

**PLEASURE BOAT INSURANCE
 PARTICULAR CONDITIONS**

Policy number: 04 ER3 7020262
Effective Date: 26/07/2024 **Portfolio**
Issued in Barcelona on Tuesday 7th May 2024

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Agent: 03 3211585 ROSA FERRER PEREZ
Collector: "
Type of agent: AGENTE EXCLUSIVO

M

Holder HUTTON . , TIMOTHY JAMES **Nif/Cif** X4102913N
 C SIERRA MORENA 28
 03724 MORAIRA
Insured Party(ies) THE HOLDER

Effect: At 09 AM/PM of 26/07/2024 **Maturity:** At 09 AM/PM of 26/07/2025
Effective Term: Annual, Extendable

Risk Nature: Non-cabin motor boat

DETAILS OF VESSEL

Name: TEDO **Registration:** 00 923500
Make/model aux.craft: CC LAUNCH 28 **Make/model of motor:** MERC 6.2L 300/B3
Constr. year: 2.016 **Length:** 9 **Nºof motors:** 2 **H.P.:** 600 **Maximum speed(knots):** 50
Material: Fibreglass Reinforced Plastic
D.of Birth of captain/driver: **Title:** Recreational vessel owner
Flag: EU REINO UNIDO **Use:** Private
The No.of people covered against accidental injury to passengers is: 12
The Nºof people covered against accidental injury to water skiers is: 1

| Covers Contracted | Insured Amount | €uros |
|--|-----------------------|--------------|
| PUBLIC LIABILITY | INCLUDED | |
| VOLUNTARY LIABILITY | 163.433,00 | € |
| Personal injuries (mandatory and voluntary public liability) | | |
| - Limit per victim | 120.202,42 | € |
| HULL/MOTOR(S) AND RIGGING | 186.924,13 | € |
| ACCESORIES | EXCLUDED | |
| PERSONAL ITEMS | EXCLUDED | |
| TRAILER | EXCLUDED | |
| DAMAGE CLAIMS | INCLUDED | |
| ACCIDENTAL INJURY CAPTAIN | | |
| DEATH | 18.030,00 | € |
| PERMANENT DISABILITY | 18.030,00 | € |
| MEDICAL & PHARM. CARE | 1.803,00 | € |
| BURIAL EXPENSES | 3.005,00 | € |

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| ACCIDENTAL INJURY PASSENGERS | |
| DEATH (POR C/U) | 6.010,00 € |
| PERMANENT DISABILITY(POR C/U) | 6.010,00 € |
| MEDICAL & PHARM. CARE (POR C/U) | 601,00 € |
| BURIAL EXPENSES (POR C/U) | 3.005,00 € |
| ACCIDENTAL INJURY WATER SKIER | |
| DEATH (POR C/U) | 6.010,00 € |
| PERMANENT DISABILITY (POR C/U) | 6.010,00 € |
| MEDICAL & PHARM. CARE (POR C/U) | 601,00 € |
| BURIAL EXPENSES(POR C/U) | 3.005,00 € |
| ASISTENCIA NAUTICA | INCLUDED |

Beneficiaries:

1) SPOUSE, 2) DESCENDANTS, 3) OTHER RELATIONS, 4) HEIRS

Annual Net Premium: 1.503,41 €
Form of Payment: YEARLY
Breakdown Receipt No: 135318438 from 26/07/2024 to 26/07/2025

| <u>Net Premium</u> | <u>Consortium</u> | <u>Taxes</u> | <u>TOTAL</u> |
|--------------------|-------------------|--------------|-----------------------|
| 1.503,41 € | 0,41 € | 122,52 € | 1.626,34 €uros |

Collection Address: ES84 0182 4423 91 0201550716 BANCO BILBAO VIZCAYA ARGENTARI

FRANCHISES.

A deductible equal to (1) per one thousand of the total sum insured for the vessel is hereby established, subject to a minimum of : €(2) .

(1) 3,25
(2) 586,96

CLAUSES.

LIST OF GENERAL CONDITIONS

All printed general conditions that contradict, alter or extend the schedule and/or special conditions forming a part of this policy shall be considered null and void and without effect.

The captain of the insured boat has the appropriate certification in accordance with the requirements and demands established by the sectoral regulations. The insured accepts and assumes any responsibility that may

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be claimed in this regard, its possession being mandatory for the coverage of the policy.

LOCATION OF VESSEL

The homeport is located in:
(enter the location here.)
C.N.MORAIRA

CLAUSES

ACCIDENTAL INJURY TO PASSENGERS

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to passengers in the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal accidents", thereof.

ACCIDENTAL INJURY TO WATER SKIER

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to those people who, classified as passengers, engage in water-skiing during their stay on the vessel and in waters that have been legally authorised to this end, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

ACCIDENTAL INJURY TO CAPTAIN

In the event of personal injury to the vessel's captain, payment of the indemnities, up to the limit set out below, shall be covered solely and exclusively when the captain is the policyholder or insured, or the person designated as such in the policy, and the injury occurs while he or she is on board the vessel, or when he or she is boarding and/or disembarking from the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

| | |
|-------------------------------|-----------|
| Limits Death/Disability | 18,030.00 |
| Medical care | 1,803.00 |
| Burial expenses | 3,005.00 |

DAMAGE TO VESSEL

The vessel insured hereunder is covered pursuant to the terms of Coverage C, "Damage to the vessel", and to all other provisions established to this end regarding coverage in the attached General Conditions.

REMOCION DE RESTOS (LIMITE € 30.000)

Se garantiza la remoción de restos de la embarcación asegurada, única y exclusivamente, a requerimiento de las Autoridades de Marina y siempre

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que sea consecuencia de un siniestro asegurado, hasta un límite de 30.000 euros o el 10% de la suma asegurada, la que sea superior, del casco, motor y velamen.

EXTENSION - AREA OF NAVIGATION 2

The area of navigation authorised for the insured craft is hereby extended to include those journeys it might make to or from waters and/or ports under European and African jurisdiction in the Mediterranean.

REGULATORY MODIFICATIONS

As a result of the regulatory modifications introduced by Law 20/2015 of 14 July on the organization, supervision and solvency of insurance and reinsurance companies (LOSSEAR), we hereby inform you that both the policyholder and insurer may oppose the extension of an insurance contract by giving written notice to the other party within at least ONE MONTH prior to the end of the insurance period currently in progress WHEN THE EXTENSION IS OPPOSED BY THE POLICYHOLDER, and at least two months when it is opposed by the insurer.

Furthermore, if any changes or alterations occur in relation to the information or circumstances DECLARED BY THE POLICYHOLDER IN THE QUESTIONS ASKED OF THEM by the insurer prior to entering into the contract, and which increase the level of risk or are of such a nature that, had they been known to the insurer when it was drawing up the contract, it would not have entered into the contract or would have established stricter conditions, the insurer must be informed of these changes or alterations as soon as possible.

The foregoing regulation replaces that which is included in the general conditions of the policy in relation to this subject matter.

Consumer protection

In the case of residence in the Autonomous Communities of Galicia or Catalonia, and in accordance with the Consumer Code of Catalonia and the Galician General Law for the Protection of Consumers and Users, please be advised that we are at your disposal via telephone number 900.112.213 where we will attend any incident, complaint or claim that you may have regarding the service provided.

Likewise, in the case of residence in the Autonomous Community of Catalonia, we are at your disposal at Avenida de la Granvia de L'Hospitalet, 8, de Hospitalet de Llobregat (Barcelona).

MARITIME RESCUE SERVICE

Assistance to the insured vessel in order to ensure the provision of diverse services intended to help resolve unanticipated or difficult situations that may arise over the course of nautical journeys or

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excursions, including on lakes, rivers and navigable canals, so that the journey or excursion may continue, pursuant to the relevant terms of the General Conditions and of Article 4, "Maritime Rescue Service", thereof.

CLAUSES.

EMERGENCIES AND TELEPHONES FOR NAUTICAL ASSISTANCE OR TOWING

Distress calls for emergencies when sailing:

Use the international CHANNEL 16 VHF channels and frequencies Marine band and 2,182 kHz on medium wave, or call the MARITIME EMERGENCY TELEPHONE NUMBER on 900 202 202, staffed by Maritime Rescue.

Once you are safely in port:

If you have taken out cover for NAUTICAL ASSISTANCE, you should report the incident to the Assistance telephone numbers:

- From Spain, call 93 463 11 58
- From abroad, call +34 93 463 11 58

Inform siniestrosasistencia@gacm.es of the facts via email. Include:

- Personal details of the insured and the policy number. Schedule
- Description of the event, including place, date and time, as well as reason assistance was required.
- Attach all documents provided by the assistance service.
- **Refloating and towing expenses should be listed separately on the bill, with cost broken down by item.**

Communication of file processing:

In every case, the Generali agent shall be informed of the main steps in the processing of files:

- **Information on opening of file**
- **Requests for documents or information**
- **Confirmation of cover**
- **Confirmation of payments made**

The same information may be given to a different valid interlocutor as long as you provide us with their contact details (e-mail).

LEGISLATION AND AUTHORITIES

Spanish legislation applicable to this contract are the Spanish Insurance Contracts Act and the Law on the regulation, supervision and solvency of insurance and reinsurance companies and its implementing regulations.

LIBERTY SEGUROS, Compañía de Seguros y Reaseguros S.A. has a Customer Service Department and a Customer Ombudsman to handle and resolve complaints and claims arising from actions by the company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

Policyholders, insured parties, beneficiaries, affected third parties and their

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entitled dependants may submit their complaints and claims:

A) To the Liberty Seguros Customer Service Department, by writing to Paseo de las Doce Estrellas, 4, 28042 Madrid, by sending a fax to (+34) 91 301 79 98, or an email to reclamaciones@libertyseguros.es

B) Or secondly, to the Liberty Seguros Customer Ombudsman, by writing to C/ Velázquez 80, 28001 Madrid (Spain) or by sending a fax to (+34) 91 308 49 91 or an e-mail to reclamaciones@da-defensor.org

All complaints and claims filed by customers shall be handled and settled within a maximum period of two months after being submitted.

In the event that the claimant disagrees with the decision taken by any of the above-mentioned bodies or receives no response within a period of two months, the claimant may submit this or her complaint or claim to the Claims Service of the Directorate General of Insurance and Pension Funds by writing to paseo de la Castellana, 44, 28046 Madrid.

In addition to the methods for submitting claims listed above, disputes may be brought before the relevant judges and courts.

The Customer Ombudsman Regulations, which outline the procedures for handling complaints and claims, are available to customers at all Liberty Seguros offices. These regulations are also available on the website: www.libertyseguros.es, or from your insurance agent.

In addition to this policy schedule, the policyholder/insured is hereby provided with a copy of the policy's general Conditions.

as proof of conformity and, prior to signing the contract, acknowledges receipt of the legally required information.

By signing, the policyholder acknowledges that the insurance contract meets the demands and requirements expressed in the insurance proposal form. Nonetheless, if the content of the policy is different from the insurance proposal form or the stipulated clauses, the insurance policyholder may, within a period of one month from delivery of the policy, file a claim against the insurer to rectify such differences. If no claim is filed within this period, the terms of the policy shall apply.

INFORMATION FOR THE INSURED

By signing the documentation, the policyholder accepts that the insurance policy has been issued in line with the information given in the proposal form. However, if the contents of the policy do not coincide with the proposal form or the clauses agreed therein, the policyholder has one month, commencing as from the moment the policy document was given to him/her, to request that the differences be rectified. Once this period of time has lapsed and no request has been made, the policy conditions will apply.

The Holder/The insured party

The Insurance Company
p.p.

COPY FOR AGENT



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Furthermore, if any changes or alterations occur in relation to the information or circumstances DECLARED BY THE POLICYHOLDER IN THE QUESTIONS ASKED OF THEM by the insurer prior to entering into the contract, and which increase the level of risk or are of such a nature that, had they been known to the insurer when it was drawing up the contract, it would not have entered into the contract or would have established stricter conditions, the insurer must be informed of these changes or alterations as soon as possible.

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Communication of file processing:

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LEGISLATION AND AUTHORITIES

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LIBERTY SEGUROS, Compañía de Seguros y Reaseguros S.A. has a Customer Service Department and a Customer Ombudsman to handle and resolve complaints and claims arising from actions by the company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

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B) Or secondly, to the Liberty Seguros Customer Ombudsman, by writing to C/ Velázquez 80, 28001 Madrid (Spain) or by sending a fax to (+34) 91 308 49 91 or an e-mail to reclamaciones@da-defensor.org

All complaints and claims filed by customers shall be handled and settled within a maximum period of two months after being submitted.

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In addition to this policy schedule, the policyholder/insured is hereby provided with a copy of the policy's general Conditions.

as proof of conformity and, prior to signing the contract, acknowledges receipt of the legally required information.

By signing, the policyholder acknowledges that the insurance contract meets the demands and requirements expressed in the insurance proposal form. Nonetheless, if the content of the policy is different from the insurance proposal form or the stipulated clauses, the insurance policyholder may, within a period of one month from delivery of the policy, file a claim against the insurer to rectify such differences. If no claim is filed within this period, the terms of the policy shall apply.

INFORMATION FOR THE INSURED

By signing the documentation, the policyholder accepts that the insurance policy has been issued in line with the information given in the proposal form. However, if the contents of the policy do not coincide with the proposal form or the clauses agreed therein, the policyholder has one month, commencing as from the moment the policy document was given to him/her, to request that the differences be rectified. Once this period of time has lapsed and no request has been made, the policy conditions will apply.

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Basic information about data protection

This information, in accordance with the General Data Protection Regulation, replaces and cancels any other data protection information provided in this document, as applicable.

| | |
|-------------------|--|
| Party Responsible | LIBERTY SEGUROS, Compañía de Seguros y Reaseguros, S.A. |
| Purpose | (a) Management of the pre-contractual and/or the insurance contract relationship, including the preparation of profiles necessary for this. (b) Commercial communications (and preparation of profiles for this) by any means (electronic or not) during the term of the insurance contract of own insurance products as well as loyalty programmes. |
| Legitimation | (a) Execution of the pre-contract and/or insurance contract. (b) Legitimate interest: for commercial and promotional communications of own insurance products and corresponding profiles as well as loyalty programmes, while the insurance contract is in force. |
| Data | (a) Provided prior to the insurance contract, in the policy and/or generated during the contractual relationship (including health data). Health data will not be processed for the sending of commercial communications. (b) Referrals to the policyholder and other individuals related to the contract (e.g. insured parties, beneficiaries, injured third parties). |
| Recipients | (a) Other insurers and reinsurers. (b) Public or private organisations. (c) Service providers. |

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ORIGINAL COPY FOR HOLDER

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| | |
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| International transfers | (a) Countries with adequate level of protection. (b) Among others, United States (protection not equivalent to EU but adoption of guarantees: clauses of the binding corporate rules type, "Privacy Shield" and/or any other mechanisms allowed). |
| Rights | Among others, right of access, rectification, deletion, opposition, sending an e-mail to ejercicioderechos@libertyseguros.es |
| Additional information | Available on the following URL: http://www.libertyseguros.es/privacidad We recommend its reading. |

You may object at any time to the use of your personal data, including the preparation of profiles and/or sending commercial communications, based on legitimate interest.

The Holder/The insured party

The Insurance Company ORIGINAL COPY FOR HOLDER
p.p.



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 PARTICULAR CONDITIONS**

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Agent: 03 3211585 ROSA FERRER PEREZ
Collector: "
Type of agent: AGENTE EXCLUSIVO M

Holder HUTTON . , TIMOTHY JAMES **Nif/Cif** X4102913N
 C SIERRA MORENA 28
 03724 MORAIRA
Insured Party(ies) THE HOLDER

Effect: At 09 AM/PM of 26/07/2024 **Maturity:** At 09 AM/PM of 26/07/2025
Effective Term: Annual, Extendable

Risk Nature: Non-cabin motor boat

DETAILS OF VESSEL

Name: TEDO **Registration:** 00 923500
Make/model aux.craft: CC LAUNCH 28 **Make/model of motor:** MERC 6.2L 300/B3
Constr. year: 2.016 **Length:** 9 **Nºof motors:** 2 **H.P.:** 600 **Maximum speed(knots):** 50
Material: Fibreglass Reinforced Plastic
D.of Birth of captain/driver: **Title:** Recreational vessel owner
Flag: EU REINO UNIDO **Use:** Private
The No.of people covered against accidental injury to passengers is: 12
The Nºof people covered against accidental injury to water skiers is: 1

| Covers Contracted | Insured Amount €uros |
|--|----------------------|
| PUBLIC LIABILITY | INCLUDED |
| VOLUNTARY LIABILITY | 163.433,00 € |
| Personal injuries (mandatory and voluntary public liability) | |
| - Limit per victim | 120.202,42 € |
| HULL/MOTOR(S) AND RIGGING | 186.924,13 € |
| ACCESORIES | EXCLUDED |
| PERSONAL ITEMS | EXCLUDED |
| TRAILER | EXCLUDED |
| DAMAGE CLAIMS | INCLUDED |
| ACCIDENTAL INJURY CAPTAIN | |
| DEATH | 18.030,00 € |
| PERMANENT DISABILITY | 18.030,00 € |
| MEDICAL & PHARM. CARE | 1.803,00 € |
| BURIAL EXPENSES | 3.005,00 € |

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| | |
|---------------------------------|------------|
| ACCIDENTAL INJURY PASSENGERS | |
| DEATH (POR C/U) | 6.010,00 € |
| PERMANENT DISABILITY(POR C/U) | 6.010,00 € |
| MEDICAL & PHARM. CARE (POR C/U) | 601,00 € |
| BURIAL EXPENSES (POR C/U) | 3.005,00 € |
| ACCIDENTAL INJURY WATER SKIER | |
| DEATH (POR C/U) | 6.010,00 € |
| PERMANENT DISABILITY (POR C/U) | 6.010,00 € |
| MEDICAL & PHARM. CARE (POR C/U) | 601,00 € |
| BURIAL EXPENSES(POR C/U) | 3.005,00 € |
| ASISTENCIA NAUTICA | INCLUDED |

Beneficiaries:

1) SPOUSE, 2) DESCENDANTS, 3) OTHER RELATIONS, 4) HEIRS

Annual Net Premium: 1.503,41 €
Form of Payment: YEARLY
Breakdown Receipt No: 135318438 from 26/07/2024 to 26/07/2025

| <u>Net Premium</u> | <u>Consortium</u> | <u>Taxes</u> | <u>TOTAL</u> |
|--------------------|-------------------|--------------|-----------------------|
| 1.503,41 € | 0,41 € | 122,52 € | 1.626,34 €uros |

Collection Address: ES84 0182 4423 91 0201550716 BANCO BILBAO VIZCAYA ARGENTARI

FRANCHISES.

A deductible equal to (1) per one thousand of the total sum insured for the vessel is hereby established, subject to a minimum of : €(2) .

(1) 3,25
(2) 586,96

CLAUSES.

LIST OF GENERAL CONDITIONS

All printed general conditions that contradict, alter or extend the schedule and/or special conditions forming a part of this policy shall be considered null and void and without effect.

The captain of the insured boat has the appropriate certification in accordance with the requirements and demands established by the sectoral regulations. The insured accepts and assumes any responsibility that may

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be claimed in this regard, its possession being mandatory for the coverage of the policy.

LOCATION OF VESSEL

The homeport is located in:
(enter the location here.)
C.N.MORAIRA

CLAUSES

ACCIDENTAL INJURY TO PASSENGERS

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to passengers in the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal accidents", thereof.

ACCIDENTAL INJURY TO WATER SKIER

Indemnity payments, subject to the limits established in the policy schedule, shall be covered in the event of accidental injury to those people who, classified as passengers, engage in water-skiing during their stay on the vessel and in waters that have been legally authorised to this end, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

ACCIDENTAL INJURY TO CAPTAIN

In the event of personal injury to the vessel's captain, payment of the indemnities, up to the limit set out below, shall be covered solely and exclusively when the captain is the policyholder or insured, or the person designated as such in the policy, and the injury occurs while he or she is on board the vessel, or when he or she is boarding and/or disembarking from the vessel, pursuant to the relevant terms of the General Conditions and of Coverage E, "Personal Accidents", thereof.

| | |
|-------------------------------|-----------|
| Limits Death/Disability | 18,030.00 |
| Medical care | 1,803.00 |
| Burial expenses | 3,005.00 |

DAMAGE TO VESSEL

The vessel insured hereunder is covered pursuant to the terms of Coverage C, "Damage to the vessel", and to all other provisions established to this end regarding coverage in the attached General Conditions.

REMOCION DE RESTOS (LIMITE € 30.000)

Se garantiza la remoción de restos de la embarcación asegurada, única y exclusivamente, a requerimiento de las Autoridades de Marina y siempre

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que sea consecuencia de un siniestro asegurado, hasta un límite de 30.000 euros o el 10% de la suma asegurada, la que sea superior, del casco, motor y velamen.

EXTENSION - AREA OF NAVIGATION 2

The area of navigation authorised for the insured craft is hereby extended to include those journeys it might make to or from waters and/or ports under European and African jurisdiction in the Mediterranean.

REGULATORY MODIFICATIONS

As a result of the regulatory modifications introduced by Law 20/2015 of 14 July on the organization, supervision and solvency of insurance and reinsurance companies (LOSSEAR), we hereby inform you that both the policyholder and insurer may oppose the extension of an insurance contract by giving written notice to the other party within at least ONE MONTH prior to the end of the insurance period currently in progress WHEN THE EXTENSION IS OPPOSED BY THE POLICYHOLDER, and at least two months when it is opposed by the insurer.

Furthermore, if any changes or alterations occur in relation to the information or circumstances DECLARED BY THE POLICYHOLDER IN THE QUESTIONS ASKED OF THEM by the insurer prior to entering into the contract, and which increase the level of risk or are of such a nature that, had they been known to the insurer when it was drawing up the contract, it would not have entered into the contract or would have established stricter conditions, the insurer must be informed of these changes or alterations as soon as possible.

The foregoing regulation replaces that which is included in the general conditions of the policy in relation to this subject matter.

Consumer protection

In the case of residence in the Autonomous Communities of Galicia or Catalonia, and in accordance with the Consumer Code of Catalonia and the Galician General Law for the Protection of Consumers and Users, please be advised that we are at your disposal via telephone number 900.112.213 where we will attend any incident, complaint or claim that you may have regarding the service provided.

Likewise, in the case of residence in the Autonomous Community of Catalonia, we are at your disposal at Avenida de la Granvia de L'Hospitalet, 8, de Hospitalet de Llobregat (Barcelona).

MARITIME RESCUE SERVICE

Assistance to the insured vessel in order to ensure the provision of diverse services intended to help resolve unanticipated or difficult situations that may arise over the course of nautical journeys or

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excursions, including on lakes, rivers and navigable canals, so that the journey or excursion may continue, pursuant to the relevant terms of the General Conditions and of Article 4, "Maritime Rescue Service", thereof.

CLAUSES.

EMERGENCIES AND TELEPHONES FOR NAUTICAL ASSISTANCE OR TOWING

Distress calls for emergencies when sailing:

Use the international CHANNEL 16 VHF channels and frequencies Marine band and 2,182 kHz on medium wave, or call the MARITIME EMERGENCY TELEPHONE NUMBER on 900 202 202, staffed by Maritime Rescue.

Once you are safely in port:

If you have taken out cover for NAUTICAL ASSISTANCE,

you should report the incident to the Assistance telephone numbers:

- From Spain, call 93 463 11 58
- From abroad, call +34 93 463 11 58

Inform siniestrosasistencia@gacm.es of the facts via email. Include:

- Personal details of the insured and the policy number. Schedule
- Description of the event, including place, date and time, as well as reason assistance was required.
- Attach all documents provided by the assistance service.
- Refloating and towing expenses should be listed separately on the bill, with cost broken down by item.

Communication of file processing:

In every case, the Generali agent shall be informed of the main steps in the processing of files:

- Information on opening of file
- Requests for documents or information
- Confirmation of cover
- Confirmation of payments made

The same information may be given to a different valid interlocutor as long as you provide us with their contact details (e-mail).

LEGISLATION AND AUTHORITIES

Spanish legislation applicable to this contract are the Spanish Insurance Contracts Act and the Law on the regulation, supervision and solvency of insurance and reinsurance companies and its implementing regulations.

LIBERTY SEGUROS, Compañía de Seguros y Reaseguros S.A. has a Customer Service Department and a Customer Ombudsman to handle and resolve complaints and claims arising from actions by the company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

Policyholders, insured parties, beneficiaries, affected third parties and their

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entitled dependants may submit their complaints and claims:

A) To the Liberty Seguros Customer Service Department, by writing to Paseo de las Doce Estrellas, 4, 28042 Madrid, by sending a fax to (+34) 91 301 79 98, or an email to reclamaciones@libertyseguros.es

B) Or secondly, to the Liberty Seguros Customer Ombudsman, by writing to C/ Velázquez 80, 28001 Madrid (Spain) or by sending a fax to (+34) 91 308 49 91 or an e-mail to reclamaciones@da-defensor.org

All complaints and claims filed by customers shall be handled and settled within a maximum period of two months after being submitted.

In the event that the claimant disagrees with the decision taken by any of the above-mentioned bodies or receives no response within a period of two months, the claimant may submit this or her complaint or claim to the Claims Service of the Directorate General of Insurance and Pension Funds by writing to paseo de la Castellana, 44, 28046 Madrid.

In addition to the methods for submitting claims listed above, disputes may be brought before the relevant judges and courts.

The Customer Ombudsman Regulations, which outline the procedures for handling complaints and claims, are available to customers at all Liberty Seguros offices. These regulations are also available on the website: www.libertyseguros.es, or from your insurance agent.

In addition to this policy schedule, the policyholder/insured is hereby provided with a copy of the policy's general Conditions.

as proof of conformity and, prior to signing the contract, acknowledges receipt of the legally required information.

By signing, the policyholder acknowledges that the insurance contract meets the demands and requirements expressed in the insurance proposal form. Nonetheless, if the content of the policy is different from the insurance proposal form or the stipulated clauses, the insurance policyholder may, within a period of one month from delivery of the policy, file a claim against the insurer to rectify such differences. If no claim is filed within this period, the terms of the policy shall apply.

INFORMATION FOR THE INSURED

By signing the documentation, the policyholder accepts that the insurance policy has been issued in line with the information given in the proposal form. However, if the contents of the policy do not coincide with the proposal form or the clauses agreed therein, the policyholder has one month, commencing as from the moment the policy document was given to him/her, to request that the differences be rectified. Once this period of time has lapsed and no request has been made, the policy conditions will apply.

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Basic information about data protection

This information, in accordance with the General Data Protection Regulation, replaces and cancels any other data protection information provided in this document, as applicable.

| | |
|-------------------|--|
| Party Responsible | LIBERTY SEGUROS, Compañía de Seguros y Reaseguros, S.A. |
| Purpose | (a) Management of the pre-contractual and/or the insurance contract relationship, including the preparation of profiles necessary for this. (b) Commercial communications (and preparation of profiles for this) by any means (electronic or not) during the term of the insurance contract of own insurance products as well as loyalty programmes. |
| Legitimation | (a) Execution of the pre-contract and/or insurance contract. (b) Legitimate interest: for commercial and promotional communications of own insurance products and corresponding profiles as well as loyalty programmes, while the insurance contract is in force. |
| Data | (a) Provided prior to the insurance contract, in the policy and/or generated during the contractual relationship (including health data). Health data will not be processed for the sending of commercial communications. (b) Referrals to the policyholder and other individuals related to the contract (e.g. insured parties, beneficiaries, injured third parties). |
| Recipients | (a) Other insurers and reinsurers. (b) Public or private organisations. (c) Service providers. |

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| International transfers | (a) Countries with adequate level of protection. (b) Among others, United States (protection not equivalent to EU but adoption of guarantees: clauses of the binding corporate rules type, "Privacy Shield" and/or any other mechanisms allowed). |
| Rights | Among others, right of access, rectification, deletion, opposition, sending an e-mail to ejercicioderechos@libertyseguros.es |
| Additional information | Available on the following URL: http://www.libertyseguros.es/privacidad We recommend its reading. |

You may object at any time to the use of your personal data, including the preparation of profiles and/or sending commercial communications, based on legitimate interest.

The Holder/The insured party

The Insurance Company
p.p.

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