Chapka Travel Insurance

MEDICAL COSTS · ASSISTANCE · BAGGAGES · INTERRUPTION · CANCELLATION · CAPITAL · LIABILITY INSURANCE

GENERAL CONDITIONS

CAP EXPLORER

AXA ASSISTANCE POLICY N°2243705
CANCELLATION - COMPREHENSIVE - ASSISTANCE - COMPLEMENTARY BANK CARD

SUMMARY

WHAT TO DO IN THE EVENT OF A CLAIM? page 2

WHAT SHOULD YOU DO IF YOU NEED US? page 3

GENERAL TERMS OF INSURANCE page 5

TABLE OF BENEFITS page 8

INSURANCE AND ASSISTANCE BENEFITS page 11

FRAMEWORK OF THE CONTRACT page 36

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WHAT TO DO IN THE EVENT OF A CLAIM?

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HOW TO DEAL WITH AN EMERGENCY?

HOSPITALIZATION, MEDICAL EXPENSES, REPATRIATION-ASSISTANCE...

Call immediately our assistance teams as soon as possible.

You always need our approbation before medical intervention, also for medical expenses
Indicate:
· Your contract number regarding N°**22 43 705;**
· The assistance nature needed;
· Your firstname/name;
· your phone number.

Call our assistance 24/7:

+33 1 70 79 07 69

Attention! You always need our approbation before medical intervention

KEEP MEDICAL RECEIPT ON YOU THEY CAN ASK FOR IT

OTHERS GUARANTEE

BAGGAGE, CIVIL LIABILITY, CANCELLATION...

· keep your Chapka contract number;
· Make a claim within 5 days.

Attention in case of baggage theft:
The insured has to report it to the police station around 24h following claim date. Only objects declared on the police report will be covered.

Attention in case of cancellation:
The insured has to call the airlines/travel agency etc. straight away and proceed cancellation trip.

Make a claim online:

http://www.chapkadirect.com/sinistre

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CAP EXPLORER

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WHAT SHOULD YOU DO IF YOU NEED US?

FOR THE ASSISTANCE COVER

1. PRIOR CONSENT

You must obtain our prior consent before undertaking any action and/or incurring any expense.

This prior consent is shown by the communication of a file number which will allow you to benefit from the benefits of this policy and be entitled to a refund of the fees you may have incurred.

2. IMPLEMENTING BENEFITS

- We operate within the framework set by national and international laws and regulations;
- You must comply with the solutions that we recommend to you;
- We reserve the right, prior to any intervention of our services, to verify the reality of the insured event and that your application is well founded.

BANK CARD SUPPLEMENTARY

The following benefits apply only if You have a multi-service credit card, such as Gold Mastercard, Visa Premier, Infinite, Platinum or American Express. Only credit cards issued by a French bank are accepted.

The following benefits are supplementary and apply after exhausting similar benefits to which the Insured Person is entitled with his/her credit card. If You do not have similar benefits with your credit card, these benefits will apply directly.

3. RESPONSE PROCEDURE

In the event of an emergency requiring our response, your application must be addressed directly to:

AXA ASSISTANCE
C/Tarragona n° 161,
08014 Barcelona - Spain
Phone: +33 1 70 79 07 69

4. PROVISION OF TRAVEL TICKETS

If we arrange and cover the cost of a travel ticket in the context of this Policy, you must agree to:

- Grant us the use of your initial travel ticket; or
- Pay us back the refund that you obtain from the tour operator that issued the travel ticket.

We will arrange and cover the costs of repatriations by:

- Economy class airfare; or
- First class rail fare.

5. PAYMENT OF ACCOMMODATION COSTS

Accommodation costs paid in the framework of this Policy must be the subject of an invoice issued by a hotel.

Any other temporary accommodation cannot give rise to any compensation.

6. REIMBURSEMENT PROCEDURE FOR COSTS YOU HAVE INCURRED AS PART OF THE ASSISTANCE COVER

The reimbursement of costs that you have incurred can only be made after you submit the original receipts accompanied by the case number of our prior agreement.

Please contact us at the following address:

AXA ASSISTANCE
C/Tarragona n° 161,
08014 Barcelona - Spain
Phone: +33 1 70 79 07 69

7. PROVIDING AN ADVANCE

If during your trip abroad you ask us to provide you with a cash advance, as envisaged in the cover of this Policy, we can proceed as follows:

- By directly covering the costs you incurred ; or
- By providing you with the advanced amount in local currency.

The advance is made only to the extent of the actual expenses within the limit of the amount specified in the Special Terms and Conditions.

To safeguard our further rights, we reserve the right to request a financial guarantee of an equivalent amount by debiting your credit card, prior to any advance.

If your account linked to your bank card has not been debited by our services of the advanced amount you received, you have 30 days (deadline postponed to 60 days for the repayment of the advance granted for the "medical expenses abroad" benefit) to reimburse us the sums due.

After this period, we reserve the right to initiate the necessary debit procedures and to increase the amount claimed with the applicable legal interest rate.

FOR INSURANCE COVER

PROCEDURE FOR REPORTING A CLAIM UNDER INSURANCE COVER

Except in a fortuitous event or case of force majeure, you must notify our Travel Insurance Management Service and make your insurance claim, providing all supporting documentation, within 5 business days after the end date of your trip, or the cover may be denied.

For the "cancellation insurance", you or your claimant must inform your travel agency of your cancellation as soon as the insured event preventing your departure occurs, and notify us within 5 business days of declaring your cancellation to the travel agency.

AON FRANCE /
CHAPKA ASSURANCES
Claims Department

31-35 rue de la Fédération
75717 Paris Cedex 15 - France

http://www.chapkadirect.com/sinistre

Phone: +44 20 3808 7722

- Once the deadline has expired, if we suffer any damage due to your late declaration, you will lose all rights to compensation;
- Any declaration that does not comply with the provisions set forth in the in the insurance benefits will result in the lapse of any right to compensation;
- If necessary, the claim manager reserves the right to send you and bear the costs of a medical examination by a registered letter with acknowledgement of receipt;
- We reserve the right to request additional documents if necessary.

GENERAL CONDITIONS

CAP EXPLORER

AXA ASSISTANCE POLICY N°2243705
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GENERAL INFORMATION REGARDING ASSISTANCE AND INSURANCE

ARTICLE 1. PURPOSE OF THE POLICY

These insurance and travel assistance policies, composed of and governed by the Special Terms and Conditions, the general conditions and the information provided in the special conditions, have the purpose of covering you during your trip, in accordance with the limits and the conditions laid down in the policy.

ARTICLE 2. SUBSCRIPTION

The subscription must be made on the day of booking the trip or no later than the day before the first day of application of the penalties outlined in the scale of the tour operator.

ARTICLE 3. DEFINITIONS

3.01. ABOUT US

INTER PARTNER ASSISTANCE, a limited company (société anonyme) under Belgian law with share capital of €130,702,613, a non-life insurance company approved by the National Bank of Belgium (BNB) under number 0487, registered in the Brussels Register of Legal Entities under number 415 591 055, whose registered office is located at 7 Boulevard du Régent, 1000 Brussels, Belgium.

3.02. ACT OF TERRORISM

An act including but not limited to the use of force or violence and/or threat thereof, by any person or group of people acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological or similar reasons, including the intention to influence any government and/or put the public, or part of the population, in fear.

3.03. SPECIAL TERMS AND CONDITIONS

Document duly completed and signed by you on which appear your name(s) and surname, address, travel dates, country of destination, period of guarantee, price of the trip including VAT, the chosen option, the date this document was issued and the amount of the insurance premium.

In the event of a claim, only the policies for which the insurance premium has been paid will be taken into account.

The family fare applies to the ascendants and descendants booked under the same Special Terms and Conditions who have paid the insurance premium (a minimum of 4 persons).

3.04. BENEFICIARY / INSURED PERSON

A natural person, hereinafter referred to as "you", as specifically stated in the Special Terms and Conditions and who has paid his/her insurance premium.

3.05. FAMILY MEMBERS

Your spouse or common-law partner or any person who is linked to you by a civil covenant of solidarity (PACS), your ascendants or descendants or those of your spouse, your fathers-in-law, mothers-in-law, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, uncles, aunts, nephews, nieces or those of your spouse.

They must be domiciled in the same country as you unless otherwise contractually stipulated.

3.06. CLOSE FRIEND OR RELATIVE

Any natural person appointed by you or your claimant.

This person must be domiciled in the same country as you.

3.07. PLACE OF RESIDENCE

The place in which you are normally permanently resident.

It is located in France, in another country of the European Union, Switzerland, Liechtenstein or in Norway.

3.08. FRANCE

Metropolitan France, the Principality of Andorra or Monaco and the French Overseas Departments.

3.09. ABROAD

All countries outside your home country.

As for the insurance of medical expenses abroad, the French Overseas Territories are by convention considered as to be abroad if your home is in France.

3.10. EUROPE AND THE MEDITERRANEAN REGION

Europe and the Mediterranean region include Albania, Austria, Belgium, Bulgaria, Czech Republic, Cyprus, Croatia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Italy, Kosovo, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, Iceland, Norway, Liechtenstein, Switzerland, Algeria, Egypt, Jordan, Lebanon, Belarus, Bosnia and Herzegovina, Bulgaria, Estonia, Israel, Macedonia, Morocco, Moldavia, Montenegro, Serbia, Tunisia, Turkey, Ukraine.

3.11. ASIA

Brunei, Cambodia, China, East Timor, Hong Kong, India, Indonesia, Japan, Laos, Macao, Malaysia, Mongolia, Myanmar, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Thailand, Vietnam, Nepal.

3.12. TRIP

Stay / package, cruise, travel ticket (including flight-only tickets) booked with the travel organiser, of which the dates, destination and cost appear in the Special Terms and Conditions.

3.13. TERRITORIALITY

Insurance coverage is granted worldwide with the exception of countries for which it is stricly restricted to travel by the Ministry of foreign affairs of your home country or the World health Organization.

3.12. SERIOUS BODILY INJURY

Sudden health deterioration resulting from the victim's non-intentional action, which is certified by a competent medical authority leading to the issuance of an order to take medication for the benefit of the ill person and involving the cessation of any professional or other activity.

3.13. SERIOUS MEDICAL CONDITION

Sudden and unforeseeable health deterioration certified by a competent medical authority leading to the issuance of an order to take medication for the benefit of the ill person and involving the cessation of any professional or other activity (including COVID-19).

3.14. SERIOUS ILLNESS OR INJURY

Unpredictable accident or illness, the nature of which is likely to cause, in the short term, a significant deterioration of the victim's condition if adequate care is not provided quickly.

Accident means: Sudden health deterioration due to an external event that is sudden, unforeseeable, violent and outside the victim's control.

Medical condition means: Sudden and unforeseeable deterioration in health certified by a competent medical authority.

3.15. MEDICAL TEAM

Structure adapted to each particular case and defined by our medical services.

3.16. MEDICAL AUTHORITY

Any person who holds a valid degree in medicine or surgery in the country where the event takes place.

3.17. IN-PATIENT HOSPITAL TREATMENT

An unexpected stay in a public or private care facility lasting more than 24 hours and medically prescribed for medical or surgical treatment following a a serious illness or injury.

3.18. IMMOBILISATION AT HOME

The obligation to remain at home following a serious illness or injury, on medical prescription and for more than 5 days.

3.19. SERIOUS MATERIAL DAMAGE TO YOUR HOME, BUSINESS PREMISES, FARM

Premises which have been materially damaged and become uninhabitable, including in case of natural disaster in the framework of the provisions resulting from Law No. 86-600 of 13 July 1986 concerning compensation to victims of natural disasters.

3.20. NATURAL DISASTERS

A natural disaster is a phenomenon such as an earthquake, a volcanic eruption, a tidal wave, an avalanche, a flood, or a natural disaster having been caused by the abnormal intensity of a natural agent, with the exception of any event caused by a direct human and /or inconsiderate intervention.

3.21. PUBLIC TRANSPORT OF PASSENGERS

Service issuing a travel ticket against payment, sold by an authorised agent or by the travel organiser whose hours, availability and prices are publicly available.

3.22. PETS

Pets (cats and dogs only and a maximum of 2) usually living at your home and whose vaccinations are up to date in accordance with applicable regulations.

1st and 2nd category dogs are not covered.

3.23. EXCESS

A fixed lump sum specified in the table of Special Terms and Conditions based on the agreed plans and borne by you in the event of compensation following a claim. Excess may also be expressed in days, hours or as a percentage.

3.24. MAXIMUM PER EVENT

If the insurance covers several insured persons who are victims of the same event and appear in the same Special Terms and Conditions, the Insurer will only cover the maximum amount specified in this cover regardless of the number of

victims. As a result, insurance benefits are reduced and settled in proportion to the number of victims.

3.25. EVENTS

A serious illness or injury, death or any event justifying our intervention as stipulated in the assistance and insurance cover.

3.26. QUARANTINE

Temporary isolation for a fixed period imposed on persons by local health authorities to prevent any spread of an infectious Illness.

3.27. LOCKDOWN

Lockdown means isolating at home or at the location where You are staying with all non-essential travel prohibited by local and/or government authorities for one or more persons for a specified period due to health reasons. Only local and/or government authorities are authorised to order persons into Lockdown.

3.28. WEAR (DEPRECIATION)

Depreciation of the value of property over time or due to use or its state of upkeep on the day of the incident. Unless otherwise stipulated in the Policy, the depreciation applied to calculate the compensation due is 1% per month up to 80% of the initial purchase price.

3.29. REMOTE CONSULTATION

Medical consultation by telephone (in English, French, Italian, Spanish, German) or by video (in English or French only) provided by a specialist service provider and its team of Doctors.

ARTICLE 4. START DATE AND DURATION OF THE BENEFITS

Only Trips lasting less than 60 consecutive days are covered, except for the Trip cancellation insurance cover, which applies regardless of the duration of the Trip.

The dates of departure (00:00) and return (24:00) of the Trip and the starting (00:00) and ending (24:00) dates of the stay for rentals are those indicated in the travel booking form.

Departure corresponds to your arrival at the meeting point set by the travel organiser, or in case of a flight only, at baggage check-in, or in the case of using individual transport, since your arrival at the place of stay.

4.01. THE "TRIP CANCELLATION" INSURANCE COVER

The "Trip Cancellation" insurance cover takes effect on the date of subscription to this Policy and automatically ceases its effects at the time of departure once your registration has been made or for rentals, at the time of the delivery of the keys.

The "cancellation" coverage will not be granted for trips of which the departure date is scheduled less than 10 days from the date the Policy is taken out.

4.02. THE ASSISTANCE COVER AND INSURANCE COVER

Excluding "Trip Cancellation".

They take effect on the date of departure or the beginning of the stay and automatically lapse on the date of return or end-of-stay specified in the travel booking form unless otherwise expressly agreed.

If you use your own means of transport to get from Home to your place of stay, assistance covers will take effect on the date the stay begins and, at the earliest, 48 hours before this date.

They lapse automatically on the date of the end of the stay and, no later than 48 hours after this date.

Chapka Travel Insurance

MEDICAL COSTS | ASSISTANCE | BAGGAGES | INTERRUPTION | CANCELLATION | CAPITAL | LIABILITY INSURANCE

TABLE OF BENEFITS

CAP EXPLORER

AXA ASSISTANCE POLICY N°2243705
CANCELLATION - COMPREHENSIVE - ASSISTANCE - COMPLEMENTARY BANK CARD

COMPREHENSIVE	SUPPLEMENTARY BANK CARD	PREMIUM ASSISTANCE	PREMIUM CANCELLATION	SERVICES	AMOUNTS AND LIMITS
				Cancellation Insurance	Maximum per person: €10,000 Maximum per event: €40,000
x	x		x	Excess	Events: · In paragraphs 1 and 2: an excess of €50 per Insured Person is applicable · In paragraphs 3 to 24: an excess of 10% with a minimum of €50 per Insured Person is applicable · In paragraphs 25 to 37: an excess of 20% with a minimum of €50 per Insured Person is applicable
x	x		x	Departure impossible due to transport disruption Departure: No connection Cancelling a trip	 Maximum €1,000 per person Maximum €2,000 per person
x	x		x	Missed flight	50% of the initial amount of your total package (transportation and ground services) 80% of the total initial amount of your flight (transport services only)
x	x		x	Flight delay · Scheduled flight excess: Delay of 3 hours · Charter flight excess: Delay of 6 hours	Maximum €31 per person/per hour of delay maximum par person: €152 maximum per event: €762
x	x	x		Medical repatriation	Actual costs
x	x	x		Sending a medical practitioner on site	Actual costs
x	x	x		Immobilisation on site	€100 per day up to a maximum of 10 days
x	x	x		Extending your stay on-site	€100 per day up to a maximum of 10 days
x	x	x		Returning home or continuation of the trip after healing	Actual costs
x	x	x		Visiting a close relative or friend Coverage of hotel expenses	Return transportation costs €100 per day up to a maximum of 10 days

x	x	x		Repatriation in the event of death Coverage of coffin costs	Actual costs €2,300
x	x	x		Accompanying the deceased Coverage of hotel expenses	Return transportation costs €100 per day up to a maximum of 4 days
x	x	x		Return of beneficiary minor children Accom-modation of the accompanying person	Return ticket for the accompanying person €100 per day up to a maximum of 4 days
x	x	x		Return of beneficiaries	Return ticket
x	x	x		Psychological assistance	3 telephone conversations per person and per event
x	x	x		Replacement driver	Actual costs
x	x	x		Medical information and advice 24 a day, 7 days a week	Actual costs
x	x	x		Early return	One-way ticket or return ticket
x	x	x		Return impossible due to transport disruption: Extension of stay or additional transportation costs	Maximum €1,000 per person Or €200 /night / person – max 5 days
x	x	x		Sending medicines abroad	Actual costs
x	x	x		Emergency message transmission	Actual costs
x	x	x		Medical intervention for a minor child having remained at home	Organization and cost of transport by ambulance
x	x	x		Delayed return home of a pet: · Return home of a pet or · Provision of a travel ticket	Actual costs Return ticket
x	x	x		Service organisation	Not covered
x	x	x		Medical expenses abroad Asia, Australia, Canada, USA, New Zealand Rest of the World Europe and the Mediterranean region Emergency dental care Excess	Maximum €300,000 per person Maximum €200,000 per person Maximum €75,000 per person Maximum €300 per person €30 per claim
x	x	x		Costs related to search and first aid For the Alpinism extension subscription:	Maximum €4,600 per person Maximum €23,000 per event €12,000 maximum per person €45,000 maximum per event
x	x	x		Loss or theft of documents or personal belongings · Advice, shipping costs · Renewal costs · Cash advance	Actual costs Maximum €152 per person Maximum €3,000 per person
x	x	x		Advance of bail abroad	Maximum €15,245
x	x	x		Lawyer's fees abroad	Maximum €3,049
x	x	x		Baggage insurance · Precious / valuable object · Excess	Maximum €2,000 per person Maximum €10,000 per person Up to 50% of the maximum per person €30 per claim
x	x	x		Late baggage delivery (one-way flight only)	Maximum €152 per person Maximum €762 per event

				Third-party liability in a non-professional context	
x	x	x		All combined bodily injuries, property damage and consequential loss including: · Bodily injuries other than those occurring in the USA / Canada · odily injuries occurring in the USA / Canada · Property damage and consequential loss	€4,500,000 per loss €4,500,000 per loss €1,000,000 per loss €45,000 per loss with an excess of €150
				Third-party tenant's liability	
x	x	x		· Combined property damage and consequential loss caused to movable and immovable property which is the subject of the lease Damage to movable property listed in the inventory attached to the lease is included	€500,000 per loss with an excess of €500 €10,000 per loss with an excess of €500
				Third-party liability in sports and leisure activities	
x	x	x		· Bodily injuries and consequential loss following covered bodily injuries · property damage and consequential loss following covered property damage	€150,000 per event €45,000 per event
x	x	x		Legal action and defence	€10,000 per loss with an excess of €500 €20,000 per dispute with an intervention threshold of €380
x	x	x		Personal Accident Insurance Death and Permanent disability (Person over 16 and under 70) Death and Permanent disability (Person under 16 and over 70)	€20,000 per person €8,000 per person
x	x	x		Compensation Trip	The same value as the original trip
x	x	x	x	"Trip interruption" insurance Unused services	€7,000 per person, €29,000 per event
x	x	x		Domestic help at your Home after repatriation	Maximum 20 hours in 15 days
x	x	x		Nurse at your Home after repatriation	Maximum 20 hours
x	x	x		Babysitter at your Home after repatriation	Maximum 20 hours or return ticket
x	x	x		Delivery of medicines at your Home after repatriation	Costs of delivery / an intervention per event
x	x	x		Sending a locksmith	Travel expenses maximum €153 Cost to repair keys maximum €153
x	x	x		Accommodation following a loss	€100 per day up to a maximum of 5 days
x	x	x		Remote medical consultation	2 remote consultations per trip for all insured persons

GENERAL CONDITIONS

CAP EXPLORER

AXA ASSISTANCE POLICY N°2243705
CANCELLATION - COMPREHENSIVE - ASSISTANCE - COMPLEMENTARY BANK CARD

INSURANCE AND ASSISTANCE BENEFITS

ARTICLE 5. DEFINITIONS OF COVERS

CANCELLING TRIP

1. SPECIFIC DEFINITIONS

COVERED FORTUITOUS EVENT

Any situation listed below, causing a request in order to have the Insurer intervene.

MAJOR EVENT AT DESTINATION

For the purposes of this policy, three causes are likely to constitute a major event at destination:

- Weather events of major intensity that meet the following cumulative conditions: weather events such as floods from overflowing of rivers, flooding from run-off, flooding and mechanical shock associated with wave action, floods due to marine submersion, mudflows and debris flows, tidal waves, earthquakes, volcanic eruptions, cyclonic winds, storms with an abnormal intensity which give rise to a natural disaster declaration if they occurred in France, or cause large-scale property and/or human damage if they occurred Abroad;
- Major health event in the country or destination area identified by the World Health Organization events and causing a pandemic or epidemic risk;
- Political events of major intensity and duration, either resulting in serious internal disturbance within a State or armed conflict between several States or between armed groups within the same State. Particular reference is made to the areas or countries formally not recommended by the French Ministry of Foreign and European Affairs.

CANCELLATION FEES

The cost of the Trip borne by the you, as determined by the schedule of cancellation or change fees shown in the Special Terms and Conditions laid down by the tour operator, at the date the covered fortuitous event occurred in the event of cancellation or change of the Trip and for which you are not entitled to reimbursement.

Cancellation Fees do not include port and airport taxes, insurance premiums, visa fees and any administrative fees retained by the tour operator.

2. PURPOSE AND AMOUNT OF THE COVERAGE

The guarantee provides for the reimbursement of Trip cancellation or change fees, within the limit of the amounts billed by the tour operator in application of the schedules set out in the cancellation terms set out by the tour operator, which are necessary to implement a covered fortuitous Event listed below.

3. COVER LIMITATION

The compensation for which the Insurer is liable is only limited to the trip cancellation or change fees due at the date the event leading to the application of the coverage occurred. The maximum coverage amount is specified in the Special Terms and Conditions after deduction of port and airport taxes for the passenger's boarding, insurance premiums, visa and administrative fees (retained by the tour operator and not reimbursed under this policy).

4. EFFECTIVE DATE AND DURATION OF THE INSURANCE COVER

The cover takes effect on the date of subscription of the policy and shall automatically cease on the date of departure specified in the Special Terms and Conditions or the Travel registration form.

5. INSURANCE COVER CEILING

The indemnified amount shall not exceed €10,000 per Insured Person and €40,000 per Covered Fortuitous Event.

6. EXCESS

For the covered fortuitous events listed:

In paragraphs 1 and 2: an excess of €50 per Insured Person is applicable.

In paragraphs 3 to 24: an excess of 10% with a minimum of €50 per Insured Person is applicable.

In paragraphs 25 to 37: an excess of 20% with a minimum of €50 per Insured Person is applicable.

7. COVERED FORTUITOUS EVENTS

To benefit from this cover, the Trip cancellation or change, notified to the tour operator before the start of the Trip, must have as its motivation the occurrence of one of the following events after taking out this policy:

7.1. In case of serious bodily accidents, serious illness (including a relapse, the aggravation of a chronic or pre-existing illness, the aftermath and consequences of an accident having occurred prior to subscription to the present convention, as well as any infectious disease) or death of the following persons:

- You, your spouse or common-law partner or any person who is linked to you by a civil covenant of solidarity (PACS), your ascendants or descendants, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, your fathers-in-law, mothers-in-law, your legal guardian, regardless of their country of residence, as well as any person usually living with you;
- Your professional replacement or the person charged with the custody of your minor children, designated in the specific conditions (a single name of a professional replacement or childcare can be designated in the Special Terms and Conditions).

7.2. In case of the death or in-patient hospital treatment lasting more than 48 consecutive hours of one of your uncles, aunts, nephews, nieces, or your spouse or common-law partner.

7.3. In the case of contraindication to vaccination and/or vaccinations effects required for your Trip.

7.4. In the event of significant property damage, also as a consequence of a natural catastrophe, occurring to your home or your place of business or farm of which you are the owner, renter or free occupant, and requiring your presence on site to carry out the necessary conservatory acts.

7.5 In the event of a serious accident, serious illness or death of the person with whom you were staying in or in case of property damage that occurred at the home of this person.

7.6. If you or your spouse will be laid off on economic grounds, on the condition that the proceedings have not started by the date you took out this policy.

7.7. In the event of clear and unforeseeable complications to your pregnancy, miscarriage, therapeutic abortion and their consequences.

7.8. In the case of pregnancy not known when you booked the trip, which contraindicated the trip due to its nature.

7.9. In the case of depression, emotional, mental, or nervous illness leading to your hospitalisation for more than 3 consecutive days.

7.10. In the event of administrative summons supported by an official document, which is unforeseen and cannot be deferred, for a date during your trip, on the condition that you were not aware of the summons on the date you took out this policy.

7.11. If you must re-sit an exam on a date during your trip, on the condition that you did not know you had not passed the exam on the date you took out this policy.

7.12. If you have been summoned for the adoption of a child or to obtain a residence permit or for an organ transplant on a date during your trip, provided that you were not aware it on the date you took out this policy.

7.13. If you obtain paid employment or paid internship through the Pôle Emploi (employment centre) that starts before you return from the Trip, and you were registered with the Pôle Emploi on the date you took out this policy; excluding the extension or renewal of your employment or internship contract.

The coverage does not apply to assignments (obtaining, extension, renewal) provided by a temporary employment agency.

7.14. In the event of your divorce or separation recorded at the registry of the court provided that the record date is subsequent to the date you took out this policy.

7.15. EIn the case of refusal of your tourist visa certified by the authorities of the country selected for the trip, on the condition that:

- The request was made by the agreed deadline for the travel destination;
- No prior request was made and refused by these authorities for a previous trip.

7.16. In the event of a professional transfer requiring you to move before you return from your trip, on the condition that you did not know about the transfer when you took out this policy.

7.17. In the event of theft at home, place of business or farm, of which you are the owner, renter, or free occupant, within the 72 hours preceding your departure and requiring your presence on site to carry out the necessary conservatory acts.

7.18. If an accident of public passenger transport used to arrive to the departure point makes you miss the flight or ship booked for your departure, provided that you have taken the steps to arrive at least two hours before the boarding time.

7.19. If your employer changes or cancels your paid holidays granted before taking out this policy, provided that you booked the Trip after being granted the period of paid holidays.

The cover only applies to the employees of which the granting and cancellation/change of said holidays lies with a hierarchical authority. The cover does not apply to company claimant or liberal professions.

7.20. In the event of loss or theft of your identity documents or travel ticket, indispensable to your trip, within the 48 hours before your departure and preventing you from satisfying police border security checks.

7.21. In the event of serious damage occurring to your vehicle during the 48 hours before your departure which makes the vehicle unable to be repaired within the time frame necessary for you to reach the meeting place set by the tour operator or to your holiday destination on the date initially set out, and provided that your vehicle is indispensable to get there.

7.22. In the event of cancellation granted under this cover to one or more beneficiaries of this cover listed in the same Special Terms and Conditions as you and, as a result of this rescission you will have to travel alone or just with another person. If the event envisaged in Article 1 of this insurance cover occurs, this provision will be extended to a maximum of 9 people listed in the same Special Terms and Conditions as you and having paid the insurance premium. However, for people who are part of the same taxable household, all insured persons of the taxable household are covered under the "Cancellation" cover.

7.23. If you decide to travel alone, despite the cancellation of the trip for the person with whom you would have shared a double hotel room reserved for your stay under this cover, your additional hotel expenses caused by this cancellation up to the limit of the amount of compensation that would have been paid to you for cancellation will be covered.

7.24. In the event you are unable to leave, if you can transfer your trip to another person, we will cover the expenses to change the name of the beneficiary with the tour operator, if the latter provides it in its general conditions of sale.

7.25. In the case of cancellation of the departure flight by the airline company (provided that the company is unable to offer an alternative departure within 24 hours).

7.26. If an event mentioned in this Policy (e.g. a show, sporting event, demonstration, festival), around which the Trip of the Insured Person was organised and to which the Insured Person had initially planned to go, is cancelled.

7.27. In the event the Insured Person, where contraindicated by the doctor, is incapable to practise any physical activity, sports, leisure, around which the Trip was organised.

7.28. In the event of default or excess of snow only in resorts located at an altitude of over 1,500 metres, between 15 December and 15 April and leading to the closure of more than 2/3 of the ski lifts normally in service on the site of your stay, for at least 2 consecutive days during the 5 days prior to your departure.

8. EVENTS IN ALL CASES JUSTIFIED AND EXCEPTIONAL EVENTS

In derogation from any contrary provisions and exclusions of this Policy, we guarantee the refund of cancellation fees charged by the tour operator at the time of booking the trip, in application of its general conditions when this cancellation, notified before departure, is consecutive to the occurrence, after taking out this Policy of an external event that is sudden, unforeseeable and justified, independent of your will, including any of the following events:

This benefit does not cover the inability to leave due to the material organisation of the trip by the tour operator or to the accommodation or the security conditions of the holiday destination.

8.1. EIn the event of an attack, act of terrorism, or Natural Disaster, provided that the following elements are cumulatively met:

- The event occurred within thirty (30) days prior to departure;
- The event resulted in property damage or bodily injuries in the destination city or cities of the insured trip or within a distance of 100 kilometres from the holiday destination.

8.2. If the Trip of the Insured Person is cancelled following a strike by the flight crew or ground staff of the regular, low-cost or charter airline company and/or staff of the airport, provided that no notice of strike was provided in the rules imposed by the applicable legislation at the time of taking out this Policy.

8.3. In the event of air space closure. The air space is closed on the recommendation or order of a government or an administration responsible for transport.

8.4. If a major Event occurs at the destination, leading to a strong degradation of the travel conditions of the Insured Person in the destination city or cities. The Insured Person will be granted the coverage when the following conditions are met:

- The event has led to property damage and bodily injuries in the destination city(ies) or place of stay;
- The date of the Insured Person's departure is planned less than thirty (30) days after the date the event occurred.

8.5. In the event of a Natural Disaster that prevents you from departing from your place or country of residence. The coverage will be granted when the following conditions are met:

- The event resulted in property damage and/or bodily injuries preventing the Insured Person from departing from his/her country of residence;
- The date of the Insured Person's departure is planned less than thirty (30) days after the date the event occurred.

8.6. In the event of an epidemic or health risk in the destination city(ies) that poses a serious threat to the Insured Person's health. The coverage will be granted provided that the following conditions are cumulatively met:

- The event that occurred during the 30 days before departure caused bodily injuries in the holiday destination city(ies) of the Insured Person or within a distance of 100 kilometres from the holiday destination.

8.7. Cancellation where destination is subject to travel restrictions by FCO or Ministry of foreign affairs of your country or the World Health Organization (WHO) or denial of entry by local authorities where the insurance contract and holiday booking were made before FCO and/or WHO travel restrictions.

8.8. Cancellation due to quarantine before departure.

8.9. Cancellation at departure due to denial of access to transportation following a temperature control (or other sanitary control) set by local authorities or the transport company. We will refund the non-refundable services up to the fixed amount stated in the table of benefits (excluding the transport ticket to which the access was denied).

9. EXCLUSIONS

The exclusions common to all coverages shall apply. Additionally, cancellations after any of the following events or circumstances shall be excluded:

- **Bodily injuries (accident or illness) that have been the subject of a diagnoses, treatment, relapse or in-patient hospital treatment between the date of booking the Trip and the date this Policy was taken out.**
- **Diseases that have been the subject of an in-patient hospital treatment or Home care during the thirty (30) days before you booked the Trip.**
- **Cancellations made by the carrier or the tour operator.**
- **Voluntary interruptions of pregnancy, their consequences and complications.**
- **Cosmetic treatments, cures, in vitro fertilisation.**
- **Cancellations due to periodic medical check-ups and observation.**
- **Any circumstances detracting only from the enjoyment of the Insured Person's Trip.**
- **Any event for which the tour operator may be held liable under titles VI and VII of Law no. 92-645 of 13 July 1992 setting the terms for exercising the organisation and sale of travel packages.**
- **The events that occurred between the date of booking the trip and the date this Policy was taken out.**
- **Depression, emotional, mental, or nervous illnesses not leading to your hospitalisation or leading to your in-patient hospital treatment for no more than 3 consecutive days.**

- Cancellations that were caused by the non-presentation, for any reason whatsoever, of any of the essential documents for the trip, except in the cases provided for under this Policy.
- Delay in obtaining a visa.
- Any act not declared as an act of terrorism or any act of declared as an act of war, whether it has been declared or not by the French Ministry of Foreign Affairs.
- Cancellation due to travel restrictions as a direct result of the World Health Organization declaring a pandemic or any known event at the time of the holiday purchase.
- Cancellation due to illness without a medical certificate from the treating medical practitioner.
- The refund of all or part of the trip which was totally or partially refunded by the travel organizer or by the transport company however the type of refund (transfer, cash, advance, voucher...).

10. WHAT SHOULD YOU DO IN THE EVENT OF CANCELLATION?

· You or your claimants must inform your travel agency of your cancellation as soon as the insured event preventing your departure occurs;

Indeed, our reimbursement is calculated based on the schedule of cancellation fees in place at the date of the first finding of the event giving rise to the benefit.

· You must notify us within 5 business days following the notification of your cancellation to your travel agency, complying with the claim notification procedure as described in "Procedure for reporting a claim under insurance cover";

· Your claim notification must include the following information:

  – Your name(s), surname and address,

  – The policy number,

  – The specific reason motivating your cancellation (e.g. illness, accident, business reason),

  – The name of your travel agency.

· We will send the application file to you or your claimants.

This must be returned completed enclosing a copy of the policy and all the documents requested to justify the reason for cancellation and to assess the amount of damages (travel booking form, original invoice of the cancellation fees, the original travel documents receipts).

· If the reason for cancellation is illness or a bodily injury, you or your claimants will also be asked to communicate within the 10 days following your cancellation, under confidential cover to our Medical Director, the initial medical certificate specifying the date and the nature of your illness or your injury;

· Once the deadline has expired, if we suffer any damage due to your late declaration, you will lose all rights to compensation;

· Any declaration that does not comply with the provisions laid down in this policy will result in the lapse of any right to compensation;

· If necessary, the claim manager reserves the right to send you and bear the costs of a medical examination by a registered letter with acknowledgement of receipt;

· We reserve the right to request additional documents if necessary.

11. COMPENSATION

The refund of cancellation fees is directly addressed either to your attention or that of your claimants, or to your travel agency or any other person upon your express request in writing.

IMPOSSIBLE DEPARTURE

1. PURPOSE

This cover pays for the expenses you have incurred as a result of transport disruption and for which you can justify having requested and not having been able to get a refund you requested from the carrier or tour operator in the first instance. Only expenses supported by invoices may be subject to a refund.

This cover complements benefits or replaces similar exhausted benefits you may benefit from with the carrier, travel agency, Tour operator or payment card issuers.

2. DEFINITIONS

TRANSPORT DISRUPTION

If, following an insured event, your carrier or tour operator are unable to leave the port or airport of departure on the date and at the time specified on the ticket or in the travel booking form.

COVERED EVENTS

Fire, flood, earthquake, explosion following a natural event, tsunami, landslide, avalanche, cyclone, storm, tornado, and volcanic activity.

PREPAID EXPENSES

The expenses paid prior to your departure for your trip: package or flight-only tickets including car rental, parking at the place of departure, excursion(s), the accommodation at the airport, access to airport lounges.

A package is any combination of at least two of the following elements sold or offered for one inclusive price and when the service covers a period of more than 24 hours or includes at least one night:

a) transport;

b) accommodation.

3. SERVICES PROVIDED AND EXPENSES COVERED DURING YOUR OUTWARD JOURNEY

1. If you miss a connection on a means of public passenger transport originally scheduled due to transport Disruption which obliges you to make other arrangements to reach your final destination, we will cover, within the limit of €1,000 per person, transportation and additional accommodation costs that you have incurred, and which are not reimbursed from other sources. The transport costs covered must be of an equivalent class to that initially reserved.

2. If your international journey is cancelled by the carrier due to Transportation Disruption and if no alternative is proposed to you:

· If you decide to cancel your trip and you have not been reimbursed from other sources, we will cover the Prepaid expenses of your trip not carried out up to a maximum of €2,000 per person, where excursion costs are limited to €250;

· If you decide to change the dates of your trip, we will cover the costs to change the booking with the tour operator, up to a maximum of €200 per person.

4. EXCLUSIONS

The exclusions common to all guarantees are applicable with the exception of the exclusions related to natural disasters that do not apply to this cover.

In addition, are also excluded any losses resulting directly or indirectly from:

a) Any event covered by this policy provided that it is known or publicly announced at the date of booking the trip or taking out this Policy (if it is after the date of booking the trip).

b) An aircraft or vessel removed from service (temporarily or not) for a reason independent of the events covered upon recommendation from the civil aviation Authority, a port Authority or similar body regardless of its country of origin.

c) Denied boarding due to the consumption of drugs, alcohol or to your or your travel companion's abusive or unruly behaviour.

d) Denied boarding due to your inability to provide a valid passport, visa or other documents required by the carrier or its representatives.

The following are neither covered nor reimbursed:

1. The taxes of the airport of departure.

2. The tickets paid with "miles" earned through a loyalty program.

3. Accommodation fees paid as part of timesharing, exchange, or another similar system.

4. The expenses you have incurred for which you have received or will receive indemnification or other compensation (tickets, meals, refreshments, accommodation, transfers, assistance) from the carrier, the travel agency, tour operator or payment card issuers.

5. Transportation or accommodation costs that you have incurred when the carrier or tour operator offered you a reasonable alternative and you refused it.

6. Running costs such as meals or drinks that you would have normally incurred during your trip.

7. The expenses you have incurred when your operator or the local authorities did not consider it necessary to deviate from the plan of your original package.

8. The expenses incurred for persons not covered by this policy.

5. CLAIM NOTIFICATION PROCEDURE

Under penalty of forfeiture, except in a fortuitous event or case of force majeure, you must notify our Travel Insurance Management Service and make your insurance claim providing all supporting documentation within 5 business days after the end date of your Trip complying with the procedure described in "Procedure for reporting a claim under insurance cover".

In the event of trip cancellation, you must inform your tour operator of your cancellation as soon as the event occurs and within 5 business days of notifying your tour operator.

Your claim notification must include the following information:

· Your name(s), surname and address;

· The policy number;

· Date of departure and return of the trip or stay;

· If you miss a connection: a certificate from the carrier or its representative specifying the reason and the length of the delay, the originally scheduled time of arrival at the connection airport, the originally scheduled time of departure of the connecting flight, the actual time of arrival at the connection airport;

· If your trip has been cancelled: a written confirmation of the cancellation and its reason established by the carrier or its representative;

· If the flight has been delayed or rerouted: a certificate from the carrier or its representative specifying the reason and duration of the delay as well as the original time of expected departure and the actual time of departure;

· A copy of the mail stating the refusal to compensate the expenses of which you may benefit elsewhere (e.g. carrier, Tour Operator or travel agency, payment card issuer) or a copy of the receipts for expenses assumed by these organisations;

· The original ticket and the travel booking form;

· The original unused ticket, if applicable;

· The booking confirmation and the cancellation invoice from the tour operator;

· The original receipts of unexpected costs incurred.

6. PROCEDURES

1. In the event of cancellation, we will only cover the cancellation fees invoiced by the travel organisation without exceeding the ceiling specified in Article 3 hereof.

2. The additional charges must be of a similar rate to that of the initial prepaid trip.

3. You must get (at your own expense) the written confirmation of the cancellation (delay – number of hours - or impossibility of boarding) and its reason established by the Public Passenger Transport or its representative.

4. You must send the carrier a claim for indemnification for your unused ticket in accordance with its contract terms and/or (if applicable) EU regulations (or equivalent regulations) on the rights of air passengers in the event of denied boarding, flight cancellation or delay.

5. A request to cover the costs incurred can only be made for one of the benefits described in this document.

6. Receipts and detailed invoices must be kept as supporting documentation.

7. COMPENSATION

The reimbursement of expenses incurred is sent directly to your attention or that of your claimants or any other person upon your express written request.

"MISSED FLIGHT" "FLIGHTDELAY"

MISSED FLIGHT

1. PURPOSE OF THE COVERAGE

If you miss your flight to depart for your trip for any cause whatsoever due to an event independent of your will, except in the case the carrier changes its schedule, we will refund the purchase of a new ticket for the same destination and by the same means of transport originally purchased, provided that you leave within 24 hours or with the first flight available.

2. AMOUNT OF THE COVERAGE AND EXCESS

This cover is limited to:

- 50% of the initial amount of your total package (transportation and ground services);
- 80% of the total initial amount of your flight (only transportation service).

This cover cannot be cumulated with "Trip Cancellation" and "Flight delay" covers

FLIGHT DELAY

1. DEFINITIONS

FLIGHT CONFIRMATION

Formality to validate the purchase of the ticket and keep the booking of the seats.

The terms are defined in the tour operator's terms of sale.

FLIGHT DELAY

Time difference between the arrival time announced on the Insured Person's ticket or his/her membership certificate and the actual time which the plane arrives at the destination airport, which occurs outside of time changes that the tour operator or airline may make in accordance with the general terms and conditions of sale.

ROUTE

The route travelled until the place of destination shown on your ticket or travel booking form regardless of the number of flights taken, only the outward journey is taken into account.

SCHEDULED FLIGHT

Scheduled flight made by a commercial plane, the precise timetables and frequency of which match those published in the Official Airlines Guide.

NON-SCHEDULED CHARTER-TYPE FLIGHT

Flight chartered by a tourism organisation in the context of a non-scheduled service.

2. PURPOSE OF THE COVER

In the event of flight delay of:

- More than 3 hours on a scheduled flight;
- More than 6 hours on a Charter-type non-scheduled flight compared to the original time of arrival specified on your travel ticket, we will compensate you for the unexpected expenses that you incurred on site (refreshments, meals, hotel accommodation and local transfer between airport and hotel).

This coverage will be granted provided that the formalities of confirmation of the flight have been completed within the time required by the tour operator.

In the case of dispute:

- For scheduled flights, the "Official Airlines Guide" will serve as a reference to determine the flight schedule and connections;
- For charter flights, departure times, connections and destinations are those specified on the covered ticket.

3. COVERAGE AMOUNT

You are covered per hour of delay per person per trip (one way only) up to the amounts specified in the Special Terms and Conditions.

4. EXCESS

- For scheduled flights: a relative excess of 3 hours;
- For charter-type non-scheduled flights: a relative excess of 6 hours

5. CLAIM NOTIFICATION PROCEDURE

You must send us a notification within 5 business days of the end date of your trip, in compliance with the claim notification procedure described in "Procedure for reporting a claim under insurance cover".

Your claim notification must include the following information:

- Your name(s), surname and address;
- The policy number;
- Date of departure and return of the trip or stay;
- A certificate from the carrier stating the nature and duration of the delay, the flight number, the hours originally expected for the arrival of the flight and the actual time of arrival;
- The original boarding pass;
- The original receipts of unexpected costs incurred.

6. EXCLUSIONS

The exclusions common to all coverages of this policy shall apply.

In addition, the following are also excluded:

- Any delay during the return journey,
- Any delay due to a temporary or definitive suspension of an aircraft, which has been ordered by:
  - Airport authorities, or
  - Civil aviation authorities, or
  - A similar body,
  - And/or which was announced more than 24 hours prior to the departure date.

- Any delay due to denied boarding for not respecting the baggage check-in and / or boarding deadline.
- Denied boarding due to overbooking.
- Any failure of the flight on which your booking was confirmed regardless of the reason.
- Any event for which the tour operator may be held liable under titles VI and VII of Law no. 92-645 of 13 July 1992 setting the terms for exercising the organisation and sale of travel packages.
- The absence of risk (i.e. an event that is sudden, unforeseeable and independent of the Insured Person's will).

This cover cannot be cumulated with the "Missed flight" cover.

IMPOSSIBLE RETURN

1. PURPOSE

This cover pays for the expenses you have incurred as a result of transport disruption and for which you can justify having requested and not having been able to get a refund you requested from the carrier or tour operator in the first instance. Only expenses supported by invoices may be subject to a refund.

This cover complements benefits or replaces similar exhausted benefits you may benefit from with the carrier, travel agency, Tour operator or payment card issuers.

2. DEFINITIONS

TRANSPORT DISRUPTION

If, following an insured event, your carrier or tour operator are unable to leave the port or airport of return on the date and at the time specified on the ticket or in the travel booking form.

COVERED EVENTS

Fire, flood, earthquake, explosion following a natural event, tsunami, landslide, avalanche, cyclone, storm, tornado, and volcanic activity, lockdown or sanitary event at destination (declared by local authorities).

3. SERVICES PROVIDED AND EXPENSES COVERED DURING YOUR RETURN JOURNEY

When the public passenger transport, on which you have a reservation is cancelled, rerouted or delayed by more than 12 hours following the time indicated on the ticket or in the travel booking form, due to transport disruption, if you need to extend your stay on-site or make alternative arrangements to reach your country of residence, we will cover, up to a maximum of €1,000 per person or €200 per night per person for a maximum of 5 nights, the additional transportation and accommodation costs which are not reimbursed from other sources. The transport costs covered must be of an equivalent class to that initially reserved.

By way of derogation from the Article "Effect and duration of the covers", when you have to extend your stay on site, assistance cover to persons is extended up to a maximum of 5 days.

4. EXCLUSIONS

The exclusions common to all guarantees are applicable with the exception of the exclusions related to natural disasters that do not apply to this cover.

In addition, are also excluded any losses resulting directly or indirectly from:

- Any event covered by this policy provided that it is known or publicly announced at the date of booking the trip or taking out this Policy (if it is after the date of booking the trip).
- An aircraft or vessel removed from service (temporarily or not) for a reason independent of the events covered upon recommendation from the civil aviation Authority, a port Authority or similar body regardless of its country of origin.
- Denied boarding due to the consumption of drugs, alcohol or to your or your travel companion's abusive or unruly behaviour.
- Denied boarding due to your inability to provide a valid passport, visa or other documents required by the carrier or its representatives.

The following are neither covered nor reimbursed:

- Airport taxes.
- The tickets paid with "miles" earned through a loyalty program.
- Accommodation fees paid as part of timesharing, exchange, or another similar system.
- The expenses you have incurred for which you have received or will receive indemnification or other compensation (tickets, meals, refreshments, accommodation, transfers, assistance) from the carrier, the travel agency, tour operator or payment card issuers.
- Transportation or accommodation costs that you have incurred when the carrier or tour operator offered you a reasonable alternative and you refused it.
- Running costs such as meals or drinks that you would have normally incurred during your trip.
- The expenses you have incurred when your operator or the local authorities did not consider it necessary to deviate from the plan of your original package.
- The expenses incurred for persons not covered by this policy.

5. CLAIM NOTIFICATION PROCEDURE

Under penalty of forfeiture, except in a fortuitous event or case of force majeure, you must notify our Travel Insurance Management Service and make your insurance claim providing all supporting documentation within 5 business days after the end date of your Trip complying with the procedure described in "Procedure for reporting a claim under insurance cover".

- Once the deadline has expired, if we suffer any damage due to your late declaration, you will lose all rights to compensation;
- Any declaration that does not comply with the provisions laid down in this policy will result in the lapse of any right to compensation;
- We reserve the right to request additional documents if necessary.

Your claim notification must include the following information:

- Your name(s), surname and address;
- The policy number;
- Date of departure and return of the trip or stay;
- If your trip has been cancelled: a written confirmation of the cancellation and its reason established by the carrier or its representative;
- If the flight has been delayed or rerouted: a certificate from the carrier or its representative specifying the reason and duration of the delay as well as the original time of expected departure and the actual time of departure;
- A copy of the mail stating the refusal to compensate the expenses of which you may benefit elsewhere (e.g. carrier, Tour Operator or travel agency, payment card issuer) or a copy of the receipts for expenses assumed by these organisations;
- The original ticket and the travel booking form;
- The original unused ticket, if applicable;
- The original receipts of unexpected costs incurred.

6. PROCEDURES

1. The additional charges must be of a similar rate to that of the initial prepaid trip.

2. You must get (at your own expense) the written confirmation of the cancellation (delay, number of hours or impossibility of boarding) and its reason established by the Public Passenger Transport or its representative.

3. You must send the carrier a claim for indemnification for your unused ticket in accordance with its contract terms and/or (if applicable) EU regulations (or equivalent regulations) on the rights of air passengers in the event of denied boarding, flight cancellation or delay.

4. Receipts and detailed invoices must be kept as supporting documentation.

7. COMPENSATION

The reimbursement of expenses incurred is sent directly to your attention or that of your claimants or any other person upon your express written request.

ASSISTANCE

MEDICAL ASSISTANCE

REPATRIATION TRANSPORT

In the event of a serious illness or injury, our medical practitioners will contact your attending physician on-site and take the most appropriate decisions according to your state of health, the information gathered and medical requirements.

If our medical team recommends your repatriation, we will arrange and cover its implementation in accordance with the medical imperatives determined by our medical team.

The repatriation destination is:

- A local suitable health facility; or
- A hospital in a neighbouring country; or
- The hospital closest to your home.

If you are hospitalised in a health centre outside the hospital district of your place of residence, when the time comes, we will arrange your return after your recovery confirmed by a medical practitioner and cover your transfer home.

Repatriation can take place by ambulance car, ambulance, train, airliner or air ambulance.

Our medical team will have the right to decide on your final place and date of hospitalisation, your need to be accompanied and the means used to do so.

Any refusal of the solution proposed by our medical team will result in cancellation of the assistance to persons cover.

SENDING A MEDICAL PRACTITIONER ON SITE

If the circumstances require it, our medical team may decide to send a medical practitioner on site, in order to fully assess the steps to be taken and make the necessary arrangements.

We will cover the travel costs and visit fees of the medical practitioner we have appointed.

ON-SITE IMMOBILISATION

If, on the decision of our medical team, you require on-site in-patient hospital treatment before your medical repatriation, we will organise and cover the costs of the stay (room, breakfast and taxi) incurred on behalf of the beneficiary members of your family, provided that they remain with you or a beneficiary person you are not related to who is accompanying you.

Our cover is limited to the duration of in-patient hospital treatment up to the amount stated in the Special Terms and Conditions.

This cover cannot be cumulated with the "Visit of a close friend or relative" cover.

EXTENSION OF YOUR ON-SITE STAY

If your on-site stay is extended on the recommendation of our medical practitioners, we will arrange and cover your accommodation costs (room, breakfast and taxi) as well as those of the beneficiary members of your family, provided that they remain with you or a beneficiary person you are not related to who is accompanying you.

This cover is also granted if the Insured is in quarantine at destination due to a sanitary troubles.

Our cover is limited to the medical prescription and up to the amount stated in the Special Terms and Conditions.

This cover cannot be cumulated with the "Visit of a close friend or relative" cover.

RETURNING HOME OR CONTINUING THE TRIP AFTER RECOVERY

At the end of your in-patient hospital treatment or your on-site immobilisation and your recovery confirmed by a medical practitioner, we will arrange your return home or your onward journey (on-way ticket), up to the next destination planned when booking with the tour operator, as well as that of the beneficiary members of your family, provided that they remain with you or a beneficiary person you are not related to who is accompanying you.

If we your onward journey, we will only cover the additional transport costs up to the cost of the return journey to your home.

VISIT OF A CLOSE FRIEND OR RELATIVE

If your health does not allow or does not require your repatriation and if your in-patient hospital treatment lasts more than 3 consecutive days (the first day of in-patient hospital treatment, if the condition is life-threatening or if the beneficiary is a minor or is handicapped), we will cover the cost of a return ticket to go on site for a member of your family or close friend or relative (one ticket for each parent, father and mother, in the case of a minor child).

We will arrange and cover the costs of your stay (room, breakfast and taxi) incurred on behalf of this close friend or relative.

Our cover is limited to the duration of in-patient hospital treatment up to the amount stated in the Special Terms and Conditions.

This coverage will be granted only in the absence of an adult member of your family on site. This cover cannot be cumulated with "immobilisation on site" and "extension of stay on site" covers.

REPATRIATION IN THE EVENT OF DEATH

We will arrange and cover the cost of repatriating the body or ashes of the deceased beneficiary from the place of death to the place of burial in his/her country of domicile as well as expenses for post mortem treatment, placing the body in the coffin and the necessary arrangements for transport.

The costs for transporting the coffin are covered up to the maximum amount specified in the Special Terms and Conditions.

The costs of the funeral, ceremony, local transport, burial or cremation will be borne by the beneficiary's family.

The choice of companies involved in the repatriation process is our sole responsibility.

ACCOMPANYING THE DECEASED

If the on-site presence of a family member or a close relative or friend of the deceased beneficiary is required to recognise the body and carry out formalities of repatriation or cremation, we will arrange and cover the costs of a return ticket and the accommodation costs (room, breakfast and taxi) incurred on behalf of this person.

We will cover the amount specified in the Special Terms and Conditions.

This cover can only be implemented if the beneficiary was travelling alone at the time of his/her death.

RETURN OF BENEFICIARY MINOR CHILDREN

Following a serious illness or injury or the death of a beneficiary and in the absence of an adult member of the family who can supervise the children left alone on site, we will arrange and pay for their return home.

These children will either be accompanied by a family member or a close friend or relative duly appointed and authorised by your family or one of your claimants, or, failing that, by qualified staff.

We will arrange and cover the costs of the return travel ticket of this travel companion and the costs of his/her stay (room, breakfast and taxi) incurred on his/her behalf.

We will cover the amount specified in the Special Terms and Conditions.

RETURN OF BENEFICIARIES

In the framework of repatriation in the event of a serious illness or injury or death, we will arrange and cover the costs for the return home of the members of your beneficiary family or maximum two beneficiary people you are not related to who are accompanying you.

TELEPHONE COUNSELLING

If you request psychological assistance following a trauma occurred abroad, caused by an act of terrorism, civil or foreign war, riots, or by a serious family event, we can put you in touch with a clinical psychologist for 3 sessions of telephone counselling per event.

If you wish, we put you in touch with a psychologist near your Home. In this case, the consultation fee will be borne by you.

REPLACEMENT DRIVER

In the event of a serious illness or injury, if the beneficiary is unable to drive his/her vehicle or following a death if the vehicle remains on site, we will arrange and cover the costs of hiring a replacement driver to drive the vehicle back home by the most direct route.

This coverage will be granted only if the following conditions are met:

- The beneficiary was driving the vehicle for his/her journey as the owner or authorised user of said vehicle;
- No other person on site is allowed to replace him/her;
- The immobilisation of the vehicle takes place in a country of the international Green Card System;
- A written driving authorisation as well as all the administrative documents of the vehicle (car registration document, road tax disc, valid insurance certificate) must be provided to us.

This coverage will be granted if the vehicle:

- Is less than 5 years old;
- Meets national and international traffic regulations;
- Passes the mandatory roadworthiness test.

If these conditions are not met, we will arrange and cover the cost of a one-way ticket so that a person you appointed beforehand, your family or your claimants can go and collect it.

Toll, parking, fuel and boat crossings charges are not covered. Hotel and restaurant costs will be borne by the passengers who may be driven back on the vehicle.

TRAVELLER'S ASSISTANCE

MEDICAL INFORMATION AND ADVICE

Our medical team will provide medical information and advice, 7 days a week, 24 hours a day upon your request. It provides general information.

- On one or several medicines, in particular:
  - Generic medicines,
  - Gide effects,
  - Contraindications,
  - Interactions with other medicines.
- In the following areas:
  - Vaccinations,
  - Dietetics,
  - Health practices,
  - Nutrition,
  - Preparation for trips.

The intervention of a medical practitioner is only aimed at providing objective information.

The purpose of this service is in no case to provide a personal medical consultation by phone or encourage self-medication. If such is your request, we advise you to consult your general practitioner.

EARLY RETURN

If an unforeseen event occurs during your trip and requires your early return home, we will arrange and cover the cost of the following services:

- Your return journey and that of your beneficiary family members listed in the same travel booking form as you, or a single beneficiary you are not related to who accompanies you and is specified in the same Special Terms and Conditions as you; or
- Your journey for yourself to get home as well as you journey back to return to your holiday destination.

The covered unforeseen events are the following:

- A serious illness or injury causing a life-threatening condition (on the advice of our medical team) or the death of:
  - Your spouse or common-law partner or any person who is linked to you by a civil covenant of solidarity (PACS), or your ascendants or descendants, brothers, sisters, fathers-in-law, mothers-in-law residing in your country of residence,
  - Your professional replacement designated in the Special Terms and Conditions,
  - The guardian or the person designated in Special Terms and Conditions responsible for the custody of your children who have stayed at home or a handicapped person living under your roof.
- The in-patient hospital treatment of a minor child who stayed at home;
- The death of one of the following persons: a brother-in-law, sister-in-law, son-in-law, daughter-in-law, uncle, aunt, nephew or niece residing in your country of residence;
- Serious property damage, even consequential to a natural disaster, requiring your presence and essential to complete the necessary formalities on the site of:
  - Your primary residence,
  - Your farm,
  - Your business premises.
- The official summons which must be certified by an official document or convocation for the adoption of a child or for an organ transplant of an unpredictable nature that cannot be postponed and is notified after departure for a date during the covered trip;
- The official and express demand of your government to urgently return to your home country. This event is limited to the modification of your original return ticket or purchase of a new economy class ticket if it cannot be modified. In this case, any amount arising from the cancellation of the original ticket will have to be paid to the Insurer.

In the event of a lack of air traffic, the Insurer cannot be held responsible for your impossibility to return home.

SENDING MEDICINES ABROAD

If vital drugs, or their equivalents, prescribed before your departure by your general practitioner, cannot be found on site, we will search for them in your country of residence.

If they are available, they will be sent to you as soon as possible, subject to the constraints of local legislation and the means of transport available.

This coverage will be granted for one-time requests.

In no case, it can be granted for long-term treatment which would require regular shipments or a request for a vaccine.

Medications costs and any customs charges will be borne by you. You agree to reimburse the cash advance according to the terms defined in "What should you do if you need us? For providing an advance".

EMERGENCY MESSAGE TRANSMISSION

If it is physically impossible for you to transmit an emergency message, we will send upon your request, free of charge and by the fastest means, any message that you wish to send to your family members, your relatives or your employer.

We can also serve as an intermediary if you are the recipient of an emergency message.

You will be liable for any message. We only act as an intermediary for their transmission.

MEDICAL INTERVENTION FOR A MINOR CHILD HAVING REMAIND AT HOME

If during your trip your minor child is ill or injured, we can intervene at your request in the following cases:

- If the attending physician believes that the health status of your child requires in-patient hospital treatment, we will look for a place, according to availability, in all public and private hospital facilities located within a distance of 100 km from your home;
- On medical prescription, we can arrange his/her transportation to the hospital or any other hospital designated by your usual attending physician. The hospital must be located within a distance of 100 km from your home.

We will cover the transportation costs:

- Subject to his/her effective hospitalisation in the aforementioned public or private hospital;
- Not exceeding the actual costs to be borne by you, if the ambulance fees are not fully covered by the plans and / or agencies providing compensation and / or similar benefits.

We will keep you informed on the health of your child by the fastest means.

We will intervene at your request and in agreement with your usual attending physician.

DELAYED REPATRIATION OF A PET

In the context of an insured event, if your pet is left without surveillance at your holiday destination and if no close friend or relative can bring your pet home, we will arrange and cover the cost of:

- The repatriation of your pet home; or
- We will provide you with a return travel ticket to go and retrieve your pet.

The decision of the transport and procedure will be taken by our staff and is subject to international and local health regulations, as well as the terms and conditions of transport companies.

EXCLUSIONS TO ASSISTANCE BENEFITS

The exclusions common to all coverages, Article 6 of this Policy, shall apply.

In addition, the following are also excluded:

- Infections or benign injuries that can be treated locally and which do not prevent you from travelling.
- Convalescences, ailments being treated and not yet cured for which you are convalescing.
- Pre-existing illnesses diagnosed and / or treated unless a sharp and unforeseen complication or worsening arises.
- The consequences of pregnancy: childbirth, caesarean section, care of the newborn.
- The voluntary interruption of pregnancy.
- Trips undertaken for diagnosis and / or treatment, medical checks, check-ups, or preventative screenings.
- The amateur practice of air sports, defence or fighting.
- The consequences of the absence or inability to receive a vaccination.
- The taxi costs incurred without the approval of our services.

MEDICAL EXPENSES ABROAD

1. PURPOSE OF THE COVERAGE

You are covered for the reimbursement of your medical expenses and/ or in-patient hospital treatment resulting from a serious illness or injury occurred and certified abroad during the membership period and remaining at your expense after the intervention of the health insurance fund, mutual benefit association and / or any other individual or collective welfare institute to which you are entitled.

If these paying authorities do not cover the medical and / or hospitalisation expenses incurred, we will reimburse you for these expenses within the guaranteed ceiling, provided that you provide us with:

- The original invoices of the medical and surgical expenses;
- The certificate of refusal to pay by the paying authority.

Costs leading to benefits: visit and consulting fees, medicines expenses, the costs of nursing, medical and surgical hospitalisation, including medical and surgical fees, and, in general, any medical or surgical act concerning your pathology.

2. CONDITIONS AND AMOUNT OF THE COVERAGE

This coverage will be granted only if the following conditions are met:

- This coverage will be granted only if you are the member of a health insurance fund and / or any other individual or collective benefit plan that ensures the reimbursement of medical and hospitalisation expenses;
- This cover only applies to costs resulting from a serious illness or injury, occurred and certified abroad;
- This cover only applies to fees that are prescribed by a medical authority and incurred abroad during the period of validity of the membership;
- This cover only applies if the fees have been approved by our services and a claim number has been sent to the beneficiary or any person acting on his/her behalf, as soon as the merits of the claim are well-founded;
- In the event of hospitalisation, except in case of force majeure, your hospitalisation must be notified to us within 24 hours after the date reported in the certificate of hospital admission;
- You must accept any change of hospital recommended by our services;
- In all cases, the medical practitioner that we have assigned must be able to visit you and have free access to your medical record, in compliance with the highest standards of professional ethics;
- The benefit will automatically cease on the date on which we proceed with your repatriation.

We will cover the costs per beneficiary and per trip up to the amounts specified in the table of benefits less the absolute excess of €30 per claim.

Dental expenses will be covered up to a maximum of €300 per person.

3. EXCLUSIONS

The exclusions common to all coverages and the specific exclusions for medical assistance shall apply.

In addition, the following expenses will not be advanced, nor reimbursed or covered:

- Expenses incurred in your country of residence.
- Vaccinations expenses.
- Expenses related to prostheses, artificial aids, glasses and contact lenses.
- Cosmetic treatments and surgery not resulting from an accident.
- Course of treatments, stays in nursing homes or rehabilitation centres.
- Medical cover where the Insured has travelled against FCO or the WHO restrictions.

4. PROCEDURES

You must send us the following information and documents:

- The nature, circumstances, date and place of occurrence of the serious illness or injury that required the payment of medical expenses on the spot;
- A copy of the prescriptions issued;
- A copy of the invoices for all medical expenses incurred;

- The original refund vouchers and/or statements issued by any paying authority;
- In the event of an accident, the name and address of the person who caused it, and if possible of the witnesses stating whether a report or a statement has been prepared by enforcement officers;
- Generally speaking, all the documents that allow for a correct assessment of the actual costs payable by him/her;
- In addition, you must attach a confidential letter to the attention of our Medical Director, the initial medical certificate specifying the nature of the accident or illness and any other certificate we may request.

If you do not provide us with all these documents, we will not be able to proceed with the reimbursement.

Advance on in-patient hospital treatment costs abroad

In the event of hospitalisation, we can proceed, at your request, to advance on your behalf up to the maximum amounts specified in the "Terms and amount of the coverage" section against a "Statement of hospitalisation fees" committing the steps to follow.

In order to safeguard our rights at a later date, we reserve the right to ask you or your claimants to provide a bank card imprint or a deposit cheque.

From the moment you receive the medical bills sent by our services, you agree to take these steps with social security within 15 days. Without a reply on your part within 3 months, we will be entitled to require the repayment of the funds advanced on your behalf plus legal fees and interest.

5. ADVICE TO TRAVELLERS

If you are part of the Social Security regime, we advise you to have the European Health Insurance Card or the E101 form, which are available at Social Security centres, to benefit from the Social Security benefits during a trip to a country of the European Union.

ALPINISM EXTENSION

You are covered for activities such as mountaineering, rock climbing and climbing up to 6,000 meters altitude. Coverage applies on condition of always being accompanied by a professional.

The Alpinism extension for mountaineering only applies to races with difficulty levels E, LD and MD (exclusions for difficulty levels above AD). For rock climbing and climbing it applies only up to level 6 (exclusions for levels 7 to 9).

Mountaineering categories:

E: Easy

LD: Low difficulty

MD: Medium difficulty

Rock climbing and climbing categories:

From 3 to 5, tracks are easily accessible for everyone who meets the minimum fitness requirements.

From 5 to 6, development for regular climbers or beginners in good physical condition.

From 6a to 6c, medium difficulty levels for good climbers who train several times a week.

From 7a to 7c, high difficulty levels. These tracks are reserved for very good climbers. They require strength, technique, skill and regular training.

From 8a to 9c, advanced level for professionals and expert climbers who train nearly every day with a specific training program.

The coverage for Expenses for search and rescue is set to a limit of €12,000 per person and €45,000 per event for all sports that are covered under the insurance policy.

COSTS RELATED TO SEARCH AND FIRST AID

1. PURPOSE OF THE COVERAGE

We will reimburse you the costs of search and rescue required for the intervention, in a public or private domain, of teams belonging to duly licensed companies equipped with all means, in order to locate and evacuate you to the nearest shelter.

2. AMOUNT AND LIMITATION OF THE COVERAGE

Our reimbursement per beneficiary and per trip will cover the amounts specified in the Special Terms and Conditions up to the maximum amount foreseen per event regardless of the number of beneficiaries. This cover complements benefits or replaces similar exhausted benefits you may benefit from other sources.

3. CLAIM NOTIFICATION PROCEDURE

You or any person acting in your name must send us a notification within 5 business days of the end date of your trip, in compliance with the claim notification procedure described in "Procedure for reporting a claim under insurance cover".

Your claim notification must include the following information:

- Your name(s), surname and address ;
- The policy number ;
- The date, causes and circumstances of the loss ;
- The original receipts.

ASSISTANCE IN THE EVENT OF LOSS OR THEFT OF DOCUMENTS OR PERSONAL BELONGINGS

During your trip abroad, in the event of loss or theft of your identity documents, your means of payment or tickets, and after reporting it to the competent local authorities, we will provide the following services:

DURING YOUR TRIP

- We will advise you on the administrative procedures you need to take;
- We will proceed to the stop your payments after receiving a fax granting your approval;
- If replacement documents can be made available in your country of residence, we will send them by the fastest means;
- In the case of theft of your luggage we will provide you with a cash advance, at your request, to allow you to make purchases of necessity goods up to the maximum amount specified in the Special Terms and Conditions;

- In the case of loss or theft of a travel ticket, we will send you a new non-negotiable ticket paid in advance;

You agree to reimburse the cash advance according to the terms defined in "What should you do if you need us? For providing an advance".

UPON YOUR RETURN

- We will reimburse you for the costs of renewing your passport up to the amount stated in the Special Terms and Conditions ;
- Claim notification procedure.

You must send us a notification within 5 business days of the end date of your trip, in compliance with the claim notification procedure described in "what should you do if you need us? reimbursement procedure for costs you have incurred as part of the assistance cover".

Your claim notification must include the following information:

- Your name(s), surname and address ;
- The policy number ;
- The date, causes and circumstances of the loss ;
- The original receipts ;
- The evidence that a complaint has been lodged in the 48 hours following the date of the loss by the competent local authorities.

LEGAL ASSISTANCE

Abroad, following the involuntary infringement of applicable laws and regulations that you may commit and for any act not qualified as a crime, we will intervene, at your request in writing, if an action is brought against you.

This benefit does not apply to the facts in connection with your professional activity.

ADVANCE OF BAIL

We will provide the costs of bail required by the authorities for your release or to enable you to avoid incarceration up to the amount stated in the Special Terms and Conditions.

This payment will be made through a lawyer on site.

You must repay this advance:

- As soon as the bail is returned in the case of acquittal or if the case is dropped;
- Within 15 days of the date on which the decision of court becomes enforceable in the event of conviction;
- In any case, within a period of 90 days from the date of payment.

You agree to reimburse the cash advance according to the terms defined in "What should you do if you need us? For providing an advance".

LEGAL FEES

We will cover on-site legal fees up to the amount specified in the Special Terms and Conditions.

SERVICE ORGANISATION

If you make a request outside the framework defined in this Policy, we will organise the service 24 hours a day, 7 days a week, using our logistics.

- An estimate of the costs will be submitted in writing before any intervention;
- The service will be provided after receiving your written agreement.

You agree to reimburse the amounts advanced according to the conditions in "What should you do when you need us? For the availability of an advance" of the present convention.

BAGGAGES

LOSS, THEFT OF OR DAMAGE TO BAGGAGE

1. PURPOSE OF THE COVERAGE

You will be compensated for material damage arising from:

- The loss of your Baggage by the carrier and/or during transfers organised by the tour operator;
- The theft of your baggage;
- Total or partial damage to your luggage occurring during the Trip.

2. DEFINITIONS

BAGGAGE

Travel bags, suitcases, trunks and their contents, excluding the items of clothing that you are wearing.

Valuables and the precious objects described below are considered as baggage:

VALUABLES

Cameras and all photographic radio, recording or sound or image reproduction equipment, as well as their accessories, computer hardware and mobile telephony, guns, golf clubs.

PRECIOUS OBJECTS

Jewellery, watches, furs, silverware and other precious metals, precious or semi-precious stones, and pearls, provided they are mounted in jewellery.

3. COVERAGE AMOUNT

We will cover the amount specified in the Special Terms and Conditions per beneficiary and trip.

Valuables and precious objects are covered up to a maximum of 50% of the amount specified in the Special Terms and Conditions.

4. EXCESS

An excess amounting to the sum specified in the Special Terms and Conditions can be applied to each claim.

5. NATURE OF THE COVER

The following are covered:

(5.A) The loss or destruction of baggage or valuables provided that they are registered or duly entrusted to the carrier or to the tour operator during the arranged transport and transfers.

(5.B) The theft of baggage or valuables committed by breaking into any locked and closed vehicle and ended and, in any event, committed between 7 am and 9 pm (local time).

(5.C) In the case of theft, this coverage will be granted if all the baggage and valuables are under your direct surveillance, in your room or stored in a deposit for the individual.

(5.D) Precious items are only covered against theft and only if you are wearing them or if they are locked in your room safe or in the hotel safe against a receipt.

6. CLAIM NOTIFICATION PROCEDURE

You must send us a notification within 5 business days of the end date of your trip, in compliance with the claim notification procedure described in "Procedure for reporting a claim under insurance cover" and justify the value and existence of the baggage and objects considered stolen, lost or damaged.

Your claim notification must include the following information:

- Your name(s), surname and address;

- The policy number;

- The date, causes and circumstances of the loss;

- The original receipts.

We will send you the file to prepare. This must be returned completed enclosing a copy of the Policy and the original receipts.

The following must also be provided:

- In the event of theft, the evidence that a complaint has been lodged in the 48 hours following the date of theft by the competent local authorities;
- In the event of total or partial destruction, the assessment by any competent authority or by the person responsible for the damage, or, failing that, by a witness;
- If the liability of the carrier or the travel organiser is questioned, its reserves against the carrier or tour operator established with the latter or their representative.

RECOVERY OF LOST OR STOLEN LUGGAGE

1- If all or part of the stolen

or

2- lost items are recovered at any time, you must notify us immediately.

If recovery takes place:

- Prior to payment of compensation, you must resume possession of said items. We must pay a compensation corresponding to any damage and expenses incurred by you, with our approval to recover these objects;
- After payment of compensation, you will have thirty days, starting from the date of recovery, to opt either for the recovery or renouncement of all or part of the objects recovered. If this time limit is not respected the objects will become our property.

In the event of recovery, the regulations will be revised taking into account the condition of the objects recovered and their value on the day of recovery and you will have to reimburse any excess compensation you may have received.

If you become aware that a person holds the stolen or lost object, you must notify us within eight days.

7. COMPENSATION

Compensation is granted exclusively to you or your claimants.

Compensation is calculated:

- Based on the replacement value, depreciation deducted, if the asset is subject to a total loss;
- Based on the repairs cost, limited to the replacement value, depreciation deducted, if the asset is subject to a partial loss.

8. EXCLUSIONS

The exclusions common to all coverages of this policy shall apply.

In addition, the following are also excluded:

- The theft and destruction of baggage occurring at the beneficiary's home.
- Coins, banknotes, any kind of securities, travel tickets, documents, business papers, magnetic cards, credit cards, passports and other identity documents.
- Professional equipment.
- Perfumes, perishable goods, cigarettes, cigars, wines, spirit and spirit-based beverages, and, in general, cosmetics and food products.
- Any type of prostheses, device, glasses and contact lenses, medical equipment, unless damaged in a serious bodily injury.
- Theft committed without breaking into any residential premises without respecting the following three conditions: closed, covered and locked.
- Any kind of theft or destruction in campsites, sheds, pleasure boats for private use, caravans and trailers.
- Car radios.
- Paintings, art and handcrafted objects, antiques and musical instruments.
- CDs, video games and their accessories.
- All sports equipment except for rifles and golf clubs.
- Pets.
- The goods entrusted to third parties or which are under the responsibility of third parties such as custodians; however, the baggage given to the carrier or entrusted to a tour operator or hotel is not considered as goods entrusted to third parties.
- The theft or destruction of baggage left unattended in a public place or in premises made available to several occupants.
- Destruction due to inherent vice, normal or natural wear or caused by rodents, insects and vermin.
- Destruction due to the influence of temperature or light or resulting from the pouring of liquids, fats, dyes, corrosive, flammable, or explosive agents that are part of the contents of the baggage.
- Deterioration resulting from scratches, scrapes, tears or stains.

- The deterioration of fragile objects, such as glassware, mirrors, porcelain, terracotta, statues, ceramics, earthenware, crystal, alabasters, wax, sandstone, marble and all similar objects, unless it is the result of a theft or an attempted theft.
- Any damage committed by your staff in performing their duties.
- Seizure, embargo, confiscation, capture, destruction or sequestration, as ordered by any public authority.
- The absence of risk (i.e. an event that is sudden, unforeseeable and independent of the Insured Person's will).

DELAY IN BAGGAGE DELIVERY OF OVER 24H

1. PURPOSE OF THE COVERAGE

The purpose of this cover is to compensate you in the event your baggage is not delivered at the destination airport or station of your trip or if it is returned more than 24 hours late, provided that it has been duly registered and placed under the responsibility of the carrier to be sent simultaneously with you.

2. COVERAGE AMOUNT

You are compensated for the purchase of necessity goods (clothes, objects, toiletries) made up to 4 days after the official time of arrival indicated on the travel ticket.

We will cover the amount specified in the Special Terms and Conditions per beneficiary and trip.

These amounts are the maximum limits of coverage per beneficiary and per trip regardless of the actual number of delays. In no case this coverage will be granted for the return journey. This coverage cannot be cumulated with the "Loss, Theft or damage to baggage." cover.

3. CLAIM NOTIFICATION PROCEDURE

You must immediately declare the delay of your baggage to any competent person of the transport company and send us a notification within 5 business days of the end date of your trip, in compliance with the claim notification procedure described in "Procedure for reporting a claim under insurance cover".

Your claim notification must include the following information:

- Your name(s), surname and address;
- The policy number.

We will send you the file to prepare. This must be returned to us completed enclosing:

- A copy of the Policy;
- Your declaration of loss to the carrier;
- The original invoices of purchases of necessity goods;
- The original "baggage irregularities" report issued by the competent baggage services;
- The original delivery certificate.

4. EXCLUSIONS

The exclusions common to all coverages of this policy shall apply.

In addition, the following are also excluded:

- Seizure, embargo, confiscation, capture, destruction or sequestration, as ordered by any public authority.
- Compensation for the purchase of necessity goods made more than 4 days after the official time of arrival indicated on the travel ticket or made after the delivery of the baggage by the carrier.
- Delays occurring during your return home, including during connections.

"COMPENSATION TRIP" & "TRIP INTERRUPTION" COMPENSATION TRIP

COMPENSATION TRIP

1. PURPOSE OF THE COVERAGE

The purpose of this coverage is your compensation, that of a member of your family or an unrelated person who accompanies you during your medical repatriation and specified in the same Special Terms and Conditions as you, for the material loss resulting from the interruption of your trip due to medical repatriation occurred during the first half of your trip (from the moment you arrive at your trip destination).

You will be compensated if your medical repatriation is the subject of an intervention performed by us.

2. NATURE OF THE COVERAGE

A result of a serious illness or injury, if you have been repatriated in the first half of your trip, we will offer you to benefit from:

- A voucher valid for 12 months from the date its provision, in the agency where you purchased your trip; or
- Unused land services, as defined in the "Trip interruption" cover.

One of your family members listed in the same Special Terms and Conditions as you, or an unrelated person who accompanies you during your repatriation can also benefit from the compensation trip.

The other beneficiaries specified in the same Special Terms and Conditions as you and accompanying you during your unused land services at the time they had to interrupt their trip.

3. AMOUNT OF THE "COMPENSATION TRIP" COVERAGE

The voucher has the same value as your initial trip.

4. CLAIM NOTIFICATION PROCEDURE

The claim notification procedure is identical to that described in the "Trip interruption" cover.

TRIP INTERRUPTION

1. PURPOSE OF THE COVERAGE

The purpose of this coverage is your compensation, that of your family members or an unrelated person who accompanies you and specified in the same Special Terms and Conditions as you, for the material loss resulting from the interruption of your trip (from the moment you arrive at your trip destination).

For the comprehensive , complementary bank card and Assistance options, you are compensated if the events defined in paragraph 3 of this guarantee were the subject of an intervention carried out by our services.

For the Cancellation option, you will be compensated if the events defined in paragraph 3 of this guarantee were the subject of a medical repatriation organized by a medical assistance service.

If the "Travel Compensation" cover has been granted to you and to a person accompanying you, you will not be able to benefit from this "Trip interruption" cover.

2. COVERAGE AMOUNT

You will be compensated for land services purchased from your travel agency and then unused as a result of the interruption of your stay (accommodation and training courses expenses, packages, excluding transportation costs.

This compensation is calculated from the day after the benefits are fully provided and is proportional to the number of days of your trip that are unused.

In any case, you will be covered up to the amounts specified in the Special Terms and Conditions.

3. COVERAGE EVENTS

This coverage will be only granted if during your stay (from the moment you arrive at your trip destination) the duration of which is specified in the Special Terms and Conditions, one of the following events occurs:

- Your medical repatriation under the "Medical repatriation" cover;
- Your repatriation under the "Return of beneficiaries" cover;
- Your "early return" under the cover of the same name;
- The early interruption of your trip following sanitary troubles at destination, only on official and express demand of your government to leave the country.

4. CLAIM NOTIFICATION PROCEDURE

- You or your claimants must send us your interruption claim notification and the reasons for it within 5 business days of the end date of your trip, in compliance with the claim notification procedure described in "Procedure for reporting a claim under insurance cover";
- Your claim notification must include the following information:
  - Your name(s), surname and address,
  - The policy number,
  - The specific reason of your trip interruption,
  - The name of your travel agency,
  - Name and case file number of the assistance provider.

We will send you the application file.

This must be returned to us completed enclosing:

- The initial medical certificate specifying the date and nature of the serious illness or injury, in an envelope marked confidential to our Medical director, or as the case may be, the death certificate, the official report of the police authorities, the expert report or the convocation;
- The original copy of the initial invoice paid, issued when booking the trip;
- The original unused travel tickets, not reimbursed by the tour operator and/or its service provider.

THIRD-PARTY LIABILITY

1. SPECIFIC DEFINITIONS OF THE THIRD-PARTY LIABILITY COVERAGE

INSURED PERSON

The Beneficiary defined in "Article 4. Definitions" of this Policy and any person for whom he/she is liable under general civil law rules.

As for the Tenant's third-party liability, flatmates are also covered.

WATER DAMAGE

Accidental leakage, overflow from pipelines that are not underground and from any water device.

HOME

It is located in France, in another country of the European Union or in Switzerland.

BODILY INJURY

Any violation of a person's physical integrity.

CONSEQUENTIAL LOSS

Any damage other than property damage or bodily injuries which is the direct consequence of covered bodily injuries or property damage.

PROPERTY DAMAGE

Any damage to or destruction of a thing or substance; any physical harm to animals. Theft is not considered as property damage.

EXPLOSION

The sudden and violent action of gas or vapour pressure or depression.

HARMFUL EVENT

A harmful event is a fact, act or event causing the Damages suffered by the victim.

FIRE

Fire combustion outside a regular fireplace.

DISPUTE

The situation of conflict or dispute which leads the Insured Person to assert his/her right, or defend himself/herself before a court, under the conditions of the "Criminal Defence and Recourse" cover.

TRIP

Any stay for personal or professional reasons in a residential building built and covered in hard materials, either in a campsite or in a hotel room or a pension and occupied on a temporary basis.

LOSS

All of the Damage attributable to the same event which may lead to the application of this cover.

THIRD PARTY

Any person other than the Insured Person.

TRAVEL

Route for personal or professional reasons from the place of Residence to the holiday destination and vice-versa.

2. THIRD-PARTY LIABILITY IN A NON-PROFESSIONAL CONTEXT

PURPOSE OF THE COVERAGE

This coverage covers you against the pecuniary consequences of third-party liability which might arise Abroad, in application of the legislation or the case law of the country in which you are located, because of Bodily injuries, property damage and consequential loss, resulting from an accident occurred in a non-professional context and caused to a third party by your own actions or by things or animals in your charge.

This coverage, however, cannot replace the coverage to be taken out Abroad, in accordance with the applicable local legislation, with Insurers licensed in that country.

This coverage is granted within the ceilings set out in the table below, it being understood that the limit per claim is the maximum amount of coverage for each event, all bodily injuries, combined property damage and consequential loss, irrespective of the number of victims.

When a claim involves several coverages at the same time, the Insurer's maximum liability does not exceed, for all Damage the highest amount envisaged for these covers.

NATURE OF COVERS	LIMITS PER LOSS	EXCESS
Any Bodily injury, property damage and consequential loss combined	€4,500,000	–
INCLUDING:		
Other bodily injuries than those occurred in the USA/ CANADA	€4,500,000	–
bodily injuries occurred in the USA/ CANADA	€1,000,000	–
Property damage and consequential loss	€45,000	€150

Specifically, these amounts will be implemented:

- In excess of the covered amounts of the Third-party liability contract granted to the Insured Person;
- From the 1st euro when the coverages lack under the Third-party liability contract also granted to the Insured Person or when the Insured Person does not benefit from any other contract.

3. THIRD-PARTY TENANT'S LIABILITY

PURPOSE OF THE COVERAGE

This coverage covers the Insured Person against the pecuniary consequences of third-party liability that may arise due to property damage and consequential loss caused by fire, explosions, jets of flame or sparks, water damage occurring during a stay of less than 30 consecutive days or holiday rental lasting less than 30 consecutive days:

- To real property, the subject of the lease;
- To movable assets inside the furnished rented property, listed in the inventory attached to the rental agreement.

with regards to:

- The owner of the premises leased or occupied:
  - For property damage to his/her building and the furniture of the premises that the Insured Person occupies,
  - For the rents of which you are deprived and the loss of use of the premises that you occupy,
  - For the property damage sustained by other tenants that you must indemnify (rental problems)
- Neighbours and third parties:
  - For property damage and consequential loss they suffer when the Damage is due to fire or water.

This coverage, however, cannot replace the coverage to be taken out Abroad, in accordance with the applicable local legislation, with Insurers licensed in that country.

COVERAGE AMOUNT

This coverage will be granted up to the following maximum amounts:

NATURE OF COVERS	LIMITS PER LOSS	EXCESS
COMBINED PROPERTY DAMAGE AND CONSEQUENTIAL LOSS caused to property and movable assets, subject of the rental agreement	€500,000 (including costs of defence and of precedure in the event of a covered loss)	€500
INCLUDING:		
Damage caused to moveable assets listed in the inventory attached to the rental contract	€10,000	€500

The maximum liability of the Insurer may not exceed €750,000 per year of insurance for all rentals.

Specifically, these amounts will be implemented:

- In excess of the covered amounts of the Third-party liability contract granted to the Insured Person;
- From the 1st euro when the coverages lack under the Third-party liability contract also granted to the Insured Person or when the Insured Person does not benefit from any other contract.

4. DEFENCE AND APPEAL

DEFENCE OF CIVIL INTERESTS

This purpose of this cover Abroad:

- The defence of the Insured Person before any court by reason of lawsuits or claims which may involve the third-party liability of this Policy;
- And covering court costs and fees of a mutually agreed agent in the event of legal action.

The Insurer intervenes when the dispute exceeds the threshold set in paragraph "d – Amount of the Defence and Appeal coverage" and within the ceilings defined in the same paragraph.

The following are not covered:

- Defensive actions which are not related to the covered activities and risks;
- Actions of a criminal nature, except for the application of paragraph "b – Criminal Defence and Appeal" below.

When the action is carried out at the same time in the interest of the Insurer, that is to say, when Damage is covered under this Policy and is greater than the Excess specified in paragraph "d - Amount of the Defence and Appeal coverage".

CRIMINAL DEFENCE AND APPEAL

Criminal defence

This coverage covers and arranges your defence, in the event you are summoned before the court of a country where the cover is applied, and the summons concerns covered Damage under this Policy, exceeding the intervention threshold.

The Insurer agrees to take up the defence of the Insured Person in the same terms and limits as for the civil defence provided for in the paragraph above.

APPEAL

The Insurer submits a claim to a liable third party in order to obtain the amicable settlement of the loss suffered by the Insured party due to an event covered by this Policy, to the extent that the amount of the dispute exceeds the threshold set in paragraph "d-Amount of the Defence and Appeal coverage".

Services provided and expenses covered

If a covered dispute occurs, the Insurer undertakes to:

- Provide the Insured Person, after investigating the case, with any advice on the extent of his/her rights and how to submit his/her claim or arrange his/her defence;
- Carry out all the operations in order to settle the dispute amicably;
- Have the Insured Person's interests defended in court and monitor the implementation of the decision obtained.

Where recourse is had to a lawyer to settle the dispute, attend or represent the Insured Person in court, the latter may:

- Entrust his/her interests to a lawyer of his/her choice ; or
- Instruct the Insurer to appoint a lawyer to defend his/her interests.

Moreover, the Insured Person is free to choose his/her lawyer whenever there is a conflict of interest with the Insurer.

If a covered dispute occurs, the Insurer will cover it within the ceiling specified in the paragraph below.

- The costs of compiling case files such as investigations expenses, police or bailiff's reports incurred by the Insurer or with its consent;
- The fees of experts or technicians appointed by the Insurer or chosen with its approval;
- Taxable charges and fees of lawyers, solicitors and legal assistants, as well as other taxable costs;
- Non-taxable lawyers' fees and charges under the following terms:
  - When the Insured Person entrusts the defence of his/her interests to a lawyer of his/her choice, the non-taxable fees and charges are set by mutual agreement by the lawyer and the Insured Person. The Insurer, provided that it has been notified by the Insured Person under the terms provided for by the Information of the Insurer paragraph, shall cover the costs and fees incurred by the Insured Person upon presenting paid invoices accompanied by the judgement or the transaction protocol signed by the parties to the dispute, within the ceiling specified in paragraph "d-Amount of Defence and Appeal coverage". This ceiling includes various expenses (travel, secretarial services, photocopies) and taxes. If the Insured Person pays the first retainer to a lawyer of his/her choice, the Insurer undertakes, within the limits of the aforesaid retainer, to make an advance payment to the Insured Person, the balance being adjusted according to the terms envisaged in the event of free choice of lawyer.

Amount of the defence and appeal cover

TYPE OF BENEFITS	LIMIT	THRESHOLD
Defence and appeal	€20,000/ dispute	€380/dispute

Specific terms of application of the Defence and Appeal coverage

Information of the insurer

You must notify the dispute to the Insurer within 5 days following the event, by specifying the references of his/her policy and the possible existence of other contracts covering the same risk.

This notification must be made to the Insurer in writing, preferably by registered letter, and be accompanied by all the information and documents useful to examining the case file.

You must provide the Insurer with all notices, letters, convocations, bailiff notices, summons, and pleadings that will be sent, given or served to you, as soon as you receive them.

Furthermore, in order to enable the Insurer to give its opinion on the opportunity to transact, or to engage in a legal proceeding, you must do the following or the coverage may be denied:

- Report the dispute to the Insurer before instructing a lawyer of your choice;
- Inform the Insurer, at each new step of the process.

Once the Insurer has received all the information concerning the dispute and all the stages of its settlement, it shall provide its opinion on the advisability of compromise, initiate or continue a judicial proceeding, as a plaintiff or defendant, the cases of disagreement being resolved in the manner provided in paragraph "Settlement of disputes" below.

In the event of misrepresentation on the facts, events or circumstances giving rose to the dispute or, more generally, any element that may be used to settle a dispute, your cover for the dispute may be denied.

Subrogation

The Insurer is subrogated to your rights, according to the provisions set forth in Article L 121-12 of the French Insurance Code, in particular for the recovery of amounts allocated to you by courts in respect to costs and Articles 700 of the new French Code of Civil Procedure, 475-1 of the Code of Criminal Procedure, or L 761-1 of the Code of Administrative Justice, within the limits of the amounts that it has paid directly to you or in your interest.

Regulation in the event of a dispute

In case of dispute between you and the Insurer concerning your rights or the measures to be taken to settle the dispute, such difficulty may be submitted, upon your request, to a conciliator appointed by mutual agreement by the parties or by the president of the Tribunal de Grande Instance (High Court) to decide on the form of summary proceedings. The costs incurred for the implementation of this option are borne by the Insurer unless the President of the Tribunal decides otherwise when you have implemented this option in abusive conditions.

If, contrary to the Insurer or the conciliator's opinion, you initiate litigation proceedings at your expense and obtain a solution that is more favourable than the one proposed by the Insurer or the conciliator, the Insurer shall pay the expenses and fees you incurred for the proceedings, within the limit of the overall ceiling of insurance.

5. TERMS OF APPLICATION OF COVERAGE THIRD-PARTY LIABILITY

REPORTING A CLAIM

You undertake to take all necessary measures to prevent any Damage which may give rise to the policy covers.

You must:

- Notify to the Insurer, orally or in writing, against a receipt, any claim within five working days from the date on which it first became known. If you do not comply with this deadline, the Insurer may deny coverage for this claim if it establishes that the delay in notification caused it damage;
- The forfeiture may not, however, be opposed in the case where the delay is due to a case of force majeure;
- Provide the Insurer with the name and address of the injuring party, of the victims and if possible of witnesses, as well as any other information and any document necessary to know the exact facts, the nature and extent of the Damage and determine the liabilities incurred and the applicable covers under this Policy;
- Promptly inform the Insurer as soon as you receive any letter, claim, procedural documents relevant to the claim and send the related documents to the Insurer;
- Take all measures to stop the cause of the claim and reduce the consequences.

If you do not comply with these obligations—except in cases of force majeure—the Insurer is entitled to charge an indemnity proportionate to the loss it suffers. If you deliberately make a false declaration about the nature, causes, circumstances, or consequences of an insured event, the Insurer may refuse to provide cover for that claim.

INVESTIGATING AND SETTLING CLAIMS

In the event of a transaction

The Insurer has the sole right to deal with the injured third party. No admission of liability nor any transaction occurred outside of it is enforceable against it.

In the event of legal actions

The Insurer shall assume your defence, conduct the trial and has the free exercise of remedies, even before the criminal court if the claim of the victim or victims have not been satisfied.

It may only, however, exercise remedies before the criminal courts with the insured person's consent who is civilly liable if the latter is summoned as provided. It will be exempt from this agreement if only civil interests are concerned or if the criminal conviction is final.

Unenforceability of cover lapses to the aggrieved persons or their claimants

No cover lapse motivated by your failure to meet your obligations, committed after the loss, can be enforced to aggrieved persons or their claimants.

Nevertheless, the Insurer retains the right to take legal action against you in order to obtain the reimbursement of all sums it paid or placed in reserve accounts.

Payment

Compensation can be paid in euros. If the amount of compensation has been determined in a foreign currency, the payment will be made in euros at the official exchange rate on the day of settlement.

Duration of coverage

The cover applies to Damage occurring Abroad during your trip and only in the countries where you have not taken out another third-party liability insurance.

Terms and conditions of application of the coverage over time

This coverage is triggered by the harmful event in accordance with the provisions of Article L124-5 of the French Insurance Code. This coverage applies as soon as the Harmful Event occurs from the start of the coverage to its date of termination or expiration, regardless of the date of the other elements constituting the claim.

6. SPECIFIC EXCLUSIONS TO THE THIRD-PARTY LIABILITY INSURANCE COVER

The exclusions common to all coverages shall apply, as well as exclusions of the consequences of:

- Damage caused to the Insured Persons under this policy.
- Damage caused to animals or objects belonging to you or which you borrowed or deposited.
- Damage resulting from theft, disappearance or misappropriation.
- Damage resulting from a breach of trust, slander, defamation.
- Damage caused by:
  - Any motor vehicle meeting the definition of Article L 211-1 of the French Insurance Code,
  - Any land vehicle built to be coupled to a motor-vehicle,
  - Any device for air, marine and inland waterways navigation.
- Damage resulting from the practice of hunting, all motor sports (car, motorcycle and more generally, any land motor vehicle), all air sports.
- Damage caused to third parties resulting from the organisation, preparation or participation in a competition organised under the auspices of a sports federation, subject to authorisation or administrative declaration or a compulsory health insurance.
- Damage caused during your professional activity or your participation in events organised by an association governed by French law of 1901, a local or regional group.
- The consequences of all disputes vis-à-vis your co-contracting parties during your private life.
- The liability you may incur as a result of fire, explosion, or water damage.
- Damage arising from your personal civil liability as the author of the acts committed under the influence of narcotics, in a state of drunkenness or alcoholic intoxication, or resulting from participation a bet, a challenge or brawl.
- Damage caused by a deliberate act or your intentional misconduct.
- Climatic events such as storms or hurricanes, floods, earthquakes, land subsidence or landslide.
- Household or smoking-related accidents.
- The secondary residences of which you are the owner, co-owner or tenant on a yearly basis; sports or playing fields of which you are a co-owner.
- The cost to repair or replace pipes, taps and appliances integrated in water and heating systems, if they are causing the claim.

In addition, fines (including those for civil compensation), penalties and, in the United States, financial penalties called "punitive damages" and "exemplary damages", as well as all the expenses relating to it are never covered.

Accidents in the countries considered unsafe by the French Foreign Ministry or the World Health Organization are also excluded.

THIRD-PARTY LIABILITY IN SPORTS AND LEISURE ACTIVITIES

1. PURPOSE OF THE COVERAGE

The purpose of this coverage is to cover the financial consequences that You may incur as a result of an amicable settlement or a court claim filed against you by an injured third party due to any bodily injury, property damage or consequential loss caused to the latter during your sports or leisure activities, within the maximum amounts indicated below.

This coverage will be granted for the practice of your sports or leisure Activity, during your trip, provided that this activity is not covered by another insurance contract.

2. DEFINITIONS

Sports or leisure activity: any physical and sports activity, excluding those mentioned in the exclusions below.

Third party: any natural person, external to the underwriter or the Insured Person.

3. TERMS

This coverage will be granted when the following conditions are met:

- When you have caused damage to a Third party involving your third-party liability by way of a claim;
- And when the Harmful Event occurs from the starting date of the benefit to its date of termination or expiration.

4. COVERAGE AMOUNT

This coverage will be granted up to the following maximum amounts:

Bodily injuries and consequential loss following covered bodily injuries €150,000 per event.

Property damage and consequential loss following covered property damage €45,000 per event.

5. CLAIM

You undertake to take all necessary measures to prevent any Damage which may give rise to the policy covers.

You must:

- Notify to the Insurer, orally or in writing, against a receipt, any claim within five working days from the date on which it first became known. If you do not comply with this deadline, the Insurer may deny coverage for this claim if it establishes that the delay in notification caused it damage;
- The refusal to provide cover may not, however, be opposed in the case where the delay is due to a case of force majeure;
- Provide the Insurer with the name and address of the injuring party, of the victims and if possible of witnesses, as well as any other information and any document necessary to know the exact facts, the nature and extent of the Damage and determine the liabilities incurred and the applicable covers under this Policy;

- Promptly inform the Insurer as soon as you receive any letter, claim, procedural documents relevant to the claim and send the related documents to the Insurer;
- Take all measures to stop the cause of the claim and reduce the consequences.

If you do not comply with these obligations—except in cases of force majeure—the Insurer is entitled to charge an indemnity proportionate to the loss it suffers. If you deliberately make a false declaration about the nature, causes, circumstances, or consequences of an insured event, the Insurer may refuse to provide cover for that claim.

6. EXCLUSIONS

In addition to the exclusions common to all coverages, the following are also excluded:

- Damage that you caused, even intentionally, as a natural person.
- Damage resulting from the use of motor vehicles, or any device for air, marine and inland waterways navigation or the practice of air sports.
- Property damage to any land motor vehicle or any mean of air, river or maritime navigation.
- Damage resulting from the practice of hunting.
- Damage resulting from any professional activity.
- The consequences of any property damage or bodily injury you, your spouse, ascendants or descendants may have.
- Consequential loss except when they are the result of covered property damage or bodily injury, in which case the amount covered is specified in the ceilings of the cover.
- All the arrangements taken in your own initiative without our prior agreement.
- Accidents resulting from the practice of the following sports: bobsleigh, climbing, skeleton, mountaineering (requiring specialized climbing equipment, abseiling), sledge competition, all air sports and those resulting from the participation in or training for matches or competitions. Unless contrary contractual stipulation for mountaineering, rock climbing and climbing.
- Fines and all penalties pronounced as a sanction and not constituting the direct compensation for a bodily injury or property damage.

PERSONAL ACCIDENT

1. SPECIFIC DEFINITIONS OF THE PERSONAL ACCIDENT INSURANCE

ACCIDENT

Any Bodily injury that is unintended by you and that results from the sudden and unexpected action of an external cause, leading to:

- Your death within 24 months following the accident;
- Disability diagnosed within a period of 6 months from the date of accident.

The sudden occurrence of a disease cannot be considered as an accident.

The following Bodily injuries will be considered as an accident:

- Accidents resulting from medical treatment, surgical operations or lesions caused by X-rays, radium and other radioactive material when they are the consequence of a medically prescribed treatment or care;
- Drowning, asphyxiation, immersion syncope, shock, lightning, animals bites or stings;
- Absorption of poisonous or corrosive substances, or spoiled food absorbed by mistake or due to the deliberate action of a third party;
- Jets of flame, vapours or acids.

Are not considered as accidents: herniated discs or other hernias, lumbago, sciatica and sprained back, heart attacks, independently of the cause, coronary heart disease, ruptured aneurysms, cerebral embolisms, meningeal haemorrhage, neuritis affecting a nerve of the traumatised area.

INSURED PERSON

Any natural person specifically designated by the Insurer to be covered against the risk of death or disability.

SCALE

Scale used to determine the level of disability.

STABILISATION

Stabilisation of your health, which is not likely to change significantly in a favourable or unfavourable direction.

Total or partial permanent disability Permanent damage to your physical or mental capacity subsequent to an accident occurred during the period of validity of the contract.

LOSS

Any event of such nature as to trigger the application of this Policy.

2. "ACCIDENTAL DEATH" INSURANCE

PURPOSE OF THE COVERAGE

The purpose of this coverage is the payment of a benefit in the event of your death due to an accident occurred during a covered trip.

It is specified that to be entitled to the payment of the benefit, your death must occur within 24 months after the accident.

SPECIAL PROVISION IN THE EVENT OF YOUR DISAPPEARANCE

If your body is not found following a plane crash, a shipwreck, the destruction of a means of Public transport or the disappearance of the means of Public Transport, and there has been no news of you, of other passengers or crew members during the two years following the event, then it will be presumed that you have died as a result of an event.

The benefit, however, can be paid before the expiry of the period of two years, upon presentation of a declaratory judgement of death.

AMOUNT OF COVERED DEATH BENEFIT

For Insured persons over 16 and under 70 years of age, the amount of benefit per Insured person is set at a maximum of €20,000.

For Insured persons under 16 or over 70 years of age, the amount of benefit per Insured person is set at a maximum of €8,000.

BENEFICIARIES OF THE COVERED DEATH BENEFIT

The Beneficiaries of the guaranteed benefit are, in order of priority:

- Your surviving spouse, not living separate and apart;
- Or the partner to whom you are linked by a civil covenant of solidarity (PACS);
- Or, in equal parts, your born or unborn children and your spouse's children if he/she had dependent children;
- Or, in equal parts, your father and mother or the survivor of them;
- Or your claimants, according to your testamentary disposition.

The Beneficiary of the guaranteed benefit can also be any person you designate and whose identity you have communicated to the Insurer. You may change this designation at any time by registered letter with acknowledgement of receipt addressed to the Insurer. The amendment will take effect on the date of sending of the registered letter, as attested by the date on the postmark.

In the event of death of the designated Beneficiary, and if no new assignment to a specific Beneficiary has been regularly notified to the Insurer before the amounts due become payable, those sums shall be paid to the Beneficiary in accordance with the order set out above in point 2 of this paragraph.

REPORTING A CLAIM

The Beneficiary or his/her claimants shall report the claim(s) within 30 days of the date of the accident giving rise to the coverage or, if not available, the date on which the accident became known.

Once the deadline has expired, if the Insurer suffers any loss because of your late reporting, you will lose all rights to the coverage, unless the delay is the result of force majeure.

You must report the claim by registered letter with acknowledgement of receipt to the following address:

AON FRANCE / CHAPKA ASSURANCES
Claims Department
31-35 rue de la Fédération
75717 Paris Cedex 15 - France
http://www.chapkadirect.com/sinistre
Phone: +44 20 3808 7722

The claim report must be accompanied by the following supporting documents:

- The nature, circumstances, date and place of the death that has given rise to the claim;
- The death certificate;
- A copy of the insured Person's birth certificate;
- The certificate of hospitalisation, if applicable;
- The medical certificate with the date of the first medical act, the detailed description of the type of injuries and treatment, as well as the possible consequences;
- Any document that attests to the quality of the Beneficiary (e.g. copy of identity document, civil covenant of solidarity, family record book);
- The surname, name(s) and address of the person who caused the accident and if possible of the witnesses stating whether a report or a statement has been prepared by enforcement officers.

The Insurer reserves the right to request any other document it may deem necessary.

Any false declaration regarding the nature, circumstances, causes or consequences of the claim will result in the refusal to provide the Beneficiary cover for that claim.

Payment of the Death benefit

The Death benefit will be paid to the Beneficiary by the Insurer within 60 days after reception of all the necessary documents.

The payment will be made in euros.

3. ACCIDENTAL TOTAL OR PARTIAL DISABILITY INSURANCE

PURPOSE OF THE COVERAGE

The purpose of this coverage is the payment of a compensation in the event of your total or partial permanent disability due to an accident occurred during a covered trip.

The minimum disability rate taken into account to give rise to the rights is set at 10% based on the Scale.

To give rise to the payment of compensation, the Bodily injury must be certified within 6 months from the date of the accident.

Amount of the covered "Accidental Permanen Disability" compensation

For Insured persons over 16 and under 70 years of age, the amount of compensation per Insured person is set at a maximum of €20,000.

For Insured persons under 16 and over 70 years of age, the amount of compensation per Insured person is set at a maximum of €8,000.

The amount of compensation is equal to the product of the following terms:

- The disability rate determined based on the Scale, this rate being estimated according to the existing capacity at the date of taking out the insurance policy; and
- The amount of insured benefit.

The Scale is available:

TOTALE LOSS	LEFT	RIGHT
Of an arm, forearm, hand	60%	50%
Of a thumb	20%	15%
Of an index finger	15%	10%
Of another finger	8%	5%
Two fingers other than a thumb and index finger	12%	8%
A thigh	50%	
A knee or sheen	45%	
A big toe	5%	
Another toe	1%	
A foot	40%	
Total and incurable loss of mental capacity, total loss of sight, complete or permanent paralysis, amputation or permanent loss of the two limbs	100%	
Total loss of sight in one eye	25%	
Total and incurable loss of hearing in both ears	40%	
Total and incurable loss of hearing in one ear	15%	

Terms of application of the Scale

The disability rate is determined based on the Scale mentioned above, without taking into account the Insured's occupation.

As soon as the Insured's condition stabilises, he/she must justify his/her total or partial disability by means of any document necessary to enable the Insurer to gain an exact assessment of the Insured's condition and determine the disability rate to be considered.

The disability rate is set in a binding manner and without possible revision as soon as there is stabilisation of the state of health of the Insured Person and within three years of the date of occurrence of the Accident.

In the case of disability not provided for in the Scale, the invalidity rates are fixed by comparing them with the listed cases.

With regard to pre-existing disability:

- For limbs or organs that are already damaged, the disability rate is determined after deducting the previous disability rate;
- When the consequences of an accident are aggravated by poor health, the disability rate is assessed, not on the effective consequences of the accident, but on those that this accident would have had on a person in good health.

If the Insured Person is left-handed, the disability rate provided for in the Scale for various disabilities of the right upper limb and left upper limb will be inverted. In multiple disabilities arising either from the same accident, or from subsequent accidents, each partial disability will be assessed separately, however, without that the sum of partial disability rates of the same limb or the same organ may exceed the rate resulting from its total loss. In any event, the overall sum of partial disabilities is limited to 100%, the overall benefit or last partial benefit in the event of subsequent accidents being calculated accordingly.

REPORTING A CLAIM

The Insured Person or his/her claimants shall report the claim(s) within 30 days of the date of the accident giving rise to the coverage or, if not available, the date on which the accident became known.

Once the deadline has expired, if the Insurer suffers any loss because of your late reporting, you will lose all rights to the coverage, unless the delay is the result of force majeure.

You must report the claim by registered letter with acknowledgement of receipt to the following address:

AON FRANCE / CHAPKA ASSURANCES
Claims Department
31-35 rue de la Fédération
75717 Paris Cedex 15 - France
http://www.chapkadirect.com/sinistre
Phone: +44 20 3808 7722

The claim report must be accompanied by the following supporting documents:

- The nature, circumstances, date and place of the accident that has given rise to the benefit;
- A copy of the identity document to attest to the quality of the Insured Person; · a copy of the insured Person's birth certificate;
- The certificate of hospitalisation;
- The medical certificate with the date of the first medical act, the detailed description of the type of injuries and treatment, as well as the possible consequences;
- The final notification of award of disability pension or pension for permanent disability in the event of an accident at work, issued by Social Security at the time the rights are granted;
- The surname, name(s) and address of the person who caused the accident and if possible of the witnesses stating whether a report or a statement has been prepared by enforcement officers;
- The Insured Person's stabilisation certificate.

The Insurer reserves the right to request any other document it may deem necessary.

Any false declaration regarding the nature, circumstances, causes or consequences of the claim will result in the refusal to provide the Beneficiary cover for that claim.

THE MEDICAL DOCUMENTS MUST BE SENT IN A SEALED ENVELOPE TO THE ATTENTION OF THE INSURER'S MEDICAL ADVISER.

Whenever the Insurer deems it useful, the Insured Person must submit to the examination of a physician delegated by him/her, running the risk, in the case of refusal, of losing the coverage.

THE INSURER'S CONTROL

In all cases, and at any time, the Insurer reserves the right to appoint a medical expert of its choice who will have the task to verify that the Insured Person's health effectively complies with the benefits defined in the policy.

The Insured Person must remain available and accessible to the medical practitioner of the Insurer, and the latter may request any document it deems necessary to verify the health status of the Insured. Otherwise, the Insured Person's rights to coverage will be denied.

It is well understood that the decisions taken by Social Security and the medical certificates necessary to grant the benefits are unenforceable against the Insurer.

PAYMENT OF THE "ACCIDENTAL PERMANENT DISABILITY" COMPENSATION

The Accidental Permanent Disability will be paid to the Insured Person by the Insurer within 60 days after reception of all the necessary documents.

The payment will be made in euros.

At the request of the Insured Person, if the parties have not reached an agreement on the final disability rate or if stabilisation has not occurred after one year from the date of the claim, instalments may be paid to him/her.

COVERAGE LIMIT

The Death benefit amount is not cumulative with compensation for Accidental Permanent Disability.

Compensation paid for accidental permanent disability shall be deducted from that paid for Death benefits if the death is caused by the same accident.

4. MAXIMUM COMMITMENT

If the coverage is granted to several

Beneficiaries, who are the victims of the same accident caused by the same event at the same time, the Insurer's maximum commitment may not exceed €2,500,000 for all compensation payable for Death and Accidental Permanent Disability benefits.

As a result, it is understood that payable compensation will be reduced and paid proportionally.

5. SUBROGATION

After the payment of the benefits in the event of "DEATH" no appeal against the person responsible for the loss will be possible, in accordance with Article L 131-2 of the French Insurance Code.

After the payment of the benefits in the event of "PERMANENT DISABILITY", the Insurer is entitled to a subrogation action against the person responsible for the loss.

6. SPECIFIC EXCLUSIONS OF THE PERSONAL ACCIDENT INSURANCE COVERAGE

The exclusions common to all coverages shall apply.

Accidents occurring during working life for the following occupations are also excluded:

- Aircraft pilot or aircrew.
- Worker on oil or gas platforms.
- Humanitarian.

Accidents occurring in Iran, Iraq, Somalia, Afghanistan and North Korea are also excluded.

In addition, the following consequences are also excluded:

- Of illness.
- Of alcohol abuse, being clearly under the influence of alcohol, blood alcohol level.
- Of the use of drugs, narcotics, drugs, or tranquilisers without a medical prescription.
- Of suicide or attempted suicide.
- Of civil or foreign war, insurrection, as well as law enforcement operations in the framework of UN resolutions or those of other similar institutions, as well as peacekeeping operations.
- Of an accident sustained during a trip or stay in one of the regions or countries considered unsafe by the French Ministry of Foreign Affairs.
- Of the active participation of the Insured Person in riots, popular movements, acts of sabotage, crimes or intentional offences, brawls, except in the case of legitimate self-defence, attack, act of terrorism.
- Accidents that occurred before the date of issue of the Insured Person's coverage.
- Of a deliberate act of the Insured Person, the Beneficiary or the policyholder.
- Of a cosmetic treatment or operation of aesthetic surgery, not as a result of a covered accident as well as its consequences.
- Of an accident resulting from:
  - Any nuclear fuel, radioactive product or waste,
  - Any device intended to irradiate or explode by modification of the nucleus of the atom, as well as its decontamination.
- Of the direct or indirect action of any biological agent.
- An accident resulting from air navigation, except as a passenger on a regular scheduled flight or on a device that has a valid certificate of airworthiness and for which the pilot holds a licence and a permit.
- Of the following activities:
  - Aerial acrobatics,
  - Skydiving, microlights, hang gliding, paragliding or similar devices,
  - Tests, training or participation in events or competitions involving the use of motor vehicles or boats,
  - Competitive sports,
  - Professional sports,
  - Any type of record attempt or betting.
- Of any type of treatment.
- Of negligence, lack of treatments or the use of empiric therapy without medical control (except in cases of force majeure). The covers are paid based on the consequences that the accident would have had on a person cared for according to the highest professional standards.
- Of neurological, psychiatric or psychological conditions.

HOME ASSISTANCE AFTER REPATRIATION

COMMON PROVISIONS TO HOME ASSISTANCE BENEFITS AFTER RAPATRIATION

These benefits only apply:

- If your home is located in France or in the European Union, Switzerland, Liechtenstein or Norway;
- If your medical repatriation after a serious illness or injury has been arranged by our services;
- If the request is made within 5 days of your return home.

5.35. DOMESTIC HELP

If you are left alone at your home in France, we will look for and cover the costs of a domestic help service for the duration of your immobilisation.

The domestic help will be in charge of performing daily tasks.

We will cover up to the number of hours specified in the Special Terms and Conditions during the 15 days following the date of return home with a minimum of 2 consecutive hours per day.

In no case our coverage can exceed the duration of immobilisation at home.

Only the medical team of our assistance service can fix the duration of the presence of domestic help after medical check-up.

5.36. NURSE

At the Beneficiary's request and on medical prescription, we will arrange and cover the cost of a nurse, up to the number of hours specified in the Special Terms and Conditions during the 15 days following the date of return home with a minimum of 4 consecutive hours per day.

In no case our coverage can exceed the duration of immobilisation at home.

Only the medical team of our assistance service can fix the duration of the presence of domestic help after medical check-up.

5.37. CHILD CARE FOR CHILDREN UNDER THE AGE OF 15

If a person is not able to ensure the custody of your children under the age of 15 residing at your home during your immobilisation at home, we will arrange and cover the cost of:

- The journey of a close relative or friend living in France to your home; or
- The journey of your children to the home of a close relative or friend living in France; or
- The custody of your children by qualified personnel at your home, up to the number of hours specified in the Special Terms and Conditions during with a minimum of 2 consecutive hours per day.

This person, depending on the age of your children, will also take them to school. In no case this coverage can exceed the duration of immobilisation at home.

We will cover the cost of the return tickets and, as the case may be, the cost to have qualified personnel take your children to a close relative.

We will intervene at your request and cannot be held responsible for events that might occur during the journeys or during the custody of the children.

5.38. DELIVERY OF MEDICINES AT YOUR HOME

If you or one of your relatives are unable to travel, we will arrange and cover the costs to search for and deliver essential medicines for your treatment to your home on presentation of a medical prescription.

The cost of the medicines will be borne by you.

This coverage is limited to one intervention per event.

HOME ASSISTANCE

5.39. SENDING A LOCKSMITH

If, on returning from your trip, access to your home is impossible (attempted break-in, blocking of lock systems, breakage of keys in the lock, loss or theft of keys, door breakdown), we will arrange and cover the cost of:

- The travel expenses and labour costs of a locksmith up to the amount stated in the Special Terms and Conditions.

The cost of the work done and parts of this service will be borne by you.

- The costs of replacing your keys up to the amount stated in the Special Terms and Conditions.

We reserve the right to ask you to provide evidence of you being the member of the household.

5.40. ACCOMMODATION AFTER A LOSS AT HOME

If you have an early return due to serious property damage requiring your indispensable presence to complete the necessary formalities on the site of your primary residence, your farm or your professional premises and your home is no longer habitable when you return from your trip, we will provide you with temporary accommodation, organising your stay at an hotel and, if necessary, providing your transfer to the hotel.

We are not required to implement this coverage if there are no hotel room(s) available at less than 100 km from your home.

We will cover (room and breakfast only) up to the amount specified in the Special Terms and Conditions provided that you send us a copy of your claim.

This coverage will be granted within 72 hours from the date of your return from your trip.

REMOTE MEDICAL CONSULTATION

As part of the Remote Medical consultation assistance service, you may have a remote medical consultation with a doctor and receive medical advice and information on the rest of your care pathway.

You:

- Have access to French-speaking doctors 24/7 and 365 days a year, who will call you directly by phone. You can make an appointment via your usual support number or via the Chapka Application (video calls in French can be arranged via the application between 8 a.m. and 8 p.m. on weekdays);
- Have access to English and Spanish-speaking doctors 24/7 and 365 days a year, by calling your usual support number or via the Chapka Application (video calls are possible);
- Access to German-speaking doctors who will call you back from 8 am to 9 pm on weekdays or from 8 am to 8 pm at weekends. Make an appointment via your usual helpline number or via the Chapka Application (video call in German is possible from 8am to 8pm on weekdays);
- Have access to Italian-speaking doctors between 8 a.m. and 8 p.m. on weekdays, by calling your usual support number or via the Chapka Application;
- Can make an appointment and download scanners, test results and medical reports before the consultation;
- Can obtain a prescription if necessary, in accordance with local laws, via the app or through a local pharmacy;
- Can obtain health information about the place to which you are travelling before you leave.

In some cases a physical examination may be required to establish a diagnosis. Where necessary, the Doctor will refer you to a doctor. Where the remote consultation is for a minor child, the call must be made by a person with parental authority or the child's guardian.

WHAT IS NOT COVERED

1. Remote consultations when our Medical Team identifies a medical emergency.
2. Requests for Remote Consultations with a doctor other than a GP.
3. Repeat prescriptions for chronic conditions.
4. Doctor's notes to excuse from work.
5. Medical certificates.

LIABILITY

a) Our Liability

The obligations undertaken by AXA as part of the Medical Remote Consultation activity under these General Terms and Conditions amount to best efforts obligations.

In addition, AXA may not be held liable for service interruptions and/or harm resulting from:

- Failures or interruptions of telephone and/or co puter networks.
- Changes to the Beneficiary's situation and especially to his/her state of health of which it was not informed during the Remote Consultation.
- A case of Force Majeure or incident caused by a third party.

b) Your Liability

You are responsible for ensuring the information requested during the Remote Consultation is accurate and up-to-date to enable the doctor to properly fulfil his/her commitments.

FRAMEWORK OF THE CONTRACT

ATICLE 6. FRENCH DATA PROTECTION ACT LEGAL FRAMEWORK

PERSONAL DATA PROTECTION

Acting as data controller, the information concerning the Insured Person will be collected, used and stored by AXA Partners to take out, conclude, manage and implement this Policy, in compliance with the provisions of the applicable regulations regarding the protection of personal data and in accordance with its policy of personal data protection, as published on its website.

Thus, within the framework of its activities, AXA Partners will be able to:

a) Use the information of the Insured or of the people receiving the benefits, in order to provide the services described in these General Conditions. By using the services of AXA Partners, the Insured Person agrees that AXA Partners will use its data for this purpose;

b) Transfer the personal data of the Insured Person and the information on his/her Policy to the entities of the AXA Group, providers of AXA Partners services, AXA Partners staff, and to all the persons who may be involved, within the limits of their respective powers, in order to manage the Insured Person's claim, provide him/her with the benefits that are payable under his/her Policy, make payments and transmit this information if the law requires or allows it;

c) Listen and/or record telephone calls from the Insured Person to improve and monitor the quality of the services provided;

d) Conduct statistical and actuarial studies, as well as analyses of customer satisfaction in order to better adapt our products to the market needs;

e) Obtain and store any relevant and appropriate photographic document of the Insured Person's property, in order to provide the services offered in the framework of his/her assistance contract and to validate his/her request; and

f) Send quality surveys (in the form of requests to return or surveys) concerning AXA Partners services and other communications related to the customer service;

g) Use the personal data in a procedure against fraud; this procedure may lead to the inclusion in a list of persons presenting a risk of fraud.

AXA Partners is subject to legal obligations, in particular, those set forth in the French Monetary and Financial Code concerning anti-money laundering and against the financing of terrorism, and therefore, AXA Partners implements a procedure of surveillance of Contracts which could lead to the drafting of a declaration of suspicion pursuant to the Law on this issue.

The data collected may be communicated to other companies of the AXA Group or to a third-party partner. If the Insured Person does not want its data to be transmitted to the companies of the AXA Group or a third party, he/she may object in writing to:

DATA PROTECTION OFFICER
AXA Travel Insurance Limited

106-108 Station Road
Redhill, RH1 1PR
United Kingdom

Email: dataprotectionenquiries@axa-assistance.co.uk

Certain data recipients are located outside the European Union, namely the following recipients: AXA Business Services is located in India and AXA Assistance Maroc Services is located in Morocco.

For any use of the Insured Person's personal data for other purposes or if required by law, AXA Assistance will ask for his/her consent.

The Insured Person is entitled to withdraw his/her consent at any time.

By taking out this Policy and by using its services, the Insured Person acknowledges that AXA Partners may use his/her personal data and agrees that AXA Partners may use the sensitive data described above. If the Insured Person provides AXA Partners with information regarding third parties, the Insured Person will undertakes to inform them about the use of their data as defined above and in the privacy policy of the website of AXA Partners (see below).

The Insured Person can obtain a copy of the information concerning him/her upon request. He/she has the right to be informed about the use made of his/her data (as specified in the privacy policy of the AXA Partners website – see below) and a right of rectification if he/she finds an error.

If the Insured Person wants to know the information about him/her held by AXA Assistance or if there are other questions regarding the use of his/her data, he/she can write to the following address:

Our full privacy policy is available on the website:
https://www.axapartners.com/en/page/en.privacy-policy

or in paper form upon reques

SUBROGATION

AXA Assistance is subrogated to the rights and actions of any natural person or legal entity, beneficiary of all or part of the benefits contained in this Policy, against any third party responsible for the event having triggered its intervention up to the amount of the expenses it incurred to implement this Policy.

ARTICLE 7. EXCLUSIONS COMMON TO ALL COVERAGES

The consequences and / or events resulting from the following are excluded and shall not give rise to our intervention, nor be the object of compensation in any capacity whatsoever:

- Alcohol abuse (blood alcohol content found higher than the rate fixed by applicable regulations), the use or absorption of medications, drugs, or narcotics not medically prescribed.
- Your intentional act or intentional misconduct.
- Participation as a competitor to a competitive sport or a rally which is eligible for a national or international ranking which is organised by a sports federation for which a license as well as training for these competitions are provided.
- The professional practice of any sport.
- Participation in competitions, endurance or speed events and their preparatory tests on board of any land, nautical or air mean of transport.
- The practice of mountaineering (requiring specialized climbing equipment, abseiling), bobsleigh, skeleton, hunting dangerous animals. Unless contrary contractual stipulation for mountaineering, rock climbing and climbing.
- The practice of caving, or air sports including hang-gliding, paragliding, microlighting, parachuting, hot-air ballooning, airshipping, gliding, traction kiting, paramotoring.
- Consequences relating to the non-observance of recognised rules of safety related to the practice of any sports or leisure activity;
- A deliberate failure to comply with the regulation of the country visited or the practice of activities not authorised by local authorities.
- Official interdictions, seizures or constraints by the police force.
- Civil or foreign war, riots or popular movements, lock-outs, strikes, acts of terrorism or terrorist attacks, piracy, unless the contract is contrary to the "Travel Cancellation" benefit.
- Disintegration of the atomic nucleus.
- Explosion of radioactive machinery and nuclear effects.
- The effects of pollution unless otherwise contractually stipulated.
- Natural disasters and their consequences, unless otherwise contractually stipulated.
- Any intervention initiated and/or organised at a state or inter-state level by any authority or government or non-governmental body.
- Snorkelling or scuba diving beyond a depth for which the Insured person is not certified or of more than 40 meters.

ARTICLE 8. RESTRICTIVE CONDITIONS OF APPLICATION LIABILITY

We shall not be held liable for:

- Any damage of a professional or commercial nature that you may incur following an event requiring our intervention.

PERIOD OF LIMITATION

In accordance with Article L. 114-1 of the French Insurance Code, any actions deriving from this Policy shall be limited to two (2) years after the event giving rise to them.

This period shall only commence:

In the event of non-disclosure, omission, misrepresentation or inaccuracy concerning the risk in question, from the date on which the Insurer became aware of same.

In the event of a loss, from the date on which the interested parties become aware of it, if they can prove that they did not know about it until then.

When the reason for the Insured Person's action against the Insurer is third party recourse, the time-bar period shall only run from the date on which this third party brought legal action against the Insured or was indemnified by the latter.

The period of limitation is extended to ten (10) years for insurance contracts against accidents concerning people, when the beneficiaries are the claimants of the deceased insured person.

Pursuant to Article L114-2 of the French Insurance Code, the period of limitation will be interrupted for any of the common reasons for interruption referred to below:

- Any legal claim, even emergency interim proceedings, or even brought before a court not having jurisdiction;
- Any act of law enforcement, or any precautionary measures taken in application of the French Code of Civil Execution Procedures;
- Any recognition by the Insurer of the Insured Person's right to benefits, or any acknowledgement of debt by the Insured Person to the Insurer;
- Any use of mediation or conciliation;
- If the party is unable to act due to an impediment resulting from the law, the policy or force majeure.

The period of limitation will also be interrupted by:

- The appointment of experts following a loss;
- The dispatch of a registered letter with acknowledgement of receipt sent by the Insurer to the Insured Person as regards an action for payment of the subscription or by the Insured Person to the Insurer as regards settlement of the indemnity.

Pursuant to Article L114-3 of the French Insurance Code, the parties to the insurance contract cannot, even by mutual agreement, modify the limitation period or add interruption and suspension of limitation periods.

CLAIMS AND CONCILIATION

In the event of a claim bout the implementation of the covers, the Insured Person may send his/her claim by mail to the following address:

AXA

C/Tarragona N°161
0814 Barcelona – España

relation.clientele@axa-assistance.es

AXA Partners undertakes to acknowledge receipt within ten (10) working days of receiving the claim unless a response is provided within this period. A reply must be provided within a maximum period of two (2) months unless the complexity requires additional time.

After the aforementioned internal remedies have been exhausted, if a disagreement persists, the Client may appeal to the Ombudsman, independent figure, by writing to the following address:

LA MÉDIATION DE L'ASSURANCE

TSA 50110
75441 Paris Cedex 09 - France

Or by filling in the referral form directly on the website:
www.mediation-assurance.org

This appeal is free of charge. The Ombudsman will provide an opinion within a period of ninety (90) days from receiving the complete case file. This opinion is not binding.

DISPUTE SETTLEMENT

Any dispute relating to this Policy that could not be settled amicably between the parties or, if applicable, settled by the Ombudsman, will be brought before the competent court.

SUPERVISORY AUTHORITY

INTER PARTNER ASSISTANCE (AXA Assistance), as a Belgian-law insurance company, is subject to the prudential supervision of the National Bank of Belgium, located Boulevard de Berlaimont 14 - 1000 Brussels – Belgium - VAT BE 0203.201.340 - RPM Brussels - (www.bnb.be).

Aon France trading under the trademark Chapka Assurances.

Head office | 31-35 rue de la Fédération | 75717 Paris Cedex 15 France| t +33(0)1 47 83 10 10 | aon.fr.

ORIAS N°07 001 560 |Simplified joint-stock company with a capital of 46 027 140 euros | Paris Trade and Companies.

Register N°: 414 572 248 European Union VAT N°: FR 22 414 572 248.

Financial guarantee and civil liability insurance in accordance with sections L.512-7 and L.512-6 of the French Insurance Code.