

POLICY № _____ from _____
**VOLUNTARY INSURANCE OF PERSONS TRAVELING UKRAINE
(MEDICAL EXPENSES INSURANCE)**

This Policy confirms the conclusion of the Voluntary Medical Expenses Insurance Contract (hereinafter — the Insurance Contract / Contract) in the manner prescribed by the Law of Ukraine "On Electronic Commerce".

Chapter 1

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|---|---|--|----------------------------------|
| 1. Insurer | PJSC "Insurance Company VUSO" Address: 31, Kazymyr Malevych St., Kyiv, 03150, USREOU code — 31650052 Registered as a financial institution by the Order of National Commission for State Regulation of Financial Services Markets № 1224 dated 24.06.2004, Financial Institution Registration Certificate series ST No. 142 Current account UA083003460000026507010825002 in in PJSC "Alfa-Bank" MFO: 300346 License series AE 293942, valid from 01.03.2011 — perpetual, Rules of voluntary medical expenses insurance №21-01 dated 17.02.2011 (hereinafter — the Rules) . _____ | | |
| 2. Policyholder | Full name | Phone number | |
| | Place of permanent residence | Date of birth | |
| 3. Beneficiary | <i>Full name, Address, Date of birth, Identity document</i> If Beneficiary isn't established, then Beneficiary is the Insured person, the person who has incurred expenses in favor of Insured person | | |
| 4. Place of contract validity | Ukraine, except for the zones of military conflicts defined in clause 8.7. of the Contract | | |
| 5. Contract validity | from | [Insurance Contract Commencement Date] | to [Insurance Contract End Date] |
| The Insurance Contract enters into force from the moment specified as the commencement date of the Contract, but not earlier than 00 hours 00 minutes of the day following the day of receipt of the insurance premium in full on the current account of the Insurer, or the day following the day of insurance premium payment through other payment systems that are allowed by the legislation of Ukraine and which are introduced by the Insurer. | | | |
| 6. Insured sum | 30 000 EUR per one insured person | | |
| 7. Insurance rate | | | |
| 8. Insurance premium | _____ per one insured person | | |
| 9. Insured events | The insured event is the actual provision to the Insured person of medical and other services on the territory of Ukraine provided by the Insurance Program (clause 2 of Section 2 of the Contract), as a result of a sudden illness (acute illness including coronavirus infection COVID-2019) or an accident threatening life and/or health of the Insured Person. | | |
| 9. Insured persons: | | | |
| Full name | Date of birth | Address | Phone number |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 10. Total insured sum: | [100 000* number of Insured persons] | | |
| 13. Total insured premium | | | |
| 14. Date of payment | | | |

In the case of an insured event, it is necessary to contact the Insurer immediately.

Contacts for insured events settlement:
Phone number: 0800 600 606

Chapter 2

1. Subject matter of Contract

1.1. The subject matter of Contract is property interests that do not contradict the Law and are related to the life, health and working capacity of the Insured Persons.

1.2 Insured persons — individuals, citizens of foreign countries who are not residents of Ukraine up to and including the age of 70 in favour of whom the Contract was concluded.

1.3. Insured persons may not be residents of Ukraine or foreigners or stateless persons permanently residing in the territory of Ukraine and persons recognized as refugees or persons in need of additional protection. In case of concluding an insurance contract in respect of such persons, it is considered concluded under the influence of an error and does not contain legal consequences for the Insurer, except for the obligation to return the erroneously paid insurance premium.

1.4. Under the Contract, the expenses for medical and other services provided to the Insured Person during the trip around Ukraine in the case of events provided for in this Contract are reimbursed.

1.5. The Insured event is the actual incurrence by the Insured Person (third parties in the interests of the Insured Person) of the expenses for providing the Insured Person with medical and other services on the territory of Ukraine provided by the Insurance Program (paragraph 2 of Section 2 of the Contract), as a result of sudden illness (acute illness, including due to coronavirus infection COVID-2019) or an accident threatening the life and / or health of the Insured person.

2. Insurance Program. Terms of insurance benefit

2.1. Services provided by the Insurance Program:

2.1.1. Emergency (ambulance) pre-hospital care provided by the ambulance crew of public stations or private clinics (1-7th class clinics according to Insurer's classification); care provided at Health Care Centre (examination and consultation provided by medical staff, emergency laboratory tests, cost of stay at Health Care Centre, purchase of medicines). Arrangement of medical care is carried out under the auspices of clinics (1-5th class clinics according to Insurer's classification);

2.1.2. Emergency pre-hospital treatment and/or treatment at outpatient facility, day patient facility (doctor's visit, examination and consultation, emergency diagnostic tests, outpatient surgical treatment, medical treatment, purchase of medicines), emergency hospitalization — emergency tests, medical treatment at inpatient facility, services provided by medical staff. Outpatient or inpatient treatment is arranged under the auspices of clinics (1-5th class clinics according to Insurer's classification);

2.1.3. Hospital services (cost of staying at standard ward, intensive care ward, resuscitation ward), medical care prescribed by doctor, purchase of medicines), under the auspices clinics (1-5th class clinics according to Insurer's classification).

2.1.4. Purchase of medicines prescribed by doctor.

2.1.5. Making COVID-19 (U07.1) diagnostics of people who were in close contact with sick Insured person (resided in the same premises) and if these people are also insured under this Contract.

2.1.6. Emergency dental care — dental services provided to the Insured person for medical reasons within the established limits of liability: in case of acute toothache that requires the provision of emergency dental care — the equivalent of 150 Euro. Medical services are provided in 1-7th class clinics according to Insurer's classification.

2.1.7. Emergency obstetric care provided to the Insured person for medical reasons in case of a threat to the life and health of the Insured person, provided that the period of pregnancy of the Insured person was up to 29 (twenty nine) weeks. Medical services are provided in 1-5th class clinics according to Insurer's classification.

2.1.8. Transportation of the Insured Person, in case of clinical need, for medical reasons, to a hospital that is in the immediate vicinity, by an ambulance or other vehicle. Medical services are provided in 1-7th class clinics according to Insurer's classification.

2.1.9. Hotel services (the cost of staying at standard ward, intensive care ward, resuscitation ward), medical manipulations prescribed by the attending doctor, purchase of medicines), under the auspices of infectious departments of state/departmental clinics or observation in case of an asymptomatic course of the disease (COVID-19).

2.1.10. Repatriation of the Insured person transportation, with the necessary medical escort (if such escort is prescribed by a doctor and agreed with the Insurer) from the location of the Insured person to the place of his/her permanent residence.

2.1.11. The decision on the necessity and possibility of repatriation, as well as on the choice of the means of its implementation and the route, is made by the Insurer in agreement with the the medical institution and the doctor of the Insured person.

2.1.12. Repatriation of the Insured person's body in the case of his/her death as a result of an accident or sudden illness, to his/her place of permanent residence, or burial (cremation) of the Insured person's body at a location outside the country (place) of permanent residence of the Insured Person. All activities for the provision of these services are organized exclusively by the Insurer.

2.1.13. The final destination of the repatriation route is determined by agreement of the parties to the Contract. In particular, it can be an airport in the place of permanent residence where the coffin with the body of the deceased arrives, or a customs point in the place of permanent residence close to its border.

2.1.14. To organize repatriation, the relatives of the deceased must, as soon as possible, provide the Insurer with duly executed documents confirming their relationship with the Insured person, as well as a statement — confirmation of their readiness to claim the body of the deceased after transporting the coffin, where the Insured person permanently resided.

2.2. The Insurance Company recognizes incurred medical expenses as the insured event in case of injury to the Insured Person which was the result of Active leisure — irregular exercise by the Insured Person of any sport and physical activities, including:

- Cycling, riding ATV, buggy, electric scooters, gyroscooters, etc. at a speed of not more than 15 km per hour;
- Riding a horse;
- Banjo, rope jumping;
- Hiking;
- Water park, safari;
- Beach soccer, volleyball;
- Swimming in the pool and open water;
- Fishing, hunting.

3. Actions of the Policyholder / Insured person upon the occurrence of an insured event

3.1. Upon the occurrence of an event with the Insured person that can be recognized as an insured event, the Insured person immediately applies to the Insurer (Phone: 0800 600 606; e-mail: med_expert@vuso.ua) regarding the organization of medical and other assistance provided for in clause 2 of this Contract.

3.2. If the Insured Person is diagnosed with coronavirus infection COVID-2019 by the medical institutions of the Ministry of Health of Ukraine, the Insurance company must be urgently notified.

3.3. The Insurer will arrange treatment for the Insured person.

3.4. If the Insured Person made payment for medical services related to treatment, including COVID-19 be himself/herself, he/she may apply to the Insurer to reimburse the costs incurred. In this case, after the completion of the treatment, the Policyholder (Insured person or the third person who has incurred expenses in favor of Insured person), within 30 days, submits a package of documents (an application for an insurance payment, a copy of an identity

document of the payment recipient, an extract from the medical history, discharge epicrisis, which indicates the diagnosis, terms of treatment, list of medications, dosages and quantities, fiscal receipts or cash receipt vouchers, settlement receipts with the service description and its paid cost) to receive insurance compensation.

4. Insured events exceptions

4.1. The Insurer does not pay insurance benefits for the expenses of the Policyholder (Insured person or the third person who has incurred expenses in favor of Insured person) related to the provision of such medical and other services:

4.1.1. suicide attempt, as well as suicide, except in cases where the Insured person was forced to commit a suicide or to a suicide attempt by illegal actions of third persons.

4.1.2. Poisoning by alcohol or any other substances taken for the purpose or in a state of intoxication (various alcohols, alcohol technical substances, solvents, acids), with the use of narcotic or toxic substances without a doctor's prescription.

4.1.3. At the time of the case or at the time of seeking medical care, the Insured person is under the influence of alcohol, drugs or toxic intoxication.

4.1.4. Participation of the Insured person in illegal actions.

4.1.5. Neglect of existing medical contraindications made by a qualified doctor for active leisure or sports.

4.1.6. Medical care in case of exacerbation of the disease, which was treated or required treatment in the previous 6 (six) months before the date of travel. The exception is cases when the exacerbation of this disease is associated with an acute mortal danger to the life of the Insured person or may lead to permanent disability. At the same time, a prerequisite for reimbursement of medical expenses by the Insurer is confirmation by the medical institution of the critical condition of the Insured person.

4.1.7. Provision of dental care, except for anesthetic treatment and filling of only natural teeth in the cases specified in clause 2.1.5. of the Contract;

4.1.8. An abortion (except when it is necessary due to an accident or sudden illness), as well as the provision of medical services related to pregnancy, its complications and childbirth, starting from the 29th week of pregnancy.

4.1.9. Injuries while playing sports at a professional level — regular activities by the Insured person in any kind of sports, and/or irregular physical exercises with extreme stress, including:

- Snowboarding and skiing;
- Rafting;
- Surfing;
- Jumping from a height;
- Mountaineering and rock climbing;
- Acrobatics;
- Jumping into the water;
- Diving;
- Riding a bicycle, ATV, buggy, electric scooter, hoverboard, etc. at a speed of more than 15 km per hour.

4.1.10. Scheduled consultations and examination during pregnancy, regardless of the gestational age.

4.1.11. Diagnostics and treatment of nervous and mental diseases and their exacerbation, treatment of congenital anomalies and mental disorders, as well as relaxation and conditions, in the presence of which there is a real risk of a rapid deterioration in health;

4.1.12. Diagnostics and treatment of sexually transmitted diseases and diseases, predominantly sexually transmitted (including AIDS and HIV infection).

- 4.1.13. Treatment and diagnosis of any oncological diseases.
- 4.1.14. Any prosthetics, including dental.
- 4.1.15. Medical examination and medical care that are not related to a sudden illness or accident.
- 4.1.16. Provision of services not provided for in clause 2 of the Contract;
- 4.1.17. Rehabilitation therapy or physiotherapy, vaccination;
- 4.1.18. Operations related to cosmetic surgery;
- 4.1.19. Operations related to plastic and reconstructive surgery, except in cases when such operations are performed to restore vital functions due to injuries received in an accident.
- 4.1.20. Prosthetics and organ transplantation.
- 4.1.21. Provision of medical services that are not mandatory for diagnosis and treatment in the event of a sudden illness or accident.
- 4.1.22. Preventive vaccinations and disinfection, medical expertise.
- 4.1.23. Treatment of the Insured person by his relatives.
- 4.1.24. Treatment of the Insured person in a sanatorium and/or rest home.
- 4.1.25. Purchase and repair of aids (glasses, contact lenses, hearing aids, prostheses, crutches, walking sticks, etc.).
- 4.1.26. Diagnosis and treatment by non-traditional methods (phytotherapy, iridodiagnostics, homeopathic treatment, reflexology, chiropractic, etc.).
- 4.1.27. Diagnosis and treatment of diseases of the blood and blood-forming organs.
- 4.1.28. Diagnosis and treatment of fungal and dermatological diseases, allergic dermatitis caused by exposure to ultraviolet radiation, first and second degree sunburns.
- 4.1.29. Diagnosis and treatment of an epidemic or pandemic disease (excluding COVID-19).
- 4.1.30. Diagnosis and treatment of acute and chronic radiation sickness.
- 4.1.31. Diagnosis and treatment of diseases or consequences (complications) of diseases with viral hepatitis, tuberculosis.
- 4.1.32. Diagnosis and treatment of diseases and disorders of the hearing organs, except for acute diseases of the hearing organs.
- 4.1.33. Treatment and other expenses in the state or social medical institution of Ukraine, if the Insured person is entitled to free medical care in accordance with the law.
- 4.1.34. Provision of medical services in cases that occurred during a trip around Ukraine, which was carried out against the advice of a doctor.
- 4.1.35. Provision of medical services in case of Insured person's refusal to carry out medical repatriation, if the decision on medical repatriation is made by a specialist of the Insurer and agreed with the doctor who conducts treatment of the Insured person.
- 4.1.36. Diagnostic manipulations (including consultations and laboratory tests) and medical procedures that are not mandatory, necessary in the case of an insured event, or not related to it.
- 4.1.37. Expenses incurred as a result of Insured person's violation of the performance or refusal to comply with the doctor's instructions received by him/her in connection with the appeal regarding the insured event.
- 4.1.38. Treatment, which according to medical indicators may be postponed until the return of the Insured person to the country of permanent residence.
- 4.1.39. Expenses when the trip was made with the intention of receiving treatment.

4.1.40. Artificial insemination, infertility treatment, measures to prevent pregnancy.

4.1.41. Repatriation organized without the participation of the Insurer.

4.1.42. Provision of additional comfort means and services, namely: a radio, an air conditioner, a TV set, as well as services of a hairdresser or beautician, and the like.

4.2. The Insurer is not liable for compensation for moral damage caused to the Insured person when he/she travels around Ukraine.

4.3. The Contract does not apply to the territory of the place of the Insured Person permanent residence.

4.4. The Insurer is released from the obligation to pay insurance benefit if the insured event occurred before Insurance Contract commencement date.

4.1.5. The Insurer does not reimburse medical expenses related to the treatment of COVID-2019 if the Insured person was not in the territory of the Insurance Contract validity: Ukraine.

5. Rights and obligations of the parties.

Liability for non-performance or improper performance of the Contract terms

5.1. The Insurer is obliged to:

5.1.1. Acquaint the Policyholder (Insured Person) with the conditions and Rules of insurance.

5.1.2. Upon the occurrence of an insured event, to make an insurance benefit to the Policyholder (Insured Person) or a third party who actually paid for the services received by the Insured Person within 15 (fifteen) working days after the decision on paying benefit. The Insurer shall be liable for late payment of the insurance benefit by paying a penalty to the Policyholder (Insured Person), the amount of which is equal to 0.1% of the amount owed for each day of delay.

5.1.3. Not to disclose information about the Policyholder (Insured Person) and his/her property status, except in cases established by law.

5.2. The Policyholder is obliged to:

5.2.1. When concluding the Contract, provide the Insurer with all information regarding circumstances that have a significant impact on the degree of risk, such as: contacting a person infected with COVID-2019, diagnosis of COVID-2019, and further informing the Insurer about any change in the insured risk.

5.2.2. When concluding a Contract in favor of other persons (Insured persons) — to get their consent to conclude a Contract in their favor, as well as acquaint them with the conditions and Rules of insurance.

5.2.3. Pay the insurance premium in full in the manner prescribed by this Contract.

5.2.4. When concluding the Contract, inform the Insurer of other valid Contracts, on this subject of the Contract.

5.2.5. Take measures to prevent and reduce losses caused as a result of an insured event occurrence.

5.2.6. In case of early termination of the Contract, return the original of the Contract (insurance policy) to the Insurer.

5.3. The insured person is obliged to:

5.3.1. Inform the Insurer about the occurrence of an event that has signs of insured, in the manner and terms provided for in the Contract;

5.3.2. Follow all the recommendations of the Insurer;

5.3.3. Provide, at the request of the Insurer, any necessary information to establish the fact of an insured event occurrence or determine the amount of insurance benefit;

5.3.4. With regards to the circumstances of the insured event, release third persons from the obligation to disclose medical and commercial secrets in relation to the Insured person, as well as, at the request of the Insurer, provide him with the

necessary powers to receive from third persons (doctors, medical institutions, other organizations, who provided the Insured Person with the services provided for by the terms of the Contract) any information related to the insured event.

5.4. The Insurer has the right to:

5.4.1. Before concluding the Contract, demand from the Policyholder (Insured Person) all the necessary information to establish the degree of insurance risk.

5.4.2. Demand from the Policyholder (Insured Person) the information necessary to establish the circumstances of the insured event, including information constituting a commercial secret, and check the credibility of this information.

5.4.3. Independently find out the reasons and circumstances of the insured event, and, if necessary, send requests to the competent authorities (organizations) for the provision of relevant documents and information.

5.4.4. Refuse to pay insurance benefit if there are grounds for this provided for by this Contract and the legislation of Ukraine.

5.5. The Policyholder (Insured Person) has the right to:

5.5.1. Receive detailed information from the Insurer about the company's services provided to the Insured persons.

5.5.2. Amend and early terminate the Contract on the terms determined by this Contract.

5.5.3. Receive from the Insurer the amount of insurance benefit in accordance with the terms of the Contract.

5.5.4. To appeal against the decision of the Insurer to refuse to carry out the insurance benefit in the manner prescribed by law.

5.6. For non-performance or improper performance of the Contract terms, the Parties shall be liable in accordance with the law and the terms of this Contract. The Insurer shall be liable for late payment of the insurance benefit by paying the Insured person or the Beneficiary a penalty in the amount of 0.01% of the sum due to be paid for each day of delay.

6. Terms of the Contract amendment and termination

6.1. The Contract is terminated and becomes invalid by agreement of the Parties, as well as in the following cases:

6.1.1. Expiration of the Contract.

6.1.2. The Insurer fulfills its obligations under the Contract in full.

6.1.3. Adoption of a court decision to declare the Contract invalid.

6.1.4. Liquidation of the Insurer in the manner prescribed by law.

6.1.5. Death of the Insured person. If the insurance contract was concluded for the insurance of several people at the same time, in the event of the death of one Insured person, the contract terminates only in respect of this person.

6.1.6. In other cases provided for by the legislation of Ukraine.

6.2. Any Party shall notify the other Party in writing of its intention to early terminate the Contract no later than thirty (30) calendar days prior to the expected date of the Contract termination.

6.3. In the event of early termination of the Contract at the request of the Insurer, the Policyholder will be refunded the insurance premiums paid in full.

6.4. In the event of early termination of the Contract at the request of the Policyholder, the Insurer returns insurance premiums to him/her for the period remaining until the expiration of the Contract, minus the standard expenses of conducting the case in the amount of 40%, as well as the actual insurance benefits made under this Contract. If the claim of the Policyholder is due to the violation by the Insurer of the terms of the Contract, the latter shall return to the Policyholder the insurance premiums paid by him/her in full.

6.5. In the case of early termination of the Contract at the request of the Insurer, the Policyholder will be refunded the insurance premiums paid in full. If the Insurer's claim is due to improper performance of the Policyholder's obligations under the Contract, the Policyholder is refunded the insurance payment for the period remaining until the expiration of

the Contract, minus the standard expenses of conducting the case in the amount of 40%, as well as the actual insurance benefits made under this Contract.

6.6. In the event of early termination of the Contract at the request of the Policyholder, due to the failure of the Insurer to fulfill his obligations under this Contract, the insurance premiums paid by him/her are fully returned to the Policyholder.

6.7. Any amendments and additions to this Contract can be made only with the mutual consent of the Parties, by drawing up an appropriate Supplementary Agreement to this Contract.

7. Force majeure circumstances

7.1. The Parties are released from liability for partial or complete non-fulfillment of obligations under the Contract if they prove that non-fulfillment or improper fulfillment of their obligations is the result of force majeure circumstances, that is, extraordinary and inevitable events under these conditions, including: natural disasters, accidents, fires, civil disorders, epidemics (except COVID-19), violations of public order, strikes, hostilities, unlawful actions of third parties, any prohibition or restriction of cash payments by the National Bank of Ukraine, the introduction of an embargo on import (export) or other circumstances, the adoption by state bodies of relevant acts that have arisen (entered into force) after the signing of the Contract and don't dependent on the will of the Parties.

7.2. In case of force majeure circumstances, the Party that has such circumstances must, within 5 (five) working days from the date of such circumstances occur, inform the other Party about them in writing and within 30 (thirty) working days submit to the other Party the documents issued by the Chamber of Industry and Commerce of Ukraine or other state body, confirming the fact of the occurrence of these circumstances.

7.3. Failure to notify the other Party, which is affected by force majeure circumstances, and / or failure to provide the other Party with documents issued by the Chamber of Commerce and Industry of Ukraine or other state body confirming the occurrence of force majeure circumstances, deprives the Party affected by force majeure circumstances from referring on them as a basis for non-fulfillment and / or improper fulfillment of his/her obligations under the Contract.

7.4. The terms and / or dates of performance of obligations under the Contract automatically continue / are postponed for the duration of the force majeure circumstances, provided that the Party that has the force majeure circumstances timely notified the other Party of their occurrence and provided him/her with the document(s) issued by the Chamber of Commerce and Industry of Ukraine or other state body, confirming the occurrence of force majeure circumstances.

7.5. In case that the force majeure circumstances or their consequences last more than two months, or when such circumstances occur, it becomes obvious that they will be in effect for more than two months, the Parties shall negotiate in order to identify acceptable ways for them to implement the Contract or terminate it.

7.6. In case that the Parties terminate the Contract due to force majeure circumstances, none of the Parties shall be liable for non-fulfillment or improper fulfillment of their obligations under such a contract.

8. Procedure for concluding Contract and other terms

8.1. Insurance Contract has been concluded between Insurer and Policyholder in compliance with requirements of the Civil Code of Ukraine, the Laws of Ukraine "On Insurance", "On Financial Services and State Regulation of Financial Services Markets", "On Electronic Documents and Electronic Document Exchange", "On Electronic Trust Services" and "On Electronic Commerce" by means of exchanging emails signed according to procedure determined by the Law of Ukraine "On Electronic Commerce" using information and telecommunication system of Insurer (Insurer's Agent) in compliance with requirements of legislation regulating the organizational and legal framework of activities in the field of e-commerce.

8.2. Policyholder by accepting Insurer's offer to conclude Insurance Contract confirms and acknowledges that: before concluding Insurance Contract in compliance with requirements of the Law of Ukraine "On Financial Services and State Regulation of Financial Services Markets" (hereinafter referred to as Law in this Clause) the Insurer has provided, and Policyholder has received, read and understood all information to extent and in manner provided in Part 2, Article 12 of the Law; the above mentioned information is available on Insurer's web site <https://vuso.ua>, it is complete and sufficient for correct understanding of financial service essence provided by Insurer; all the above mentioned information and all the terms of this Contract and the Rules are clear to him/her; the above mentioned information and the Contract do not contain ambiguous forms of words and/or definitions incomprehensible to the Insured; Policyholder is not forced by other person to conclude Contract; Policyholder doesn't conclude Contract mistakenly, resulting from scrutiny, violence; Policyholder has required legal status and capacity to conclude Insurance Contract.

8.3. Policyholder confirms that he/she gave Insurer the consent for processing personal data of Policyholder (Insured person) in order to exercise rights and obligations under this Contract, ensure implementation of tax, financial monitoring and accounting issues with no limits regarding maintenance and processing period, as well as to communicate with Policyholder for providing information on implementation of Insurance Contract, to arrange sending postal mails, SMS and emails to Policyholder's address, to provide Policyholder with information on implementation of Insurance Contract, to transfer information and advertising messages on Insurer's services, as well as services of other business entities, for other purposes not contradicting the laws of Ukraine. Policyholder shall give his/her consent to transfer personal data to Insurer's managers of personal databases, as well as to Insurer's agents, if it is required by protection of rights and legal interests of personal data subject or other persons for other purposes not contradicting the current legislation of Ukraine without additional notification of Policyholder (Insured person). Policyholder confirms his/her notification about his/her rights related to maintenance and processing personal data determined by current legislation of Ukraine, purposes of data processing and persons to whom personal data are transferred.

8.4. Policyholder by accepting Insurer's offer to conclude Insurance contract confirms the consent to receive Insurance Policy, proposals on amendments (additions) to concluded Insurance Contract, as well as exchange of emails and information between Parties during implementation of Insurance Contract by communication means specified by Insured in electronic application and/or client account.

8.5. Policyholder has the right to withdraw from concluded Insurance Contract no later than 7 (seven) calendar days from the date of the Insurance Contract entry into force or erroneous transfer of funds by submitting an electronic application to the Insurer and receiving the paid insurance premium in full. The Insurer must refund the payment in case of refusal of the Policyholder from the concluded Insurance Contract or erroneous transfer of funds within 5 (five) banking days from the date of submission by the Insured of the application for withdrawal from the Insurance Contract or refund of erroneously transferred funds. If the Policyholder withdraws from the concluded Insurance Contract, the Contract shall be deemed not concluded, and the Parties to the Insurance Contract shall return to each other everything received under the Insurance Contract and the Parties shall not have obligations under this Insurance Contract.

8.6. In case of an erroneously signed electronic application, the Policyholder may withdraw from the concluded Insurance Contract by non-payment of the insurance premium. In this case, the insurance contract does not enter into force.

8.7. The Contract does not apply in areas of military conflict. Areas of military conflicts are the territories for the implementation of measures to ensure national security and defense, repulse and deter armed aggression of the Russian Federation in Donetsk and Luhansk regions, carried out by the Joint Forces operation (JFO), temporarily occupied territories (Autonomous Republic of Crimea and Sevastopol), settlements on the territory of which public authorities temporarily do not exercise their powers, as well as those located on the confrontation line, in accordance with the Order of the Cabinet of Ministers dated 07.11.2014. №1085-p "On approval of the list of settlements on the territory of which public authorities temporarily do not exercise their powers, and the list of settlements located on the confrontation line" in the wording in force on the date of the insured event.

8.8. Complaints about the quality of insurance services are accepted in writing at the location of the Insurer or by e-mail vuso@vuso.ua.

8.9. The Insurance Contract is concluded in electronic format and signed in accordance with the requirements of the Law of Ukraine "On Electronic Commerce".

9. SIGNATURES OF PARTIES:

INSURER

represented by the Chairman of Board

Artyukhov Andriy Viktorovych



POLICYHOLDER

Last name, first name

Signed by entering one-time identifier

