

**2024 year 14 February
1- Appendix
to Order No. _____****"I APPROVE."
Director General
NEO INSURANCE CORP JSC**_____
F.R. Khasanov**RULES.
UNEMPLOYMENT INSURANCE****SECTION 1. GENERAL PROVISIONS**

These Insurance Regulations (hereinafter - Regulations) are developed in accordance with the current legislation of the Republic of Uzbekistan, 16 class of general insurance industry, and determine the terms of insurance against the risks specified in these Insurance Regulations.

Under the terms of these Regulations, the Insurer undertakes to pay insurance indemnity to the Beneficiary upon occurrence of an insured event in the manner and to the extent specified below, provided that the Policyholder undertakes to pay the insurance premium

The terms and conditions contained in these Insurance Terms and Conditions and not included in the text of the Insurance Contract shall be binding upon the Policyholder if the Insurance Contract expressly refers to the application of such Terms and Conditions and the Terms and Conditions are set out in the same document with the Insurance Contract or on the reverse side thereof or attached thereto, or if the Insurance Contract (Policy) contains a reference to the Insurance Terms and Conditions posted by the Insurer on its official website on the Internet (hereinafter referred to as the Internet)

Upon conclusion of the Insurance Contract, the Insurer and the Policyholder (hereinafter jointly referred to as the Parties) may agree to amend or exclude individual provisions of these Insurance Terms and Conditions or to supplement these Insurance Terms and Conditions. In case of amendment/exclusion of individual provisions contained in the annexes to the Insurance Terms and Conditions, such annexes shall be applied as amended. If the annex to the Insurance Terms and Conditions is not applicable for insurance under a particular Insurance Contract, it may not be delivered to the Policyholder.

SECTION 2. GENERAL TERMS

The following terms used in these Insurance Terms and Conditions shall have the following meaning:

2.1. **Joint Stock Company "NEO INSURANCE CORP"** (hereinafter - the Insurer) on the basis of the current legislation of the Republic of Uzbekistan, the License for insurance and provisions of these Rules of insurance of pets (hereinafter - Rules, Insurance Rules) carries out insurance by concluding a contract of insurance of property interests of individuals (hereinafter - insurance contract) with the Policyholders

2.2. **Policyholder** - a legally capable natural person who is a citizen of the Republic of Uzbekistan, a foreign citizen or a stateless person, who has concluded an insurance contract with the Insurer.

2.3. **Beneficiary** is a person who has the right to receive the Insurance benefit. The Beneficiary is the Insured with the right to receive the Insurance benefit.

2.4. **Insured** - a legally capable natural person in respect of whom the insurance contract has been concluded.

Conclusion of the Insurance Contract in favor of the Beneficiary shall not release the Policyholder from performance of obligations under this Contract, unless otherwise provided by the Parties' agreement or the Policyholder's obligations are performed by the person in favor of whom the Contract has been concluded.

Company's website - the official website of JSC "NEO INSURANCE CORP" in the Internet, located at: www.neoinsurance.uz The official website of the Insurer may also be used as an information system that provides the exchange of information in electronic form between the Policyholder and the Insurer, which is the operator of this information system, including for sending information about the stage and results of consideration of the application for insurance payment, including information about the implementation of insurance payment.

Public offer (Offer) - an offer of the Joint Stock Company "NEO INSURANCE CORP" addressed to an indefinite number of individuals to conclude the Insurance Contract on the terms and conditions specified in the Offer through the official website or Internet service (mobile application, automated information system) of the Insurer.

Personal account - a personal section of the Policyholder on the Insurer's official website in the Internet, formed by the or by the Insurer on behalf or with the consent of the Policyholder, which can be used for creation and exchange of information between the Parties in electronic form for conclusion, execution, amendment, early termination of the Insurance contract, as well as for other purposes not contradicting these Rules and the current legislation of the RUz.

2.5. Insurance shall be carried out on the basis of an insurance contract. The insurance contract may be concluded

by drawing up a single document or by delivery of an insurance policy (certificate, certificate, receipt) signed by the Insurer and the Policyholder on the basis of their written or oral application.

A contract of insurance may be entered into:

a) in the form of an electronic document through the Insurer's official website or mobile application of the Insurer, official website or mobile application of the Insurer's representative (insurance agent, insurance broker) on the basis of a written application for insurance in the manner prescribed by the legislation of the Republic of Uzbekistan on electronic document flow;

b) when directly applying to the Insurer (its authorized representative) with an oral or written application on his/her intention to conclude an insurance contract (application for insurance).

In case of electronic insurance the Policyholder - natural person shall pay the insurance premium (insurance contribution) after familiarizing with the terms and conditions contained in the insurance contract and these Insurance Terms and Conditions, thus confirming his/her consent to conclude the insurance contract on the terms and conditions proposed by the Insurer.

The fact of the Policyholder's familiarization with the insurance terms and conditions, including the Regulations and the insurance contract may be confirmed, special marks (confirmations) made by the Policyholder electronically in the form of an electronic request, forming an electronic document - a written application for insurance of the Policyholder.

The insurance contract drawn up in the form of an electronic document shall be deemed concluded by the Policyholder - natural person on the terms and conditions offered by the Insurer from the moment of payment of the insurance premium (insurance premium) by the Policyholder.

The Insurer's official website may also be used as an information system that ensures the exchange of information in electronic form between the Policyholder and the Insurer, which is the operator of this information system.

2.6. The insurance contract concluded on the basis of these Rules shall meet the general conditions of validity of the transaction provided by the Civil Code of the Republic of Uzbekistan. When executing the insurance contract the Parties shall be guided by the current legislation of the Republic of Uzbekistan, these Rules and provisions of the insurance contract.

2.7. **Insurance Indemnity** - monetary funds paid by the Insurer to the Insured and/or Beneficiaries within the Sum Insured in case of occurrence of an Insured Event provided for in these Regulations.

2.8. **Electronic Insurance Policy** - an electronic document certifying the fact of entry into force of the Insurer's obligations under these Insurance Terms and Conditions, which is issued to the Policyholder after payment of the insurance premium by means of automatic generation through the Insurer's online database.

2.9. **Insurance Period** - the period of time specified in the Insurance Policy.

2.10. **Insurance Territory** - The insurance shall cover insured events that have occurred in the territory specified in the insurance contract (hereinafter referred to as the insurance territory). Events occurring outside the insurance territory that have caused damage or losses shall not constitute insured risks and insured events.

2.11. Names and concepts used in these Rules are in some cases specifically explained by appropriate definitions. If the meaning of any name or concept is not specified in the Rules and cannot be determined on the basis of legislation and regulations, such name or concept shall be used in its ordinary lexical meaning.

SECTION 3. OBJECTS OF INSURANCE

3.1. In accordance with these Rules, the insurance objects may be property interests of the Policyholder not contrary to the legislation of the Republic of Uzbekistan, related to loss of income (financial risks) in whole or in part, received by the Policyholder in accordance with the labor contract, caused by the forced loss of work by the Policyholder upon termination of the labor contract for reasons provided for in these Rules and specified in the Insurance Contract.

3.2. Under these Terms and Conditions the loss shall be the monthly income not received by the Policyholder due to termination of the labor contract (in the amount of the average monthly salary or its part specified in the Insurance Contract), for the period stipulated in the Insurance Contract (settlement period).

SECTION 4. INSURANCE RISK. INSURED EVENT

4.1. An insured risk is an anticipated event against the occurrence of which insurance is taken out. An event considered as an insured risk must have the characteristics of probability and randomness of its occurrence.

4.2. An Insured Event is an event that has occurred and is stipulated in the Insurance Contract, upon the occurrence of which the Insurer's obligation to make an Insurance Indemnity arises.

4.3. When insuring under the terms and conditions of these Terms and Conditions, the Insurance Contract may specify as insured events:

4.3.1 **"Loss of Employment"** means the unintentional termination of the Insured Person's employment in the as a result of termination of the Employment Contract on the grounds specified in the Insurance Contract (from among those specified in clauses 4.3.1 - 4.3.1.3 of these Regulations), resulting in loss of the Insured's Income.

4.3.2 **Income** - income received by the Insured Person as a result of labor activity under the Employment Contract.

4.3.3 **"Liquidation of the company"** - loss of income by the Policyholder due to termination of the employment contract at the initiative of the employer due to **liquidation of the organization** (its separate subdivision) by the decision of its founders (participants) or the body of the legal entity authorized by its constituent documents, or termination of activity by an individual entrepreneur (paragraph 1, part 2, article 161 of the Labor Code of RU).

4.3.1.1. **"Staff reduction"** - loss of income by the Policyholder as a result of the employer's decision to change the staff

schedule (**reduction in number of employees, staff, position**), which resulted in termination of the employment contract with the Policyholder in accordance with clause 2, part 2, article 161 of the Labor Code of RU.

4.3.1.2. **"Change of ownership"** - violation of property interests of the Policyholder due to forced loss of work as a source of income by the Policyholder as a result of termination of the employment contract at the initiative of the employer in connection with the change of ownership of the organization (in respect of the head of the organization, his deputies and chief accountant) (Art. 156 of the Labour Code of the Republic of Uzbekistan);

4.3.1.3. **"Reinstatement of a dismissed person"** - loss of the Policyholder's ability to continue working and earning income due to reinstatement by his employer of an employee who previously performed this work, by a decision of a state labor inspectorate or a court (Art. 168 para. 1 p.2);

4.4 The Insurance Contract may be concluded for the occurrence of any of the events listed in clause 3.2 of these Terms and Conditions.

4.5. An insured event under these Regulations shall be an event from among those listed in clause 3.2. hereof, the occurrence of which has resulted in violation of the Policyholder's property interests related to loss of income (fully or partially) received by the Policyholder in accordance with the labor contract concluded with the employer specified in the Insurance Contract, occurrence of losses and entailed the Insurer's obligation to make an insurance payment.

4.6 In accordance with these Regulations shall not constitute an insured event:

4.7. Termination (termination) of the Policyholder's labor contract on other grounds (articles) of the Labor Code of the Republic of Uzbekistan than those listed in clause 3.2 of these Regulations;

4.8 The date of occurrence of the insured event is the date of termination of the employment agreement (contract).

SECTION 5. EXCEPTIONS.

5.1. For insurance risks specified in clauses 4.3.1 - 4.3.1.3 of these Terms and Conditions. 4.3.1.1 - 4.3.1.3 of these Terms and Conditions, the insurance shall be provided to legally capable persons aged from 18 (eighteen) full years as of the date of conclusion of the Insurance Contract to 60 (sixty) full years as of the date of termination of the Insurance Contract.

- Insurance does not apply to individuals who are 1 year away from retirement

5.1.1. who are in a temporary detention center or other institutions designed for the detention of persons suspected or accused of committing a crime who are under investigation;

5.1.2. as a result of intentional actions of the Insured, Policyholder or a person who is a Beneficiary according to the Contract, these Policy Terms and Conditions or the legislation of the Republic of Uzbekistan, as well as persons acting on their behalf;

5.1.3. Persons on employment probation at the time of contracting.

5.1.4. Persons receiving or entitled to receive a state old-age pension.

5.1.5. Persons who are not working at the time of contracting due to health reasons.

5.1.6. Persons on unpaid leave of absence at the time of contracting.

5.1.7. Persons working at the time of the conclusion of the contract on a part-time, part-week or part-time basis.

5.1.8. Persons performing work under a civil law contract

5.1.9. Persons with less than twelve (12) months of total work experience;

5.1.10. Persons with less than six (6) months of service at the last place of employment;

5.1.11. Persons who are employees in the civil service or a person contracted to serve in a public authority or administration.

SECTION 6. SUM INSURED AND PREMIUM

6.1. **Sum insured** is an amount of money, which is determined by the insurance contract upon its conclusion and on the basis of which the amount of insurance premium (insurance premiums) and the amount of insurance payment upon occurrence of an insured event are determined.

6.2. When insuring property interests, the sum insured may not exceed its actual value (insurable value) at the time of conclusion of the Insurance Contract.

6.3. Within the framework of these Terms and Conditions, the Sum Insured shall be determined as a product of the Policyholder's average monthly salary (average income or a part of salary/income) based on the calculation for the last 3 (three) months specified by the Policyholder when concluding the Insurance Contract and the number of months of the calculation period (time interval calculated in calendar months, for which the Policyholder would have received salary). Upon conclusion of the Insurance Contract the Parties may agree to change the number of months for calculation of the Sum Insured.

6.4. The Insurance Contract may stipulate the Sum Insured under the Insurance Contract as a whole or for individual Insured Events. The Insurance Contract may stipulate limits and sub-limits of insurance indemnity (limit of the Insurer's liability) for individual insured events.

6.5. The insurance contract may provide for a higher amount of insurance indemnity, but not higher than the insured value.

6.6. Upon agreement of the Parties, the Insurance Contract may provide for the Policyholder's own share in the payment of insurance indemnity - deductible.

Excess - a part of losses, which is determined in the Insurance Contract, is not subject to indemnification by the Insurer to the Policyholder, and is set as a certain percentage of the Sum Insured or in a fixed amount. The Insurance Contract may establish an unconditional deductible, which provides for reduction of the amount of indemnity for an Insurable Event by the amount of the established deductible. The unconditional deductible may be set in monetary equivalent or as a percentage of the sum insured.

6.7. The insurance **premium** is a payment for insurance, which the Policyholder is obliged to pay to the Insurer. is calculated by the Insurer on the basis of the total sum insured under the insurance contract, the insurance tariff and the insurance term.

6.8. When concluding the Insurance Contract, the Insurer shall determine the amount of the insurance premium (insurance premium) to be paid by the Policyholder or his/her representative.

6.9. The Insurance Premium shall be determined by the Insurer in accordance with the tariffs effective at the moment of conclusion of the Insurance Contract, based on the terms and conditions of the Contract and risk assessment.

6.10. **Insurance tariff** is the rate of insurance premium per unit of the sum insured, taking into account the insurance object and the nature of the insured risk.

6.11. When determining the amount of the insurance premium, the Insurer is entitled to apply increasing and decreasing coefficients to the base tariffs, the amount of which is determined depending on the factors of the insured risk, including the result of previous insurance.

6.12. The insurance premium under the insurance program "Job Loss Insurance" shall be paid according to the procedure and within the terms set out in the Insurance Contract, in the amount according to the company's approved tariff of the sum insured.

6.13. The Insurance Premium shall be paid to the Insurer in a lump sum, cashless via payment platforms.

6.14. The day of payment of the insurance premium from the moment of receipt of funds to the Insurer's account in the payment platforms shall be considered the Insurance day.

6.15. All mutual settlements under these Rules are made in the national currency of RUZ in sums.

SECTION 7. VALIDITY PERIOD OF THE INSURANCE CONTRACT

7.1. To conclude the Insurance Contract the Policyholder shall submit the following documents to the Insurer

- Passport (ID) data
- Certificate of salary for 6 (six) months received from State Services my.gov.uz.
- Extract from the employment record obtained from the State service my.gov.uz that the Insured has been working in the same organization for at least 6 (six) months.

7.2. The Insurance Contract may be drawn up and sent to the Policyholder in the form of an electronic document, i.e. a Policy signed with the Insurer's electronic digital signature. The Policy signed by the Insurer's qualified electronic signature may be sent to the Policyholder to the e-mail address specified by the Policyholder by posting in the Personal Cabinet formed by the Policyholder or by the Insurer on behalf or with the consent of the Policyholder, as well as by other means not contradicting the current legislation of the RUZ.

7.3. By concluding the Insurance Contract on the basis of these Regulations, the Policyholder confirms his/her consent to the fact that the Insurer may process personal data of natural persons specified in the Insurance Contract during the whole term of validity of the Insurance Contract. The Policyholder shall be personally liable for providing consent of natural persons (Policyholder, Beneficiary), who are the subjects of the Insurance Contract, to processing of their personal data.

7.4. The Insurer shall have the right to provide on its official website in the information and telecommunication network "Internet" the possibility for the Policyholder (the Insured, the person whose risk of liability for the infliction of harm is insured, the Beneficiary) to create and send to the Insurer information in electronic form (including applications concerning the conclusion and/or amendment and/or early termination of the insurance contract and / or insurance payment and related documents / information).

7.5. The Policyholder shall be liable for the accuracy of the data specified in the insurance application and its annexes in accordance with the current legislation of the Republic of Uzbekistan.

7.6. When concluding the insurance contract in the form of an electronic document, the Policyholder shall provide through the official website or mobile application copies of documents in electronic form (including in the form of electronic files in the format specified by the Insurer (pdf, jpg, etc.)) on the basis of the Insurer's electronic request formed into an electronic document - the Policyholder's application for insurance.

7.7. The term of validity of the insurance contract is 1 (one) year.

7.8. The insurance contract shall be terminated:

7.8.1. upon expiry of its validity period specified in the insurance contract as the date of its expiry - at 24.00 hours 00 minutes of the date specified in the insurance contract as the date of its expiry;

7.8.2. in case of fulfillment of obligations under the insurance contract by the Insurer in full (including making insurance payment in the amount of the sum insured) - from 00:00 hours 00 minutes of the day following the day of fulfillment of obligations under the insurance contract by the Insurer.

7.8.3. If the possibility of occurrence of the insured event has ceased and/or the existence of the insured risk has ceased due to circumstances other than the insured event, including loss of employment due to reasons other than the insured

event;

7.8.4. Upon agreement of the Parties to the Insurance Contract - from 00:00 hours 00 minutes of the day specified as the date of early termination of the Insurance Contract.

In this case, the Parties shall give a written notice to each other at least 30 (Thirty) working days prior to the expected date of termination of the insurance contract, unless otherwise provided for in the insurance contract.

7.8.5. In other cases stipulated by the current legislation of the Republic of Uzbekistan, these Regulations or terms and conditions of the Insurance contract.

7.8.6. If the Policyholder has informed the Insurer knowingly false information when concluding the Insurance Contract or during its validity, the Insurer shall have the right to demand that the Insurance Contract be recognized invalid.

SECTION 8. RIGHTS AND OBLIGATIONS OF THE PARTIES

8.1. The insurer is obligated to:

a) to explain the provisions contained in the Insurance Regulations and the insurance contract upon request of the Policyholder, Beneficiary, Insured persons, as well as persons intending to conclude the insurance contract, as well as to provide information in accordance with the legislation of the Republic of Uzbekistan;

b) not to disclose information about the insurance contract, Policyholder, Beneficiary, Insured person, including their property status, except for cases stipulated by the legislation of the Republic of Uzbekistan;

c) in case of recognizing the occurred event as an insured event, to make an insurance payment within the terms and conditions provided for by the insurance contract and the Insurance Terms and Conditions;

d) In case of change of contact details, the Policyholder shall immediately notify the Insurer thereof by sending a written notice by hand or by post, unless otherwise provided for by the legislation of the Republic of Uzbekistan, otherwise the Policyholder shall bear the risk of any adverse consequences caused by failure to notify/ untimely notification.

The Insurer shall notify the Policyholder of changes in its contact details (including location address and telephone number) by posting updated information on its official website in the information and telecommunication network "Internet".

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f) at the request of the Policyholder, Beneficiary, Insured to provide calculations of changes in the insurance amount during the term of validity of the insurance contract, calculations of insurance payout;

g) after receiving a notification from the Policyholder (Beneficiary) about occurrence of an event having signs of an insured event, to carry out identification of the Policyholder (Beneficiary). Upon request of the Policyholder (Beneficiary), the Insurer shall be obliged to inform the Policyholder (Beneficiary) about all necessary actions provided for by the insurance contract and (or) these Rules, which the Policyholder (Beneficiary) shall undertake, about all documents, the submission of which is mandatory for consideration of the issue of recognizing the event as an insured event and determining the amount of the insurance payment, about the terms of these actions and submission of documents, about the form and methods of making the insurance payment. Informing shall be carried out in the same form in which the Policyholder's request was made or in the form specified in the request (verbal, paper or electronic);

h) upon oral or written request of the Policyholder (Beneficiary), including those received in electronic form, within a period not exceeding 15 (fifteen) days from the date of receipt of such request after the decision on insurance payout is made, to provide the applicant with information on the calculation of the insurance payout amount, including: the amount of insurance indemnity to be paid out; the procedure for calculating the insurance payout; an exhaustive list of legal norms and (or) terms and conditions of the Insurance Contract and insurance regulations, circumstances and documents on the basis of which the insurance payout amount was calculated; and

i) to comply with other obligations stipulated by these Rules, the insurance contract and the current legislation of the Republic of Uzbekistan.

8.2. The insurer shall have the right to:

a) Request and check the information provided by the Policyholder, Insured, Beneficiary, as well as their compliance with the provisions of these Policy Terms and Conditions, Insurance Contract and other documents stipulating contractual relations between the Policyholder and the Insurer related to the conclusion, performance or termination of such relations;

b) to set limits on the amounts of insurance sums and combinations of insurance risks in the Insurance Contract;

c) after conclusion of the Insurance Contract, in case of increase in the degree of insurance risk, amend the Insurance Contract upon agreement with the Policyholder. If the parties have not reached an agreement, the Insurer shall have the right to demand termination of the Insurance Contract if the circumstances entailing an increase in the degree of insurance risk have not disappeared by the time of termination of the Insurance Contract;

e) to send requests to the relevant competent authorities for the provision of information confirming the occurrence of the event having the characteristics of an insured event;

f) to refuse the insurance benefit in cases where:

- Failure of the Policyholder (Insured) to fulfill obligations stipulated in clause 8.2. hereof;

- untimely application to the Insurer with the application stipulated in Clause 9.2 of these Terms and Conditions;

h) defer payment if necessary to make inquiries to competent authorities, including:

- to the unemployment office.

i) The Insurer shall be entitled to demand from the Beneficiary the fulfillment of obligations under the Insurance Contract, including obligations incumbent on the Policyholder but not fulfilled by the Policyholder, upon submission by the

Beneficiary of a claim for payment of insurance indemnity under the Insurance Contract. The risk of consequences of non-performance or untimely performance of obligations that should have been performed earlier shall be borne by the Beneficiary.

j) demand fulfillment of the conditions stipulated by the legislation and the insurance contract;

k) exercise other rights provided by these Rules, the insurance contract and the current legislation of the Republic of Uzbekistan.

8.3. The Policyholder (Beneficiary) shall be obliged:

a) when concluding the insurance contract, to inform the Insurer of all circumstances known to him/her that are relevant for the assessment of the degree of the insured risk, as well as of all insurance contracts concluded or to be concluded in relation to the Insured.

b) to pay the insurance premium in the amount and within the terms stipulated in the insurance contract;

b) during the period of validity of the insurance contract, immediately notify the Insurer of any significant changes in the circumstances that have become known to the Insurer and that entail an increase in the degree of the insured risk;

d) upon occurrence of an event having the signs of an insured event, to submit all necessary documents to the Insurer; the Policyholder/Insured shall be obliged to independently obtain documents requested by the Insurer from organizations and any other institutions of any organizational and legal form;

e) to return to the Insurer the received insurance indemnity (or its respective part), if within the limitation period stipulated by the legislation of the Republic of Uzbekistan such circumstance is discovered, which by law or under these Rules fully or partially deprives the Policyholder (Beneficiary) of the right to the amount of insurance indemnity;

f) to inform the Insurer about all insurance contracts concluded and to be concluded (during the term of validity of the insurance contract) in respect of the property insured with the Insurer with other insurance organizations;

f) to familiarize the Insured specified in the insurance contract with these Regulations and terms and conditions of the insurance contract;

g) to comply with other obligations stipulated by the insurance contract and the current legislation of the Republic of Uzbekistan.

h) when applying for the insurance benefit, submit to the Insurer an application for the insurance benefit in the form prescribed by the Insurer or via the website, as well as all necessary documents in accordance with Section 9 of these Terms and Conditions. This obligation shall also apply to the Beneficiary if he/she applies for the benefit.

8.4. The policyholder has the right to:

a) to request an explanation of the provisions of the Insurance Regulations and the terms and conditions of the Insurance Contract;

b) in accordance with the current legislation of the Republic of Uzbekistan and these Rules to withdraw from the insurance contract, if by the time of withdrawal the possibility of occurrence of the insured event has not disappeared due to circumstances other than the insured event;

c) receive from the Insurer a duplicate of the insurance contract and/or insurance policy in case of their loss;

d) to receive an insurance payment in accordance with the terms and conditions of the insurance contract and these Regulations for the events recognized by the Insurer as insured;

e) to conclude an insurance contract in favor of a third person who has an interest based on law or another legal act in preserving the object of insurance or the right to receive an insurance benefit;

g) once during the validity of the Insurance Contract to receive free of charge printed copies of electronic documents, including the Insurance Contract (Policy) and Insurance Terms and Conditions, on paper and certified by the Insurer;

h) during the validity of the insurance contract replace the Beneficiary named in the insurance contract with another person by notifying the Insurer thereof in writing, unless the Beneficiary named in the insurance contract has fulfilled any of the obligations under the insurance contract or has made a claim to the Insurer for payment of insurance indemnity;

(i) exercise other rights provided for in the insurance contract and the legislation of the Republic of Uzbekistan in force.

INSURANCE

SECTION 9. PROCEDURE FOR DETERMINING THE AMOUNT OF DAMAGE AND PAYMENT OF INSURANCE INDEMNITY

9.1. The amount of insurance benefit shall be determined as a product of the Policyholder's average monthly salary (based on the calculation for the last 3 (three) months) or its part specified in the Insurance Contract and the number of months of the calculation period (time interval calculated in calendar months, for which the Policyholder would have received salary).

9.2. The amount of insurance indemnity payment for the month in which the Policyholder found a new job shall be determined in proportion to the number of days that the Policyholder was unemployed.

9.3. Payment of the insurance indemnity shall be made within the sum insured in fixed monthly installments within 3 (three) months after the Policyholder has documented the unemployed status (certificate from the state employment service confirming that the Insured has registered with the state employment service) and only for the period when the Policyholder was actually unemployed. Upon conclusion of a new employment contract, the Insurance Contract shall be terminated. If the Policyholder is unable to submit a certificate to the Insurer and confirm his/her unemployed status, the Insurer shall be entitled

not to pay the Insurance Indemnity until the Policyholder confirms the required status.

9.4. The Insurer shall be obliged to consider the Policyholder's claim on the merits within a period of not more than 15 working days after receipt of all necessary documents and either start payment of insurance indemnity (make a payment), or provide a justified full or partial refusal to pay the insurance indemnity, or request additional documents. If the Policyholder has not submitted any of the additionally requested documents, in the absence of which it is impossible to determine the fact, causes and circumstances of the insured event and/or amount of losses, the Insurer shall have the right to refuse to pay out in full or in part the losses not confirmed by the relevant documents.

9.5. If, in accordance with the applicable law, an additional inspection, criminal investigation, court proceedings or a labor inspectorate complaint has been initiated in relation to the occurrence of an event with the characteristics of an insured event, then until the completion of the inspection, investigation, court proceedings or until the elimination of other circumstances caused by the activities of state bodies and preventing a decision on the qualification of the insured event and/or the payment of the insurance benefit, the period shall be as follows

9.6. The time limit for making a decision on the insurance benefit may be extended by the Insurer if the Insurer has reasoned doubts about the authenticity of the documents confirming the insured event - until the authenticity of such documents is confirmed.

9.7. The Insurer shall notify the Policyholder (Beneficiary) in writing about the fact of extending the time limit for making a decision on the insurance benefit, indicating the reasons.

9.8. Upon occurrence of an event having signs of an insured event, the Policyholder, the Insured or the Beneficiary shall notify the Insurer of the occurrence of an event having signs of an insured event within 15 (fifteen) days, starting from the day when any of the said persons became aware of the occurrence of an event having signs of an insured event, by any available means allowing to objectively record the fact of notification.

9.9. In order to receive the insurance benefit, the Insured (Beneficiary, Legal Representative) must provide documents confirming the occurrence of the insured event:

- a document confirming proper notification of the liquidation of the organization;
- a certificate from the employment service on the transfer of unemployment benefit, indicating the period of benefit payments (for persons who have not reached retirement age);
- certificate from the employment service on registration as a job seeker (for persons of retirement age);
- personnel order on termination (termination) of the employment contract
- document confirming the change of the owner of the organization's property (in case of dismissal of the head of the organization, his deputies and chief accountant)

9.10. Within 15 (fifteen) working days from the date of receipt of the documents specified in clause 10.3. hereof, the Insurer shall:

- in case of recognizing the event as an insured event, draws up an insurance report;
- If in accordance with the current legislation of the Republic of Uzbekistan an additional inspection, a criminal case has been initiated or a trial has been started on the facts related to the occurrence of the event having the signs of an insured event, until the inspection, investigation or trial is completed or other circumstances preventing the payment are eliminated, including the decision to postpone the insurance payment, about which the Insured (Beneficiary) shall be notified within 15 (fifteen) working days;
- in case of absence of legal grounds for insurance payout makes a decision on refusal of insurance payout, about which within 3 (three) working days notifies the Policyholder in writing with references to the norms of law and/or terms and conditions of the Insurance Contract and these Policy Terms and Conditions.

9.11. The Insurer shall have the right to make a decision to pay the insurance benefit or to refuse the insurance benefit in the absence of certain documents specified in Clause 10.3 of these Policy Terms and Conditions, provided that the documents received are sufficient to make the decision.

9.12. If the Insurer makes a positive decision on the insurance payment, the amount of the insurance payment for each month during which the Insured was unemployed (source of Income) shall be paid within 10 (ten) working days from the end of the calendar month for which the insurance payment is made (unless another term is specified in the insurance contract).

If the Insured resumed his/her labor activity in a regular calendar month, the insurance benefit for this month is determined in proportion to the ratio of the number of working days of the five-day working week calendar in which the Insured did not have a job to the total number of working days of the five-day working week calendar in this month.

9.13. The contract establishes an unconditional deductible for each insured event in the amount of 10%.

SECTION 10. FORCE MAJOR

10.1. The Parties shall be released from liability for partial or full non-fulfillment of obligations under these Insurance Terms and Conditions, if such non-fulfillment was caused by force majeure circumstances, which arose after conclusion of the Insurance Contract as a result of extraordinary events, which the Parties could neither foresee nor prevent by reasonable measures.

10.2. Force majeure circumstances include events that cannot be influenced by the Party and for the occurrence of which the Party is not liable, e.g. strike, governmental acts or decisions of state authorities, military actions of any nature

preventing the fulfillment of the subject of the Insurance contract.

SECTION 11. DISPUTE RESOLUTION PROCEDURE

11.1 All disputes and disagreements arising from these Insurance Terms and Conditions shall be resolved through negotiations between the parties, and in case of failure to reach an agreement in the manner prescribed by the legislation of the Republic of Uzbekistan.

