) may include a limited interpretation of this para and define the costs for specific tests.

4.2.10. "Expenses for medical prevention of diseases" - expenses associated with holding preventive examinations. Including emergency vaccination against tick-borne encephalitis and/or tick-borne pathogen examination; preventive injection of medication prescribed by doctor when rabies or tetanus infection is suspected. The insurance contract (policy) may have a limited interpretation of this paragraph and define the costs for specific services.

4.2.11. "Accommodation Expenses for the Observation term" - the Insurer will indemnify, within the limit set in the Insurance Contract (Policy), the contingent accommodation expenses incurred by the Insured during confinement (observation) as requested by authorities of the country/region of temporary visit.

Unless otherwise provided for by the Insurance Contract (Policy), these expenses mean the following:

4.2.11.1. accommodation expenses of the Insured in quarantine centers / observatories, or

4.2.11.2. additional costs of accommodation of the Insured during the confinement term in a hotel, given that the required isolation term exceeds the previously planned accommodation/booking term;

4.2.11.3. expenses actually incurred by the Insured to pay for purchased food (including non-alcoholic beverages).

The insurance contract may provide for all expenses detailed in paras 4.2.11.1. 4.2.11.1. - 4.2.11.3. or for some of them.

4.3. In each particular case, the Insurer shall reserve the right to choose any vehicle, transportation conditions and routes, based on the medical prescription and taking into account the amount of estimated expenses.

4.4. The Insurer shall reserve the right to use a return ticket of the Insured or make additional payment for its early use.

4.5. The Insurer does not warrant settlement of the loss occurrence by means of non-cash payment of invoices/provision of appropriate guarantees of payment under the invoice if the Insured or his/her representative fails to agree with the Insurer on the choice of the medical institution, medical manipulations, route and mode of transportation of the Insured.

If any intergovernmental agreement with the Russian Federation for provision of free medical care (including medical transportation evacuation) is effective in the insurance territory, the Insurer may accept for payment only part of the costs not included in the aforesaid agreement.

4.6. The insurance contract may be entered into in accordance with one of the following options:

a) **ME "Transportation"** – for the period of transportation "to" or "to and back" (depending on the terms and conditions of the insurance contract), the expenses specified in paragraphs 4.1.1 "b", 4.1.1 "c", 4.1.1«d», 4.1.2, 4.1.3, 4.2.1 a), 4.2.2, 4.2.5, and 4.2.7 of Section 2 hereof shall be covered;

b) **ME "Trip"** – for the period of the trip the expenses specified in paragraphs 4.1.1, 4.1.2, 4.2.1"a", 4.2.2., 4.2.3., 4.2.5, 4.2.7 of Section 2 hereof shall be covered;

c) **ME "Comfort Trip"** – for the period of the trip the expenses specified in paragraphs 4.1, 4.2.1-4.2.7. of Section 2 hereof, and the expenses connected with the loss occurrences provided for in paragraph 4.1.3 of Section 5 hereof shall be covered.

4.6.1. Names of insurance options can be given in the Insurance Contracts in abbreviated form, i.e.: **Carriage, Trip, Comfort**.
4.6.2 Expenses detailed in paras 4.2.8., 4.2.9., 4.2.10., 4.2.11. may be additionally included in the insurance options **ME "Carriage", ME "Travel", ME " Comfort Travel"** if directly stipulated in the Ins,Contract. The Insurance contract may provide coverage for expenses given in paras 4.2.8., 4.2.9., 4.2.10., 4.2.11. in any combinations together or separately, including separately from expenses detailed in para 4.1.

4.7. In accordance with Section 2 hereof, the following events shall not be loss occurrences if they occur as a result of the below events, except for the events as related to which the Insurer reimburses for the expenses in accordance with paragraph 4.1.2. of this Section hereof:

4.7.1. disobedience to orders of the aircraft commander, ship master or any other person to whom the liability is assigned by the applicable laws of the Russian Federation or any other regulatory act for passenger safety during transportation by motor, railway, sea or inland water transportation (in accordance with the ME "Transportation" option);

4.7.2. chronic diseases;

4.7.3. oncological diseases, their consequences, including those newly diagnosed during the term of the insurance contract;

4.7.4. mental diseases, their consequences, including those newly diagnosed during the term of the insurance contract;

4.7.5. state of pregnancy, childbirth, artificial abortion, except cases of any sudden life-threatening complication, or any Accident at the gestational age up to twelve weeks;

4.7.6. HIV (human immunodeficiency virus), including AIDS (acquired immune deficiency syndrome) or any similar syndrome or any variation of this virus;

4.7.7. sexually-transmitted diseases or consequential diseases;

4.7.8. contagious diseases which could be prevented by preliminary vaccination or resulted from any breach of personal hygiene by the Insured or any preventive measures after the contact with the patient; excluding expenses given in paras 4.1., 4.2. stipulated by the Ins.Contract and relating to infection diseases associated with CoVID-2019;

4.7.9. state of the Insured's partial recovery and his/her being under treatment before traveling (or presence of medical contraindications for such travel);

4.7.10. diseases known by the time of entering into the insurance contract, irrespective of whether any treatment is undergone or not.

4.8. The following types of expenses shall not be included in the insurance benefit payment under Section 2 hereof:

4.8.1. costs being the consequence of resulting from the suicide or willful bodily harm by the Insured;

4.8.2. costs related to plastic surgery and prosthetics of any kind, including dental, ocular prosthetics, hearing aid or prosthetics of joints;

4.8.3. costs of surgical interventions in the heart and vessels (including coronary arterial bypass graft, balloon angioplasty, stenting, etc.), even for medical reasons, except when such costs are expressly covered by the insurance contract;

4.8.4. costs of treatment at health resorts and rest homes, even if prescribed by a doctor;

4.8.5. costs exceeding the insurance coverage amount specified in the insurance contract;

4.8.6. costs related to the purchase and repair of medical equipment (glasses, hearing aids, dental prostheses, etc.);

4.8.7. costs of dental treatment, except as specified in paragraph 4.1.3 of Section 2 hereof;

4.8.8. costs related to provision of services that are not necessary from the medical point of view but required by the Insured or to treatment not prescribed by the doctor, or to continuation of the treatment of chronic diseases after provision of emergency or first aid;

4.8.9. costs for alternative (or complementary) medical[3] treatment;

4.8.10. costs connected with rendering of services to the Insured by the medical institution not having the relevant license or by the person not entitled to provide medical care;

4.8.11. costs for medicines prescribed by the doctor in order to continue treatment of chronic diseases upon provision of emergency or first aid to the Insured;

4.8.12. costs in cases when the trip is taken by the Insured in order to receive treatment and/or diagnostics;

4.8.13. costs for surgical treatment which can be replaced by non-surgical (non-operative) methods or adjourned till the Insured returns home or which is not approved by the Insurer or the Service Company;

4.8.14. costs for provision of a specialized separate ward at the medical institution (except for medical reasons), and provision of a TV set, phone, air conditioner, etc.;

4.8.15. expenses incurred by the Insured outside the territory of the insurance contract, if the insurance contract expressly provides for a certain insurance territory where the insurance contract is valid;

4.8.16. costs for hospital treatment, medical transportation, transportation service, repatriation of the deceased not authorized by the Service Company or the Insurer, except when medical care is related to saving of the Insured's life;

4.8.17. costs connected with treatment of acute exacerbations of chronic diseases and not related to the expenses under paragraph 4.1.2. of this Section hereof;

4.8.18. costs connected with rehabilitation after serious diseases, including expenses to pay for the services of the recreation therapist, physiotherapeutic aid, massage, exercise therapy, acupuncture;

4.8.19. costs connected with treatment of tuberculosis or sarcoidosis irrespective of the clinical form and process stage;

4.8.20. costs connected with treatment of congenital diseases or defects;

4.8.21. costs incurred in the territory officially declared as a disaster area (flood, fire, earthquake or any other natural disaster) and their consequences, epidemic, quarantine, if the Insured crosses the border of the aforesaid area and appears to be in its territory after its declaration as a disaster area;

4.8.22. costs connected with any event about the circumstances of which the Insured provided the Insurer with knowingly false or inaccurate information;

4.8.23. costs connected with any event with regard to which the Insured received the relevant compensation for loss from the person responsible for such loss;

4.8.24. costs occurred due to the Insured's sports activities and/or dangerous types of activities, except in cases when the insurance contract expressly provides for reimbursement of such costs and the Policyholder has paid the premium under the insurance contract subject to the corrective ratios in accordance with paragraph 2.9 hereof;

4.8.25. costs incurred when relatives of the Insured Person provide treatment and nursing services to the Insured.

4.8.26. in connection with risk 4.2.11. - expenses from purchasing alcoholic beverages, food supplements and biologically active additives;

4.8.27. in connection with risk 4.2.11. - costs associated with improving the comfort conditions in the hotel/observatory;

4.8.28. in connection with risk 4.2.11. - expenses for additional paid services (i.e. cable TV, Internet access, cosmetic and recreational procedures, etc.)

[3] For the purpose of these Rules, alternative or complementary medicine methods mean any non-classic methods, including but not limited to the following methods: homeopathy; manipulative methods: osteopathy; manual therapy; acupuncture; acupressure; reflexology; chiropractic; methods of Tibetan, traditional oriental medicine; Ayurveda methods, cosmoenergetics, hypnotherapy; magnetotherapy; honey therapy; energetic methods (bioelectromagnetic methods and biofield medicine); naturopathy, phytotherapy (herbal medicine), aromatherapy, apiotherapy (treatment with apiculture products), thalassotherapy (treatment with seaweed, salts, muds), hirudotherapy (leechcraft), hydrotherapy (water treatment).

4.8.29. in connection with risks in para 4.2.11. - compensation of costs for the previously booked and/or paid accommodation till the date in the document confirming that quarantine is required (a decree according to the form envisaged in the country of temporary stay/medical documents with requirement for quarantine, etc.).

4.9. In accordance with Section 2 hereof, the following events shall not be deemed to be loss occurrences if they occur:

4.9.1. due to wrongful acts by the Insured as confirmed by competent authorities;

4.9.2. due to the Insured's being in a state of alcoholic, drug or any other intoxication or driving by the Insured of any motor vehicle or transfer of control to the person in a state of alcoholic or drug intoxication or without any driving license.

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT

5.1. Validity period of the Insurance Contract.

5.1.1. The insurance contract may be made:

a) for the period of transportation "to";
b) for the period of transportation "to and back";
c) for the period of traveling between transportations "to and back."

5.1.2. The insurance contract may be made in accordance with the terms and conditions of the insurance contract for a certain period during which transportations are planned ("to" or "to and back").

5.2. The insurance contract may be made for several transportations scheduled during the term of the insurance contract.

5.3. Insurance (the Insurer's liability) shall cover any event occurring after boarding to the vehicle and till deboarding from the transportation vehicle. Insurance (the Insurer's liability), depending on the terms and conditions of the insurance contract, in accordance with paragraph 5.1 of Section 2 hereof shall cover any event occurring during the transportation "to," "to and back," during traveling between transportations "to and back," and may cover several transportations in accordance with paragraph 5.2. this Section herein.

5.4. Territory of the insurance contract:

5.4.1. The insurance contract made in accordance with paragraphs 5.1.1 "a", 5.1.1 "b", 5.1.2 of Section 2 hereof shall be valid during the period when the Insured is in the transportation vehicle.

5.4.2. The insurance contract made in accordance with paragraph 5.1.1 "c" of Section 2 hereof shall also be valid in the territory provided for in paragraph 5.4.1 of Section 2 hereof, and in the territory of traveling, starting from the destination point specified in the insurance contract. The insurance contract may provide for a specific insurance territory in which the insurance contract is effective in terms of travel insurance.

Given that the following territories shall be excluded from the territory of the insurance contract:

a) territory located closer than 90 kilometers from the place of registration and/or permanent residence of the Insured if the insurance covers the territory of the Russian Federation, and the territory of any foreign state where the Insured mainly resides and is registered or is a citizen of;
b) territories of any state where the emergency state or military/police/counter-terrorism operations are declared;
c) states to which military sanctions of the United Nations are applied or in the territory of which military activities are carried out;
d) territories where pest spots are detected and recognized.

5.6. The insurance contract shall be made in favor of any person without any age limit.

5.7. In order to enter into the insurance contract, the Policyholder shall, in writing or orally, give notice to the Insurer of his/her intention of entering into the insurance contract and shall provide the information required for the execution of the insurance contract.

5.8. If the contract (in terms of insurance of medical expenses made by passengers during traveling) does not contain the insurance option, it shall be deemed that the insurance contract is entered into in accordance with the ME "Trip" option.

5.9. When entering into the insurance contract, the Insurer may request from the Insured (the Policyholder, the Beneficiary) the information about any circumstances known to the Insured (the Policyholder, the Beneficiary), which are essential for determination of the probability of any loss occurrence and the amount of possible losses (covered risk), including but not limited to:

a) name, address, banking details, phone, fax (if the Policyholder is a legal entity);
b) surname, name, age, permanent residence address, phone of the insured (insured persons);
c) route, period of traveling;
d) presence or absence of contraindications for traveling;
e) presence or absence of mental or oncological diseases;
f) in case of entering into the contract in accordance with paragraph 5.1.1 "c" of Section 2 hereof, also the purpose of travel, presence or absence of contraindications for traveling;
g) availability of the classified disability group (including cancelled), issued referral to the medical and social assessment, and registration at the out-patient drug-abuse/psychiatric facility;
h) other requested documents.

5.10. When entering into the insurance contract, the Insurer shall be entitled to refer the insured person to medical examination for assessment of his/her actual health status. At the Insurer's request, the Insured shall fill in a questionnaire.

5.11. If the insurance contract is made by the Policyholder in favor of one or several persons (the Insured), each Insured can receive an insurance policy (offer certificate, certificate or receipt), or an ID card confirming the execution of the insurance contract in their favor.

5.12. The Insurer shall pay the insurance benefit in accordance with one of the following options:
a) The Policyholder (the Insured) shall get assistance upon any loss occurrence through the Service Company and its representative offices (shall not pay expenses on his/her own) in accordance with the contract between the Insurer and the Service Company. The Insurer shall make payment in the interests of the Insured to a medical institution and/or carrier in accordance with the insurance contract through the Service Company;
b) Upon any loss occurrence, the Policyholder (the Insured) shall pay expenses on his/her own, and receive the insurance indemnity upon return from the trip under the documents provided to the Insurer. In this case, the Insurer shall reserve the right to act in accordance with paragraph 6.5 of Section 2 hereof.

5.13. The insurance contract made in respect of the Insured located at the time of payment of the insurance premium in the insurance territory outside the Russian Federation may provide for a deferred commencement date.

6. INSURANCE BENEFIT PAYMENT PROCEDURE AND CONDITIONS

6.1. The Insured is obliged to take any and all possible measures to reduce costs related to any actual loss occurrence.

6.2. Upon any loss occurrence, the Insured (the Policyholder) or any other party acting in the interests of the Insured is obliged to:

6.2.1. Immediately upon any loss occurrence (if the loss occurrence takes place during the trip) contact the Service Company and provide the following information over the phone:

a) surname, name, number and term of the insurance contract (policy);
b) location of the Insured, contact phone numbers;
c) brief description of the loss occurrence.

Costs for phone conversations with the Service Company or the Insurer shall be reimbursed to the Insured (the Policyholder, the Beneficiary) upon submission of documents confirming these costs.

6.2.2. If no urgent call is made before a visit to a doctor, the Insured or any other party acting in the interests of the Insured is obliged to:

a) present the insurance contract (policy) to the relevant doctor and specify that the treatment-related costs are to be paid by the Service Company;
b) contact the Service Company immediately after the visit to the doctor and provide the relevant information in accordance with paragraph 6.2.1 of Section 2 hereof.

6.3. Untimely notification of the Service Company or the Insurer of the loss occurrence by the Insured shall enable the Insurer to refuse fully or partially to pay the insurance indemnity, if the Insured fails to prove that for any reason beyond control (for health reasons) he/she was unable to notify the Service Company or the Insurer of the loss occurrence.

6.4. Insurance benefits shall be paid to medical or any other institution to which the Service Company warrants payment of costs on behalf of the Insurer for provision of medical and other related services to the Insured. Payment shall be made under made-out detailed invoices subject to the services and expenses arising in the course of provision of assistance to the insured person. The Insurer shall reserve the right to make a decision on payment of costs for the first (diagnostic) visit of the Insured to the medical institution, if such visit is not paid by the Insured, and payment on behalf of the Insurer is guaranteed by the Service Company.

6.5. If payment of incurred expenses related to any loss occurrence is made by the Insured, the insurance benefit upon recognition of the loss occurrence shall be paid directly to the Insured. In this case, all invoices shall be made out in the name of the Insured and contain information of his/her disease (diagnosis), treatment, and prescribed medicines. This para does not apply to expenses detailed in para 4.2.8.

6.6. The Policyholder (the Insured, the Beneficiary) shall, within one hundred and eighty (180) calendar days upon return from the trip during which the loss occurrence happens, submit **a written statement** in accordance with the form of the Insurer containing the description of the event and the date of its occurrence, accompanied by the following documents confirming the fact of the loss occurrence and the extent of the loss of the Insured (the Beneficiary).

6.7. The following documents shall be submitted for the Insurer to be able to make a decision on the insurance benefit:

6.7.1. Insurance contract (policy).

6.7.2. Identity document (copies of all completed pages) of the Insured, the Beneficiary, heirs of the Insured, the representative of the Beneficiary/heirs of the Insured.

6.7.3. Invoices from a medical institution (on a letterhead and/or with the relevant stamp) indicating the surname of the Insured, diagnosis, dates of medical treatment, duration of such treatment, list of the services rendered by the relevant date and value, original medical referrals for laboratory tests, and total amount payable.

6.7.4. Prescriptions connected with this disease and written out by the attending doctor, with the pharmacy stamp, and payment receipt with indication of the cost of each purchased medicine.

6.7.5. According to para 4.2.11, Section 2 herein, in connection with **accommodation expenses during observation**, the Insured must present (if the Insurance Contract (Policy) covers expenses corresponding to expenses in the said documents) the following:

a) an original document confirming the required quarantine / observation / isolation (a decree according to the form regulated in the country of temporary stay / medical documents with requirement to observe quarantine, etc.);

b) original or copy of the document confirming the cost and payment of staying in quarantine / observation / isolation;

c) original receipts/cash-slips confirming the actual fact and amount of food, non-alcoholic beverages bought during the quarantine / observation / isolation.

6.7.6. Upon the Insurer's request, the following documents shall be provided:

a) case history and medical report of the attending doctor for the last 12 months;

b) invoices from the hotel for accommodation of one person in accordance with paragraph 4.2.6 of Section 2 hereof (if payment of such expenses is provided for in the insurance contract);
c) documents certifying the fact of payment for treatment, medicines and other expenses.

6.8. In any case, all documents related to the loss occurrence and requested by the Insurer shall be submitted to the Insurer.

6.9. At the Insurer's request, the Insured shall undergo a medical examination and submit its results.

6.10. The Insurer shall reserve the right to inspect all submitted documents, including by conducting a medical examination of the Insured by the relevant experts. The Insurer shall reserve the right to investigate the reasons of the loss occurrence. In this case, the Insured shall provide the Insurer with access to all necessary documents indicating the health status of the Insured before and after the loss occurrence, and required for making a decision on recognition of the event as a loss occurrence.

6.11. The Insurer may perform the obligation to pay the contingent expenses under paragraph 4.1, 4.2 Section 2 hereof in the coverage territory in respect of the Insured Person, when the Insurer has recognized the loss occurrence, regardless of the expiry date of the insurance contract (insurance policy), if the insured event [loss occurrence] happens during the term of the contract.

SECTION 3. PASSENGER INSURANCE IN CASE OF CANCELLATION OF THE TRIP (INABILITY TO HAVE A TRIP) OR CHANGES IN THE DURATION OF THE TRIP

3. SUBJECT MATTER INSURED

3.1. The subject matter insured is the property interests of the Insured (the Policyholder, the Beneficiary) (including the insurance contract may provide for insurance of the property interests of the Policyholder/Beneficiary, which is a legal entity) connected with the risk of payment of contingent expenses of individuals or legal entities resulting from cancellation or changes in the duration of the scheduled trip/transportation of the Insured passenger.

4. LOSS OCCURRENCES

4.1. Loss occurrences are the following unexpected events (insurance risks) occurring during the insurance term and preventing the scheduled trip/transportation of the Insured:

4.1.1. "Illness" means any Acute Disease, and Accident occurring during the insurance term and requiring ongoing outpatient treatment prior to the start date of the trip (inclusive) and being the reason for issuance of medical contraindications in relation to the scheduled trip.

4.1.2. "Hospitalization" means hospitalization as a result of the Accident or Acute Disease occurring during the insurance term.

Such occurrence shall not be deemed to be a loss occurrence in the event of refusal from hospitalization. The Insurer shall classify such event as a loss occurrence or not, including in accordance with paragraph 4.4. and other paragraphs of this section of the Rules.

4.1.3. "Contagious diseases" means the following diseases: measles, rubella, chickenpox, scarlatina, diphtheria, pertussis, epidemic parotitis.

4.1.4. "Injury" means injury (bodily damage) giving rise to issue of medical contraindications in relation to the scheduled trip.

4.1.5. "Death" means dying during the insurance term.

4.1.6. "Vaccination" means availability of medical contraindications for compulsory vaccination which is necessary to obtain a permit to enter the country of destination or the territory under the legal jurisdiction of the country of destination.

4.1.7. "Denial of an entry visa for a citizen of the Russian Federation" means the following events occurring in relation to a citizen (citizens) of the Russian Federation (the Insured or his/her spouse and/or their under-age children (including adopted or in guardianship/trusteeship,

including children of the spouse)going on a joint trip with the Insured) making a joint trip with the Insured; other Insured Persons with regard to the risks of this section of the Rules who go on a joint trip with the Insured), namely:

a) denial to issue an entry visa to a citizen of the Russian Federation given that the documents for the visa are submitted in accordance with the procedure prescribed by the consular office, and there is no previously received visa denial for the country/group of countries of the scheduled trip (except in the case of cancellation of such denial or submission of documents for a visa upon expiry of three months after the denial date) for all participants in the trip; Hereinafter, it is assumed that the consular office is located in the country of departure of the insured;
b) delay in issuing an entry visa by a consular office, subject to the submission of documents for a visa in accordance with the procedure established by the consular office, but not less than seven (7) working days before the start date of the trip;
c) issuance of an entry visa for any period other than the requested period, i.e. issuance of a visa from the date later than the start date of the transportation specified in the insurance contract (policy) or with the end date earlier than the start date of the last transportation specified in the insurance contract (policy);
d) denial of the entry of a citizen of the Russian Federation into a country (a group of countries) of temporary residence by the authorities of such country (countries in the group of countries) provided that the Insured has a valid entry visa in his/her passport (a pro-visa necessary for entry / or lack thereof in case of entry into a country officially considered visa-free for citizens of the Russian Federation), that is sufficient for the scheduled stay in the country (group of countries).

4.1.8. "Damage to property" means material damage to or loss (destruction) of real estate owned by the Insured and/or any other Insured Person with regard to the risks of this section hereof, making a joint trip with the Insured, and/or any immediate relative of one of the Insured specified herein, including real property the aforesaid persons use on the rent basis for accommodation or are registered at on a permanent or temporary basis, requiring the participation of the Insured or any other person specified in this paragraph of this section hereof in liquidation of consequences of the event and/or participation in procedural actions of municipal or federal authorities (services) in relation to the occurred event (registration of the event, testimony, etc.), taking place due to the following reasons:

a) fire;
b) water damage caused by water from water supply, sewage, heating systems;
c) natural disasters (earthquake, landslide, storm, hurricane, flood, flowage, hail or rainstorm);
d) causing of harm by third parties.

4.1.9. "Redundancy" means receipt later than the execution date of the insurance contract by the Insured and/or any other Insured with regard to the risks of this section hereof, making a joint trip with the Insured, of an official notice of dismissal from the primary place of employment due to the reduction of the headcount or the personnel of the organization employing the Insured Person.

Receipt of an official notice of dismissal from the primary place of employment due to the reduction of the headcount or the personnel of the organization employing the Insured Person prior to the start date of the insurance term (indemnity period) specified in the insurance contract (policy) is not a loss occurrence.

4.1.10. "Document theft" means stealing of documents required for the trip (according to the applicable transportation rules or other legislative and regulatory acts) from the Insured and/or his/her spouse making a joint trip with him/her, their under-age children (including adopted or in guardianship/trusteeship, including the spouse's children) and/or any other Insured with regard to the risks of this section hereof, making a joint trip with the Insured, occurring later than the execution date of the insurance contract.

Any theft of documents required for making a trip prior to the commencement date of the insurance term (indemnity period) specified in the insurance contract (policy) is not a loss occurrence.

4.1.11. "Public transport accident" means mechanical damage to or breakage of the public transport running according to the timetable (except aircraft) resulting in late arrival of the Insured for the

flight/ride specified in the policy and occurring no earlier than 24 hours before the departure/flight time specified in the travel documents.

4.1.12. "Road traffic accident" means participation of the Insured and/or any other Insured with regard to the risks under this section hereof, making a joint trip with the Insured, in a road traffic accident as a driver or passenger of the vehicle on the way to the airport no earlier than 24 hours before the departure/flight time specified in the travel documents.

4.1.13. "Natural disasters" means a dangerous natural phenomenon in the territory from which the trip[4] is made or in the territory of the country of the scheduled visit (flood, fire, earthquake or any other natural disaster that led to the declaration of an emergency by the authorities, destruction of infrastructure, buildings, natural objects (if other natural disasters are specified in the insurance contract)).

4.1.14. "State of emergency" means an announcement of the state of emergency in the territory of the scheduled trip after the execution date of the insurance contract.

4.1.15. "Judicial proceedings" means judicial proceedings for the duration of the scheduled trip in which the Insured and/or any other Insured with regard to the risks of this section hereof, making a joint trip with him/her, participates according to the judicial summons (subpoena) received after the commencement date of the insurance term (the Insurer's indemnity period) under the insurance contract.

The judicial summons (subpoena) shall be deemed served to the Insured (addressee) by any of the means provided for in the applicable laws of the Russian Federation, if it results in a reliably recorded fact of notification and delivery thereof to the addressee.

Participation in the judicial proceedings as a juror, representative of either party to the proceedings or in the course of performance of his/her job and/or professional duties is not a loss occurrence, unless otherwise provided for in the insurance contract (policy).

4.1.16. "Investigative actions" means the obligation of the Insured and/or any other Insured with regard to the risks of this section hereof, making a joint trip with him/her, to come to the investigative/inquiry authorities (police, prosecutor's office, investigation committee, Federal Security Service) as a witness or a complainant at the start date of the trip/transportation or during the trip.

4.1.17. "Assistance to representatives of the authorities" means documented provision of a vehicle that is used by the Insured or any other Insured with regard to the risks under this section hereof, making a joint trip with him/her, on lawful grounds to officers of the police, the federal state safeguard authorities or the federal security service authorities in the cases provided for in the applicable laws, and to medical and pharmaceutical workers, to transport people to the nearest medical institution in cases endangering their lives on the day of departure/flight specified in the travel documents of the Insured or the preceding day.

4.1.18. "Call-up" means a call to military duty (military draft) of the Insured and/or any other Insured making a joint trip with him/her for a compulsory military service, military training or alternative civilian service in the period that coincides or intersects with the period of the trip given the documented receipt by the Insured of the notice (calling-up papers) later than the execution date of the insurance contract (policy).

Summons to the military enlistment office by calling-up papers in which the reason for the call is clarification of military records, passing of the draft committee and/or a medical examination or related activities is not a loss occurrence.

Receipt of a notice (calling-up papers) prior to the commencement date of the insurance term (indemnity period) specified in the insurance contract is not a loss occurrence.

4.1.19. "Termination of flights" means a temporary prohibition by the state authority to carry out flights to the territory of the scheduled trip for any reason.

Revocation of the operator license/certificate from the carrier is not a loss occurrence.

4.1.20. "Meteorological conditions" means meteorological phenomena unfavorable for flights, special weather conditions (strong wind, icing of the runway, poor visibility due to precipitation and

[4] The territory from which the trip is made in the context of these Rules shall be deemed to be the territory located within the radius of 150 kilometers from the departure airport, unless the insurance contract provides otherwise.

other unfavorable phenomena), due to which the carrier delayed the flight departure or canceled the flight, including when the aircraft carrying out this flight was unable to arrive at the airport of departure according to the ticket, which resulted in a delay in the departure of the Insured's flight by more than 12 hours, including if the carrier has provided the Insured with carriage instead of the one that was lost for the specified reason with a departure time later than 12 hours from the departure time specified in the itinerary receipt and the insurance contract (policy) of the Insured.

4.1.21. The insurance contract (policy) may provide for a different delay in departure.

4.1.22. "Any other reason" means inability to travel on any other ground specified in the insurance contract (policy) (except as listed in paragraph 4.1. of Section 3 hereof) beyond the will of the Insured, having an accidental, unforeseen nature and being documented.

4.2. Any event specified in paragraphs 4.1.1. - 4.1.6. of Section 3 hereof shall be deemed to be a loss occurrence, if it happens:

a) to the Insured;
b) to Immediate Relatives of the Insured;
c) to any other Insured with regard to the risks of this Section hereof, making a joint trip with the Insured.

The insurance contract may provide for a limited application of this paragraph.

4.3. Any event referred to in paragraphs 4.1.1. - 4.1.18, 4.1.20 of Section 3 hereof shall be deemed to be a loss occurrence for the Insured, including when it happens to any person making a joint trip with the Insured, if the insurance contract (policy) expressly provides for such condition. The insurance contract (policy) may provide for extension of this clause to any event under paragraphs 4.1.19 and/or 4.1.21 of this Section herein.

4.4. Any event specified in paragraphs 4.1.2-4.1.4. hereof shall be deemed to be a loss occurrence if it occurs less than 30 calendar days prior to the start date of the trip (the first flight/train departure dates, etc.).

Any event referred to in these paragraphs and happening more than 30 calendar days prior to the start date of the trip shall be deemed to be a loss occurrence if the Insured returns from the sick leave (treatment is ceased) prior to the start date of the trip (transportation) given that the attending doctor states contraindications for the transportation (trip) in relation to which the insurance contract is entered into, or if the duration of the inpatient or outpatient treatment as related to the event under paragraphs 4.1.2-4.1.4 this Section herein is until the start date of the trip (flight) inclusive.

The insurance contract may provide for a different condition limiting or expanding the application of this clause.

4.5. Any event specified in paragraph 4.1.7. of Section 3 of these Rules shall not be a loss occurrence if it results from the events listed in paragraphs 4.9. - 4.11. of Section 3 of the Rules, as well as: denial of exit due to unfulfilled debt obligations (alimony), restrictions to exit abroad due to the access to the national security information.

4.6. The terms and conditions of the insurance contract (policy) with regard to the covered risk "Denial of the entry visa to a citizen of the Russian Federation" may provide for:

- minimum period of application for a visa prior to the start date of the trip other than specified in paragraph 4.1.7. of Section 3 hereof;
- absence of earlier received visa denials other than specified in paragraph 4.1.7. of Section 3 hereof;
- restriction of the effect of such risk in relation to specific entry visa types.

4.7. The insurance contract may provide for any number of risks from those specified in paragraphs 4.1.1. - 4.1.21 if this Section of the Rules or any combination thereof. The Insurer shall be liable under the insurance contract only for the risks expressly stated in the insurance contract (policy).

4.8. The insurance contract may provide for the following insurance indemnity calculation options[5]:

[5] If the cost of the Insured's ticket is denominated in points of loyalty systems or similar programs (bonus miles, etc.), payment shall be made on the basis of the rate for recalculation of points into monetary units specified in the insurance contract or any conversion method, if such payment is provided for in the insurance contract.

a) Reimbursement for expenses related to cancellation (return) of travel documents (tickets) the details of which (including the route and the date of the trip) are specified in the policy – to the extent of the difference between their value paid by the Policyholder and the amount refunded by the carrier or any other person duly authorized by the carrier to the Policyholder upon cancellation (return) of travel documents.
If the loss occurrence happens after the start date of the trip and it is not possible to determine the value of the unused transportation segments, the insurance indemnity shall be paid in proportion to the ratio of the number of the unused flight segments and the total number of flight segments according to the travel documents.
The Insurer may reduce the insurance indemnity amount by the compensation received by the Policyholder from any other third party.
In case the Insured did not provide among the documents required to settle the loss occurrence, documents certifying the cancellation (return) of travel documents (tickets), the insurance benefit is paid in the amount of not more than 50% of the ticket price, but not more than 50% of the insurance benefit amount for the risk (this provision of the Rules is applied by the Insurer if this is directly indicated in the text of the insurance contract (policy) and/or a public offer to it).

b) Reimbursement for expenses incurred due to the changes in the date/time of departure of a passenger for the same route (or part thereof).
Payment shall be made to the extent of the insurance coverage in the amount of additional payments for the difference in tariffs and other charges paid in favor of the carrier;

c) Reimbursement of the Policyholder's expense connected with forced acquisition of new travel documents (tickets) on the same route (or part thereof) for any other date and/or time of departure.
The insurance contract may establish a duty of the Policyholder (the Beneficiary) should contact the carrier or the person duly authorized by the carrier with an application for termination of the transportation contract and refund of the money. In this case, the Insurer shall deduct the amount refunded by the carrier upon termination of the transportation contract (cancellation/return of the ticket) from the reimbursed value of new travel documents. In case the Policyholder / Beneficiary does not provide the Insurer with documents confirming the cancellation (return) of tickets, the Insurer will pay no more than 50% of the cost of new travel documents (this provision of the Rules is applied by the Insurer if this is directly indicated in the text of the insurance contract (policy) and/or a public offer to it).

d) Reimbursement for costs incurred by the Policyholder with regard to refusal from:
- any room booked at a hotel or non-refundable or partially refundable visa/consular charges confirmed by the relevant documents issued by the consular office, hotel, etc.;
- other services expressly stated in the insurance contract.

e) Reimbursement for cost incurred by the Policyholder with regard to the forced purchase of accommodation in a hotel or other commercial accommodation facility on a different date and/or time of departure.

f) Reimbursement for "in-kind" expenses incurred by the Policyholder and specified in the insurance contract by providing the Policyholder with similar services at the expense of the Insurer, with the help of an assistance company authorized by the Insurer.

g) Reimbursement for the expenses of the Beneficiary of a legal entity named in the insurance contract, incurred by him in order to compensate the insured passenger for expenses related to the interruption of the trip or the postponement of its dates.

The insurance contract may provide for one or more of the above options for calculation of the insurance indemnity amount in any combination thereof.

The Insurer shall make payment under the insurance contract on the basis of the options expressly specified in the insurance contract.

4.9. Any event referred to in paragraph 4.1 of this Section hereof shall not be deemed to be a loss occurrence if it happens to the Insured (any other person any event related to whom prevents the trip) and is a consequence or result of:

4.9.1. suicide or willful bodily harm;

4.9.2. psychosis, mental illness;

4.9.3. pregnancy, except in cases of sudden complications at the gestational age up to twelve (12) weeks;

4.9.4. elective medical care (e.g. scheduled hospitalization, checkups, bandages);

4.9.5. oncological diseases (except for newly diagnosed ones, as well as terminal stage or death), and their treatment or consequences;

4.9.6. temporary or permanent restriction of entry into or exit from the territory of the Russian Federation and/or the country/group of countries of the scheduled trip.

4.10. In accordance with Section 3 hereof, the following events shall not be deemed to be loss occurrences if they occur:

4.10.1. when the Insured commits any unlawful act having a direct causal link to the loss occurrence;

4.10.2. when the Insured commits any willful act having a direct causal link to the loss occurrence;

4.10.3. if the Insured in a state of alcoholic, drug or any other intoxication or drives a vehicle or transfer the control over the vehicle to any person in a state of alcoholic or drug intoxication, and without a driving license of the appropriate category required for legal driving of the vehicle, if the aforesaid events affect the loss occurrence;

4.10.4. as a result of the loss of the Insured's documents necessary for the trip for any reasons other than the one specified in paragraph 4.1.10 this Section herein;

4.10.5. as a result of events not expressly stated in the text of the insurance contract.

4.11. Any event specified in paragraph 4.1.7. "a", "d" of Section 3 of these Rules shall not be deemed to be loss occurrences:

a) in relation to any person the information about the prohibition of entry for whom into the country/countries of the scheduled trip is available in a published legal regulation of such country/group of countries, including as a memorandum, order, government act or similar publicly published document that applies to a specific or undefined circle of persons holding a valid entry visa;

b) if a visa application was filed to a consular office of the country other than the country of first entry or the country of predominant stay of the Insured;

c) if the Insured was denied to enter into the country (group of countries) of temporary stay by the authorities of that country (country of the group of countries) due to the non-compliance by the Insured at the time of the attempted crossing of the border of the country denying his/her entry with the rules of visiting such country under a national or non-national entry visa;

d) if the Insured received a visa refusal due to non-compliance with the rules for obtaining a visa established by the consular office to which the documents are submitted, or due to the refusal of the consular office to accept documents for consideration for any reason.

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT

5.1. The insurance contract (policy) shall be entered into for a period not exceeding one year, unless otherwise expressly provided for in the insurance contract.

5.2. The insurance contract shall take effect after the date specified in the insurance contract as the commencement date.

5.3. The insurance contract as related to the risks provided for in Section 3 hereof shall be effective all over world.

5.4. Insurance term (the Insurer's indemnity period): from execution of the insurance contract to the beginning of the last of the transportation segments specified in the insurance contract, unless any other period of the Insurer's indemnity is expressly stated in the insurance contract (policy).

5.5. The insurance contract may provide for additional terms and conditions on the date of occurrence and duration of the events referred to in paragraph 4.1. of Section 3 hereof.

5.6. In order to enter into the insurance contract, the Policyholder shall, in writing or orally, give notice to the Insurer of his/her intention of entering into the insurance contract and shall provide the information required for the execution of the insurance contract.

5.7. When entering into the insurance contract, the Insurer may request from the Insured (the Policyholder, the Beneficiary) the information about any circumstances known to the Insured (the Policyholder, the Beneficiary), which are essential for determination of the probability of any loss occurrence and the amount of possible losses (covered risk), including but not limited to:

a) name, address, banking details, phone, fax (if the Policyholder is a legal entity);
b) surname, name, age, permanent residence address, phone of the Insured;
c) route, purpose and period of the trip;
d) information about any payment made or scheduled for transportation and/or other services for which the insurance contract is entered into;
e) other information relevant to the assessment of the covered risk or requested by the Insurer.

6. INDEMNITY PROCEDURE, TERMS AND CONDITIONS

6.1. The Insured shall take any and all possible measures in order to reduce the costs related to the loss occurrence. In particular, the Insured shall immediately, as soon as he/she has such opportunity, submit his/her refusal to travel:

a) to the carrier (its representative);
b) any other third party whose services have been paid for and/or booked (hotel, tourist office, etc.). Including, if no actual payment of the money is made in respect of any booked service but the Insured is financially liable for unreasonable cancellation of the booking;
and claim for refund of the amount paid, if any.

Any failure to comply with this requirement shall entitle the Insurer to refuse any insurance indemnity in accordance with Article 961 of the Civil Code of the Russian Federation, unless the Insured proves that he had no opportunity of performing the duty.

6.2. Upon occurrence of any event having signs of a loss occurrence, the Insured shall be obliged to notify the Insurer thereof immediately but no later than thirty (30) calendar days after the date when the occurrence of the event becomes known, in any form allowing registering the notification fact.

The obligation of the Insured to notify of the event may be fulfilled by the Policyholder, the Beneficiary or heirs of the Insured or any other third party.

6.3. For cancellation of any trip, the Insured (the Policyholder, the Beneficiary) or representative shall, within one hundred and eighty (180) calendar days upon any loss occurrence, or if the trip period is changed (the trip is interrupted) within one hundred and eighty (180) days upon return from the trip during which the loss occurrence happens, submit a written statement in accordance with the form of the Insurer containing the description of the event and the date of its occurrence, accompanied by the following documents confirming the fact of the loss occurrence and the extent of the loss of the Insured (the Policyholder, the Beneficiary).

6.4. The following documents shall be submitted for the Insurer to be able to make a decision on the insurance indemnity:

6.4.1. Insurance contract (policy).

6.4.2. Identity document (copies of all completed pages) of the Insured and/or his/her Immediate Relatives, the Beneficiary, heirs of the Insured, the representative of the Beneficiary/heirs of the Insured.

6.4.3. Ticket (itinerary receipt) of the Insured passenger.

6.4.4. Documents certifying the purchase and cancellation and/or exchange (re-issuance) of travel documents (air tickets), change or cancellation of booking or any other services.

6.4.5. Documents certifying the types and amount of the expenses incurred by the Insured (the Beneficiary) or a legal entity (Beneficiary): refund reports, invoices, receipts and other documents necessary for recognition of the event to be a loss occurrence and/or determination of the expense amount.

6.4.6. If any event, preventing the trip, happens to Immediate Relatives of the Insured, documents certifying their relationship with the Insured.

6.4.7. If any event preventing the trip happens to any person making a joint trip with the Insured, order forms, travel documents (tickets), certificates issued by carriers with listed names in the paid order, air bookings, documents certifying payment for booking of hotels or apartments, agreements with any tourist organization or any other documents which may testify about the intention of making a joint trip.

6.4.8. Upon the loss occurrence provided for in paragraphs 4.1.1. – 4.1.6 of Section 3 hereof, documents of the person any event happening to whom becomes the reason for the loss occurrence:

a) hospital discharge summary or copy thereof certified by the issuing medical institution;
b) certificate of illness or injury (with the diagnosis and case history and their dates);
c) medical report;
d) notarized copy of the death certificate;
e) at the request of the Insurer, abstract of the case history and medical report of the attending physician for the last 12 months, a sick leave certificate or certificate of temporary incapacity (for a pupil or student).

6.4.9. Upon the loss occurrence provided for in paragraph 4.1.7 of Section 3 hereof:

a) official denial of the consular office of the embassy containing the reason(s) for denial/official denial of entry into the country (group of countries) of temporary stay by the authorities of such country (country in the group of countries);
b) copies of all pages of foreign passports of the person who was denied a visa (for whom a visa was delayed/received for the term other than the requested one/the entry into the country of temporary stay was denied);
c) document certifying the date of acceptance of the documents required for receipt of a visa by the consular office or any other organization duly authorized by the consular office;
d) in the event of an early return of the Insured Person from the Trip on the grounds of the denial of entry into the country of temporary stay, ticket (itinerary receipt) and boarding pass certifying both the arrival of the Insured Person in the country of temporary stay and the fact of his/her return to the territory of permanent residence.

6.4.10. As related to the event provided for in paragraph 4.1.8. of Section 3 hereof:

- reports of the internal affairs authorities and/or relevant administrative services certifying the fact of damage to immovable property:
- documents confirming the title or any other rights to dispose of or reside in the damaged immovable property of the Insured or any other person specified in paragraph 4.1.8 of this Section of the Rules;

At the Insurer's request: documents confirming participation of the Insured and/or any other person specified in paragraph 4.1.8. of this Section of the Rules in remedy of the consequences of the event and/or participation in any other action set out in paragraph 4.1.8. of this Section of the Rules with respect to occurred event (recording of the incident, testimony, etc.);

6.4.11. As related to the event provided for in paragraph 4.1.12. of Section 3 hereof:

- documents (reports) of the internal affairs authorities certifying participation in the aforesaid event of the Insured Person and/or any other person specified in paragraph 4.1.12. of this Section of the Rules;

6.4.12. As related to the event set out in paragraph 4.1.9 of Section 3 hereof, duly certified copies of the work record book containing a record of dismissal from the principal workplace due to redundancy, an official redundancy notification of the employer, an order on the redundancy, an employment contract and supplementary agreements thereto.

6.4.13. As related to the event provided for in paragraph 4.1.10 of Section 3 hereof: documents issued by competent authorities and certifying the fact of theft (misappropriation) of documents,

including the slip of acceptance of the application from the aggrieved person and the order instituting or denying the criminal proceedings.

6.4.14. As related to the event provided for in paragraph 4.1.11 of Section 3 hereof: documents certifying staying of the Insured in any damaged/broken vehicle, and documents from the carrier certifying the reason for and duration of the delay. In order to confirm the fact of the loss occurrence, the Insurer may request for documents certifying that the Insured (the Policyholder, the Beneficiary) is unable to use any alternative means of transport and/or documents certifying the actions done by the Insured (the Policyholder, the Beneficiary) to remedy the delay for the flight.

6.4.15. As related to the event provided for in paragraph 4.1.13 of Section 3 hereof:

- documents certifying the fact of natural hazards in the area from which the Insured starts the trip or in the territory of the country of the scheduled trip, issued by a national or international environmental monitoring service, containing information on the nature, date, time and place of the natural hazard (including that the Insurer shall take into consideration documents issued by the All-Russian Hydrometeorological Information Research Institute - World Data Center). As supporting documents, the Insurer has the right to accept certificates issued by the airport of departure / arrival or a commercial carrier (airline), indicating bad weather in the area from which the Insured travels or in the territory of the country of the planned trip, this right is applied solely at the discretion of the Insurer.

6.4.16. As related to the event provided for in paragraph 4.1.14 of Section 3 hereof:

- document issued by the public authority and certifying announcement of the state of emergency in the territory of the scheduled trip (including the Insurer shall take into consideration documents issued by the Ministry of Foreign Affairs of the Russian Federation, the diplomatic mission of the state in the territory of which the state of emergency is announced or other competent public authorities).

6.4.17. As related to the event provided for in paragraph 4.1.15 of Section 3 hereof:

- summons or any other document certified by the court as warrant to appear in court;

  At the Insurer's request: copy of the procedural document under which the summons or any other document serving as warrant to appear in court is issued.

6.4.18. As related to the event provided for in paragraph 4.1.16 of Section 3 hereof:

- copy of the summons of the investigator, the interrogating officer, the prosecutor, the court or the writ of attachment certified at the place of issuance.

6.4.19. As related to the event provided for in paragraph 4.1.17 of Section 3 hereof:

- documents issued by the competent authority and certifying the fact of cooperation provided to representatives of the authorities.

6.4.20. As related to the event provided for in paragraph 4.1.18 of Section 3 hereof, call-up paper. If the call-up paper contains no delivery date, the date on the postal stamp shall be deemed to be the delivery date. If there is no postal stamp or no readable postal stamp, the calendar date three (3) calendar days earlier than the date of appearance specified in the call-up paper shall be deemed to be the delivery date of the call-up paper.

6.4.21. As related to the event provided for in paragraph 4.1.19 of Section 3 hereof:

- documents issued by the Federal Air Transport Agency (Rosaviatsia) or any other legally authorized body, certifying the prohibition on the carrier to carry out the transportations specified in the insurance contract.

6.4.22. As related to the event provided for in paragraph 4.1.20 of Section 3 hereof:

- documents (certificates) issued by the airport of departure / arrival or a commercial carrier (airline), indicating non-flying weather, containing information about the nature, date, time, duration of unfavorable meteorological phenomena for flights, special weather conditions in the area from which the Insured travels or within the country of the planned trip.

6.4.23. As related to the event provided for in paragraph 4.1.21 of Section 3 hereof:

- documents evidencing the loss occurrence. The list of such documents may be specified in the insurance contract (policy).

6.4.24. The Insurer has the right to shorten the list of mandatory and additionally provided documents, which is specially stipulated in the text of the insurance contract (policy).

6.4.25. In any case, all documents related to the loss occurrence and requested by the Insurer shall be submitted to the Insurer.

6.4.26. The Insurer shall be entitled to submit formal requests to confirm the amount of the expenses incurred by the Insured and/or clarification of the circumstances of the declared event to the relevant competent authorities and organizations, including medical institutions.

6.5. The Insurer shall reserve the right to inspect all submitted documents, including by carrying out a medical examination by the relevant experts (in health-related cases). The Insurer shall reserve the right to investigate the reasons of the loss occurrence. In this case, the Insured is obliged to provide the Insurer with access to all documents necessary to make a decision on its recognition as loss occurrence.

6.6. If the Insured (the Beneficiary) dies as a result of any loss occurrence as related to the risk specified in paragraph 4.1.5. of this Section of the Rules, or dies not having received the insurance indemnity as related to any other risks under this Section of the Rules, payment shall be made to any other Beneficiaries in accordance with Section 11 of these Insurance Rules, unless otherwise provided for in the insurance contract.

SECTION 4. PASSENGER BAGGAGE INSURANCE

3. SUBJECT MATTER INSURED

3.1. The subject matter insured is the property interests of the Insured (the Policyholder, the Beneficiary) (including the insurance contract may provide for insurance of the property interests of the Policyholder/Beneficiary who is a legal entity), related to the risk of loss (destruction) of or damage to the property.

4. LOSS OCCURRENCES

4.1. Loss occurrences shall include loss of whole articles of Baggage, loss of or damage to Baggage (specific articles of Baggage) taking place during the insurance term in the territory of the insurance contract and documented, occurring for any reason, except those listed in paragraphs 4.8. – 4.13. of Section 4 hereof.

4.2. Any **loss** of whole articles of Baggage (failure to deliver to the point of destination or disappearance) under Section 4 hereof shall be recognized solely on the basis of a written acknowledgment of the fact by the carrier.

Whole article of Baggage means the baggage accepted for transportation in accordance with the documents issued by the carrier.

4.3. Baggage (article of Baggage) shall be deemed **lost** (destructed), if the expenses for repair thereof subject to depreciation together with the depreciated book value exceed the actual value of the Baggage (article of Baggage).

The Insurer may recognize the Baggage (article of Baggage) to be lost on the basis of the documents and information available to it with regard to the loss occurrence.
If the Baggage is recognized to be lost by the Insurer, the Insurer may request from the Policyholder (the Beneficiary) to submit usable remnants of such Baggage or deduct their value from the payment amount.

4.4. Only those things (items) as part of the Baggage the structural integrity of which is broken shall be deemed to be **damaged** Baggage pursuant to Section 4 hereof.

4.5. Upon the loss occurrence, the Insurer shall pay the insurance indemnity in accordance with one of the below options for calculation of the indemnity amount pursuant to the insurance contract:

4.5.1. As related to the **loss** of whole articles of Baggage **or destruction** of Baggage (articles of Baggage), the insurance contract may provide for one of the below options for calculation of the indemnity amount:

a) payment equal to the actual value of the lost/destructed Baggage to the extent of the insurance coverage amount specified in the insurance contract (policy). If it is not possible to document the exact value of the lost/destructed Baggage, payment shall be calculated at the rate of one thousand, five hundred (1,500) rubles for each kilogram of the lost/destructed Baggage but not exceeding the actual value of the lost/destructed Baggage (as at the loss occurrence), unless any other amount of payment for each kilogram of Baggage is provided for in the insurance contract.

The Insurer may make payment by reimbursing for expenses of the Policyholder (the Beneficiary) for the purchase of separate articles of Baggage similar in nature to the lost/destructed article.
The Insurer shall reimburse the Policyholder (the Beneficiary) for the purchase of a separate article of Baggage instead of the lost/destructed one, incurred no earlier than the Baggage incident, and no later than the date of submission of the loss occurrence claim to the Insurer.
Separate articles of Baggage in this section hereof mean any suitcase, bag, holdall, side bag or any other item in which the carrier has accepted the baggage for carriage. Packaging of baggage or baggage item, including wrapping paper, cardboard, cardboard box, film, etc., shall not be deemed to be a separate item of luggage.

The limit of payment to be made by the Insurer for one (and each) article of the lost/destructed Baggage shall be equal to no more than 25 percent of the insurance coverage amount set out in the insurance contract (policy) as related to the risk of loss/destruction of Baggage, or in absolute value, if specified in the insurance contract.

The total payment amount for all lost/destructed articles of Baggage may not exceed the insurance coverage specified in the insurance contract (policy).

b) payment equal to the actual value of Baggage to the extent of the insurance coverage amount specified in the insurance contract (policy). If it is not possible to document the exact value of the lost/destructed Baggage, payment shall be calculated at the rate of one thousand, five hundred (1,500) rubles for each kilogram of the lost/destructed Baggage but not exceeding the actual value of the lost Baggage (as at the loss occurrence), unless any other amount of payment for each kilogram of Baggage is provided for in the insurance contract.
c) payment of one thousand, five hundred (1,500) rubles for each kilogram of the lost/destructed Baggage but not exceeding the actual value of the lost/destructed Baggage (as at the loss occurrence), unless any other amount of payment for each kilogram of Baggage is provided for in the insurance contract.

4.5.2. If Baggage **is damaged**, the insurance contract may provide for one of the below options for calculation of the indemnity amount:

a) payment equal to repair expenses to the extent of the insurance coverage amount specified in the insurance contract (policy). If it is not possible to document the exact cost for repair of the damaged Baggage, payment shall be calculated at the rate of one thousand (1,000) rubles for each kilogram of the damaged Baggage but not exceeding the damage amount, unless any other amount of payment for each kilogram of Baggage is provided for in the insurance contract;
b) payment of one thousand (1,000) rubles for each kilogram of the damaged Baggage but not exceeding the damage amount, unless any other amount of payment for each kilogram of Baggage is provided for in the insurance contract.

4.6. For cases of death or damage to Baggage, which is large-sized electronics, batteries, optics for personal or industrial use, including audio, photo, video equipment, computer / server system units, medical equipment, batteries, etc., electronic media, lenses of photo and video cameras, telescopes, microscopes, binoculars, etc. and any accessories to them, the Insurer makes payments solely by the weight of the damaged/lost item of baggage, while the limit of payments for one and each damaged/lost item of baggage is 25% of the insured coverage regarding risk. In this case, the fact of damage to the item of baggage during transportation shall be registered by the carrier in the corresponding document (carrier's statement).
An event is not a loss occurrence if, in connection with this event, the carrier in the relevant document (carrier's statement) did not admit his guilt in the incident and indicated the presence of damage, difference in weight, other circumstances affecting the amount of damage, according

to the passenger or in any other formulation that allows you to interpret the position of the carrier as not admitting his guilt in the event.

The insurance contract (policy) may provide for other benefit limits or the application of the conditions of this paragraph of the Rules.

4.7. The Insurer may determine the weight of the destructed or damaged Baggage on the basis of the technical weight characteristics specified in the passport of the product or other similar documents that the product was accompanied with at the manufacturer's factory, provided by the Insured (the Policyholder, the Beneficiary). If the Insured (the Policyholder, the Beneficiary) is unable to provide the specified documents containing weight characteristics, the Insurer shall determine the weight of the article of Baggage subject to the weight characteristics of similar items and based on the technical weight characteristics obtained from public information sources (from the product reference description on the web site of the manufacturer/store/official dealer, etc.).

The weight of the lost Baggage shall be determined on the basis of the air carrier's documents.

The weight of the damaged or destructed Baggage shall be rounded mathematically to 100 grams.

4.8. In accordance with Section 4 hereof, the following events shall not be deemed to be loss occurrences if they are consequences or results of:

a) effects of temperature, humidity or special properties and natural qualities of the contents of the Baggage which may result in its destruction or deterioration (shrinkage, weight loss, spill, leakage, increased weight due to wetting or as a result of hygroscopicity of baggage, decay, mold formation, spontaneous combustion, explosion and fire hazards);
b) wear, rust, mold, discoloration and other natural changes in the properties of the insured property;
c) scratches, crocking of color, other defects of the appearance of the property not breaking its functions;
d) damage to the property by insects and rodents, unless otherwise expressly provided for in the insurance contract;
e) carriage of foodstuffs, dyes, chemicals or spillage (leakage) thereof during transportation;
f) explosion of batteries (storage batteries, etc.) or their leakage in the insured Baggage;
g) carriage in the insured Baggage of bladed articles, including with sharp cutting edges (glass or ceramic fragments, knives, household tools, etc.);
h) violation by the Insured (the Policyholder, the Beneficiary) of the Baggage carriage rules or the carrier's prohibition of carriage of specific Baggage types.

4.9. In accordance with Section 4 hereof, the following events shall not be deemed to be loss occurrences if they occur:

a) when the Insured (the Policyholder, the Beneficiary) or any other related party does any unlawful act that has a direct causal link to the loss occurrence;
b) when the Insured (the Policyholder, the Beneficiary) or any other related party does any willful act that has a direct causal link to the loss occurrence.

4.10. In accordance with Section 4 hereof, the following events shall not be deemed to be loss occurrences:

a) pollution of Baggage or getting it wet, not causing irreversible deterioration of the properties and/or functions of such Baggage;
b) loss of separate articles of Baggage discovered due to the difference in weight between the whole place of Baggage delivered to and received from the carrier.
c) events when the Policyholder (the Insured) or the Beneficiary does not receive any documented evidence from the carrier of the incident involving Baggage in respect of which the loss occurrence is reported to the Insurer.
d) indirect costs associated with receipt of Baggage (customs duties, fines, penalties), unless otherwise specified in the Insurance contract (policy);

4.11. The insurance (the Insurer's indemnity) shall not cover and the Insurer shall not pay any insurance indemnity for the following articles of Baggage:

a) cash in Russian rubles and foreign currency, securities, discount and other bank cards;
b) antiques and unique items, works of art and collection items;
c) travel documents, passports and any kinds of documents, slides, photographs or film prints;

d) items delivered to the carrier in contravention of the carriage rules and/or prohibited for carriage;
e) information on electronic media;
f) manuscripts, plans, schemes, drafts, models, accounting and business papers;
g) items made of glass, ceramics, porcelain;
h) paper, cardboard, wooden, polyethylene/cellophane and similar packaging (wrapping);
i) contact lenses, glasses;
j) animals, insects, plants and seeds, corals, sponges, shells and mushrooms;
k) religious items, musical instruments;
l) any free-flowing fractions (sand, flour, seeds, granules, etc.)

4.12. In respect of the below items in the Baggage, the Insurer **shall not make** any payment:

items that are part of the kits (sets, collections, construction sets, board games) undamaged during transportation, including undamaged parts of any items disassembled into their component parts for transportation;

This limitation does not apply to items of clothing and footwear sold exclusively in pairs and constituting a single set with non-interchangeable right and left parts (shoes, gloves, socks, knee socks, leggings, pair sports protection for hands and feet) - in case of total damage to one item of such a set, the Insurer has the right to compensate, depending on the terms of payments under the concluded insurance contract, the cost of the set or make a payment based on the weight of the set.

4.13. In respect of the below items in the Baggage, the Insurer **shall not make** any payment in the amount of their actual value (denomination), regardless of whether it can be documented or not:
a) jewelry (products made of precious metals, precious and semi-precious stones), arts and crafts;
b) foodstuffs, liquids, tobacco, alcoholic beverages;
c) portable electronic and optic devices, including audio, photographic, video, mobile and satellite phones, computers, tape recorders, radio receivers, etc., electronic media, photo-video camera lenses, telescopes, microscopes, night-vision goggles, optical sights, binoculars, monoculars, etc., and any accessories to them, unless otherwise expressly stated in the insurance contract (policy);
d) batteries (storage batteries, etc.)
e) any types of prostheses;

4.14. The insurance contract (policy) may provide for the insurance specified in paragraphs 4.11, 4.13 of this Section of the Rules of items (all specified items or a separate category of items) for the risks of "death" or "damage", about which an additional condition is expressly specifically stipulated in the text of the agreement. In this case, insurance of these items is carried out under the following conditions:

- The Insurer makes a payment in respect of no more than two items per one checked baggage piece (unless otherwise provided by the contract).
- Shortage and/or damage to this property without signs of violation of the integrity of the carrier of the Baggage and the original packaging of the item (if the original packaging is available at the time of transportation) is not a loss occurrence.
- calculation of the compensation amount is carried out according to the option specified in the insurance contract (one of options "a" or "b" according to paragraph 4.5.2. of this Section of the Rules). When paying under the option that provides for compensation by the item weight, the calculation of the benefit amount is made with a correction factor of 3 to the benefit amount per kilogram of weight (unless another factor is established by the contract).

If the insurance contract establishes different benefit amounts by weight for the risks of "death" and "damage", to determine the possibility of making payment for one of these risks, the Policyholder / Insured provides the Insurer with certified documents from an authorized service center for the repair of similar products (estimate, etc.) that certify the sum required to bring the item into serviceable condition or ascertain the inexpediency of repair. If the cost of repairs exceeds the average market value of the item in the condition in which the item was at the time of transportation prior to damage, payment is made at the risk of "loss", otherwise at the risk of "damage".

The insurance contract may establish additional insurance conditions for the specified items.

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT

5.1. Validity period of the insurance contract:

a) for the period of transportation "to";
b) for the period of transportation "to and back";
c) for the period of transportation(s) specified in the insurance contract;
d) for the period during which transportations are scheduled (including "to" or "to and back").

5.2. Insurance term (the Insurer's indemnity period):

5.2.1. Under the insurance contract made in accordance with paragraph 5.1.a) of Section 4 hereof: from the time when the carrier accepts the Baggage for carriage and until the time when the carrier returns the Baggage in case of transportation "to."

5.2.2. Under the insurance contract made in accordance with paragraph 5.1.b) of Section 4 hereof: from the time when the carrier accepts the Baggage for carriage and until the time when the carrier returns the Baggage in case of transportation "to and back."

5.2.3. Under the insurance contract made in accordance with paragraph 5.1.c), d) of Section 4 hereof: from the time when the carrier accepts the Baggage for each carriage during the term of the insurance contract and until the time when the carrier returns the Baggage upon each transportation during the term of the insurance contract.

5.3. The insurance contract shall remain effective with regard to the risks specified in this Section of the Rules when Baggage is located throughout the world.

5.4. In order to enter into the insurance contract, the Policyholder shall, in writing or orally, give notice to the Insurer of his/her intention of entering into the insurance contract and provide the information required for execution of the insurance contract.

5.5. When entering into the insurance contract, the Insurer may request from the Insured (the Policyholder, the Beneficiary) the information about any circumstances known to the Insured (the Policyholder, the Beneficiary), which are essential for determination of the probability of any loss occurrence and the amount of possible losses (covered risk), including but not limited to:

a) name, address, banking details, phone, fax (if the Policyholder is a legal entity);
b) surname, name, age, permanent residence address, phone of the Insured (Insured Persons);
c) route, period of traveling;
d) description of Baggage and listing of articles of Baggage, indicating their distinctive characteristics, serial numbers (and other identification numbers, if any), and their value, if the contract is entered into on the declared value terms;
e) The Insurer may request that the Insurer provide additional information that is relevant to the assessment of the covered risk and the documents characterizing the risk degree. The Insurer may inspect the Baggage.

5.6. If the insurance contract is made by the Policyholder in favor of one or several persons (the Insured, the Beneficiaries), each Insured (Beneficiary) can receive an insurance policy (offer certificate) (certificate or receipt), or an ID card confirming the execution of the insurance contract in their favor.

6. INDEMNITY PROCEDURE, TERMS AND CONDITIONS

6.1. Upon the loss occurrence, the Insured (the Policyholder, the Beneficiary) shall, at the scene of the incident, contact the competent authorities responsible for consideration of any issue related to the damage to and/or loss of Baggage (representatives of the carrier, representatives of the airport, train station, etc.) to obtain any document recording the fact of the loss of or damage to the Baggage (carrier's statement).

6.2. Upon occurrence of any event having signs of a loss occurrence, the Insured shall be obliged to notify the Insurer thereof immediately but no later than thirty (30) calendar days after the date when the occurrence of the event becomes known, in any form allowing registering the notification fact.

The obligation of the Insured to notify of the event may be fulfilled by the Policyholder, the Beneficiary or heirs of the Insured or any other third party.

6.3. The Insured (the Policyholder, the Beneficiary) shall, within one hundred and eighty (180) calendar days upon return from the trip during which the loss occurrence happens, submit a written claim in accordance with the form of the Insurer containing the description of the event and the date of its occurrence, accompanied by the following documents confirming the fact of the loss occurrence and the extent of the loss of the Insured (the Policyholder, the Beneficiary).

6.4. The following documents shall be submitted for the Insurer to be able to make a decision on the insurance indemnity:

6.3.1. Insurance contract (policy);

6.3.2. Identity document (copies of all completed pages) of the Insured, the Beneficiary, heirs of the Insured, the representative of the Beneficiary/heirs of the Insured;

6.3.3. Ticket (itinerary receipt);

6.3.4. Document provided for in the usual business practices of the carrier, which testifies to the irregularity of the Baggage (property irregularity report or any other report of similar content), or certificate issued by the official competent authorities, indicating the loss of or damage to the Baggage;

6.3.5. Photographs of the damaged Baggage (damaged article(s) of Baggage on the whole and separately, places of damage).

6.3.6. At the Insurer's request:

a) documents certifying a joint trip with the Insured Person - order forms, travel documents (tickets), certificates from carriers, contracts with a tourist organization, paid bookings of hotels or apartments.
b) damaged property for inspection and/or evaluation;
c) documents confirming the cost of repair of the damaged Baggage;
d) sales receipts certifying the acquisition and value of the Baggage;
e) sales receipt and other fiscal documents certifying the value and names of the articles purchased instead of similar lost/destructed articles of Baggage;
f) customs declarations, tax refund documents;
g) documents certifying recognition by the carrier (or any other authorized organization) of the fact of loss of the Baggage and/or the payment of the compensation by it;
h) baggage receipts (labels/tags);
i) boarding pass.

6.5. Based on the contents of the submitted documents and the circumstances of the loss occurrence, the Insurer may decide to pay an insurance indemnity solely on the basis of the documents specified in paragraphs 6.3., 6.4.1-6.4.5. of this Section of the Rules.

6.6. In any case, all documents related to the loss occurrence and requested by the Insurer shall be submitted to the Insurer.

6.7. The Insurer may inspect the submitted documents, request information from any organization having information on the circumstances of the loss occurrence. The Policyholder is obliged to provide written explanations in response to the Insurer's inquiries related to the loss occurrence.

6.8. If the Policyholder (the Insured, the Beneficiary) received an insurance indemnity from any third party for the lost or damaged Baggage or part thereof, the Insurer will pay the difference between the actual value of the insured property/the amount of damage (if the Baggage is damaged) and the amount received from such third party but no more than the insurance coverage amount specified in the insurance contract. The Policyholder shall notify the Insurer of receipt of such amounts in the loss occurrence claim or immediately upon receipt thereof.

6.9. If any lost (missing) place of Baggage is returned to the Policyholder (the Insured), he/she is obliged to return the received insurance indemnity to the Insurer less the documented costs for repair or arrangement of the articles of the returned Baggage no later than fifteen (15) calendar days upon return of the stolen (missing) place of Baggage.

6.10. If the Insured (the Beneficiary) dies not having received the insurance indemnity as related to any risks under this Section of the Rules, payment shall be made to any other Beneficiaries in

accordance with Section 11 of these Insurance Rules, unless otherwise provided for in the insurance contract.

SECTION 5. INSURANCE OF ADDITIONAL EXPENSES PAID BY PASSENGERS

3. SUBJECT MATTER INSURED

3.1. The subject matter insured is the property interests of the Insured (the Policyholder, the Beneficiary) (including the insurance contract may provide for insurance of the property interests of the Policyholder/ Beneficiary who is a legal entity),related to the risk of contingent expenses of individuals or legal entities.

4. LOSS OCCURRENCES

4.1. The following events taking place during the term of the insurance contract (policy) in the territory of the insurance contract (policy), which are documented and causing additional expenses incurred by the Insured shall be deemed to be loss occurrences:

4.1.1. "Flight delay" – documented delay of the actual beginning of the transportation of the Insured as compared to the time specified in ticket and/or in accordance with the carrier's statement as a result of:

a) delay of one of the flights specified in the insurance contract (policy) for which the Insured registered in accordance with the procedure prescribed by the carrier by four (4) full hours (or any other time specified in the insurance contract) or more;

b) cancellation of one or more flights specified in the insurance contract (policy) and/or itinerary receipt, resulting in the change of the date or time of the beginning of the transportation of the Insured, which in this case was carried out by air/rail/regular (next scheduled) bus transport.

The duration of the flight delay due to the cancellation of the flight shall be calculated as the difference between the time of the cancelled flight on the schedule and the time of the flight/departure of the train/bus the Insured actually used.

4.1.2. "Baggage dispensing delay" – delay in dispensing of baggage by the carrier by more than 12 hours (or any other time specified in the insurance contract (policy)) certified by the relevant documents issued by the carrier (airport, quay, station, etc.).

4.1.3. "Document re-issuance costs" – costs of issuance of an identity document the loss of which prevents the continuation of the trip and/or return to the place of permanent residence of the Insured (consular fees, government duties, cost of photographs for applications, etc.).

4.2. Upon any loss occurrence, subject to the terms and conditions contained in the insurance contract, the Insurer may provide for the following types of expenses incurred by the Policyholder (the Insured) to be reimbursed to the extent of the insurance coverage with regard to each risk:

4.2.1. As related to the "flight delay" risk:

a) costs of essential food/goods/services to the extent set out in the insurance contract, subject to the duration of the delay in the number of full hours.

A "full hour" means a temporary time period of sixty (60) minutes. In this case, a part hour of the flight delay shall be rounded to a full hour as follows:

- no delay from zero (0) to twenty-nine (29) minutes inclusive shall be deemed to be a full hour nor shall be taken into consideration in calculation of the indemnity amount;
- any delay from thirty (30) to fifty-nine (59) minutes inclusive shall be deemed to be a full hour.

Under this section hereof, costs of essential food/goods/services shall be deemed to have been incurred 59 minutes, 59 seconds of each full hour of flight delay, starting from the fourth one, unless the insurance contract (policy) provides otherwise.

Under this section hereof, costs of essential food/goods/services mean expenses incurred or reasonably to be incurred by the Insured in order to sustain his/her vital functions during the period of the delay.

The insurance contract may provide for limits for payment of actually paid costs of essential food/goods/services based on the duration of the delay in the number of full hours.

b) costs paid during the insurance term for the purchase of a new economy class airfare (or similar to economy class for transportation by other vehicle types) for making or completing the scheduled trip less any amount refunded by the carrier to the Policyholder (the Insured) upon refund (cancellation) of tickets;
c) documented hotel expenses in the period of the delayed flight - not exceeding five thousand (5,000) rubles per night or for the entire accommodation period, if it is less than 24 hours;
d) documented meal costs not exceeding one thousand, five hundred (1,500) rubles per every 12 hours of the delayed flight (or other period of time set out in the insurance contract) but no more than five thousand (5,000) rubles for the entire period of the delay;
e) transportation costs of the Insured for the trip from the airport to the place of stay and back not exceeding two thousand (2,000) rubles;
f) other expenses, if expressly specified in the insurance contract.

If the insurance contract does not contain any type(s) of costs to be reimbursed with regard to such risk, payment shall be made pursuant to paragraph "a" of this clause.

The Insurer may specify any other indemnity limit for each type of the aforesaid costs or on the whole, or for separate events provided for by the "flight delay" risk in the insurance contract.

Where the flight delay precedes its cancellation and the insurance contract provides for payments under paragraph 4.2.1. "a" and one or more paragraphs 4.2.1 "b" - 4.2.1 "e" of this section hereof, the Insurer shall make payment in the amount calculated in accordance with one of the following options (the option determining a larger amount of payment):

- costs to the extent set out in the insurance contract, subject to the duration of the delay in the number of full hours;
- actually incurred and documented costs from among those specified in paragraphs 4.2.1. "b - e" of this section of the Rules.

4.2.2. As related to the "baggage dispensing delay" risk:

a) costs of the Insured of essential items/goods/services during the baggage dispensing delay period.
Under this section hereof, costs of essential items/goods/services mean expenses actually incurred or reasonably to be incurred by the Insured in order to sustain his/her vital functions during the baggage dispensing delay period.

Under this section hereof, costs of essential items/goods/services with regard to the baggage delay shall be deemed incurred in twelve (12) hours as compared to the flight arrival time, unless otherwise provided for in the insurance contract (policy).

Costs of essential items/goods/services with regard to the baggage delay may be determined by the insurance contract (policy) in the absolute or relative amounts (as related to the insurance coverage), including as the product of the number of kilograms of the baggage dispensing of which is delayed by the carrier by the amount specified in the insurance contract (policy);
b) documented costs of purchase of essential items/goods during the baggage delay period. Unless otherwise stated in the insurance contract, essential items/goods mean baseline clothing, personal hygiene (including for child care), infant food, medicines prescribed by the doctor, battery chargers for mobile phones/tablets or other portable electronic devices;
c) costs for rent of:
- Alpine skiing, mountaineering, snowboarding, diving or any other sports equipment;
- stroller and/or child restraints for transportation in the car payment for which is made during the baggage delay period.
d) transportation costs for the trip from the place of stay to the airport and back not exceeding two thousand (2,000) rubles.

The insurance contract may provide for one or more options for reimbursable costs from those specified in paragraph 4.2.2. of this Section of the Rules, and any combination thereof.

4.3. as related to the "document re-issuance costs": necessary costs for issuance of an identity document the loss of which prevents the continuation of the trip and/or return to the place of permanent residence (consular fees, government duties, etc.) to the extent of the actually paid costs but no more than three thousand (3,000) rubles or any other amount specified in the insurance contract.

4.4. The following events shall not be deemed to be loss occurrences:

4.4.1. any event not expressly specified in paragraph 4.1. of Section 5 of these Rules and in the insurance contract;

4.4.2. as related to the events provided for in paragraph 4.1.1. of Section 5 hereof are not loss occurrences of events that have occurred as a result of:

a) delay (cancellation) of the flight for which the Insured fails to get registered in accordance with the procedure prescribed by the carrier;

b) cancellation or anticipated delay of the flight as a result of which the actual transportation of the Insured by aircraft or other transport starts earlier than the time indicated in the itinerary receipt of the Insured as the canceled / delayed flight departure (take off) time, related to which the Insurance contract (policy) was concluded;

c) the carrier's refusal to transport the Insured for any reason, including but not limited to:
- non-available passenger seating on board the flight according to the passenger's travel documents («overbooking»/reselling of tickets
- violation by the passenger of the air transport regulations and the Insured's being in the state of alcoholic, drug or any other intoxication;
- non-available seating on board the flight detailed in the passenger's travel documents as the aircraft was replaced with a another plane with a smaller seating capacity than it was described when the tickets were sold for the flight ("technical overbooking");
- related to the flight delay or cancellation that actually took off as scheduled or within the time deductible set in the insurance contract (i.e. the flight delay timeframe, within which the insurer is not liable), but made an emergency landing during the flight.

d) delayed departure of less than four (4) full hours (or any other time specified in the insurance contract).

e) delayed actual commencement of the transportation of the insured by less than 4 (four) full hours (or other time specified in the insurance contract) compared to the time specified in the ticket en route receipt and/or insurance contract (policy) as the departure (take off) time of the delayed or canceled flight.

f) delayed departure the duration of which is calculated as the sum of the delays of several flights;

g) delay of the Insured to register for the flight for any reason, including but not limited to delays in the arrival of the previous flight;

h) refusal by the Insured to take a delayed flight. The Insurer has the right not to apply this exception if the Policyholder (the Insured, the Beneficiary) provides the Insurer with documentary evidence that the start of his alternative carriage is earlier than the delayed flight, in respect of which the insurance is carried out, departs, and the start of the alternative carriage does not begin earlier the time specified in the formulation of the insurance risk by time difference;

i) Any event when the carrier in advance, i.e. before the commencement date of the insurance term under the insurance contract (policy), has notified the Policyholder / the Insured or any other person who has purchased the ticket in the interests of the Insured of the flight cancellation or transfer of the time of departure "to" to a later date in relation to the time of departure specified in the original itinerary receipt of the Insured and/or the insurance contract (policy).

4.4.3. The liability of the Insurer does not apply to cases of the carrier transferring the date and/or departure time of the flight for earlier than the date and/or time indicated in the original itinerary receipt of the insured and/or insurance policy.

4.4.4. as related to the event provided for in paragraph 4.1.2 of Section 5 hereof: delay in dispensing the baggage (separate places of baggage) for inspection by the customs authorities or airport law enforcement services, unless otherwise provided for in the insurance contract; delay in dispensing the baggage (separate places of baggage) due to incorrect issuance of accompanying baggage documents.

4.5. In accordance with Section 5 hereof, the following events shall not be deemed to be loss occurrences if they occur:

a) when the Policyholder (the Insured, the Beneficiary or any other related party) does any unlawful act that has a direct causal link to the loss occurrence;

b) when the Policyholder (the Insured, the Beneficiary or any other related party) does any willful act that has a direct causal link to the loss occurrence;

c) when the Insured is in a state of alcoholic, drug or any other intoxication, if this is directly connected to (is the reason for) the loss occurrence.

5. INSURANCE CONTRACT. VALIDITY PERIOD AND CONLUSION PROCEDURE

5.1. Validity period of the insurance contract:

a) for the period of transportation "to";
b) for the period of transportation "to and back";
c) as related to the risk provided for in paragraph 4.1.3 of Section 5 of these Rules - for the period of transportation "to and back" and for the duration of the trip between transportations "to and back";
d) for the period of transportation(s) specified in the insurance contract;
e) for the period during which transportations are scheduled (including "to" or "to and back");

5.2. The insurance contract to be made for a fixed term and being in effect for multiple carriages shall take effect on the insurance premium payment date in accordance with paragraph 2.7. of these Rules, unless the insurance contract provides for a different procedure for the commencement of the contract.

5.3. Insurance term (the Insurer's indemnity period):

5.3.1. As related to the "flight delay" risk – from 00:00 (midnight) of the day preceding the day of departure of the earliest flight specified in the insurance contract (policy) and up to 24:00 (midnight) of the day following the end date of the transportation by the latest flight from those specified in the Insurance contract (policy), unless the insurance contract provides otherwise.

5.3.2. As related to the "baggage dispensing delay" risk - from the time of acceptance of the baggage for transportation to the baggage dispensing time.

5.3.3. As related to the "document re-issuance costs" risk: from the time of execution of the insurance contract to the end time of the carriage by the latest of the flights specified in the insurance contract (policy).

5.4. As related to the risks provided for in Section 5 of these Rules, the insurance contract shall be effective all over the world, unless otherwise provided for in the insurance contract with regard to one or more risks.

5.5. In order to enter into the insurance contract, the Policyholder shall, in writing or orally, give notice to the Insurer of his/her intention of entering into the insurance contract and shall provide the information required for the execution of the insurance contract.

5.6. When entering into the insurance contract, the Insurer may request from the Insured (the Policyholder, the Beneficiary) the information about any circumstances known to the Insured (the Policyholder, the Beneficiary), which are essential for determination of the probability of any loss occurrence and the amount of possible losses (covered risk), including but not limited to:

a) name, address, banking details, phone, fax (if the Policyholder is a legal entity);
b) surname, name, age of the Policyholder;
c) route (indicating all the countries of the route) and period of travel;

d) other information relevant to the assessment of the covered risk or requested by the Insurer.

5.7. With regard to insurance of property interests related to additional costs incurred in the event of the baggage dispensing delay, the insurance coverage shall not exceed the costs that the Policyholder (the Insured) may be expected to incur upon any loss occurrence and shall not exceed the actual value of the baggage.

5.8. With regard to insurance of property interests related to additional costs incurred in the event of the flight delay and/or as related to the "document re-issuance costs" risk, the insurance coverage shall not exceed the costs that the Policyholder (the Insured) may be expected to incur upon any loss occurrence.

5.9. The insurance coverage set out in the insurance contract (policy) with regard to each of the Risks specified in paragraphs 4.1.1. – 4.1.3. of this Section hereof shall be reduced by the amount of the payment made with regard to such risk, and further insurance indemnities shall be paid subject to the reduced insurance coverage. The insurance contract may establish a condition on the preservation of the insurance coverage for the risks of this section of the Rules, regardless of the payments made during the entire term of the insurance contract, about which shall be spelled out additionally in the text of the contract (policy).

6. INDEMNITY PROCEDURE, TERMS AND CONDITIONS

6.1. Upon the loss occurrence, the Policyholder shall contact, at the scene of the incident:

6.1.1. upon occurrence of any event as related to the "flight delay" risk or "baggage dispensing delay" – representatives of the carrier's administration or the competent authorities of the airport, railway station, port, quay to obtain documents certifying the fact and causes of the event;

6.1.2. upon occurrence of any event as related to the "document re-issuance costs" risk – representatives of the embassy/consulate of the state the Insured is a citizen of/other public authorities at the place of stay to obtain his/her identity document the loss of which prevents the continuation of the trip and/or return to the place of permanent residence.

6.2. Upon occurrence of any event having signs of a loss occurrence, the Insured shall be obliged to notify the Insurer thereof immediately but no later than thirty (30) calendar days after the date when the occurrence of the event becomes known, in any form allowing registering the notification fact.

The obligation of the Insured to notify of the event may be fulfilled by the Policyholder, the Beneficiary or heirs of the Insured or any other third party.

6.3. The Insured (the Policyholder, the Beneficiary) shall, within one hundred and eighty (180) calendar days upon return from the trip during which the loss occurrence happens, submit a written claim in accordance with the form of the Insurer containing the description of the event and the date of its occurrence, accompanied by the following documents confirming the fact of the loss occurrence and the extent of the loss of the Insured (the Policyholder, the Beneficiary).

6.4. The following documents shall be submitted for the Insurer to be able to make a decision on the insurance indemnity:

6.4.1. Insurance contract (policy).

6.4.2. Identity document (copies of all completed pages) of the Insured, the Beneficiary, heirs of the Insured, the representative of the Beneficiary/heirs of the Insured;

6.4.3. Ticket (itinerary receipt).

6.4.4. As related to the "flight delay" risk:

a) certificate or any other documents certifying the flight delay: timestamp of the actual start of the transportation on a document that corresponds to the carrier's usual business practices (boarding pass/passenger coupon, etc.);

b) documents certifying registration of the Insured for a delayed (cancelled) flight: boarding pass and/or certificate issued by the airline.

c) At the Insurer's request:

– duly certified letter or certificate issued by the carrier, the airport or their authorized agent, indicating the reasons for the flight delay and the actual start and/or end time of the carriage;

if the flight is cancelled, duly certified certificate from the airline or any other competent authorities about the cancellation of the flight of the Insured, and paid tickets for regular air/rail/bus transport by which the carriage was actually made, indicating the date and time of the carriage;

- documents certifying the types, amount and fact of payment for the essential food/goods/services by the Policyholder (the Insured) (if such costs are actually paid for), or list of costs of the essential food /goods/services to be paid for by the Insured in order to sustain his/her vital functions during the period of the flight delay;
- documents certifying submission of claims to the carrier by the Insured, the carrier's refusal to reimburse for contingent expenses of the Insured (part thereof) and the reasons for the refusal.

6.4.5. As related to the "baggage dispensing delay" risk:

a) copy of the document prescribed by the usual business practices of the carrier, which is certified by the author of the document, testifying to the irregularity of the baggage (the property irregularity report or any other report of similar content) or certificate issued by the official competent authorities certifying the baggage dispensing delay and the duration thereof (the date and time of receipt of the delayed baggage) and the weight of the delayed baggage;

b) At the Insurer's request:

- baggage receipts (tags); documents certifying the purchase of essential items/goods/services with a list of purchased goods, including their prices, date and time of the purchase (if such expenses were actually incurred) or a list of costs of essential items/goods/services reasonably to be incurred by the Insured in order to sustain his/her vital functions during the baggage dispensing delay;
- documents confirming the lease of any sports equipment or stroller and/or child restraints for transportation by car with a list of the leased items, lease term, date and time of payment for the lease;
- documents certifying the transportation costs of the Insured;
- documents certifying a joint trip with the Insured Person - order forms, travel documents (tickets), certificates from carriers, contracts with a tourist organization, paid bookings of hotels or apartments.

6.4.6. As related to the "document re-issuance costs" risk – documents certifying the amount and fact of payment for the issuance of the identity document the loss of which prevents the continuation of the trip and/or return to the place of permanent residence.

6.5. In any case, all documents related to the loss occurrence and requested by the Insurer shall be submitted to the Insurer.

6.6. The Insurer may inspect the submitted documents, request information from any organization having information on the circumstances of the loss occurrence. The Policyholder is obliged to provide written explanations in response to the Insurer's inquiries related to the loss occurrence.

6.7. The Insurer may release the Policyholder from the obligation to provide part of the documents from the lists provided for in paragraphs 6.4 and 6.5 of Section 5 hereof, unless the failure to submit such documents affects the determination of the event insured and/or extent of the damage. The insurer has the exclusive right to determine the effect of the availability of documents under para 6.4, 6.5, Section 5 hereof, on the determination of the insured event and/or the extent of loss.

6.7. If the Insured (the Beneficiary) dies not having received the insurance indemnity as related to any risks under this Section of the Rules, payment shall be made to any other Beneficiaries in accordance with Section 11 of these Insurance Rules, unless otherwise provided for in the insurance contract.

SECTION 6. INSURANCE AGAINST FLIGHT DELAY OR CANCELLATION

3. INSURED ITEM

3.1. **Insured item** - property interests of a person, the Insurance contract is concluded for the benefit of which (including the insurance contract may provide for insurance of the property

interests of the Policymaker/ Beneficiary who is a legal entity), and related to the individual's contingent cost risks arising from changes in the planned trip / transportation dates of the Insured passenger.

4. LOSS OCCURRENCES

4.1. Insured event is one of the following unexpected events (risks) that took place during the Insurance contract (policy) term and on the territory of the Insurance contract (policy) that gave rise to additional costs for the Insured:

4.1.1. "Flight arrival delay" – delay of flight arrival as specified in the Insurance contract (policy) which actually transports the Insured to the destination (place of arrival) according to the ticket, by the whole 180 minutes or above (or by any other time detailed in the Insurance contract).

4.1.2. "Flight departure delay" – air flight delay in departure (flight take off) described in the Insurance contract (policy) which actually transports the Insured to the destination (arrival) as per the ticket by the whole 180 minutes or above (or by any other time detailed in the Insurance contract).

4.1.3. "Flight cancellation by the air carrier" – cancellation by the air carrier of a flight described in the Insurance contract (policy) on or after the day preceding the departure (take off) date specified according to the ticket of the insured and the Insurance policy as the cancelled air flight departure (take off) date.

Insurance contract (policy) may define one or more events and in any combination as detailed in para 4.1, current Section, Rules, as the insured event. Insurer is liable under the insurance contract only for the risks detailed in the insurance contract (policy). Except as otherwise provided by the text of the insurance contract (policy), if the events of one flight arise in successive order according to para 4.1.2 and 4.1.3, current Section herein, the Insurer uses one of the payout methods provided by the Insurance Contract (policy) and this section herein within the sum insured and only for one of these risks. The obligations of the Insurer under the insurance contract related to this payment will be deemed fulfilled for this air flight.

4.2. If an insured event arises related to risks detailed in para 4.1.1 - 4.1.2 of this Section herein, the Insurer will indemnify within the sum insured in favour of the person in whose interest the Insurance contract is concluded - cost of meals / goods / services of first necessity in the amount specified in the insurance contract (policy) based on the length of the delay in whole hours.

4.3. If an insured event arises related to risk in para 4.1.3 of this Section herein, the Insurer will indemnify within the sum insured for the benefit of a person for whose benefit the insurance contract is concluded - the cost of meals / goods / services of first necessity in the amount specified in the insurance contract (policy) based on one of the following principles specified in the insurance contract (policy):

4.3.1. based on the time-length in full hours which passed between the time in the Insured's ticket and insurance contract (policy) specified as the flight departure time, related to which the insurance contract was concluded, and the time when the flight was cancelled by the air carrier.

4.3.2. based on the time lapse in full hours between the time in the insurance contract (policy) relating to risks in para 4.1.1 or 4.1.2, current Section herein (depending on the insured event), from which the countdown of the delayed departure time / flight arrival (180 minutes or some other time) must start and for which the contract was concluded, and the time when the air carrier cancelled this flight

4.3.3. based on the time length in full hours which elapsed from the time specified in the Insured's ticket and insurance contract (policy) as the flight departure flight the insurance contract was concluded for, and the actual departure time when the Insured travelled the insured route or part thereof by another flight (i.e. air transport / railway / bus). In this case indemnification is exclusively in accordance with this para 6.1.2 this Section herein.

4.4. Based on this Section herein – expense for meals / goods / essential services are deemed incurred within 59 minutes 59 seconds of each full hour of departure (take off) delay or the flight arrival (depending on the insured event), starting from the third, if the Insurance Contract (policy) does not provide otherwise. Except as otherwise provided by Insurance Contract (policy), the costs for the insured event under para 4.1.3, this Section herein, are deemed incurred as soon as the carrier announces the flight cancellation. But not before the Insurer's liability term arises and not before 180 minutes or some other time specified in the insurance contract (policy) that have elapsed from the time specified in the Insured's ticket and insurance contract (policy) as the flight departure time cancelled by the carrier.

4.5. «Full hour» - a time period of 60 (sixty) minutes.

4.6. Expense for meals / goods / services of daily necessities in this Section herein – actually incurred or expected expense by the Insured in order to support its normal life routine during departure (take off) delay or the flight arrival delay, or while waiting for flight departure which will be cancelled by the air carrier (depending on the insured event).
Expense for items / goods / essential services in connection with the departure (take off) delay or the flight arrival delay, or in connection with the cancellation of a flight by the carrier (depending on the insured event) can be defined by Insurance Contract (policy) in absolute or relative (in connection to the sum insured) terms, including as the number of full hours of delay multiplied by the sum defined in the Insurance Contract (policy). Insurance Contract (policy) may stipulate indemnity for only one event from the total events that took place if a complex of events occurred as described in para 4.1.1 - 4.1.2 and/or an event detailed in para 4.1.3 present Section herein.

4.7. Insurer pays-out indemnity according to a method described in para 6.1 of the present Section herein.

4.8. According to this Section herein – departure delay or flight arrival delay (depending on the insured event) is defined as the difference between the departure or arrival time (depending on the insured event) according to schedule (the ticket) and the actual departure or flight arrival time (depending of the insured event). Except as otherwise provided by Insurance Contract, the actual departure time is the time when aircraft detaches from the airport gate or starts to move to a parking space on the airfield; the actual arrival time is the time when aircraft uses the parking brake when parking at the airport gate or parking space on the airfield.

According to this Section herein – the "flight" is regular transportation by air transport with specified parameters (i.e. route, date and time), and coincide with the electronic ticket, the insurance policy of the insured, if Insurance Contract does not provide otherwise.
If to carry out the insured trip or part of the trip the carrier placed the Insured on another flight of another airline or changed the flight date / time specified in the insurance contract (policy), this transportation is also considered as an "air flight" and is subject to the Insurance contract (policy). In this case indemnity is paid according to para 6.1.2 this Section herein.

4.9. **Any events are not considered as insured events**:

4.9.1. Any event connected to business aviation, charter flights and/or flights operated by private pilots/other flights departure/arrival delay except for commercial air transport with regular routes;

4.9.2. Connected to the departure/arrival delay or cancellation of a flight, the ticket for which was cancelled by the Insured (i.e. cancelled the transportation contract) before the planned departure time according to ticket or if the tickets are cancelled by the carrier for any reason prior to the commencement of the Insurer's liability for the risks of this Section of the Rules;

4.9.3. Associated with the departure/arrival delay or cancellation of a flight the Insured did not register for which as required by the carrier, or was late for boarding, including as the preceding flight came in late;

4.9.4. Arising as a result of the carrier’s rejection to transport the insured for any reason, including:

- none available passenger seats on board the flight specified in travel documents (i.e. "overbooking" / tickets resold);
- none available passenger seats on board the flight specified in the passenger's travel documents due to the replacement of the aircraft with an aircraft of a smaller capacity than it is declared when selling tickets for the flight ("technical overbooking");
- which occurred when the passenger breached air flight rules, as well as when the Insured is under the influence of alcohol, drugs or toxic substances;
- related to a delay in departure or cancellation of a flight that actually takes off on schedule or within the temporary deductible established by the insurance contract (the time of delay in the departure of the flight, within which the insurer is not responsible), but makes an emergency landing during the flight.

4.10. **The following are not events insured:**

4.10.1. Any events that occurred outside the insurance term (liability term) of the Insurer;

4.10.2. Events when the Carrier notified the Policyholder/Insured in advance, (i.e. before the start of insurance term under the insurance contract (policy)), or another person who purchased the ticket in the interests of the Insured, about the flight cancellation or about the transferred departure time “to a destination” for a later time as compared to the departure time specified in the original waybill of the Insured and/or the insurance contract (policy).

4.10.3. If the Insured refused to fly on a delayed flight. The Insurer has the right not to apply this exclusion if the Policyholder (Insured, Beneficiary) presents the Insurer with documentary proof that the alternative transportation started before the delayed flight left which was covered by insurance. Also, that the alternative transportation did not start before the time defined in the document for the timing difference insurance risk.

4.11. The Insurer's liability does not apply to events when the carrier postpones the flight date and/or departure time to an earlier date and/or time than defined in the original waybill of the Insured and/or insurance policy.

4.12. Insurance Contract (policy) may include a condition which precludes the validity of one or more circumstances detailed in subparas of para 4.9 - 4.10 the Section herein. The Insurance contract (policy) must specify this.

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT

5.1. The insurance contract comes into force from the insurance premium payment date and is valid for 15 calendar days. The Insurance contract term is extended for the period required to transport passengers if the ticket was purchased more than 15 days before the transportation start date and/or the flight was rescheduled, and/or the transportation was not fulfilled within the specified timeframe.

5.2. The insurance contract is concluded for one or more transportations detailed in the insurance contract (policy).

5.3. **Liability term** of the Insurer (insurance term) – starts on the day before the departure date as per the electronic ticket of the insured and the insurance contract (policy) of the earliest flights and till the actual completion time of the latest flights described in the Insurance contract (policy) and Insured’s electronic ticket.

If the air carrier transfers the flight departure date and/or time specified in the insurance contract (policy) and the ticket of the insured, the Insured’s liability for the insured event starts on the day preceding the date set by the air carrier as the departure (take off) date and/or arrival date (depending on the insured event) on an updated flight schedule.

If in order to transport passengers (i.e. the insured flight) or any part of the flight thereof the carrier transferred the Insured to another flight or to another airline, the Insurer’s liability under the insurance contract (policy) applies to the flight number changed by the carrier or the other

carrier's flight. If an insured event for a flight set in the Insurance contract (policy) is the reason for transferring the Insured to another flight or another airline, the Insurer's liability under the insurance contract (policy) does not apply to the new flight number or flight of another airline.

5.4. **Insurance Territory -** the whole world, except for countries with military sanctions Imposed by the UN or with military actions taking place on their territories.

5.5. When concluding the Insurance contract, the policyhyolder must inform the Insurer on any circumstances which the Policyholder is aware of and which are material for determining the probability of an insured event arising , as well as potential loss amount (i.e. insurance risk), as well as other data required for insurance out-payments, but not limited to the following:

a) surname, first name, date of birth (age) of Policyholder;

b) boute (including all countries with transit airports through which the route lies), and the trip dates;

c) data carriers and numbers of flights en routefrom ;

d) other information relevant for the assessment of insurance risk, requested by the Insurer or its representatives.

5.6. If property interests are insured related to additional costs incurred when events arise as per para 4.1, this section herein, the sum insurred must not exceed the costs that Policyholder (the Insured) could potentially incurr if an insured event took place. The sum insured is general for all risks (events) or separate for each risk (event) and is set by the Insurance contract.

5.7. Insurance Contract can provide an option for defining the sum insured under this Section herein:

a) sum insured after indemnity payment for the insured event arising within the contract (policy) term, remains unchanged until the Insurance contract validity end and subsequently must be paid out in the amount specified in the insurance policy for each insured event arising within the Insurance contract period and after the Insurer paid its first indemnity or the liability to pay arose.

b) sum insured is decreased by the out-payments amount for risks (events) detailed herein. Subsequently, the insurance payments under this Section are made based on a reduced sum insured.

If the method for defining the sum insured is not set in Insurance contract, the sum insured will be deemened defined according to option "b".

6. INDEMNITY PROCEDURE, TERMS AND CONDITIONS

6.1. Insurer pays indemnity according to one of the following methods:

6.1.1. Based on the insured event arising, as defined and recorded by Insurer from open sources of information (i.e. information systems) on the status of flights or flight delays available to Insurer according to agreements with this data providers, systems operators (in accordance with the Insurer's right pursuant to para 9.4.4, Section 9, herein).

6.1.1.1. Under this method the Insurer pays indemnity to the bank card account from which Insurance premium was already paid when concluding the insurance contract within 15,000 (Fifteen thousand) rubles for one (each) insured event with one (each) Insured, unless the insurance contract (policy) provides for a different amount of the limit of the Insurer's obligations.

In other cases under the Insurance Contract (policy) the Policyholder (Insured, beneficiary) are obliged to:

- submit a report on insured event occurring to the Insurer or its representative (service company).
- at the request of Insurer – to present the following information:
  - copy of the Policyholder's (Insured, Beneficiary) ID document;
  - boarding pass for the flight the Insurance contract was concluded for;
  - bank details of Policyholder (Insured, Beneficiary) for crediting the indemnity to;

- scanned copy (photo) of the front side of a credit card issued by a bank in the name of the Policyholder (Insured, Beneficiary), to the acc of which the indemnity will be credited to.

The Policyholder (Insured Beneficiary) may sign the application with a simple electronic signature according to the Insurance contract procedure. Insurer sets the timeframe for the Policyholder (Insured, Beneficiary) to hand in the application to the Insurer.

Insurer pays the indemnity within 3 (three) work days from the event insured occurrence date or from the application for indemnity submission date (if the Insurance contract provides for this submission) by transferring the indemnity amount to the bank account (bank card account).

6.1.2. Based on a written application prepared according to the Insurer's template and submitted by the Insured (Policyholder, Beneficiary) to the Insurer within 180 (one hundred eighty) calendar days after returning from a trip, during which the insured event occurred, and describing the event, date of its occurrence, as well as the following documents, confirming the occurrence of the insured event and the amount of loss incurred by Policyholder (Insured, Beneficiary).
Insurer shall apply this payment method in the following cases:
- if the insurer cannot determine the insured event took place through open sources of information with the status of flights or take-off delays available to the Insurer based on agreements with the providers of this information, data systems operators;
- the carrier changed the time carrier and/or the date of departure and/or flight number relating to which the insurance contract (policy) was concluded if the Insurer could not remotely detect these changes and did not use the payment method specified in para 6.1.1 of this section herein;
- the Insured was transported en route for which the insurance contract was concluded, by a carrier other than the carrier specified on the ticket and/or insurance contract.
- if the Insurance contract (policy) sets out the indemnity principle for the risk "Carrier cancels the flight" according to para 4.3.3 this Section herein.

On the event arising with features of an insured event. The Insured (Policyholder, Beneficiary) must inform the Insurer within 30 (thirty) calendar days from the moment when it became aware of the event arising in any form that enables to objectively record the application. The Policyholder, Beneficiary, heirs of the Insured or other third parties can fulfil the obligation of the Insured to report the event took place.

Insurer must within 7 (seven) working days after receiving the application from the Insured (Policyholder, Beneficiary), as well as all documents required for decision-making, make a decision to pay or reject payment:
- **if the decision is positive** – the Insurer approves the Insurance Act in the prescribed format, and within 10 (ten) days after approving the insurance Act the indemnity is paid;
- **if the decision is to reject** the insurance payment – the Insurer informs the party requesting indemnity, in written motivated form within 10 (ten) business days from this decision date by Insurer. The Insurer's obligation to inform in writing is deemed completed within the specified deadline if documents are available confirming the letter was sent to the postal address specified by person requesting indemnity in the Application for outpayment.

Irrespective of the settlement method according to para 6.1 this Section herein, the Insurer has the following rights:
- to transfer the authority to receive notifications, applications on insured events, as well as collect documents required to settle the insured event to its representative - the service company.
- transfer the indemnity to the beneficiary's account through the service company's bank account or from the accounts of the payment service provider, including the use of P2P

technology (peer to peer - transfer of monetary resources from a bank card to another bank card).

6.2. Insurance Contract may provide to settle the insured event by one or more methods described above in para 6.1 this Section herein, including, depending on the insured event. Unless otherwise specified in the insurance contract (policy), the method described in para 6.1.1 this Section herein is considered the priority payment method by the Insurer given its technical capacity for implementation.

6.3. Insurer can decide to pay indemnity based on the method according to para 6.1.2 this Section herein, if the person requesting payment provides the following documents or copies thereof to the insurer:

6.3.1. Insurance contract (policy);

6.3.2. air-ticket en route receipt;

6.3.3. boarding passes

6.3.4. an identification document of the Insured, Beneficiary, heirs of the insured, the representative of the Beneficiary / Insured heirs;

6.3.5. bank details of the Policyholder / Insured to receive payment.

6.3.6. at the request of the Insurer:

a) document corresponding to the business practice (i.e. authorised letter, note, etc.) issued by the carrier, airport or their authorized agent confirming the aircraft flights delay, changes in their schedule / cancelling or forced re-routing, any emergency landings, length of delay with the actual start and/or end time of transportation, any change in the carrier's schedule.

b) documents confirming the composition, size, and payment by the Policyholder (insured, beneficiary) of expense for meals / goods / services of first necessity (if this expense was actually incurred) in connection with the delay of departure (take off) or the arrival of a flight, or carrier cancelling the flight (depending on the insured event), or a list of expense for meals / goods / services of first necessity expected to be incurred by the insured in order to ensure its normal life during the delay of departure (take off) or arrival of a flight, or carrier cancelling the flight (depending on the insured event).

6.4. In any case, the Insurer must receive all documents relating to the insured event and requested by the Insurer.

6.5. Insurer can check the presented documents, request information from organizations with information on the circumstances of the insured event. The Policyholder must provide written explanations to queries from Insurer related to the insured event.

6.6. Insurer can relieve the Policyholder from the obligation to provide some documents from the lists in para 6.3 this Section herein, if when these documents are not presented and do not affect the recognition of the insured event and/or the amount of damage. The Insurer has the exclusive right to determine whether the presence of these documents according to para 6.3 this Section herein affects the recognition of an insured event and/or the amount of damage.

6.7. The indemnity date is the date of debiting funds from the account of the Insurer (or, depending on the terms and conditions of the insurance contract, from the account of the insurer's representative – service company, from the account of a payment provider authorized by Insurer).

6.8. After transferring the indemnity the obligations of Insurer under the Insurance contract are deemed fulfilled.

SECTION 7. CONNECTION LOSS INSURANCE

3. SUBJECT MATTER INSURED

3.1. The subject matter insured is the property interests of the Insured (the Policyholder, the Beneficiary) (including the insurance contract may provide for the insurance of the property interests of the Policyholder/ Beneficiary who is a legal entity), related to the risk of contingent expenses of individuals and legal entities.

4. LOSS OCCURRENCES

4.1. **Loss occurrence** means the following unexpected event (risk) occurring during the insurance term and preventing making a scheduled trip (transportation) – impossibility of making a transfer at the transit airport for the regular flight / train or long-distance/international bus specified in the insurance contract (policy) due to:

4.1.1. delayed arrival of regular flights specified in the Insurance Contract at the transit airport by 30 minutes or more, or any other time specified in the Insurance contract (policy) as compared with the time specified in the itinerary receipt of the Insured;

4.1.2. forced landing of an aircraft performing a regular flight specified in the Insurance Contract (policy) at the airport other than the one specified in the itinerary receipt of the Insured;

4.1.3. changes in the airline's timetable with regard to the regular flights specified in the Insurance Contract;

4.1.4. cancellation by the carrier of the regular flights specified in the Insurance Contract.

4.2. The insurance contract may provide for any number of events (risks) from those specified in paragraphs 4.1.1. - 4.1.4 of this Section of the Rules or any combination thereof. The Insurer shall be liable under the insurance contract only for the risks expressly specified in the insurance contract (policy).

4.3. Upon the loss occurrence, the Insurer shall reimburse for the following documented expenses actually paid for by the Insured (the Policyholder, the Beneficiary) within the insurance term (the Insurer's indemnity period):

4.3.1. for purchase of a new economy class air ticket (or a ticket for an open-plan/compartment/sitting carriage of a passenger train or a ticket for an international/long-distance bus) to continue or complete the scheduled trip (transportation).

Any amount received from the carrier as a result of the cancellation (refund) of tickets for the cancelled segments of the trip (transportation) shall be deducted from the reimbursable expenses of the Insured;

4.3.2. for accommodation and meals during the period of waiting for the next flight (train, international/long-distance bus) not exceeding five thousand (5,000) rubles, unless otherwise provided in the insurance contract (policy).

4.4. Any of the following events **shall not be deemed to be loss occurrences:**

4.4.1. not expressly stated in paragraphs 4.1.1.– 4.1.4. of Section 7 hereof;

4.4.2. involving the loss of connection as a result of which the Insured did not incur any of the costs specified in paragraph 4.3 of this Section hereof;

4.4.3. resulting from suspension of the carrier's activities, including due to prohibition by air authorities of flights and/or operation of aircraft, cancellation of the license/withdrawal of the operator's certificate, financial Insolvency (bankruptcy), etc.

4.4.4. resulting from the carrier's refusal to transport the Insured for any reason, including but not limited to due to the absence of free passenger seats on board the flight indicated in the passenger's travel documents ("overbooking"/resale of tickets);

4.4.5. resulting from violation by the Insured of the air transport regulations and the Insured's being in the state of alcoholic, drug or any other intoxication.

4.5. No expenses of the Policyholder (the Beneficiary) shall be reimbursed, unless they are incurred during the insurance term (indemnity period) of the Insurer.

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT

5.1. The insurance contract shall take effect upon payment of the insurance premium and shall remain effective for fifteen (15) calendar days. The term of the insurance contract shall be extended for the period necessary to complete the carriage if the ticket is purchased more than fifteen (15) calendar days prior to the start of the trip and/or the flight is delayed and/or the carriage is not completed within the specified time period.

5.2. The Insurer's indemnity period (insurance term): from the execution date and time of the insurance contract until 24 hours 00 minutes of the date immediately following the date of departure of the last of the flights specified in the Insurance Contract (policy).

5.3. Territory of the insurance contract: worldwide.

5.4. When entering into the Insurance Contract, the Policyholder shall notify the Insurer of any of the circumstances known to the Policyholder, which are essential for determination of the probability of any loss occurrence and the amount of possible losses due to such occurrence (covered risk), including but not limited to:

e) surname, name, date of birth (age) of the Policyholder;
f) route (indicating all the countries and transit airports of the route) and period of travel;
g) other information relevant to the assessment of the covered risk and requested by the Insurer or the Insurer's representative.

5.5. With regard to insurance of property interests related to additional costs incurred in the event of the loss of connection, the insurance coverage shall not exceed the costs that the Policyholder (the Insured) may be expected to incur upon any loss occurrence. The insurance coverage as related to this risk shall be set out in the insurance contract.

5.6. The insurance coverage set out in the insurance contract shall be reduced by the amount of payments made with regard to the risks specified in this section pursuant to this Section of the Rules. Further insurance indemnities shall be paid pursuant to this Section subject to the reduced insurance coverage.

6. INDEMNITY PROCEDURE, TERMS AND CONDITIONS

6.1. Upon occurrence of any event having signs of a loss occurrence, the Insured shall be obliged to notify the Insurer thereof immediately but no later than thirty (30) calendar days after the date when the occurrence of the event becomes known, in any form allowing registering the notification fact.
The obligation of the Insured to notify of the event may be fulfilled by the Policyholder, the Beneficiary or heirs of the Insured or any other third party.

6.2. The following documents shall be submitted for the Insurer to be able to make a decision on the insurance indemnity:

a) Insurance contract (policy).

b) Identity document of the Insured (the Beneficiary, heirs of the Insured, the representative of the Beneficiary/heirs of the Insured).

c) Documents certifying the purchase and cancellation and/or exchange (re-issuance) of air tickets (itinerary receipt), including new travel documents (air tickets / railway tickets / international/long-distance bus tickets) certifying the continuation or completion of the trip.

d) Document meeting the usual business practices and issued by the carrier, the airport or their duly authorized agent, indicating the cancellation of flights, availability of forced landings, duration of the delay with indication of the actual start time and/or end time of the carriage, availability of changes in the carrier's timetable.

e) Documents certifying the types and amount of the expenses incurred by the Policyholder (the Insured): certificate issued by the airline or duly authorized agent on any amount paid to the Insured or additionally paid for refund/exchange of air tickets, refund report, invoices, checks or any other document required for acknowledgment of the event as a loss occurrence and/or determination of the expense amount.

f) Upon the Insurer's request, the following documents shall be provided:

a) boarding passes.

b) duly certified letter or certificate of the airline on cancellation/delay/availability of forced landings of the flights specified in paragraph 4.1. of Section 7 of these Rules or changes in their timetable.

6.3. In any case, all documents related to the loss occurrence and requested by the Insurer shall be submitted to the Insurer.

6.4. The Insurer may inspect the submitted documents, request information from any organization having information on the circumstances of the loss occurrence. The Policyholder is obliged to provide written explanations in response to the Insurer's inquiries related to the loss occurrence.

6.5. The Insurer may release the Policyholder from the obligation to provide part of the documents from the lists provided for in paragraphs 6.2. and 6.3. of Section 7 hereof, unless the failure to submit such documents affects the acknowledgment of the fact of the loss occurrence and/or determination of the extent of the damage.

6.6. If the Insured (the Beneficiary) dies not having received the insurance indemnity as related to any risks under this Section of the Rules, payment shall be made to any other Beneficiaries in accordance with Section 12 of these Insurance Rules, unless otherwise provided for in the insurance contract.

SECTION 8. VOLUNTARY THIRD PARTY LIABILITY INSURANCE

3. SUBJECT MATTER INSURED

3.1. The subject matter insured is the property interests of the person (the Insured) that do not contradict the legislation of the Russian Federation, whose liability is insured, associated with the risk of liability for damage to the property of third parties (beneficiaries) or the life and health of individuals (beneficiaries).

3.2. The coverage extends to compensation for property and/or physical damage as a result of events unintentionally caused by the fault of the person whose liability is insured under the Contract.

3.3. Property damage is understood as causing harm to a third party, expressed in damage or destruction of property belonging to him, or causing other property damage, and physical damage - harm caused to the life (death) or health of third parties.

3.4. In case of third party liability insurance for the operation of real estate, the coverage extends to compensation for damage caused by a relative (mother, father, spouse, children) of the Insured Person living with the Insured in the insurance territory specified in the insurance contract (policy).

4. INSURANCE RISKS, LOSS OCCURRENCES

4.1. The covered risk is an alleged event, in the occurrence of which liability insurance is provided for causing harm to life, health or property of individuals, property of legal entities, municipalities, constituent entities of the Russian Federation or the Russian Federation (property of embassies, consulates, ministries, etc.) as a result of events unintentionally caused by the fault of the person whose liability is insured under the Contract on the territory specified in the Insurance Contract.

4.2. Unless otherwise stipulated in the Contract, in accordance with these Rules, liability is assumed for insurance related to the risks for which insurance can be carried out in accordance with these Rules, including, taking into account the restrictions provided for in paragraphs 4.7 -

4.10 of this Section of these Rules and with the exception of risks for compulsory types of insurance or imputed types of insurance carried out on the basis of any act of legislative or executive power:

4.2.1. related to the infliction of harm to life, health or property of individuals, property of legal entities, municipalities, constituent entities of the Russian Federation or the Russian Federation (property of embassies, consulates, ministries, etc.) as a result of events unintentionally caused by the fault of the person whose liability is insured under the Contract on the territory (insurance territory) specified in the Insurance Contract when owning, using or disposing of the property specified in paragraph 3 of Section 8 of these Rules (except for paragraph 3.3 of this section of the Rules);

4.2.2. related to the implementation in the territory of the Russian Federation of activities provided for by the insurance contract;

4.2.3. related to the obligation of the Insured person, in the manner prescribed by the civil legislation of the Russian Federation or another state (place of stay), to compensate for unforeseen damage (property and/or physical damage).

4.2.4. related to causing harm to life, health or property of individuals, property of legal entities, municipalities, constituent entities of the Russian Federation or the Russian Federation as a result of events unintentionally caused by the fault of the person whose liability is insured under the Contract, on the territory specified in the Insurance Contract (territory of insurance), as a result of aggressive and/or unforeseen behavior of an animal (including birds, reptiles, snakes) belonging to the Insured Person.

4.2.4.1. Unless otherwise stipulated in the Contract, in accordance with these Additional Terms and Conditions, liability is assumed for insurance related to:

- death, disability, injury of injured third parties (physical damage).
- destruction or damage of property belonging to third parties (property damage).

4.3. A loss occurrence means an event that occurred during the term of the Insurance Contract, specified in the Insurance Contract, which, in accordance with the norms of civil legislation of the Russian Federation or a foreign state, is the basis for the presentation of claims of third parties to the Insured Person for compensation of harm caused by the Insured person (property and/or physical damage), confirmed in a way that allows to objectively recognize the fact of establishing the obligation of the Insured to compensate for harm caused to the injured third party.

4.4. Unless otherwise specifically established by the terms of the contract, the fact of causing harm shall be confirmed by a decision (resolution) of the judicial authorities that has entered into legal force, a ruling on the approval of an amicable agreement or recognition by the Policyholder (Insured Person) of a property claim for compensation for harm caused to life, health or property of third parties (victims) with the consent of the Insurer in the presence of necessary and sufficient documents confirming the fact, nature and cause of the event, the amount of damage caused.

4.5. The insurance applies exclusively to loss occurrences caused by damage by a person whose liability is insured during the insurance term.

4.6. The insurance risk in accordance with the terms of the contract (policy) may also include (additionally specified in the Insurance Contract):

4.6.1. reimbursement of necessary and reasonable expenses for preliminary clarification of the circumstances of the events that have occurred, which have signs of loss occurrences and the degree of guilt of the Insured Person, upon presentation of claims in connection with such events;

4.6.2. reimbursement of the costs of conducting cases in the judicial authorities on the events that have occurred that have signs of loss occurrences, with the exception of legal disputes with the Insurer.

4.7. Insurance risks do not apply to:

4.7.1. - claims or lawsuits of any persons who intentionally caused harm (actions or omissions in which the possible occurrence of damage is expected with a fairly high probability and deliberately allowed are also equated with intentional harm), or who caused harm while in a state of passion. In the event that damage is caused during completed work, the deliberate knowledge of the defects of which impedes their safe use, is equivalent to deliberate harm;

4.7.2. any damage associated with exposure to radioactive or other ionizing radiation, including alpha, beta or gamma radiation emitted by radioactive substances;

4.7.3. claims for compensation for damage caused outside the insurance territory;

4.7.4. any claims or lawsuits for the protection of honor and dignity, as well as other similar claims for compensation for harm caused by the dissemination of information that does not correspond to reality and that damage the reputation of citizens, organizations or other persons;

4.7.5. any damage caused by constant, regular or prolonged thermal exposure or exposure to gases, vapors, rays, liquids, moisture or any, including non-atmospheric precipitation (soot, soot, smoke, dust, nano-particles, etc.). The damage is, however, compensable if the effects of the above substances are sudden and unforeseen;

4.7.6. any claims for compensation for damage caused in connection with war or military actions, regardless of whether war is declared or not, civil war, rebellion, insurrection, popular unrest, actions of armed formations or terrorists, actions of weapons of war, any political organizations and persons acting in connection with them, confiscation, requisition, seizure, destruction or damage of property by order of the military or civilian authorities and any political organizations;

4.7.7. claims of the next of kin of the person whose liability is insured for compensation for harm caused by the actions of the Policyholder or other persons whose liability is insured under the same Insurance Contract; close relatives include spouses, children, parents (including adoptive parents and adopted children), as well as parents of spouses, grandchildren, brothers and sisters, or other persons who have lived with the Insured (the person whose liability is insured) and who have a joint household with him/her for a long time;

4.7.8. claims for compensation for damage caused by loss resulting from the failure of the Policyholder to eliminate (the person whose liability is insured) during the period agreed with the Insurer of circumstances that significantly increase the degree of hazard occurrence, the need to eliminate which was indicated by the Insurer in accordance with generally accepted standards;

4.7.9. claims of the Policyholder and the persons whose liability is insured against each other;

4.7.10. claims for compensation for harm caused by damage resulting from the commission or attempt to commit a crime by the insured person and/or the participation of the insured person in illegal activities, deliberate illegal actions that are in direct causal connection with the occurrence of an event with a sign;

4.7.11. claims for compensation for harm to life and health of third parties due to their infection by the insured person with infectious diseases, including HIV, AIDS, COVID-19, tuberculosis, sexually transmitted diseases, especially dangerous and epidemiological diseases (smallpox, plague, cholera, covid-19, etc.) in accordance with the classification of the World Health Organization (hereinafter - WHO);

4.7.12. claims for compensation for damage caused in the territory of a foreign state (or in a territory free from the jurisdiction of any state) in the event of an illegal stay in this territory.

4.8. In all cases, the insurance risk does not include and is not subject to compensation for harm resulting from:

4.8.1. intent or gross negligence of the Policyholder / Insured Person whose liability is insured;

4.8.2. natural disasters, including earthquakes, volcanic eruptions, or the action of an underground fire, landslide, rock fall, storm, whirlwind, hurricane, flood, hail, or rainstorm.

4.9. Unless otherwise expressly stipulated in the insurance contract, the insurance risk does not include, does not reimburse:

4.9.1. any claims for compensation for damage caused in connection with (or resulting from) non-compliance (s) by the Policyholder / Insured Person with the requirements and standards for the conversion (redevelopment) of residential/non-residential premises after the conclusion of the insurance contract;

4.9.2. any claims for compensation for damage caused in connection with (or resulting from) the Policyholder / Insured Person carrying out repair or construction and assembly work, testing, mounting, installation, as well as reconstruction or alteration, service maintenance of residential/non-residential premises;

4.9.3. any claims for compensation for damage in connection with damage, destruction or damage to items that the Policyholder / the person whose liability is insured has rented, hired, leased, pledged, taken in trust, or accepted for storage under a contract or as an additional service.

4.10. Unless otherwise provided by the Insurance Contract, the following events are not considered loss occurrences and are not paid by the Insurer for applications of the Insured Person / Beneficiary related to the following circumstances not included in the insurance risks:

4.10.1. Events occurring as a result of alcoholic, toxic or drug intoxication of the Insured person, the occurrence of which is in direct causal relationship with the use of alcohol, narcotic, toxic, psychotropic and other strong substances by the Insured Person.

4.10.2. Causing harm resulting from the use of firearms, gas, cold, pneumatic or throwing weapons.

4.10.3. Causing harm resulting from the storage, manufacture or use of explosive, easily and/or spontaneously flammable substances or materials, explosive devices, chemical, physical or other explosive and/or fire hazardous experiments or experiments within the immovable property in the possession of the insured person.

4.10.4. Participation of the insured person in military maneuvers, exercises, tests of military equipment or other similar operations as a soldier or civil servant.

4.10.5. Sending the insured person to places of deprivation of liberty, staying in temporary detention facilities and other institutions intended for the detention of persons suspected or accused of committing a crime.

4.10.6. Events directly or indirectly caused by a mental illness of the insured person, regardless of regardless of the period of detection and classification of the disease.

4.10.7. Injury resulting from the presence of the insured person in a state of passion and in any other altered state of consciousness.

4.10.8. Events that have occurred as a result of causing harm in connection with the possession (operation, or other use) by the insured person of land vehicles, water transport or other floating objects, airplanes, helicopters, other manned or unmanned vehicles, personal mobility equipment, unless otherwise expressly provided by the insurance contract.

4.10.9. Causing harm to the property of third parties in connection with leasing of property or the commercial use of property, the use of property not for its intended purpose.

4.10.10. Harm to persons who are not third in accordance with these Rules.

4.10.11. Causing harm when the insured person participates in sports competitions (tournaments) or in the process of preparing for them, engaging in dangerous sports (diving, mountaineering, parachuting, go-karting, etc.), unless otherwise expressly specified in the insurance contract.

4.10.12. Unearned income that the Beneficiary would have received under the normal conditions of civil turnover if his right had not been violated (lost profit).

4.10.13. Events related to the professional activities of the Insured Person, unless otherwise expressly specified in the insurance contract.

4.10.14. Events related to the business activities of the Insured Person, unless otherwise expressly specified in the insurance contract.

4.10.15. Events resulting from non-fulfillment or improper fulfillment of contractual obligations.

4.10.16. Claims for warranty or similar obligations or warranty contracts.

4.10.17. Claims related to the emergence of the obligation to compensate for the loss of commodity value.

4.10.18. Causing harm as a result of violation of copyright and other exclusive rights to intellectual property.

4.10.19. Causing harm by wear and tear of structures, equipment, materials of property in the possession of the insured person.

4.10.20. Causing harm associated with malicious computer programs.

4.10.21. Claims for compensation for damage caused to the property of third parties due to the failure of the Policyholder to eliminate, within the period agreed with the Insurer, circumstances that significantly increase the degree of risk, the need to eliminate which, in accordance with generally accepted standards, is indicated to the Policyholder by the Insurer.

4.10.22. Claims for compensation for harm related to the Insured Person's failure to comply with the requirements of instructors, coaches, tour guides, drivers, guides, stewards, representatives of law enforcement agencies, other persons professionally performing their duties in relation to the insured person upon the loss occurrence and in connection with it.

4.10.23. Claims for compensation for harm in connection with events not directly related to the actions (inaction) of the Insured Person.

4.10.24. Claims for compensation for moral damage, claims for the protection of honor, dignity and business reputation.

4.10.25. Additional costs caused by changes or improvements to damaged property, reconstruction or re-equipment of damaged property, repair or replacement of its individual parts, parts and accessories due to deterioration, technical defects, etc.

4.10.26. Costs caused by temporary or ancillary repairs or refurbishment if such temporary or ancillary repairs are not part of the final repair and increase the total amount to be reimbursed.

4.10.27. Maintenance and warranty costs for damaged property.

4.10.28. The cost of replacement (instead of repair) or temporary installation of certain parts, accessories assembled due to the lack of necessary spare parts and parts for the repair of these parts, accessories in repair enterprises.

4.10.29. Expenses for restoration of presentation.

4.10.30. All kinds of indirect damage, in particular, court costs, fines, penalties, forfeit, etc.

5. INSURANCE CONTRACT. VALIDITY TERM AND PROCEDURE FOR CONCLUDING THE INSURANCE CONTRACT.

5.1. The Insurance Contract comes into force from the date of payment of the insurance premium and is valid for fifteen (15) calendar days. The validity term of the Insurance Contract is extended for the period necessary to complete the carriage, if the ticket or other trip identifier established by the Insurance Contract is purchased more than fifteen (15) calendar days before the start of carriage and/or the flight is postponed and/or carriage is not completed on time.

5.2. The period of the Insurer's liability (insurance period) - from the date and time specified in the insurance contract until the date and time specified in the insurance contract. The insurance contract may define a different validity term in relation to the time of stay in a certain territory and/or for the period of transportation by a vehicle, it may indicate the periods of insurance, indicating for each of the periods the insurance coverage and the insurance premium.

5.3. Territory of the insurance contract: the whole world except for zones of military conflicts. The insurance contract may provide for a different territory of action.

5.4. The Insurance Contract may provide for the maximum amount of insurance indemnity paid to the Beneficiary (limits of insurance indemnity) in any combination of the following:

- for one victim (providing the maximum possible insurance indemnity for one victim as a result of causing harm by a person whose liability is insured);
- for one event (providing the maximum possible insurance indemnity for all loss occurrences resulting from the infliction of harm by the person whose liability is insured as a result of one event, regardless of the number of victims);
- to reimburse the necessary and reasonable expenses for the preliminary clarification of the circumstances of the events that have occurred, which have signs of loss occurrences and the degree of guilt of the person whose liability is insured upon presentation of claims in connection with loss occurrences;
- to reimburse the costs of conducting cases in the judicial authorities on the events that have occurred that have signs of loss occurrences, with the exception of litigation with the Insurer;
- other limits of insurance claims, including expressed as a percentage or absolute ratio to the insurance coverage.

5.5. The payment of insurance indemnity for a loss occurrence may under no circumstances exceed the amount of the liability limit determined by the Insurance Contract.

5.6. After the payment of the insurance compensation, the sum insured is reduced by the amount of the paid insurance compensation, i.e. is aggregate, unless otherwise specified in the Insurance Contract. Reduction of the sum insured is made from the date of the insured event.

5.7. If this is specifically indicated in the Insurance Contract, the insurance coverage under the contract may not be set in aggregate, i.e. automatically recovered after payment for each loss occurrence.

5.8. The terms of the Insurance Contract may establish the number of loss occurrences, after payment for which it is possible to automatically restore the insurance coverage to the amount established by the Insurance Contract.

6. INSURANCE BENEFIT PAYMENT PROCEDURE AND CONDITIONS

6.1. Upon the occurrence of an event that has signs of a loss occurrence, the Policyholder/Insured shall inform the Insurer about it immediately, no later than thirty (30) calendar days from the moment when it becomes known about the occurrence of the event, in any form that allows to objectively record the fact of contact.

The obligation of the Policyholder / Insured to inform about the occurrence of an event can be performed by the Beneficiary, the heirs of the Insured or other third parties.

6.2. If the recipient of the insurance benefit is not the person who applied to the Insurer with an application for the insurance benefit, the Insurer shall establish a requirement to provide a

document proving the identity of the recipient of the benefit. In this case, the term for making a decision (a single term for settling the claim for insurance benefit) begins to run not earlier than the receipt of this document by the Insurer.

6.3. Payment of insurance indemnity is carried out by payment of funds, unless otherwise specified in the Insurance Contract. The date of payment of insurance indemnity is the date of debiting funds from the Insurer's account, unless otherwise provided by the Insurance Contract.

6.4. In the absence of a dispute about whether a loss occurrence takes place, whether the Beneficiary has the right to receive insurance indemnity and the Insurer's obligation to carry it out, a causal link between the loss event and the damage caused, and the amount of damage caused, the claims are satisfied and the insurance indemnity is paid out of court (this provision is not the responsibility of the Insurer, the decision on the insurance benefit according to this procedure is taken exclusively by the Insurer).

6.5. The Insurer checks whether the Beneficiary has a property interest when deciding on the insurance benefit under the contract.

6.6. The procedure for checking the existence of a property interest in the recipient of insurance services - the insured, the beneficiary - is determined by the Insurer in the insurance contract or rules.

6.7. Coordination of the place and time of the inspection of the damaged insured property (inspection of the insured person) shall be recorded by the Insurer through:

- sending by the Insurer to the address of the person who applied for the insurance benefit, or the insured person (who is harmed) by registered mail with notification of the message indicating the place and time of the inspection of the damaged insured property (examination of the person who is harmed)
- at least two time options to choose from;
- conclusion of an agreement on the place and time of the inspection of the damaged insured property (examination of the injured person) according to the form developed by the Insurer;
- another way to confirm that such a person has been duly notified of the need to inspect the damaged insured property (examination of the injured person).

6.8. Inspection of the damaged insured property is carried out at the location of the Insurer (branch, representative office, office) or an expert, with the exception of property, the condition of which does not allow its movement or makes it difficult.

6.9. Inspection of such property shall be carried out at the place of its location in compliance with the agreed period for the inspection.

6.10. If the person who applied for the insurance indemnity (the person whose harm is caused by the Policyholder / Insured) does not present the property or its remains to the Insurer for inspection on the agreed date, the Insurer agrees with this person on a different date of inspection when contacting the Insurer. In this case, if, in accordance with the insurance contract, the course of the period for settling the claim for insurance benefit begins before the inspection, the course of this period is suspended until the inspection date.

6.11. In case of repeated failure of the person who submitted the application for insurance indemnity (beneficiary) to submit the property or its remains for inspection on the date agreed with the Insurer, the Insurer shall return without consideration the application for insurance indemnity submitted by such person, as well as the documents attached to it (both submitted directly together with the application and submitted subsequently), unless otherwise agreed between the Insurer and the Beneficiary.

6.12. If the insured person has not passed the examination on the agreed date, the Insurer agrees with this person on another date of examination when he contacts the Insurer. In this case, if, in accordance with the insurance contract, the period for settling the claim for insurance benefit begins before the examination, the course of this period is suspended until the examination date.

6.13. In case of repeated failure of the insured person to pass the examination on the date agreed with the Insurer, the Insurer shall return without consideration the application for insurance indemnity submitted by such a person, as well as the documents attached to it (both submitted directly together with the application and submitted subsequently), unless otherwise agreed between the Insurer and the Policyholder (Beneficiary).

6.14. To receive the insurance benefit, the Beneficiary shall document the fact, reasons, nature and amount of the damage incurred, for which he/she shall submit the following:

a) A written statement about the loss occurrence in the form established by the Insurer. In the application, the Beneficiary shall indicate:

- date and description of the loss occurrence;
- causes of damage or information necessary to judge the causes of damage or loss of the insured property;

- purpose of stay (in case of stay on the territory of a foreign state or on a territory free from the jurisdiction of any state);
- actions of the Policyholder / Insured in case of a loss occurrence;
- method of obtaining insurance indemnity (indicating the bank details and the recipient's personal account number).
- amount of damage and the amount of insurance indemnity claimed by the Beneficiary, with an appropriate inventory and indication of values;
- person guilty of the incurred damage;
- indemnity amount for damage received from third parties.

6.15. A document proving the identity of the applicant (beneficiary) and/or the powers of the representative, including a document proving his identity (if the application is submitted from a legal entity or the representative represents the interests of the beneficiary of an individual). If the event did not occur on the territory of the Russian Federation, the documents confirming the legal stay in the territory of a foreign state (or in the territory free from the jurisdiction of any state) at the time of the loss occurrence (valid at the time of the loss occurrence).

6.16. Insurance Contract with all attachments;

6.17. (For insurance on board an aircraft, railway train, bus transport or other transport provided for by the insurance contract) - documents confirming the location of the beneficiary in the insurance territory simultaneously with the presence of the insured person who caused the harm (boarding passes, canceled tickets, certificate from the carrier, etc.), as well as documents issued by the representative of the carrier, certifying the fixation of the fact of an accident on board in connection with the damage caused (Accident Report, Incident Report);

6.18. Documents establishing the existence and form of guilt of the Insured Person in causing harm and the causal relationship between the actions of the Insured Person and the harm caused (all available documents obtained from competent authorities and organizations, acts of the judicial authorities (when considering a case in court), a copy of the order to initiate or on the refusal to initiate a criminal case on the fact of causing harm (if the Ministry of Internal Affairs, prosecutors and other law enforcement agencies take part in the investigation of the facts of harm) or similar documents from authorized bodies of foreign states);

6.19. Document(s) confirming ownership of real estate, during the operation of which harm is caused to third parties;

6.20. Technical data sheet of real estate (residential/non-residential premises), during the operation of which harm is caused to third parties;

6.21. Photos of a real estate object, the risk of liability during the operation of which is insured;

6.22. Information on the procedure for obtaining insurance indemnity (indicating the bank details and the recipient's personal account number);

6.23. Documents confirming the right of the victim to claim indemnity for harm caused by the person whose liability is insured;

6.24. A justified claim of a third party with the attachment of documents confirming the fact, cause and amount of damage caused (documents of the competent authorities, the conclusion of independent experts or the Insurer's assessment, etc.);

6.25. If an agreement on pre-trial settlement is not reached - the decision of the judicial authorities regarding indemnity for damage;

All documents are provided in Russian or with a notarized translation into Russian, unless otherwise expressly provided by the Insurance Contract. Documents are provided in hard copy or legibly handwritten. Copies of documents transferred to the Insurer shall be certified by a notary or by the body (institution) that issued the original document.

If necessary, documents issued in a foreign state shall be legalized with an apostille.

6.26. In case of revealing the fact that the recipient of insurance services has provided documents that are insufficient for the Insurer to make a decision on the insurance benefit and (or) improperly executed documents in accordance with the requirements of the insurance rules and (or) the insurance contract, the Insurer shall:

- accept them, unless otherwise provided for a particular type of insurance by the legislation of the Russian Federation, while the term for making a decision or a single time for settling the claim for insurance benefit does not begin to flow until the last of the necessary and properly executed documents is provided;
- notify the person who applies for the insurance benefit, indicating the list of missing and (or) improperly executed documents.

The period for notifying individuals - recipients of insurance services about the identification of the fact that the recipient of insurance services has provided documents that are insufficient for the

Insurer to make a decision to make an insurance benefit, and (or) improperly executed documents should not exceed 15 working days.

6.27. The amount of insurance indemnity can be determined:

- by an expert of the Insurer;
- according to a conclusion of an independent examination;
- according to a court decision that has entered into legal force.

6.28. The insurance indemnity cannot exceed the insurance coverage and the limits of liability established by the terms of the Insurance Contract (policy).

If several persons are liable for causing damage, the Insurer shall be liable in accordance with the share of damage attributable to the person whose liability is insured.

If the insurance indemnity is insufficient to fully compensate for the damage caused, the Policyholder (the person whose liability is insured) shall indemnify the injured party for the difference between the insurance indemnity and the actual amount of damage in accordance with the law.

6.29. In case of harm to life and health of third parties and in the absence of disagreement, the determination of the amount of damage and the amount of insurance coverage is made by the Insurer on the basis of the documents submitted by the Insured. The insurance contract may provide for the procedure for determining payments in the form of fixed amounts in relation to the severity of harm to life and health, among other things using the Tables of Insurance Coverage payable in connection with loss occurrences, which are annexes to these Rules, if the specified procedure is not determined by the contract, the benefit is calculated in one or more of the following ways:

6.29.1. If a third party is injured or otherwise damaged to his/her health, the earnings (income) lost by the injured third party, which he/she had or could definitely have, as well as additional expenses incurred caused by damage to health, including the cost of treatment, additional food, purchase of medicines, prosthetics, outside care, spa treatment, purchase of special vehicles, preparation for another profession (upon presentation of documents confirming these expenses), if it is established that the injured third party needs these types of assistance and care and is not entitled to receiving them for free.

6.29.2. When determining the lost earnings (income), a disability pension assigned to an injured third party due to injury or other damage to health, as well as other pensions, benefits and other similar payments assigned both before and after the injury to health, are not taken into account and do not entail a decrease in the indemnity amount for harm (do not count towards compensation for harm). The earnings (income) received by the injured third party after damage to health shall not be counted towards indemnity for harm.

6.29.3. The amount of earnings (income) lost by the injured third party to be compensated for is determined as a percentage of his average monthly earnings (income) before injury or other damage to health or until he/she loses his ability to work, corresponding to the degree of loss by the injured third party of occupational capacity, and in the absence of occupational capacity - the degree of loss of general working capacity.

The lost earnings (income) of the injured third party includes all types of remuneration for his/her labor under labor and civil law contracts, both at the place of his/her main job and part-time, taxed on personal income. Lump-sum payments are not taken into account, in particular, compensation for unused vacation and severance pay upon dismissal. For the period of temporary disability or maternity leave, the benefit paid is taken into account. Business income and royalties are included in lost earnings, while business income is included on the basis of data from the tax office. All types of earnings (income) are recorded in the amounts accrued before taxes.

The average monthly earnings (income) of the victim is calculated by dividing the total amount of his earnings (income) for the twelve calendar months of work preceding the loss of earnings by twelve. In case when the injured third party worked for less than twelve months at the time of harm, the average monthly earnings (income) shall be calculated by dividing the total amount of earnings (income) for the number of months actually worked prior to the loss of earnings by the number of these months.

Months not fully worked by the victim, at his/her request, are replaced by the previous fully worked months or are excluded from the calculation if it is impossible to replace them.

In the case when the injured third party did not work at the time of the harm, the earnings before dismissal are taken into account at his/her request, or the usual amount of remuneration of an employee of his/her qualifications in a given area on the basis of documents from official bodies confirming the specified amount, but not less than five times the minimum wage established in accordance with the legislation of the Russian Federation on the date of injury or other damage to health.

If in the earnings (income) of the injured third party for the twelve calendar months preceding the loss of earnings, there have been stable changes before injury or other damage to his/her health, improving his/her financial position (the salary for the position held, he/she is transferred to a higher-paying job, starts working after graduating from an educational institution (full-time) and in other cases when the stability of the change or the possibility of changing the remuneration of the injured third party is proved), when determining his/her average monthly earnings (income), only the earnings (income) that he/she has received or should have received after the corresponding change, i.e. in the calculation of average monthly earnings, only the months preceding the loss of earnings are taken into account, in which the injured third party received earnings (income) that improved his/her financial situation, by dividing the total amount of new earnings (income) received for the specified months by the number of these months.

6.29.4. Persons entitled to indemnity for harm in connection with the death of a breadwinner, which occurred as a result of a loss occurrence, are compensated for the harm in the amount of that share of the average monthly earnings (income) of the deceased, determined in accordance with the current legislation, which they received or had the right to receive for their maintenance at his life. When determining indemnity for harm to these persons, the income of the deceased, along with earnings (income), includes the pension received during his lifetime, life support and other similar payments.

When determining the amount of compensation for harm, pensions assigned to persons in connection with the death of the breadwinner, as well as other types of pensions assigned both before and after the death of the breadwinner, as well as earnings (income) and scholarships received by these persons, shall not be counted towards indemnity for harm.

The established amount of indemnity to any person entitled to indemnity for harm in connection with the death of the breadwinner is not subject to further recalculation, except as provided for by applicable law.

6.29.5. Compensation for harm caused by a decrease in the ability to work or death of the victim is made in the form of monthly payments, the amount of which corresponds to the lost average monthly earnings (income) of the victim, calculated in accordance with these Insurance Rules. Monthly payments are made until the sum insured / liability limits are exhausted, or until the injured person regains their ability to work, whichever comes first.

6.29.6. Indemnity payments for additional costs incurred caused by damage to health (clause 1 of Article 1085 of the Civil Code) are made after the event is recognized as a loss occurrence on the basis of documents confirming additional costs.

6.30. When determining the amount of the insurance benefit, the costs are taken into account that are reasonably incurred by the Policyholder to reduce the amount of damage caused to the victim as a result of the loss occurrence.

6.31. In case of damage to the property of third parties (buildings, constructions, structures, vehicles, animals, etc., belonging to individuals and (or) legal entities) - on the basis of documents from the relevant competent authorities (law enforcement agencies, firefighters, emergency technical, industrial - expert commissions, etc.), court decisions, etc. - the insurance indemnity is calculated in the amount in which it is provided by the current legislation of the Russian Federation regarding indemnity for damage, but not higher than the limit of the Insurer's liability provided for in the Insurance Contract.

6.32. The amount of insurance indemnity in case of damage to the property of third parties includes:

6.32.1. direct actual damage caused by destruction or damage to property, which is determined by:

- in case of complete loss of property - in the amount of its actual value as of the date of the loss occurrence, but not more than the insurance coverage, the limit of liability;

- in case of partial damage - in the amount of the necessary expenses for bringing it to the condition in which it was before the loss occurence;

6.32.2. reasonable expenses for preliminary clarification of the circumstances and degree of guilt of the Insured (if this event is recognized as a loss occurrence);

6.32.3. reimbursement of the costs of conducting cases in court, subsequently recognized as loss occurrences (if provided by the insurance contract), with the exception of legal disputes with the Insurer;

6.32.4. necessary and reasonable expenses to save the life and property of persons who have suffered harm as a result of the loss occurrence, or to reduce the damage caused by the loss occurrence.

6.33. The total amount of benefits for all loss occurrences resulting from events that occurred during the insurance term, as a result of which property and/or physical harm is caused to the injured persons (Beneficiaries), cannot exceed the insurance coverage under the Insurance Contract.

6.34. If the insurance contract, in case the person who applies for the insurance benefit fails to provide bank details, as well as other information necessary for paying the insurance benefit by bank transfer, provides for the possibility to extend (suspend) the period for making the insurance benefit until the Insurer receives the specified information, the Insurer shall notify the applicant about the fact of suspension and request missing information from him/her.

6.35. In any case, the Insurer shall be provided with all documents related to the loss occurrence and requested by the Insurer.

6.36. The insurer has the right to check the submitted documents, request information from organizations that have information about the circumstances of the loss occurrence. The Beneficiary shall give written explanations to the Insurer's inquiries related to the loss occurrence.

6.37. The Insurer has the right to release the Beneficiary from the obligation to provide part of the documents from the lists provided for in paragraph 6.2, Section 87 of these Rules, if failure to submit such documents does not affect the recognition of the fact of a loss occurrence and/or determination of the amount of damage. The right to determine the impact of the presence of documents under paragraph 6.2, Section 87 of these Rules regarding the recognition of the fact of a loss occurrence and/or determination of the amount of loss belongs exclusively to the Insurer.

6.38. If the Beneficiary dies without having time to receive insurance benefit for the risks of this Section of the Rules, the payment is made to other Beneficiaries in accordance with Section 12 of these Insurance Rules, unless otherwise provided by the insurance contract.

6.39. Refusal to pay insurance indemnity. Exemption of the Insurer from payment of insurance indemnity:

6.39.1. Unless otherwise provided by law or the Insurance Contract, the Insurer has the right to fully or partially refuse the Policyholder (Beneficiary, Insured Person and Injured Person) to pay insurance indemnity in cases provided for by the legislation of the Russian Federation, as well as in the following cases:

6.39.1.1. The loss occurrence before the entry into force of the Insurance Contract.

6.39.1.2. Deliberate failure by the Insured and/or the Beneficiary to take reasonable and accessible measures to reduce potential damage.

6.39.1.3. Failure by the Insured and/or the Beneficiary to fulfill the obligations stipulated by these Rules and the terms of the Insurance Contract, which entailed the impossibility of the Insurer making a decision on recognizing the case as a loss occurrence and paying insurance indemnity (coverage).

6.39.2. Unless otherwise provided by law or the Insurance Contract, the Insurer is exempt from paying insurance indemnity (coverage) to the Beneficiary in the cases provided for by the legislation of the Russian Federation, as well as in the following cases:

6.39.2.1. if the Beneficiary has waived his right of claim against the person responsible for the damage compensated by the Insurer, or the exercise of this right has become impossible due to the fault of the Policyholder / Insured or the Beneficiary, the Insurer is released from payment of insurance indemnity in full or in the relevant part and has the right to demand a refund of the overpaid indemnity amount (not securing the right to claim against the guilty persons);

6.39.2.2. exposure to a nuclear explosion, radiation or radioactive contamination;

6.39.2.3. receipt by the Beneficiary in whole or in part of indemnity for damage from the person guilty of causing damage.

6.39.3. The decision to refuse to pay the insurance indemnity (security), as well as the notification of the release of the Insurer from the payment of insurance indemnity, is made by the Insurer and communicated to the Policyholder (Beneficiary) in writing with a reasoned justification for the reasons for the refusal within the time limits specified in the relevant paragraphs of this Section of these Rules, from the moment of receipt from the Policyholder (Beneficiary) of all documents on the event that occurred and the performance by the specified persons of all obligations stipulated by the Insurance Contract and these Rules.

6.39.4. The insurance contract may provide for other grounds for refusing insurance benefit, as well as cases of exemption of the Insurer from payment of insurance indemnity or insurance coverage, if this does not contradict the legislation of the Russian Federation.

GENERAL PROVISIONS FOR ALL SECTIONS OF THESE RULES

7. GENERAL EXCLUSIONS

7.1. No insurance indemnity (benefit) shall be paid and/or the Insurer may deny payment of any insurance indemnity (benefit):

7.1.1. In the events when the civil laws of the Russian Federation allow for denial of the insurance indemnity (benefit): the failure to perform the obligation to notify the Insurer of the loss occurrence shall entitle the Insurer to deny payment of any insurance indemnity, unless it is proved that the Insurer became aware in due time of such loss occurrence or that the Insurer's lack of awareness could not affect its duty to pay the insurance indemnity.

7.1.2. In the events when the civil laws of the Russian Federation release the Insurer from payment of any insurance benefit, namely:

a) from reimbursement for any loss occurring due to that the Policyholder intentionally did not take any reasonable and available measures to reduce any possible losses;
b) if the loss occurrence is due to the intention of the Policyholder or the Beneficiary;
c) unless otherwise provided for in the insurance contract, any loss due to:

- effect of nuclear explosion, radiation or radioactive contamination;
- military actions, maneuvers or any other military arrangements;
- civil war, public disturbance of any kind or strikes;
- seizure, forfeiture, requisition, attachment or destruction of the insured property under any order issued by public authorities.

7.1.3. In the events that are not loss occurrences under the terms and conditions of each Section of these Rules.

7.1.4. In cases the Insurance Contract is invalid in accordance with the legislation of the Russian Federation;

7.1.5. In cases the loss occurrence does not actually take place or is not confirmed by the relevant documents;

7.1.6. In cases where the event that has occurred does not meet the signs of a loss occurrence provided for by the Insurance Contract (policy);

7.1.7. In cases an event that has occurred is excluded from insurance (in accordance with the terms of the Insurance Rules and/or the terms of the Insurance Contract);

8. PROCEDURE FOR DISSOLUTION, AMENDMENT OR TERMINATION OF THE INSURANCE CONTRACT

8.1. The insurance contract shall be terminated upon:

8.1.1. performance by the Insurer of the obligations in relation to the Policyholder under the insurance contract in full;

8.1.2. expiry of the insurance contract (at 24:00 (midnight) on the insurance end date, unless any other time is provided for in the insurance contract);

8.1.3. liquidation of the Insurer in accordance with the procedure prescribed by the regulations of the Russian Federation;

8.1.4. non-payment of the insurance premium (first/regular insurance installment);

8.1.5. decision on holding the insurance contract invalid made by the court;

8.1.6. liquidation of the Insured - a legal entity (from the date of liquidation according to the procedure prescribed by the legislation of the Russian Federation), except for cases of changing the name of the Policyholder in the insurance contract (policy) during its reorganization (merger, accession, division, separation, transformation);

8.1.7. death of a person or persons whose liability is insured under the Insurance Contract (policy);

8.1.8. in other cases provided for in the applicable laws of the Russian Federation;

8.1.9. the insurance contract shall be dissolved prior to the commencement date of the term for which it was entered into, if after its entry into force the possibility of any loss occurrence ceased, and the existence of the covered risk was ceased due to the circumstances other than the loss occurrence; in this case, the Insurer shall be entitled to part of the insurance premium in proportion to the amount of time when the insurance was in effect.

8.2. The insurance contract may be terminated:

8.2.1. at the Policyholder's request submitted prior to the commencement date of the insurance term, the Insurer shall refund to the Policyholder 100 percent of the insurance premium paid (unless otherwise provided for in the insurance contract);

8.2.2. at the Policyholder's (individual's) request submitted after the commencement date of the insurance term within the period not exceeding 14 (fourteen) calendar days after the execution date of the contract, given that the Insurer shall be entitled to retain part of the paid insurance premium in proportion to the duration of the Insurance Contract from the commencement date of the insurance term to the termination date of the Insurance Contract, in the absence of any event with the loss occurrence signs in such period. Moreover, the Insurer shall not refund the paid insurance premium if the insurance contract entered into in relation to a citizen of the Russian Federation travelling outside the Russian Federation contains any risks provided for in Section 2 of these Rules, unless otherwise provided for in the insurance contract;

In case of cancellation of the Insurance Contract by the Policyholder (legal entity) at any time from the moment of its conclusion, the insurance premium paid by the Policyholder is not refundable, unless otherwise provided by the Insurance Contract (except for cases when the possibility of a loss occurrence has disappeared and the existence of the covered risk has ceased due to circumstances other than a los occurrence or an application for termination is submitted to the insurer earlier than the Insurer's liability under the insurance contract begins);

8.2.3. at the Insurer's request submitted after the commencement date of the insurance term, the insurance premium paid to the Insurer shall not be subject to refund (except for refund due to the circumstances specified in paragraph 8.2.2. of this Section of the Rules, unless otherwise provided for in the insurance contract);

8.2.4. due to the circumstances specified in paragraph 8.2.2. of this Section of the Rules the Insurer shall refund the insurance premium to the Policyholder within the period not exceeding 10 business days upon receipt of the Policyholder's notice in writing of repudiation of the insurance contract;

8.2.5. due to the circumstances specified in paragraph 8.2.2. of this Section of the Rules the Insurance Contract shall be deemed to be terminated upon receipt by the Insurer of the Policyholder's notice in writing of repudiation of the Insurance Contract or any other date set out as agreed by the Parties but no more than 14 (fourteen) calendar days after the execution date thereof.

8.3. The insurance contract may be amended as agreed by the Parties by amending the existing policy, executing a new policy or a supplementary agreement to the existing policy.

8.4. If the insurance contract (policy) is lost, at the request of the Policyholder (the Insured) a duplicate (a new insurance contract (policy)) shall be executed, completely duplicating the terms and conditions of the lost insurance contract.

9. RIGHTS AND OBLIGATIONS OF THE PARTIES

9.1. During the term of the insurance contract, the Policyholder may:

9.1.1. repudiate the insurance contract ahead of time upon compulsory notice in writing to the Insurer;

9.1.2. as related to the Accident insurance, if the insurance contract is entered into by the Policyholder in his/her favor, the Policyholder may appoint a recipient of the insurance coverage in the event of his/her death (the Beneficiary);

9.1.3. obtain a duplicate insurance contract (policy) if it is lost.

9.2. In the cases provided for in paragraph 9.4.4 of this Section of the Rules, the Policyholder may, within the period specified in these Rules (the insurance contract), use the official website of the Insurer to notify the Insurer of the loss occurrence and to file a loss occurrence claim (insurance indemnity (benefit) claim). Access to the Insurer's website may be obtained in the Internet (information and telecommunication network), including using a uniform identification and authentication system. The characteristics of information exchange in electronic form between the Policyholder (the Insured, the Beneficiary) and the Insurer shall be governed by these Insurance Rules subject to the provisions of paragraph 6.1. of Law No. 4015-1 of the Russian Federation dated November 27, 1992.

Any document created by the Policyholder (the Insured, the Beneficiary) in his/her personal account on the official website of the Insurer using a uniform identification and authentication system shall be deemed to be signed by a basic electronic signature of the Policyholder (the Insured, the Beneficiary).

If information is sent by the Policyholder to the Insurer by using a uniform identification and authentication system by the Policyholder (the Insured, the Beneficiary) on the official website of the Insurer, using authentication through the Public Services Portal, such information signed by a basic electronic signature of the individual Policyholder (the Insured, the Beneficiary) shall be deemed to be an electronic document equivalent to a hard copy signed by the signature of such individual in accordance with the requirements of Federal Law No. 63-FZ dated April 6, 2011, "On Electronic Signature."

9.3. The Policyholder shall:

9.3.1. provide the Insurer with reliable information relevant for determination of the insurance premium amount;

9.3.2. pay the insurance premium in the amount and within the term provided for herein;

9.3.3. perform the obligations provided for in these Rules and the insurance contract (policy).

9.3.4. Keep confidential a basic electronic signature (password and account in the Policyholder's personal account on the official website of the Insurer, including through the use of a uniform identification and authentication system), and immediately notify the Insurer of the violation of the confidentiality of the aforesaid information.

9.4. The Insurer shall be entitled to:

9.4.1. verify information provided by the Policyholder, and performance by the Policyholder of the requirements and terms and conditions of the insurance contract, to require from the Policyholder (the Insured, the Beneficiary) original documents related to the loss occurrence; to submit requests to competent authorities, to the Insured (the Policyholder, the Beneficiary), as appropriate;

9.4.2. require termination of the insurance contract if it is found out that the Policyholder provided knowingly unreliable information about the Insured when entering into the insurance contract;

9.4.3. terminate the insurance contract if the Policyholder fails to pay the insurance premium within the period set out in the contract;

9.4.4. decide whether to determine that an event insured took place, recognize the case as a loss occurrence, define the insurance indemnity amount and payment based on:

- simple (uncertified) copies of documents (including the loss occurrence claim) referred to in these Rules, non-notarized translations;
- information and documents related to the loss occurrence received from the Policyholder (the Insured, the Beneficiary) in electronic form by e-mail, through the official website of the Insurer or any duly authorized third party;
- results of independent investigation of the circumstances of the loss occurrence – correspondence (including emails), witness statements, public information available in the media or on the Internet, etc.
- public sources of information (information systems) on the status of flights or delays available to the Insurer based on agreements with the providers of this information, these systems operators, etc.

The Insurer shall exercise the right to pay an insurance indemnity (benefit) under this paragraph of the Insurance Rules to the extent of the insurance indemnity (benefit) amount not exceeding fifteen thousand (15,000) rubles per one loss occurrence, unless otherwise provided for in the terms and conditions of the insurance contract.
This right shall be exercised by the Insurer depending on the circumstances of the event, and under no conditions may be deemed to be the obligation of the Insurer.

9.4.5. translate the submitted documents into Russian on its own or involving any specialist;

9.4.6. deduct the cost of translation of the documents related to the loss occurrence into Russian from the insurance indemnity amount, if no translation was submitted pursuant to paragraph 9.6.5. of these Rules;

9.4.7. deny to recognize any case as a loss occurrence if its nature, circumstances and period do not meet the definitions given in these Rules and/or the insurance contract (policy) and/or insurance conditions / public offer, which are an annex to the insurance contract (policy) and based on the provisions of these Rules, including if the event occurs outside the insurance term (the period of the Insurer's liability) established for each Section of these Rules, or if the Policyholder (the Insured, the Beneficiary) fails to perform the obligations set out in paragraphs 9.3. and 9.6. of these Rules;

9.4.8. suspend the decision-making process with regard to payment of the insurance indemnity (benefit) due to untimely or incomplete performance by the Policyholder (the Beneficiary, the Insured or any other third party) of the provisions of paragraph 9.3. hereof;

9.4.9. if the insurance indemnity (benefit) is paid into the account of the Insured (the Beneficiary) opened in foreign currency (not in Russian rubles), retain the sum of the fees, charges and exchange rate differences arising from such payment (conversion);

9.4.10. when transferring the indemnity to the account of the Insured (Beneficiary), the Insurer charges the income tax (PIT) in cases provided for by the Russia Tax Code.

9.4.11. Based on an agreement with the Policyholder, including the agreement reached by the Policyholder accepting a public offer, the Insurer has the right to:

9.4.11.1. delegate authority to its lawful representative, the service company, to receive notifications, reports on insured events, as well as collect documents required to settle the insured event.

9.4.11.2. Transfer indemnity to the beneficiary's account through the bank account of the service company or from the accounts of payment service provider, including by applying the P2P method (peer to peer – transfer of monetary resources from a bank card to a different bank card).

9.4.12. require that the insurance contract be held invalid under the applicable laws of the Russian Federation, if after the execution of the insurance contract it is found out that the Policyholder provided knowingly false information or concealed information about the circumstances relevant for determining the probability of the loss occurrence and the extent of possible damages due to such occurrence.

9.4.13. in order to make a decision on the conclusion of the Insurance Contract, the Insurer has the right to require the Policyholder (Insured) to provide information about the health status of the Insured, including filling out the relevant questionnaire forms, passing a medical examination by the Insured, or demand medical documents from the medical institution where the Insured was treated or observed, to assess the actual state of his/her health, as well as any other documents and information, including financial ones, allowing to assess the degree of risk accepted for insurance. When concluding the Insurance Contract, the Insurer has the right to send the Insured for a medical examination at its own expense, as well as reimburse the expenses incurred by the Policyholder (Insured) for pre-insurance medical examination;

9.4.14. postpone the decision to make an insurance benefit or to refuse it, as well as postpone the insurance benefit if:

- law enforcement agencies have initiated a criminal case on the fact of the loss occurrence / in connection with the loss occurrence, including the circumstances of the loss occurrence, against the Policyholder, the Insured or the Beneficiary - until the end of the criminal investigation;

- the Insurer has become aware of the fact of contacting law enforcement agencies with the aim of initiating a criminal case in connection with a loss occurrence, including with the circumstances of the loss occurrence, against the Policyholder, the Insured or the Beneficiary - until the initiation of a criminal case or refusal to initiate it;

- a trial has begun in connection with the loss occurrence (an event that has signs of a loss occurrence) - until the entry into force of the judicial act in the absence of the fact of its appeal. In the event of an appeal, the postponement occurs until the adoption of a non-appealable judicial act.

9.5. The Insurer shall:

9.5.1. within fifteen (15) business days upon receipt of all the documents necessary for making a decision, decide whether or not to make payment:

- **if a positive decision is made,** the Insurer shall approve the Claim Report in accordance with the prescribed form and, within ten (10) business days upon approval of the Claim Report, shall pay the insurance indemnity (benefit);
- **if a decision is made to deny** any insurance indemnity (benefit), the Insurer shall, within fifteen (15) business days upon making the decision, in writing or orally, reasonably notify thereof the person claiming the insurance indemnity (benefit) given that the notice is in writing, the Insurer shall send its decision to the person claiming the insurance indemnity (benefit)by registered mail with delivery confirmation within fifteen (15) business day upon making such decision.

  The obligation of the Insurer to send a notice in writing shall be deemed to have been fulfilled within the prescribed period, subject to availability of documents certifying the dispatch of the letter to the postal address indicated by the person claiming the insurance indemnity (benefit) in the Payment Claim;

9.5.2. upon the loss occurrence under Section 2, make payment and/or reimburse for emergency and first aid expenses subject to the provisions of paragraphs 4.1.2, 4.7-4.9 of Section 2 of these Rules;

9.5.3. keep and not disclose the personal data of the Policyholder in accordance with the applicable laws of the Russian Federation.

9.6. The Insured/the Beneficiary, his/her heirs and/or legal representatives shall:

9.6.1. if there are signs of a loss occurrence, immediately take any and all measures to reduce the loss as if it were not insured;

9.6.2. timely claim to the Insurer about the event, with features of the insured event, filling in an application form for the insurer, except when paying out indemnity in accordance with paragraph 6.1.1, Section 6 herein, if the Insurance contract does not provide any obligation for the Policyholder (Insured, Beneficiary) to present a report on the event insured to the Insurer. A report submitted to the Insurer not in accordance with the report form provided by the Insurer is considered to be the fulfillment of the obligation to inform the Insurer of an event that has signs of a loss occurrence, however, the Insurer does not have an obligation to make a decision on payment or refusal to pay until a fully completed and signed report is submitted according to the form provided by the Insurer;

9.6.3. at the Insurer's request, provide original copies of the documents specified in these Rules and/ or insurance conditions to the insurance contract (policy) documents. If there are no original copies, it is permissible to submit copies of documents either notarized or certified by the issuing authorities (institutions) or documents legalized in the territory of the Russian Federation in accordance with the applicable laws;

9.6.4. at the Insurer's request, mail original copies of documents on the loss occurrence in accordance with procedure for payments prescribed by these Rules to: 115162, Moscow, ul. Shabolovka, d. 31, str. B., AlfaStrakhovanie PLC, Loss Adjustment;

9.6.5. provide all documents in Russian or accompanied with the translation into Russian either notarized or certified by any translation agency/bureau. Documents shall be provided in printed form or legibly handwritten.

In case of providing documents / copies filled in illegible handwriting or copied in low resolution or with insufficient clarity, so that it is impossible to read the document, including the impossibility of decoding seals, etc. small text, such documents\copies cannot be the basis for the Insurer to make a decision to pay or refuse to pay. In this case, it is the responsibility of the Insured/Beneficiary, his/her heirs and/or legal representatives to provide: original documents (in case unreadable copies are provided); duplicates of documents issued by the same department/organization that issued the original poorly readable/ illegible document, while in case the original document is filled in by hand in illegible handwriting, provide a certified duplicate filled in typewritten;

9.6.6. provide the Insurer with details of the bank account opened in the name of the Insured or the officially appointed Beneficiary or the Beneficiary (Beneficiaries) by law for receipt of the insurance indemnity (benefit), which are necessary and sufficient for making a bank transfer;

9.6.7. at the Insurer's request, provide documents certifying their insurable interest and/or rights to the insurance indemnity (benefit);

9.6.8. The Insured Person / Beneficiary (or his/her legal representative), by accepting the public offer and paying the insurance premium, gives permission to the Insurer, who makes a decision on the consideration of the claimed loss occurrence under Sections 1 and 2 of these Rules, in accordance with Article 13 of the Federal Law No. 323-ФЗ On the basics of health protection of citizens in the Russian Federation dated November 21, 2011 to request and receive in medical and other institutions where he/she applied, was registered and/or underwent examination and/or treatment, documents and information, including extracts from medical documents, copies of medical documents, all the necessary information regarding the state of health and other information constituting a medical secret, as well as provide the Insurer with access to medical documentation. This consent may also be given in writing.

9.7. The Insured shall be entitled to: exercise the rights of the Policyholder provided for in paragraphs 9.1.-9.2. of these Rules; if the corporate Policyholder is liquidated, assume the obligations of the Policyholder provided for in paragraphs 9.3.3 of these Rules;

9.8. The obligations of the Beneficiary and the Policyholder / Insured under Section 8 of these Rules in the part that does not coincide with the obligations set out in this section have priority (i.e. if any of the obligations under Section 8 is absent in this section, its fulfillment is also mandatory for the Beneficiary and the Policyholder / Insured as if it were in this section of the Rules).

9.8.1. The obligations of the Policyholder may also be assigned to the Insured, the Beneficiary or any other third party pursuant to the applicable laws of the Russian Federation.

10. CONSEQUENCES OF INCREASE OF INSURANCE RISK DURING VALIDITY OF THE INSURANCE CONTRACT

10.1. During the term of the insurance contract, the Policyholder (the Insured) shall immediately notify the Insurer of any significant change in the circumstances reported to the Insurer when entering into the contract and made recently known to him/her, if such change may have a significant impact on the increase of the covered risk. Significant changes mean changes specified in the insurance contract (insurance policy) and in the Insurance Rules delivered to the Policyholder.

10.2. Upon receipt of information on any circumstances increasing the covered risk, the Insurer may request the amendment to the terms and conditions of the insurance contract and/or payment of the additional insurance premium in proportion to the increase of the risk. If the Policyholder objects to the amendment to the terms and conditions of the insurance contract and/or additional payment of the insurance premium, the Insurer may request the termination of the insurance contract in accordance with the procedure prescribed by the civil laws of the Russian Federation.

10.3. If the Policyholder (the Insured) fails to perform the obligations to notify the Insurer of the increase of the covered risk, the latter may request the termination of the insurance contract and payment of damages.

The Insurer shall not be entitled to request the termination of the insurance contract if the circumstances giving rise to the increase of the covered risk no longer exist.

11. PROCEDURE FOR PAYMENT OF INSURANCE BENEFITS IN CASE OF THE INSURED'S DEATH

11.1. If the Insured (the Beneficiary) dies as a result of any loss occurrence under paragraph 4.1.4. of Section 1 and paragraph 4.1.5. of Section 3 of these Insurance Rules, the Insurer shall not, upon receipt of a written claim for payment of the insurance indemnity from the Beneficiary who is the first to submit a claim, make any payment within thirty calendar days from the date of the claim. After the expiry of the specified period, the Insurer shall pay the insurance

indemnity to the Beneficiaries, who have submitted their claims and all documents provided for herein within the specified period of 30 calendar days within the period set out in these Rules, starting from the date of the claim submitted by each of the Beneficiaries. The insurance benefit shall be paid to the Beneficiaries in accordance with the following order of priority:

First priority – minor children of the Insured (including adopted minors), children up to 24 years of age, full-time students of educational establishments (subject to submission of the relevant certificate);

Second priority – children of the Insured not falling under the first category, spouse of the Insured and parents of the Insured;

Third priority – siblings of the Insured (including half-blood), grandfathers or grandmothers of the Insured, grandchildren of the Insured,

Fourth priority – heirs of the Insured not falling under the first three categories.

In order to get an insurance indemnity (benefit), the fourth-priority Beneficiaries shall provide the Insurer with notarized copies of documents certifying their right to receive the insurance indemnity (benefit) as inheritance in accordance with the procedure prescribed by the applicable laws of the Russian Federation.

11.2. The Insurer shall classify the Beneficiary's priority under the documents certifying the degree of kinship with the Insured.

11.3. Payment shall be received by the Beneficiary, who is earlier than the others in the priority specified in paragraph 11.1. herein, who is the first to submit a claim or has submitted a claim within thirty calendar days from the date of the first payment claim.

11.4. If in the event of the Insured's death, written payment claims are submitted to the Insurer within the period provided for in paragraph 11.1. hereof by several Beneficiaries of the same priority, the payment amount shall be distributed y the Insurer in equal shares between all the Beneficiaries of such priority.

11.5. The Beneficiary who did not receive his/her part of the insurance indemnity because he/she claimed for the insurance indemnity after payment of the insurance indemnity to other parties or after the 30-day period during which no payment was made pursuant to paragraph 11.1. herein:
1) shall not forfeit the right to the part of the insurance indemnity due to the Beneficiary and may claim for return of it by any person who received the part of the insurance indemnity due to the Beneficiary, including in an action at law;
2) may not submit his/her claim to the Insurer with regard to the part of the insurance indemnity due to the Beneficiary but paid to any other party.

11.6. If the Insured (the Beneficiary) claiming for the insurance indemnity (benefit) has submitted a written claim to the Insurer for payment of the insurance indemnity but has not fulfilled the obligation to provide the Insurer with the documents necessary to pay the insurance benefit specified in the sections of these Rules or additionally required by the Insurer, so that the indemnity has not been paid prior to the death of the Insured (the Beneficiary) or declaration of the Insured (the Beneficiary) deceased in accordance with the formal procedure provided for by the law, the Insurer shall pay the insurance indemnity to the heirs of the Insured (the Beneficiary) in accordance with the inheritance procedure prescribed by the law. In order to get an insurance indemnity (benefit), the Beneficiaries shall provide the Insurer with notarized copies of documents certifying their right to receive the insurance indemnity (benefit) as inheritance in accordance with the procedure prescribed by the applicable laws of the Russian Federation.

12. DISPUTE RESOLUTION PROCEDURE

12.1. Disputes arising from performance, non-performance, or improper performance, amendment, termination, dissolution of the Insurance Contract concluded on the basis of these Rules, at the will of the parties, can be resolved through negotiations. The provisions of this paragraph and other provisions of this section do not oblige persons who are consumers in accordance with Law of the Russian Federation No. 2030-1 dated 07.02.1992 On the Protection of Consumer Rights, to the mandatory pre-trial claim procedure for resolving disputes with the Insurer, which is not directly provided for by Russian law.

12.2. In the absence of the will of the parties to negotiate or if it is impossible to eliminate differences through negotiations, disputes are resolved in accordance with the procedure established by Russian legislation, including judicial.

12.3. In case of a dispute between the Policyholder/Insured/Beneficiary, who is a legal entity or individual entrepreneur, and the Insurer, the party whose right has been violated shall file a claim with the other party, setting out its claims before applying to court.

12.4. The claim shall be signed by a proper authorized person, and contain the applicant's requirements, their justification, the calculation of the claim amount (if we are talking about financial obligations), a list of documents attached to the claim.

12.5. The claim is sent by mail, allowing you to record its receipt, or by courier, unless the parties in the insurance contract establish a different procedure for the delivery of legally significant messages.

12.6. The deadline for responding to a claim is set at least 10 calendar days from the date of receipt of it and the documents specified as attachments.

12.7. The response to the claim is sent by mail, allowing to record its receipt, or by courier, unless the Parties in the insurance contract establish a different procedure for the delivery of legally significant messages.

12.8. If within the reasonable time specified in the claim the claims are not satisfied (in whole or in part), the party whose right has been violated has the right to file a claim with the court.