EXTENDED WARRANTY

DESCRIPTION OF COVERAGE

Underwritten by AMEX Assurance Company
Administrative Office, 480 Pilgrim Way, Green Bay, Wisconsin

Extended Warranty will extend the terms of the original manufacturer's warranty for a period of time equal to the duration of the original manufacturer's warranty, up to one (1) additional year on warranties of five (5) years or less that are eligible in the United States of America. (See Description of Benefits Section.) The coverage provided under this benefit is EXCESS of other sources of indemnity.

DEFINITIONS

Certain words used in this Description of Coverage are capitalized throughout and have special meanings. Wherever used herein, the singular shall include the plural, the plural shall include the singular, as the context requires.


Cardmember means a person who has been issued a United States of America based proprietary American Express Card, which is Current and in Good Standing, and who has a Permanent Residence in the 50 United States of America, the District of Columbia, Puerto Rico or the U.S. Virgin Islands.

Company means AMEX Assurance Company, and its duly authorized agents.

Current and in Good Standing means a Cardmember Account for which the monthly minimum requirement has been paid prior to the date in which the claim is payable.

Loss means the product malfunction which necessitates the repair or replacement of any one product, as covered by the terms of that product's original warranty which is valid in the United States of America when the expense of the purchase, whether for Your use or as a gift, has been charged to Your Account.

Master Policyholder means American Express Travel Related Services Company, Inc.

Permanent Residence means the one primary dwelling place where the Cardmember resides and to which they intend to return.

Plan means the Policy and the benefits described therein.

Policy means the Group Insurance Master Policy (AX0953 issued to American Express Travel Related Services Company, Inc.).

We, Us, Our means the Company.

You, Your means the Cardmember.

DESCRIPTION OF BENEFITS

Where a Loss has occurred during this Plan's extended warranty time period of up to one (1) additional year, We will provide a benefit equal to the coverage of the original manufacturer's warranty on warranties of up to five (5) years. We will pay up to the actual amount charged to Your Account for the product for which a Loss is claimed, but not to exceed $10,000. If the product also is covered by a purchased service contract, this Plan's extended warranty time period begins at the end of the service contract and extends the original manufacturer's warranty for a period of time equal to that warranty, up to one (1) additional year. If the combined coverage of the original manufacturer's warranty and the purchased service contract exceed five (5) years, the product purchased is not eligible under this Plan and no coverage applies.

Extended Warranty does not reimburse for shipping and handling expenses or installation, assembly, professional advice, maintenance or other service charges.

If You experience more than one Loss in a calendar year, We will pay an amount not to exceed $50,000 for all Losses in a calendar year. Our benefit payment will not include any product rebates, discounts or money received from the lowest price comparison programs that reduced the original cost of the property.
Our payment of any eligible benefit amount is further contingent upon Your Account being Current and in Good Standing.

Only a Cardmember has a legal and equitable right to any insurance benefit that may be available under this Plan.

EXCLUSIONS
Benefits are not payable if the Loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by:

1. any physical damage, including, but not limited to, damage as a direct result of natural disaster or a power surge, except to the extent the original manufacturer's warranty covers such damage;
2. mechanical failure covered under product recall; or
3. fraud or abuse or illegal activity of any kind by the Cardmember.

For residents of Washington, the first paragraph of this section is removed and replaced with the following: We will not pay for Loss caused by any of the excluded events described below. Loss will be considered to have been caused by an excluded event if the occurrences of that event directly and solely results in Loss, or initiates a sequence of events that result in Loss, regardless of the nature of any intermediate or final event in that sequence.

PURCHASES NOT COVERED
The following are not covered:

1. products covered by an unconditional satisfaction guarantee;
2. motorized vehicles (including, but not limited to, passenger cars, trucks, motorcycles, boats, airplanes) and their parts, subject to high risk, combustible, wear and tear or mileage stipulations (including, but not limited to, batteries, carburetors, pipes, hoses, pistons, brakes, tires, or mufflers);
3. motorized devices and their parts used for agriculture, landscaping, demolition or construction;
4. motorized devices and their parts which are permanent additions or fixtures to a residential or commercial building;
5. business fixtures, including, but not limited to, air conditioners, refrigerators, heaters;
6. land or buildings;
7. consumable or perishable items;
8. animals or living plants;
9. more than one article in a pair or set. Coverage will be limited to no more than the value of any particular part or parts, unless the articles are unusable individually and cannot be replaced individually, regardless of any special value they may have had as part of a set or collection;
10. items still under installment billing;
11. additional service contract or extended warranty coverage for a computer, computer component or part that You buy which already comes with an original United States of America manufacturer's warranty, unless such coverage is provided and administered by the original manufacturer; and
12. items purchased for resale, professional, or commercial use.

CLAIMS PROVISIONS
If You experience a Loss for which You believe a benefit is payable under this Plan, You must provide both Notice of Claim and Proof of Loss.

We will decide whether to have the product repaired or replaced, or to reimburse You up to the amount of the item purchased on Your Card.

To insure prompt processing of Your claim retain Your American Express charge receipts, Your original purchase receipts, all warranty or service contract documents, as well as the defective property, should be retained by You and furnished to Us as We may require to establish Your Proof of Loss.

Notice of Claim
Notice of Claim should be provided to Us within thirty (30) days of the Loss. You may contact Us by calling toll-free stateside 1-800-225-3750 or, if from overseas, by calling collect 1-303-273-6498. You may also write to Us at Extended Warranty, PO Box 493, Golden CO 80402-0493.

Failure to provide Notice of Claim within thirty (30) days will not invalidate a claim or reduce any benefit payment that may be found to be eligible, if it can be shown that it was provided as soon as reasonably possible. At the time You provide Us with Notice of Claim, We will assist You with Your Proof of Loss by providing You with instructions and/or documents, which You may have to complete and return to Us. You are required to cooperate with Us and provide documentation as requested by Us which is required and necessary.
to process Your claim and determine if benefits are payable.

For residents of Missouri, no claim will be denied based upon Your failure to provide notice within such specified time, unless this failure operates to prejudice the right of Us.

**Proof of Loss**
Proof of Loss requires You to send Us all the information We request, at Your expense, in order that Your claim may be evaluated and that We may make a determination as to whether the claim may be paid. You must provide Us with satisfactory Proof of Loss within thirty (30) days (for residents of North Dakota sixty (60) days) after We have provided You with instructions and/or documentation in response to Your Notice of Claim or Your claim may be denied. Your Proof of Loss documentation may be mailed to Us at the same address provided above for mailing Your Notice of Claim. We reserve the right to request all the information We deem necessary to determine that Your claim is payable, and We will not consider that We have received complete Proof of Loss until the information We have requested is received.

Proof of Loss may require documentation consisting of, but not necessarily limited to, the following:

1. the American Express charge receipt;
2. the original itemized store receipt;
3. a copy of the manufacturer’s warranty;
4. service contract; and
5. a repair estimate for the product.

No payment will be made on claims not substantiated in the manner required by Us.

If all required documentation is not received within thirty (30) days (for residents of North Dakota sixty (60) days) of the date of the Covered Incident (except for documentation which has not been furnished for reasons beyond Your control), coverage may be denied. It is Your responsibility to provide all required documentation We request.

You may be required to mail the product to Us at Your expense for further evaluation of Your claim. If requested, You must mail it within thirty (30) days (for residents of North Dakota sixty (60) days) from the date of request to remain eligible for coverage.

**Payment of Claim**
A claim for benefits provided by this Plan will be paid upon Our receipt and review of Your complete Proof of Loss documentation and Our determination that a claim is payable according to the terms of the Plan.

Any payment made by Us in good faith pursuant to this or any other provision of this Plan will fully discharge Us to the extent of such payment.

If other insurance is available to You which provides the same or similar coverage as that provided by this Plan, this Plan becomes excess and We will pay only that portion of the Covered Incident benefit which is not reimbursed by other insurance up to Our limits, as provided under the Description of Benefits section.

**GENERAL PROVISIONS**

**Change of Permanent Residence**
If the change is to a different state, Your Policy provisions may be adjusted to conform to the requirements of that state.

**Clerical Error**
A clerical error made by the Company will not invalidate insurance otherwise validly in force nor continue insurance not validly in force.

**Conformity with State and Federal Law**
If a Plan provision does not conform to applicable provisions of State or Federal law, the Plan is hereby amended to comply with such law.

**Entire Contract; Representation; Changes**
This Description of Coverage, the Policy and any applications, endorsements or riders make up the entire contract. Any statement You make is a representation and not a warranty. This Description of Coverage may be changed at any time by written agreement between the Master Policyholder and the Company. Only the President, Vice-President or Secretary of AMEX Assurance Company may change or waive the provisions of the Description of Coverage. No agent or other person may change the Description of Coverage or waive any of its terms. This Description of Coverage may be changed at any time by providing notice to You. A copy of the Policy will be maintained and kept by the Master Policyholder and may be examined at any time.
**Excess Coverage**
If any Loss under this Policy is insured under any other valid and collectible policy, then this Policy shall cover such Loss, subject to its exclusions, conditions, provisions and other terms herein, only to the extent that the amount of such Loss is in excess of the amount of such other insurance which is payable or paid.

**Fraud**
If any request for benefits made under the Plan is determined to be fraudulent or if any fraudulent means or devices are used by You or by anyone acting on Your behalf to obtain benefits, all benefits will be forfeited.

We do not provide coverage to a Cardmember who, whether before or after a Loss, has:

1. concealed or misrepresented any fact upon which we rely, if the concealment or misrepresentation is material and is made with the intent to deceive; or
2. concealed or misrepresented any fact if the fact misrepresented contributes to the Loss.

**Legal Actions**
No legal action may be brought to recover against this Plan until sixty (60) days after Proof of Loss has been received by Us. No such action may be brought after three (3) years (for residents of Arkansas five (5) years and residents of Missouri ten (10) years) from the time written Proof of Loss is required to be given.

If a time limit of this Plan is less than allowed by the laws of the state where You live, the limit is extended to meet the minimum time allowed by such law.

**Right of Recovery**
If We make a payment to You under this Plan and You recover an amount from another, equal to or less than Our payment, You shall hold in trust for Us the proceeds of the recovery and reimburse Us to the extent of Our payment. If Our payments exceed the maximum amount payable under the benefits of this Plan, We have the right to recover from You any amount exceeding the maximum amount payable.

**Subrogation**
In the event of any payment under this Policy, We shall be subrogated to the extent of such payment to all Your rights of recovery. You shall execute all papers required and shall do everything necessary to secure and preserve such rights, including the execution of such documents necessary to enable Us to effectively bring suit or otherwise pursue subrogation rights in Your name. You shall do nothing to prejudice such subrogation rights.

We shall be entitled to a recovery as stated in these provisions only after You have been fully compensated for damages by another party.

For residents of Louisiana, the Right of Recovery, Subrogation and Excess Coverage sections are revised to reflect: If the Company makes any payment under this Policy and the Cardmember has the right to recover damages from another, the Company shall be subrogated to that right. However, the Company’s right to recover is subordinate to the Cardmember’s right to be fully compensated.

**Termination or Cancellation**
Coverage will cease on the earliest of the following:

1. the date You no longer maintain a Permanent Residence in the 50 United States of America, the District of Columbia, Puerto Rico or the U.S. Virgin Islands;
2. the date We determine that You or someone on Your behalf intentionally misrepresented or fraud occurred;
3. the date the Policy is cancelled;
4. the date You are no longer a Cardmember;
5. the date Your Account ceases to be Current and in Good Standing; or
6. the date the Plan is not available in the location where You maintain a Permanent Residence.

Termination or cancellation of coverage will not prejudice any claim originating prior to termination or cancellation subject to all other terms of the Policy.

The Company has the right to cancel the Policy at any time by sending a written notice at least forty five (45) days in advance to You at Your last known address. The notice will include the reason for cancellation.
IMPORTANT ADDITIONAL INFORMATION FOR YOU

If the Cardmember is notified that any warranty has ended for any reason (including, but not limited to, bankruptcy of the manufacturer or other responsible party), this Plan will continue to provide coverage, not to exceed the original manufacturer’s warranty up to one (1) year from the date the Cardmember is notified of such event. The Cardmember may be asked to provide proof in the form of a public announcement or other official documentation.

For those eligible and enrolled in the Membership Rewards® program, a product is eligible for coverage under this Plan if it was purchased through redemption of a Membership Rewards redemption certificate. Payment or credit will not exceed the original assigned value of the property received through redemption of a Membership Rewards redemption certificate up to the stated limits, which are indicated in Description of Benefits section. Benefits will not be paid when a Membership Rewards redemption certificate has been transferred to a non-eligible Cardmember or non-Cardmembers.

This Description of Coverage replaces any other Description of Coverage that You may have previously received for Extended Warranty or its predecessor plan, Buyer’s Assurance Plan.

This Description of Coverage is an important document. Please read it and keep it in a safe place.

IN WITNESS WHEREOF, We have caused this Description of Coverage to be signed by Our officers:

Joy A. Hanson
President
AMEX Assurance Company

John M. Collins
Secretary
AMEX Assurance Company

ADMINISTRATIVE OFFICE ADDRESS CHANGE ENDORSEMENT

Effective May 1, 2010, your certificate or policy is amended to reflect that Amex Assurance Company’s Administrative Office is changed to

P.O. Box 53701
Phoenix, AZ 85072-9872

Effective May 1, 2010, your certificate or policy is amended to reflect that Amex Assurance Company’s Claim Administrative Office is changed to

P.O. Box 981553
El Paso, TX 79998-9920

All other terms of your certificate or policy remain unchanged.
IMPORTANT: This endorsement becomes a part of your certificate or policy. It should be attached to and kept with your certificate or policy.

MG-ADCHG-END3 04/10

Applicable for Residents of the State of Alaska

The opening paragraph in the Exclusion section is removed in its entirety and replaced with the following which is added and made part of the Description of Coverage:

These exclusions do not apply if the dominate cause of a loss is a risk or peril that is not otherwise excluded. Benefits are not payable if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by:

The Legal Actions section is hereby removed in its entirety and replaced with the following which is added and made part of the Description of Coverage:

Legal Actions
No legal action may be brought to recover against this Plan until sixty (60) days after Proof of Loss has been received by Us. No such action may be brought after three (3) years from the time Proof of Loss is required to be given. If there are any claims the three year timeframe does not begin to run until after the claim has been denied.

PP/EW-RDR1-AK 06/07

Applicable for Residents in the States of Arizona and Indiana

Extended Warranty is governed by form numbers EW-IND-CCSG1 07/07, EW-IND-CCSG2 07/07, EW-IND-OSBN1 07/07, EW-IND-OSBN2 07/07 and EW-IND-End2 09/08.

References to Description of Coverage and Master Policy throughout the above form have been changed to Policy.

The definitions of Master Policyholder and Plan are hereby removed.

The following definitions are added to the Definitions section.

American Express® Card means any credit or charge card bearing an American Express trademark or logo issued by American Express Travel Related Services Company, Inc. or its subsidiaries or affiliates or any of their licensees which can be used to purchase goods or services at merchants on the American Express Network and which American Express Travel Related Services Company, Inc. designates as eligible for coverage under the Policy.

Policy as used throughout means this contract issued to the Cardmember providing the benefits described

The following provision is added to the General Provisions section.

Assignment
No assignment will be acknowledged until it has been received by the Company. The Company does not make any acknowledgment of the effectiveness of an assignment or accept any responsibility for the validity or legality of any assignment.

In all other respects, the provisions and conditions of the Policy remain the same.

Applicable for the Residents of the State of Indiana

Indiana Residents Only:

Questions regarding your policy should be directed to:

AMEX Assurance Company
800-225-3750

If you (a) need the assistance of the governmental agency that regulates insurance or (b) have a compliant you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, IN 46204-2787.

Complaints can be filed electronically at www.in.gov/doi

Applicable for Residents of the State of Kentucky

In the Termination or Cancellation section the following is removed:

The Company has the right to cancel the Policy at any time by sending a written notice at least forty five (45) days in advance to You at Your last known address. The notice will include the reason for cancellation.

And replaced with the following:

The Company has the right to cancel the Policy at any time by sending a written notice at least seventy-five (75) days in advance to You at Your last known address. The notice will include the reason for cancellation.

PP/EW-RDR1-KY 05/07

Applicable for Residents of the State of New Hampshire

The Description of Coverage is subject to laws of the State of New Hampshire. Any contract changes will be submitted for approval in the State of New Hampshire. Contract changes will not be transacted between the Master Policy and the insurer per NH RSA412:5.I.

In the Conformity with State and Federal Law section the following is removed:

If a Plan provision does not conform to applicable provisions of State or Federal law, the Plan is hereby amended to comply with such law.

And replaced with the following:

If a Plan provision does not conform to applicable provisions of the State of New Hampshire or Federal law, the Plan is hereby amended to comply with such law.
The following is added at the end of the **Fraud** section of Your Description of Coverage:

Concealment, misrepresentation, and fraud can only be applied to a claim to which it is material and coverage may not be denied to any Cardmember who had no knowledge of or participation in any concealment, misrepresentation or fraud.

Concealment, misrepresentation, and fraud do not void the policy and must be an international act on behalf of You. We will not deny coverage under the Policy if this occurs. If You are without knowledge or participation in a fraudulent act they are not subject to denial of coverage under this section. This section only applies to a claim to which it is material and coverage may not be denied to You if You had no knowledge of or participation in any concealment, misrepresentation or fraud.

In the **Termination or Cancellation** section the following is removed:

2. the date We determine that You or someone on Your behalf intentionally misrepresented or fraud occurred;

And replaced with the following:

2. discovery of fraud or material misrepresentation by the named insured in pursuing a claim under the Policy;

In the **Termination or Cancellation** section the following is removed:

The Company has the right to cancel the Policy at any time by sending a written notice at least forty five (45) days in advance to You at Your last known address. The notice will include the reason for cancellation.

And replaced with the following:

The Company has the right to cancel the Policy by sending a written notice at least sixty (60) days in advance to You at Your last known address. The notice will include the reason for cancellation.

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**Applicable for Residents of the State of Oklahoma**

The following is added to your Description of Coverage:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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**Applicable for Residents of the State of Oregon**

In the **Exclusions** section the following is removed:

3. fraud or abuse or illegal activity of any kind by the Cardmember;

The **Proof of Loss** section is hereby removed in its entirety and replaced with the following:

**Proof of Loss**

Proof of Loss requires You to send Us all the information We request, at Your expense, in order that Your claim may be evaluated and that We may make a determination as to whether the claim may be paid. You
must provide Us with satisfactory Proof of Loss within ninety (90) days after We have provided You with instructions and/or documentation in response to Your Notice of Claim or Your claim may be denied. Your Proof of Loss documentation may be mailed to Us at the same address provided above for mailing Your Notice of Claim. We reserve the right to request all the information We deem necessary to determine that Your claim is payable, and We will not consider that We have received complete Proof of Loss until the information We have requested is received.

Proof of Loss may require documentation consisting of, but not necessarily limited to, the following:

1. the American Express charge receipt;
2. the original itemized store receipt;
3. a copy of the manufacturer’s warranty;
4. service contract; and
5. a repair estimate for the product.

No payment will be made on claims not substantiated in the manner required by Us.

If all required documentation is not received within ninety (90) days of the date of the Covered Incident (except for documentation which has not been furnished for reasons beyond Your control), coverage may be denied. It is Your responsibility to provide all required documentation We request.

You may be required to mail the product to Us at Your expense for further evaluation of Your claim. If requested, You must mail it within ninety (90) days from the date of request to remain eligible for coverage.

**Applicable for Residents of the State of South Dakota**

The **Legal Actions** section is hereby removed in its entirety and replaced with the following:

**Legal Actions**
No legal action may be brought to recover against this Plan until sixty (60) days after Proof of Loss has been received by Us. No such action may be brought after six (6) years from the time Proof of Loss is required to be given.

**Applicable for Residents of the State of Texas**

Extended Warranty is governed by form numbers EW-IND-TX 07/07 and EW-IND-End2 09/08.

References to Description of Coverage and Master Policy throughout the above form have been changed to Policy.

The definitions of **Master Policyholder** and **Plan** are hereby removed.

The following definitions are added to the Definitions section.

**American Express® Card** means any credit or charge card bearing an American Express trademark or logo issued by American Express Travel Related Services Company, Inc. or its subsidiaries or affiliates or any of their licensees which can be used to purchase goods or services at merchants on the American Express Network and which American Express Travel Related Services Company, Inc. designates as eligible for coverage under the Policy.

**Policy** as used throughout means this contract issued to the Cardmember providing the benefits described

The following was added to the end of the **Payment of Claim** provision
Within fifteen (15) days after We receive Your Notice of Claim, We will:
1. acknowledge receipt of claim. If We do not acknowledge receipt of the claim in writing, We will keep a record of the date, method and content of the acknowledgement;
2. begin an investigation of the claim; and
3. request a signed, sworn Proof of Loss, specify the information You must provide and supply You with the necessary forms. We may request more information at a later date, if during the investigation of the claim such additional information is necessary.

We will notify You in writing as to whether:
1. the claims or part of the claim will be paid;
2. the claim or part of the claim has been denied, and inform You of the reasons for denial, more information is necessary; or We need additional time to reach a decision. If We need additional time, We will inform You of the reasons for such need.

We will pay for covered loss or damage within five (5) business days after:
1. We have notified You that payment of the claim or part of the claim will be made and have reached agreement with You on the amount of loss; or
2. an appraisal award has been made. However, if payment of the claim or part of the claim is condition on Your compliance with any of the terms of this Coverage part, We will make payment within five (5) business days after the date You have complied with such items

The following provision is added to the General Provisions section.

Assignment
No assignment will be acknowledged until it has been received by the Company. The Company does not make any acknowledgement of the effectiveness of an assignment or accept any responsibility for the validity or legality of any assignment.

In all other respects, the provisions and conditions of the Policy remain the same.

Applicable for Residents of the State of Vermont

In the Termination or Cancellation section the following is removed:

The Company has the right to cancel the Policy at any time by sending a written notice at least forty five (45) days in advance to You at Your last known address. The notice will include the reason for cancellation.

And replaced with the following:

The Company has the right to cancel the Policy by sending a written notice at least forty five (45) days in advance to You at Your last known address. The notice will include the reason for cancellation.

PP/EW-RDR1-VT 05/07
## IMPORTANT NOTICE

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT:**

You may call AMEX Assurance’s toll-free telephone number for information or to make a complaint at:

**1-800-225-3750**

You may also write to AMEX Assurance Company at:

MC: 080120, 20022 N. 31st Avenue
Phoenix, AZ 85027

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax# (512) 475-1771
Web: [http://www.tdi.state.tx.us](http://www.tdi.state.tx.us)
E-mail: ConsumerProtection@tdi.state.tx.us

### PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

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## AVISO IMPORTANTE

**PARA OBTENER INFORMACION O PARA SOMETER UNA QUEJA:**

Usted puede llamar al numero de telefono gratis de AMEX Assurance Company’s para informacion o para someter una queja al:

**1-800-225-3750**

Usted tambien puede escribir a AMEX Assurance Company:

MC: 080120, 20022 N. 31st Avenue
Phoenix, AZ 85027

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companies, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax# (512) 475-1771
Web: [http://www.tdi.state.tx.us](http://www.tdi.state.tx.us)
E-mail: ConsumerProtection@tdi.state.tx.us

### DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

### UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.