Covid-19 Travel Insurance

Chubb Travel Group Insurance (TAP, S.A.) Policy Wording

Policy Number: PTBOT105002



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Insurance Agreement

Thank you for choosing this Policy which is underwritten by Chubb European Group SE (the Insurer).

The Policy pays benefits to the Insured Persons in a group relation with the Policyholder (TAP), in accordance with this Policy wording, if an Insured Person(s) under the Policy requires hospitalisation after contracting Covid-19.

The Policyholder shall pay the Insurer the Premium as set out in the Policy (all persons included as Subscribers to the Policy within the flight booking will be chargeable as Insured Persons except for ap infants, understood herein as children up to 23 months of age who do not occupy their own seat and travel free of charge). This Policy shall constitute the full terms and conditions of the insurance with the Insurer.

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

Chubb is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally.

Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best. Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

• Language: In accordance with a prior request from the Policyholder (TAP), the parties to this insurance contract have agreed that this policy is written in English language.

Table of Benefits

The table below shows the maximum amounts that are covered under the policy, per person.

Coverage	Benefit Amounts
1. Quarantine / Mandatory Trip Extension due to Covid-19 Diagnosis / Symptoms while traveling	Up to 500€ in additional travel expenses.
2. Hospital Cash Benefit while traveling	Up to 500€
3. ICU Admission due to Covid-19 while traveling	Up to 1.000€
4. Repatriation of Remains due to Covid- 19 Death while traveling	Up to 10.000€ for necessary and appropriate expenses.

Policyholder information

This group insurance Policy should be read carefully to ensure that it has been prepared in accordance with requirements. If there are any queries, these should be directed to the intermediary who arranged this cover (if any) or directly to the Insurer. This Policy should be kept in a safe place - it may be needed for reference if a claim is made.

Policyholder: TRANSPORTES AÉREOS PORTUGUESES, S.A., a company incorporated in Portugal, with registered office at Edifício 25 do Aeroporto de Lisboa, 1700-008 Lisboa, Portugal, registered with the Commercial Registration Department under the sole registration and taxpayer number 500 278 725 and with the share capital of €41.500.000.

French Prudential Supervision and Resolution Authority (ACPR)

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

Its branch in Portugal is named "Chubb European Group SE - Sucursal em Portugal", domiciled at Avenida da Liberdade, 249, 3rd Floor, 1250-143 Lisboa, registered at the Commercial Registry Office with the same registration and taxpayer 980350964, supervised by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09 and by the Autoridade de Supervisão de Seguros e Fundos de Pensões (ASF) with code n.1173.

Complaints Procedures

The Insurer is dedicated to providing a high-quality service and wants to maintain this at all times. If the Policyholder or Insured Person are not satisfied with this service, please contact the Insurer, quoting this Policy details, so the Insurer can deal with the complaint as soon as possible, according to the Complaints Management Policy of Chubb European Group SE, Sucursal em Portugal.

If You have a complaint about the sale of Your Policy or the Customer Service You have received please contact our complaints department at:

Chubb European Group SE – Sucursal em Portugal, Avenida da Liberdade 249, 3º Piso, 1250-143 Lisboa

E-mail address: reclamacoes.pt@chubb.com

Fax: 800 855 752 (cost of a local call)

Website/formulário reclamação: <u>https://www2.chubb.com/pt-pt/conformidade-etica/formulario-reclamacao.aspx</u>

You can also address Your complaint to the Portuguese Insurance and Pensions Funds Supervisory Authority – ASF (www.asf.com.pt, e-mail <u>consumidor@asf.com.pt</u>) or through the electronic complaints book (<u>https://www.livrodereclamacoes.pt/inicio</u>), or approach the Ombudsman Service for assistance if there is dissatisfaction with the Insurer's final response or after 20 days from making the complaint if not resolved satisfactorily.

You will find all information regarding our complaint management regulations in Chubb Portugal's website: <u>https://www.chubb.com/pt-pt/_assets/documents/regulamento-de-gestão-de-reclamações.pdf</u>.

A leaflet explaining the procedure is available upon request. You can also access the contacts details in our website: <u>https://www2.chubb.com/pt-pt</u>

Following these complaints procedures does not reduce the Policyholder's or Insured's statutory rights relating to this Policy. For further information about Your statutory rights contact the Citizens Advice Bureau.

The existence of these Complaints Procedures does not reduce the Policyholder's statutory rights relating to this Policy and does not affect the Policyholder's right to take legal action against the Insurer.

· European Online Dispute Resolution Platform

If the Policyholder arranged this Policy with the Insurer online or through other electronic means, and have been unable to contact the Insurer either directly or through the Ombudsman, the Policyholder may wish to register said complaint through the European Online Dispute Resolution platform: <u>http://ec.europa.eu/consumers/odr/</u>.

Your complaint will then be re-directed to the insurer to resolve. There may be a short delay before the Insurer receives it.

List of Alternative Dispute Resolution Authorities (RAL) (established in accordance with Article 20 of the 2013/11/EU Directive:

CACCL - Centro de Arbitragem de Conflitos de Consumo de Lisboa http://www.centroarbitragemlisboa.pt/

CAUAL - Centro de Arbitragem da Universidade Autónoma de Lisboa https://arbitragem.autonoma.pt/

TRIAVE - Centro de Arbitragem de Conflitos de Consumo do Vale do Ave/Tribunal Arbitral http://www.triave.pt/

CACC RAM - Centro de Arbitragem de Conflitos de Consumo da Região Autónoma da Madeira

https://www.madeira.gov.pt/cacc/

CIAB – Centro de Informação, Mediação e Arbitragem de Consumo (Tribunal Arbitral de Consumo) http://www.ciab.pt/pt/

CNIACC – Centro Nacional de Informação e Arbitragem de Conflitos de Consumo <u>http://www.arbitragemdeconsumo.org/</u>

CACCDC - Centro de Arbitragem de Conflitos de Consumo do Distrito de Coimbra http://www.centrodearbitragemdecoimbra.com

CIMACCA - Centro de Informação, Mediação e Arbitragem de Conflitos de Consumo do Algarve

http://www.consumoalgarve.pt

CICAP - Centro de Informação de Consumo e Arbitragem do Porto <u>http://www.cicap.pt</u>

CIMPAS - Centro de Informação Mediação e Provedoria de Seguros <u>http://www.cimpas.pt</u>

This list is subject to changes. You can find an updated list of ADR entities at: <u>https://www.consumidor.gov.pt/parceiros/sistema-de-defesa-do-consumidor/entidades-de-resolucao-alternativa-de-litigios-de-consumo/ral-mapa-e-lista-de-entidades.aspx</u>

Data Protection

We (Insurer) use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control. Some of the recipients may be based in territories, like the USA, with a level protection of privacy not equivalent to the one enjoyed in the European Union.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, rectification, erasure, restriction of processing, data portability, objection and review of automated individual decisions.

This section represents a condensed explanation of how we use your personal information. For more information, checking the identity of our Data Protection Officer and knowing how to exercise your data rights, we strongly recommend you read our user-friendly Master Privacy Policy, available here: <u>https://www.chubb.com/pt-pt/footer/privacy-policy.aspx</u>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at <u>dataprotectionoffice.europe@chubb.com</u>.

Policy Definitions

Certain words in this group insurance Policy have a specific meaning. They have this specific meaning wherever they appear in the Policy, endorsements or memoranda and are shown by using capital letters.

1. Admitted to Hospital (or Admission to Hospital)

admission to a Hospital for a continuous period of 24 hours or more on the advice of and under the constant supervision of a Qualified Medical Practitioner.

2. Business

the business of the Policyholder as described in the Policy.

3. Assistance

The assistance services arranged by the Insurer.

4. Covered Trip

A journey Abroad involving pre-booked travel or accommodations with the Policyholder.

We do not cover any trip:

- which involves You travelling on a Cruise;
- which involves You travelling specifically to obtain medical, dental or cosmetic treatment;
- when You have been advised not to travel by a qualified medical practitioner.
- One-way tickets.

5. Covid-19

Coronavirus Disease caused by the virus SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), also known as the 2019 novel coronavirus.

6. Cruise

A sea or river voyage of more than 3 days in total duration, where transportation and accommodation is primarily on an ocean or river going passenger ship.

7. €

The euro. This official currency of the eurozone.

8. Hospital

an establishment which:

- a. exists primarily for the diagnosis, medical care and treatment of sick or injured people on an in-patient basis under the supervision of a Qualified Medical Practitioner(s) one or more of whom is available for consultation at all times;
- b. provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; or
- c. provides full-time nursing service by and under the supervision of nursing staff;
- d. This does not include a special unit or a place existing primarily:
 - for the treatment of psychiatric disease or sub-normality;
 - for the care of the aged, drug addicts or alcoholics; or
 - as a health hydro or nature cure clinic, a long-term nursing or long-term convalescent home, extended care facility, rest-home or hospice.

9. Insured Person/You/Your

A person residing in Portugal who has been named in a Classic, Plus or Business Class roundflight booking with TAP Air Portugal, at the moment of purchase of the round-flight ticket.

10. Insurer/We/Us/Our

Chubb European Group SE. Tour Carpe Diem, 31, Place des Corolles - Esplanade Nord -92400 Courbevoie, France Chubb European Group SE insurance company registered in France under the identification number 450 327 374 RCS Nanterre, governed by the Insurance Code; is approved and supervised by the ACPR.

11. Intensive Care Unit / Hospital Intensive Care Unit

A specifically designated facility of the hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The hospital intensive care unit must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the hospital intensive care unit on a full-time basis.

Hospital intensive care unit does not include units such as, but not limited to: telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a hospital intensive care unit

12. Lap Infant

Children under the age of 2 years, who do not occupy their own seat and travel free of charge.

13. Partner

- a. an Insured Person's spouse; or
- b. an Insured Person's civil partner, pursuant to the Lei 7/2001, of May 11th; or

c. someone of either sex with whom an Insured Person is living as though they are their spouse or civil partner at the time of the occurrence which is the subject of a claim under this Policy.

14. Period of Insurance

This is the period between and inclusive of the dates shown on the Classic, Plus or Business Class round-flight booking with TAP Air Portugal, in any case up to 30 days maximum and starting up to 90 days from the purchase of the flight and inherent adhesion to this group insurance Policy.

15. Policyholder

the person, firm, company or organisation named as the Policyholder in the Policy. The Policyholder for this group insurance is "TRANSPORTES AÉREOS PORTUGUESES, S.A.", a company incorporated in Portugal, with registered office at Edifício 25 do Aeroporto de Lisboa, 1700-008 Lisboa, Portugal, registered with the Commercial Registration Department under the sole registration and taxpayer number 500 278 725 and with the share capital of \pounds 41.500.000.

16. Premium

the amount due by the Group Policyholder for each Insured Person, as shown on the Policy or in its respective Administration Agreement in respect of the specified Period of Insurance.

17. Qualified Medical Practitioner

a doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice other than:

- a. an Insured Person; or
- b. a Partner of the Insured Person; or
- c. a member of the immediate family of the Insured Person.

18. Quarantine

A restriction of the movement of an insured person by order of a Qualified Medical Practitioner due to a Covid-19 diagnosis.

19. Portugal

Mainland Portugal, along with the Madeira and Azores Islands.

20. War

armed conflict between nations, invasion, act of foreign enemy, civil war, or taking power by organised military force, whether declared or not.

Policy Conditions

1. No Arbitration

If any difference arises as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to an entity with competence, as asserted under this Policy, to appreciate and decide such divergence.

2. Assignment

Subject to the Policy condition headed 'Payment of Benefits', the benefits under this Policy may not be assigned by the Policyholder and the Insurer shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to this Policy.

3. Bank Charges

The Insurer shall not be liable for any charges applied by the receiving bank for any transactions made in relation to a claim.

4. Benefit of the Insured Person

With respect to cover under this Policy where the Insurer agrees to pay the Insured Person for the benefit of the Insured Person the Policyholder shall forward any payments received under the Policy to the Insured Person to the extent the Insured Person has actually suffered the loss or damage or is otherwise entitled to the benefit from the Insurer. For the avoidance of doubt the Insured Person shall not have any direct rights or obligations under the Policy.

5. Cancellation

The Insurer may cancel this Policy by giving 30 days written notice to the Policyholder at their last known address and in such event the Premium for the period up to the date when the cancellation takes effect shall be calculated and the Insurer shall promptly return any unearned portion of the Premium paid, off-set against any claims paid.

The Policyholder may cancel this Policy by giving 30 days written notice to the Insurer at their registered address in Portugal. In such event, provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this Policy, the Premium for the period up to the date of cancellation will be calculated and the Insurer shall promptly return any unearned portion of the Premium paid, subject to a minimum retention by the Insurer of EUR.-100€ to cover reasonable costs and administrative expenses.

6. Change in Business Description

The Policyholder shall give **written notice within a reasonable time** of any alteration in the Policyholder's Business.

7. Choice of Law and Language

This Policy shall be governed by and construed in accordance with the laws of Portugal and the Portuguese Courts alone shall have jurisdiction in any dispute (as set out in in civil law). Communication of and in connection with this Policy shall be in the English language.

8. Contracts (Rights of Third Parties)

A person who is not a party to this Agreement, including specifically any Insured Person, has no right to enforce any term of this Policy except where such rights exist under the law on insurance contracts (Decreto-Lei 72/2008, of April 16th) and the Civil Code (Decreto No. 47344, of 25 November 1966) of Portugal, both as amended from time to time.

9. Interest

No sum payable by the Insurer under this Policy shall carry interest unless payment has been unreasonably delayed by the Insurer following receipt of all the required certificates, information and evidence necessary to support the claim. Where interest becomes payable by the Insurer, it will be calculated:

- a. from the date of final receipt of such certificates, information or evidence; and
- b. at the base rate established by the Bank of Portugal on such date.

10. Payment of Benefits

Notwithstanding the Policy condition headed 'Assignment', where in relation to any claim the Policyholder, at its discretion, directs the Insurer to do so, the Insurer shall pay benefits to a named Insured Person and the receipt of such Insured Person shall be a sufficient discharge of the Insurer's liability to pay the benefits concerned. The benefits are payable to the Insured Persons.

11. Reasonable Precautions

The Policyholder shall take all reasonable steps to avoid or minimise any loss.

12. Right to Change

The Insurer shall be entitled to make any changes to this Policy and/or to the amount of Premium payable for this Policy for legal, regulatory or taxation reasons.

If this happens the insurer will write to the Policyholder with the details at least 30 days before making any changes. The Policyholder will then have the option to continue with or to cancel the Policy.

If the Insurer changes this policy and as a result of those changes the Policyholder wishes to cancel this policy, the Insurer will send the Policyholder a pro-rata refund unless a **Claim** has been made under this Policy, in which case no refund will be made.

13. Sanctions

This insurance does not apply to the extent that resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, the member states of the European Union or United States of America prohibit Chubb from providing insurance, including but not limited to the payment of claims or the provision of any other benefit.

Insurance covers your protection needs both in Portugal and abroad.

In particular, Chubb will not pay any claims or provide any other benefits arising out of or relating to any Insured Person whose main residence is in Cuba and/or arising out of or relating to any travel to, from or in Cuba or any travel which starts, ends or has a scheduled stop in Cuba.

Claims provisions

Notification

On the happening of any occurrence likely to give rise to a claim under this Policy, notice shall be given to the Insurer's Claims Service Team as soon as reasonably possible after the date of the occurrence.

The Insurer must be notified as soon as reasonably possible after discharge of the Insured Person from hospital, by:

- Web: <u>https://www.chubb.com/pt-pt/losses/</u>
- Email us at <u>asistencia@chubb.com</u>
- Call (+351) 21 020 00 51

<u>Claims Participation and Payment of Damages</u>

The Policyholder, the Insured Person or the Beneficiary must notify the Insurer in writing of the occurrence of the covered event (claim) within eight (8) days of its occurrence, indicating place, day, time, causes (for all coverages this implies providing a copy of all the information in the Insured Person's possession, medical reports and Covid-19 test results, whether PCR or serological), witnesses and consequences, being under the obligation to the Insurer:

a) To take the necessary measures to avoid an aggravating the consequences of the covered event;

In case of hospitalization, the Insured Person is also obliged to

- a) Comply with medical prescriptions;
- b) If necessary, undergo an examination by a doctor indicated by the Insurer;
- c) Authorize the doctors to provide all information requested by the Insurer;
- d) Communicate the discharge from the hospital.

If the event results in the death of the Insured Person, a death certificate must be sent to the Insurer and, when deemed necessary, other documents clarifying the accident and its consequences.

In the event that the Insured Person is unable to comply with the obligations resulting from the foregoing, such obligations shall be transferred to the person who can comply with them: the Policyholder or the Beneficiary(s).

The lack of truth in the communications and information provided to the Insurer implies responsibility for the losses and damages resulting from it.

<u>Payment of Indemnities</u>: Once the consequences of the covered event/claim have been verified and the existence of coverage by this contract has occurred, and if all other conditions for payment are met, the Insurer will proceed to pay the indemnities or instalments agreed upon in the Conditions, for the contracted coverages.

Documentation for Payment of Indemnities:

All coverages imply that the Insurer if provided with a copy of all the information in the Insured Person's possession, including relevant medical reports and Covid-19 test results (whether PCR or serological).

Death

In case of Death of the Insured, the following documents must be submitted to the Insurer:

- Birth and Death Certificate of the Insured Person;
- Medical report, detailing the causes of death and, if applicable, the legal proceedings.

- Documents proving the status of Beneficiary. In the case of legal heirs, the Public Deed of Qualification of Heirs.

Hospitalization

- Copy of the Insured Person's Identity Card/Taxpayer Number

- Detailed version of how and when the hospitalization occurred, as well as a detailed medical report with the definitive diagnosis;

The Insurer reserves the right to request other supporting documents that it deems necessary for the assessment of the claim and that serve to describe the facts related to the contract guarantees.

Information

The Policyholder and/or the Insured Person shall at its own expense furnish to the Insurer such certificates, information and evidence as the Insurer may from time to time reasonably require in the form prescribed by the Insurer.

Co-operation

The Insured Person, shall as soon as possible after contracting Covid-19:

- 1. obtain and follow the advice of a Qualified Medical Practitioner; and
- 2. co-operate with and follow the advice of an independent rehabilitation case manager where appointed by the Insurer.

The Insurer shall not be liable for any consequences of the Insured Person's failure to cooperate and obtain and follow such advice and use such appliance or remedies as may be prescribed.

Currency

Claims involving foreign currency will be converted into the currency in which the premium and benefits/indemnity limits are shown, at the selling rate of exchange published by the Bank of Portugal on the day nearest to the date of the incident giving rise to the claim.

Benefits

This Policy will provide coverage if during the Period of Insurance an Insured Person is Admitted to Hospital after contracting Covid-19, in which case the Insurer will pay the Policyholder the benefit amount(s) shown below. Coverage is limited to a max of 9 (nine) passengers and for 30 days maximum and starting up to 90 days from the purchase of the flight.

1. Quarantine/Mandatory Trip Extension due to Covid-19 Diagnosis / Symptoms while Traveling:

The Insurer shall reimburse up to 500€ for each Insured Person for additional necessary and appropriate travel expenses incurred if while on a Covered Trip the insured is Quarantined by order of a Qualified Medical Practitioner due to a Covid-19 diagnosis and forced to extend their stay.

This benefit is limited to Quarantines imposed on the insured person by order of a Qualified Medical Practitioner because he or she shows symptoms of Covid-19 or has been diagnosed with a Covid-19. This benefit does not cover any other Quarantines, such as board Quarantines imposed by government or health agencies. This benefit also does not apply to Lap Infants.

2. Hospital Cash Benefit while traveling

The Insurer shall pay 500€ following confirmation that an Insured Person has been Admitted to Hospital for a minimum of 48 hours while on a Covered Trip due Covid-19.

3. ICU Admission due to Covid-19 while traveling:

1.000€ if the Insured Person was admitted to the Intensive Care Unit of the Hospital while on a Covered Trip due to Covid-19.

4. Repatriation of Remains due to Covid-19 Death while traveling

In the case of death of an Insured person while on a Covered Trip due to Covid-19, the insurer shall reimburse up to 10.000€ for each Insured Person for necessary and appropriate expenses to transport the Insured Person's body back to his or her home country.

Exclusions

We do not cover any trip:

- which involves You travelling on a Cruise;
- which involves You travelling specifically to obtain medical, dental or cosmetic treatment;
- when You have been advised not to travel by a qualified medical practitioner.
- One way tickets.

The Insurer will not pay any claim for:

- 1. any (re-)Admission to Hospital, or Hospital treatment provided, if the Insured Person had not at the time of admission or treatment contracted Covid-19;
- 2. any expenses incurred by the Policyholder that were not reasonably necessary and appropriate as a result of an Insured Person contracting Covid-19 and being Admitted to Hospital
- 3. This insurance does not apply to the extent that resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, the member states of the European Union or United States of America prohibit Chubb from providing insurance, including but not limited to the payment of claims or the provision of any other benefit.
- 4. In particular, Chubb will not pay any claims or provide any other benefits arising out of or relating to any Insured Person whose main residence is in Cuba and/or arising out of or relating to any travel to, from or in Cuba or any travel which starts, ends or has a scheduled stop in Cuba.

5. We will not be liable to make any payment under this Policy where:

1. Persons Covered

You do not meet the following criteria: You must be a person residing in Portugal who has been named in a Classic, Plus or Business Class roundflight booking with TAP Air Portugal, at the moment of purchase of the round-flight ticket.

2. Children travelling alone

You are a Child travelling or booked to travel without an adult Person Insured.

3. Trips not covered

Your Trip is described under an Exclusion to this Policy.

4. any Claim is Due To:

A. Not taking medication or treatment

a Person Insured choosing not to take medication or other recommended treatment as prescribed or directed by a Doctor.

B. Tropical disease where not vaccinated

a tropical disease where the Person Insured has not had the vaccinations or taken the medication recommended by Portuguese Department of Health or required by the authorities in the country being visited, unless they have written confirmation from a Doctor that they should not be vaccinated or take the medication, on medical grounds.

C. Anxiety state or phobia

a Person Insured suffering from any travel-related anxiety state, or phobia.

D. Excluded leisure activities or sports

You taking part in any of the following while on a Trip:

- i) any leisure activities or sports not specifically covered under "Leisure Activities & Sports"
- ii) any leisure activities or sports in a professional capacity or for financial reward or gain
- iii) air travel unless You are travelling as a fare paying passenger on a flight which is provided by a licensed airline or air charter company
- E. Currency

Currency exchange, including but not limited to any loss of value or currency conversion fees.

F. Illegal Acts

Any illegal act by You.

- G. Alcohol/drugs
 - i) Alcohol

You drinking too much alcohol, alcohol abuse or alcohol dependency. We do not expect You to avoid alcohol on Trip, but We will not cover any Claims arising because You have drunk so much alcohol that Your judgement is seriously affected and You need to make a Claim as a result (for example any medical report or evidence showing excessive alcohol consumption which in the opinion of a Doctor has caused or contributed to the bodily injury).

ii) Drugs

You taking any drugs in contravention of the laws applicable to the country You are travelling to, or having an addiction to or abusing any medications, or being under the influence of any non-prescribed medication which is classified as a legal high in the country You are travelling to.

- H. Suicide/self-injury
 - i) Your suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of Your mental health; or
 - ii) Your needless self-exposure to danger or where You have acted in a manner contrary to visible warning signs except in an attempt to save human life.

I. Radiation

- i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
- ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.
- J. Sonic waves

pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.

K. War

War or any act of War whether War is declared or not.

L. Financial Failure

The financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider.

GENERAL CONDITIONS

1. Cancelling your policy

The cover is provided to you free of charge by the Policyholder (TAP). **Only the Policyholder (TAP) has rights to cancel the group insurance contract.**

If We (Insurer) want to cancel Your Policy: We can cancel this Policy by giving You 30 days written notice. We will only do this for a valid reason. Examples of valid cancellation reasons include attempted or actual fraud, or where We are ordered or instructed to cancel this Policy by a regulator, court, or other law enforcement agency.

If We cancel the Policy We will refund any premium paid by the Policyholder for the cancelled period provided You (Insured) have not made a Claim under the Policy during the current Period of Insurance.

2. Misrepresentation and Non-Disclosure

The Policyholder and the Insured must take reasonable care to ensure that all of the information provided to Us in the application process, in "Your Declaration to Us", by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate.

Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a Claim may not be paid. You acknowledge that We have offered the Policy and calculated the premium using the information which We have asked for and You have provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

3. Premium

The premium for this group insurance is fully paid by the Policyholder (TAP) so that the coverages offered under this contract are made available to You (Insured) at no extra cost.

In order to benefit from the coverages foreseen in this contract, the Policyholder has to pay the agreed premium in the due date for your (Insured) coverage.

If the Policyholder does not pay the agreed premium this contract will be null with no effect from the very beginning.

You acknowledge that We have offered this Policy and set the premium using the information which We have asked for and You have provided, and that any change to the responses provided by You may result in a change in the terms and conditions of the Policy and/or a change in the premium. These are the risk factors for the insurance.

4. Maximum Amount that the Insurer will pay

The maximum amount that the Insurer will pay is limited to the capital for each risk covered by the insurance, as per the Table of Benefits above.

5. Other Information

The Policy Holder is informed that:

- 1. The Insurer with whom this Agreement is celebrated is the Portuguese Branch of the insurer "CHUBB European Group SE", with registered office at Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France.
- 2. That CHUBB European Group SE, Sucursal em Portugal is based in Av. da Liberdade, nº 249, 3rd Floor, 1250-143 Lisboa, registered at the Commercial Registry Officer under the number 980350964, supervised by the Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09 and by the Autoridade de Supervisão de Seguros e Fundos de Pensões (ASF) with code n.1173.
- 3. The Insurance Contract will be governed by the provisions of Decree-Law no. 72/2008, of April 16th, Law 147/2015, of September 09th and other applicable laws and regulations, and also by the provisions of the Terms and Conditions of this Contract, which cannot contradict the mandatory rules of those laws.
- 4. That the winding-up of Chubb European Group SE Branch in Portugal is not subject to Portuguese law. You can find information about the financial and solvency situation on the website of this Insurer.
- 5. The Contract cannot be transferred to third parties.

- 6. That the remuneration received by the Insurer's employees in respect of the insurance contract is of a purely monetary nature and will depend on his function and performance.
- 7. That the Insurer does not provide advice on the insurance products it markets.
- 8. That, with regard to the distance sale of insurance contracts with consumers, with regard to the right of free rescission provided for in the applicable legislation, such right shall not apply, inter alia, in the following situations: a) Travel and luggage insurance; b) Short-term insurance of less than one month.

ENTRY INTO FORCE, DURATION & EXPIRY OF INSURANCE

- The Contract shall come into force from 0 (zero) hours from the date indicated in these Conditions, whenever the initial premium, or fraction thereof, has been paid by the Policyholder unless, by agreement of the parties, another date is set for the commencement of coverage.
- The present contract may not be transmitted to third parties. The duration of the present contract shall be as stipulated in the Policy Conditions.
- The Policyholder may cancel his Policy by giving at least 30 (thirty) days notice in writing, of the termination of the annuity, or terminate it on the grounds of non-compliance with legal or contractual obligations, at least 30 (thirty) days before the intended date.
- This insurance contract shall be in force for a period of one (1) year automatically renewable for equal and successive periods, unless terminated by either party by means of written notice addressed to the other party with a minimum notice of 30 days regarding the termination of the annuity.
- The Insurer can terminate this Group Policy insurance contract, with no need to for just cause, provided it gives the Policyholder written prior notice of at least 30 (thirty) days, after which the policy ceases to be valid and in effect.
- The Policyholder has the legal obligation to communicate to the Insured the extinction of the coverage as consequence of the insurance contract's termination, which it must to with at least 30 days prior notice when termination results from revocation of opposition to renewal.
- All guarantees provided for in this Policy shall expire on the date on which the bond or common interest which binds the Policyholder and the Insured Person in group insurance contracts ceases.

PAYMENT OF PREMIUM

The payment of the premiums will be made by bank transfer from the account of the Policyholder to the Insurer on the dates specified in the Policy Conditions.

1. Failure to pay the premium for subsequent annuities, or the first fraction thereof, on the due date, prevents the contract from being extended.

- 2. Failure to pay the premium will result in automatic termination of the contract on the due date of:
 - a) A fraction of the premium in the course of an annuity;
 - b) A settlement premium or part of a variable amount premium;
 - c) An additional premium resulting from a modification of the contract based on a supervening increase/aggravation in risk.
- 3. Failure to pay, by the due date, an additional premium resulting from a contractual amendment determines the ineffectiveness of such amendment, the contract remaining with the scope and under the conditions in force before the intended amendment, unless the continuation of the contract proves impossible, in which case it shall be deemed terminated on the due date of the unpaid premium.

CLAIMS PARTICIPATION & PAYMENT OF BENEFITS

The Policyholder, the Insured Person or the Beneficiary must notify the Insurer in writing of the occurrence of the covered event (claim) within eight (8) days of its occurrence, indicating place, day, time, causes (for all coverages this implies providing a copy of all the information in the Insured Person's possession, medical reports and Covid-19 test results, whether PCR or serological), witnesses and consequences, being under the obligation to the Insurer:

a) To take the necessary measures to avoid an aggravating the consequences of the covered event;

In case of hospitalization, the Insured Person is also obliged to:

- a) Comply with medical prescriptions;
- b) If necessary, undergo an examination by a doctor indicated by the Insurer;
- c) Authorize the doctors to provide all information requested by the Insurer;
- d) Communicate the discharge from the hospital.

If the event results in the death of the Insured Person, a death certificate_must be sent to the Insurer and, when deemed necessary, other documents clarifying the accident and its consequences.

In the event that the Insured Person is unable to comply with the obligations resulting from the foregoing, such obligations shall be transferred to the person who can comply with them: the Policyholder or the Beneficiary(s).

The lack of truth in the communications and information provided to the Insurer implies responsibility for the losses and damages resulting from it.

Payment of Indemnities

Once the consequences of the covered event/claim have been verified and the existence of coverage by this contract has occurred, and if all other conditions for payment are met, the Insurer will proceed to pay the indemnities or instalments agreed upon in the Conditions, for the contracted coverages.

DOCUMENTATION FOR PAYMENT OF INDEMNITIES/BENEFITS:

<u>All coverages under this Policy imply that the Insurer is provided with a copy of all the information in the Insured Person's possession, including relevant medical reports and Covid-19 test results (whether PCR or serological).</u>

Death

In case of Death of the Insured, the following documents must be submitted to the Insurer:

- Birth and Death Certificate of the Insured Person;
- Medical report, detailing the causes of death and, if applicable, the legal proceedings.
- Documents proving the status of Beneficiary. In the case of legal heirs, the Public Deed of Qualification of Heirs.

Hospitalization

- Copy of the Insured Person's Identity Card/Taxpayer Number
- Detailed version of how and when the hospitalization occurred, as well as a detailed medical report with the definitive diagnosis;

The Insurer reserves the right to request other supporting documents that it deems necessary for the assessment of the claim and that serve to describe the facts related to the contract guarantees.

RISK STATEMENT

The Policyholder and the Insured Person shall declare accurately all aspects known to them that may allow the Insurer to assess the risks being covered and that are specified in the Policy Conditions.

Communication of Risk Changes

- A. The Policyholder or the Insured Person shall, during the course of the contract, inform the Insurer, within a maximum period of 14 days of their knowledge, of all circumstances that increase the risk and that are of such a nature that if they had been known to the Insurer at the time of the conclusion of the contract it would not have done so or would have been concluded it under more serious conditions.
- B. The Insurer, within a maximum period of 30 days from the date on which the aggravation was communicated to it, may propose a modification of the contract, with the Policyholder having 30 days from the receipt of the proposed modification to accept or refuse it. At the end of this period, the proposed modification shall be deemed approved.
- C. The Insurer may also terminate the contract by notifying the Insured Person in writing within 30 days from the time it became aware of such aggravation, showing that under no circumstances

does it enter into contracts covering risks with the characteristics resulting from such aggravation of risk.

If the Policyholder or the Insured Person did not communicate such aggravation and a claim occurs, the Insured Person will be released if he/she acted in bad faith, with intent and for the purpose of obtaining an advantage. On the other hand, the Insured Person's benefit will be reduced, with partial coverage of the risk, all in the proportion between the premium actually charged and that which would be due according to the actual circumstances of the risk.

D. The Policyholder or the Insured shall notify the Insurer as soon as possible of the change to the risk, even if temporary, to the Insured Person's activity, profession or occupation. If the change presupposes an increase or decrease in the risk, it shall be carried out in accordance with the provisions of the preceding points A) and B) above.

BASIS OF INSURANCE

- a) The statements of the Policyholder form the basis of this Insurance.
- b) If the contents of the Policy differ from the insurance proposal or the agreed clauses, the Policyholder may complain to the Insurer within 30 days from the delivery of the Policy, to correct the existing divergence. After this period has elapsed without making the claim, the provisions of the Policy shall apply.
- c) The Policyholder must also communicate any change, even if temporary, regarding his/her activity, profession or declared occupation in the questionnaire included in the Insurance proposal presented to the Insurer, before signing the Contract. Should the change involve an increase or decrease in risk, the parties may agree to coverages different from those initially required in the insurance proposal.
- d) If, after the contract having been concluded, the Insurer is aware that the Policyholder's declarations are inaccurate, it may terminate the contract in the legal terms. The Insurer will have the right, except when there is willful misconduct or serious fault on his part, to the premiums for the contract period applying at the time this declaration was made.
- e) If the age of the Insured Person is inaccurate, the Insurer may only challenge the contract if the true age of the Insured at the time the contract enters into force exceeds the admission limits established by the Insured Person. On the other hand, if as a consequence of an inaccurate statement of age, the premium paid is lower than that which would correspond to it, the Insured Person's benefit will be reduced in proportion to the premium received. If, on the other hand, the premium paid is higher than it should have been paid, the Insurer will be obliged to return the excess of the premiums received, without interest.

COMMUNICATIONS

- A. The communications or notifications from the Policyholder or Insured provided for in this Agreement shall be considered valid and fully effective if they are made by written declaration, to the registered office of the Insurer or to the address indicated in these Conditions.
- B. The communications or notifications made pursuant to the preceding paragraph, to the address of the representative of the Insurer not established in Portugal, regarding claims covered by this Agreement are also valid and fully effective.
- C. Communications made by an insurance broker to the Insurer shall have the same effects as those directly made by the Policyholder, unless the later expressly indicates otherwise.
- D. The communications or notifications from the Insurer to the Policyholder, the Insured Person or the Beneficiary(s) foreseen in this Agreement shall be considered valid and fully effective if made by written declaration to the last address or registered office of the Policyholder, the Insured Person or the Beneficiary(s) included in the Agreement or communicated in the meantime under the following paragraph.
- E. Any change in the address or registered office of the Policyholder, Insured Person or Beneficiary(s) must be communicated to the Insurer within 30 (thirty) days following the date on which such change occurs, by registered letter with acknowledgment of receipt, otherwise the communications or notifications that the Insurer makes to the outdated address will be considered valid and effective.

OBLIGATIONS TO INFORM IN GROUP INSURANCE

- 1. In addition to other obligations of the Policyholder, in group insurance it is the policyholder's duty to inform the Insured Persons of the coverages contracted and their exclusions, obligations and rights in the event of a claim, as well as changes to the contract, in accordance with specimen provided by the Insurer.
- 2. The Policyholder is liable for any damage caused to the Insured Persons as a result of its failure to comply with the duty to inform set forth in the preceding paragraph 1.
- 3. The following elements must be included in the specimen to be provided by the Insurer to the Policyholder:
 - a) Rights and obligations of the Insured Persons;
 - b) Entry into force of the coverages for each Insured Person;
 - c) Conditions of eligibility, stating the requirements for the Insured Person to join the (insurance) group.

6. Prescription/Limitation of rights

The rights derived from this Insurance Contract will expire within five

(5) years. The limitation period shall commence on the day on which they can be exercised, namely from the knowledge of said right.

Chubb European Group SE, Sucursal em Portugal

Av. da Liberdade, n.º 249, 3rd Floor, 1250-143 Lisboa

About Chubb

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally. The insurance companies of Chubb serve multinational corporations, midsize and small businesses with property and casualty insurance and services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, home and car insurance and other specialty insurance coverage; companies and affinity groups providing or offering accident and health insurance programmes and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage. Chubb's core operating insurance companies maintain financial strength ratings of AA from Standard & Poor's and A++ from A.M. Best. Chubb's parent company is listed on the New York Stock Exchange (NYSE: CB) and is a

component of the S&P 500 index.

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