

A tropical beach scene with a wooden pier extending into the turquoise ocean. At the end of the pier is a thatched-roof hut. The sky is a vibrant blue with wispy white clouds. Palm fronds are visible in the foreground, framing the scene.

Jolidey:

Inclusión

General Conditions

SPECIFIC CONDITIONS OF THE POLICY - INCLUSIÓN

Of the policy number 0AO in which Intermundial XXI Correduría de Seguros, SL, with business address at C/ Irún 7 in Madrid, inscribed in the Business Registry of Madrid, at sheet M 180,298, section 8, book 0, page 149, volume 11,482, with Tax Identification Code B-81577231. Registered in the General Registry of Insurance Brokers and Pension Funds with number J-1541 and with Civil Liability insurance and surety bond taken out in accordance with Law 26/06 regarding Mediation of Private Insurance and Reinsurance, acts as the mediator and is subscribed between TRAVELESENS, S.L. (JOLIDEY AND el ASEGURADOR EUROP ASSISTANCE ESPAÑA, S.A. DE SEGUROS Y REASEGUROS.

GUARANTEES COVERED**ASSISTANCE**

Medical and health care assistance	3.500 €
Costs of urgent dental treatment	60 €
Repatriation or medical transport of ill or injured persons	Unlimited
Repatriation or transport of the deceased insured party	Unlimited
Travel by a family in the case of hospitalisation of the insured	Unlimited
Expenses for the stay of the displaced relative (máx. 40 €/día).....	400 €
Early return due to the death of a relative	Included

LUGGAGE

Theft of and material damage to luggage	300 €
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CIVIL LIABILITY

Private Civil Liability Insurance	6.000 €
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GENERAL CONDITIONS**PRELIMINARY CLAUSE**

This contract is governed by Law 50/1980, of 8 October, on Insurance Contracts, Law 20/2015, of 14 July, on the regulation, supervision and solvency of insurance and reinsurance entities, and Royal Decree 1060/2015, of 20 November, on the regulation, supervision and solvency of insurance and reinsurance entities.

The contract is composed of: the Application, the Declaration made by the POLICYHOLDER and/or the INSURED, the General Conditions, the Specific and Special Conditions of the Policy, as well as any Supplements or Appendices thereto.

The contract is subject to Spanish jurisdiction. Any conflicts which may arise in relation to its interpretation or application shall be decided by the competent Judges and Courts of the INSURED's place of residence in Spain. If the INSURED does not reside in Spain, the competent jurisdiction shall be that of the Courts and Tribunals of the city of Madrid.

DEFINITIONS

In this contract the following terms shall have the meanings given here:

SERIOUS ACCIDENT:

This shall be understood to mean any accident which occurs after the insurance policy has been contracted which involves hospitalisation or the requirement for BED REST, or which, in the opinion of a medical professional, requires continuous attention and care from health care workers or the persons designated for that purpose, **following a medical prescription and within 12 days before the start of the trip.**

INSURED/INSURED PARTY:

Each one of the natural persons designated as such in the Specific Conditions of the Policy, the owners of the interest which is the object of the insurance policy and who, save those which correspond to the POLICYHOLDER, assume the obligations deriving from the contract.

INSURER:

EUROP ASSISTANCE ESPAÑA, S.A. DE SEGUROS Y REASEGUROS, which assumes risk defined in the Policy

USUAL RESIDENCE:

For the purposes of this Policy, this shall be understood to mean the place where the INSURED resides for at least 183 days in a calendar year.

SERIOUS ILLNESS:

Any impairment of health not caused by an accident, diagnosed by a medical professional, which requires bed rest, or which makes it impossible to undertake an activity, professional or private, whose expected evolution, based on the pathology presented, makes it probable that the insured trip cannot be undertaken on the envisaged dates.

Where the illness affects any person other than the INSURED, it will be defined as serious when, after taking out the insurance policy, by medical prescription, it requires hospitalisation or bed rest, with continuous attention and care from health care workers or persons designated for that purpose, within 12 days before the start of the journey.

ABROAD:

For the purposes of the guarantees of the policy, abroad means any country other than Spain, and, in the case of insured parties who do not reside in Spain, the country of usual residence of the INSURED from which the journey begins.

RELATIVES OF THE INSURED:

For the purposes of the insurance policy, the relatives of the INSURED are considered to be the spouse, de facto partner, or the person who permanently lives as such with the INSURED, as well as relatives to the third degree of consanguinity, both in a direct line and collaterally, and whether by kinship or affinity.

INSURABLE GROUP:

A group of individuals joined by a common link or interest, prior to or simultaneously to the contract agreement, but different from it, and that fulfils the legal conditions needed to be INSURED.

The common link is the contract for the trip or stay with the Travel Agent or Tourism Promoter.

POLICY:

The document containing the contractual conditions of the insurance. The General Conditions, the Specific Conditions, which individualise the risk, the Special Conditions, if any, and the supplements or appendices attached in order to complete or modify it, form an integral part of it.

PREMIUM:

The price of the insurance. which will include the surcharges and taxes legally applicable at each time.

The amount of the premium may vary depending on the different spheres of coverage the policy permits and it will be determined in its Specific Conditions.

KIDNAPPING:

The unlawful retention of a person in order to demand money in exchange for his/her release, for extortion or for other political or social purposes, threatening the victim's life or health.

POLICYHOLDER:

The physical or legal person who, together with the INSURER, signs this contract, and to whom the obligations arising from it correspond, except those which, by their nature, are to be fulfilled by the INSURED PARTY.

RENTAL VEHICLE:

The four-wheel car whose brand, model and registration number are indicated in the rental contract will be considered a rental vehicle, provided that its maximum authorised weight does not exceed 3,500 kg., it is not older than 10 years at the time when the insurance policy is taken out, and its maximum capacity is 9 people. Luxury vehicles, 4x4s in segments C, D, E and F, trailers, motor homes, caravans and minibuses are excepted, as are vehicles dedicated to the public transportation of people and goods, even if only occasionally.

TRIP:

Any journey undertaken away from the INSURED's usual residence, from the moment of departure until their return to the place of residence at the end of the trip.

REGULATIONS APPLICABLE TO THE INSURANCE**1. EFFECT OF THE CONTRACT**

This contract takes effect at 00:00 hours on the day indicated in the Specific Conditions of the policy, and its effects shall cease at 24:00 hours on the date indicated as the end of the contract in the Specific Conditions.

The other guarantees will be effective only while the INSURED PARTY is travelling outside the town where they are habitually resident and at a distance greater than twenty kilometers or "the minimum distance in kilometers". **Likewise, this insurance contract will only be effective when it is signed in Spain.**

2. TERRITORIAL VALIDITY

The insurance is valid in the territorial area described in the SPECIFIC CONDITIONS, considering, in general:

LOCAL Scope: those where the origin and the destination of the trip are within the same country.

CONTINENTAL Scope: those where the origin and the destination of the trip are within the same geographical continent.

In the case of travel originating in Europe, the continental scope will also apply when the destination is any of the countries bordering the Mediterranean (Algeria, Cyprus, Egypt, Israel, Lebanon, Libya, Morocco, Palestine, Syria, Tunisia, Turkey and Jordan), as long as this is specified in the specific conditions of the policy.

WORLDWIDE Scope: those where the origin and the destination of the trip are in different geographical continents.

When the Insured is on board any type of land, maritime or air vehicle the Insurer will not be obliged to provide any type of service until the Insured leaves the vehicle and reaches dry land.

This Policy excludes any countries which, during the Insured's journey or stay, are in a state of war or siege, insurrection or armed conflict of any class or nature, even when they have not been officially declared, and any which specifically appear in the bill or the Particular Conditions

It is expressly agreed that the obligations of the Insurer arising from the coverage of this Policy end the instant the Insured has returned to their habitual residence, or has been admitted to a health centre situated, at a maximum of 25 km from the aforementioned address (15 km in Balearic Islands and Canary Islands).

The services covered by this policy shall be applicable when the Insured Person travels beyond the municipality where he/she is habitually resident and shall stop being applicable once the Insured Person has returned to his/her habitual residence. However, should the Insured Person be admitted to a health centre or hospital situated, at a maximum, 20 km from his/her home, the cover established in article 1.1.1 for medical and health care shall be limited to initial emergency care or first outpatient visit until the patient is stabilised and within the first 24 hours since they were admitted.

3. TIME VALIDITY.

In Temporary Mode insurance policies, their validity will be determined by their duration, expressed in the number of consecutive days and up to a maximum of 365 days, specified in the Specific Conditions.

However, if the INSURED's usual place of residence is outside Spain, **in no case may the duration of the insured trip exceed 120 consecutive days.**

In Annual Multiple-Trip insurance policies, the validity of the coverage shall be one year, in accordance with the dates indicated in the Specific Conditions. **However, trips lasting longer than 60 days**

4. TRIPS TO RISK/WAR ZONES

Claims for personal injury or material damage which occurred in areas for which the Spanish Ministry of Foreign Affairs has issued a recommendation to not travel at the time of entry of the INSURED (for example, due to terrorist attacks or natural catastrophes) **shall be excluded from coverage.**

If that recommendation was issued when the INSURED was at the destination, the coverage of the insurance **shall continue for a period of 14 days** from the time when the warning was issued. The INSURER must be informed during that period and the INSURED must decide whether to leave that area or to accept the issue of a supplement to the policy, in which new coverage conditions may be established at the discretion of the INSURER

5. INTERNATIONAL SANCTIONS AND EMBARGOS

Coverage of the insurance policy, payment of compensation and the provision of any service will be guaranteed only if they do not contravene economic, commercial or financial sanctions or embargoes which have been issued by the European Union and which are directly applicable to the parties to the contract.

This is likewise applicable in the case of economic, commercial or financial sanctions or embargoes issued by the United States of America, provided they do not contravene the legislative provisions of the European Union or Spain.

6. PAYMENT OF PREMIUMS

The POLICYHOLDER must pay the premium at the moment when the contract is signed. Successive premiums must be paid at the corresponding times.

In the case of non-payment of the first premium by the POLICYHOLDER, or the sole premium has not been paid within the established time, the effects of the coverage shall not begin and the INSURER may terminate the contract or demand payment of the agreed premium.

Non-payment of successive annual premiums shall give rise to the **suspension of the guarantees** of the policy, once one month from the deadline for payment has elapsed. If the INSURER does not demand payment within six months after the premium becomes due, it shall be understood **that the contract is terminated**.

If the contract has not been rescinded or terminated in accordance with the previous paragraphs, the coverage shall once again take effect 24 hours after the day on which the POLICYHOLDER pays the premium.

7. TERMS OF THE CONTRACT

1. This Policy has been entered into based on the declarations made by the POLICYHOLDER and/or INSURED PARTY, which determined the acceptance of the risk by the INSURER and the calculation of the corresponding premium.

2. The POLICYHOLDER or the INSURED must inform, in the course of the contract and as soon as possible, of any changes in the factors and declared circumstances which increase the risk and their nature is such that, if they were known to the INSURER at the time of formalisation of the contract, it would not have entered into the contract or would have done so in more onerous conditions.

3. The INSURER may propose the modification of the contract or cancel it within one month from the time it became aware of any proviso or inaccuracy in the declaration by the POLICYHOLDER and/or INSURED in relation to the true nature of the risk.

4. If the content of the policy differs from the insurance proposal or the agreed clauses, the policyholder can ask the INSURER to correct the discrepancy **within one month of delivery of the policy**. After that period has elapsed, without any such request having been made, the provisions of the policy shall stand.

8. CLAIMS. PAYMENT OF INDEMNITIES AND REIMBURSEMENTS

a) The INSURER shall provide coverage for the guaranteed risks, **within the limits established and up to the maximum amount contracted for each case**. Events that have the same cause and that occurred at the same time shall be considered as a single loss.

b) In the case of guarantees which involve the payment of an indemnity and/or reimbursement, the INSURER must pay the indemnity at the end of the investigations and examinations necessary to establish the existence of the loss. **In any case, the INSURER shall pay, within 40 days from the receipt of the declaration of the loss, the minimum amount of that which may be due, based on the circumstances known to it**. If, within three months of the occurrence of the loss, the INSURER has not paid that indemnity for an unjustified reason or a reason that is attributable to it, the indemnity shall be increased by 20 per cent per year.

c) The indemnity for material damage will be determined on the basis of the replacement cost on the day of the loss, minus depreciation due to use. In the case of the Revocation Costs / Cancellation of Trip coverage, it shall be on the basis of the value of the cancellation on the day on which the cause which determines the Revocation of the Trip occurs.

d) If the parties reach an agreement on the amount and the form of the indemnity, the INSURER must pay the agreed sum **within twenty days from the date of the amicable agreement between the parties**. In the event of disagreement, the terms of article 38 of the Insurance Contract Law shall apply.

e) In order to obtain payment of the indemnity, the INSURED or the BENEFICIARIES must provide the documents attesting to the circumstances and consequences of the loss.

9. ASSISTANCE.

a) As soon as an event which could give rise to the provisions covered by the Policy occurs, the INSURED must notify the INSURER by means of the emergency telephone line established by the INSURER, stating their name, the policy number, the place and telephone number where they are located, and a description of the problem.

b) **The INSURER shall accept no responsibility for any delays or non-fulfillments due to force majeure or the special administrative or political characteristics of a given country**. In any case, if a direct intervention by the INSURER is not possible, the INSURED shall be reimbursed upon their return to Spain, or, in case of need, as soon as they are in a country where the above circumstance does not apply, for the expenses they have incurred and which are guaranteed, by means of the presentation of the appropriate proofs.

c) If the INSURED is on board any type of land, sea or air vehicle, **the INSURER shall provide its services once the INSURED is on dry land**.

d) **The provisions of a medical nature and medical transport must be provided after agreement by the doctor who attends to the INSURED with the INSURER's medical team. Any medical or transport provisions which the INSURED unilaterally considers it appropriate to request and receive, at his/her personal decision, without the INSURER's knowledge or authorisation, shall not be covered by the Policy, except in the case of an accredited emergency or force majeure.**

e) If the INSURED has the right to reimbursement for that part of the ticket which is not used, when making use of the transport or repatriation guarantee, **that reimbursement shall be passed on to the INSURER**. Likewise, with regard to the travel expenses of insured persons, the INSURER shall pay only those additional costs which are necessary and which exceed the costs initially anticipated by the INSURED.

f) The provisions contained in the guarantees of this Policy are subsidiary to other provisions to which the INSURED has the right, and the INSURED must take the necessary steps to recover those costs from the entities which are obliged to pay them and to thus reimburse the INSURER for those amounts it had advanced.

10. OBLIGATIONS OF THE INSURED.

a) As soon as the loss occurs, the POLICYHOLDER or the INSURED must adopt all measures available to them in order to minimise the consequences of that loss.

b) The POLICYHOLDER or the INSURED must inform the INSURER of the occurrence of the loss **within seven days from the date on which it is known**.

c) The INSURED must provide all proofs reasonably requested from him/her regarding the circumstances and consequences of the loss in order to render effective the provisions guaranteed by the Policy.

d) The INSURED must immediately request verification of the damage to or disappearance of the luggage by competent persons or authorities and make sure that the circumstances and importance of that damage/loss are reflected in the document which he/she will send to the INSURER.

e) In relation to the guarantees of the present Policy, the INSURED and his/her relatives and beneficiaries exonerate the medical professionals who attended to him/her as a result of the occurrence of an event from professional secrecy, so that they can provide medical information to the INSURER, as well as the medical history in relation to the case, for correct evaluation of the claim. The INSURER may not make any use of the information received other than that indicated here.

f) If the INSURER had guaranteed a payment to third parties and it was later revealed that those costs were not covered by the insurance, the INSURED must repay that amount to the INSURER within 30 days after notification to that effect by the INSURER.

g) In the case of robbery, the INSURED must immediately report it to the Police or Authority of that place and will accredit having done so to the INSURER. If the objects are recovered before the payment of the indemnity, the INSURED must take possession of them and the INSURER shall only be obliged to pay for any damage suffered.

i) The INSURED must notify the agency from which he/she contracted the service covered by the insurance as soon as any of the causes which may give rise to the reimbursement of the trip revocation costs occur.

j) In the case of revocation or cancellation of the trip, the INSURED must provide the documents accrediting that, as well as the bills or receipts of the expenses.

k) In the case of claims for delays, the INSURED must accompany them with the documents attesting to the occurrence of the loss and the costs incurred.

l) In the event of a Civil Liability claim, the POLICYHOLDER and the INSURED must not accept, negotiate or reject any claim without the express authorisation of the INSURER.

m) In the event of loss of Guarantee due to Provider Bankruptcy, the POLICYHOLDER, the agency and/or the INSURED must contact the INSURER immediately upon becoming aware of the event giving rise to the loss.

n) In the event of loss of Guarantee due to Force Majeure, the POLICYHOLDER, the agency and/or the INSURED must contact the INSURER immediately upon becoming aware of the event giving rise to the loss.

In all cases, the INSURER reserves the right to ask the INSURED to present reasonable documents or evidence in order to effect payment of the provision requested.

If the INSURED acts in bad faith and makes false statements, exaggerates the amount of the damage, attempts to destroy objects or cause them to disappear, hides or removes all or part of the insured objects, uses inaccurate documents as evidence or uses fraudulent means, he/she shall lose all rights to any indemnity for the loss.

11. SUBROGATION

Except in the ACCIDENTS guarantee, the INSURER shall be automatically subrogated, up to the amount of the sums paid out in application of the provisions guaranteed by the Policy, in the rights and actions which may correspond to the INSURED PARTIES or their heirs, as well as other BENEFICIARIES, against third parties, natural or legal, up to the total of the services provided or indemnities paid out.

In particular, this right may be exercised by the INSURER in regard of land, river, sea or air transportation companies, with regard to the total or partial reimbursement of the cost of the tickets not used by the INSURED PARTIES.

12. TIME LIMITATION

The actions deriving from the insurance contract shall lapse after two years in the case of damage insurance and five years in the case of insurance of persons.

13. INFORMATION FOR THE INSURED

Before entering into this agreement, the policyholder received the following information, in accordance with section 60 of the Private Insurance Planning and Supervision Act and sections 104 to 107 of the regulations:

- The insurer is EUROP ASSISTANCE ESPAÑA, S.A. DE SEGUROS Y REASEGUROS, with registered address in Madrid (calle Orense, 4, 28020), registered in the Administrative Register of the Directorate-General of Insurance and Pension Funds with code C-668.

- The insurance agreement is subject to Spanish law.

- In the event of a dispute with the INSURER, the policyholder or the INSURED can resort to Spanish arbitration and ordinary courts.

14. PROCEDURES IN THE EVENT OF A CLAIM BY THE INSURED

EUROP ASSISTANCE provides the INSURED with a Claims Service (Terms and Conditions on www.europ-assistance.es). Policyholders, insured parties, beneficiaries, third parties suffering damages or successors of any of the foregoing can submit claims via the website, in the "Customer Ombudsman" section, or by writing to the Claims Service:

Address: Claims Service

Cl. Orense, 4 – Planta 14

28020- MADRID

This Service, which operates independently, will deal with and resolve any written claims sent to it within a maximum of two months, in accordance with Order ECO/734/2004, 11 March and Act 44/2002, 22 November.

Having exhausted the procedure of the Complaints Service system, the claimant may send the claim to the Claims Service of the Directorate-General of Insurance and Pension Funds, to the following address:

Pº de la Castellana, 44
28046- MADRID

15. INFORMATION CLAUSE RELATING TO THE HANDLING OF PERSONAL DATA

WHO IS THE DATA CONTROLLER?

Identity: EUROP ASSISTANCE ESPAÑA, DE SEGUROS Y REASEGUROS, S.A. (hereinafter, the "Insurance Company")

Tax registration number: A-28461994

Registered Office: Calle Orense, número 4, 28020, Madrid.

Data Protection Officer (DPO): you may contact our DPO in writing, addressed to the Registered Office of the Insurer, indicating in the reference "Data Protection Officer".

WHAT IS THE PURPOSE OF THE HANDLING OF YOUR PERSONAL DATA?:

The handling will be mixed (automated and non-automated handling) and for the following purposes:

- To carry out the performance and fulfilment of the contractual relationship arising from the policy.
- Accounting, tax and administrative management of the policy.
- Collection of premiums and presentation of other invoices.
- Creation of orders for direct debits to your account.
- Performance of sales and marketing actions for other products and services of the Insurance Company.
- Creation of customer satisfaction surveys.
- Preparation, drafting and production of the documentation relating to the insurance.
- Performance of risk and claims ratio analysis.
- Performance of necessary evaluations following the occurrence of a claim or an event covered by the policy subscribed.
- Production of expert reports, either internally or using third parties.
- Settlement of claims or performance of contractually agreed provisions.
- Undertaking of any duty which is legally required or contractually agreed.
- Performance of actions aimed at preventing, detecting or pursuing fraud.
- In the event of non-payment, incorporation of data into credit records and common data files determined by the applicable sector regulations.
- Collaboration in actuarial statistics for the production of technical insurance studies.
- Debt claims and defence in claims proceedings, using the legally established procedures.

WHAT IS THE LEGITIMATE BASIS OF THE HANDLING?

- Performance of the contract between the Insurance Policyholder, the insured parties and/or beneficiaries and the Insurance Company.
- Legitimate Interest.
- Legal Authority.

WHO ARE THE RECIPIENTS OF YOUR DATA?

- The companies of the Insurance Company's group belonging to the insurance sector.
- The bank of the Insurance Company and the companies of its Group, along with the bank of the data subject in order to effect the direct debit order in accordance with regulations in force.
- The entities which act as insurance brokers or distributors for the management of the insurance policies.
- The service providers chosen by the Insurance Company, the intervention of whom is necessary for the management of the assistance covered under the policy.
- The Commission for the Prevention of Money Laundering and Monetary Offences (SEPBLAC), in order to comply with legally established requirements.
- The General Directorate of Insurance and Pension Funds, in accordance with the legally established provisions.
- The tax authorities competent in this area, pursuant to compliance of strictly legal and fiscal purposes.
- The Public Authorities with regard to the competencies attributed thereto.
- In the case of insurance cover in the event of death, the General Register of Wills and Testaments, managed by the Directorate General for Registers and Notaries, pursuant to applicable regulations on these matters.
- In the case of insurance policies with cover for death, the policies register.

MARKETING COMMUNICATIONS:

Pursuant to the stipulations of article 21.2 of the LSSI, it is notified that the Insurer is entitled to send to you information and advertising regarding any of the products or services sold thereby. The interested party is entitled to object to the dispatch of electronic marketing messages at any time, by sending an e-mail indicating "COMMUNICATIONS OPT-OUT" in the subject line, to the following address: baja.cliente@europ-assistance.es

HANDLING OF HEALTH DATA

The Insurance Company informs you that, for the management of claims arising from the policy and coverage included therein, it is necessary that personal data relating to your health be handled, whether this has been obtained by means of the health questionnaire or any other questionnaire which may in future be provided during the term of the contractual relationship (such as those provided in the event of an aggravation of risk) or which the Insurer may obtain from third parties (whether originating from public or private health centres or other health professionals, both national and international, from examinations or additional medical check-ups which may be required by the Insurance Company or other public or private entities).

HANDLING OF THIRD-PARTY DATA

In the event that data relating to third parties is provided, the contracting party in the policy is required to have obtained the prior authorisation thereof regarding the transfer of data to the Insurance Company for the purposes agreed herein.

HOW LONG WILL THE DATA BE STORED?

The personal data provided by the interested party for the formalisation and management of the contractual relationship shall be stored for a period of 5 years as of termination, whatever the cause thereof.

WHAT ARE YOUR RIGHTS?

You are entitled to exercise the following rights, at any time and free of charge, by means of writing to EUROP ASSISTANCE ESPAÑA, DE SEGUROS Y REASEGUROS, S.A., calle Orense, número 4, 28020, Madrid, indicating in the Reference "Data Protection" and attaching a photocopy of your national identity document:

- To revoke the consent granted for the handling and communication of your personal data.
- To access your personal data.
- To rectify imprecise or incomplete data.
- To request the deletion of your data where, among other reasons, the data is no longer necessary for the purposes for which it was collected.
- To object to the handling of your data.
- To request the transferability of your data.
- To make a claim to the Spanish Data Protection Agency, at the following address: Calle de Jorge Juan, 6, 28001 Madrid, in the event that you consider that the entity EUROP ASSISTANCE ESPAÑA, DE SEGUROS Y REASEGUROS, S.A. has violated your rights acknowledged in accordance with the data protection regulations.

The interested party is entitled to contact the Data Protection Officer in writing, addressed to EUROP ASSISTANCE ESPAÑA, DE SEGUROS Y REASEGUROS, S.A., calle Orense, número 4, 28020, Madrid.

16. CONFIRMING RECEIPT OF PRELIMINARY INFORMATION

The Policyholder/INSURED expressly acknowledges receipt from the INSURER, in writing and at the time of signing the insurance agreement in accordance with the SPECIFIC CONDITIONS, pertinent information relating to the legislation to which the insurance agreement is subject, the different claims procedures, the EU member state of the INSURER's address and its supervisory body, and its registered name, address and legal status.

GUARANTEES COVERED

Should a loss covered under this policy occur, the INSURER guarantees that the services in question will be provided as soon as it receives notification as per the procedure specified in the section "DECLARING A LOSS".

The optional guarantees are listed below, and those actually taken out will be specified in the policy SPECIFIC CONDITIONS.

1) ASSISTANCE GUARANTEES**1.1. ASSISTANCE TO PEOPLE****1.1.1. MEDICAL AND HEALTH CARE ASSISTANCE**

The INSURER shall pay the costs corresponding to the intervention of the health care professionals and establishments which the INSURED requires during the trip as the result of an illness or accident which occurs during the course of that trip.

The following services are expressly included, though this list is not exhaustive:

- a) Care provided by emergency medical teams and specialists.
- b) Supplementary medical examinations.
- c) Hospitalisation, hospital treatment and surgical interventions.
- d) Pharmaceutical costs during hospitalisation, or refunding of their cost for injuries or illnesses which do not require hospitalisation.
- e) Care for acute dental problems, meaning those which, due to infection, pain or trauma, require urgent treatment.

In the case of a life-threatening emergency resulting from an unforeseeable complication of a chronic, pre-existing or congenital disease, the INSURER will only cover the costs of an initial health care intervention carried out urgently and within the first 24 hours following admission to hospital.

Unless a different limit is indicated in the Specific Conditions of the Policy, dental care costs are limited to €120.

The INSURER will bear the costs of these services, **up to the limit established in the policy SPECIFIC CONDITIONS.**

1.1.3. REPATRIATION OR MEDICAL TRANSPORT OF ILL OR INJURED PERSONS

In the case of an accident or illness suffered by the INSURED and which, in the opinion of a medical professional, prevents him/her from continuing the trip, the INSURER shall pay:

- a) The costs of transfer by ambulance to the nearest hospital or clinic.
- b) Monitoring by its Medical Team, in contact with the physician treating the injured or ill INSURED PARTY, in order to determine suitable steps to be taken leading to the best treatment to be followed and the most suitable means for his/her eventual transfer to another, more appropriate hospital or to their residence.
- c) The costs arising from transferring the injured or ill person, by the most appropriate means of transport, to the recommended hospital or his/her usual residence.

The means of transport to be used in each case will be decided by the INSURER'S Medical Team based on the urgency and seriousness of the case. Exclusively in Europe and Mediterranean coastal countries, and always at the discretion of the medical team of the INSURER, a specially equipped air ambulance may be used.

If the INSURED is admitted to a hospital that is not close to his/her usual place of residence, the INSURER will be responsible, where appropriate, for the subsequent transfer to that place of residence.

1.1.5. TRAVEL BY A FAMILY IN THE CASE OF HOSPITALISATION OF THE INSURED

If the condition of the ill or injured INSURED PARTY **requires hospitalisation for a period greater than the number of days indicated in the Specific Conditions of the Policy**, the INSURER will make available to a relative of the INSURED, or the person designated by the INSURED, a return ticket, by plane (tourist class) or train (1st class), so that he/she can accompany the INSURED, provided that no first-degree relative is already at the INSURED's side.

In addition, the INSURER will pay, after presentation of the corresponding bills, the accommodation costs of the companion, **up to the daily limit and for the maximum period indicated in the Specific Conditions of the Policy, and for a maximum period of 10 days.**

1.1.7. REPATRIATION OR TRANSPORT OF THE DECEASED INSURED PARTY

In the event of the death of an INSURED PARTY, the INSURER will organise and will pay the costs of transferring the body to the place of burial to the country of residence. Those costs will include post-mortem preparation costs in accordance with legal requirements.

Funeral and burial costs will not be covered.

The INSURER will be responsible for returning to their home up to two INSURED relatives of the deceased, so they can accompany the corpse to the burial site at the usual place of residence.

The INSURER is subrogated in the rights of the INSURED PARTIES for the tickets and all initially-envisaged return costs to the country of residence.

1.1.8. EARLY RETURN DUE TO THE DEATH OF A RELATIVE

If any of the INSURED PARTIES must interrupt the trip due to the death of a relative, the INSURER shall pay the transport costs, by plane (tourist class) or train (1st class), from the place they are at to the place of burial.

In addition, the INSURER will pay the cost of a second ticket for the transport of the person who was on the same trip as the INSURED PARTY who was obliged to return early, **provided that that second person is insured by this policy.**

1.1.24. COSTS OF URGENT DENTAL TREATMENT

The INSURER shall pay, **up to the limit indicated in the Specific Conditions**, and in accordance with the duration of the insurance contracted, the cost of the treatment of the INSURED in order to relieve the pain related to a gum or tooth infection which occurred during the course of the trip and which gives rise to urgent treatment in order to mitigate that pain.

EXCLUSIONS APPLICABLE TO THE ASSISTANCE GUARANTEES**ASSISTANCE TO PEOPLE**

The following are not covered by this guarantee:

- a) The guarantees and provisions that have not been requested from the INSURER or that have not been made by it or with its agreement, except in the case of force majeure or demonstrated material impossibility.
- b) Losses caused by wilful misconduct of the INSURED, the POLICYHOLDER, the BENEFICIARIES or the persons travelling with the INSURED.
- c) Losses occurring in the event of wars, demonstrations and popular uprisings, acts of terrorism or sabotage, strikes, arrests by any authority for crimes not resulting from traffic accidents, restrictions on free movement or any other case of force majeure, unless the INSURED proves that the loss is not related to the event for which the claim is made.
- d) Accidents arising due to taking part in sports competitions, official or private, as well as training or trials, and bets.
- e) Losses caused by radiation from transmutation or nuclear disintegration or radioactivity, as well as those deriving from biological or chemical agents.
- f) Rescue in the mountains, at sea or in the desert
- g) Except as indicated in the assistance guarantees of these General Conditions, pre-existing or congenital conditions, ailments and diseases, as well as their consequences suffered by the INSURED prior to the policy coming into effect.
- h) Any illnesses and accidents occurring when exercising a manual profession
- i) Suicide or illnesses and/or injuries resulting from attempted suicide or intentionally caused by the INSURED to themselves.
- j) Treatments or illnesses or pathological conditions caused by ingesting or administering toxic substances (drugs), alcohol, narcotics, or from the use of medication without a prescription.
- k) Cosmetic treatment and the supply or replacement of hearing aids, contact lenses, glasses, braces and prosthesis in general, as well as costs produced from births or pregnancies and any type of mental illness
- l) Births.
- m) Pregnancies
- n) Regular medical, preventive or paediatric examinations.
- o) Any kind of medical or pharmaceutical costs arising as a result of fraud by the INSURED PARTY, or due to abandoning treatment leading to a predictable deterioration of health.
- p) The INSURER will not be responsible for medical or pharmaceutical costs whose amount is less than €9.00.
- q) Accidents arising due to taking part in sports competitions, official or private, as well as training or trials, sports expeditions and bets
- r) Skiing and any other winter sports or so-called extreme sports (including hiking, trekking and similar)
- s) Restaurant and hotel expenses other than those covered by the policy.

Subject to express authorisation from the INSURER and an agreed extra premium, exclusions d) and h) r) can be eliminated and this will be specified in the policy SPECIFIC CONDITIONS.

2) LUGGAGE GUARANTEES**2.1. THEFT OF AND MATERIAL DAMAGE TO LUGGAGE**

Reimbursement is guaranteed for material damage and loss of the Insured Person's personal belongings or luggage, in the event of theft, total or partial loss due to the transporter, or damage as a consequence of fire or aggression related to the transporter, occurring during the trip, up to the limit established in the PARTICULAR CONDITIONS of this policy.

For the purposes of this guarantee theft will be understood only as robbery involving violence or intimidation directed at people or force applied to things

Cameras, photography accessories, radio equipment, sound or image recording equipment, as well as their accessories, are limited to 50% of the insured amount for the luggage as a whole.

This reimbursement will always be in addition to the compensation received from the transport company, as a complementary measure. To proceed with this payment, the Insured Person must present the receipt for the compensation received from the transportation company, as well as a detailed breakdown of the luggage and its estimated value.

The above-mentioned reimbursement will be determined on the basis of the replacement value on the day of the claim, minus depreciation due to use.

In order for the provision to be effective in the case of robbery, it will be necessary to present the corresponding report made to the competent authorities.

The Insurer reserves the right to request the Insured person to present reasonable proof or documentary evidence for payment of this provision.

EXCLUSIONS APPLICABLE TO THE LUGGAGE GUARANTEES

The following are not covered by this guarantee:

- a) Goods and materials for professional use, UNLESS guarantee 2.2. has been contracted, Jewels (which shall be understood to mean objects of gold, platinum, pearls or precious stones), currency, banknotes, travel tickets, stamp collections, securities of whatever nature, identity documents and, in general, all paper documents and financial instruments, credit cards, memory discs or tapes, documents recorded on magnetic tapes or filmed, valuable objects (which shall be understood to mean any objects of silver, paintings, works of art, and all types of art collections, as well as valuable furs), prostheses, spectacles and contact lenses, sports materials, telephony devices, electrical equipment, digital equipment, computer materials of all kinds, as well as their accessories, EXCEPT those expressly included in the ROBBERY AND MATERIAL DAMAGE OF LUGGAGE coverage of guarantees 2.1. and 2.2.
- b) Robbery, which is understood to be the taking of property which does not belong to one, not involving violence, intimidation of people or forced entry.
- c) Damage due to normal or natural wear and tear, inherent defect, inadequate or insufficient packaging, even if caused by the transport company, or the slow action of the weather.
- d) Losses due to the fact that an object, not entrusted to a transport company, has simply been mislaid or forgotten.
- e) Robbery during the free practice of camping or caravanning, and valuable objects are completely excluded in any form of camping.
- f) Damage, loss or robbery resulting from the fact that personal effects or objects were left unattended in a public place or one which is placed at the disposal of a number of occupants.
- g) Breakages, unless arising from an accident to the means of transport, simple theft or burglary, armed robbery, fires and their extinction.
- h) Damage caused, directly or indirectly, as a result of acts of war, civil or military disturbances, riots, strikes, earthquakes, radioactivity or any cause of force majeure.
- i) Damage caused intentionally by the INSURED, or due to serious negligence by the INSURED, and damage caused by the spillage of liquids inside the luggage.
- j) All motor vehicles, as well as their complements and accessories.

7. LIMITS.

EUROP ASSISTANCE will cover these costs, within the limits established and up to the maximum amount contracted for each case. Events that have the same cause and take place at the same time will be considered to be a single accident.

EUROP ASSISTANCE will be obliged to pay the compensation, unless the accident has been caused by bad faith of the Insured.

In guarantees that involve payment of an amount in cash, EUROP ASSISTANCE is obliged to pay the compensation at the conclusion of the investigations and appraisals required to establish the existence of the accident. In all cases, EUROP ASSISTANCE will pay, within 40 days counting from receipt of the declaration of the incident, the minimum amount of what it may owe, according to the circumstances known to it. If within three months from the claim date, EUROP ASSISTANCE has not have paid this indemnity for an unjustified cause that is attributable to it, the indemnity will be increased by 20 percent per year.

8. DECLARATION OF AN INCIDENT

In the event of an incident that may give way to the benefits covered, the Insured must communicate by means of the emergency telephone service established by EUROP ASSISTANCE, giving the policy number, place and telephone number of where he/she is, and the type of aid that is required. This call may be made reverse-charge.

Claims will be rejected and the INSURED PERSON will lose any right to compensation if he/she, acting in bad faith, presents false declarations, exaggerates the extent of damage, attempts to destroy or conceal objects existing before the incident, disguises or removes some or all of the insured items, uses inaccurate documents as justification, or uses any other fraudulent means.

9. ADDITIONAL PROVISIONS

The Insurer will not assume any obligation concerning benefits that have not been requested or which have not been carried out with their previous agreement, except in duly justified cases of force majeure.

When, during the providing of services, the direct intervention of EUROP ASSISTANCE is not possible, the latter is obliged to refund the Insured for the expenses duly accredited that derive from such services, within the maximum term of 40 days after their presentation.

The INSURER reserves the right to request the INSURED PERSON to present reasonable proof or documentary evidence for payment of this provision.

10. SUBROGATION

Up to the amount of the sums paid out in compliance with the obligations derived from this Policy, EUROP ASSISTANCE is automatically replaced in the rights and actions that may correspond to the Insured and their heirs, as well as other beneficiaries, against third parties, individuals or companies, as a consequence of the incident that is the reason for the assistance provided.

In special cases, this right may be exercised by EUROP ASSISTANCE against land, river, sea or air transport companies with regard to the total or partial replacement of the cost of the tickets not used by the Insured.

11. LIMITATIONS

Any actions derived from the Insurance Policy expire after the term of two years, counting from the time in which they may be exercised.

12. INDICATION

If the contents of this Policy differ from the proposal of insurance or the agreed clauses, the Policyholder may appeal to the Company within the term of one month, counting from the time of delivery of the Policy, in order to correct the existing discrepancy. If no appeal has been made after this period, the conditions included in the Policy will apply.

13. CUSTOMER INFORMATION

In compliance with our duty to provide information and protect our customers as part of the brokerage services that we offer, please find the relevant details below:

Registration

INTERMUNDIAL XXI, S.L. is registered in the Special Administrative Register of Insurance Brokers, Reinsurance Agents and Executives Insurance Agents under entry No. J-1541. Said Register is public and can be consulted by writing to the Directorate General of Insurance and Pension Funds (Paseo de la Castellana, 44, 28046 -Madrid), or by visiting said organisation's website at: <http://www.dgsfp.mineco.es/regpu-blicos/pui/pui.aspx>

Furthermore, INTERMUNDIAL XXI, S.L. retains a Professional Civil Liability and Surety Insurance Policy pursuant to the legislation in force.

Prior information receipt confirmation clause

The Policy Holder/Insured Party hereby expressly acknowledges that he/she has received, from the Insurer, in writing and on the date on which the insurance policy was taken out pursuant to its specific terms, the relevant information corresponding to the legislation applicable to the insurance contract, the different complaint bodies, the Member State in which the Holder's place of residence is located and its control authority, the corporate name, address and legal structure of the Insurer.

Customer Care Service

To process and resolve queries and complaints, INTERMUNDIAL XXI, S.L. has a customer care service that has been outsourced to Inade, Instituto Atlántico del Seguro, S.L., located in Vigo, in the province of Pontevedra, post code 36202, Calle La Paz, 2 bajo. The aforementioned service is obliged to resolve said complaints and claims in a maximum period of two months from the date on which they are submitted. In the event that the Customer is unsatisfied with the resolution, he/she may contact the Claims Service of the Directorate General of Insurance and Pension Fund; in order to so, it is essential that the customer demonstrates he/she has submitted the claim or complaint in writing to the Customer Care Service of INTERMUNDIAL XXI, S.L.

PERSONAL DATA PROTECTION**BASIC INFORMATION**

Heading	Basic Information (1st layer)
Data Controller	InterMundial XXI S.L.
Purpose	- Advice on contracting and formalisation of insurance contracts and - Claims processing - Sending of commercial communications about products, sending of Newsletter, website updates
Legitimacy	- Execution of the insurance contract

	- Consent for commercial communications
Recipients	The recipients of your data will be the Insurers that offer the contracted coverage and Servisegur Consultores S.L. for the purpose of processing claims.
Rights	You have the right to access, rectify, limit the processing of, delete and request the portability of your data.
Origin	Directly from the interested party
Commercial communications	In order to improve the provision of our services, we create a commercial profile of our customers based on the information provided by them, which allows us to offer products and services of the following types according to their interests: - Travel insurance
Additional information	You can consult the additional information on the last page of this document and detailed information on Data protection in the following section of our website: www.intermundial.es/protecciondedatos

Objective analysis

Our advice is provided based on a sufficient number of insurance contracts offered on the risks market subject to coverage in such a way as to provide a recommendation, pursuant to professional criteria, concerning the insurance agreement that would best suit the customer's needs. Said analysis is not exclusively limited to the product, and also extends to the quality of the service and provisions that the chosen or rejected insurer is able to provide at the time the contract is formalised.

CLAUSE RELATING TO COMPENSATION FROM THE INSURANCE COMPENSATION CONSORTIUM FOR LOSSES ARISING FROM EXTRAORDINARY EVENTS IN PERSONAL INSURANCE POLICIES

In accordance with the provisions of the revised text of the Legal Statute of the Insurance Compensation Consortium, approved by Royal Legislative Decree 7/2004, of 29 October, the holder of an insurance contract which must necessarily include a surcharge in favour of the aforementioned public business enterprise has the power to agree the coverage of extraordinary risks with any insurer that meets the conditions required by the law.

Compensation arising from incidents caused by extraordinary events that occur in Spain, and which relate to risks located therein, and also those which occur abroad when the insured party has his or her habitual residence in Spain, will be paid by the Insurance Compensation Consortium when the policyholder has paid the corresponding surcharges and any of the following situations occurs:

- a) The extraordinary risk covered by the Insurance Compensation Consortium is not covered by the insurance policy contracted with the insurer.
- b) Even if it is covered by that insurance policy, the obligations of the insurer cannot be fulfilled because it has been legally declared insolvent or it is subject to a procedure of supervised winding-up or has been taken over by the Insurance Compensation Consortium.

The Insurance Compensation Consortium shall proceed in accordance with the provisions of the aforementioned law, Law 50/1980 of 8 October, on insurance contracts, the Regulations on insurance for extraordinary risks, approved by Royal Decree 300/2004, of 20 February, and supplementary provisions

Summary of legal norms:**1. Extraordinary events covered**

- a) The following natural phenomena: earthquakes and tidal waves; extraordinary floods, including those caused by sea storms; volcanic eruptions; atypical cyclonic storms (including extraordinary gusts of wind in excess of 120 km/h and meteorites.
- b) Those caused by violence as a result of terrorism, rebellion, sedition, riots and popular unrest.
- c) Events or actions of the armed forces or of the security services in peacetime.

Atmospheric and seismic phenomena, volcanic eruptions and the fall of astral bodies shall be certified, at the request of the Insurance Compensation Consortium, through reports issued by the State Meteorological Agency (AEMET), the National Geographic Institute and other public bodies competent in the matter. In cases of political or social events, in addition to the occurrence of damage caused by events or actions of the armed forces or security services in time of peace, the Insurance Compensation Consortium may seek information on such events in the courts and from administrative authorities.

2. Excluded risks:

- a) **Those that do not give rise to compensation under the Insurance Contract Law.**
- b) **Those caused to persons insured by an insurance contract other than those for which the surcharge for the Insurance Compensation Consortium is mandatory.**
- c) **Those caused by armed conflict, even if not preceded by an official declaration of war.**
- d) **Those deriving from nuclear energy, without prejudice to the provisions of Law 12/2011, of 27 May, on civil liability for nuclear damage or damage caused by radioactive materials.**
- e) **Those caused by natural phenomena other than those referred to in article 1.a), above and, in particular, damage caused by rising of the groundwater level, movement of hillsides, slippage or settlement of land, rock falls and similar phenomena, except when they are manifestly caused by the action of rainwater, which, in turn, has resulted in a situation of extraordinary flooding and they are simultaneous with that flooding.**
- f) **Those caused by tumultuous events occurring in the course of rallies and demonstrations carried out in accordance with the provisions of Organic Law 9/1983, of 15 July, regulating the right of assembly, as well as during the course of legal strikes, except where such actions could be qualified as extraordinary events, of those mentioned in section 1(b), above.**
- g) **Those caused by the bad faith of the Insured Party.**
- h) **Those corresponding to incidents which occurred prior to payment of the first premium or when, in accordance with the provisions of the Insurance Contract Law, the coverage of the Insurance Compensation Consortium is suspended or the insurance has ended owing to non-payment of premiums.**
- i) **Incidents which, due to their magnitude and severity, are deemed by the Government of the nation to be a "national catastrophe or calamity".**

3. Scope of cover

Coverage of extraordinary risks shall extend to the same insured persons and amounts as those established in the policy for the purposes of the coverage of ordinary risks

In life insurance policies which, in accordance with that stipulated in the contract and the regulations governing private insurance, generate a mathematical reserve, the coverage of the Insurance Compensation Consortium will refer to the capital at risk for each insured party, i.e. the difference between the sum insured and the mathematical reserve which, in accordance with the above-cited legislation, should have been set aside by the insurer issuing the policy. The amount corresponding to the aforementioned mathematical reserve will be paid by the aforementioned insurance entity.

NOTIFICATION OF DAMAGE TO THE INSURANCE COMPENSATION CONSORTIUM

1. The claim for compensation for damage to be paid by the Insurance Compensation Consortium shall be effected via notice by the policyholder, the insured party or the beneficiary of the policy, or by a person acting on behalf of the above, or by the insurer or insurance broker managing the insurance.
2. The notification of damage and requests for information relating to the procedure and the status of claims may be effected:
 - By calling the Insurance Compensation Consortium Call Centre (952 367 042 or 902 222 665).
 - Through the website of the Insurance Compensation Consortium (www.conorseguros.es).
3. Valuation of damage: A valuation of the damage which is eligible for compensation in accordance with insurance legislation and the content of the insurance policy shall be carried out by the Insurance Compensation Consortium, and the Insurance Compensation Consortium shall not be bound by any valuations carried out by the insurance entity which covers the ordinary risks.
4. Payment of compensation: The Insurance Compensation Consortium will make payment of compensation to the beneficiary of the insurance via bank wire transfer.

ADDITIONAL CIVIL LIABILITY INSURANCE**DEFINITIONS****Sum Insured:**

The amounts established in the SPECIFIC and General CONDITIONS, the maximum compensation limit to be paid by the INSURER in the event of a loss.

The INSURED's obligations: In the case of Civil Liability loss, the Policyholder, the INSURED or his/her beneficiaries, must not accept, negotiate or reject any claim without express authorisation from the INSURER.

Private Civil Liability Insurance

SERVICE INSURED BY EUROP ASSISTANCE IRISH BRANCH

The insurance guarantees **compensation up to the limit per loss established in the SPECIFIC CONDITIONS** for personal and material damages and/or resulting losses that the INSURED is responsible for paying in accordance with legislation in force in the country in question, due to non-contractual liability.

The following are expressly excluded: civil liability due to professional activities, resulting from the use and driving of motor vehicles and resulting from the use of ownership of weapons and arms of any type, damages caused under the influence of alcohol or drugs, involvement in official sport competitions or as an amateur in competitions involving motor vehicles, vessels, aircrafts or firearms, and compensation arising from financial losses not caused by a previous personal or material damage.

ADDITIONAL INFORMATION ON DATA PROTECTION**Who is responsible for processing your data?**

The data processor is INTERMUNDIAL XXI S.L. Correduría de Seguros, with Taxpayer Identification Code B81577231 and registered office at C/ Irún 7, 1º A izquierda, 28008. You can contact us by sending us a letter to our indicated postal address or via our email: lopd@intermundial.com.

For what purpose do we process your personal data?

At INTERMUNDIAL XXI S.L., we process the information provided by the interested parties for advice on contracting and to manage the insurance contract, processing claims arising from the contract signed, as well as sending commercial communications and newsletters.

For how long will we keep your data?

The data provided shall be kept throughout the term of the contract and shall be deleted upon expiry of the insurance contract.

Notwithstanding the foregoing, the data shall be blocked and stored during the period of limitation of any actions that may arise in connection with the contractual relationship entered into by you.

What is the legitimacy for the processing of your data?

The legal basis for the processing of your data is the execution of the insurance contracts, under the terms and conditions contained in the contracts, as well as the processing of claims arising from them.

The legitimacy of the offer of products and services lies in the legitimate interest of the data controller, and the Customer may at any time object to this type of processing, although the exercise of this right shall not condition the execution of the contract under any circumstances.

We also inform you that failure to provide the required information results in it being impossible to sign and fulfil the contract.

To which recipients will your data be communicated?

The data will be communicated to the insurers for the purpose of managing the insurance contract.

Likewise, they will be communicated to Servisegur Consultores S.L., with Taxpayer Identification Code B81398414 and registered office at C/ Irún 7, 1ºA izquierda, Madrid, 28008, for the purpose of processing claims arising from the contract signed.

What are your rights when you provide us with your data?

Any person has the right to obtain confirmation as to whether INTERMUNDIAL XXI S.L. is processing personal data concerning them.

The interested party shall have the right to withdraw his/her consent at any time, provided that the processing is not necessary for the purpose of fulfilling the contract. The withdrawal of consent shall not affect the legality of the processing based on consent prior to its withdrawal.

You may exercise your rights of access, rectification, deletion, limitation in the processing and portability of data through our website (www.intermundial.es/incidencias), or by addressing a letter to our Legal Advisory Department at C/ Irún 7, 1º A Izquierda, Madrid, 28008.

Ultimately, you can request information on your rights and file a claim with the Spanish Data Protection Authority, whose registered office is at calle Jorge Juan, nº 6, 28001 Madrid.

