

Occupational Risk Insurance Certificate (Template)

Reference: Occupational Risk Insurance

Occupational Risk Law No. 24.557

Dear Sirs:

In response to your request and in order to meet your company's needs during operations conducted in Argentina, we inform you that:

a) This document certifies that the occupational risk insurer expressly waives any right to claim or initiate actions of recovery or recourse against the commissioning entity, its officials, employees, workers, and/or their beneficiaries, whether based on article 39, paragraph 5 of Law No. 24.557 or any other legal rule, regarding the in-kind or monetary benefits it may be required to pay, contract, or provide to current or former employees of the insured party-whether local or international-covered under the relevant affiliation contract and insurance policy, for work-related accidents, commuting accidents, or occupational diseases occurring during the course of work activities in Argentina. This non-recourse clause shall cease to be effective if the commissioning entity does not strictly comply with all applicable occupational health and safety regulations, including Law No. 19.587, its Regulatory Decree No. 351/79, and additional national or provincial regulations issued by the competent authorities in Argentina.

b) This certificate is valid for 30 days from the date of issuance.

We also certify that coverage under the Occupational Risk Insurance has been extended to the insured party with the following general details:

- Contract No.: [Insert Contract Number]

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- Policy No.: [Insert Policy Number]
- Tax ID (CUIT): [Insert CUIT]
- Business Activity: [Insert Business Description]
- Coverage: As per Occupational Risk Law No. 24.557
- Limits: As established by the aforementioned law
- Location: Argentina
- Coverage Period: [Insert Start Date] to [Insert End Date]
- Certificate Valid Until: [Insert Validity Date]

Covered Employee List: [Attach List Here or Mention "As per the latest declared CUILs with social charges."]

[Authorized Signature Block]

Note: The personnel list will be confirmed by the declared CUILs upon payment of current social charges.

To verify authenticity, contact the Customer Service Center.