

ASSISTANCE AGREEMENT FOR CONTRACT N° IB1600283MP / IB1600283MG AVI ASSISTANCE

SOME ADVICE...	6
1. INSURANCE AND ASSISTANCE GENERALITIES	7
1.1. PURPOSE OF THE CONTRACT	7
1.2. DEFINITIONS	8
1.2.1. Definitions common to all the assistance services and insurance cover	8
1.2.2. Definitions specific to insurance coverage	11
1.3. WHICH TYPES OF TRIP ARE COVERED?	12
1.4. WHAT IS THE CONTRACT'S GEOGRAPHICAL COVERAGE?	12
1.5. INTERVENTION CONDITIONS	12
1.6. HOW TO USE OUR SERVICES	12
1.6.1. If you need assistance	12
1.6.2. What are the conditions for the application of assistance services and insurance coverage?	13
1.6.3. You wish to make a claim covered by the insurance coverage	14
1.6.4. Multiple coverage	14
1.6.5. False declarations	14
1.6.6. Cancellation of assistance and coverage due to fraudulent statements	14
1.7. WHAT SHOULD YOU DO WITH YOUR TRAVEL TICKETS?	14
2. DESCRIPTION OF OUR SERVICES AND COVERAGE	14
2.1. ADVANCE OF HOSPITAL FEES IN A FOREIGN COUNTRY	14
2.2. ADVANCE OF OUTPATIENT FEES	15
2.3. ADDITIONAL REFUND OF HEALTHCARE COSTS INCURRED IN A FOREIGN COUNTRY	15
2.3.1. Object of the coverage	15
2.3.2. SPECIAL MEASURES TO TAKE IN THE EVENT OF ADMISSION TO HOSPITAL	17
2.3.3. REFUND AMOUNTS	17
2.3.4. COVERAGE	18
2.4. REFUND OF TREATMENT COSTS AFTER A MEDICAL REPATRIATION	19
2.5. SPECIAL CASES	19
2.5.1. Traffic accident	19
2.5.2. Workplace accident	19
2.5.3. Sports activities	19
2.6. HALT OF THE PAYMENT OF MEDICAL COSTS	20
2.6.1. In a foreign country	20
2.6.2. In the country of origin	20
2.7. EXCLUSIONS	20
3. ASSISTANCE, REPATRIATION COVER	22
3.1. INTERVENTION CONDITIONS	22
3.2. DESCRIPTION OF OUR SERVICES	22
3.2.1. Personal Assistance in the event of an illness or an injury	22
3.2.1.1. Transport / Repatriation	22
3.2.1.2. Return of an accompanying policy holder	23

3.2.1.3. Hospitalization presence	23
3.2.1.4. Policy holder's trip extension cover	24
3.2.1.5. Accompanying person's trip extension cover	24
3.2.1.6. Early return due to the admission to hospital or death of a family member	24
3.2.2 Assistance in the event of death	24
3.2.2.1 Corpse transportation and coffin costs	24
3.2.2.2. Identification of the body and death formalities	25
3.2.3. Travel assistance	25
3.2.3.1. Advance of criminal bail (only in a foreign country)	25
3.2.3.2. Coverage of legal representation fees (only in a foreign country)	25
3.2.3.3. Transmission of urgent messages	25
3.2.3.4. Dispatch of medication to a foreign country	26
3.2.3.5. Sea, mountain and desert search and rescue costs	26
3.2.3.6. Advance of funds in a foreign country	26
3.3. WHAT WE EXCLUDE	27
4. BAGGAGE LOSS, THEFT AND DAMAGE	28
4.1. WHAT WE COVER	28
4.1.1. The disappearance and/or accidental damage to baggage, objects and personal effects	28
4.1.2. Bicycle cover	28
4.2. WHAT WE EXCLUDE	28
4.3. WHAT IS THE AMOUNT OF OUR COVER?	29
4.4. HOW IS YOUR COMPENSATION CALCULATED?	29
4.5. WHICH DOCUMENTS ARE REQUIRED IN THE EVENT OF A CLAIM?	29
4.6. WHAT HAPPENS IF YOU RECOVER ALL OR PART OF THE STOLEN OBJECTS COVERED BY BAGGAGE COVER?	30
5. PERSONAL TRAVEL ACCIDENT COVER	30
5.1. WHAT WE COVER	30
5.2. WHAT IS THE AMOUNT OF OUR COVER?	30
5.3. WHAT WE EXCLUDE	31
5.4. HOW IS COMPENSATION CALCULATED?	32
5.5. WHAT ARE YOUR DUTIES IN THE EVENT OF A CLAIM?	32
6. PRIVATE CIVIL LIABILITY COVER IN A FOREIGN COUNTRY	33
6.1. OBJECT OF THE COVERAGE	33
6.2. DEFINITIONS	33
6.3. WHAT WE EXCLUDE	33
6.4. TRANSACTION – ACKNOWLEDGEMENT OF LIABILITY	34
6.5. PROCEDURE	34
6.6. PROCEEDINGS	34
6.7. INOPPOSABLE FORFEITURE	34
6.8. COURT COSTS	35
6.9. EXTENSION OF COVER	35
6.9.1. Property used by the Policy holder	35
6.9.2. Additional rental liability cover	35
6.9.3. Civil liability for fire	35
6.9.4. Civil liability for water damage	35
6.9.5. Sports activities	35
7. CONTRACT FRAMEWORK	36

7.1 EXCESS PERIOD	36
7.2. DATE OF EFFECT AND DURATION	36
7.3. CESSATION OF COVERAGE	36
7.4. WHAT ARE THE LIMITS IN THE EVENT OF FORCE MAJEURE OR OTHER EQUIVALENT EVENTS?	36
7.5. EXCEPTIONAL CIRCUMSTANCES	37
7.6. WHAT ARE THE GENERAL EXCLUSIONS APPLICABLE TO THE CONTRACT?	37
7.7. HOW IS PROPERTY DAMAGE COVERED BY THE INSURANCE POLICY ASSESSED?	37
7.8. INSURANCE COVERAGE: WHEN WILL I RECEIVE MY COMPENSATION?	38
7.9. SUBROGATION	38
7.10. RENOUNCEMENT FOR MULTIPLE COVERAGE	38
7.11. WHAT ARE THE STATUTES OF LIMITATION?	38
7.12. COMPLAINTS - DISPUTES	39
7.13. INSPECTION AUTHORITY	39
7.14. DATA PRIVACY	39
APPENDIX 1	41

GENERAL TERMS AND CONDITIONS FOR ASSISTANCE SERVICES AND INSURANCE COVERAGE

This collective insurance contract has been subscribed by AVI INTERNATIONAL with EUROP ASSISTANCE, also acting in the name and on behalf of its Irish branch, EUROP ASSISTANCE SA IRISH BRANCH.

AVI International – Les Assurances de Paris, simplified joint stock insurance and reinsurance brokerage company with a share capital of 100,000 euros, registered with the ORIAS under n° 07 000 002 and with the Paris company registration office under the number 323 234 575, with its headquarters at 40-44, rue de Washington, 75008 Paris.

EUROP ASSISTANCE, a French company with a share capital of 35,402,786 €, registered at the Nanterre company register office under the number 451 366 405, a company governed by the French Insurance Code having its headquarters at 1 Promenade de la Bonnette – 92230 GENNEVILLIERS.

Also acting in the name and on behalf of its Irish branch, of which the trading name is EUROP ASSISTANCE SA IRISH BRANCH, and of which the main establishment is at 4th Floor, 4-8 Eden Quay, Dublin 1, D01 N5W8, Ireland, registered in Ireland under certificate n° 907089.

TABLE OF COVERAGE

COVERAGE	COVERAGE AMOUNTS AND LIMITS
MEDICAL COSTS in a foreign country	
In the event of admission to hospital: Mandatory call to the Assistance Centre	Maximum for all countries except Europe : 300 000 € Maximum for all countries except Europe for senior people (more than 61 years old) : 100 000 € Maximum for Europe : 100 000 € Excess per claim: NONE
Other than hospitalization Up to 100% of actual costs	Maximum for all countries except Europe : 300 000 € Maximum for all countries except Europe for senior people (more than 61 years old) : 100 000 € Maximum for Europe : 100 000 € Excess per claim: None
Medical expenses in the usual country of residence following repatriation consecutive to an accident	Maximum of 1,500 € within the limit of 31 days and after refunds by social security and private health insurance
Reeducation, kinesiotherapy, chiropractic following an accident	Real costs limited to 10 sessions of care
Emergency dental care	Maximum per person: 150 €
Dental care consecutive to an accident (orthodontic treatment) including in the country of residence	Maximum per person and per tooth: 500 €
Optical expenses (spectacles/contact lenses) consecutive to an accident	Maximum 400 €
MEDICAL ASSISTANCE AND REPATRIATION	
Dispatch of essential medication unobtainable locally	Real costs
Repatriation of the policy holder to their home	Real costs
Return of an accompanying policy holder	1 st class travel or economy class flight
Payment of a travel ticket for a member of the policy holder's family (in the event of extended hospitalization or for the identification of the policy holder's body)	Maximum per person: 2,000 € if hospitalization is in excess of 5 days (one person)
Accommodation expenses for a member of the family (in the event of extended hospitalization or for the identification of the policy holder's body)	75 € per night limited to 525 € (one person)
Payment of the extended trip costs for the accompanying party	75 € per night limited to 525 € (one person)
Repatriation of the remains in the event of the death of the policy holder	Real costs
Coffin costs in the event of the death of the policy holder	2,000 €
Early return of the policy holder in the event of the hospitalization or death of a family member	One way ticket or Return ticket if the stay abroad is in excess of 5 months. Real costs
Legal assistance in a foreign country	Maximum per policy holder: 3,000 €

Advance of bail in a foreign country	Maximum per policy holder: 7,500 €
Advance of funds	Maximum per policy holder: 1,000 €
Transmission of urgent messages	Real costs
Search and rescue costs	Maximum per policy holder: 2,000 €
BAGGAGE COVER	
Baggage loss, theft or damage	Maximum per policy holder: 2,000 € Limit per item: 300 € per item Maximum valuables: 300 €
PERSONAL ACCIDENT	
Death benefit	Amount per policy holder: 15,000 €
Permanent accidental disability benefit	Maximum per policy holder 75,000 € Relative excess for disability: NONE
CIVIL LIABILITY	
Private civil liability in a foreign country	Maximum physical injury liability: 750,000 € Maximum property liability: 450,000 € Legal assistance included

SOME ADVICE...

BEFORE TRAVELLING TO A FOREIGN COUNTRY

- Check your contract to make sure it covers the country you are travelling to and the length of your trip.
- Remember to take the forms for the length and type of trip you are going on, as well as for the country you are travelling to (there is specific legislation for the European Economic Area). These different forms can be obtained from your local Health Service so that, if you fall ill or have an accident, your medical costs will be directly covered by your Health Service.
- When you travel to countries that are outside the European Union and the European Economic Area (EEA), before leaving you should find out whether this country has a social security agreement with France. To do this, you must ask your Health Service if you are in the scope of application of the agreement and whether you have any formalities to complete (forms, etc.).
To obtain these documents you should contact the appropriate organisations before your departure (in France contact your Health Service).
- If you are taking a treatment, remember to take your medication with you and check on its transport requirements depending on your means of transport and destination.
- As we cannot be a substitute for emergency services, and especially if you are going to take part in physical or motorised activities that have an element of risk, or if you are travelling to an isolated area, we recommend that you first make sure that an emergency rescue system

has been set up by the appropriate authorities in the country to answer any possible rescue requests.

- If you lose your keys, or if they are stolen, it might be important to have their number to hand. Make sure you write these numbers down.

Similarly, if your identification documents or your means of payment are lost or stolen, it is easier to replace them if you have made copies of them and noted down your passport, identity document and bank card numbers, and if you keep them separate from the originals.

WHEN ON SITE

- If you fall ill or are injured, contact us as quickly as possible, after having called the emergency services for which we cannot be a substitute.

CAUTION

- You should read the General terms and conditions carefully. They detail the rights and duties of each party, and answer any questions you may have.
- Some pathologies may be a limit to the contract's application conditions. We advise you to read the contract General terms and conditions, and more especially section 7.6. "What are the general exclusions applicable to the contract?" very carefully.
- Your **AVI ASSISTANCE** contract is composed of the 2 following elements
 - these General terms and conditions: their purpose is to define the conditions covering assistance services and insurance cover and how they are applied, as well as the associated exclusions with regards to the Policy holders of the AVI ASSISTANCE contract subscribed on their behalf by the Subscriber,
 - Special terms and conditions: these summarise what the Subscriber has declared, the subscribed cover and zones, as well as the cover amounts applicable to Policy holders.

Request the detail of this information from the Subscriber, who has a duty to provide it to you.

In order to apply, the services and cover described below must have been subscribed to and indicated in the Special terms and conditions.

1. INSURANCE AND ASSISTANCE GENERALITIES

1.1. PURPOSE OF THE CONTRACT

The purpose of these General terms and conditions applicable to the insurance/assistance contract signed between EUROP ASSISTANCE (a company governed by the French Insurance Code) and the Subscriber, is to define the rights and duties of EUROP ASSISTANCE, the Subscriber, and the Beneficiaries defined below.

They determine the services covered and provided by EUROP ASSISTANCE to the Beneficiary Policy holders:

- For contract n° **IB1600283MP** for a subscription to contract "**Marco Polo**"
- Or to contract n° **IB1600283MG**, for a subscription to the "**Major risks**" Option.

It has previously been stated that the Beneficiary Policy holder who subscribes to this contract may be brought to stay in a foreign country other than their country of residence, for a pre-determined period of time, in the context of a tourist trip.

The purpose of this contract is to cover the Policy holder, within the limits and conditions defined below, during a trip to a foreign country made in the framework of one of the situations described above.

Nevertheless, the Insurer does not have a duty to provide insurance cover if doing so exposes it to:

- a sanction, prohibition or restriction resulting from United Nations resolutions;
- to commercial or economic sanctions resulting from the application of European Union, United Kingdom or United States laws and/or regulations.

It is agreed that the cover and services below cannot be subscribed to independently of each other:

- Baggage loss, theft and damage
- Refund of Medical Costs following a covered accident or illness.
- Assistance, Repatriation following an accident or illness.
- Death or permanent disability following a covered Accident.
- Civil liability in a foreign country.

In the event of a subscription to the “Major risk” option, the Policy holder will also be covered for the following risks:

- **MANUAL OR PHYSICAL ACTIVITY** whether paid or not, in the context of an internship with a company or laboratory. Injuries to the Policy holder consecutive to an accident that occurred during this internship will be covered as subsidiary and complementary cover when the hosting company or course tutor do not have insurance, or have insufficient insurance cover, especially an Excess.
- **DANGEROUS SPORTS:** Only the sports listed in appendix 1 are covered. Damage consecutive to the exercise of hunting or consecutive to the participation in official competitions and their qualifying rounds, as well as attempts to break records remain excluded. In the event of the Policy holder having an accident while practising a sport in a club, the Insurer will intervene after the Policy holder's sports club coverage has been fully exhausted.

1.2. DEFINITIONS

1.2.1. Definitions common to all the assistance services and insurance cover

For the application of this contract, the terms below are defined as follows:

- **Accident (personal)**

A sudden and unexpected event caused by the sudden effects of an external factor suffered by the Policy holder and not intended by the Policy holder.

- **Act of terrorism**

Any violent, criminal or illegal act committed against people and/or property in the country in which you are travelling or in your country of residence in the case of a temporary return of less than 30 days, within your contract's validity dates, the purpose of which is to seriously threaten public order through intimidation and terror, and which is the subject of media coverage.

This act of terrorism must be recognised as such by the French Ministry of foreign and European affairs.

- **Assault**

Any physical injury, not intended by the policy holder, resulting from the deliberate, sudden and brutal action of another person or group of persons.

- **Baggage**

The Policy holder's suitcases, trunks, and hand baggage and their contents, as long as the contents are clothing and personal effects carried by the Policy holder for the covered trip, or objects purchased during the trip.

- **Beneficiary**

The Policy Holder for all cover except death cover. In the event of death, the Beneficiary is the non-separated spouse or partner, or failing this their children both born and unborn, and failing this the Policy holder's legal beneficiaries.

- **Claim declaration and management centre**

AVI INTERNATIONAL, mandated by the Insurer

- **Collective event**

A single event having a single cause (same location, same date) generating several claims from the Policy holders of the same Subscriber.

- **DROM**

DROM refers to Guadeloupe, Guyana, Martinique, Mayotte and Reunion.

- **Excess period:** If the subscription is made from the country to which the trip is made, the consequences of an illness occurring during the first 15 days of the trip are not covered. The same will apply if your contract is extended late, i.e. more than 48 hours after your initial contract expires.

- **Emergency dental care**

This refers to the relief of pain relative to a tooth or gum infection that was contracted and begun after the effective arrival date in the host country and requiring emergency care.

- **Event**

Any situation defined by these General terms and conditions to be a cause of a request to the Insurer/Assistance to provide cover.

- **Excess**

The share of the costs that remains at your expense.

- **Family member**

A family member is the spouse, civil partner or usual partner living under the same roof, the Policy holder's children, father, mother, parents-in-law, brothers and sisters.

- **Foreign country**

The term foreign country covers all countries except your country of residence.

- **France**

France refers to metropolitan France, Monaco and French overseas territories and DROM.

- **Hospitalization**

Any admission of a Policy holder to a hospital centre (hospital or clinic) proven by a hospital admissions form prescribed by a medical doctor, consecutive to an Illness or Accident, and requiring at least one night in the establishment.

▪ **Illness**

A pathological condition diagnosed by a medical doctor, which is of a sudden and unforeseeable nature and requiring medical attention.

▪ **Insurance/Assistance**

The insurance cover and assistance services are provided by EUROP ASSISTANCE, a company governed by the French Insurance Code, a joint stock company with a share capital of 35,402,786 €, 451 366 405 RCS Nanterre, with its company headquarters at 1, promenade de la Bonnette, 92230 Gennevilliers also acting in the name and on behalf of its Irish branch of which the trading name is EUROP ASSISTANCE SA IRISH BRANCH and of which the main establishment is at 4th Floor, 4-8 Eden Quay, Dublin 1, D01 N5W8, Ireland., registered in Ireland under certificate N° 907089.

In this contract, EUROP ASSISTANCE is referred to by “us” or “we”.

▪ **Insurance card**

The insurance card issued to each Policy holder by AVI INTERNATIONAL, on which features their surname and first name, the trip start and end dates, the identification number, policy number and assistance centre phone numbers.

▪ **“Major risk” Option**

When the “Major risk” option has been subscribed to, it covers the following situations:

- In the context of a manual or physical activity, whether paid or not, in the context of an internship in a company or laboratory, injuries to the Policy holder consecutive to an accident that occurred during an internship will be covered as subsidiary and complementary cover when the hosting company or training session tutor do not have insurance, or have insufficient insurance cover, especially an Excess.
- Use of a motorcycle or motorised vehicle: use as the driver or the passenger of all two or three wheeled vehicles.
- The practise of a dangerous sport listed in appendix 1. In the event of the Policy holder having an accident while practising a sport in a club, the Insurer will intervene after the Policy holder’s sports club coverage has been fully exhausted.

▪ **Natural Disaster**

A natural phenomenon such as an earthquake, a volcanic eruption, a tidal wave, a flood or a natural disaster caused by the abnormal intensity of a natural agent, and recognised as such by the public authorities in the country in which it occurs.

▪ **Place of residence**

Your main and usual place of residence in your country of residence is considered to be your Place of residence.

▪ **Policy holder/Beneficiary**

A Policy holder/Beneficiary is:

- Any physical person staying in a foreign country who has signed this contract with the Subscriber, and whose surname and name feature on the subscription form and the insurance card, and who has paid the corresponding premium,

In this contract, Policy holders are also referred to as “you”.

▪ **Pre-existing conditions**

Any event, the origin of which is a pre-existing illness and/or injury that has been diagnosed and/or treated by continuous hospitalization, day hospitalization or outpatient hospitalization during the 6 months prior to his/her departure to the trip cannot be covered, whether the event is the appearance or the deterioration of the said condition.

- **Property made available**

Movable or real property belonging to third parties of which the Beneficiary has the temporary use.

- **Residence**

Your main and usual place of residence, declared as such on your income tax returns filed before your departure abroad, is considered to be your Residence.

- **Subscriber**

Refers to AVI International

- **Territoriality**

Entire world.

- **Travel**

All your travel, both inside and outside your destination country, not exceeding 12 consecutive months, renewables.

- **Trip**

Trip means the period spent by the Policy holder in a foreign country for which the dates and destination are on the Subscription application.

- **Valuables**

Sports equipment, jewellery, objects made from precious materials, precious stones, pearls, watches, furs, photographic equipment, film making equipment, computers or mobile phones, recording or sound or image production equipment and their accessories.

1.2.2 Definitions specific to insurance coverage

- **Claim**

A claim is any unexpected event of a type that is included in the Policy holder's cover under this contract.

For private civil liability, all the complaints connected to a single generating cause or originating from the same initial technical cause are one and only one claim, including if there are several third parties.

- **Collective event**

A single event having a single cause (same location, same date) generating several claims from the Policy holders of the same Subscriber.

- **Consecutive immaterial damage**

Any financial prejudice resulting from the loss of the benefit of a right, the interruption of a service provided by a person or property, the loss of a benefit, which is the consequence of covered physical injury or damage to property.

- **Damage to property**

Any deterioration, damage or destruction, either total or partial, or disappearance of an object.

- **Obsolescence**

The depreciation in the value of goods on the day of the Claim due to their age.

- **Physical injury**

Any physical injury (injury, death) not voluntarily suffered by a physical person.

- **Serious accident**

A sudden and unexpected event caused by the sudden effects of an external factor suffered by the Policy holder, not intended by the victim, and resulting in the impossibility of the Policy holder travelling by their own means.

- **Wear and tear**

The depreciation in the value of goods on the day of the Claim, from their use or their maintenance conditions.

1.3. WHICH TYPES OF TRIP ARE COVERED?

The assistance services and insurance cover provided by the contract described in the following sections apply to all trips to a Foreign country in one of the contexts described in article 1.1, of a maximum duration of 12 months, renewable, during the Beneficiary's coverage period.

It is the Subscriber's duty to check that the Policy holders meet the subscription conditions defined in these General terms and conditions.

1.4. WHAT IS THE CONTRACT'S GEOGRAPHICAL COVERAGE?

The assistance services and insurance coverage apply in the countries listed in the Territoriality article.

EXCLUSIONS: in general, countries in a state of civil war or at war with a foreign country, in a state of known political instability, or subject to popular uprisings, riots, acts of terrorism, reprisals, restriction to the free movement of persons and property (for whatever reason, especially health, security, weather related, etc.) or the disintegration of the atomic core and any radiation from a radioactive energy source are excluded.

1.5. INTERVENTION CONDITIONS

We will use all possible and necessary resources to assist you wherever you are in the zone defined in the General terms and conditions and in compliance with the terms of these General terms and conditions.

However, we will only be able to act under the following conditions:

- that there are no obstacles to the free movement of persons and property, either by land, sea or air, and for any reason, especially following a decision of or recommendation by the local, national or international authorities, or the occurrence of a Natural disaster or a war situation,
- that at least the international airport closest to your location is open,
- that the safety of the persons providing the assistance services is guaranteed, it being agreed that it is not within our remit to carry out military operations.

1.6. HOW TO USE OUR SERVICES

1.6.1. If you need assistance

In an emergency it is essential to contact primary local emergency services for all problems they cover.

In all cases, our intervention cannot be a substitute for the intervention of local public services, or of any person we would have a duty to call upon under local and/or international regulations.

In order to allow us to act, we recommend that you prepare your call.

We will request the following information:

- **your surname and first name(s),**
- **your exact location, the address and a phone number where we can reach you,**
- **your contract number.**
-

You must imperatively:

- obtain our prior approval before taking any initiatives or committing to any expenditure,
- comply with the solutions we recommend,
- provide us with all the elements relative to the subscribed contract,

supply all documentary evidence of the expenditure for which you are claiming the refund.
Original copies of all documentary evidence must be sent to us on request

A. In the USA, you may contact GMMI:

For any questions about medical referrals, medical assistance and medical-related claims in the USA:

Toll Free within the US: +1 844 358 5815 – Local: +1 954 334 8134

For less time sensitive matters you can reach GMMI at the following Email:

customerservice@gmmi.com

Fax: +1-954-370-8130

B- Anywhere else in the world, you may contact Europ Assistance:

- **From any other foreign country: +33 969 32 10 83**
- **From France: 09 69 32 10 83**
- **email: service-medical@europ-assistance.fr**
- **fax: +33 1 41 85 85 71 (from France 01 41 85 85 71)**

1.6.2. What are the conditions for the application of assistance services and insurance coverage?

We reserve the right to request all proof supporting a request for assistance or an insurance claim (death certificate, proof of family relationship, proof of parents' age, tax return on condition that all elements featured on it have been redacted except for your surname, first name, address and the persons composing the residence for tax purposes).

For the "ADVANCE PAYMENT OF HOSPITALIZATION COSTS" service, certain documents and documentary proof will be demanded before any advance payments are made.

We will take action on the strict condition that the Event concerned by the cover was uncertain at the time the policy was taken out and on the departure date and time.

Any event, the origin of which is a pre-existing illness and/or injury that has been diagnosed and/or treated by continuous hospitalization, day hospitalization or outpatient hospitalization during the 6 months prior to his/her departure to the trip cannot be covered, whether the event is the appearance or the deterioration of the said condition.

If EUROP ASSISTANCE is led to initiating an intervention because there are no verifying elements available, and after consulting with the Subscriber, the cost of the intervention initiated by EUROP ASSISTANCE will be invoiced to the Subscriber and payable on receipt. If the Subscriber wishes, they can recover the amount from the person who requested the assistance if this person is not the Policy holder.

1.6.3. You wish to make a claim covered by the insurance coverage

Within 2 working days, starting from the moment you are aware of the Claim event for cover for a theft, and within 5 days for all other cases, on condition that this affects the insurer's interests, you, or any person acting on your behalf, must make the claim to:

AVI International
40-44 Rue Washington
75008 PARIS
claims@avi-international.com

1.6.4. Multiple coverage

If the risks covered by this contract are also covered by another insurance policy, you must inform us of the name of the insurance company with which the other policy was taken out (article L 121-4 of the French Insurance Code) as soon as you become aware of this information, and at the latest when making the Claim.

1.6.5. False declarations

When they change the subject of the risk or reduce our opinion of the risk:

- any withheld information or intentionally false statements by the Subscriber or yourself, bearing on the elements composing the risk, forfeit the contract. The premiums paid remain in our possession and we will be entitled to demand the payment of all due premiums as defined by article L 113-8 of the French Insurance Code,
- if you or the Subscriber withhold information or make incorrect statements, but it cannot be proved that it was done intentionally, the contract will be terminated 10 days after notice sent to you by registered letter and/or the application of reduced compensation in compliance with article L 113-9 of the French Insurance Code.

1.6.6. Cancellation of assistance and coverage due to fraudulent statements

In the event of a Claim or a request for assistance under assistance and/or insurance coverage (as defined in these General terms and conditions), if you knowingly use incorrect documents as elements of proof or use fraudulent practices or make false statements or withhold information, you will forfeit all entitlement to the assistance services and insurance coverage defined in these General terms and conditions for which these statements are required.

1.7. WHAT SHOULD YOU DO WITH YOUR TRAVEL TICKETS?

When transport is organised and paid under the contract's coverage, you undertake either to reserve us the right to use the transport tickets in your possession, or to refund us the amount of the refund you obtain from the organisation that issued your transport tickets.

2. DESCRIPTION OF OUR SERVICES AND COVERAGE

2.1 ADVANCE OF HOSPITAL FEES IN A FOREIGN COUNTRY

If you fall ill or are injured during the trip: for as long as you are in hospital, we can advance hospital fees within the limits of the amount covered in the "Additional healthcare cost refund" section, as long as all the following conditions are met:

- for care prescribed in agreement with our medical doctors,
- as long as our medical doctors consider you cannot be transported after they have collected information from the local medical doctor.

No advances will be paid as from the date we are able to transport you.

In all cases, you undertake to refund this advance payment at the latest 30 days after receipt of our invoice. To be refunded yourself, you must follow the necessary procedure to recover your medical costs from the relevant organisations.

This duty is applicable even if you have undertaken the above refund procedures.

This service will only be available if you returned the “acknowledgement of due amounts” form that we will have sent you previously. This form must be accompanied, either by proof of your healthcare cover (copy of your healthcare insurance card or insurance certificate), or by a bank guarantee. In all cases, the amount covered by healthcare insurance must be at least equal to the maximum amount of the advance. Under the terms of the acknowledgement of due amounts form, you undertake to refund us the advanced amounts.

2.2 ADVANCE FOR ROUTINE OUTPATIENT HEALTHCARE COSTS

If you fall ill during your trip, we can advance the costs for the routine outpatient healthcare listed below:

- **consultation or visit (except dentists),**
- **minor surgery and specialist procedures,**
- **healthcare auxiliary procedures,**
- **analysis and laboratory work costs,**
- **radiology, medical imagery (M.R.I.) and scanners,**
- **prescription medication refundable by the French social security (except for non-medicinal products).**

2.3. ADDITIONAL REFUND OF HEALTHCARE COSTS INCURRED IN A FOREIGN COUNTRY

2.3.1. Object of the coverage

To benefit from the refunds you must be covered by national health primary cover or be covered by any other healthcare organisation and, on your return to your country of Residence or on site in the foreign country, carry out all the formalities required to recover these costs from the relevant organisations and send us the documentary proof mentioned below.

Before travelling to a Foreign country, we advise you to obtain the forms suitable for the trip type and duration, as well as for the country you are travelling to (for the European Economic Area and Switzerland, apply for a European Health Insurance Card).

These different forms can be obtained from your local Health Service so that, if you fall ill or have an accident, your medical costs will be directly covered by the Health Service.

Types of healthcare costs entitling to additional refunds:

The additional refund covers the costs defined below, on condition that they cover healthcare received in a Foreign country consecutive to an Illness or an Injury that occurred in a Foreign country:

- medical fees,
- cost of medication prescribed by a medical doctor or a surgeon,
- ambulance or taxi costs ordered by a medical doctor for local travel in a Foreign country,
- hospital costs if our medical doctors consider you cannot be transported after they have collected information from the local medical doctor. The additional refund of these hospital costs ceases on the day we are able to transport you, even if you decide to remain.

REFUND AMOUNT AND PROCEDURE:

We will refund you the cost of healthcare incurred in a foreign country and remaining at your expense once the social security, mandatory private health insurance and/or any other provident society have made their payments **within the limits of the amounts in the following table.**

COVER	Refunded amounts
<p>Medical costs consecutive to hospitalization including ambulance costs:</p> <ul style="list-style-type: none"> - Accommodation costs (including possible standard semi-private room) - Surgical procedures, anaesthesia, ICU - Possible operating theatre costs - Consultations - Healthcare auxiliary procedures - Medical biology procedures - Procedures using radiation - Pharmaceutical costs - Post-op costs as listed above, prescribed by the practitioner who carried out the surgery for up to 4 post-op visits - the hospital excess in the event of admission to hospital - ambulance transport costs relative to an admission to hospital covered by this contract 	<p>100% of actual costs per person within the limits of the Table of Coverage</p>
<p>Medical costs not including hospitalization / Routine outpatient care:</p> <ul style="list-style-type: none"> - Consultations, visits (except dentists) - Minor surgical procedures and specialist procedures - Healthcare auxiliary procedures - Analysis and laboratory work costs - Radiology, medical imagery (M.R.I.) and scanners - Medically prescribed medication if refundable by French social security (except for non-medical products) 	<p>100% of actual costs per person within the limits of the Table of Coverage</p>
<p>Emergency dental care consecutive to an accident:</p> <ul style="list-style-type: none"> - dentist consultations and visits - dental care except for dental implants 	<p>100% of actual costs within the limits of the Table of coverage</p>
<p>Emergency dental care not consecutive to the prior bad condition of teeth and gums:</p> <ul style="list-style-type: none"> - dentist consultations and visits - dental care except dental implants 	<p>100% of actual costs per person within the limits of the Table of Coverage</p>
<p>Optical fees and damage to spectacles caused by an accident</p>	<p>100% of actual costs within the limits of the Table of coverage</p>
<p>Chiropractics and physiotherapy treatment costs</p>	<p>100% of actual costs within the limits of the Table of coverage</p>

The cover applies to costs consecutive to healthcare following a covered accident or illness within the limits of the amounts in the Table of Coverage.

It is provided in the following cases:

- Pharmaceutical, radiology and test costs, and fees,
- All medical costs consecutive to Hospitalization, including ambulance costs

This expenditure must exclusively have been prescribed by a competent medical authority.

If it considers it necessary and danger free, the assistance department may at all times:

1. Transfer the Policy holder to another hospital and/or
2. Repatriate the policy holder to their place of Residence or transfer them to the best adapted Hospital at their place of Residence.

2.3.2. SPECIAL MEASURES TO TAKE IN THE EVENT OF ADMISSION TO HOSPITAL

If the Policy holder suffers an Accident or Illness requiring Hospitalization, the Policy holder (or their legal representative) must first, except in force majeure situations, contact the Assistance which will give the full address and details of the approved hospital establishment nearest to the Policy holder's location.

If, due to their condition, the Policy holder (or their legal representative) cannot make this contact before admission to Hospital, they must contact the Assistance as soon as their condition permits.

If the hospital establishment refuses to accept the direct payment of costs by the Assistance, the Policy holder will advance these costs and will be refunded within the limit per person and per claim defined in the "Table of coverage".

2.3.3. REFUND AMOUNTS

Refunds per item are **detailed in the Table above (article 2.1):**

- Medical costs excluding Hospitalization: without Excess, 100 % of Reasonable Routine Costs, within the limit, per person and claim, defined in the "Table of Coverage".
- Hospitalization costs: 100 % of actual costs within the limit, per person and claim, defined in the "Table of coverage" and Reasonable Routine Costs without Excess, when the Policy holder is hospitalised in an establishment approved by the Assistance.
- Emergency dental care (see detail further in this document): 100 % of actual costs within the limits, per person and per claim, defined in the "Table of coverage" and Reasonable Routine Costs incurred for urgent dental care (that cannot be postponed, due to the pathological condition of the Policy holder) and for the following dental care: dressing, filling, pulp removal, or tooth extraction.

The refunded amounts are those:

- remaining after deduction of the amount refunded by the European Health Insurance where applicable,
- within the limit of the refund **indicated in the Table of Coverage** communicated with the subscription.

The refund amounts **in the Table of Coverage** are expressed, depending on the case:

- in Real costs (RC),
- in amounts in euros. These amounts cannot be exceeded and represent the coverage caps per Claim and per beneficiary, except for the Emergency dental care cover which is annual.
- in amounts per procedure expressed in euros.

The applicable price we use to calculate services is the price on the date the healthcare was received.

In the case of complementary cover over the European Health Insurance cover, only the costs that have been first covered by the basic health insurance will be refunded.

In all cases, your refunds will be limited to the actual amount of costs incurred.

It is explicitly agreed that the Insurer has the legal right to limit or dispute the cover if there is a failure to follow the Medical Ethics Code rules (article 4127-1 of the French Public Health Code).

2.3.4. COVERAGE

The contract covers the following costs:

HOSPITAL MEDICAL CARE:

- accommodation costs (including possible standard semi-private room costs),
- surgical, anaesthesia and ICU procedures,
- possible operating room costs,
- consultations,
- healthcare auxiliary procedures,
- medical biology procedures,
- procedures using radiation,
- pharmaceutical costs,
- post-operation costs as listed above prescribed by the practitioner who carried out the operation, up to 4 post-operation check-up visits,
- the hospitalization excess in the event of hospitalization,
- the costs of ambulance transport in the framework of an admission to hospital covered by this contract.

HOSPITALIZATION FOR LESS THAN 24 HOURS:

Hospitalization for less than 24 hours including a surgical procedure is considered to be equivalent to hospitalization for at least 24 hours.

Chemotherapy is considered to be hospitalization for less than 24 hours.

ROUTINE OUTPATIENT CARE

- consultations or visits (except dentists),
- minor surgery and specialist procedures,
- healthcare auxiliary procedures,
- analysis and laboratory work costs,
- radiology, medical imagery (M.R.I.) and scanners,
- prescription of medication refundable by the French social security (except for non-medicinal products).

DENTAL COSTS - CONSECUTIVE TO AN ACCIDENT OR A DENTAL EMERGENCY NOT CONSECUTIVE TO THE PRIOR BAD CONDITION OF THE TEETH OR GUMS:

“Dental emergency” means any infection of the root canals for which the absence of a treatment within 48 hours is likely to lead to complications:

- dentist consultations and visits by dentists,
- dental care, except for dental implants.

In the case of an accident, the coverage is due after the Policy holder's return to the country of origin if a medical expert determines that they could not follow the treatment immediately considering their state of health or age. In this case the Insurer will intervene after the primary national health insurance and the eventual private health insurance the Policy holder may have in their country of origin.

CHIROPRACTIC AND PHYSIOTHERAPY TREATMENT COSTS

Chiropractic and physiotherapy costs are only covered if they are posterior to the date the treatment was prescribed by a medical doctor who is not himself a chiropractor and physiotherapist, and in the case of an accident.

The refund of all healthcare costs for the procedures listed in the Table of coverage, prescribed by a qualified Medical authority, is covered.

Procedures that are not included in the French social security nomenclature are never covered. Only the costs corresponding to procedures that occurred during the coverage period will be compensated.

Costs will be refunded item per item depending on the selected option, within the limit of actual costs and in accordance with the Table of coverage.

If the Policy holder is admitted to hospital, the costs will be covered if the hospitalization is:

- consecutive to an Accident,

• **consecutive to an unexpected illness requiring medical or surgical attention that cannot wait for the return or repatriation to the country of origin.**

“**Unexpected illness**”, means any sudden and unforeseeable alteration of the state of health that is medically witnessed.

“**Accident**”, means any physical injury not inflicted intentionally by the Policy holder and exclusively caused by the sudden and unforeseeable action of an external cause. Therefore, for this contract, events totally or partially caused by an illness (pathological cause) are not accidents.

Services linked to pregnancy and maternity, Spa therapy and procedures relative to prevention or medical check-ups (contraception monitoring, cholesterol analyses, etc.) will never be refunded.

The Insurer will only pay for the services if the expenditure is reasonable and usual.

2.4 REFUND OF TREATMENT COSTS AFTER A MEDICAL REPATRIATION

The cover is limited to a maximum period of 31 days after the Policy holder is repatriated to their country of residence.

It only occurs after all mandatory healthcare cover and any eventual private health insurance cover and/or any other of the Policy holder's insurance organisations cover has been exhausted.

To be able to recover the unpaid costs, the Policy holder must supply:

- The hospital admission form;
- A hospital invoice featuring the admission and discharge dates;
- The social security cover documents;
- When applicable, the proof of the absence of cover by a mandatory health insurance scheme;
- A certificate from the insurance companies in question certifying that all the contract cover has been used.

2.5 SPECIAL CASES

2.5.1 Traffic accident

This cover only comes into effect after all the applicable insurance cover subscribed to by the policy holder or from which they benefit, has been exhausted, as well as all motor vehicle insurance, whether private or mandatory, offering cover for medical, hospital or therapy costs.

Consequently, any claims must first be made to the motor vehicle insurance companies of all the drivers involved in the accident.

To be able to benefit from cover of unpaid costs by the Assistance, the policy holder must supply a certificate written by the said company or companies, stating that all the cover for their contracts has been exhausted.

By filling in a declaration, you undertake to provide all the information required by the insurance company.

Only original invoices are accepted as proof of the supplied services.

2.5.2 Workplace accident

In the case of a workplace accident, this cover only applies after the compensation paid by the employer's insurance. If your employer does not offer insurance, this cover becomes the main cover.

Only original invoices are accepted as proof of the supplied services.

2.5.3 Sports activities

Leisure and holiday sports, as well as sports practised in the framework of school or university or extracurricular activities are considered to be leisure sports, on condition that they are practised as an “amateur” activity.

Sports or activities that have become usual are also covered:

- the practise of winter sports, including skiing and luge,
- ocean cruises,
- the use as a passenger of any aircraft,
- school and university sports except for official competitions,
- the practise of ice hockey in the Countries and regions where this sport is practised by people of the same age as the policy holders.

2.6. HALT OF THE PAYMENT OF MEDICAL COSTS

The Policy holder's medical costs will cease to be covered in the following cases:

2.6.1. In a foreign country

At the expiry of the Insurance cover, in compliance with the date on the Policy holder's Identification Card.

2.6.2 In the country of origin

The cover ceases as soon as the Policy holder returns to their country of origin.

2.7 EXCLUSIONS

2.7.1 EXCLUSIONS COMMON TO CONTRACT "Marco Polo" AND TO THE "MAJOR RISK" OPTION

Besides the care not included in the cover, are excluded:

- procedures that are not included in the Common Classification of French Medical Procedures (CCAM), as well as the procedures not covered or that do not have a cost in the said Classification, except for the treatments and procedures covered by this contract,
- the share of costs refunded or refundable by any social security organisation (e.g.: Social Security) or by another insurance contract,
- care provided in a hospital or public medical establishment free of charge in the absence of this agreement,
- psychomotricity, ergotherapy, logopedics and the treatment of psychomotor disorders,
- procedures carried out by a person who does not have the required qualifications,
- any care not prescribed by a medical doctor, or that is unnecessary from a strictly medical point of view,
- any medical or dental care that does not meet professional standards,
- procedures for which the Policy holder has not requested prior approval from the Assistance centre, or for which the prior approval was rejected,
- any surgery that is not required by a medical emergency, unless it has been given prior approval by the Insurer,
- costs relating to aesthetic treatments (or those can be assimilated to them) of any origin or type, except in special cases (following an accident that occurred during the cover period for this contract) that have resulted in the insurer giving written prior approval, and within the conditions and limits indicated by the insurer,
- costs incurred before the cover comes into effect, or after the cover has ceased,
- all routine non medicinal products such as: cotton wool, alcohol, toothpaste, dressings, soap, fragrance, shampoo, para-pharmacy costs, cosmetic treatments, hygiene products, sun and/or hydrating creams, cosmetic products, comfort treatments, vitamins and minerals, dietary supplements, diet products, baby food, mineral water,
- accessory costs, the cost of telephone calls other than those to the Assistance centre, television costs in the event of hospitalization,
- the accommodation and treatment costs relative to a stay in a rest and/or convalescent home, except when the stay follows hospitalization for more than 30 days or major surgery (limitation to 30 days),
- pedicure,
- healthcare auxiliaries other than kinesi therapists and nurses in the case of a characterised accident,

- dental implants, periodontics,
- the extraction of wisdom teeth for trips of less than 3 months,
- any dental care that is not urgent, such as: routine check-ups, de-scaling, pre-existing conditions including caries/cavities, reconstruction treatments, crowns and/or the repair of crowns, or any other treatment not required to relieve pain,
- childbirth preparation sessions,
- vaccination costs,
- skin care, examinations and treatment (except cancer treatments),
- temporomandibular joint operations,
- attention deficit disorder, with or without hyperactivity,
- any treatment related to sterility, fertility or contraception,
- medication and treatments to stop tobacco use,
- laser eye surgery (including myopia correction) and cataract treatment,
- search and transport costs for organ transplants,
- preventive treatments,
- health assessments, routine tests and check-ups,
- treatments not recognised by the medical authorities of the country in which they are located,
- any hospitalization that, at the date of subscription, was scheduled in the 12 months following the start of contract cover, for any reason,
- costs that could have been covered by the Policy holder on their return to their usual place of residence,
- accommodation and treatment costs relative to a stay in a professional re-education establishment (or an assimilated establishment),
- care given in a nursing establishment and costs consecutive to assisting a person in their daily activities, even if the person is declared to be temporarily or permanently disabled. Such services are considered to be home help even when prescribed by a medical doctor and when provided by suppliers that have medical or paramedical status.
- cost of medical hospitalization or stays in a sanatorium or preventorium, when the establishment the Policy holder stayed in is not approved by the competent public authority,
- thermometers and sphygmomanometers,
- medication linked to erectile disorders,
- growth hormones,
- sex change related surgery and treatments,
- treatment for obesity, slimming, rejuvenation or any other aesthetic treatments,
- Trips taken with the purpose of obtaining a diagnosis and/or undergoing treatment and the associated costs,
- transport costs other than ambulance costs,
- treatments considered to be experimental,
- podology treatments that are not the result of an accident or an illness,
- spa treatments or thalassotherapy treatments,
- detoxification programmes (alcohol, addictions or assimilated),
- abortion costs,
- costs relative to accidents or illnesses deliberately caused by the Policy holder, and those resulting from attempted suicides and self-mutilation,
- costs resulting from the practise of the sports listed below:
 - extreme sports: bungee jumping, pot-holing, extreme canoe or kayak (on rapids in excess of class V, rivers in excess of class II, in the sea and on the ocean at more than 2 miles from the shore) and base jumping,
 - mountain sports: mountaineering, mountain climbing (except for artificial rocks without safety), rock-climbing, solitary trekking at altitudes in excess of 3000 metres, ski jumping, bobsleigh, skiing (alpine, cross country, snowboard) outside marked routes open to the public, and canyoning,
 - air sports: aerobatics, gliding, parachuting, ULM, hang gliding, paragliding and skysurfing,
 - competition defence and combat sports,
- Medical costs considered excessive, unreasonable or unusual considering the country in which they were incurred, can be the subject of a refusal or a limitation of the covered amount.

Cover is not applicable in cases of:

- civil or foreign war,
- disintegration of the nuclear core or radiation,
- treatments or surgery for rejuvenation or aesthetic purposes,
- deteriorations due to the policy holder's deliberate failure to follow medical prescriptions.

2.7.2 EXCLUSIONS SPECIFIC TO THE "Marco Polo" CONTRACT

- nautical sports: scuba diving in the framework of a sports competition or as a leisure activity for a person who does not have a PADI certificate or equivalent and is not accompanied by a professional, surfing in competitions and hydro speed,
- motor sports: car, motorcycle or go-kart racing,
- transoceanic or solitary sailing at more than 20 miles from a shelter,
- the consequences of participating in any sports competitions or training, or the practise of a sport in a club or federation professionally are also excluded from all cover. However, initiations to these sports of the "baptism" type, when supervised by a professional with State required diplomas and skills, are covered except for extreme sports.

2.7.3 EXCLUSIONS SPECIFIC TO THE "MAJOR RISK" OPTION

- nautical sports: scuba diving in the framework of a sports competition or as a leisure activity at a depth of more than 5 metres for a person who does not have a PADI certificate or equivalent and is not accompanied by a professional, surfing in competitions and hydro speed,
- motor sports: car, motorcycle or go-kart racing in a competition context,
- the consequences of participating in any sports competitions or training, or the practise of a sport in a club or federation professionally are also excluded from all cover. However, initiations to these sports of the "baptism" type, when supervised by a professional with State required diplomas and skills, are covered.

3. ASSISTANCE, REPATRIATION COVER

3.1 INTERVENTION CONDITIONS

For all interventions, it is imperative that the Policy holder or their representative contact the Assistance first. The contact details are given in section 1.6. HOW TO USE OUR SERVICES? and on the Assistance card.

In all cases, only the Assistance's medical authorities are authorised to decide on repatriation, the choice of means of transport and the place of hospitalization, and if necessary will get in contact with the local medical doctor and/or the family general practitioner.

Bookings are made by the Assistance centre which can request unused tickets from the Policy holder. The Assistance only has a duty to cover the costs additional to those the Policy holder would normally have paid for their return.

3.2. DESCRIPTION OF OUR SERVICES

3.2.1. Personal Assistance in the event of an illness or an injury

3.2.1.1. Transport / Repatriation

If you fall ill or are injured, our medical doctors will contact the local doctor who treated you for the illness or the Accident.

The information collected from the local doctor and eventually the usual general practitioner, after a decision by our doctors based only on medical requirements, allows us to trigger and organise:

- either your return to your place of Residence,
- or your transport, where applicable under medical supervision, to a suitable hospital establishment close by in your country of Residence by a light ambulance vehicle, by ambulance, by train (seat in 1st class, 1st class sleeper, or sleeper train), by airline or by medical air transport.

In some situations, your medical condition may require you to be transported to a medical centre close by first, before your return to a structure close to your place of Residence can be envisaged.

Only your medical condition and compliance with applicable health regulations are considered when deciding on transport, the choice of means of transport, and the choice of the eventual location for hospitalization.

IMPORTANT

In this context, it is explicitly agreed that the final decision will be made by our medical doctors in order to avoid any conflict of medical authority.

Furthermore, if you refuse to accept the decision considered by our medical doctors to be the best, you release us from liability, especially if you return by your own means or if your medical condition worsens.

3.2.1.2. Return of an accompanying policy holder

When we repatriate you, and depending on our Medical Service's opinion, we organise the transport of a policy holder who was travelling with you to accompany you on your return, if possible.

This transport will be:

- either with you,
- or individual.

We will cover the transport of this policy holder by train in 1st class, or by plane in economy class.

This cover cannot be combined with the "Hospitalization presence" cover.

3.2.1.3. Hospitalization presence

When you are admitted to hospital at the location you fell ill or had your Accident, and if, after examining the information sent by the local medical doctors, our own medical doctors decide that your condition does not allow you to be repatriated and that your hospitalization will be for more than 5 consecutive days, we will organise and cover a return trip from your country of Residence, by train in 1st class or by plane in economy class, for a person of your choice so that they can be by your side while you are in the hospital.

We will organise and cover the costs of transport tickets and accommodation for this person up to the amount indicated in the "Table of coverage".

We will organise and cover the costs of this person's stay up to the amount indicated in the "Table of coverage".

- A return ticket for a family member from the country of origin if you are admitted to hospital for more than 5 days.

Maximum 2,000 €.

- Accommodation costs when visiting a Policy holder in hospital:

Maximum - 1 person 75 € per night for up to 7 days.

This cover cannot be combined with the "Return of an accompanying policy holder" cover.

3.2.1.4. Policy holder's trip extension cover

During a trip, if you are Immobilised and forced to extend your stay, and if our medical doctors, after having examined the information sent by the local medical doctors, consider that your state of health does not require your admission to hospital, we will cover the trip extension costs **up to 75 euros per night and a maximum of 525 euros.**

Our cover ceases on the day our medical doctors, after examining the information sent by the local medical doctors, consider that you are able to return to your country of Residence. When your state of health allows, we will organise your return to your Country of origin and will cover the cost of an economy class plane ticket or a 1st class train ticket and, eventually, the return of the person who remained with you, if you are not able to use the initially planned means of transport.

3.2.1.5. Accompanying person's trip extension cover

If you are admitted to hospital during your trip and are forced to extend the duration of your trip, we will organise and cover the cost of the extension of the trip **up to 75 euros per night and a maximum of 525 euros** for your spouse and/or your children, or for an accompanying person who is not a relative.

If the person accompanying you cannot use the initially planned means of transport, we will organise your return to your country of origin and will cover the cost of an economy class plane ticket or a 1st class train ticket.

This cover cannot be combined with the "HOSPITALIZATION PRESENCE" cover.

3.2.1.6. Early return due to the admission to hospital or death of a family member

You are informed of the unscheduled admission to hospital for a minimum of 48 hours or the death of a Family member occurring in your Country of residence.

In order to be able to go the hospitalised person's bedside, or to allow you to be present at the funeral of the deceased in your country of Residence,

- if your trip is for less than 5 months, we will organise and cover the cost of your return by train in 1st class or by plane in economy class within the limit of a one-way ticket per policy holder.
- if your trip is for more than 5 months, we will organise and cover the cost of a return trip by train in 1st class or by plane in economy class within the limit of one return ticket per policy holder.

If you fail to send us documentary proof (admission documents from the hospital, death certificate, proof of family relationship) within 30 days following the admission to hospital, we reserve the right to invoice you for the full covered costs.

The date your Family member is admitted to hospital must be later than your departure date to a Foreign country and the funeral date must be before your initially planned return date.

3.2.2 Assistance in the event of death

3.2.2.1. Corpse transport and coffin costs for a deceased policy holder

If the Policy holder dies, we will organise and cover the cost of the transport of the policy holder's corpse to the funeral location in their country of Residence.

We will also cover all the costs required for preparation and other specific transport costs only, all other costs being excluded. Furthermore, we will participate in the coffin or urn costs that the family will purchase from the funeral contractor of their choice, **up to 2,000 euros**, when the original invoice is provided to us.

The other costs (especially the ceremony, local transport, burial, cremation, cemetery plot) remain payable by the family. The funeral must be organised by the family.

3.2.2.2. Identification of the body and death formalities

If the Policy holder dies alone during the trip, and if the presence of a Family member or friend is required to identify the body and complete repatriation or cremation formalities where the death occurred, we will organise and cover the cost of the return trip by train in 1st class or by plane in economy class for this person, up to the amount indicated in the "Table of coverage", from the place of Residence or the country of residence of the deceased Policy holder to the place of death, as well as their accommodation costs, **up to 75€ per night and per person limited to a total of 525€**.

3.2.3. Travel assistance

3.2.3.1. Advance of criminal bail (only in a foreign country)

You are in a foreign country and are in prison or risk imprisonment. We will advance the criminal bail **up to 7,500 euros**. You undertake to refund this advance within 30 days of receiving our invoice, or as soon as the criminal bail has been returned by the authorities if this occurs earlier.

If you fail to appear in court, the return of the criminal bail that you will not recover because you failed to appear becomes due immediately. The advance can only be covered if an "acknowledgement of due amounts" form has been filled in.

This cover does not cover the legal consequences in your country of Residence consecutive to a traffic accident in a Foreign country.

3.2.3.2. Coverage of legal representation fees (only in a foreign country)

You are in a foreign country in which legal proceedings are taken against you. We will advance and cover the cost of lawyers' fees that you have paid in that country, if you supply documentary proof, **up to 3,000 €**, on condition that the proceedings being taken against you are not subject to criminal sanctions under the country's legislation. Your request for cover must be accompanied by an enforceable court ruling.

This cover does not cover the legal consequences in your country of Residence consecutive to a traffic accident in a Foreign country.

3.2.3.3. Transmission of urgent messages

If, during your trip to a Foreign country, you cannot contact a person in your country of Residence, we will forward the message you have given us by telephone at the date and time of your choice.

N.B.: This service does not allow the use of collect calls. We cannot be held liable in any way for the content of your messages, which remain subject to French legislation (notably criminal and administrative). Failure to comply with this legislation may lead to a refusal to forward the message.

3.2.3.4. Dispatch of medication to a foreign country

You are in a Foreign country and the medication that is essential to the continuation of your treatment, the interruption of which constitutes a risk to your health according to our medical doctors, has been lost or stolen. We will look for equivalent medication locally and, if we are successful we will organise a visit to a local medical doctor who can prescribe it for you. The medical costs and medication costs remain at your expense.

If there is no equivalent medication locally, we will, in compliance with applicable regulations, organise the dispatch of the medication prescribed by your general practitioner from the country of residence on condition that the said practitioner sends our medical doctors a copy of the prescription they issued you with and that this medication is available in pharmacies.

We will cover the shipping costs and will invoice you customs duties and the costs of purchasing the medication which you undertake to refund to us on receipt of the invoice.

These consignments are subject to the general terms and conditions of the transport companies we use. In all cases, they are subject to French regulations and conditions as well as to the national legislation of each country in matters of importing and exporting medication.

We decline all liability for the loss, theft and regulatory restrictions that may delay or make it impossible to transport the medication, as well as for the resulting consequences. In all cases, these shipments do not include blood products or blood derivative products, products reserved for hospital use, or products requiring special storage conditions, especially refrigeration, and more generally products that are not available from dispensing chemists in France.

Furthermore, the halt in the production of the medication, their withdrawal from the market, or their non-availability in France are cases of *force majeure* that can delay the cover or make it impossible.

3.2.3.5. Sea, mountain and desert search and rescue costs

We will cover sea, mountain and desert search and rescue costs used to locate you following an event during your stay in a Foreign country, **up to 2,000 € per policy holder and 15,000 € per event**.

Only costs invoiced by a company authorised to carry out this activity can be refunded.

Under no circumstances do we have a duty to organise search and rescue.

You, or your beneficiaries, must send us:

- the claim declaration describing the circumstances,
- the paid invoice issued by the search and rescue organisation mentioning the date and type of intervention and its reason,
- the medical certificate, police report or death certificate depending on the case.

3.2.3.6. Advance of funds in a foreign country

If your means of payment, credit or debit cards, cheque books, identity documents (such as passport or identity card, etc.) and/or your return plane ticket are stolen, and on condition that you provide a loss or theft certificate from the local authorities, we will send you **an advance of funds of up to 1,000 €** so that you can cover your basic necessity costs on the following conditions:

- either the payment of the corresponding amount by a third party by debit or credit card,
- or the payment of the corresponding amount by your bank.

You will sign a receipt when the funds are handed over to you.

3.3. WHAT WE EXCLUDE

We can never be a substitute for local emergency services.

In addition to the general exclusions in section 7.6, the following are excluded:

- the consequences of risks of infection in an epidemic context, of the exposure to infectious biological agents whether deliberate or accidental, exposure to chemical agents of the combat
- gas type, to incapacitating agents, to neurotoxic agents or agents with remanent neurotoxic effects,
- the consequences of your deliberate actions or the consequences of fraudulent acts, suicide attempts or suicides,
- pre-existing illnesses and/or injuries that have been diagnosed and/or treated by continuous hospitalization, day hospitalization or outpatient hospitalization during the 6 months prior to his/her departure to the trip, whether the event is the appearance or the deterioration of the said condition,
- costs incurred without our agreement, or not explicitly defined by these contractual general terms and conditions,
- expenses not proven by original documents,
- claims occurring in countries that are excluded from the cover or outside the contract's validity period, and especially beyond the duration of the planned trip to a foreign country,
- the consequences of incidents occurring during motor sport trials, races or competitions (or their heats), subject to prior authorisation from public authorities under applicable regulations if you participate as a competitor, or during trials on circuits subject to prior approval by public authorities, even if you are using your own vehicle,
- trips undertaken in order to obtain a diagnosis and/or medical treatment, or plastic surgery, their consequences and the resulting costs,
- the organisation and coverage of the transport listed in section 3.2.1.1. "Transport/Repatriation" for benign disorders that can be treated on site and that do not prevent you from continuing your travel or your trip,
- requests for assistance covering medically assisted procreation or abortions, their consequences and their resulting costs,
- requests relative to surrogate procreation or childbearing, its consequences and the resulting costs,
- medical devices and prostheses (dental, hearing, medical),
- spa treatments, their consequences and their resulting costs,
- scheduled admissions to hospital, their consequences and their resulting costs,
- vaccines and vaccination costs,
- medical check-ups, their consequences and their associated costs,
- plastic surgery on aesthetic grounds, as well as their eventual consequences and their resulting costs,
- stays in a rest home, their consequences and their resulting costs,
- medical or para-medical services and the purchase of products of which the therapeutic nature is not recognised by French legislation, and the associated costs,
- health assessments for the purpose of preventive screening, regular treatments or analyses, their consequences and the resulting costs,
- excess baggage costs for air transport and the cost of transporting baggage when it cannot be transported with you,
- trip cancellation costs,
- restaurant costs,
- customs duties.

4. BAGGAGE LOSS, THEFT AND DAMAGE

4.1. WHAT WE COVER

4.1.1. The disappearance and/or accidental damage to baggage, objects and personal effects

In the context of a trip to a Foreign country, and within the limits of the amounts in the “Table of Coverage” we cover the baggage, objects and personal effects you have taken with you for your trip, against:

- the loss, theft or total or partial deterioration of your Baggage during its transport by a transport company or during transfers organised by the Trip organiser,
- the total or partial disappearance of your Baggage resulting from theft or attempted theft, fire, explosion, lightning strikes and natural disasters,
- theft of your Baggage transported out of sight in the trunk of a non-convertible, properly closed and locked vehicle.

When the vehicle is parked on the public highway, the cover is only applicable between 7 am and 10 pm (local time). In all cases, you must provide proof of the time the theft was committed.

The first year following purchase, the refund value is calculated as 75 % of the purchase price. Starting from the second year following the purchase, the value is reduced by 10 % per year. Valuables are covered within the limits indicated in the “Table of coverage”.

N.B.: Identity documents, driving licences, passports or local transport tickets are only refunded in cases of assault or theft. The cost of the renewal of identity documents, passports and driving licences will be refunded on presentation of the paid invoice.

The same applies to your local and urban travel tickets or season tickets.

When the loss, theft or total or partial destruction of your Baggage is covered by the civil liability of a transport company with which they were properly registered, the Insurer's coverage applies after application of, and exclusively as a complement to, the compensation the transporter must pay, without exceeding the maximum amounts indicated in the "Table of coverage".

N.B.: if the transport company rejects the complaint on the grounds that you did not fill in a damage declaration form, or on the grounds that you did not fill it in within the deadline, we will also reject it, as we only provide cover over and above the transport company's insurance.

Furthermore, jewellery, valuable objects and watches are only covered against theft and only when they are worn by you and on you, used by you, or placed in a separate safe or in a hotel safe.

4.1.2. Bicycle cover

Your bicycle, or the bicycle lent by your host family is covered from theft and damage during transport, or in the event of an accident involving a collision with an identified third party or with an animal, excluding wear and tear.

This cover is limited to the amount indicated in the Table of coverage.

To be covered for theft, the bicycle must be chained to a fixed and strong element. In the event of a theft, you must always prove it was declared to local authorities.

4.2. WHAT WE EXCLUDE

In addition to the general exclusions in section 7.6, the following are excluded:

- the theft of baggage, personal objects and effects left unsupervised in a public place, or stored in a room available for the shared use of several people,

- mislaid, lost (except by a transport company), exchanged baggage,
- theft not regularly witnessed and reported by an authority (police, transport company, purser, etc.),
- theft by your staff during the performance of their jobs,
- accidental damage caused by leakage of colouring or corrosive liquids or greases contained in your baggage,
- confiscation of property by the authorities (customs, police),
- damage caused by mites and/or rodents as well as cigarette burns or burns from a non-incandescent heat source,
- theft from a convertible and/or estate or other type of vehicle without a trunk; the cover still applies on condition that the baggage cover delivered with the vehicle is used,
- collections, professional samples,
- the theft, loss, mislaying or deterioration of cash, documents, books and credit cards,
- jewellery theft when it has not been placed in a locked safe or is not worn,
- the breakage of fragile objects such as porcelain, glass, ivory, pottery or marble objects,
- indirect damage such as loss of value and loss of use,
- the items listed below: any prosthesis, any kind of bracing,
- trailers, share certificates, paintings, spectacles, contact lenses,
- keys of all kinds (except your house keys and your host family's house keys), documents recorded on tapes or film as well as professional equipment (other than laptop computers), CDs, DVDs, all multimedia equipment (PDA, etc.), GPSs, sports equipment, musical instruments, foodstuffs, cigarette lighters, pens, cigarettes, alcohol, works of art, fishing rods, beauty products, photographic films.

4.3. WHAT IS THE AMOUNT OF OUR COVER?

The amount indicated in the table of coverage is the maximum refund for each of the claims during the covered period.

4.4. HOW IS YOUR COMPENSATION CALCULATED?

You will receive compensation on the basis of the value of replacement by equivalent objects of the same kind, Obsolescence and Wear and Tear. The proportional rules defined in article L 121-5 of the French Insurance Code will never be applied.

4.5. WHICH DOCUMENTS ARE REQUIRED IN THE EVENT OF A CLAIM?

Your claim declaration must include the following elements:

- the receipt of a complaint or declaration of theft made within 48 hours to an authority (police, transport company, purser, etc.) in the case of a theft or a loss, *
- the reserve document issued to the transporter (sea, air, rail or road) when your baggage or objects were lost while in the legal custody of the transporter.

If you fail to provide these documents, we are entitled to demand an indemnity equal to the prejudice you have suffered. The coverage amounts cannot be considered to be the proof of the value of the property you are requesting compensation for, nor proof of the existence of this property.

You have a duty to use all means at your disposal and any documents in your possession to prove the existence and value of this property at the time of the Claim event, as well as the extent of the damage. For professional equipment, and especially laptop computers, we may require the company you work for to certify the value of these elements and that you were carrying them for a Mission on your departure.

If you have also made a claim to the transporter, you must notify us of this fact when declaring the claim.

Loss of coverage through fraudulent statements:

If you knowingly use incorrect documents as proof, or fraudulent means, or make incorrect statements or withhold information, you will forfeit all entitlement to compensation.

4.6. WHAT HAPPENS IF YOU RECOVER ALL OR PART OF THE STOLEN OBJECTS COVERED BY BAGGAGE COVER?

You must notify us of the fact immediately by registered letter as soon as you are informed.

- If we are still to pay the compensation, you must take possession of the objects, in which case we will only cover the cost of damaged or missing items.
- If we have already paid you compensation, you have 15 days to choose:
 - o either abandonment,
 - o or to recover the objects by returning the compensation minus the cost of damage and missing objects.

If you have not decided within 15 days, we shall consider that you have chosen abandonment.

5. PERSONAL TRAVEL ACCIDENT COVER

5.1. WHAT WE COVER

We cover the payment of the compensation **defined in the Table of Coverage amounts** if the Policy holder suffers an Accident with physical injury during their stay in a Foreign country, including when practising a dangerous sport as listed in Appendix 1 when the "Major risk" option has been subscribed to, during the contract validity period or, in the event of Death occurring immediately after or within 7 days following the covered Accident.

If the Policy holder's body is not recovered following a shipwreck or the disappearance or the destruction of the means of transport they were travelling in or on, there will be a presumed death after a period of one year following the date of the Accident, Cover is valid on presentation of a court ruling declaring the death.

However, if, after the lump sum has been paid to the Beneficiary, it is proved at any time that the Policy holder is still alive, the amount paid on the grounds of presumed death must be returned to the Insurer in full.

Definition of an accident with physical injury:

A physical injury suffered due to the sudden and violent action of an external cause independent of your control.

5.2. WHAT IS THE AMOUNT OF OUR COVER?

Our cover is for the amount **indicated in the Table of coverage amounts** in the following cases:

- death: the lump sum indicated in the Table of coverage amounts is payable to your beneficiaries,
- permanent total disability: you will receive a lump sum of which the amount is indicated in **the Table of Coverage Amounts**,
- permanent partial disability: you will receive a lump sum of which the amount will be calculated by applying your permanent partial disability level to the amount indicated in the **Table of coverage**

amounts for permanent total disability, determined using the European Assessment Schedule for Physical and Mental Impairments, without taking into account the victim's professional activity.

The compensation amount can only be defined after consolidation, i.e. once the consequences of the Accident have stabilised.

Combined compensation:

Death and permanent total disability cover cannot be combined when they are the result of the consequences of a single covered event.

If, after having received compensation resulting from partial disability consecutive to a Covered event, you were to die from the consequences of the same Event, we will pay your beneficiaries the lump sum within the limits of the amount **indicated in the Table of coverage amounts** minus the compensation that we have already paid for permanent partial disability.

When the combined due compensation exceeds the **limits defined in the Table of coverage amounts**, the insurer's liability is limited to that amount and the compensation paid to the victims of a same event will be reduced and paid proportionally to the number of victims in the proportion of the coverage they would have qualified for if there was no limitation to coverage.

Maximum coverage per Collective event

In the event of a covered claim event being caused by a single Collective event leading to the death, permanent disability, coma, or requiring adaptations to the homes of several Policy holders, we limit the maximum coverage amount per Collective event to the **following amounts**:

- Personal Accident:
 - o Lump sum in the event of death: 100,000 €
 - o Accidental permanent disability lump sum: 525,000 €
- Baggage cover:
 - o Loss, theft, damage: 20,000 €
- Civil liability in a foreign country:
 - o Physical injury: 1,500,000 €
 - o Damage to property: 730,000 €

5.3. WHAT WE EXCLUDE

5.3.1 Exclusions specific to contract "Marco Polo"

In addition to the general exclusions detailed below (section 7.6), the following are excluded:

- **accidents caused by: blindness, paralysis, mental disorders, as well as all illnesses or infirmities existing when this contract was subscribed to,**
- **accidents resulting from the practise of certain sports such as: rock-climbing, mountaineering, luge competitions, underwater diving, with or without autonomous breathing equipment, parachuting and all air sports, including kite flying and flying similar devices, pot-holing, as well as those resulting from training for, or participating in sports competitions,**
- **accidents caused by the use of a motorcycle of over 125 cm³ both as driver or passenger,**
- **accidents caused by the professional practice or teaching by the policy holder of a sport,**
- **accidents cause by a transport company not licensed for public transport.**

5.3.2 Exclusions specific to the "Major risk" option

In addition to the general exclusions detailed below (section 7.6), the following are excluded:

- **accidents caused by: blindness, paralysis, mental disorders, as well as all illnesses or infirmities existing when this contract was subscribed to,**
- **accidents resulting from the practise of certain sports such as: rock-climbing, mountaineering, luge competitions, scuba diving in a sports competition or as a leisure activity at a depth of more than 5 metres by a person who does not have a PADI certificate or equivalent and not accompanied by a professional, parachuting and all air**

- sports, including kite flying or flying similar devices, pot-holing, and all accidents resulting from training for, or participating in sports competitions,
- accidents caused by the professional practice or teaching by the policy holder of a sport,
 - accidents caused by a transport company not licensed for public transport.

5.4. HOW IS COMPENSATION CALCULATED?

For cases of disability not featured in the European Assessment Schedule for Physical and Mental impairments, the rates are fixed by comparing their seriousness with the cases listed in the schedule, without the victim's professional activity being taken into account to determine the seriousness of the disability.

Lesions to members or organs that already suffered disability before the Accident are only compensated for the difference in state before and after the Accident.

The assessment of lesions to members or organs cannot be influenced by the pre-existing disability of another member or organ.

If it is medically established that you are left-handed, the disability rate defined for the upper right hand member is applicable to the upper left hand member, and vice versa.

If the Accident causes several lesions, the disability rates are totalled together, without it being possible to exceed 100%.

The application of the European Assessment Schedule for Physical and Mental Impairments supposes in all cases that the consequences of the Accident have not been aggravated by the action of a previous illness or disability, and that the victim had undergone suitable medical treatment.

5.5. WHAT ARE YOUR DUTIES IN THE EVENT OF A CLAIM?

In the event of a claim, you, or your beneficiaries must include the following elements with your declaration:

- for a death, a death certificate indicating the cause of death, the legal documents proving the status of the beneficiary or beneficiaries, and the contact details for the executor of the will or the probate,
- the proof of the number of dependent children (copies of birth certificates and the tax return proving that the children are dependent),
- for disability, a medical consolidation certificate,
- the statements of any possible witnesses proving the existence or the magnitude of the Accident.

During their treatment period, the Policy holder must allow the medical consultant we assign to the case free access to their medical file so that they can assess the consequences of the Accident.

In the event of a disagreement as to the causes or consequences of the Accident, we shall submit the disagreement to 2 experts, one chosen by the Policy holder and the other by ourselves, on condition of our respective rights.

In the event of a disagreement, a 3rd expert will be appointed, either by common agreement, or by the President of the Court of First Instance of your place of Residence.

6. PRIVATE CIVIL LIABILITY COVER IN A FOREIGN COUNTRY

6.1. OBJECT OF THE COVERAGE

an amiable or legal claim made against you by a third party for any physical injury or damage to property caused by an accident, a fire or an explosion that occurred during your trip to a Foreign country or by persons you are responsible for, or by objects or animals in your custody, as well as any damage to property caused to property placed under your control by your host family and used during your stay, or during the practise of a dangerous sport as listed in appendix 1 when the “Major Risk” option has been subscribed to and for which private civil liability cover is explicitly mentioned, within the limits of the amounts indicated in the Table of Coverage amounts.

If you have a civil liability contract that was subscribed to before, or at the same time as this contract, the cover is available once the cover from the contract subscribed to previously or at the same time as this contract has been exhausted.

Only damage caused by a private act committed by you during your trip in the host country is covered.

Are also covered:

- the practise of usual sports as an amateur, including all training course, initiative and discovery activities, if the insurance cover taken out by the clubs in which these sporting activities are practised is insufficient.
- Competitions, races and matches when they are of a friendly nature.

IMPORTANT: in the case of damage caused to the home of a family hosting you, our action will be a complement to your host’s home insurance.

6.2. DEFINITIONS

For the application of this cover, the terms below are defined as follows:

Civil liability claim

All civil claims made against the Policy holder. Claims relative to a single generating event are considered to be one and the same Claim.

Damage to property

Any alteration, deterioration, loss or destruction of an object or a substance, including any physical injury to animals.

Physical injury

Any physical injury suffered by a person.

Third party

All physical persons or legal entities **except:**

- **the Policy holder themselves,**
- **their family members, ascendants and descendants,**
- **the Policy holder’s agents, whether employed or not, in the exercise of their functions.**

6.3. WHAT WE EXCLUDE

In addition to the general exclusions in section 7.6, the following are excluded:

- **damage that you have caused intentionally as a physical person or as a legal or de facto director of a company if you are a legal entity,**
- **damage resulting from the use of motor vehicles, sailing boats and motor boats, or from the practise of air sports,**
- **material damage to any sail or motor powered land vehicle (motorcycles, boats, hire cars or other vehicles),**
- **damage resulting from any professional activity,**

- the consequences of any property claim or injury claim suffered by you, your spouse, your ascendants or descendants,
- intangible damage except when the consequences of covered property damage or physical injuries, in which case the cover is as shown within the limit indicated in the Table of Coverage Amounts,
- all measures taken at your own initiative without our prior agreement,
- accidents resulting from the practise of the following sports: bobsleigh, rock-climbing, skeleton, mountaineering, competition luge, all air sports, as well as those resulting from participation in or training for matches or competitions.

6.4. TRANSACTION – ACKNOWLEDGEMENT OF LIABILITY

We cannot be liable for any acknowledgement of liability or any transaction that you may have accepted without our consent. However, the acknowledgement of the existence of the facts is not considered to be an acknowledgement of liability, no more than the fact of having provided urgent care to a victim when it is an act of assistance that everyone has the right to provide.

6.5. PROCEDURE

If legal proceedings are brought against you, we will provide your defence and will direct the proceedings for the facts and damage within the scope of the cover provided by this contract.

However, you can associate yourself to our proceedings if you can prove a specific interest that is not covered by this contract.

The fact of providing your defence cannot be construed as an acknowledgement of cover and does not in any way imply that we accept to cover damage that is not covered by this contract.

In this case, we nevertheless retain the right to bring proceedings against you for the payment of any sums paid or deposited by us on your behalf.

6.6. PROCEEDINGS

In the matter of type of proceedings:

- before the civil, commercial or administrative courts, we are free to exercise this right within the framework of this contract's cover,
- before criminal courts, proceedings can only be brought with your permission,
- if the dispute only concerns civil interests, your refusal to agree to the use of the envisaged proceedings generates our entitlement to claim compensation from you equal to the resulting prejudice for us.

You cannot oppose our bringing proceedings against a liable third party if they are covered by another insurance contract.

6.7. INOPPOSABLE FORFEITURE

Even if you fail in your duties following a Claim, we have a duty to compensate the persons you are liable to.

In this case, we nevertheless retain the right to bring proceedings against you for the payment of any sums paid or deposited by us on your behalf.

6.8. COURT COSTS

We cover court costs and fees and other settlement costs. However, if the ruling against you is for an amount that is higher than the cover amount, each one of us will pay these costs proportionally to the respective share in the ruling.

6.9. EXTENSION OF COVER

6.9.1. Property used by the Policy holder

The Policy holder can be housed in foreign families or in hotels and other types of accommodation. If the Policy holder causes damage to the movable property or real property they have the use of, they are covered by insurance on behalf of the owners or custodians of the said property. The damage caused will be refunded, where applicable, without Excess, but with a deduction for obsolescence under the conditions and exclusions indicated in the Table of coverage.

This cover also applies to the deterioration, loss or theft by a Third party of property placed in the custody of or loaned to the Policy holder.

Damage covered by water and other liquids caused by the Policy holder is also covered.

Damage to sports items and equipment, valuable, mechanical, electric, electronic or remotely controlled toys used by the Policy holder is not covered.

This extension to the cover will only come into effect after the personal insurance cover of the owners or custodians of the damaged property has been applied, especially bicycle and sports item hirers' insurance cover (excluding any mechanical sports equipment).

For damage caused to the host family's home or to the school, the insurer will act after the home insurance or the school insurance cover has been applied. For claims under 350 €, there will be no claims against the host families or the school.

6.9.2. Additional rental liability cover

The cover (see Table of coverage) applies to damage by fire, explosion and water that the Policy holder may cause to premises occupied over the short term or temporarily, outside their country of origin, and subject to a rental agreement of a maximum duration that is less than or equal to that of the contract, or made available to the Policy holder, as well as to the real property and movable property of the hosting families. This extension to the cover will only apply as an additional or subsidiary cover once the insurance coverage of the owners, tenants and custodians of the damaged property or their personal insurance cover has been applied.

6.9.3. Civil liability for fire

The Civil liability for damage caused to third parties by fires and explosions caused by the Policy holder is covered (see Table of coverage).

6.9.4. Civil liability for water damage

The Civil liability for damage caused by water and other non-corrosive liquids is covered (see Table of coverage).

6.9.5. Sports activities

The following coverage is given by extension of the Table of Coverage.

Are covered:

- the practise of usual modern sports as an amateur, including all training course, initiative and discovery activities, if the insurance cover taken out by the clubs in which these sporting activities are practised is insufficient.
- "Competitions, races and matches" when they are friendly, unofficial and in the framework of leisure activities.

7. CONTRACT FRAMEWORK

This contract is governed by French law.

7.1 Excess period

If the subscription is made from the country to which the trip is made, the consequences of an illness occurring during the first 15 days of the trip are not covered. The same will apply if your contract is extended late, i.e. more than 48 hours after your initial contract expires.

7.2. DATE OF EFFECT AND DURATION

The contract comes into effect on the date indicated in the Special terms and conditions, which cannot be earlier than the subscription date.

7.3. CESSATION OF COVERAGE

Your coverage ceases:

- on the day you cease being a member of the insurable group because you no longer meet the subscription conditions (see Policy holder definition),
- if the Subscriber fails to pay the premiums,
- on the date the contract between us and the Subscriber is terminated,
- at the end of the year of your 70th birthday.

As soon as the contract is terminated or suspended, it can no longer cover the Policy holders.

7.4. WHAT ARE THE LIMITS IN THE EVENT OF FORCE MAJEURE OR OTHER EQUIVALENT EVENTS?

We can never be a substitute for local organisations in cases of emergency.

We cannot be held liable for failings or delays in the performance of services in the event of force majeure or events such as:

- civil or foreign wars, known political instability, popular uprisings, riots, terrorist acts, reprisals,
- recommendations from the WHO or national or international authorities, or the restriction of the free movement of persons and property, for whatever grounds, and especially on health, security, weather-related grounds, the limitation or suspension of air traffic,
- strikes, explosions, natural disasters, the disintegration of an atomic core or any radiation from a radioactive energy source,
- delays in and/or the impossibility of obtaining administrative documents such as entry and exit visas, passports, etc., required for your transport inside or outside the country

you are in, or on your entry to the country recommended by our medical doctors for admission to hospital,

- the use of local public services or agents we must use under local and/or international regulations,
- the nonexistence or unavailability of technical or human resources suitable for transport (including a refusal to act).

7.5. EXCEPTIONAL CIRCUMSTANCES

Passenger transporters (especially airlines) may impose restrictions on people suffering from certain pathologies or on pregnant women, that apply up to the moment the transport begins and which are likely to be changed without notice (for airlines: medical examination, medical certificate, etc.).

As a consequence, persons will only be repatriated on condition that the transporter does not refuse the transport and, of course, on condition that there is no unfavourable medical opinion (as defined and under the procedures in section 3.2.1.1. "transport/repatriation") concerning the Policy holder's health or the health of the unborn child.

7.6. WHAT ARE THE GENERAL EXCLUSIONS APPLICABLE TO THE CONTRACT?

The contract's general exclusions are those common to all the assistance and insurance cover described in these General terms and conditions.

Are excluded:

- civil or foreign wars, riots, popular uprisings,
- the deliberate participation of a Policy holder in riots, strikes, brawls or assault and battery,
- the consequences of the disintegration of an atomic core or any radiation from a radioactive energy source,
- unless waived ("early return due to Natural Disaster" cover), an earthquake, volcanic eruption, tidal wave, flood or natural disaster except in the framework of the French N° 82-600 Act of 13th July 1982 covering the compensation of the victims of natural disasters (for insurance cover),
- the consequences of the use of medication, drugs, narcotics and assimilated products not available by prescription, and of the abuse of alcohol,
- any deliberate act by you that may trigger the coverage of this contract.

7.7. HOW IS PROPERTY DAMAGE COVERED BY THE INSURANCE POLICY ASSESSED?

If the damage cannot be determined privately between the parties, it is assessed using amiable and mandatory expertise, on condition of our respective rights.

Each party chooses their own expert. If these experts cannot come to an agreement, they will call on a third expert, all three coming to a majority decision between them.

In the event of the failure by yourself or ourselves to appoint an expert, or if the 2 experts fail to come to an agreement on the choice of a 3rd expert, the appointment is made by the President of the court of first instance of the place where the Claim event occurred. This appointment is made by a simple request signed by at least one of us, the party who has not signed is summoned to the expertise by registered letter.

Each party pays their expert's costs and fees and, when applicable, half of the third expert's fees.

7.8. INSURANCE COVERAGE: WHEN WILL I RECEIVE MY COMPENSATION?

For insurance cover, payment will be made within 5 days of the agreement between us, or following an enforceable court ruling.

7.9. SUBROGATION

After having committed funds in the framework of our insurance and/or assistance coverage, except for cover paid under the “personal travel accident” cover, if the latter was subscribed to. We are subrogated in the rights and proceedings that you may be entitled to against third parties liable for the Claim, in compliance with article L 121-12 of the French Insurance Code.

Our subrogation is limited to the amount of costs we have engaged in the performance of this contract.

7.10. RENOUNCEMENT FOR MULTIPLE COVERAGE

In compliance with article L112-10 of the French Insurance Code, the Policy holder who takes out an insurance policy for nonprofessional purposes who can prove an earlier cover for one of the risks covered by this new contract may renounce this new contract without incurring any fees or penalties, as long as it has not been fully performed or if the policy holder has not made use of any cover, within a deadline of fourteen calendar days starting from the signature of the new contract.

This renouncement is notified by letter or email to the following addresses:

By letter: AVI International
40-44 rue Washington
75008 Paris

By e-mail: Contact-fr@avi-international.com

The insurer will refund the premium paid by the policy holder within thirty days of the date the right to renouncement is exercised unless a claim under the contract occurs during the renouncement period.

7.11. WHAT ARE THE STATUTES OF LIMITATION?

In compliance with article L 114-1 of the French Insurance Code:

“All proceedings resulting from an insurance contract have a statute of limitations of two years from the date of the initiating event.

However, this deadline only applies:

1. In the event of non-disclosure, omission, false or incorrect statements about the risk, from the date the Insurer discovered it;
2. In the event of a Claim, only from the date the interested parties discovered it if they prove that they had no prior knowledge until that date.

When proceedings by the policy holder against the Insurer are due to third party proceedings, the statute of limitations only begins to run starting on the date the third party initiated legal proceedings against the policy holder or was compensated by them. “

In compliance with article L114-2 of the French Insurance Code:

“The statute of limitations is interrupted by any of the ordinary causes of interruption, and by the appointment of experts following a claim. The interruption of the statute of limitations for the proceedings can, amongst other things, result from the sending of a registered letter with acknowledgement of receipt sent by the insurer to the policy holder concerning premium payment proceedings, and by the policy holder to the insurer covering the payment of compensation. “

The ordinary causes of the suspension of the statute of limitations are defined in articles 2440 to 2246 of the French Civil Code: the acknowledgement by the debtor of the right they were claiming the statute of limitations against (article 2240 of the French Civil Code), legal proceedings (articles 2241 to 2243 of the French Civil Code), a forced performance (articles 2244 to 226 of the French Civil Code).

In compliance with article L114-3 of the French Insurance Code:

“By derogation to article 2254 of the French Civil Code, the parties to the insurance contract cannot, even by mutual agreement, either change the duration of the statute of limitations, nor add to the terms to suspend or interrupt it.”

7.12. COMPLAINTS - DISPUTES

If you have a complaint or disagreement, You can contact:

**Europ Assistance
Service Remontées Clients
1 promenade de la Bonnette
92633 Gennevilliers Cedex.**

If the processing time is in excess of ten working days, a letter informing you of the delay will be sent to you within this period. You will be sent a written answer to your complaint within a maximum of two months from the date the initial complaint was received.

If the disagreement persists after the processing of your request by our Customer Feedback Department, You can apply to the Ombudsman by writing to:

**La Médiation de l'Assurance
TSA 50110
75441 Paris Cedex 09**

You have the right to initiate proceedings in the competent jurisdiction at all times.

7.13. INSPECTION AUTHORITY

The authority in charge of inspection is the Autorité de Contrôle Prudentiel et de Résolution - A.C.P.R. – 61, rue Taitbout – 75436 Paris Cedex 09.

7.14. DATA PRIVACY

All the data collected by EUROPE ASSISTANCE FRANCE, 1 promenade de la Bonnette, 92633 Gennevilliers Cedex, when one of its services is subscribed to and/or when providing services, are required in order to be able to perform the duties we have to you. Failing the provision of the requested information, EUROPE ASSISTANCE FRANCE will not be able to supply the services you have wished to subscribe to.

This data is reserved for use by EUROPE ASSISTANCE FRANCE departments in charge of your contract and may be communicated to EUROPE ASSISTANCE FRANCE service contractors or partners for the sole needs of performance of the service.

EUROPE ASSISTANCE FRANCE also reserves the right to use your personal data for quality monitoring or statistical study purposes.

EUROPE ASSISTANCE FRANCE may be led to communicate some of your personal data to the partners at the origin of this insurance and assistance cover.

You have a right to access, modify, correct and delete your data by writing to: EUROPE ASSISTANCE FRANCE, Service “Remontées Clients”, 1 promenade de la Bonnette, 92633 Gennevilliers cedex.

If a transfer of your personal data is made outside the European Union in order to perform the requested service, EUROP ASSISTANCE FRANCE will take the contractual measures with the addressees to secure this transfer.

Furthermore, Policy holders are informed that the phone conversations they have with EUROP ASSISTANCE FRANCE may be recorded in the framework of quality of service monitoring and staff training. These recordings will be kept for 2 months. Policy holders may object to this by making their refusal known to their contact.

APPENDIX 1

Sport	Comment	Civil liability cover: YES/NO	Sport	Comment	Civil liability cover: YES/NO
Acrobatics & Bicross obstacle racing	Only activities supervised by a professional (club, association)	YES	Lacrosse	Only activities supervised by a professional (club, association)	YES
Acrobatic skiing	Only activities supervised by a professional (club, association)	YES, except for competitions and professional games	Motorcycling, scooter, moped, dirt bike	Except for competitions	NO
American football	Only activities supervised by a professional (club, association)	YES	Mountain boarding	Only activities supervised by a professional (club, association)	YES
Amphibious vehicles	Only activities supervised by a professional (club, association), except for competitions and games	NO	Quad / quadricycle	Except for competition	NO
Barefoot	Only activities supervised by a professional (club, association)	YES	Rafting in rapids	Only activities supervised by a professional (club, association)	YES
Bungee jumping	Only activities supervised by a professional (club, association)	YES	Rugby	Only activities supervised by a professional (club, association)	YES
Canyoning	Only activities supervised by a professional (club, association)	YES	Sandboarding		YES
Climbing (indoor and outdoor) wall and - abseiling	Only activities supervised by a professional (club, association)	YES	Scuba diving	Up to a depth of 5 metres without a PADI certificate or equivalent -up to 45 metres with a PADI certificate or equivalent	YES
Crossbow archery	Only activities supervised by a professional (club, association)	NO	Show jumping	Only activities supervised by a professional (club, association)	NO
Cross-country motorcycling	Only activities supervised by a professional (club, association)	NO	Snow bike / snow scooter	Except for competitions	NO
Cyclo-cross	Only activities supervised by a professional (club, association)	YES	Snowkite / kite skiing	Only activities supervised by a professional (club, association)	YES, except for competitions and professional games

Downhill mountain cycling	Only activities supervised by a professional (club, association)	YES		Surfing		YES
Fencing	Only activities supervised by a professional (club, association)	YES		Trekking	Activity must be supervised by professionals starting from 1500 metres	YES
Freeriding	Only activities supervised by a professional (club, association)	YES		Wakeboarding	Only activities supervised by a professional (club, association)	NO
Gliding	Only activities supervised by a professional (club, association)	NO		Wakeskating	Only activities supervised by a professional (club, association)	NO
Go-carting	Only activities supervised by a professional (club, association)	NO		Wakesurf	Only activities supervised by a professional (club, association)	YES
Ice / roller / lawn hockey	Only activities supervised by a professional (club, association)	YES, except for competitions and professional games		Water jousts	Only activities supervised by a professional (club, association)	YES
Jet skiing / sea scooter	Only activities supervised by a professional (club, association)	NO		Water skiing	Only activities supervised by a professional (club, association)	YES
Kitesurf	Only activities supervised by a professional (club, association)	NO		Weight lifting	Only activities supervised by a professional (club, association)	YES
Kneeboard	Only activities supervised by a professional (club, association)	YES		Wrestling, boxing, judo, karate, kendo, martial arts, self defence	Only activities supervised by a professional (club, association)	YES
Transoceanic or solitary sailing at more than 20 miles from a shelter		NO		Zorbing	Only activities supervised by a professional (club, association)	YES