

Relax Hogar Pluz

General Home Residential Conditions

March 2024

This document in English is an informative version and has no validity as official general conditions of the product. This reference document was translated from the general conditions registered in CNSF. In case of inconsistencies in the language translations, the latest Spanish version shall prevail as official. The latest version can be found on our website: www.zurich.com.mx

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DEFINITIONS

Accident.

Any sudden, accidental and unforeseen act, fact or event that causes damage to an asset, person or animal (dog or cat).

For the purposes of the Accidental Death of Member of Insurable Family coverage, an Accident shall be deemed to be any bodily injury suffered by the Insured as a direct consequence of an external violent and accidental cause that occurs during the term of the coverage of this Policy.

Accidental.

An unexpected event and/or situation.

Actual Value.

In the case of buildings, the Actual Value is the cost of construction and/or repair using materials of the same quality and deducting the physical depreciation.

In the case of Contents, the Actual Value is the cost of acquisition, installation and repair of assets (of the same type, quality, size and/or capacity), and deducting the physical depreciation.

In the case of mobile Equipment, it is the acquisition cost less the physical depreciation.

Annual Aggregate.

This is the insured sum contracted, which is divided and/or capped between one or more events that may occur during the term of this Policy.

At no time shall the Company's maximum liability exceed the maximum limit shall per event specified in the coverage conditions (provided that it applies). Bodily injuries caused intentionally by the Insured shall not be considered as accidents.

Assault.

An act committed in the Insured Location by any person or persons in order to steal assets and/or belongings through the use of moral or physical force against the occupants of the Insured Location. Mobile equipment coverage shall be considered outside of the Insured Location.

Basements or Semi-basements.

Any area where all the perimeter walls are totally or partially below the natural ground level.

Beneficiary.

The Policyholder who is the owner or lessee of the residence stipulated in the Relax Hogar Pluz Policy or a third party affected by acts or omissions of the Insured under the Policy issued by Zurich, valid and in force at the time an event covered occurs. The Beneficiary shall also be considered as the person appointed by each of the Insured to receive the benefit of the insurance, in the event of the death of any of the Insured Parties.

Boilers and/or Pressurized Apparatus.

A sealed container used to heat or convert water or another liquid into steam by heat generated by any fuel or electricity. This insurance covers any auxiliary equipment of the insured boilers or containers, which is installed on the structure of same, including the gas flues up to their discharge into the chimney and extends to the feeder pipe between the feeder pumps, the injectors, the boilers and containers, to the entire steam outlet pipe of the boilers, up to and including the nearest valve.

The equipment may be with or without a stove. Auxiliary equipment such as burners, grilles, air pre-heaters, control panels and equipment and injectors installed on the structure and piping are considered as part of the Boilers and/or Pressurized Apparatus.

Building.

A set of main and ancillary material constructions and accessories with their fixed installations (water, gas, electricity, refrigeration and other inherent to the building).

The building must be used as a residential home.

False ceilings, fixed carpets, wallpaper and wood adhered to the floor, walls or ceilings, as well as fences, walls separate from the building, reinforced concrete retaining walls, perimeter fences and/or meshes, doors or gates and additional constructions on the same property shall be considered to be part of the building.

For the Violent Robbery and/or Assault section, it shall be a condition that the assets in question be located inside the insured building, duly protected by walls, roofs, doors and windows.

The proportional parts of the communal elements of the building are included in the case of condominiums.

Cottage.

A house commonly made of wooden walls and roofs and not used as a permanent residence.

Cavitation.

The formulation of vapor.

Coinurance.

The percentage of the Insured's participation in the amount of the indemnifiable losses and/or damages caused by each loss incurred.

Commercial Value.

The Commercial Value of the real estate property shall be the market sale price, which shall be set at the time of the loss by an professional expert appraiser.

Company.

Zurich Aseguradora Mexicana, S.A. de C.V., an institution duly authorized to grant the coverages contracted and shall be liable for the payment of the respective indemnity.

Condominium.

The owner of one or more residences in the same Building.

Construction.

For the purposes of this insurance, a construction shall be understood as a finished structure inside the insured premises.

Contents.

Personal property owned by or under the responsibility of the Insured inside the building, such as:

- Dining room, lounge and bedroom furniture.
- White goods, musical instruments, clothing, decorative objects, family-use computers, electronic apparatus and in general, household furnishings.
- Also for the purposes of this insurance, jewelry and valuable objects belonging to the Insurance shall be considered as contents, for which the value of each article or set is less than 96 UMA (Unit of Measure and Update) or its equivalent in US Dollars.

Country of Residence.

For the purposes of these General Conditions, the United Mexican States.

Deductible.

The set amount payable by the Insured in indemnifiable losses and/or damage caused by each loss incurred.

Domestic Employee or Worker.

For the purposes of this insurance, a Domestic Employee or Worker is a person who, in exchange for financial remuneration,

renders personal services such as house cleaning, cooking, washing, ironing, childcare and other household chores on a regular basis, and may or may not reside at the place of work.

Drivers, gardeners and employees who perform maintenance and refurbishment works at the home and in the service of the Policyholder are also covered.

Drilling.

Perforation.

Drone.

An unmanned aircraft.

Economic Dependents.

For the purposes of this insurance, the spouse or common-law spouse, children who are unmarried, have no income from personal work and are under 24 years of age, and children with special needs or suffer from a legal illness that prevents them from working permanently and therefore have no income from personal employment shall be understood as economic dependents of the Insured.

Electric Arc.

An electrical discharge.

Electronic Equipment and White Goods.

For the purposes of this insurance, any kind of appliance commonly used in a household that requires electricity for its operation and that helps to perform and assist in household chores, owned by the Insured shall be understood as being Electronic Equipment and White Goods. Such equipment shall include but not be limited to refrigerators, microwave ovens, audio and video players and mini-split air conditioners, which are located at the Insured Location.

Fault.

Malfunction of the insured asset covered by the policy.

Family and/or Insurable Family.

The term Family and/or Insurable Family shall refer to the Policyholder, spouse and children under 24 years of age who are economically dependent on the Policyholder or people with special needs over 24 years of age who live with said party at its Permanent Residence.

Finished Building.

The real estate property ready for occupation, which has all its windows and glass installed, finished floors, doors hung and walls completed.

First Risk.

The indemnity procedure through which the Company pays the Beneficiary the amount of the losses and/or damage in excess of the coinsurance and/or deductible, but without reducing said indemnity, even though the Insured Sum were less than the Replacement Value of the Insured Assets.

Force Majeure.

An unexpected and violent event beyond human control the effects of which cannot be foreseen or avoided.

Foundation and Bases.

The structural part or base on which building or construction stands.

Furniture.

Personal property owned by or under the responsibility of the Insured inside the building, such as: Set of dining room, lounge and bedroom furniture., white goods, musical instruments, clothing, decorative objects, family-use computers, electronic apparatus and in general, the household contents.

Also for the purposes of this insurance, jewelry and valuable objects belonging to the Insurance shall be considered as furnishings, for which the value of each article or set is less than 96 UMA (Unit of Measure and Update).

Furnishings.

The set of assets that make up a home (household furnishings).

Goods Kept Outdoors:

For the purposes of this insurance, Goods Kept Outdoors shall be understood as:

- Finished buildings that lack all or part of roofs, walls, doors or windows, provided that such buildings have been designed and/or constructed to operate under these circumstances, in accordance with the building regulations of the area, valid at the date of construction.
- Fixed machinery and/or equipment and its installations, either kept outdoors in inside buildings that partially or totally lack roofs, doors, windows or walls. Provided that they have been designed specifically to operate in these conditions and are duly anchored.
- Fixed goods that, due their inherent nature and design, are kept outdoors, namely those that are outside of buildings or inside buildings that totally or partially lack roofs, doors, windows or walls, including but not limited to:
 - a) Swimming pools.
 - b) Billboards and signs.
 - c) Roads, walkways, streets, curbs or yards inside the Insured's premises.
 - d) Decorative elements in outdoor areas.
 - e) Sports facilities and/or courts.
 - f) Lighting units.
 - g) Irrigation systems.
 - h) Transmission and/or reception towers and antennas.
 - i) Air conditioning systems.
 - j) Solar panels.

Glass.

Glass that is duly installed in the building as described in the Policy Summary, as well as windows, covers, showcases, partitions and similar, including decorative glass (such as plated, gilded, dyed, painted, engraved, cut, signwritten, embossed, relief and intelligent and/or their frames).

Hidden Defects.

A defect in a home of which the purchaser is unaware at the time of signing the sale/purchase contract.

Hydrometeorological Phenomena.

Hydrometeorological phenomena shall be understood as those that cover damage to buildings or other constructions, contents, consequential losses and property insured under express covenant, caused by any or all of the risks defined below:

- **Flooding.**
The accidental temporary covering of the ground by water as a result of the deviation, overflowing or rupture of the retaining walls of rivers, canals, lakes, dams, tanks or other natural or artificial water deposits or currents. As a result of rain, hail, freezing, hurricane, flooding, rainwater flooding, tidal wave or tsunami, swell and storm-force winds.
- **Freezing.**
A climatic phenomenon consisting of an unexpected drop in the ambient temperature to levels equal to or below the freezing point of water at the place of occurrence.
- **Hail.**
The strong atmospheric precipitation of water as hard and compact ice crystals. This items also covers damage caused by the obstruction of sewage manholes and the drainage systems located within the insured premises and the rainwater downpipes caused by the build-up of hail inside them.

- **Hurricane.**

The large-scale flow of water and air in a circular motion around a low-pressure center above a marine or land surface with peripheral direct-impact winds of 118 km/h or greater and identified as such by the National Meteorological Service.

- **Mudslides**

Mudslides caused by floods or rains.

- **Rainwater Flooding.**

The accidental temporary covering of the ground by rainwater as a result of the unusual and rapid accumulation or displacement of water caused by extraordinary rainfall that meets any of the following criteria:

That the rains reach at least 85% of the average maximum levels on the zone of occurrence in the last ten years, eliminating the maximum and minimum levels observed, measured at the nearest weather station or that the insured assets are within a flooded area that covered at least one hectare.

- **Snow.**

Precipitation of ice crystals in the form of flakes.

- **Swell.**

An alteration of the sea that manifests as a strong increase in level due to a meteorological depression or disturbance that combines a decrease in atmospheric pressure and a sheer force on the sea's surface produced by wind.

Storm-Force Winds.

Winds that reach at least tropical depression or tornado category or grade 8 on the Beaufort scale (62 kilometers per hour), based on the National Weather Service or records recognized by the Company.

Tidal Wave or Tsunami

The violent agitation of seawater as a result of a quake on the seabed that increases its level and propagates towards the shore causing floods.

Insured.

The holder of the Relax Hogar Pluz policy stipulated in the summary of the Policy issued by Zurich, and that has not been canceled at the time an event covered occurs.

Insured Location.

The Insured Location is considered as the place where the personal and/or real estate property declared the Policyholder is located.

Insured Sum.

The value assigned by the Insured to each of the coverage item stated in the Relax Hogar Pluz Policy. This amount is not a guarantee or proof of the value or the existence of the assets.

Loss.

An event that causes losses and/or damage to the Insured Assets and gives rise to the payment of an indemnity by the Company pursuant to the terms of this Policy.

Jewelry.

Gems or valuable object for personal use.

Maximum Liability.

The maximum limit of liability assumed by the Company in the event of the occurrence of any event covered, but without exceeding the Insured Sum.

Mobile and/or Portable Electronic Equipment.

For the purposes of this insurance, all equipment the electronic value of which exceeds 50% of the total value of the equipment, owned by the Insured for daily use and sometimes used outside the Insured Location shall be understood as being Mobile and/or Portable Electronic Equipment. Such equipment shall include but not be limited to laptops, cell phones, tablets, iPads, iPods, and video and photographic cameras.

Pergola.

A structure installed in open spaces formed of columns or pillars that support a roof. An architectural and structural element consisting of a corridor flanked by vertical columns (pillars) that support longitudinal beams (sleepers) that join the columns at each side and transversal beams (joists) at the same or a greater height to form an open lattice.

Personal Objects.

Personal items belonging to the Insured and due to their characteristics, are sometimes used outside the Insured Location.

Permanent Residence.

The Beneficiary's usual domicile in the United Mexican States, as stated in the Summary of the Relax Hogar Pluz Policy or in any other reasonable means.

Physical Depreciation.

Decrease in value of an asset due to the effects of time, wear and tear and/or use.

Premium.

The economic contribution made to the Policyholder to the Company to obtain the coverage offered.

RECAS.

The National Financial Services Users' Protection Commission (CONDUSEF) registration of insurance adhesion contracts.

Removal of Rubble

The disassembly, demolition, cleaning, hauling away and other necessary actions that must be completed in order to leave the Insured or damaged property in a condition for repair or reconstruction.

Replacement Value.

In the case of buildings, the Replacement Value is the cost of construction and/or repair using materials of the same quality, without considering any deduction for physical depreciation, including the cost of freight, customs duties and assembly expenses, if any.

In the case Contents, the Replacement Value is the cost of acquisition, installation and repair of assets (of the same type, quality, size and/or capacity) without considering any deduction for physical depreciation, including the cost of freight, customs duties and assembly expenses, if any.

Representative.

Any person appointed by the Beneficiary to conduct any formality whatsoever in order to enable the rendering of the Assistance Services.

Section.

The consecutive number assigned to a location covered under a policy.

Sickness.

Any condition or pathology contracted by the Insured and manifested for the first time after the commencement of the policy term and that constitutes the basis of the claim filed by the Insured.

Surety.

A deposit or payment of money or an asset as collateral to guarantee an obligation.

Third Party.

For the purposes of this insurance, a Third Party shall be understood as the person not related to the Person who has

incurred as loss or damage attributable to the Insured and/or the economic Dependents thereof.

UMA.

The Unit of Measure and Update, which will be calculated and updated annually by the National Geographical Statistics and Information Institute (INEGI).

Uninhabited and/or Abandoned House.

A construction that is not used as a habitual home by anyone. Houses used seasonally, periodically or sporadically shall not be considered to be uninhabited and/or abandoned.

Violent Robbery.

An act in which any person or persons take unlawful possession of the Contents through the use of violence in order to enter the inside of the building and leaving visible traces of violence at the place of the intrusion.

Water Source.

Water of natural origin such as sea, lake, lagoon, rivers, streams, ponds, reservoirs, canals, wells, cisterns, springs and groundwater.

GENERAL CONDITIONS

Operation of Insurance.

The Company is authorized to operate Life, Accident and Sickness and General insurance.

Contract.

This insurance contract, including its Summary and clauses shall be understood to constitute testimony of the insurance contract.

Term.

This Policy shall take effect at 12:00 hours on the commencement date of its term stated in the Policy Summary and shall continue its term until 12:00 hours on the termination date stated in the same document.

Territorial Limit.

This Policy shall only be applicable for losses and/or damage occurred and expenses disbursed within the territorial limits of the United Mexican States.

Aggravation of Risk.

Zurich's obligations shall cease with full force of law based on the essential aggravations of risk during the course of the insurance in accordance with the provisions of Article 52 and section I of Article 53 of the Insurance Contracts Law.

"The Insured shall inform Zurich of all the essential aggravations of the risk during the term of the insurance within the twenty-four hours from the time of becoming aware of them. If the Insured omits to notify or provokes an essential aggravation of the risk, Zurich's obligations shall cease with full force of law from that moment" **(Article 52 of the Insurance Contracts Law).**

"For the purposes of the preceding Article, it shall always be assumed:

- I. That the aggravation is essential when it refers to a significant fact for the appraisal of a risk in such a manner that the Company would have contracted under different conditions had it been aware of a similar aggravation when entering into the contract.
- II. That the Insured is or should be aware of any aggravation arising from acts or omissions of its tenants, spouse, descendants or any other person who, with the consent of the Insured, occupies the building or has in their possession the property covered by the insurance." **(Article 53 of the Insurance Contracts Law).**

"In cases of fraud or bad faith in the aggravation of the risk, the Insured shall forfeit all premiums paid in advance." **(Article 60 of the Insurance Contracts Law¹).**

Zurich's obligations shall be extinguished if it can be demonstrated that the Insured, the Beneficiary or the representatives of both, misrepresent or falsely declare facts that would exclude or may restrict said obligations in order to induce the Company into error. The same principle shall be observed for the same purpose if the documentation about the facts related to the loss is not submitted on time." **(Article 70 of the Insurance Contracts Law¹).**

In the event that, that in the present or the future, the Policyholder(s), Insured(s) or Beneficiary(ies) commit or are related to illegal activities, said involvement shall be considered as an essential activation of risk pursuant to the terms of the law.

Based on the foregoing, Zürich's obligations shall cease in full if the policyholder(s), Insured(s) or Beneficiary(ies), pursuant to the terms of Article 492 of the Insurance Companies' and Bonding Institutions' Law and its General Provisions were ordered through a final ruling enforced for any crime linked to or arising from the matters stipulated in Articles 139, 139 Quáter, 148, 400 and 400 Bis of the Federal Criminal Code and/or any of that Article related to organized crime in Mexican

¹ General Conditions, Legal Framework

territory. Said ruling may be issued by any jurisdictional authority, either Local or Federal, or legally recognized by the Mexican government, or if the name(s) of the Policyholder(s), Insured(s) or Beneficiary(ies), their activities, the assets covered by the policy or their nationalities are published in any official list related to the crimes linked with the matters stipulated in the aforementioned articles, whether national or foreign originating from a government with which the Mexican government has signed any international treaty in the aforementioned matters. This is pursuant to the terms of section X of provision Thirty Nine, section VII of provision Forty Four and provision Seventy Seven of the Agreement that issues the General Provisions referred to in Article 492 of the Insurance Companies' and Bonding Institutions' Law.

If applicable, the contractual obligations shall be reinstated once Zürich becomes aware that the name(s) of the Policyholder(s), Insured(s) or Beneficiary(ies) do not appear in the aforementioned lists.

Zürich shall consign to the jurisdictional authority any amount that, as a result of this Insurance Contract, may be payable to the person or persons referred to in the foregoing paragraph in order that said authority may determine the destination of the funds. All unaccrued amounts paid that are payable following the completion of the aforementioned conditions shall be consigned to the respective authority.

Premium and Payment Obligations

PREMIUM

The premium falls due and must be paid on the signing of the contract.

The premiums paid shall be understood as received by Zurich against the official receipt issued by said Company. The Insured shall be granted a grace period of 30 calendar days to pay the entire amount of the premium or the installments agreed.

PAYMENT IN INSTALLMENTS

The Insured and Zurich may agree payment of the premium in installments, in which case, said installments must cover equal periods and shall be paid at the beginning of each period. In this case, the financing rate will be applied to the premium for the respective installments.

In the event of loss, the Zurich shall deduct the amount of the premium pending payment of the risks affected from the total indemnity up to the full amount of the premium of the current period of insurance. In the case of Policies with terms of more than one year, the annuity premium for the current year shall be deducted at the time of the loss caused by the risks affected.

CANCELLATION OF CONTRACT DUE TO LACK OF PAYMENT

Single Payment

For policies agreed in a single payment, the period of the insurance will be understood as being for one year. If the premium is not paid within the 30 calendar days following the termination date, the effects of the contract will cease automatically at 12:00 hours of the last day of this grace period. (Article 40 of the Insurance Contracts Law¹)

Payment in Installments.

If the Insured opts to pay the premium in installments, each installment shall fall due in the beginning of the respective period. If the payment is agreed in installments, each period must be of equal length. If the first installment of the premium is not paid within the 30 calendar days following termination, the effects of the contract will cease automatically at 12:00 hours of the last day of this period. (Articles 37, 38 and 40 of the Insurance Contracts Law¹).

Place of Payment

The premiums agreed must be paid at Zurich's offices against the respective receipt. Without prejudice to this obligation, Zurich may agree with the Policyholder that the payment be made through a charge to the latter's current account or other financial Instruments. Therefore, the Policyholder undertakes to maintain a sufficient balance in order to make the payment of the full amount of the premium. The statement of account that reflects the charge shall be sufficient proof of said payment. In the event that the respective charge cannot be made due to cause attributable to the Policyholder, the provisions of this Clause shall apply.

¹ General Conditions, Legal Framework

The Policy shall be valid during the grace period; however, if the Insured incurs a loss covered by the Policy, Zurich may deduct the total amount of the premiums pending payment from the indemnity up to the amount of the premiums due.

Place of Indemnity Payment

The Company shall pay the indemnities at its offices within the 30 days following the date on which it receives the documents and information that provide the basis for the clause in the terms stipulated in the **Company's Rights** clause.

Cancellation of Contract Due to Payment Default.

If the premium is not paid within the grace period stipulated in the **Premium Payment**, the effects of the contract will cease automatically at 12:00 hours of the last day of this period.

Reinstatement.

Notwithstanding the terms of the "**Cancellation of Contract Due to Payment Default**" clause, the Insured may, within the thirty days following the end of the grace period indicated, pay the premium of this insurance or the respective portion thereof if installment payments have been agreed. In this case, due to the sole fact of the payment mentioned, the effects of this insurance will be reinstated from the time and date indicated in the payment voucher and the original term will be deferred automatically for an equal term from the last day of the grace period mentioned to the time and date on which the reinstatement takes effect.

However, if on making the payment in question, the Insured Party requests in writing that this policy maintain its original term, the Company will adjust it and if applicable, will refund immediately the respective pro-rated premium relating to the period during which the effects of same were suspended, in accordance with the terms of Article 40 of the Insurance Contracts Law, whose initial and terminal times are indicated at the end of the preceding paragraph.

Without prejudice to its automatic effects, the reinstatement referred to in this clause will be confirmed by the Company for administrative purposes in the receipt issued against the respective payment and in any other document issued after said payment.

Renewal.

The Company shall renew this contract at the request of the Policyholder in the same terms and conditions as initially contracted and the premiums tariff valid at the renewal date shall be applied, as registered with the National Insurance and Bonding Commission.

Other Insurance.

If the assets were covered wholly or in part by other insurance in this or another branch that covers the same risk, taken either on the same date or before or after the term of this Policy, the Insured must declare said other insurance to the Company immediately in writing, mentioning it in the Policy or in an annex thereto. The Company will be released from all obligations if the Policyholder intentionally omits to provide the notice mentioned in this Clause or contracts other insurance in order to obtain illicit benefits.

Reduction and Reinstatement of Insured Sum in the Event of Loss

All indemnities to be paid by the Company for losses or damages resulting from the materialization of the risks covered by this Policy shall reduce the maximum indemnity value in the same proportion and subsequent loss indemnities shall be paid up to the limit of the remaining sum. However, the maximum indemnity value may be reinstated at the request of the Insured against the payment of the respective premium.

If the policy covers several insured assets, the reduction or reinstatement shall be applied to each asset affected.

Obligatory grace period for Hydrometeorological Phenomena coverage.

It shall be expressly agreed and understood that for all new business, any increase in the insured sums for already existing policies, as well as the enactment of policy and/or reinstatement of coverage shall be subject to an automatic GRACE PERIOD of 15 days from the effective date:

Only losses not related to this catastrophic coverage shall be deemed as covered during this grace period.

Loss.

- a) Safeguarding and Recovery Measures.** On the occurrence of a loss, the Insured shall be obliged to take all actions to avoid or reduce the damage or prevent it from escalating.

If there is no danger or delays, the Insured shall request instructions from the Company and adhere those given.

The breach of this obligation may affect the Policyholder's rights in the terms of Article 115 of the Insurance Contracts Law.

All not obviously inadmissible expenses incurred by the Insured shall be reimbursed by the Company, and if instructions are given, said expenses must be anticipated.

- b) Loss Notice.** If any loss occurs that may give rise to indemnity in accordance with this insurance, the Insured or the Beneficiary, as applicable, shall be obliged to inform the Company immediately through the fastest means of communication and confirm in writing within the next five days, except in the case of unforeseen circumstances or events of force majeure, in which case, notice shall be given as soon as the impediment has passed.

The omission to provide this notice within the term stipulated shall cause the indemnity to be reduced to the amount to which the damage would have amounted had the Company received the notice within the term stipulated. The Insured shall also inform the Company of any claim it receives in relation to said loss. Immediately after the loss, without prejudice to the protection and salvage measures being taken, the Company shall examine the damaged assets before commencing the repairs.

If the damage was caused by third parties, the Insured, in compliance with the stipulations herein, shall refrain from making any arrangement with said third parties without the prior authorization and approval of the Company regarding the liability for said damage.

In the event of theft or other crime, which may be cause for a claim under this Policy, the Insured shall inform the jurisdictional authorities and the Company immediately in order to ensure the recovery of the assets or the amount of the damage incurred.

If so requested, the Insured shall grant, as soon as possible, broad proxy to the Company or to the party appointed thereby, to assume on the Insured's behalf and representation, the defense or arrangement of any claim or proceed on its behalf and or personal benefit, the claim for indemnity or loss or damage, or any other claim against third parties.

The Company shall be at full liberty to manage the process or arrangement for any claim and the Insured shall provide it with all the reports or assistance that may be necessary.

Any assistance that the Company or its representatives render to the Insured or third parties shall not be interpreted as an acceptance of liability.

- c) Documents, information and reports to be provided to the Company by the Insured.** The Insured shall prove its claim and the other circumstances of same in the terms of this Policy. The Company shall be entitled to request the Insured or the Beneficiary to provide all types of reports about the facts related to the loss in order to be able to determine the circumstances and consequences of its occurrence.

The Insured shall provide the Company with the following documents and information in order for the loss to be processed:

- a. A detailed and accurate list of the assets destroyed or damaged, as well as a statement of the damage caused by the loss and the amount of said damage, bearing in mind the value of the assets immediately prior to the loss.
- b. A detailed list of all the insurance contracted for the damaged assets.
- c. The plans, projects, books, receipts, invoices, copies and duplicates of invoices, certificates and in general, all the documents necessary to support the claim.
- d. All the information related to the circumstances in which the loss occurred and, at the request and cost of the

Company, certified copies of the proceedings undertaken by the Public Prosecutor's Office or any other authority involved in the investigation of the loss or the facts related thereto.

- e. Without prejudice to the aforementioned documentation and information, and for the purposes of this insurance the materialization of loss shall be deemed proven with the mere filing of the criminal report, its ratification and proof of ownership and pre-existence.

In accordance with the provisions of Article 71 of the Insurance Contracts Law*, under no circumstances may the loss be required to be proved in court.

Notwithstanding the foregoing, in accordance with the provisions of Article 69 of the Insurance Contracts Law, the Company may request documentation and information in addition to the above.

In the case of the Personal and Family Civil Liability section.

- a. Claim Notice: The Insured is obliged to report to the Company as soon as the former becomes aware, the claims or demands received by the Insured or its representatives and send the documents or copies thereof provided in the claim and the Company is obliged to declare, immediately and in writing, whether or not it will accept the claim, entirely at its own discretion. If no such declaration is issued, the Company shall be understood to have accepted the claim and assumed the management of the processes followed against the Insured, who shall cooperate with the Company in accordance with the terms of this clause. In the assumption that the Company does not assume the management of the process, it shall pay the Insured in advance up to the amount it was obliged to pay for this concept, so that the latter may pay its defense expenses, which it shall do with all due diligence.
- b. The Insured's cooperation and assistance to the Company: The Insured is obliged, in every procedure brought against it, for the liability covered by the insurance:
- To provide the information and the evidence necessary requested by the Company for its defense, in case this is necessary or when the Insured does not appear.
 - To exercise and enforce the actions and defenses conferred under the Law.
 - To appear in every procedure.
 - To grant powers to the lawyers appointed by the Company to represent it in the procedures in question in the event that the company cannot intervene directly in said procedures.

All the expenses incurred by the Insured to meet said obligations will be covered charged to the insured sum relating to the defense expenses. If the Company is negligent in the determination or handling of the defense, the liability for the amount of the defense expenses will not be subject to any limit.

- c. Claims and Petitions: The Company is authorized to settle claims either in or out of court in order to handle proceedings or motions before the authorities and enter into agreements. Any recognition of debt, transaction, agreement or other legal that implies recognition of the Insured's liability, agreed without the Company's consent, in order to try to enforce a liability which, in any other manner would be non-existent or less than the actual liability will not be enforceable against the Company. The confession of the material nature of a fact by the Insured cannot be assimilated to the recognition of a liability.
- d. Insurance Beneficiary: This insurance contract attributes the right to the indemnification directly to the third-party affected, who will be considered as the beneficiary from the time of the claim.
- e. Reimbursement: If the third party is indemnified entirely or in part by the Insured, said payment will be refunded proportionally by the Company.
- f. Subrogation: The Company will be subrogated up to the amount of the sum paid in all the rights against third parties who, due to the damage indemnified, apply to the Insured; however, when in regard to acts committed by persons for whom the Insured is legally responsible, on being considered for these purposes, there will be no subrogation. If the damage was indemnified only in part, the Insured and the Company will agree to enforce their rights in the respective proportion.

The Company may be released from all or part of its obligations if the subrogation is prevented by the Insured.

Measure that the Company may take in the event of loss.

In the event of loss and as long as the amount of the final indemnity has not been set, the Company may:

- a. Enter the buildings or premises where the loss occurred to determine the cause and extent thereof.
- b. Examine, classify and appraise the assets damaged or salvaged, regardless of their location. Under no circumstances shall the Company be obliged to take charge of the sale or liquidation of the assets and their remains. Similarly, the Insured shall not be entitled to abandon them to the Company.

Company's Rights

Pursuant to the terms of this Policyholder, in the event of a loss that affects the Insured Assets, the Company may opt to replace or repair them to the satisfaction of the Insured or pay the respective amount in cash in accordance with its liability.

Expert Opinion.

In the event of disagreement between the Insured and the Company over the amount of any loss or damage, the matter shall be submitted to the opinion of an expert appointed mutually by both parties in writing. However, if the parties fail to agree on the appointment of a single expert, two experts shall be appointed, one by each party, within ten days from the date on which one is requested by the other party in writing to do so. Prior to commencing their work, the two experts shall appoint a third in the event of disagreement. If any of the parties declines to appoint an expert or simply does not do so when required by the other party or if the experts fail to agree on the appointment of a third expert, the Legal Authority, at the request of any of the parties, they must appoint the expert, the third expert or both, as necessary.

The death of one of the Parties, if an individual, or the dissolution, if a company, while the expert opinion is in process, shall not void or affect the proxies or powers of the expert, experts or third-party expert, as applicable, or if the parties' experts or third-party expert dies before the opinion is issued, another replacement expert shall be appointed by the respective party (the parties, the experts or the legal authority). The expenses and fees incurred for the expert opinion shall be paid in equal proportion by the Company and the Insured, but each party shall pay the fees of their own expert. The expert opinion referred to in this clause shall not imply acceptance of the claim by the Company but shall simply determine the loss that the Company would eventually be obliged to cover, leaving the parties free to exercise the respective actions and oppose defenses.

Fraud, Deceit Bad Faith or Serious Fault

The Company's obligation shall be extinguished:

- a. If the Insured, the Beneficiary or the representatives of both, misrepresent or falsely declare facts that would exclude or may restrict said obligations in order to induce the Company into error.
- b. If, with the same intention, they fail to provide the Company promptly with the documentation mentioned in the Losses Clause of this Policy.
- c. If there were fraud or bad faith on the part of the Insured, the Beneficiary or their respective successors in title in the loss or claim.
- d. If the loss is due to the serious fault of the Insured.

Subrogation of Rights.

Once the indemnity is paid, the Company shall be subrogated up to the amount paid in all rights and actions against third parties that, as a result of the damage caused, apply the Insured.

If so requested by the Company, at its own cost, the Insured shall confirm the subrogation in a public instrument. The Company may be released from all or part of its obligations under this insurance if the subrogation is prevented by acts or omissions of the Insured.

If the damage were indemnified only in part, the Insured and the Company will agree to enforce their rights in the respective proportion.

The right to subrogation shall not be admissible if the Insured has a spousal relationship or kinship by consanguinity or affinity up to the second or civil level with the person who caused or is civilly liable for the damage.

Advance Payment of Indemnities.

If the loss is admissible, the Company may opt to pay 20% of the amount of the damage as an advance payment of the total indemnity when said amount exceeds 30% of the insured sum contracted, even if not all the documentation referred to in the Losses Clause has been filed. The advance payment shall be made only in the cases of the losses covered in Sections I, II and III.

Jurisdiction

In the event of a dispute, claimant may enforce its rights before the Company's Specialized Unit or the National Financial Services Users' Protection and Defense Commission ("CONDUSEF"), which may, at its discretion, determine the territorial jurisdiction based on the domicile of any of its delegations, in the terms of Articles 50 and 65 bis of the Financial Services Users' Protection and Defense Law and the final paragraph of Article 277 of the Insurance Companies' and Bonding Institutions' Law. If the parties do not submit to the arbitration of the CONDUSEF or of the body this proposes, the claimants' rights will be upheld to be enforced in the courts in the domiciles of said Commission's delegations. In all cases, the claimant shall have the option of using these instances or going directly to court.

Communications.

Any declaration or communication related to this Contract must be sent in writing to Zurich's domicile located at: Toreo Parque Central, Torre B, Piso 20, Boulevard Manuel Ávila Camacho No. 5 Col. Lomas de Sotelo, Naucalpan de Juárez, Estado de México C.P. 53390, as stated in the Policy Summary or in the absence thereof, to the most-recent domicile provide for such purpose.

Advanced Termination of Contract.

The Parties expressly agree that this contract may be terminated in any of the following cases:

1. REQUEST FOR CANCELLATION BY THE INSURED

The insurance contract may be canceled by the Insured when so requested in writing to Zurich and attaching a copy of its official Identification to the request. On receiving the request and the copy of the identification, Zurich shall issue the respective acknowledgment of receipt, which shall include a number for follow-up purposes.

The cancellation shall take effect on the date on which the notice is received or on the date requested in said notice, whichever occurs last.

- a) Zurich shall be entitled to the net premium that applies to the period elapsed and shall refund the unaccrued tariff premium to the Insured within 15 business days. Said refund shall be made via the means used to pay the premium, unless the Policyholder requests it be made via a different channel.***
- b) In the case of loss during the term of the insurance, Zurich shall not refund the premium of the coverage item that have been affected.***
- c) Preferential Beneficiary or Sole and Irrevocable Beneficiary. The Insured may not terminate the contract in advance without the express written consent of the Preferential Beneficiary or Sole and Irrevocable Beneficiary, as applicable, if so appointed in this Policy. In this case, the considerations of sub-sections a) and b) shall apply.***

2. CANCELLATION OF CONTRACT BY ZURICH

Zurich shall inform the Policyholder of the advanced termination of the insurance contract, which shall take effect 15 days from the date of notification at the Policyholder's domicile last known by Zurich or via any other means agreed by the Policyholder and Zurich.

In this case, the Insured shall be entitled to the refund of the unaccrued premium relating to the risk not included at the effective date of the cancellation of the insurance contract, calculated on the bases registered by Zurich with the National Insurance and Bonding Commission,

Zurich shall refund the respective premium pursuant to the preceding paragraph by the date of notification to the Policyholder, without which it would otherwise be considered invalid. Said refund shall be made via the means used to pay the premium, unless the Policyholder requests it be made via a different channel.

3. TOTAL LOSS OF REAL ESTATE PROPERTY

Pursuant to the terms of point 1 of this clause, when two or more coverage items have been contracted and the Total Loss occurs before the end of the insurance term, this contract shall be deemed terminated in advance from the date of the loss and Zurich shall refund the proportional part of the premiums of the coverage items not affected by the loss for the time during which the real estate property will no longer be at risk.

Currency

Both the payment of the premium and the indemnities under this Policy shall be settled in the terms of the Currency Law in force at the date of payment.

Limitation.

All the actions that derive from this insurance contract will be limited to two years, in accordance with the terms of Article 81 of the Insurance Contracts Law* from the date from the event that gave rise to them, except the cases of exception stipulated in Article 82 of said Law.

Notwithstanding the terms of the preceding paragraph, the limitation terms provided in this clause shall not apply in the case of omission, false or inaccurate declarations of the risk incurred, but instead from the date on which the Institution becomes aware of it and in the event of the occurrence of the loss, from the date on which the parties involved become aware, who shall demonstrate their unawareness up to said date.

Third-party beneficiaries shall also have to be aware of the right constituted in their favor.

The limitation shall be interrupted not only by ordinary causes, but also by the filing of the claims before the National Financial Services Users' Protection and Defense Commission (CONDUSEF) and shall be suspended by claims filed before the Institution's Specialized Consultations and Claims Unit.

Late Interest.

If the Company does not perform the obligations assumed in the insurance contract on becoming legally enforceable, it shall pay the creditor a late interest payment in accordance with the provisions of article 276 of the Insurance Companies' and Bonding Institutions' Law, which is transcribed as follows:

ARTICLE 276.- If the Insurance Company fails to perform the obligations assumed in the insurance contract within the terms they are legally enforceable, said party shall pay an indemnity to the creditor for late payment in accordance with the following:

- I. In accordance with the provisions of the second paragraph of section VIII of this Article, obligations in Mexican Pesos will be denominated in Investment Units at their value prevailing on the maturity dates of the terms referred to in the initial text of this Article. Therefore, said obligations shall be paid in Mexican Pesos at the value of the Investment Units on the date of payment.

The Insurance Company will also pay late interest on the obligation denominated in Investment Units in accordance with the provisions of the preceding paragraph, which shall be capitalized monthly, the rate of which will be equal to the result of multiplying the term-deposit cost of liabilities denominated in Investment Units of full-service banking

institutions in Mexico, published by the Bank of Mexico in the Federal Official Gazette relating to the each month of delay by 1.25;

- II. When the main obligation is denominated in foreign currency, in addition to the payment of this obligation, the Insurance Company will be obliged to pay late interest, which shall be capitalized monthly and calculated by applying to the amount of the obligation, the percentage that results from multiplying the credit term-deposit cost of liabilities denominated in us dollars of full-service banking institutions in Mexico, published by the Bank of Mexico in the Federal Official Gazette relating to the each month of delay by 1.25;
- III. If, on the date on which the calculation is made, the reference rates have not been published for the calculation of the late interest as referred to in sections I and II of this Article, the rate of the immediately preceding the month shall apply and, if said rates have not been published, late interest shall be calculated by multiplying the substitution rates by 1.25, pursuant to the applicable provisions.
- IV. The late interest referred to in this article shall be accrued daily from the maturity dates of the terms referred to in the initial text of this article until the date that the payment stipulated in the second paragraph of section VIII of this Article is made. For its calculation, the reference rates must be divided between three hundred and sixty-five and the result multiplied by the number days relating to the months in which the default persists.
- V. In the event of the repair or replacement of the object claimed, the indemnity or delay consists solely of the payment of the interest pertaining to the currency in which the main obligation is dominated in accordance with the provisions of Sections I and II of this Article and will be calculated based on the amount of the repair or replacement cost.
- VI. The creditor's rights to the indemnification benefits established in this Article cannot be waived. Any agreement that intends to extinguish or reduce said rights will have no legal effect. These rights will arise through the mere elapse of the term stipulated by the Law for the payment of the main obligation, although it may not be settled at that time.

Once the amount of the main obligation has been set as agreed by and between the parties or in the final resolution passed by a court or in arbitration, the indemnification benefits established in this Article must be paid by the Insurance Coverage on the amount of the main obligation so determined;

- VII. If in the respective ruling, the claim is deemed admissible even though the payment of the late payment indemnity established in this Article have not been claimed, the court or arbitrator, in addition to the main obligation, shall order the debtor to also pay those benefits according to the preceding sections.
- VIII. The indemnity for default registered in the restatement and interest system referred to in sections I, II, III and IV of this Article shall be applicable to all types of insurance, except sureties that guarantee indemnities related to the default of payment of tax credits, in which case said indemnity shall be subject to the provisions of the Federal Fiscal Code.

Payments made by the insurance company shall be in a single installment that covers the total balance of the following items:

- a) Late interest.
- b) The restatement mentioned in the first paragraph of section I of this Article, and
- c) The main obligation.

In the event that the Insurance Company does not pay the entire amount of the obligations assumed in this insurance contract and the late payment indemnity in a single installment, the payments made shall be applied to the items stipulated above in the order set forth in the preceding paragraph. Therefore, pursuant to the terms of this Article, the late payment indemnity shall continue to be generated on the outstanding amount of the main obligation, until it is paid in full.

When the Insurance Company files a defense motion that suspends the enforcement proceedings stipulated in this law and a final judgment is passed in which the circumstances challenged remain in effect, the respective payment or charge shall include the late payment indemnity, which the main obligation would have generated, and

- IX. If, within the legal terms provided, the Insurance Company does not pay the late payment indemnities, the court or the National Financial Services Users' Protection and Defense Commission, as applicable, shall impose a fine of 1,000 to 15,000 days of minimum salary.

In the case of the administrative enforcement procedure provided for by Article 278 of this law, if the Insurance Company fails to pay the late payment indemnities within the legal terms and deadlines, at the request of the respective enforcing authority and in accordance with section II of said Article, the Commission shall impose on it the fine stipulated in this section”.

Rectification of Policy.

If the contents of the policy or its modifications do not concur with the offer, the Insured may request the respective rectification within the thirty days following the reception date of the policy. Once this period has elapsed, the stipulations of the Policy and its modifications shall be considered accepted.

Direct Commissions and Compensations

During the term of the policy, the Policyholder may request the Company in writing to report the percentage of the premium that corresponds to the broker or legal entity for its participation in the signing of this contract as direct commission and compensation. The Company will provide said information, in writing or by electronic mail within ten business days from the receipt of the request.

Privacy Notice

ZURICH ASEGURADORA MEXICANA S.A. DE C.V., domiciled at: Toreo Parque Central, Torre B, Piso 20, Boulevard Manuel Ávila Camacho No. 5 Col. Lomas de Sotelo, Naucalpan de Juárez, Estado de México C.P. 53390, hereby informs that your personal data, including sensitive, equity or financial data, obtained as a result of the legal relationship that we have entered into or will enter into, will be treated for all the purposes linked with said relationship, such as: identification, operation, administration, analysis, offer and promotion of goods, products and services and/or commercial research, as well as to comply with the obligations arising from said relationship and other compatible or similar purposes, (11) agrees that you accept the transfer may be made, (V)(if applicable: to the companies that form part a direct or indirect part of Grupo Zurich, its subsidiaries and affiliates and) to third parties, whether domestic or Foreign (36).

To limit the use and disclosure of your data, we will maintain security and confidentiality policies and procedures (111).

The exercise of the rights of access, correction, cancellation, opposition (IV) -from January 6, 2012- (Fourth Temporary Provision) and the revocation of consent (8) must be given in writing at the domicile mentioned or via the web page www.zurich.com.mx.

This notice, as well as the modifications thereto, will be available at www.zurich.com.mx through bulletins placed in our offices (and branches) or informed by any means of communication we maintain with you (VI).

NOTE: The references in Roman numbers refer to the sections of the Article 16 of the Federal Individuals' Personal Data Protection Law and the Arabic numerals indicate the Articles in reference of said Law.

Modifications to Contract

In accordance with the terms of Article 202 of the Insurance Companies' and Bonding Institutions' Law, all modifications to this contract must be registered beforehand with the National Insurance and Bonding Commission.

The agents, employees or attorneys of the companies referred to in Article 102 of the Insurance Companies' and Bonding Institutions' Law are not authorized to make changes to these General Conditions or to receive communications on behalf of Zurich from the Insured or its successors in title; therefore, all changes must be addressed directly to Zurich.

Penalties

Notwithstanding any other term under this contract, Zurich Aseguradora Mexicana, S.A. de C.V., shall not grant coverage or make any payment or render any service or benefit to any insured or third party to the extent that such coverage, payment, service, or service, or any other service or benefit, to any third party. benefit and/or any business or activity of the insured breaches any law or regulation of commercial or economic sanctions applied by any country or international public body, provided that the country that imposes the sanction has signed an international treaty relating to the points indicated in this clause with Mexico.

Acceptance of Contract (Article 25 of the Insurance Contracts Law)

Article 25. If the contents of the Policy or its modifications do not concur with the offer, the Insured may request the respective rectification within the thirty days following the reception date of the Policy.

Once this period has elapsed, the stipulations of the Policy and its modifications shall be considered accepted.

Delivery of Contractual Documentation

Notwithstanding that the contract is signed through a service provider other than an Insurance Agent, Zurich shall be obliged to provide the Policyholder with the Policy and the rest of the printed contractual documentation on the contracting date of the insurance.

When the premium is paid through a charge to a card or bank account, the Policy issued together with the charge applied to the Policyholder's credit card or bank account may be used as means of proof to confirm the signing or renewal of the insurance contract.

Electronic Delivery of Contractual Documentation.

Without prejudice to the provisions of the "DELIVERY OF CONTRACTUAL DOCUMENTATION", when the Policyholder/Insured consent expressly and in writing, the contractual documentation may be delivered within the 30 calendar days following the date of signing the contract to the e-mail address provided by the Policyholder for such purpose. If the last day for the delivery of documentation is a non-business day, it shall be delivered on the following business day.

When the insurance contract is signed via the intervention of a broker, the contractual documentation must be delivered by said broker, without prejudice to the Policyholder's/Insured's right to request it directly from Zurich in the event that the broker fails to do so since the broker is considered to be authorized to perform all the acts that usually constitute the functions of a broker.

If the Policyholder/Insured do not receive the contractual documentation in the manner mentioned, said party may go to Zurich's offices, the addresses of which are provided on the webpage www.zurich.com.mx or request it from its insurance agent.

COVERAGE DESCRIPTION CLAUSE

Section I. All-Risk Building Fire

A. Coverage.

The Building located at the domicile stated in the All-Risk Building Fire and/or losses or damage caused directly by sudden and accidental events policy are covered, **with the exception of the points stipulated in this section or in the exclusions applicable to all sections.**

The coverage shall be considered as included provided it appears in the Coverage Summary of the Policy.

The Hydrometeorological Phenomena coverage is included automatically in Section I. All-Risk Building Fire, except when specified as **"Excluded"** in the policy schedules.

B. Indemnity.

The indemnity shall constitute the amount of the claim without exceeding the insured sum contracted and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum liability of the Company shall be the lower of the following values:

1. The insured sum contracted.
2. The Replacement Value of the assets.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Additional Coverage.

1. Trees, Gardens and/or Plants.

Damage caused to trees, gardens and/or plants is covered provided that said damage is a consequence of the risks covered in Section I. All-Risk Building Fire. The maximum limit of liability shall be based on the limit specified in the Coverage Summary of the Policy and it shall be an indispensable condition that the coverage has been contracted, otherwise, they shall not be deemed as covered.

E. Additional Sub-limits.

1. Foundations and Bases.

The Foundations and Bases of the building are covered automatically up to a sub-limit of 10% of the insured sum of the Building per event and in the annual aggregate.

2. Firefighting Expenses.

Provided that sections I and/or II of Building and/or Contents have been contracted, firefighting expenses incurred by the Insured to try to prevent or reduce the damage to its property, such as expenses for the use of extinguishing materials, the fire brigade and other expenses for which the Insured shall be taxed or required shall be covered indistinctly provided that they are a consequence of the risk covered by a Policy up to a sub-limit of 50 UMA (Unit of Measure and Update) per event and in the annual aggregate or its equivalent in US Dollars.

3. Goods kept Outdoors.

Goods kept Outdoors owned by the Insured shall be covered automatically based on the definition, provided that the damage is a consequence of the risks covered in section I and/or II of the All Risk Fire up to a sub-limit of 1,250 UMA (Unit of Measure and Update).

This sub-limit applies indistinctly for section I and/or II (provided that it has been contracted) and is not additional.

This sub-limit does not increase the maximum liability of the Company.

The deductible to be applied to each claim shall be 5% of the Insured Sum for this sub-limit.

F. Specific exclusions for Section I.

- **Decorative or ornamental frescos or murals, either painted or that form part of the building.**
- **The value of the land.**
- **The building when in the process of construction or reconstruction.**
- **Damage caused by the use and gradual deterioration of the assets.**
- **The building and its contents when it lacks its roofs, one or more of the walls, one or more of its exterior doors or windows or in any other manner lacks protection devices against the elements of nature.**
- **Damage to the interior of the building or its contents by damp or leaks of water due to deficiencies in the construction or design of the roofs, as well as due to a lack of maintenance of the construction, unless the building's roofs, exterior walls, doors and windows are destroyed by the direct action of the risks covered and cause openings or cracks that let in the rain, hail or snow.**
- **Smoke or soot generated inside the building, unless as a result of fire.**
- **Gradual damage caused by faults or deficiencies in the public gas, water or electric power supplies.**
- **Damage caused by obstructions, insufficiencies, deficiencies, breaks or any other anomaly in the drainage systems or the lack of suitable drains.**
- **Groundwater or phreatic waters that cause seepage through the foundation, floors or retaining walls, or that cause the foundation, floors or walls to fracture.**
- **Hidden defects.**
- **Subsidence.**
- **Damage caused by Earthquake and/or Volcanic Eruption.**
- **Damage incurred from Hydrometeorological Phenomena in the Alpha Zone 1 (A1) are located less than 1000 meters from the line of the sea of any other water source.**
- **Show or exhibition houses.**
- **Uninhabited and/or abandoned houses.**
- **Mobile homes.**
- **Cabañas.**
- **Pest and/or mildew damage.**

Specific exclusions for additional Tree, Garden and/or Plant coverage.

- **Standing crops, orchards, forests and plots.**
- **Felling, authorized or not by the respective authorities.**
- **Damage to assets caused by vehicles of any type.**
- **Aesthetic damage caused by animals, pests or pesticides.**

Specific exclusions for the Goods Kept Outdoors sub-limit:

- **Cabañas and pergolas.**
- **Constructions totally or partially made of dry palm, tejamanil (a woven or overlapped**

thin pine wood accents decorating the ceiling) and/or any other type of construction inferior to concrete and/or partition walls.

Section II. All-Risk Fire, Contents

A. Coverage.

The contents inside the Building located at the domicile stated in the All-Risk Building Fire and/or losses or damage caused directly by sudden and accidental events policy are covered, with the exception of the points stipulated in this section or in the exclusions applicable to all sections.

The coverage shall be considered as included provided it appears in the Coverage Summary of the Policy.

The Hydrometeorological Phenomena coverage is included automatically in Section I. All-Risk Contents, except when specified as **"Excluded"** in the policy schedules.

B. Indemnity.

The indemnity shall constitute the amount of the claim without exceeding the insured sum contracted and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum liability of the Company shall be the lower of the following values:

1. The insured sum contracted.
2. The Replacement Value of the assets.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Additional Sub-limits.

1. Insured's Clothing

The clothing of the Insured, spouse and economic dependents against material damages, provided that it is in the custody of dry cleaners, laundries, tailors and repair shops located in the Mexican Republic. The maximum indemnity for this coverage shall be the equivalent of 70 UMA (Unit of Measure and Update) per item or set with an annual aggregate of 200 UMA (Unit of Measure and Update).

2. Refrigerated Foods.

Refrigerated and/or frozen foods are covered against decomposition provided that the claim is as a result of a break-down and/or failure of the equipment, as well as faults in the electricity supply not attributable to the Insured.

The maximum indemnity for this coverage shall be the equivalent of 50 UMA (Unit of Measure and Update) per event and in the annual aggregate.

3. Damage to contents of the Insured's business.

Damage to assets owned by the Insured and used for business purposes (subject to acceptance by the Company) shall be covered provided that the claim is as a result of the risks covered in this section. The insured sum intended for contents used for business purposes shall not exceed 15% of the insured sum contracted for this section with a maximum limit of 1400 UMA (Unit of Measure and Update).

It is an indispensable condition that said assets be declared in the Policy; otherwise, they shall not be considered covered.

E. Specific exclusions for Section II.

- Theft and/or Assault.
- Machines, boilers, electronic devices and white goods apparatus and accessories used to produce, transform or use electrical currents, provided that the damage is caused by power surges or deficiencies, as well as damage caused by negligence, misuse, lack of expertise, break-down or lack of maintenance.
- The contents, when the building is in the process of construction or reconstruction.
- Gold and silver ingots and precious gemstones.
- Firearms.
- Manuscripts, plans, sketches, drawings, patterns, models or molds.
- Deeds, obligations or documents of any kind, postage or fiscal stamps, coins, bank notes, checks, bills, promissory notes, accounting ledgers or other commercial books.
- Loss or damage when the liability rests with the manufacturer or the supplier of the Insured Assets, whether legally or contractually.
- Damage caused by the use and gradual deterioration of the assets.
- The building and its contents when it lacks its roofs, one or more of the walls, one or more of its exterior doors or windows or in any other manner lacks protection devices against the elements of nature.
- Property kept outdoors, unless additional coverage has been contracted.
- Damage to the interior of the Building or its Contents by damp or leaks of water due to deficiencies in the construction or design of the roofs, as well as due to a lack of maintenance of the construction, unless the building's roofs, exterior walls, doors and windows are destroyed by the direct action of the risks covered and cause openings or cracks that let in the rain, hail or snow.
- Smoke or soot generated inside the building, unless as a result of fire.
- Gradual damage caused by faults or deficiencies in the public gas, water or electric power supplies.
- Land, aquatic or air motor vehicles that require a plate or permit for use in public places.
- Damage caused by obstructions, insufficiencies, deficiencies, breaks or any other anomaly in the drainage systems or the lack of suitable drains.
- Groundwater or phreatic waters that cause seepage through the foundation, floors or retaining walls, or that cause the foundation, floors or walls to fracture.
- Damage caused by Earthquake and/or Volcanic Eruption.
- Damage incurred from Hydrometeorological Phenomena in the Alpha Zone 1 (A1) are located less than 1000 meters from the line of the sea or any other water source.
- Damage to Contents below ground level, in basements and semi-basements.
- Damage to Contents in uninhabited and/or abandoned houses and/or mobile homes.
- Damage to Content as a result of mildew and/or pests.

Section III. Earthquake and/or Volcanic Eruption.

A. Coverage.

Asset covered in sections I and/or II (Building and/or Contents) of the Policy to which this coverage applies shall be insured against material damages caused directly by Earthquake and/or Volcanic Eruption.

If the aforementioned assets or part thereof are destroyed or damaged during the term of the Policy, the Company agrees to indemnify the Insured for the amount of the damage incurred in accordance with the Deductible and

Coinsurance specified in the policy schedule and other related items. This condition does not include the value of improvements (whether or not required by the authorities) to make the building or buildings affected more robust or for other purposes, in excess of the repairs necessary to restore the assets to the same condition prior to the loss.

Damages covered by this section that are caused by an earthquake and/or volcanic eruption shall give rise to a separate claim for each one of these phenomenon. However, if several phenomena occur within any period of 72 consecutive hours during the term of the claim, they shall be considered as a single loss and the damages caused by them shall be included in a single claim.

Assets covered automatically for this section.

Foundations, pools, fences, exterior yards, exterior stairways and any other constructions separate from the building or buildings or constructions expressly Insured by the Policy to which this coverage is added..

The coverage shall be considered as included provided it appears in the Coverage Summary of the Policy.

B. Indemnities.

The indemnity shall constitute the amount of the damage in excess of the coinsurance and deductible, and shall be paid on the First-Risk basis.

C. Deductible.

Zone	Deductible	Coinsurance
1	2% of IS	10% of the amount of the loss
2	2% of IS	20% of the amount of the loss
3	3% of IS	30% of the amount of the loss

D. Maximum Liability.

The maximum liability of the Company shall be the lower of the following values:

1. The insured sum contracted for the Earthquake and/or Volcanic Eruption coverage.
2. The Replacement Value of the assets.

In both cases, less the percentage of the coinsurance payable by the Insured, in accordance with Seismic Zone stated in the Policy Summary.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

In the case of apartment buildings for rent or in condominiums, the proportional part that relates to the individual apartment insured shall be covered.

E. Specific exclusions for Earthquake and/or Volcanic Eruption coverage.

1. Assets excluded but may be covered via express covenant.

Damages to the following assets shall only be covered under express covenant, which must be stated in the policy schedule:

- **Containment walls under the lowest floor level and separate retaining walls.**
- **Any decorative or ornamental frescos or murals painted or that form part of the building or building construction insured.**

2. Assets and risks excluded that cannot be covered.

The Company shall not be liable for damages referred to in this cove, caused:

- To land and plots.
- To buildings, installations and constructions that are not totally finished and their contents.
- Due to nuclear reactions, radiation or radioactive contamination, controlled or not, and whether or not a consequence of an earthquake and/or volcanic eruption.
- Due to swells or flooding even if caused by any of the risks covered by this insurance.
- Due to vibrations or natural movements of the subsoil not related to earthquakes, such as gradual subsidence, movements or settlements.
- Money in cash, coins or bank notes, securities and not negotiable and non-negotiable instruments.

Section IV. Hydrometeorological Phenomena.

A. Coverage.

The assets covered by the Policy in Sections I and/or II (Building and/or Contents) to which this coverage is attached, is covered against material damages loss or caused directly by avalanches, hail, freezing, hurricane, flood, rain flooding, tidal wave, seaquake, swells, snowfall and storm-force winds.

B. Deductible.

In each event that leads to a claims for material damages caused as a result of the risks covered, including the respective removal of rubble, if this coverage were contracted, a charge will always be payable by the Insured equivalent to the percentage stated in the table below of the actual or replacement value of the insured assets, as contracted in this Policy.

Zone	Deductible	Coinsurance
Alpha 1 Yucatan Peninsula	5% of Insured Sum	10% of the amount of the loss
Alpha 1 South Pacific	5% of Insured Sum	10% of the amount of the loss
Alpha 1 Gulf of Mexico	5% of Insured Sum	10% of the amount of the loss
Alpha 1 Interior of Republic	5% of Insured Sum	10% of the amount of the loss
Alpha 2	1% of Insured Sum	10% of the amount of the loss
Alpha 3	1% of Insured Sum	10% of the amount of the loss

Zone	Municipalities by State
Alpha 1 Yucatan Peninsula	Municipalities in the states of Yucatán, Quintana Roo and Campeche
Alpha 1 South Pacific	Municipalities in the states of Chiapas, Oaxaca, Guerrero, Michoacán, Colima, Jalisco, Nayarit, Sinaloa, Baja California Sur near the coast or that on average are between 0 and 500 from it. N.M.S. ²
Alpha 1 Gulf of Mexico	Municipalities in the states of Tabasco, Veracruz y Tamaulipas near the coast or that on average are between 0 and 500 from it. N.M.S. ²

² S.N.M.: National Meteorological Service.

Alpha 1 Interior of Republic	Municipalities in the states of Nuevo León, San Luis Potosí and Hidalgo near the coast or that on average are between 0 and 500 from it. N.M.S. ²
Alpha 2	Municipalities near the coast or that on average are between 500 and 1,000 from it. N.M.S. ²
Alpha 3	Municipalities more than 1,000 meters N.M.S. ²

The deductible shall be applied separately based on each building or its contents. If the insurance covers two or more buildings or their contents, the deductible shall be applied separately based on each one.

If consequential loss coverage has been contracted, the deductible shall be applied as stated in this Policy.

In earthquake and hydrometeorological risk coverage has been contracted for the same location and an event occurs that causes direct indemnifiable damage due to earthquake or tidal wave, a single deductible of the risk whose deductible is the greatest shall apply.

C. Coinsurance.

It is an indispensable condition for the granting of this condition that the Insured contribute, at its own expense, 10% of all indemnifiable loss or damage incurred by the assets covered by the Insurance, and if applicable, the consequential losses and removal of rubble, if said coverage has been contracted.

This coinsurance shall apply have deducting the applicable deductibles.

D. Analysis of claims for hydrometeorological events.

All losses arising from the risks covered to the insured assets shall be considered as a single claim if they occur during an event that last for up to 72 hours from the beginning of the damage to the insured assets.

E. ASSETS EXCLUDED BUT MAY BE COVERED VIA EXPRESS COVENANT.

The assets listed as follows are excluded from the coverage and may only be included via express covenant by and between the Insured and the Company, in which insured sums shall be set separately as a limit or sub-limit and through the charge of the respective additional premium. The Company shall provide written confirmation of the foregoing.

1. Finished buildings that lack all or part of roofs, walls, doors or windows, provided that such buildings have been designed and/or constructed to operate under these circumstances, in accordance with the building regulations of the area, valid at the date of construction. Buildings made of reinforced concrete structures, roods and mezzanines shall not be considered under this term, even through a part of which is open.
2. Machinery and/or fixed equipment and their installations kept outdoors; i.e., those located either outside or inside buildings, whether concrete or not, in areas exposed to direct impact of hydrometeorological phenomena due to the total or partial lack of roofs, doors, windows or walls, provided that they have been designed specifically to operate in these conditions and are duly anchored.
3. Fixed assets other than those stipulated in the preceding sub-sections, which due to their inherent nature are kept outdoors, i.e., those located either outside or inside buildings, whether concrete or not, in areas exposed to direct impact of

hydrometeorological phenomena due to the total or partial lack of roofs, doors, windows or walls, such as:

- A) Swimming pools, including the water.
- B) Billboards and signs.
- C) Roads, walkways, streets, curbs or yards inside the Insured's premises.
- D) Decorative elements.
- E) Sports facilities and/or courts.
- F) Lighting units.
- G) Reinforced concrete retaining walls, fences, perimeter gratings and meshes and their doors or gates.
- H) Cabañas and pergolas.
- I) Irrigation systems, including their piping networks.
- J) Transmission and/or reception towers and antennas.
- K) Metal or plastic tanks or silos.

4. Movable property or the portion thereof in basements or semi-basements considered as such: any enclosure the perimeter walls of which are totally or partially below the natural level of the land.

F. GENERAL EXCLUSIONS.

Applicable to all sub-sections of the coverage.

1. ASSETS EXCLUDED.

Under no circumstances under this coverage shall the Company be liable or losses or damage to the following:

- A) Non-anchored assets kept outdoors and/or in open spaces.
- B) Buildings that lack all or part of walls, doors, windows or complete load-bearing walls, provided that such buildings have not been designed and/or constructed to operate under these circumstances, in accordance with the building regulations of the area, valid at the date of construction. This exclusion shall also apply to the contents of said buildings.
- C) Contents and stock of assets kept inside buildings that lack all or part of roofs, walls, doors or windows, unless the exterior roofs, walls, doors, doors, or windows

of the buildings are destroyed or damaged by the direct action of the risks covered by this insurance, thus causing openings or cracks through which water, hail, mud, wind, or snow has entered. This exclusion does not apply to damage caused by the risks of flooding, rainwater flooding or avalanches.

- D) Standing crops, plots, orchards, plants, forests, lawns and gardens.
- E) Buildings or constructions with plastic and/or textile tarp roofs.
- F) Animals.
- G) Stagnant water, running water, rives, phreatic water.
- H) Land, including the surface, landfills, drainage and sewage.
- I) Dams, spurs, jetties, breakwaters, natural reservoirs, channels, wells, tunnels, bridges, floating equipment and floating installations.
- J) Any type of underground foundation and installation.
- K) Jetties and/or any other type of asset or installation totally or partially underwater.
- L) Loss or damage of the beach.
- M) Golf courses.
- N) Outdoor transmission and/or distribution lines.
- O) Buildings in the process of demolition.
- P) Buildings in construction, reconstruction, refurbishment or repair when their exterior roofs, walls, doors or windows are not complete.
- Q) All assets located between the nearest retaining wall nearest the beach or coast to the limit of the swell or assets located within the Federal zone, whichever is greater.
- R) Retaining walls made of materials other than reinforced concrete.
- S) Assets located in irregular settlements or that invade areas where there is a ruling by the jurisdictional authority to restrict the inhabitation and use of the area.

2. RISKS EXCLUDED.

Under no circumstances under this coverage shall the Company be liable or losses or damage caused by:

- A) Soaking or damp or the consequences thereof, due to leaks:
 - I. Of groundwater or phreatic water.

- II. Deficiencies in the design or construction of roofs, walls or floors.
 - III. Cracks or fractures in foundations or retaining walls.
 - IV. Poor application of or deficiencies in waterproofing materials.
 - V. Breakage or leaking of pipes on the Insured's premises, unless caused by freezing or snow.
 - VI. Lack of maintenance.
 - VII. Lack of roofs, doors, windows or walls or openings in same or construction deficiencies in in them.
-
- B) Soaking, wind, hail, snow or rain inside buildings or to their contents, unless the exterior roofs, walls, doors, or windows of the buildings are destroyed or damaged by the direct action of the wind, hail, snow or rain or the accumulation of same, thus causing openings or cracks through which water, hail, snow or wind has entered. This exclusion does not apply to cases of flooding, rainwater flooding or avalanches.
 - C) Corrosion, rust, erosion, mildew, pests of all species and any other gradual deterioration resulting from environmental and natural conditions.
 - D) The withdrawal of water from the drains and/or the lack or insufficiency of drainage on the Insured's premises.
 - E) The natural action of the tide.
 - F) Flooding or rainwater flooding confined only to the locations of the assets covered by the insurance.
 - G) Undermining of buildings located on the first line of construction facing the sea, unless they are protected by reinforced concrete retaining walls.
 - H) Losses or damage existing prior to the commencement of the insurance term.
 - I) Losses or damage of any type caused by deficiencies in the construction or design or the lack of maintenance of the insured assets.
 - J) Damage caused by contamination, unless the assets covered incur direct material damage caused by the risks covered, this contaminating the insured assets. Damage or expenses incurred for cleaning or decontamination of the environment (soil, subsoil, air or water) are not covered.
 - K) Any material or consequential damage caused by the lack of water, electricity or gas supply or of any other raw material or consumable.
 - L) Looting, theft, disappearance, ransacking, assaults or robbery committed before, during or after any hydrometeorological phenomena.

- M) Hydrometeorological Phenomena coverage is excluded for the Alpha Zone 1 (A1); i.e., for geographical zones or locations less than 1,000 meters from the line of the sea or any other water source.**

Section V. Consequential Losses.

Additional Coverage:

A. Removal of Rubble

If this coverage is contracted, the Company shall pay the cost of the removal of rubble incurred as a consequence of a loss covered by the Policy having occurred as a result of any of the following risks:

The risks covered in the Building and/or Contents coverage.

Earthquake and/or Volcanic Eruption provided that this coverage has been contracted.

1. Indemnities.

The Removal of Rubble coverage operates once the Company indicates and authorizes the respective removal to the Insured.

The Company shall also proceed to indemnify the Insured subject to the confirmation of the expenses incurred by the latter.

2. Maximum Liability.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

3. Specific exclusions for removal of rubble.

The removal of assets damaged by risks other than those covered shall be excluded, even when ordered by an authority legally recognized based on its functions.

B. Extraordinary expenses.

If this coverage is contracted, the Company shall indemnify the Insured should there be a need to vacate the Building as a consequence of a loss covered by the Policy having occurred as a result of any of the following risks:

- The risks covered in the Building and/or Contents coverage.
- Earthquake and/or Volcanic Eruption provided that this coverage has been contracted.

The indemnity shall consist of covering the necessary extraordinary expenses incurred by the Insured, for the items specified below, in order for the Insured to continue with the standard of living it was leading at the time of the loss, during the time necessary to repair or rebuild the damaged asset:

- Rental of a house, apartment, guest house or hotel.
- Removal cost.
- Cost of furniture transportation insurance.
- Cost of furniture storage.

When the Insured Party is the Lessee of the building, the indemnity for rent of the house, apartment, guest house or hotel shall be the same as the difference between the new amount of rent, including the deposit, if it is greater than the amount paid in the time of the loss.

This coverage extends to, in accordance with its limits and conditions, the extraordinary expenses incurred by the Insured in a period not exceeding four consecutive weeks when access to the premises is denied by order issued by the authorities as a result of an indemnifiable loss caused by any of the risks covered in sections I, II and III (Building, Contents and/or Earthquake and/or Volcanic Eruption).

Payment of Basic Services.

In the event of an indemnifiable loss due to any risk covered in section I Building, and as a consequence, the Insured cannot occupy the real estate property for more than 15 days, the Company shall pay the Insured, as single payment once only during the term of the Policy, a maximum amount of 35 UMA (Unit of Measure and Update) for the payment of Basic Services, which shall include:

- Water, electricity, gas and fixed telephone line.

These sub-limits do not increase the maximum liability of the Company for Building coverage.

1. Indemnities.

The Company shall pay the indemnities pursuant to the following procedure:

- 1.1 If a loss occurs that merits indemnity, the Company shall pay the Insured an advance payment equivalent to the amount the results from dividing the maximum limit of liability between the number of months of the indemnity period contracted.
- 1.2 The remaining amount shall be reimbursed to the Insured as expenses disbursed and covered against the respective vouchers.

2. Maximum Liability.

The Company's liability shall cease should any of the following events occur:

- On the termination of the indemnity period stipulated in the Policy legends.
- On the Insured moving back in to occupy the building.
- On having indemnified the Insured for the total of the Insured Sum contracted for this section.
- When the time required to repair the property and make it habitable has elapsed.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

3. Specific exclusions for extraordinary expenses.

- **Expenses without an event covered by the Policy having occurred.**
- **Expenses not supported with vouchers.**

C. Loss of Earnings.

If this coverage is contracted, the Company shall indemnify the Insured for the actual economic loss of rents from the house rented to a third party that does not depend economically on the Insured as a result of an indemnifiable loss caused by any of the risks covered in the All-Risk Fire Building and/or Contents section.

The rental contract must be registered with the respective authorities.

1. Indemnities.

The monthly indemnity shall be the result of dividing the insured sum contracted between an indemnity period of six months.

2. Maximum Liability.

The Company's liability shall cease should any of the following events occur:

- On the termination of the indemnity period stipulated in the Policy legends.
- The monthly equivalent stipulated in the respective lease contract.
- On having indemnified the Insured for the total of the Insured Sum contracted for this section.

3. Specific loss of earnings exclusions.

The Company shall not be liable for:

- **The suspension, termination or cancellation of any contract or authorization due to the application of any law or provision by the authorities that regulate the construction or repair of buildings.**
- **Agreements or contracts not registered with the respective authorities.**
- **Consequential losses due to Earthquake and/or Volcanic Eruption are excluded.**

Section VI. Accidental Window Breakage.

A. Coverage.

If this coverage is contracted, the Company shall pay the cost of material loss or damage of the insured windows, their removal and installation caused by sudden and accidental breakage or acts of vandalism, as well as material damage to windows caused in the course or repairs, alterations, improvements and/or painting of the building and/or the windows insured whether they are removed or duly installed.

Assets covered automatically for this section:

- Stained glass windows and/or domes.

B. Indemnities.

The indemnity shall constitute the amount of the claim without exceeding the insured sum contracted and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum liability of the Company in the section shall be the lower of the following values:

- a. The insured sum contracted of Windows coverage.
- b. The Replacement Value of the assets damaged.

D. Specific exclusions for Section VI Accidental Window Breakage.

- **Damage to glass thinner than 4 mm.**
- **Damage to glass due to scratches, cracks for other superficial defects.**

Section VII. Electronic Equipment and White Goods

A. Coverage.

If this coverage is contracted, the Company shall pay the cost of electronic equipment and white goods commonly used in households and that help to perform and assist in household chores. Such equipment shall include but not be limited to satellite dishes, refrigerators, microwave ovens, audio, video and projection equipment, no-breaks, vacuum

cleaners, blenders, clothes irons, washing machines, as well as all equipment the electronic value of which exceeds 50% of the total value of the equipment. It is an indispensable condition that the electronic equipment and/or white goods require electricity to operate and are installed inside the Building insured. The equipment shall be covered against damage resulting from: implosion, fire extinguishing, smoke, soot, corrosive gases, liquids or dust, water or humidity not caused by the prevailing atmospheric conditions in the region, short circuits, electric arcs, magnetic field disturbances, power surges caused by lightning, insulation burnout, material defects, design or installation defects, handling errors, carelessness, negligence and lack of expertise.

B. Indemnities.

The indemnity shall constitute the amount of the damage and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum indemnification payable by the Company for the assets covered in this section shall be the lower of the following values:

1. The insured sum contracted for this section.
2. The replacement value for fixed equipment invoiced up to five years prior. The following depreciation table shall apply:

Five years and one day to six years	20%
Six years and one day to seven years	30%
More than seven years	40%
3. The Actual Value for fixed equipment invoiced up to more than five years prior and/or discontinued.
4. The replacement value of mobile equipment used inside or outside invoiced up to three years prior. The following depreciation table shall apply:

Three years and one day to four years	20%
Four years and one day to five years	30%
More than five years	40%
5. The Actual Value for mobile equipment used inside or outside invoiced up to more than three years prior and/or discontinued.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Specific exclusions for Section VII Electronic Equipment and White Goods.

- **Damage covered in the Building, Contents and/or Earthquake and/or Volcanic Eruption sections.**
- **Third-party asset or personal civil liability for losses and damage caused by the Insured Assets.**
- **Faults or defects existing at the commencement of this insurance.**
- **Losses or damages caused as a direct consequence of the prolonged operation or gradual deterioration due to the atmospheric or environmental conditions prevailing on the premises, such as wear and tear, erosion, corrosion, incrustation, cracking, cavitation and/or drilling.**
- **Expenses disbursed in order to correct capacity or operating deficiencies, as well as any expense disbursed for maintenance performed by third parties through a contract. Maintenance shall be understood as the works performed by a third party consisting or the periodic revision and replacement of worn or defective parts.**
- **Damage for which the manufacturer or supplier of the Insured Assets is legally or**

contractually liable.

- **Losses or damage to equipment taken in lease or rent, when the liability rests with the lessor, either legally or through a lease and/or maintenance agreement.**
- **Any type of consequential loss due to electronic equipment.**
- **Loss or damage incurred by the parts of equipment subject to wear and tear, such as bulbs, valves, tubes, fuses, seals, tapes, plates, springs, chains, changeable tools, knurled rollers, glass and porcelain or ceramic objects; however, if they are covered, when the damage incurred is as a result of a risk covered.**
- **Aesthetic defects of electronic equipment, such as scratches or cracks of painted, polished or varnished surfaces. However, the Company agrees to cover the losses and damage mentioned in this sub-section when said parts have been affected by an indemnifiable loss or damage incurred by the Insured Assets.**
- **Loss or damage incurred by equipment operating underground, in water, in the air, aircraft or spacecraft.**
- **Loss or damage incurred by drones and/or unmanned aircraft.**
- **Looting, theft, disappearance, ransacking, assaults or robbery committed before, during or after any hydrometeorological phenomena.**

Section VIII. Mobile and/or Portable Electronic Equipment.

A. Coverage.

If this coverage is contracted, the Company shall pay the cost of mobile electronic equipment owned by the Insured, spouse and economic dependents and sometimes used outside the Insured Location. Such equipment shall include but not be limited to cell phones, tablets, iPads, iPods, audio and video players, headphones, cameras, video cameras, radios, communication devices, laptops, as well as all mobile equipment the electronic value of which exceeds 50% of the total value of the equipment. The equipment shall be covered against Violent Robbery and/or Assault and for total or partial material damage.

For the purposes of this coverage, assault shall be understood as any act committed inside and/or outside the building by any person or persons in order to steal the contents through the use of moral or physical force against the occupants of the Insured Location. This coverage shall only be valid within the territorial limits of the Mexican Republic.

B. Indemnities.

The indemnity shall constitute the amount of the damage in excess of the deductible payable by the Insured and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum indemnification payable by the Company for the assets covered in this section shall be the lower of the following values:

1. The insured sum contracted for this section.
2. The replacement of value equipment invoiced up to three years prior.
3. The Actual Value of equipment invoiced up to more than three years prior.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Specific exclusions for Section VIII Mobile and/or Portable Electronic Equipment.

- **Faults or defects existing at the commencement of this insurance.**
- **Expenses disbursed in order to correct capacity or operating deficiencies, as well as**

any expense disbursed for maintenance performed by third parties through a contract. Maintenance shall be understood as the works performed by a third party consisting of the periodic revision and replacement of worn or defective parts.

- Damage for which the manufacturer or supplier of the Insured Assets is legally or contractually liable.
- Loss or damage incurred while the insured assets are left unattended by the user or custodian of the equipment, unless they are in a building or motorized vehicle.
- Loss or damage due to any cause when the insured assets are installed or transported on board an aircraft, aerial device or vessel.
- Loss or damage incurred by drones and/or unmanned aircraft.
- Damage to equipment used abroad.
- Looting, theft, disappearance, ransacking, assaults or robbery committed before, during or after any hydrometeorological phenomena.

E. Information required to file the claim.

1. For material damage:

Claim letter addressed to Company. Repair estimate.

Purchase invoice and/or ticket and/or instruction manual and/or packaging and/or cell phone contract and/or bank account statement that confirms the acquisition of the asset.

2. For violent robbery and/or assault

Claim letter addressed to Company.

Copy of report filed to Public Prosecutor's Office.

Purchase invoice and/or ticket and/or instruction manual and/or packaging and/or cell phone contract and/or bank account statement that confirms the acquisition of the asset.

Section IX. Violent Robbery and/or Assault.

I. Coverage.

If any of the sub-sections of this section are contracted, the assets listed as follows shall be covered against material losses or damages that result from Violent Robbery and/or Assault:

a) Household furnishings:

Contents and/or furnishings in accordance with the stipulations given in the Definitions chapter.

b) Jewels and Valuables:

Artistic articles, gold and silver articles, collections of any type, watches, furs and articles of difficult or impossible replacement.

c) Money and Valuables:

Money in cash, coins or bank notes, securities and not negotiable and non-negotiable instruments owned by the Insured and kept inside the building.

d) Theft of Objects in Transit:

This insurance covers portable personal article belonging to the Insured, spouse and economic dependents, sometimes used outside the Insured Location and specifically listed as follows: clothing and dress accessories,

bags, wallets, binoculars, watches, jewelry in general, pens, pencils, bicycles, sporting goods and orthopedic apparatus against the following risks:

1. Violent robbery and/or assault. Covers the losses and damage to the Insured Assets caused by theft or attempted theft or assault, this being understood as assaults against the insured(s) with force or violence, whether physical or moral, while said assets are on their person.
2. Physical incapacity of Insured(s). Covers the losses, damage or theft of the Insured Assets attributable directly to the physical incapacity of the Insured(s) caused by sudden illness or accident that leads to the loss or consciousness, injury or death.

II. Indemnities.

The indemnity shall constitute the amount of the damage in excess of the deductible payable by the Insured.

For sub-section a), the maximum limit of liability of the Company shall be the insured sum contracted.

For sub-section b), the maximum limit of liability per article and/or set shall 500 UMA (Unit of Measure and Update).

For sub-section c), the maximum limit of liability of the Company shall be the insured sum contracted.

For sub-section d) the maximum limit of liability per article and/or set shall up to the limit of the insured sum contracted.

III. Additional Sub-limits.

1. Theft of Goods kept Outdoors:

The violent robbery and/or assault of goods kept outdoors, pursuant to their definition, which due to their inherent are kept in yards, garages, roofs and gardens, up to an amount of 10% of the insured sum contracted for sub-section a).

The maximum Liability of the Company per set and/or article stolen shall up to 100 UMA (Unit of Measure and Update) per event and in the annual aggregate.

This sub-limit does not increase the maximum liability of the Company for the theft of furniture coverage.

IV. Maximum Liability.

The maximum indemnification payable by the Company for the assets covered in the violent robbery and/or assault section shall be the lower of the following values:

1. The insured sum contracted for each of the sub-sections of the Violent Robbery and/or Assault section.
2. The replacement value of the assets.
3. The maximum indemnity value per set and/or article specified in each section.

V. Assets excluded but may be covered via express covenant for sub-section b).

The following assets shall only be covered under express covenant, which must be stated in the policy schedule:

- **Assets and works of art the value of which per piece or set is greater than 500 UMA (Unit of Measure and Update).**

VI. Assets excluded but may be covered via express covenant for sub-section d).

The following assets shall only be covered under express covenant, which must be stated in the policy schedule:

- **Assets the value of which per piece or set is greater than 250 UMA (Unit of Measure and Update).**

VII. Specific exclusions for Section IX Violent Robbery and/or Assault.

- 1. Theft committed by any of the following persons:**
 - **Persons for whom the Insured is civilly liable.**
 - **The Insured's Beneficiaries or successors in title.**
 - **The Insured's employees.**
 - **The attorneys of the aforementioned persons.**
- 2. The loss or damage of insured assets handed over as ransom in the event of kidnapping is not covered.**
 - **Non-violent robbery, abuse of trust and misplacement.**
- 3. Gold and silver ingots and unmounted gemstones.**
- 4. Loss or damage to assets outside the Insured Location shall not be covered, with the exception of sub-section d).**
- 5. Losses caused directly by ransacking during and after a fire, earthquake or hydrometeorological phenomenon.**
- 6. Arms, credit cards, golf carts, motorcycles, jet skis, aircraft, drones and in general all types of vehicles that may or may not require a license plate.**
- 7. Thefts in uninhabited and/or abandoned locations.**
- 8. Theft of mobile electronic equipment, photographic or video apparatus outside of the Insured Location.**
- 9. Looting, theft, disappearance, ransacking, assaults or robbery committed before, during or after any hydrometeorological phenomena.**

VIII. Territorial Limit.

This Policy shall only be applicable for losses and/or damage occurred and expenses disbursed within the territorial limits of the United Mexican States.

IX. Information required to file the claim.

For sub-section a) Theft of furniture:

- 1. For assets the value of which per piece or set is lower than 250 UMA (Unit of Measure and Update).**
 - I. Claim letter to Company.**
 - II. Copy of report filed to Public Prosecutor's Office.**
 - III. Invoices and/or appraisals issued within no more than three years earlier and/or receipts and/or bank account statements and/or use or operation manuals and/or repair estimates and/or packaging and/or legible photographs and/or video and/or purchase ticket and/or pre-existence letter.**
- 2. For assets the value of which per piece or set is greater than 250 UMA (Unit of Measure and Update) and up to 750 UMA (Unit of Measure and Update).**

- I. Claim letter to Company.
 - II. Copy of report filed to Public Prosecutor's Office.
 - III. Invoices and/or appraisals issued within no more than three years earlier and/or receipts and/or bank account statements and/or use or operation manuals and/or repair estimates and/or packaging and/or legible photographs and/or video and/or purchase ticket.
3. For assets the value of which per piece or set is greater than 750 UMA (Unit of Measure and Update):
- I. Claim letter to Company.
 - II. Copy of report filed to Public Prosecutor's Office.
 - III. Invoices and/or appraisals issued within no more than three years earlier and/or purchase ticket, certificate of authenticity, maintenance note, original packaging and/or bank account statement.

For sub-section b) Jewels and Valuables:

If a loss occurs that merits indemnity, the Insured shall submit the following documents:

- I. Claim letter to Company.
- II. Copy of report filed to Public Prosecutor's Office.
- III. Invoice and/or appraisal issued within no more than three years earlier and/or bank account statements and/or use or operation manuals and/or maintenance manuals and/or repair estimates and/or purchase ticket.

For all assets for which the Insured does not meet the requirements established in point III of this sub-section, the maximum amount of indemnity per piece/set shall be 150 UMA (Unit of Measure and Update).

For sub-section c) Money and Valuables:

- I. Claim letter to Company.
- II. Copy of report filed to Public Prosecutor's Office.
- III. Bank account statements and/or savings bank and/or legible cash withdrawal certificates, either from tellers or ATM and/or pay slips.

For sub-section d) Objects in Transit:

1. For assets the value of which per piece or set is lower than 100 UMA (Unit of Measure and Update):
 - I. Claim letter to Company.
 - II. Copy of report filed to Public Prosecutor's Office.
 - III. Invoices and/or appraisals issued within no more than three years earlier and/or receipts and/or bank account statements and/or use or operation manuals and/or repair estimates and/or packaging and/or legible photographs and/or video and/or purchase ticket.
2. For assets the value of which per piece or set is greater than 100 UMA (Unit of Measure and Update):
 - I. Claim letter to Company.
 - II. Copy of report filed to Public Prosecutor's Office.
 - III. Invoice and/or appraisal issued within no more than three years earlier and/or bank account statements and/or use or operation manuals and/or repair estimates and/or packaging.

Section X. Personal and Family Civil Liability.

A. Family Civil Liability.

The Company shall pay the expenses incurred by the Insured for losses, damages and moral consequential damage caused to third parties and for which must respond in accordance with the current civil liability legislation applicable in the United Mexican States for non-fraudulent acts or omissions that occur during the term of this Policy.

Thus, the Legal Civil Liability incurred by the Insured for personal or property damage s to third parties caused as a result of private and family activities in any of the following assumptions, is covered

- a) As the owner of one or several residential homes (including weekend or vacation homes), their garages, gardens, swimming pools, antennas, security equipment and other belongings and accessories.
- b) As a condominium or apartments or houses (including weekend or vacation homes).

In this case, the Legal Civil Liability of the Insured for damage caused to the communal areas of the condominium where the apartment is located shall also be covered; however, a percentage equivalent to the Insured's quota as owner of said communal areas shall be deducted from the indemnity to be paid by the Company.

In all of the foregoing assumptions, the Insured's Legal Civil Liability is covered:

- a. As head of household.
- b. For damage to third parties, as a consequence of household fire or explosion.
- c. For damage to third parties, as a consequence of sudden and accidental water leaks.
- d. Participation in amateur sports.
- e. The use of bicycles, skateboards, pedalos or rowing boats and non-motorized vehicles.
- f. For the possession or use of bladed weapons, air guns or firearms for hunting or target shooting purposes, when legally authorized.
- g. As the owner of domestic animals (cats and dogs).

1. Territorial Limit.

This coverage shall only be effective within the territorial limits of the United Mexican States.

2. Scope of Coverage.

The Company's obligation consists of:

- a. The payment of the loss, damage and moral consequential damage for which the Insured is liable, in accordance with the provisions of this section.
- b. The payment of the Insured's defense expenses within the conditions of this section. This cover includes, among others:
- c. The payment of the amount of premiums for judicial bonds to be granted by the Insured to guarantee the payment of the sums claimed for civil liability covered by this Policy. **Consequently, the premiums for judicial bonds granted as a surety for the provisional or conditional release of the Insured during a criminal trial shall be excluded from the Company's obligations assumed under this Policy.**
- d. The payment of the expenses, costs and legal fees by the Insured for judicial or arbitration resolutions passed.
- e. The payment of the expenses incurred by the Insured for the processing and settlement of claims.

3. Maximum Liability.

The Company's maximum liability, excluding the Insured's defense expenses, shall be equal to the insured sum contracted for this section for all the losses incurred during the term of this Policy.

In addition, the Company's maximum liability for the Insured's defense expenses shall be 50% of the insured sum contracted for this section.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

The occurrence of various claims during the term of the Policy, originating from the same or equal cause, will be considered as a single claim, which in turn, shall be deemed as made when the first loss of the series occurs.

4. Insurable Persons.

The person whose name and domicile are stated in this Policy shall be deemed to be the Insured in terms of Legal Civil Liability for:

- f. Own acts.
- g. Acts of their children under the parental custody of the Insured for whom the latter must legally respond to third parties.
- h. Acts of persons with special needs under the care of the Insured, for whom the latter must legally respond to third parties.
- i. Acts of domestic employees during the performance of their work for the Insured, for whom the latter must legally respond to third parties.

The coverage also extends to include the Civil Liability of the following persons:

- a. The Insured's spouse.
- b. Children, pupils or persons with special needs under the parental custody or care of the Insured.
- c. The parents of the Insured or spouse only if they live permanently with or depend economically on the Insured.
- d. Adult children of the Insured who, while single, live permanently with or depend economically on the Insured.
- e. Domestic employees of the Insured during the performance of their work, as well as the person who perform maintenance tasks of the Insured's residence.

For the purposes of this Policy, the aforementioned persons may not be deemed to be third parties.

5. Insurance Beneficiary.

This insurance contract attributes the right to the indemnification directly to the third-party affected, who will be considered as the Beneficiary from the time of the claim.

B. Lessee's Civil Liability, Additional coverage.

If this coverage is contracted, the Company shall cover the Insured's civil liability for damage to the real estate property occupied as a home, the domicile of which is stated in the Policy, under a lease contract, provided that said damage is caused by Fire and/or Explosion for which the Insured is civilly liable.

1. Scope of Coverage.

The Company's obligation consists of:

- a. The payment of the damage for which the Insured is liable, in accordance with the provisions of this section.
- b. The payment of the Insured's defense expenses within the conditions of this section.

This cover includes, among others:

- The payment of the amount of premiums for judicial bonds to be granted by the Insured to guarantee the payment of the sums claimed for civil liability covered by this Policy. Consequently, **the premiums for judicial bonds granted as a surety for the provisional or conditional release of the Insured during a criminal trial shall be excluded from the Company's obligations assumed under this Policy.**
- The payment of the expenses, costs and legal fees by the Insured for judicial or arbitration resolutions passed.
- The payment of the expenses incurred by the Insured for the processing and settlement of claims.

2. Maximum Liability.

The Company's maximum liability, excluding the Insured's defense expenses, shall be equal to the insured sum contracted for this section for all the losses incurred during the term of this Policy.

In addition, the Company's maximum liability for the Insured's defense expenses shall be 50% of the insured sum contracted for this section.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

The occurrence of various claims during the term of the policy, originating from the same or equal cause, will be considered as a single claim, which in turn, shall be deemed as made when the first loss of the series occurs.

3. Insurable Persons.

The person whose name and domicile are stated in this Policy shall be deemed to be the Insured in terms of Legal Civil Liability for:

- a. Own acts.
- b. Acts of their children under the parental custody of the Insured for whom the latter must legally respond to third parties.
- c. Acts of persons with special needs under the care of the Insured, for whom the latter must legally respond to third parties.
- d. Acts of domestic employees during the performance of their work for the Insured, for whom the latter must legally respond to third parties.

The coverage also extends to include the Civil Liability of the following persons:

- a. The Insured's spouse.
- b. Children, pupils or persons with special needs under the parental custody or care of the Insured.
- c. The parents of the Insured or spouse only if they live permanently with or depend economically on the Insured.

- d. Adult children of the Insured who, while single, live permanently with or depend economically on the Insured.
- e. Domestic employees of the Insured during the performance of their work, as well as the person who perform maintenance tasks of the Insured's residence.

For the purposes of this Policy, the aforementioned persons may not be deemed to be third parties.

4. Insurance Beneficiary.

This insurance contract attributes the right to the indemnification directly to the third-party affected, who will be considered as the Beneficiary from the time of the claim.

C. Additional Sub-limits.

1. Civil liability for damage to third-party property without legal proof.

The civil liability incurred by the Insured for damage to third-party property without legal proof of the admissibility of civil liability up to the insured sum of 30 UMA (Unit of Measure and Update) per event and in the annual aggregate.

2. Civil Liability Domestic Employees.

The Insured liability in the capacity of employer is covered when said party is required to indemnify one of its domestic workers or employees, provided that said indemnity is as a result of an occupational accident covered for which the domestic worker employee in question has had to incur a medical expense to treat injuries suffered.

This sub-limit shall begin to operate from the time at which the Insured becomes aware of the occupational accident covered and suffered and the domestic employee requests the Insured for the reimbursement of the resulting medical expenses incurred.

For the purposes of this sub-limit, an occupational accident covered shall be understood as any event suffered due to an external, sudden, accidental and violent cause that leads to physical injury of the Insured's Domestic Employee, and, as a consequence if this, a first medical expense is incurred within the first ten days from the date of the occurrence of the accident.

Any bodily injury or harm caused intentionally by the Insured's Domestic Employee shall not be considered an accident.

2.1 Medical Expenses Covered.

This sub-limit covers the following expenses:

- Legally authorized medical fees for surgical interventions and surgeon's assistants' fees.
- The cost of medications, the application of substances or diagnostic studies essential for the treatment of the Insured's Domestic Employee, provided that they are administered against a medical prescription and are accompanied with the respective prescriptions.
- The cost for the use of the operating theater, the recovery room and the intensive care unit.
- The cost of medications, the application of substances or diagnostic studies essential for the treatment of the Insured's Domestic Employee.
- The cost of radioactive physiotherapy and physiotherapy applied to the Insured's Domestic Employee during hospitalization prescribed by the treating doctor.
- The cost of orthopedic and prosthetic apparatus, when these are not replacements.
- The cost of hospitalization consisting of the use of a standard room, as well as the meals consumed by the Insured's Domestic Employee.
- The cost of the use of land ambulance.

- The cost of nurses with a maximum limit of three shifts per day during hospitalization. Outside of the hospital, the cost shall be limited three nursing shifts per day with a maximum of 30 days per event.
- The contracting of the nursing staff shall be prescribed by a legally-authorized doctor.
- The cost of an extra bed for the person accompanying the Insured's Domestic Employee during hospitalization.
- In all cases, the charges for medical services must be reasonable and in line with the usual costs on the site where said services are rendered.

2.2 Maximum Liability.

The maximum indemnity payable by the Company shall be the lower of the following values:

1. A limit of 500 UMA (Unit of Measure and Update) per event and per employee, and 2,500 UMA (Unit of Measure and Update) in the annual aggregate.
2. Actual expenses disbursed by the Insured for the risks covered herein.

The Company's liability ends on the date on which the Insured's Domestic Employee is discharged from care for the injuries suffered. Therefore, the expenses incurred by the Insured's Domestic Employee after the discharge date or on the exhaustion of the insured sum.

The expenses disbursed shall be reimbursed for a maximum period of 365 days from the date of the accident that gave rise to the claim.

2.3 Benefit Term.

Medical expenses for each accident covered shall be reimbursed until the maximum limit per event is reached with a maximum period of 365 days from the date of the accident that gave rise to the claim.

2.4 Territoriality.

The Company shall reimburse medical expenses for accidents covered, provided that said expenses are incurred within the Mexican Republic.

2.5 Eligibility Requirements.

The Domestic Employee must be salaried in order to be eligible. Domestic Employees are sometimes "live-in" staff at the Insured's house and others are contracted on a shift or hourly basis and are usually paid on completing their tasks".

The minimum acceptance age is 18 years and the maximum is 60 years at the time of contracting.

2.6 Specific exclusions for Civil Liability, Domestic Employees.

It is understood and agreed that under no circumstance shall this insurance cover or refer to:

- **Expenses incurred by the companions of the Insured's Domestic Employee during their hospitalization shall be covered.**
- **The death of domestic employees is not covered.**
- **Medical expenses for accidents suffered by domestic employees outside of their working hours shall not be covered.**
- **Sickness and/or medical conditions, pre-existing or not.**

- **Total or partial invalidity.**
- **Other types of petitions against the Insured that are not as a consequence of the occupational accident covered for Domestic Employees.**

D. Specific exclusions for Section X Personal and Family Civil Liability.

Liabilities arising from the following are not covered:

- **Breach of contracts or agreements.**
- **Substitute benefits of the breach of contract or agreements.**
- **The use, ownership or possession of vessels, aircraft and land motor vehicles, unless the latter is allocated to an exclusive use on the Insured's premises and no license plates are required for their use in public places.**
- **Losses incurred by the spouse, parents, children, siblings, parents in-law, siblings in-law or other relatives of the Insured who live permanently with the Insured.**
- **Participation in gaming, contests or sporting competitions or any type or the try-outs thereof.**
- **Losses incurred from the exploitation of an industry or business, the exercise of a trade, profession or paid service, even when honorary.**
- **The application of the Federal Labor Law, the Social Security Law or any other provision complementary to said laws.**
- **Damage caused by unevenness, subsidence or sinking of the soil or sub-soil.**
- **The Insured's Defense Expenses.**

Section XI. Boilers and/or Pressurized Apparatus

A. Coverage.

This coverage extends to include losses of the Insured's household assets, such as: Heating systems for swimming pools, pumps and apparatus subject to pressure, steam generators, water heaters, against damage caused by:

The sudden and violent rupture of any part of the boiler or container caused by the pressure of steam, water or any other liquid therein.

The sudden and violent explosion of gas caused by unburned fuel inside the boiler oven or container or the gas pipes that run from the oven to their discharge in the flue and provided that the fuel recommended by the is being used.

The sudden and violent deformation of any part of the boiler or container caused by pressure or vacuum of water, steam or other liquids inside and that immediately prevents or makes its use unsafe.

The cracking of an part of iron, copper, bronze or other smelted material in pressure boilers (up to 1.05 kg/cm² of steam and 2.10 kg/cm² in water), provided that said crack causes the fluid contained inside to leak.

Burning due to insufficient water, steam or other liquid inside the boiler or container that immediately prevents or makes its use unsafe.

The pressurized boilers and containers and pipes mentioned in the specification shall be covered only after they have been installed and passed the initial tests, and while they are on the premises stated in the specification whether or not they are operating or dissembled, in repair or reconditioned.

B. Indemnities.

The indemnity shall constitute the amount of the damage in excess of the deductible payable by the Insured and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum indemnification payable by the Company for the assets covered in this section shall be the lower of the following values:

1. The insured sum contracted for this section.
2. The replacement of value equipment manufactured up to three years prior.
3. The Actual Value of equipment invoiced up to more than three years prior.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Specific exclusions for Section XI Boilers and/or Pressurized Apparatus.

1. **The Company shall not be liable, regardless of the cause, for losses or damages as a consequence of:**
 - **Fraud or severe fault directly attributable to the Insured or any person who acts on behalf thereof.**
 - **Defects existing in the insured equipment at the commencement of this insurance.**
 - **Risks covered in sections I, II and III.**
 - **Explosions outside the pressurized boilers and containers.**
 - **Natural phenomena, such as earthquake, tremor, volcanic eruption, hurricane, cyclone, storm, wind, frost, hail, flood, overflow and rise of water level, silting, subsidence and landslide or rock fall.**
 - **Breakage, wear and tear or gradual deterioration as a consequence of the uses of cavitation, corrosion, rusting or incrustations.**
 - **Gradual leaks or deformations, the development of blisters or other imperfections of the material of which the Insured's equipment is constructed. However, the Company shall be liable for losses or damages as a result of the materialization of the risks described in the coverage of this insurance even though there are caused by deformations or imperfections of the material.**
 - **Structural or design changes, extensions, reductions or changes in the auxiliary operating equipment or the use of a fuel other than that recommended in the equipment specification, unless the Insured has advised the Company of this in writing ten days in advance and the Company is approved it, also in writing.**
 - **Provisional repairs made to the equipment, except those that form part of the final repair.**
 - **Subject the equipment to pressures above the maximum pressure authorized in the specification on a regular basis or subject it to any test not in line with its normal operation.**
 - **The fall of flues not attached directly to the structure of a boiler.**
 - **Electro-mechanical faults in insured equipment damaged while being operated or by external influences.**

- 2. Losses resulting from:**
 - a. The lack of driving power, electricity, heat, steam or refrigeration.
 - b. Claims for third-party losses or damage.
 - c. Any other consequence of the risk materialized.
 - d. The legal or contractual liabilities attributable to the manufacturer or vendor of the insured assets.
- 3. Neither shall the Company be liable for:**
 - Additional expenses or extraordinary expenses disbursed by the Insured.
 - Escape of, or damage to contents.
 - Defects of joints, gaskets, packing boxes, fittings or valves, safety discs, rupture diaphragms and fuse plugs.
 - Fissures or cracking of boilers, containers or pipes, unless contemplated in the coverage.
 - Damage to coatings not caused by the risks covered in this insurance.
 - The spillage or leakage of contents from boilers or containers on the Insured's or third-party property.
- 4. Uninsurable equipment or parts.**
 - a. Flues not attached directly to the structure of a boiler.
 - b. Safety discs, rupture diaphragms, fuse plugs and joints.
 - c. Induced draft or forced draft fans that are not integrated to the boiler body or structure.
 - d. Water or fuel feeder pumps or other types of equipment not installed on the structure of the insured equipment.
 - e. Non-metallic containers or equipment.
 - f. Compressors (reciprocal or alternate, rotary or centrifugal).

Section XII. Machine Breakdown.

A. Coverage.

This coverage extends to include losses of the Insured's household assets, such as: Lifts, automotive elevators, electrical doors, escalators, chairlifts, electrical generators and transformers, air conditioning systems, irrigation systems (excluding pumps) against damage caused by:

Lack of expertise, neglect or sabotage by the Insured's personnel or persons beyond its control, the direct action of electricity as a result of short circuits, electric arcs, insulation faults and temporary power surges due to natural or artificial electrical disturbances, design errors, defects in the construction of the machinery, defects in smelting or the use of defective materials, defective labor and incorrect assembly, breakage due to centrifugal force or foreign bodies that enter the insured assets.

B. Indemnities.

The indemnity shall constitute the amount of the damage in excess of the deductible payable by the Insured and shall be paid on the First-Risk basis.

C. Maximum Liability.

The maximum indemnification payable by the Company for the assets covered in this section shall be the lower of the following values:

1. The insured sum contracted for this section.
2. The replacement of value equipment manufactured up to three years prior.
3. The Actual Value of equipment invoiced up to more than three years prior.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Specific exclusions for Section XII Machine Breakdown.

1. The Company shall not be liable, regardless of the cause, for losses or damages as a consequence of:

- **Fraud or severe fault directly attributable to the Insured or any person who acts on behalf thereof.**
- **Defects existing in the insured equipment at the commencement of this insurance.**
- **Risks covered in sections I, II and III.**
- **Natural phenomena, such as earthquake, tremor, volcanic eruption, hurricane, cyclone, storm, wind, frost, hail, flood, overflow and rise of water level, silting, subsidence and landslide or rock fall.**
- **That the insured assets are not in good working order and do not meet the manufacturer's instructions on their installation, operation and maintenance.**
- **The insured assets are frequently or intentionally overloaded.**
- **The insured assets are used for works for which they were not designed or built.**
- **The insured assets do not meet the applicable legal provisions.**

2. The Company will not be liable for:

- **Wear and tear or gradual deterioration as a consequence of the use of operation, such cavitation, corrosion, rusting or incrustations.**
- **Loss or damage for which the manufacturer or vendor of the insured assets or the Insured's independent maintenance service supplier were legally or contractually liable.**
- **Damage existing at the commencement of the insurance.**
- **Damage caused by the installation of spare parts or the use of operating methods other than those specified by the manufacturer of the insured machinery.**
- **Aesthetic defects, such as scratches or cracks of painted, polished or varnished surfaces, and capacity or performance deficiencies.**
- **Consequential losses.**

3. Uninsurable parts.

This insurance does not cover the following parts:

- **Fuels, lubricants, coolants, catalysts and other means of operation, with the exception of oil used in electrical transformers and switches and mercury used in current rectifiers.**
- **Transmission belts of all kinds, steel chains and cables, conveyor belts, dies, formes, molds, dies, stamping rollers, rubber tires, mobile equipment springs, changeable and cutting tools, blades, fuses, felts, cloths, sieves, foundations,**

refractory, glazed or porcelain coatings, as well as all kinds of glass or pewter, except for porcelain used in electrical insulators.

Section XIII. Pets

A. Coverage.

This coverage extends to include the following risks to dogs and cats owned by the insured, spouse and economic dependents while said pet live at the Insured's home.

1. The death of the pet as a consequence of an accident, which is understood as any sudden, accidental, unforeseen and unexpected external act to its being that results in death.
2. Expenses for putting to sleep and/or disposal of the body, these being understood as the expenses incurred to put the animal to sleep humanely, provided that that a veterinarian certifies the circumstances under which the death caused and/or induced will be for the sole purpose of ending the pet's suffering and/or the its irreversible incapacity.
3. Attention expenses incurred due to an accident suffered by the pet, including veterinarian's fees, stays in clinics, surgical interventions, examinations and transfers to better-equipped clinics.

B. Indemnities.

The indemnity shall constitute the amount of the claim filed by the Insured without exceeding the insured sum contracted for this coverage.

C. Maximum Liability.

The maximum indemnification payable by the Company for animals covered in this section shall be the lower of the following values:

1. A limit of 70 UMA (Unit of Measure and Update) per event and per pet, and 140 UMA (Unit of Measure and Update) in the annual aggregate.
2. Actual expenses disbursed by the Insured for the risks covered herein.

The Maximum Liability of the Company is stated in the Coverage Summary of the Policy.

D. Territorial Limit.

This Policy shall only be applicable for the accidental death of the pet within the territorial limits of the United Mexican States.

E. Information required to file the claim.

- I. Claim letter to Company.
- II. Veterinarian's medical certification of the that confirms:
- III. Name of pet,
- IV. Species,
- V. Gender,
- VI. Age,
- VII. Exact cause of death, if applicable,
- VIII. Veterinarian's full name,
- IX. Professional Certificate Number and
- X. Clinic that provided the attention.

(Pre-existence letters shall not be accepted for this coverage).

F. Specific exclusions for Section XIII. Pets.

Under no circumstances shall the following events be covered:

- Death by natural causes.
- Death of pet by poisoning, regardless of the cause.
- Pets with physical defects or disease, unless the Company expressly grant this coverage with full knowledge.
- Violent robbery and/or assault.
- Loss of pet.
- Expenses incurred by the Insured to preserve and maintain the health of the pet (vaccinations, dental treatment, grooming, laboratory tests, exploratory examinations, X-rays, desk studies or aesthetic surgeries).
- Embryos.
- Animals brought into the country illegally.
- Pets injured or killed for having competed in fights, combat, competitions, challenges or similar.
- Civil liability for keeping pets.

Section XIV. Accidental Death of Member of Insurable Family.

A. Coverage.

The Company shall pay the valid Insured Sum of this coverage to the beneficiaries named if the Policyholder, spouse or economically-dependent child of the Insurable Family dies as a consequence of an accident covered.

An accident covered shall be understood as any event suffered due to an external, sudden, accidental and violent cause that leads to the death of the Insured, spouse or economically-dependent child of the Insurable Family within 90 days from the date of the occurrence of the accident. **Any bodily injury or harm caused intentionally by the Insured, spouse or economically-dependent child of the Insurable Family shall not be considered an accident.**

B. Indemnities.

Beneficiaries:

The Insured shall be entitled to name or change the beneficiaries freely provided that there is no legal restriction to do so. The Insured shall inform the Company of the change in writing, stating the name(s) of the new beneficiary(ies). The Company shall pay the last beneficiary of which it is aware in writing and shall be released from the obligations assumed in this Contract.

In the event that one of the beneficiaries dies, the respective proportion shall be distributed among the survivors, unless indicated otherwise by the Insured.

When no beneficiaries have been named, the amount of the insurance shall be paid to the Insured's successor. Unless indicated otherwise, the same rule shall be observed in the event that the Beneficiary and the Insured die simultaneously or the Beneficiary named dies before the Insured.

The Insured must name beneficiaries clearly and precisely in order to avoid uncertainty on the matter. The naming of the beneficiary attributes said person an inherent right to the credit that arises from the insurance because the appointments for one person to collect the benefits derived from this Contract to pay them to another are inefficient.

Warnings in the naming of beneficiaries:

If Beneficiaries are to be named who are not of age, the Insured must not appoint an adult as the representative of said minor in order to collect the indemnity on behalf of the latter.

The foregoing is because civil legislation provides for the manner in which guardians, executors, heirs' representatives and other similar offices must be named and it does not consider the Insurance Contract to be a suitable instrument for said appointments.

The naming of an adult as the representative of Beneficiaries who are not of age while they are minors may legally be construed as the adult being named as the Beneficiary, who in all cases would only have a moral obligation because the naming of a Beneficiary in an Insurance Contract grants the unconditional right to the Beneficiary to receive the Insured Sum on the death of the Insured.

C. Maximum Liability.

The Company's maximum liability shall be equal to the Insured Sum contracted for this coverage.

D. Territoriality.

This coverage shall only be effective within the territorial limits of the United Mexican States.

E. Eligibility Requirements.

- The age of acceptance is established:
- Policyholder and/or Spouse: The minimum acceptance age is 18 years and the maximum is 60 years at the time of contracting.
- Dependents: The minimum acceptance age is six months and the maximum is 23 years and 364 days at the time of contracting.

F. Specific exclusions.

- **Pre-existing condition and/or illness.**

The Company may only reject a claim for pre-existing condition and/or illness when:

- **Prior to signing the Contract, the existence of said condition and/or illness has been declared, has been confirmed by the existence of a medical file that contains a diagnosis by a legally authorized doctor or through laboratory or desk studies or by any other recognized means of diagnosis.**
- **When the Company has documentary evidence that the Insured has disbursed expenses for a diagnosis of the condition and/or illness in question, it may request the Insured for the result of the respective diagnosis or, if applicable, the medical or clinical file in order to resolve the admissibility of the claim.**
- **Accidents that do not match those covered and specified in the coverage description.**
- **Injuries suffered in fights started by the Insured.**
- **Injuries suffered by the Insured from participating in strikes or civil disturbances.**
- **Injuries caused by the Insured's intentional participation in criminal acts.**
- **Injuries suffered by the Insured as a consequence of rendering military service or participating in acts of war, insurrections, revolutions or rebellion.**
- **Poisoning from any origin and/or nature, except when proved to be accidental.**

- Infections, except those resulting from an accidental injury.
- Medical treatment of the Insured for conditions resulting from atomic and nuclear radiation or derived therefrom, whether accidental or otherwise.
- Self-inflicted injuries, even when committed in a state of mental illness.
- Injuries suffered by the Insured from participating in safety, resistance or speed tests in vehicles of any type.
- Injuries suffered by the Insured from traveling on motorcycles, mopeds and other similar motorized vehicles, whether as rider or pillion rider, unless doing so during employment activities.
- Injuries suffered by the Insured from participating in climbing, parachuting, diving, horse riding, martial arts, bullfighting, ski-ing, aerial or other similar extreme sports.
- Injuries suffered by the Insured from traveling as a passenger, mechanic or crew member of aircraft not belonging to a commercial airline not authorized for the regular transportation of passengers.
- Injuries suffered by the Insured as a consequence of the professional practice of any sport.
- Cosmetic surgical treatments or interventions, except those that are unavoidable as a consequence of an accident covered.
- Surgical treatments or interventions, whether dental, gums and palate, except those that are unavoidable as a consequence of an accident covered.
- Abortions, except those that occur as a consequence of an accident covered.
- Hernias or dropped uterus, except those that occur as a consequence of an accident covered.
- Bodily or mental illness, except as a consequence of an accident covered.
- Chiropractic or acupuncture treatments.
- Treatments for behavioral or learning disorders, mental illness, psychic or nervous depression, hysteria, neurosis, psychosis, regardless of the clinical manifestations, as well as psychic, psychiatric or psychological treatment independent from the originating cause.
- Medical and/or surgical treatment resulting from alcoholism or addictions.
- Expenses incurred for the Insured's companion during hospitalization, except for the bed for said companion.
- The cost of replacement of orthopedic and prosthetic apparatus.
- The cost of homeopaths' or naturists' services.
- Donations to medical services institutions.
- Organ donor costs, even when the Insured pays said costs.

Section XV. Reimbursement of Funeral Expenses due to Accident

A. Coverage.

The Company shall be obliged to reimburse the funeral services costs for the Policyholder, spouse and economic dependents if they die during the term of this Policy as a result of an accident.

B. Indemnity.

The indemnity shall constitute the amount of the claim filed by the Insured without exceeding the insured sum contracted in this Policy.

C. Maximum Liability.

The maximum indemnification payable by the Company for the risks covered in this section shall be insured sum contracted, which shall be replicated for each of the economic dependents of the Policyholder's family (Family Plan).

D. Territoriality.

This coverage shall only be effective within the territorial limits of the United Mexican States.

E. Eligibility Requirements.

1. Economic Dependents:

For the purposes of this Policy, the Policyholder's economic dependent shall be understood as to be the common-law spouse and children who are unmarried, have no income from personal work and are under 24 years of age, or children under 24 years of age with special needs.

2. Age:

The admission limits set by the Company for Policyholders are 15 to 65 years of age and the maximum age limit for renewals is 70 years. When deemed necessary by the Company, the ages declared by the members of the Insured Family must be proved legally, which at that time shall be noted in the respective certification. The Company may not then require subsequent proof of age.

The Company may not rescind the Contract once it has been proven that the indication of the Insured's age was inaccurate on not being the actual age at the date of signing, it is outside of the limits of admission set by the Company. In this case, the Company shall refund the amount of the mathematical reserve remaining at the date of rescission to the Insured. *(Translator's note: this paragraph is contradictory because it mentions that the Company may not rescind the Contract and then mentions a date of rescission. Logically, it should be that the Company may rescind the Contract once it has been proven that the indication of the Insured's age was inaccurate).*

F. Specific exclusions for Section XV Reimbursement of Funeral Expenses due to Accident.

- **Suicide.**
- **Death by natural causes.**
- **Death as a consequence of pre-existing sicknesses and/or medical conditions.**
- **Death resulting from participation in acts of war.**
- **Death as a result of participating in climbing, motorcycling, martial arts, diving, horse riding, bullfighting, ski-ing, aerial or other similar extreme sports.**
- **Death by poisoning from any origin and/or nature except when proved to be accidental.**
- **Death caused by fights started by the Insured.**
- **Death caused by the Insured's intentional participation in criminal acts.**
- **Non-accidental death.**

Deductible.

If a loss occurs that merits indemnity, the deductible to be considered (if applicable) will be the amount stated in the Policy schedule.

Deductible and Co-Insurance for Catastrophic Coverage.

A. Deductible.

In each claim that in accordance with the Policy terms, is admissible for material damages to buildings, constructions and/or contents, the amount of deductible stated in the Policy schedule shall be applied.

The amounts of deductible are stated as a percentage and shall be applied to the maximum liability of the Company;

i.e., on the value of the Insured Asset and shall be applied for each structure or building.

If the insurance covers two or more locations or covers two or more buildings or their contents in any of its sub-sections, the Deductible shall be applied separately based on each location or building.

B. Coinsurance.

It is an indispensable condition that the Insured participate in the loss and contribute at its own expense in accordance with the zone where the Insured Assets are located, a percentage of all indemnifiable losses or damage based on the percentage stated in the Policy schedule.

C. Application

For Earthquake and/or Volcanic Eruption coverage, the deductible shall be applied after subtracting the coinsurance stipulated in the Insured's participation.

For Hydrometeorological phenomena coverage, the deductible shall be applied before subtracting the coinsurance stipulated in the Insured's participation.

General Exclusions Applicable to All Sections

Under no circumstances shall Zurich be liable or losses or damage caused by:

- The destruction of assets when ordered by an authority legally recognized based on its functions.
- War, invasion, acts of foreign enemies, hostilities or military operations (with or without declaration of war), civil war, civil disturbance or unrest assuming the characteristics of a civil uprising, military action, insurrection, rebellion, revolution, military rule, military action, the destruction of assets when ordered by a de jure or de facto government or any state or municipal national authority or events that cause these situations de facto o de jure.
- Expropriation, requisition, seizure, confiscation, seizure or detention of property by legally recognized authorities in the course of their functions.
- Nuclear reaction, nuclear radiation and radioactive contamination.
- Fraud, deceit bad faith or serious fault of the Insured, its economic dependents or the persons for whom it were civilly liable or with their complicity,
- Damage caused by terrorism and/or sabotage.
- Hydrometeorological phenomena coverage is excluded for the Alpha Zone 1 (A1).
- Risks on the seafloor less than 1,000 meters of the straight line of the wave break, from water sources such as rivers, lakes, lagoons, etc., risk that at the commencement date of the Policy term are covered, are exempt from this exclusion.

Legal Framework.

The following Articles belong to the current Insurance Contracts Law; therefore, they are applicable for the purposes of these General Conditions.

THE INSURANCE CONTRACTS LAW.

Article 25.- If the contents of the policy or its modifications do not concur with the offer, the Insured may request the respective rectification within the thirty days following the reception date of the policy.

Once this period has elapsed, the stipulations of the policy and its modifications shall be considered accepted".

Article 26.- The preceding Article must be inserted textually in the policy.

Article 40.- If the premium or the respective installment thereof is not paid within the term agreed, the effects of the contract will cease automatically at 12:00 hours of the last day of this term. If no term has been agreed on, a term of thirty calendar days following the past-due date shall apply.

Unless otherwise agreed, the term provided in the preceding paragraph shall not be applicable to the obligatory insurance referred to in Article 150 Bis of this Law.

Article 66.- The Insured or the Beneficiary, as the case may be, must inform the Insurance Company immediately on becoming aware of the occurrence of the loss and of the right constituted in their favor by the Insurance Contract. Unless otherwise provided for by this Law, the Insured or the Beneficiary shall have a maximum period of five days to advise the Company, which must be in writing, unless otherwise stipulated in the contract.

Article 67.- When the Insured or the Beneficiary fails to comply with the obligation required by the preceding Article, the insurance company may reduce the benefit due up to the amount that would have been payable had the notice been given in a timely manner.

Article 69.- The insurance company shall be entitled to request the Insured or the Beneficiary to provide all types of information about the facts related to the loss in order to be able to determine the circumstances and consequences of its occurrence.

Article 71.- The credit that arises from the insurance contract shall mature thirty days after the date on which the company receives the documents and information that enable it to establish the basis of the claim. The clause in which the parties agree that the credit cannot be claimed until it has been recognized by the company or proven in court shall be null and void.

Article 81.- All the actions that arise from an insurance contract shall be limited:

- I. To five years in the case of death coverage in life insurance.
- II. To two years in all other cases.

In all cases, the terms shall run from the date of the event that gave rise to them.

Article 82.- The term provided in the preceding Article shall not apply in the case of omission, false or inaccurate declarations of the risk incurred, but instead from the date on which the company becomes aware of it and in the event of the occurrence of the loss, from the date on which the parties involved become aware, who shall demonstrate their unawareness up to said date.

Third-party beneficiaries shall also have to be aware of the right constituted in their favor".

Article 100.- When insurance is contracted with several companies against the same risk and for the same insurable interest, the Insured shall be obliged to inform each of the insurers of the existence of the other insurance policies.

The notice must be issued in writing and must indicate the name of the insurers, as well as the sums insured **Article 111.-** The insurance company that pays the indemnity shall be subrogated up to the amount paid in all rights and actions against third parties that, as a result of the damage caused, apply the Insured.

In surety insurance, the insurer shall be subrogated, up to the limit of the indemnity paid, in the rights and actions that the Insured may have against the Policyholder, if applicable, against other parties liable for the loss.

The Company may be released from all or part of its obligations if the subrogation is prevented by acts of omissions of the Insured.

If the damage was indemnified only in part, the Insured and the Company will agree to enforce its rights in the respective proportion.

The right to subrogation shall not be admissible if the Insured has a spousal relationship or kinship by consanguinity or

affinity up to the second or civil level with the person who caused or is civilly liable for the damage.

Article 115.- If the Insured breaches the obligation to avoid or reduce the damage or to preserve the invariability of things, the insurance company shall be entitled to reduce the indemnity up to the value it would have amounted to had such obligation be met. The Insured shall forfeit its rights against the company if it is the party who intentionally and fraudulently breaches said obligation.

FINANCIAL SERVICES USERS' PROTECTION AND DEFENSE LAW.

Article 50 Bis.- Each Financial Institution shall have a Specialized Unit in order to attend to Users' consultations and complaints. Said Unit shall be subject to the following:

- I. The Head of the Unit shall be authorized to represent and bind the Financial Institution to comply with the agreements that arise from the attention given to the claim.
- II. The Unit shall be staffed by regional managers in each state in which the Financial Institution has branches or customer service offices.
- III. The Financial Institutions shall bear the expenses necessary for their day-to-day operation and organization.
- IV. The Unit shall receive Users' consultations, claims or clarifications by any channel that facilitates its reception, including at branches or customer service offices, and it shall respond in writing within a term not exceeding thirty business days from the date of receipt, and
- V. The Head of the Specialized Unit must submit a report to the National Commission within ten business days following the end of each quarter, of all consultations, claims and clarifications received and handled by the Financial Institution under the terms established by the National Commission through the general provisions issued for such purpose.

The filing of claims to the Specialized Unit shall suspend the limitations of any actions that may be admissible.

Financial Institutions must inform the public by notices posted visibly in all their branches of the location, opening hours and the person or persons in charge of the Specialized Unit. Users may, at their discretion, submit their consultations or complaints to the Specialized Unit of the Financial Institution in question or instead, to the National Commission.

The Specialized Units shall be supervised by the National Commission.

Article 65.- Claims must be filed within two years of the occurrence of the event that gave rise to them, from the date of the Financial Institution's denial to satisfy the User's claims or, in the case of claims for unsolicited services, from the date the Financial Institution became aware of such services

Claims may be submitted in writing or by any other means, at the User's discretion, at the National Commission's domiciles or any of its Delegations or at the respective Financial Institution's Specialized Unit referred to in Article 50 Bis of this Law.

Article 68.- The National Commission shall complete the entire conciliation procedure, in accordance with the following rules:

- I. The conciliation procedure shall only be conducted for claims for total amounts of less than three million investment units, except in the case of claims against insurance institutions, in which case the amount must be less than six million investment units.
- I Bis. The National Commission shall summon the parties to a conciliation hearing to be held within twenty business days from the date on which the complaint is received.

The conciliation hearing may be conducted by telephone or other suitable means, in which case the National Commission or the parties may request written confirmation of the commitments made at the hearing.

- II. The Financial Institution shall, through a representative, submit a written report to be presented before or at the time of the conciliation hearing referred to in the preceding paragraph.

- III. In the report mentioned in the previous section, the Financial Institution must respond in a reasonable manner to each and every one of the facts referred to in the claim; otherwise, for all admissible legal purposes, said report shall be considered as not having been submitted.

The Financial Institution must accompany the report with the documentation, information and all the elements considered relevant to support it. Notwithstanding this, the National Commission may at any time require the Financial Institution to hand over any information, documentation or digital media it may require in connection with the claim and the report.

- IV. The National Commission may justifiably suspend the conciliation hearing on one occasion only. In this case, the National Commission shall set a date and time for its resumption, which shall take place within the following ten business days.

The omission to submit the report shall not be a cause to suspend the aforementioned hearing.

- V. The omission to submit the report shall authorize the National Commission to evaluate the admissibility of the User's claims based on the elements it has or are alleged pursuant to Section VI, and for the purposes of issuing the opinion, if any, referred to in Article 68 Bis.

- VI. The National Commission, when it so deems or at the request of the User, either at or within ten business days prior the respective conciliation hearing, may request the Financial Institution to provide additional information and, if applicable, may defer the hearing, and request the Financial Institution to submit the additional report on the new date.

- VII. The National Commission may also agree to take measures to prove the facts of the claim.

- VIII. At the respective hearing, the parties shall be encouraged to reconcile their differences, and to this end, the arbitrator shall formulate proposals for solutions and ensure that the hearing is conducted in an orderly and congruent manner. If the parties fail to reach an agreement, the arbitrator shall consult the Public Offers Registry of the Financial Matters Arbitration System, as provided for in this Law, in order to inform the parties that the dispute may be resolved through arbitration by the National Commission. Therefore, for such purpose the parties shall be invited to appoint, by mutual and voluntarily agreement, the National Commission as arbitrator to resolve their differences, at their discretion, either amicably or in strict adherence to arbitration law.

In terms of signing the respective arbitration agreement, at the User's discretion, the respective hearing may be deferred for the sole purpose of the User to seek advice from a legal representative. The respective arbitration agreement shall be recorded in the minutes signed for such purpose by the parties before the National Commission.

In the event that the parties do not submit to arbitration before the National Commission, their rights shall be upheld so that they may enforce them before the jurisdictional courts or via the admissible channel.

In the event that the Financial Institution does not attend the conciliation hearing, a financial penalty shall be imposed and a second hearing will be called, which must be held within ten business days. If the Financial Institution fails to attend, a new financial penalty will be imposed on it.

The National Commission shall provide the claimant with, at the cost of the latter, a certified copy of the opinion referred to in Article 68 Bis, in order that said party may enforce it before the jurisdictional courts.

The Financial Institution shall be informed of the request so that it may express the matter that are in their best interest and within a period not exceeding ten business days, offer the elements and evidence it deems appropriate.

If the Financial Institution does not make any such statement within such term, the Commission will issue its opinion based on the elements it holds.

- IX. In the event that the parties reach an agreement for the resolution of the claim, said agreement shall be recorded in the minutes raised for the hearing. At all times, the National Commission shall explain to the User the legal effects

and scope of such agreement. If after hearing the explanation, the User decides to accept the agreement, it shall be signed by both parties and by the National Commission, and a term shall be set to confirm its performance. The agreement signed by the parties has the force of res judicata and is enforceable.

- X. The burden of proof of the performance of the agreement rests with the Financial Institution and, in case of omission, the appropriate sanction pursuant to this Law shall be imposed, and
- XI. Once the conciliation hearings are concluded and in the event that the parties fail to reach an agreement, the respective minutes will be raised. The Financial Institution not signing the minutes will not affect their validity, and the refusal to do so shall be noted.

In addition, the National Commission shall order the respective Financial Institution to record the fully reserved contingent liability arising from the claim, and shall inform the National Commissions responsible for its supervision.

In accordance with the Insurance Law, in the case of mutual insurance institutions and companies, the order mentioned in the second paragraph of this section shall refer to constitution and investment of a specific technical reserve for obligations pending performance, the amount of which shall not exceed the insured sum. This reserve will be recorded in a specific accounting item.

In the cases provided for in the two preceding paragraphs, the Financial Institution may cancel the accounting record under its strict responsibility, if one hundred and eighty calendar days after its entry, the claimant has not asserted its rights before the jurisdictional legal authority or has not commenced the arbitration proceeding in accordance with this Law.

If the National Commission issues the opinion referred to in Article 68 Bis of this Law, the recording of the contingent liability or the constitution of the technical reserve, as the case may be, shall be obligatory. If, in the opinion of the National Commission, the evidence in the respective file shows the inadmissibility of the User's claims, the National Commission shall not order the recording of the contingent liability or the constitution of the technical reserve, as the case may be.

- XII. The procedural resolutions issued by the National Commission may not be appealed.

Article 68 Bis.- When the parties do not submit to arbitration, and provided that the file contains elements that, in the opinion of the National Commission, allow the assumption of the admissibility of the claim, on the written request of the User, the National Commission may issue a procedural agreement containing an opinion.

When, in the opinion of the National Commission, this opinion establishes a pending, certain, enforceable and liquid contractual obligation, it shall be considered to be a non-negotiable enforceable instrument in favor of the User.

The Financial Institution may dispute the amount of the instrument, submit evidence and make the pleas it deems appropriate before the jurisdictional authorities. The enforcement action derived from the opinion shall be limited to one year from its issuance.

The National Commission may obtain all the information it deems necessary in order to prepare its opinion.

The opinion referred to in this Article may only be issued in matters with amounts of less than three million investment units, except in the case of claims against insurance institutions, in which case the amount must be less than six million investment units. Pursuant to the terms of this Article, the opinion may only be deemed to be an enforceable instrument in matters with amounts less than the equivalent in local currency of fifty thousand investment units, except in the case of insurance institutions, mutual insurance companies and retirement fund managers, in which case the amount must be less than one hundred thousand investment units. In both cases the principal amount and its accessories shall be considered.

This document in English is an informative version and has no validity as official general conditions of the product. This reference document was translated from the general conditions registered in CNSF. In case of inconsistencies in the language translations, the latest Spanish version shall prevail as official. The latest version can be found on our website: www.zurich.com.mx

Pursuant to the provisions of Article 202 of the Insurance Companies' and Bonding Institutions' Law, the contractual documentation and technical note that make up this product were registered before the National Insurance and Bonding Commission on May 23, 2024, under number PPAQ-S0037-0021-2024/CONDUSEF-005411-03.

For any unresolved clarification, claim or doubt, we suggest contacting **Zurich's Specialized Customer Service Unit (UNE)**, located at Toreo Parque Central. Blvd. Manuel Ávila Camacho No. 5, Torre B, Piso 20, Col. Lomas de Sotelo, Naucalpan de Juárez, Estado de México C.P. 53390, where we will be available to help you from Mondays to Thursdays from 09:00 to 17:30 hours and Friday from 09:00 to 15:00 hours or by telephone on 55 52 84 11 03 or toll-free long distance on 800 0800 009 from 09:00 to 14:00 hours, or by email to unidad.especializada@mx.zurich.com

National Financial Services Users' Protection Commission (CONDUSEF): Av. Insurgentes Sur N°762, Col. del Valle, Ciudad de México, C.P. 03100. Telephone numbers: 55 5340 0999 and 800 999 8080. Web page: www.condusef.gob.mx, e-mail: asesoria@condusef.gob.mx

Relax Hogar Pluz

Residential home Assistance

March 2024

ASSISTANCES

1. Prior Provisions

1.1 Definitions.

Accident.

Any sudden, accidental and unforeseen act, fact or event that causes damage to an asset, person or animal (dog or cat).

Assistance Services.

The Assistance Services rendered by Zurich Home Assistance to Beneficiaries in the terms of these General Conditions for situations in which Beneficiaries require assistance. The Assistance Services shall be rendered by one or several providers only within the Mexican Republic. Notwithstanding that said services shall be rendered by said proportion, Zurich México shall be the sole party responsible to the Insured for the conduct of the provider in accordance with this Insurance Contract.

Assistance Situation.

All accidents related to the Beneficiary's Permanent Residence, regardless of its will, which occur in the terms and within the limitations stipulated in these General Conditions, as well as the other situations described that entitle the Beneficiary to Assistance Services.

Beneficiary(ies).

The Policyholder who is the owner or lessee of the residence stipulated in the Relax Hogar Pluz Policy or a third party affected by acts or omissions of the Insured under the Policy issued by the Company, valid and in force at the time an event covered occurs. The Beneficiary shall also be considered as the person appointed by each of the Insured to receive the benefit of the insurance, in the event of the death of any of the Insured Parties.

Country of Residence.

For the purposes of these General Conditions, the United Mexican States.

Family.

The term Family shall refer to the Policyholder, spouse and children under 24 years of age who are economically dependent on the Policyholder or people with special needs over 24 years of age who live with said party at its Permanent Residence.

Force Majeure.

Force Majeure shall be all catastrophic events in which Assistance Services cannot be rendered, whether due to their magnitude or the suspension of individual guarantees or states of emergency declared by the jurisdictional authorities, such as social or political phenomena or any other that prevents the Assistance Services from being rendered effectively.

Inhabitable.

The Zurich Home Assistance Technical Team shall determine whether or not the Beneficiary's Permanent Residence has been damaged to such an extent that it cannot be inhabited by the Beneficiaries.

Insured.

The holder of the Relax Hogar Pluz policy stipulated in the summary of the Policy issued by the Company, and that has not been canceled at the time an event covered occurs.

Medication Handbook

Information on medications and active ingredients.

Permanent Residence.

The Beneficiary's usual domicile in the United Mexican States, as stated in the Summary of policy the Relax Hogar Pluz Policy or in any other reasonable means.

Relax Hogar Pluz Policy.

All valid and current Relax Hogar Pluz Policies issued by the Company in the Mexican Republic.

Representative.

Any person appointed by the Beneficiary to conduct any formality whatsoever in order to enable the rendering of the Assistance Services.

UMA.

The Unit of Measure and Update, which will be calculated and updated annually by the National Geographical Statistics and Information Institute (INEGI).

Urgent Dispatches.

Leaks of domestic gas and gas, both in feeders and drains, short circuits in the electrical installation, breakage of doors and windows that overlook the street and that do not close for some reason and are therefore insecure, the replacement of windows or glass that overlook the street (payable by the Beneficiary), explosion, fall or lightning strike and fire in the Beneficiary's Permanent Residence shall be deemed as worthy of Urgent Dispatch.

Zurich Home Assistance Technical Team.

The appropriate technical and assistance personnel that renders assistance on behalf of Zurich Home Assistance at the Beneficiary's Permanent Residence.

1.2 Territoriality.

The Assistance Services referred to in this program shall be rendered exclusively at the Beneficiary's Permanent Residence stated in the Relax Hogar Pluz Policy summary, issued by the Company in the Mexican Republic in the states in which the service is available.

2. Benefits

2.1 Payment and dispatch of emergency repairs specialists.

In the event of an accident at the Beneficiary's Permanent Residence that affects its security, Zurich Home Assistance shall manage the urgent dispatch of operatives charged against the quotas received from the Company. Such specialists include plumbers, electricians, locksmiths and glass fitters in order to limit and control the scope of the damage caused by said accidents, such as:

- Water leaks in the housing installations, both in the feeders and the drains and that may cause permanent stains on walls and ceilings, as well as permanent damage to floors, carpets and the furnishing in the home.
- Gas leaks in the housing installations that cannot be controlled by a shutoff valve.
- Short circuits in the housing installations that may cause a fire in the Beneficiary's Permanent Residence.
- Breakages that prevent the closing of doors and/or windows that overlook the street.
- Breakages of glass that overlooks the street.
- This benefit is granted up to 15 UMA per event with a maximum of 2 (two) events per year.
- The Beneficiary or its representative shall pay the cost that exceeds the 15 UMA directly to the service provider when so requested.

The Beneficiary must be present while all repairs are being made.

2.2 Furniture removal and storage services.

In the event of Accident in the Beneficiary's Permanent Residence and as a result it becomes inhabitable, Zurich Home Assistance shall organize the removal of furniture and fittings designated by the Beneficiary to a

provisional domicile also designated by the Beneficiary.

If so determined by the Zurich Home Assistance Technical Team, Zurich Home Assistance shall organize the deposit of the furniture and fittings in a warehouse for the period designated by the Beneficiary.

The Beneficiary or its representative shall pay the costs of the removal and the warehouse directly to the service provider when contracted. Zurich Home Assistance shall not be liable for lack of performance, damage, loss or theft of said furniture and fittings during the maneuvering of the removal or for the storage period in the warehouse.

2.3 Consultation in the event of theft.

In the event of actual or attempted and frustrated theft in the Beneficiary's Permanent Residence, Zurich Home Assistance shall provide consultation on the formalities to be followed by the Beneficiary to report the theft.

2.4 Reference of professionals for non-urgent repairs.

At the request and expense of the Beneficiary, Zurich Home Assistance shall call by telephone and if necessary, will send the following professionals to the Beneficiary's Permanent Residence:

Plumbers, electricians, glass fitters, metal workers, locksmiths, carpet cleaners, painters and decorators.

As this service is not urgent, Zurich Home Assistance's alarm center shall operate and be available only during business hours from 09:00 to 18:00 hours. In all cases, both labor and materials, visits or any other cost that may arise shall be borne in full by the Beneficiary and Zurich Home Assistance shall only assume the task or searching for said professional together with the Beneficiary.

2.5 Automobile rental expenses.

In the event of an accident at the Beneficiary's Permanent Residence that renders the automobile or automobiles legally owned by the Beneficiary or their family useless, Zurich Home Assistance shall manage the rental costs of up to 4 (four) automobiles for 5 (five) consecutive days each and for a single event in the year, charged against the quotas received from the Company.

2.6 Transmission of messages.

At the request of the Beneficiary, Zurich Home Assistance shall transmit the urgent messages requested as a result of an assistance situation.

2.7 Sending of general doctors to homes in the event of emergency.

At the request of the Insured, the sending of general doctors its domicile at no cost. General doctors shall only be offered for medical emergencies. Zurich Assistance shall provide this service in the main cities of the Mexican Republic via telephone call on which the information of the nearest doctor can be found in order to make an appointment.

In other places, Zurich Assistance shall make its best efforts to help the Insured to contact a general doctor or hospital.

This service shall be limited of two events per year and is at no cost for the Insured.

Specific exclusions for the home-delivery of General Medications in the event of emergency.

- **When the Insured fails to provide accurate and timely information, which due to its nature, does not allow for adequate questioning or is clearly false information.**
- **When the Insured is not confirmed as such.**
- **When the Insured is under the influence of alcohol, drugs or in an aggressive state and does not allow to be attended to.**
- **When the Insured uses strong language.**

- **When the Zurich Assistance doctor determines through questioning, that the current condition of the patient requires attention in the emergency room or that an ambulance needs to be called as the patient cannot be treated at home.**
- **The agreed cost of the consultation shall not include the application of medications or any other procedure such as plaster casts, probes, sutures, solutions, bandages, etc.).**
- **Sending of specialist doctors to homes.**

2.8 Telephone Medical Assistance.

The Insured may request telephone assistance 24 hours, 365 days a year and the Zurich Assistance medical team shall provide guidance in the measures to be following in the event of emergencies.

At the request of the User, Zurich Assistance shall provide the respective information about the substances contained in patent medications, as well as all matter related to the information available in the Medication Handbook.

This service has no limit of events and is at no cost for the Insured.

Exclusions for telephone medical assistance:

- **When the Insured fails to provide accurate and timely information, which due to its nature, does not allow for adequate questioning.**
- **When the Insured is under the influence of alcohol or drugs and the call becomes aggressive for offensive.**
- **When the User uses strong language.**
- **The Zurich Assistance medical team shall not prescribe, offer diagnoses or change treatments via telephone.**

2.9 Medical Discounts.

Zurich Assistance shall offer unlimited events 24 hours a day, 365 days a year discounted to the user in all medical and dental establishments and all the associated doctors and suppliers in the network.

Some of which are mentioned as follows:

- Hospitals.
- Laboratory.
- Desk (X-ray).
- Special studies (TOMOGRAPHIES, MAGNETIC RESONANCE.)
- Opticians.
- Nurses.
- Equipment rental,
- General Doctor.
- Specialist Doctor.
- Rehabilitation Sessions.
- Tariffs are subject to each State's chart.
- If the Insured requires a medical Service at a preferential cost, they should call the Telephone Service Center (TSC) and ask the Doctor (telephone consultant) about the discounts offered by the Zurich Assistance medical network.
- This service has no limit of events and is at no cost for the Insured.

Exclusions applicable to the medical discounts service:

- **When the User fails to provide accurate and timely information, which due to its**

nature, does not allow for adequate questioning.

- When the User is under the influence of alcohol or drugs and the call becomes aggressive for offensive.
- When the User uses strong language.
- The type of discount and the places in the Mexican Republic where the service is rendered will depend on the agreements Zurich Assistance has with the network of providers.

2.10 Telephone Legal Assistance.

Zurich Assistance shall provide the Insured with the Telephone Legal Assistance services 24 hours a day, 365 days a year in relation to all branches of the right.

This service has no limit of events and is at no cost for the Insured.

2.11 Legal assistance in the event of household burglary.

A lawyer shall be sent to the User's domicile to provide advice in the event of household burglary. This service shall consist of advising an accompanying the User to file the respective report to the Public Prosecutor's Office and/or any other jurisdictional authority.

This service is limited of one event per year.

Exclusions for legal assistance in the event of household burglary:

- Any damage caused intentionally, as well as by rebellion war, riot, civil uprising or situations that undermine public safety.
- Damage caused by earthquake, flooding, volcanic eruption, fire and any natural phenomena.
- When the personnel of any official authority with a warrant for seizure, forced entry, attachment of assets, arrest, search, investigation or rescue, is obliged to force, destroy or break any point of access such as doors, windows or locks at the domicile of the Insured.

2.12 Telephone Nutritional Assistance.

If required by the Insured, Zurich Assistance's nutritionists shall provide the following unlimited guidance from 08:00 hours 20:00 hours, 365 days a year:

- Supplements: advice shall be offered as required by the User about different types of nutritional supplements depending on their needs.
- Guidance on eating disorders: Zurich Assistance's qualified staff shall provide the information and guidance required by the User on symptoms, treatments and specialized clinics for these types of conditions.
- Referrals to Specialists: if the User requires a more personalized consultation, appointments may be made with nutritionists in any part of the Mexican Republic at preferential rates.

This service has no limit of events and is at no cost for the Insured.

Exclusions for telephone nutritional assistance:

- When the User fails to provide accurate and timely declaration which due to its nature, does not allow the matter to be dealt with or is clearly false information.

2.13 Psychological Assistance.

If required by the Insured, Zurich Assistance's specialist psychologists shall offer remote advice, consultations and guidance on common problems, such as depression, addictions, divorce, violence, problems at schools,

etc., 24 hours a day, 365 days a year.

Calls will last approximately 20 minutes per session and the service is limited to two free sessions per month.

Guidelines for psychological assistance:

- Calls that exceed the time established or additional calls must be channeled to a specialist for an in-person appointment at the cost of the User.
- The assistance shall be provided anonymously without prescribing medications or issuing any diagnoses.

2.14 Funeral Assistance.

For the death of the Insured for any cause:

Zurich Assistance shall offer advice on funeral services through the supplier network, such as:

- Management of the funeral and guidance on its relevant aspects: this service consists of managing the formalities necessary to perform the mortuary service at the place of death, including such steps as: Obtaining the transportation permits to move the body, the cremation permits or legal statements that the family has to make and obtaining the death certificate.
- Transporting the body in a hearse from the venue of the wake to the cemetery: this service consists of transporting the body from the venue of the wake to the cemetery in the same geographical area of the wake, where it will be buried.
- Aesthetic arrangement of the body: this service consists of applying make-up to the body to improve its visual appearance for the wake. This is a basic process that does not apply in cases of reconstruction or any other complicated process or as a substitution for embalming.
- Casket: A receptacle will be provided for the mortal remains, the characteristics of the casket are specified by the funeral company or to the requirements of the family.
- The wake the funeral chapel or at home: A venue will be contracted at the funeral company for the wake for a period to 24 hours for a capacity of 24 persons with enough room to move about.
- If the wake is to be held at a domicile agreed by the family of the deceased, the minimum materials necessary for a standard wake shall be taken to said domicile.
- Cremation or burial.
- Urn: The purchase of a special mortuary receptacle with a minimum capacity of two liters shall be arranged to store the ashes.

The costs shall be borne by the family so designated.

Exclusions for funeral assistance:

- **Embalming is not covered unless required by law.**
- **Niches or grave are not included.**
- **The service is subject to the providers' terms and conditions and availability. Excess costs and/or additional services shall be paid for by the family.**
- **The assistance services shall not be rendered during war, strikes, invasion or when the domestic conditions do not permit the services to be rendered.**
- **When the family members appointed do not provide accurate and timely information that allows us to render the assistance correctly.**
- **Long-distance transfers are not covered.**
- **The Funeral Assistance Services are rendered solely in Mexican territory.**

2.15 Senior Assistance (discount network).

Zurich Assistance shall provide the Insured with its network of discounts in the following establishments:

- Hospitals.
- Pharmacies.
- Clinical laboratories.

- Sale and rental establishments of medical equipment, oxygen, wheelchairs, disposable diapers, dressings, etc.
- Opticians.
- Geriatric doctors.
- Rehabilitation and orthopedics.
- Hotels.
- Bus companies.
- Theaters.
- Movie theaters.

This service has no limit of events and is at no cost for the Insured.

Guidelines for senior assistance:

The type of discount and the places in the Mexican Republic where the service is rendered will depend on the agreements Zurich Assistance has with the network of providers.

2.16 Medical references for senior assistance.

At the Insured's request, Zurich Assistance shall provide information about the following establishments:

- Hospitals.
- Pharmacies.
- Clinical laboratories.
- Sale and rental establishments of medical equipment, oxygen, wheelchairs, disposable diapers, dressings, etc.
- Opticians.
- Geriatric doctors.
- Rehabilitation and orthopedics.

This service has no limit of events and is at no cost for the Insured.

The type of discount and the places in the Mexican Republic where the service is rendered will depend on the agreements Zurich Assistance has with the network of providers.

2.17 Telephone assistance for pets.

If required by the Insured, Zurich Assistance's veterinarians shall provide the following unlimited guidance, 24 hours a day, 365 days a year, on conditions and/or care of pets, but without prescribing medications or issuing any diagnoses.

This service has no limit of events and is at no cost for the Insured.

Exclusions applicable to telephone assistance for pets:

- **False information provided by the User about the physical condition or health of the pet.**
- **Non-domesticated breeds and species or those in danger of extinction, reported or registered with the ANIMAL PROTECTION SOCIETY and the FEDERAL ENVIRONMENTAL PROTECTION AGENCY (PROFEPA).**
- **Requests for services outside of Mexican territory.**
- **Failure to comply with the procedures and requirements for the rendering of the service.**

2.18 Veterinarians' references.

At the Insured's request, Zurich Assistance shall provide information about:

- Veterinary clinics and hospitals.
- Dog groomers.
- Pet accessory stores.
- Pensions.
- Training.
- Dog shows.
- Foods.
- Funeral services.
- Shelters.
- Vaccine programs.
- Homes.
- Sterilization.
- Animal protection societies.
- Rehabilitation and orthopedics.
- Guide dogs.
- Spas.
- Placement of GPS chips.
- Special events.
- Dental cleaning.
- Ear surgery.
- Paw amputation.
- Cemeteries.

This service has no limit of events and is at no cost for the Insured.

Exclusions applicable to the veterinarian service:

- **False information provided by the User about the physical condition or health of the pet.**
- **Non-domesticated breeds and species or those in danger of extinction, reported or registered with the ANIMAL PROTECTION SOCIETY and the FEDERAL ENVIRONMENTAL PROTECTION AGENCY (PROFEPA).**
- **Requests for services outside of Mexican territory.**
- **Failure to comply with the procedures and requirements for the rendering of the service.**

2.19 Veterinary consultation.

At the Insured's request, Zurich Assistance shall coordinate appointments with veterinarians in any part of the Mexican Republic.

This service is limited of one event per year and is at no cost for the Insured.

Exclusions:

- **False information provided by the User about the physical condition or health of the pet.**
- **Non-domesticated breeds and species or those in danger of extinction, reported or registered with the ANIMAL PROTECTION SOCIETY and the FEDERAL**

ENVIRONMENTAL PROTECTION AGENCY (PROFEPA).

- Requests for services outside of Mexican territory.
- Failure to comply with the procedures and requirements for the rendering of the service.

2.20 Dental assistance (diagnostic consultation).

At the Insured's request, Zurich Assistance shall provide a diagnostic consultation at a network office nearest to its domicile.

This service is limited of one event per year and is at no cost for the Insured.

Exclusions for dental assistance:

- Treatments that are not specified in the coverage mentioned.
- Any complications derived from or arising during or after the dental treatment due to injury, effects or injuries expressly excluded.
- Previous accidents.
- Injuries caused as a consequence of military service, acts of war, declared or otherwise, revolution, riot, uprising or civil commotion.
- Injuries self-inflicted deliberately by the User and/or by attempted suicide.
- Ambulatory and/or hospital treatments or complications of treatments.
- Experimental or research treatments.
- Treatments or procedures rendered by institutions, clinics, consultants and/or dentists not adhered to the network, except in the event of emergency in located where there are no network dentists.
- Any complication derived or arising during or after a dental or surgical treatment due to the negligence by the patient to follow the treating dentist's instructions or for abandoning the treatment for more than 30 days.
- Medications
- General anesthesia or sedatives.
- Hospital expenses.
- Treatments or disbursements outside of Mexican Territory
- Fillings for incisal and/cervical wear.

2.21 Dental cleaning.

At the Insured's request, Zurich Assistance shall provide a dental cleaning session at a network office nearest to its domicile.

This service is limited of one event per year and is at no cost for the Insured.

Exclusions applicable to the dental cleaning. service:

- Treatments that are not specified in the coverage mentioned.
- Any complications derived from or arising during or after the dental treatment due to injury, effects or injuries expressly excluded.
- Previous accidents.
- Injuries caused as a consequence of military service, acts of war, declared or otherwise, revolution, riot, uprising or civil commotion.
- Injuries self-inflicted deliberately by the User and/or by attempted suicide.
- Ambulatory and/or hospital treatments or complications of treatments not covered.

- **Experimental or research treatments.**
- **Treatments or procedures rendered by institutions, clinics, consultants and/or dentists not adhered to the network, except in the event of emergency in located where there are no network dentists.**
- **Any complication derived or arising during or after a dental or surgical treatment due to the negligence by the patient to follow the treating dentist's instructions or for abandoning the treatment for more than 30 days.**
- **Medications**
- **General anesthesia or sedatives.**
- **Hospital expenses.**
- **Treatments or disbursements outside of Mexican Territory.**
- **Fillings for incisor and/cervical wear.**
- **General Out-of-Coverage Items:**
- **Requests for services outside of Mexican territory.**
- **Failure to comply with the procedures and requirements for the rendering of the service.**

3. Insured's Obligations

3.1 Request for assistance.

In the event of an Assistance Situation before taking any action, the Insured shall call Zurich Home Assistance's Alarm Center toll-free and provide the following information:

- a) State their location and telephone number where Zurich Home Assistance may contact the Insured or its representative.
- b) State name and Relax Hogar Pluz Policy number.
- c) Describe the problem and the type of help required.

The Zurich Home Assistance Technical Team shall have free access to the Insured and its Permanent Residence to assess the situation. If said access is denied, Zurich Home Assistance shall not be obliged to render any of the Assistance Services.

3.2 General Standards.

a) Mitigation.

The Insured shall be obliged to try to mitigate and limit the effects of Assistance Situations.

b) Cooperation with Zurich Home Assistance.

The Insured shall cooperate with Zurich Home Assistance by facilitating the recovery of the payments disbursed in the different interventions by providing Zurich Home Assistance with the documents necessary for such purpose, assisting Zurich Home Assistance and at Zurich Home Assistance's expense, by complementing the necessary formalities.

c) Limitation of Claims.

All claims derived from the rendering of the Assistance Services shall be limited to the term stipulated in the "Limitation Clause of the General Clauses Section" of this Contract.

d) Subrogation of Zurich Home Assistance

The Home Assistance shall be subrogated in the rights and actions to which the Insured may be entitled for events that gave rise to the rendering of the Assistance Services up to the total amount of the services rendered or credited.

4. General Exclusions.

- 4.1 The Assistance Situations caused by fraud or bad faith of the Insured, its economic dependents or the persons who cohabit with shall negate the right to the Assistance Services.**
- 4.2 The Beneficiaries shall not be entitled to reimbursements by Zurich Home Assistance.**
- 4.3 Assistance Situations that occur before the payment of the Relax Hogar Pluz Policy shall not be entitled to receive the Assistance Services.**
- 4.4 Assistance Situations that result from the following shall also be excluded:**
 - a) Strikes, military force, riot, military action or sedition, war, invasion, acts of foreign enemies, hostilities (war declared or not), rebellion, civil war, insurrection, terrorism, pronouncements, demonstration, popular movements, radioactivity or any other cause of Force Majeure.**
 - b) Accidents and damage caused by volcanic eruption, hurricane, tornado, earthquake or earth tremor or any meteorological phenomenon not specifically covered except when the Insured proves that the damage occurred independently from the existence of said conditions.**
 - c) Irritations caused by nuclear transmutations or disintegration, radioactivity or any other type of Accident caused by nuclear fuels.**
 - d) Accidents and damage caused by bombs, inflammable or explosive artifacts or any attempt against the political or social order or popular uprising.**
 - e) Flooding.**
 - f) Accidents and damage caused by explosion not triggered by domestic substances, apparatus or installations, except those used habitually at the Beneficiary's Permanent Residence.**
 - g) Participation by the Insured in intentional criminal acts.**
 - h) Participation by the Insured in combat, except in self-defense.**

The use of the “Zurich Asistencia al Hogar” (“Zurich Home Assistance”) service implies agreement with the program underwritten.

This document in English is an informative version and has no validity as official general conditions of the product. This reference document was translated from the general conditions registered in CNSF. In case of inconsistencies in the language translations, the latest Spanish version shall prevail as official. The latest version can be found on our website: www.zurich.com.mx

Pursuant to the provisions of Article 202 of the Insurance Companies' and Bonding Institutions' Law, the contractual documentation and technical note that make up this product were registered before the National Insurance and Bonding Commission on July 30, 2024, under number PPAQ-S0037-0021-2024/CONDUSEF-005411-04.

For any unresolved clarification, claim or doubt, we suggest contacting **Zurich's Specialized Customer Service Unit (UNE)**, located at Toreo Parque Central. Blvd. Manuel Avila Camacho No. 5, Torre B, Piso 20, Col. Lomas de Sotelo, Naucalpan de Juárez, Estado de México C.P. 53390, where we will be available to help you from Mondays to Thursdays from 09:00 to 17:30 hours and Friday from 09:00 to 15:00 hours or by telephone on 55 52 84 11 03 or toll-free long distance on 800 0800 009 from 09:00 to 14:00 hours, or by email to unidad.especializada@mx.zurich.com

National Financial Services Users' Protection Commission (CONDUSEF): Av. Insurgentes Sur N°762, Col. del Valle, Ciudad de México, C.P. 03100. Telephone numbers: 55 5340 0999 and 800 999 8080. Web page: www.condusef.gob.mx, e-mail: asesoria@condusef.gob.mx