



TERMS AND CONDITIONS
INFORMATION NOTICE
WORLD TRAVEL INSURANCE



MONDIAL CARE
WORLDWIDE TRAVEL INSURANCE

WORLD TRAVEL INSURANCE

TERMS AND CONDITIONS - INFORMATION NOTICE

GSL POLICY NO. ADP20192599 REF. GSL-AGIS MONDE 20210501

Benefits under your policy are governed by the Insurance Code. The insurance policy wording in French remains the only legal reference in the event of a dispute between the parties

Your policy includes these **terms and conditions**, and your certificate of Insurance. Its benefits apply to all personal or work trips carried out during the validity of your temporary visa (with a maximum of twelve months renewable). Cover is valid for the duration of the policy referred to in the Insurance Certificate.

*Please read carefully your **terms and conditions**.
They detail our respective rights and obligations and
answer the questions you may have.*

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1. DEFINITIONS

1.1. DEFINITION OF THE STAKEHOLDERS UNDER THE POLICY

INSURED / BENEFICIARY: Any natural or legal person abiding these general conditions underwritten by AGIS SAS as part of the MONDIAL CARE program, paying the premiums and referred to in the Certificate of Insurance and under the age of 85 years old and applying at the latest the day before their departure on the www.mondialcare.eu website.

THE INSURER: Groupe Special Lines on behalf of Groupama Rhône-Alpes Auvergne. Caisse régionale d'Assurances Mutuelles Agricoles de Rhône-Alpes Auvergne 50 rue de Saint-Cyr - 69251 Lyon cedex 09 - N° de SIRET 779 838 366 000 28 A company governed under the Insurance Code and supervised by the Prudential and Resolution Supervision Authority, 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09 - CS 92459 - 75436 Paris Cedex 09.

ASSISTANCE SERVICE PROVIDER: Mutuaide Assistance – 8-14 Avenue des Frères Lumière 94368 BRY-SUR MARNE cedex. – S.A. au capital de €9,590.040 fully distributed – A company governed by the Insurance Code and registered in the Trade and Commerce Registry ref RCS 383 974 086 Créteil and supervised by the Prudential and Resolution Supervision Authority, 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09.

UNDERWRITER: AGIS SAS - 33 Victor Hugo Avenue - 75116 PARIS, on behalf of the member referred to in the certificate of Insurance who therefore agrees to pay the insurance premium.

1.2. DEFINITION OF ASSISTANCE WORDING

Accident: Any bodily injury unintentionally caused by the Insured, arising from the sudden action of an external cause.

As an extension to this definition, pathological events that would be the direct consequence of this bodily injury, are covered.

Accidents include:

- ✓ injuries caused by fire, steam jets, acids and corrosive substances, lightning and electric current;
- ✓ suffocation by immersion and suffocation by sudden ingestion of gases or fumes;
- ✓ the consequences of poisoning and injuries caused by unintentional ingestion of toxic or corrosive substances;
- ✓ sunstroke, congestion and freezing due to sinking, forced landing, collapses, avalanche, flood or any other accidental events;
- ✓ the direct consequences of animal bites or insect stings, any diseases excluded (such as malaria and sleeping sickness), whose original cause can be linked to such bites or stings.
- ✓ any injury sustained during scuba diving, including those caused by hydro-shock or by decompression;
- ✓ any bodily injury resulting from an assault or attacks sustained by the Insured, unless specifically proven that the Insured would have been actively involved as the perpetrator or the initiator of these events;
- ✓ the physiological consequences of surgical procedures provided that they have been necessitated by an accident under this coder.
- ✓ Accidental fall that doesn't result from a health condition.

The following is not considered an accident:

- ✓ aneurysm, myocardial infarction, cerebral embolism, epileptic seizures, subarachnoid hemorrhage.

BENEFICIARIES: The individual or individuals receiving the amounts due under a claim.

In the event of the Insured's death, unless another individual has been designated by the Insured, the expected amount will be paid to:

- ✓ If the INSURED is married: his/her spouse, not separated for fault, nor divorced, or otherwise his/her children born or unborn, living or represented, or otherwise, his/her heirs,
- ✓ If the INSURED has entered into a civil partnership, or otherwise, his/her heirs,
- ✓ If the INSURED is a widow/widower or divorced: then, his/her children or otherwise, his/her heirs,
- ✓ If the INSURED is single, then, his/her heirs.

In all other cases the other amounts will be paid to the Insured who suffered the accident.

Individuals who voluntarily caused the accident or the loss are excluded from any insurance benefit.

SPOUSE:

- ✓ Spouse: the person who entered into a marriage with the Insured and not legally separated.
- ✓ Partner: the person in a de facto relationship with the Insured, for a minimum of one year and in the same community of interest as a married couple.
- ✓ The cosignatory of a civil partnership with the Insured.

CONSOLIDATION: The date from which the condition of the injured insured is considered to be medically stabilized while there are permanent health conditions

FORFEITURE: Deprivation of the right to any amounts or services provided under the policy as a result of the insured failing to comply with certain obligations under the current Laws and Regulations.

DEPENDENT CHILDREN: Children are seen as dependent in the following cases only:

- ✓ If they are under 21,
- ✓ if they are over 21 and under 25 and still study. Any annual Income or remuneration they received shall be under the minimum amount taxable under the I.R.P.P
- ✓ if they are disable (not able to support themselves, regardless of their age)
- ✓ if they were born alive within three hundred days from the day of the accident that resulted in the death of the INSURED.

DAMAGING EVENT: The damaging event being the event that is the generating cause of the damage. A series of damaging events with the same initial cause shall be considered one single damaging event.

DEDUCTIBLE: The amount set to be paid by the Policyholder or the Insured in the event of compensation. The deductible may also be mentioned in day or as a percentage.

CIVIL WAR: Civil war means two opposing factions of one same nation or part of the population opposing the established order. These forces control part of the territory and have regular military forces.

FOREIGN WAR Foreign war means a state of armed conflict between two or more states with or without a declaration of war.

PERMANENT DISABILITY: This is a presumed definitive impairment of the physical abilities of the Insured. Its extent is calculated based on a rate determined by reference to the schedule set out in the Table of Benefits.

ILLNESS: Any deterioration of health, as established by a qualified medical authority, provided that it first occurs during the mission.

CHRONIC ILLNESS: illness that progresses slowly.

SERIOUS ILLNESS: life-threatening illness.

FAMILY MEMBERS: A family member is any spouse or de facto spouse, living under the same roof, any child, brother or sister, father, mother, step-parents, grandparents, grandchildren, brothers-in-law and sisters-in-law.

HOME COUNTRY OF USUAL RESIDENCE: The country of usual residence or the country of origin of the Insured. Country of origin is the country of citizenship of the Insured. The address for tax purposes shall be considered the residence in the event of litigation. Some countries comprise separate territories distant from each other which requires air or sea travel, in this case it is accepted that although being in the same country the trip shall be considered a trip out of the country of origin.

POPULAR MOVEMENT: An internal unrest characterized by disorder and illegal acts not necessarily with a rebellion against the established order.

FOREIGN COUNTRIES: Any country, territory or possession outside metropolitan France and Corsica.

By convention, the DOM-ROM (Overseas Departments and Overseas Regions), PTOM (Overseas Territories and Territories) and COM (Overseas Communities) are assimilated to foreign country for the performance of the Medical Expense cover.

POLLUTION INCIDENT: The emission, dispersion, disposal or deposition of any solid, liquid or gaseous substance, released by the atmosphere, soil or water, resulting from a sudden and unforeseeable event and not occurring in a slowly, gradual or continuous manner.

CIVIL LIABILITY: Legal obligation imposed on any person to compensate the damage they caused to others.

CLAIM: Any claim for an amicable or litigious compensation brought by a third party or their beneficiaries and sent to the Insured or to the Insurer.

Under the Liability Cover: Any loss or damage caused to third parties the Insured is held responsible for, resulting from a damaging event which gave rise to one or more claims. The damaging event being the event that is the generating cause of the damage. A series of damaging events with the same technical cause is considered one single damaging.

LIMITATIONS: a period after which a claim is no longer admissible.

CLAIM: all the damaging consequences of an event resulting in any of the covers taken out to be claimed. All damage resulting from the same original cause shall constitute one single claim.

THIRD PARTY: any natural or legal person, excluding:

- ✕ The insured individual and his/her family members,
- ✕ Individuals accompanying him/her
- ✕ His/her employees, whether or not on wages, in the performance of their duties.

LAND MOTOR VEHICLE: Machine that moves on the ground (i.e., other than air or naval), not on a railway, self-propelled (powered by its own driving force) used to transport people (even if it is only the driver) or goods.

2. PURPOSE OF THE INSURANCE

This policy guarantees the payment for the following benefits as per their amounts set in the Table of Benefits in the event of a personal injury that may be sustained by the Insured or provision of assistance services the Insured may need.

3. SCOPE OF COVER

Coverage under this policy applies worldwide in connection with the trips made by the Insured.

The policy is effective on the date and for the duration referred to in the Insurance certificate, subject to payment of the premium. The policy is entered into for a firm period without tacit renewal and may not be terminated and reimbursed during the period.

4. COMMON EXCLUSIONS TO ALL COVERAGE

- ✗ ACCIDENTS INTENTIONALLY CAUSED BY THE INSURED, THE CONSEQUENCES OF HIS SUICIDE OR ATTEMPTED SUICIDE, AS WELL AS ACCIDENTS CAUSED BY THE USE OF DRUGS OR NARCOTICS NOT MEDICALLY PRESCRIBED.
- ✗ ACCIDENTS OCCURRING WHEN THE INSURED PERSON IS THE DRIVER OF A VEHICLE AND HIS BLOOD ALCOHOL LEVEL IS HIGHER THAN THAT LEGALLY PERMITTED IN THE COUNTRY WHERE THE ACCIDENT OCCURRED.
- ✗ ACCIDENTS RESULTING FROM THE INSURED PARTICIPATING IN A FIGHT (UNLESS SELF-DEFENCE OR PROVIDING ASSISTANCE TO A PERSON THREATENED), A DUEL, AN OFFENCE OR A CRIMINAL CONDUCT.
- ✗ ACCIDENTS OCCURRING WHEN FLYING AN AIRCRAFT AS A PILOT OR A CREW MEMBER OR WHEN PRACTICING SPORTS WITH OR FROM THESE DEVICES
- ✗ ACCIDENTS CAUSED BY THE PRACTICE OF A SPORT IN A PROFESSIONAL CAPACITY AND THE PRACTICE, EVEN AS AN AMATEUR, OF ALL SPORTS REQUIRING THE USE OF MOTORIZED MECHANICAL MACHINES, WHETHER AS A PILOT OR AS A PASSENGER. SPORTS PRACTICE MEANS TRAINING, TESTS AS WELL AS PARTICIPATION IN SPORTS EVENTS OR COMPETITIONS.
- ✗ ACCIDENTS CAUSED BY WAR, CIVIL OR FOREIGN, DECLARED OR NOT IN ONE OF THE FOLLOWING COUNTRIES:
- ✗ AFGHANISTAN, NORTH KOREA, EGYPT, HONDURAS, IRAQ, LIBYA, MALI, NIGERIA, PAKISTAN, PAPUA NEW GUINEA, CENTRAL AFRICAN REPUBLIC, DEMOCRATIC REPUBLIC OF CONGO, SOMALIA, SUDAN, SOUTH SUDAN, SYRIA, CHAD, PALESTINIAN TERRITORIES (GAZA), UKRAINE (ALONG THE BORDER WITH RUSSIA), VENEZUELA, YEMEN. HOWEVER, THE RISK OF WAR OCCURRING IN ANY OF THESE COUNTRIES MAY BE COVERED AGAINST A PREMIUM AND UPON PRIOR REQUEST.

- ✕ **ACCIDENTS DUE TO IONIZING RADIATION EMITTED BY NUCLEAR FUELS OR BY RADIOACTIVE PRODUCTS OR WASTE OR CAUSED BY WEAPONS OR DEVICES INTENDED TO EXPLODE BY CHANGING THE STRUCTURE OF THE NUCLEUS OF THE ATOM.**



5. BENEFITS UNDER THE POLICY

5.1. IMPLEMENTATION AND PROVISION OF ASSISTANCE BENEFITS

Benefits and services shall be granted both abroad and in the home country of the insured

IMPLEMENTATION OF BENEFITS

Under penalty of inadmissibility, requests for assistance should be made directly by the INSURED (or any person acting on his/her behalf) by any of the following means:

➤ by phone:

For assistance GROUPAMA Assistance	For Insurance Mondial Care by AGIS
From France: 01.45.16.43.31 From overseas: (+33) 1.45.16.43.31	From France: 01.82.83.56.26 From overseas: (+33) 1.82.83.56.26

➤ On the Website

By logging into your Customer Login Page to be created when you purchase your insurance, you may lodge a claim and attach your supporting documents (healthcare coverage forms, plane tickets, boarding passes, etc.). Our team will contact you to complete the information necessary for the reimbursement and review of your claim

BENEFITS PROVIDED

Benefits provided under this policy may only be triggered with the prior agreement of GROUPAMA ASSISTANCE.

As a result, no expenses arbitrarily incurred by the Beneficiaries/Insured will be reimbursed by GROUPAMA ASSISTANCE.

*For the assistance cover to apply, the Insured must first contact
GROUPAMA ASSISTANCE on the contact number shown on the certificate,
prior to any intervention.*

IMPORTANT

- GROUPAMA ASSISTANCE may not, under any circumstances, replace any local emergency response authorities.
- In any event, the decision to provide assistance is solely that of the GROUPAMA ASSISTANCE doctor, after contacting the doctor on site and any family of the Insured.
- Medical authorities have the exclusive power to decide on repatriation, the choice of means of transport and the place of hospitalization.
- Bookings are made by GROUPAMA ASSISTANCE. We will decide and choose repatriation, as well as the most appropriate means.

5.2. ASSISTANCE IN THE EVENT OF AN ILLNESS OR AN ACCIDENT

5.2.1. REPATRIATION OR MEDICAL EVACUATION

If the condition of the Insured requires medical care or specific medical checks that cannot be performed on site, GROUPAMA ASSISTANCE will arrange and pay for

- ✓ transportation to a regional hospital centre or in a country likely to provide care;
- ✓ repatriation to the place of residence of the Insured if there is no closer suitable medical centre.

Depending on the severity of the case, repatriation or transport shall be carried out under medical supervision if necessary and by the following most appropriate means: air ambulance, regular airline aircraft, train, sleeper, boat, ambulance.

Where hospitalization on arrival is not necessary, transportation shall be provided up to the place of residence of the INSURED.

If hospitalization was not possible in a medical care facility nearby the place of residence, GROUPAMA ASSISTANCE will arrange and pay, health condition permitting, for transportation from the hospital to the place of residence.

5.2.2. REIMBURSEMENT OF MEDICAL, SURGICAL, PHARMACEUTICAL, HOSPITAL EXPENSES INCURRED ABROAD

This cover applies exclusively outside the country of residence of the Insured.

Reimbursement covers the costs as set below, provided they are related to the medical care received outside the country of residence of the INSURED, **following an unpredictable illness, or an accident suffered abroad.**

GROUPAMA ASSISTANCE shall reimburse the amount of medical expenses abroad and payable by the Insured, after reimbursement by the social security or any other insurance or pension fund he is a member of, **up to the amount specified in the table of benefits**, for the duration of the Policy.

A €50 deductible, it will be applied in all cases.

The Insured or his beneficiaries agree(s) to take all steps necessary to recover these costs from the relevant agencies and to provide the following documents:

- ✓ original statements from social and/or pension agencies substantiating the payments received;
- ✓ photocopies of medical bills establishing the expenses incurred.

Nature of medical expenses eligible for additional reimbursement

- ✓ Medical fees.
- ✓ Costs of medication prescribed by a doctor or a surgeon.
- ✓ Cost of ambulance or taxi ordered by a doctor for a local drive.
- ✓ Costs of hospitalization by medical decision.
- ✓ Dental emergency within the limit of the amount specified in the table of benefits.

Medical expenses will no longer be paid from the day GROUPAMA ASSISTANCE is able to proceed with the evacuation of the Insured to his/her country of residence.

Advance on hospital expenses

When the Insured is in hospital, hospital costs may be advanced within the limit of the amount covered in respect of the additional reimbursement of medical expenses, subject to the following conditions:

- ✓ that the treatment is prescribed in accordance with the doctors of GROUPAMA ASSISTANCE, and that the insured is deemed not transportable, by decision of those same doctors.
- ✓ No advance shall be granted from the date the Insured can be evacuated.

In all cases, the Insured agrees to reimburse the amounts received within thirty days from receipt of the invoice.

5.2.3. ACCOMPANYING THE INSURED ON REPATRIATION OR MEDICAL TRANSPORT

If the Insured is transported under the conditions set out in section "Repatriation or Medical transport" and is not accompanied by a doctor or a nurse, GROUPAMA ASSISTANCE will arrange and pay for a person on site to travel and accompany the Insured.

5.2.4. RETURN OF SPOUSE AND DEPENDENT CHILDREN IN THE EVENT OF REPATRIATION OF THE INSURED

GROUPAMA ASSISTANCE will arrange and cover the return of an accompanying person or spouse and accompanying Children in the event of the repatriation of the insured to his home, where the means originally provided for their return may no longer be used as a result of the repatriation.

We will decide and chose repatriation, as well as the most appropriate means.

5.2.5. Person at the Insured's bedside in hospital

GROUPAMA ASSISTANCE will arrange and pay up to a maximum of the amount stated in the Table of Benefits for the hotel accommodation of a person at the Insured's bedside in hospital, whose condition does not justify or hold back immediate repatriation.

GROUPAMA ASSISTANCE will also pay for the return ticket to metropolitan France of this person (or to his/her home country) if this person is unable to use the means initially planned.

If the hospitalization exceeds ten days, and if no one stays with the insured, GROUPAMA ASSISTANCE will cover the costs of transport from metropolitan France or the insured's home (by train 1st class or by air, in economy) of a person designated by the insured, GROUPAMA ASSISTANCE will also arrange the hotel stay for that person up to the amount stated in the Table Of Benefits.

5.2.6. EXTENSION OF STAY OF THE INSURED

If the Insured's condition does not require hospitalization, and his medical condition holds up his repatriation, GROUPAMA ASSISTANCE will pay for the costs for extending his stay **up to the amounts listed in the Table of Benefits.**

Type of extension costs eligible for reimbursement:

- ✓ Accommodation or hotel costs
- ✓ Catering Costs

5.2.7. MESSAGE DELIVERY

This cover exclusively applies outside the country of residence of the Insured.

GROUPAMA ASSISTANCE will transmit all private messages intended for the Insured when he/she cannot be reached directly, in case of hospitalization, or any messages left by him/her for the attention of one of his/her family member.

5.3. IN THE EVENT OF DEATH

5.3.1. TRANSPORTATION OF THE BODY

GROUPAMA ASSISTANCE will arrange and pay for the transportation of the corpse of the Insured from the place the body was laid in the coffin to the place of burial in metropolitan France or to the Insured's place of residence.

GROUPAMA ASSISTANCE will pay for additional expenses required for the transportation of the body, including the cost of a coffin, **up to the amount stated in the Table of Benefits.**

Incidental, service, burial or cremation expenses in metropolitan France or in the home country of the Insured shall be borne by the families.

In the event of a temporary burial, GROUPAMA ASSISTANCE will arrange and pay for the costs of transportation of the corpse of the Insured to the place of final burial in metropolitan France or to the Insured's home, at the expiry of the exhumation legally required period.

5.3.2. ACCOMPANYING THE DECEASED

GROUPAMA ASSISTANCE will arrange and pay for the return of the other Insured individuals on site to metropolitan France (or to home of the Insured) up to the place of burial, if they are unable to return using the initially planned means.

In the event where administrative reasons impose a temporary or permanent burial on site, GROUPAMA ASSISTANCE will arrange and pay for the return ticket (1st class train or economy class air) of a family member to travel from his home in metropolitan France (or in another country where the Insured resided), to the place of burial, and for his hotel stay.

GROUPAMA ASSISTANCE will arrange the hotel stay for a family member required to travel and will pay for the actual costs **up to the amount stated in the Table of Benefits.**

5.4. ASSISTANCE AND SERVICES

5.4.1. EARLY RETURN

If the Insured has to curtail his/her trip:

- ✓ to attend the funeral of a family member (spouse or de facto spouse, direct ascendant or descendant, brother, sister), GROUPAMA ASSISTANCE will arrange and pay for the transport (1st class train or economy class air) of the INSURED from the place of residence to the place of burial in the country of residence of the INSURED.
- ✓ in the event of an accident or an unpredictable and serious illness affecting a member of the family (spouse or de facto spouse, direct ascendant or descendant), GROUPAMA ASSISTANCE will arrange and pay for, upon approval of GROUPAMA ASSISTANCE doctor, the transport (1st class train or economy class air) of the Insured to come to the bedside of the relative, in the country of residence of the Insured.

5.4.2. SHIPPING OF MEDICATIONS

GROUPAMA ASSISTANCE shall take all actions to get and send the medication essential to continue the ongoing treatment in the event where, after an unforeseeable event, the INSURED is unable to get the medication or its equivalent. The cost of these drugs shall be paid by the Insured..

5.4.3. ADVANCE ON BAIL COSTS

This cover applies exclusively outside the country of residence of the Insured.

If, in the event of unintentional breach of the law in the country visited by the Insured, the Insured is required to pay a bail, GROUPAMA ASSISTANCE will advance this bail **up to the amount set out in the table of benefits.**

GROUPAMA ASSISTANCE will pay the legal fees of legal representatives used by the Insured **up to the amount set in the table of benefits.**

The Insured agrees to repay the advance made for the bail costs within thirty days from the refund of the bail by the authorities.

This benefit shall not cover any legal action initiated in the country of origin of the Insured as a result of events that occurred abroad.

Intentional offences are not eligible for the “Advance on bail costs” and “Payment of legal fees” benefits

5.4.4. ASSISTANCE IN THE EVENT OF THEFT, LOSS OR DESTRUCTION OF DOCUMENTS OR MEANS OF PAYMENT

In the event of loss or theft of documents, GROUPAMA ASSISTANCE will give advice on procedures to complete (complaint filing, document renewal, etc...).

This cover applies exclusively outside the country of residence of the Insured.

In the event of theft or loss of the means of payment (credit card, cheque book), GROUPAMA ASSISTANCE will, against payment of the corresponding amount by a third party and after prior approval of the financial agency issuing the payment order, grant a cash advance **up to the amount set in the table of benefits** for basic necessities expenses.

5.4.5. ADVICE ON DAY-TO-DAY LIFE

This cover applies exclusively outside the country of residence of the Insured.

When called between Monday and Friday, from 9:00 to 21:00 (except on public holidays), GROUPAMA ASSISTANCE will provide the Insured with the necessary information in the following areas:

- Airport
- Airlines
- World Trains
- Economic data from on the visited country
- International press
- Currency
- Currency exchange
- Embassy Administrative information
- Visas
- Police/Customs Formalities
- Time difference
- Phone
- Restaurants
- Car rental
- International driving license
- Climate, weather
- Health, hygiene
- Immunization

Limitations of Groupama Assistance

THE FOLLOWING IS EXCLUDED:

- ✗ Any personal legal advice or any assessment of a specific case,,
- ✗ Any assistance in drafting legal documents,
- ✗ Any handling of litigation case,
- ✗ Any payment of fees, remuneration for services,
- ✗ Any cash advance,
- ✗ Any medical advice or diagnosis.

With regard to the particular area of financial information, GROUPAMA ASSISTANCE will not conduct any comparative review on the quality of policies, services, rates charged by financial institutions, and excludes any introduction or presentation of a particular product.

In any case, GROUPAMA ASSISTANCE will not, when responding to a question involving the law and practice, give any personal opinion or advice based on legal rules that would allow the person receiving this information to make a decision. **Answers will not be confirmed in writing and no related documents will be sent.**

5.4.6. EVACUATION POLITICAL UNREST OR NATURAL DISASTERS

This cover applies exclusively outside the country of residence of the Insured.

In the event of a major political unrest that jeopardizes the safety of individuals and with an official recommendation from the French government inviting foreign nationals to evacuate the country, or due to a natural event of a nature which results in damaging local infrastructure and thereby the local economy as a whole, which makes it impossible for an employee to carry out his mission abroad under reasonable satisfactory conditions, the Insurer will reimburse the Insured for the cost of return to his home country, up to the price of an air ticket (economy class) or train (1st class), upon provision of receipts.

5.4.7. SEARCH AND RESCUE COSTS

Insurance applies, up to the amount set out in the Table of Benefits, to pay for the search and rescue costs that may be incurred by the Insured if the insured is reported missing or at risk, provided that:

- Search and rescue operations are carried out by public or private rescue agencies or isolated rescuers to assist the Insured;
- Search and rescue operations are carried out as a result of an accident included in the guarantee of this policy.

However, in the event that the Insured was not injured, but would nevertheless have been reported missing or at risk in such circumstances that search and rescue costs would have been covered had he sustained an accident, these costs will be reimbursed up to half of the amount set out in the Table of Benefits.

The search and rescue costs resulting from non-compliance with the safety rules issued by the operators of the site and/or the regulatory provisions governing the activity practiced by the Insured.

5.4.8. PSYCHOLOGICAL ASSISTANCE

In the event of accidental death of the Insured or permanent disability as a result of an accident or in the event of personal injury as a result of an Act of Terrorism or Sabotage, an Attack or an Assault, the Insurer will pay for the amount of consultation with a psychologist, up to the amount set in the Table of Benefits.

This support is provided:

- To his Beneficiary. in the event of accidental death of the Insured,
- In any other cases to the Insured himself.

This cover shall not be granted to the spouse and dependent children accompanying the Insured on a work mission.

5.4.9. EXCLUSIONS TO ASSISTANCE SERVICES PROVIDED

The following is excluded:

- ✗ CONVALESCENCE AND CONDITIONS (ILLNESS, ACCIDENT) IN THE PROCESS OF TREATMENT NOT YET CONSOLIDATED AT THE EFFECTIVE DATE.
- ✗ PRE-EXISTING ILLNESSES DIAGNOSED AND/OR TREATED, RESULTING IN HOSPITALISATION WITHIN THE SIX MONTHS PRIOR TO THE REQUEST FOR ASSISTANCE TRAVEL FOR THE PURPOSE OF DIAGNOSIS AND/OR TREATMENT.
- ✗ PREGNANCY CONDITIONS, UNLESS UNFORESEEABLE COMPLICATION, AND IN ANY CASE, FROM WEEK 36 OF PREGNANCY.
- ✗ CONDITIONS RESULTING FROM THE USE OF DRUGS, NARCOTICS AND RELATED PRODUCTS NOT MEDICALLY PRESCRIBED, ALCOHOL CONSUMPTION.
- ✗ THE CONSEQUENCES OF A SUICIDE ATTEMPT.
- ✗ DAMAGE INTENTIONALLY CAUSED BY AN INSURED OR THAT RESULTING FROM HIS INVOLVEMENT IN A CRIME, AN OFFENCE OR A BRAWL, EXCEPT IN CASE OF SELF-DEFENCE.
- ✗ EVENTS THAT OCCURED WHILE PRACTISING DANGEROUS SPORTS (RAIDS, TREKKING, ROCK CLIMBING...) OR PARTICIPATION OF THE INSURED AS A COMPETITOR IN SPORTS COMPETITIONS, BETS, MATCHES, CONTESTS, RALLIES OR THEIR PREPARATORY TESTS, AS WELL AS THE ORGANIZATION AND PAYMENT OF ALL SEARCH AND RESCUE COSTS.
- ✗ THE CONSEQUENCES OF AN INTENTIONAL BREACH OF THE REGULATION OF THE VISITED COUNTRIES OR PRACTICES NOT AUTHORISED BY THE LOCAL AUTHORITIES.
- ✗ THE CONSEQUENCES OF IONISING RADIATION EMITTED BY NUCLEAR FUELS OR RADIOACTIVE WASTE PRODUCTS OR CAUSED BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH MODIFICATION OF THE STRUCTURE OF THE NUCLEUS OF THE ATOM.
- ✗ THE CONSEQUENCES OF CIVIL OR FOREIGN WAR, OFFICIAL BANS, SEIZURES OR CONSTRAINTS BY THE SECURITY FORCES.
- ✗ THE CONSEQUENCES OF RIOTS, STRIKES, PIRACY, WHEN THE INSURED IS ACTIVELY INVOLVED.
- ✗ THE CONSEQUENCES OF WEATHER OBSTACLES SUCH AS STORMS AND HURRICANES.

IN ADDITION TO THE ABOVE EXCLUSIONS AND WITH REGARD TO THE MEDICAL, SURGICAL, PHARMACEUTICAL OR HOSPITAL COST COVER ABROAD, THE FOLLOWING ARE NOT COVERED:

- ✗ MEDICAL EXPENSES, CAUSED BY PATHOLOGIES PRIOR TO THE EFFECTIVE DATE OF THE POLICY ARE NOT COVERED
- ✗ EXPENSES INCURRED FOR THE TREATMENT OF A PATHOLOGICAL, PHYSIOLOGICAL CONDITION OR PHYSICAL MEDICALLY ESTABLISHED PRIOR TO THE COVER EFFECTIVE DATE UNLESS A CLEAR AND UNFORESEEABLE COMPLICATION OCCURS.
- ✗ EXPENSES FOR INTERNAL, DENTAL, OPTICAL, HEARING AID, FUNCTIONAL, AESTHETIC OR OTHER PROSTHESES, EXPENSES INCURRED IN THE COUNTRY OF RESIDENCE OF THE INSURED, WHETHER OR NOT RESULTING FROM AN ACCIDENT OR ILLNESS OCCURRED IN HIS COUNTRY OR IN ANY OTHER COUNTRY.
- ✗ EXPENSES FOR SPA THERAPY, SEA AND SUN THERAPY, STAY IN A NURSING HOME, REHABILITATION EXPENSES.
- ✗ THE COST OF CARE OR MEDICAL CARE NOT RESULTING FROM A MEDICAL EMERGENCY.
- ✗ MEDICAL CHECK UP EXAMINATIONS AND ANY RELATED COSTS,
- ✗ PHYSIOTHERAPY EXPENSES, EXCEPT WHEN THEY ARE THE DIRECT CONSEQUENCE OF AN INJURY OR ILLNESS.
- ✗ EXPENSES RESULTING FROM SEXUALLY TRANSMITTED DISEASES.

- ✗ **OSTEOPATHY OR CHIROPRACTIC COSTS.**
- ✗ **EXPENSES FOR VACCINE, CONTRACEPTION, PREVENTIVE AND ROUTINE CARE.**
- ✗ **HEALTH CHECK-UP AND SCREENING TESTS.**
- ✗ **COSTS RESULTING FROM ALLERGIES.**
- ✗ **THE COSTS INCURRED IF THE INSURED DOES NOT SUFFER FROM A SERIOUS PATHOLOGY OR IF THE TREATMENT CAN REASONABLY BE DELAYED UNTIL THE INSURED RETURNS TO HIS COUNTRY OF RESIDENCE.**

5.4.10. GENERAL TERMS OF INTERVENTION

GROUPAMA ASSISTANCE FINANCIAL LIABILITIES

Any of the above-mentioned assistance benefits arranged by the INSURED or his relatives will only be reimbursed provided that they have been first approved by GROUPAMA ASSISTANCE

Expenses incurred will be reimbursed on provision of receipts within the limits of those that GROUPAMA ASSISTANCE would have incurred to arrange the service. Where GROUPAMA ASSISTANCE is to arrange the early return of the INSURED to his country of Residence, the INSURED may be requested to use his travel ticket.

Where GROUPAMA ASSISTANCE has paid for the return of the INSURED, the INSURED is required to take all necessary steps to reimburse his unused tickets and to refund the amount received to GROUPAMA ASSISTANCE within three months from the date of return.

Only additional costs to those the INSURED would have normally incurred for his return to his place of residence, will be paid by GROUPAMA ASSISTANCE

Where GROUPAMA ASSISTANCE has approved the change of a contractually set destination, its financial liability shall not exceed the amount that would have been incurred, had the original destination been kept.

Where hotel accommodation expenses are covered, GROUPAMA ASSISTANCE shall only pay for the costs of the room actually incurred, up the above limits and those mentioned in the table of benefits, all other costs excluded.

5.5. LUGGAGE, ITEMS AND PERSONAL EFFECTS

The Insurer guarantees the consequences of theft, loss or destruction of their luggage, personal items and personal belongings, professional equipment in the following circumstances:

- theft or loss during transit when under the care of a shipping company;
- theft during a stay, after the break-in of the premises or the vehicle they were in or following an assault on the person transporting them;
- the destruction total or in a part, caused by fire, explosion, water damage or natural phenomenon.
- loss caused by a natural event (storm, whirlwind, hurricane, cyclone)

The amount of cover is set in the Table of Benefits.

Thefts must be reported to a competent authority (police, gendarmerie, transport company, purser).

5.5.1. BAGAGES, VALEUR OBJETS AND PROFESSIONAL EQUIPMENT COVERED

Insured Items: Suitcases, trunks, hand baggage and their content provided they contain clothes, personal effects, valuable items taken or bought by the Insured during the insured trip.

Valuables: Jewellery, items made with precious materials, precious stones, pearls, watches, furs, film, photographic, computer equipment.

Work Equipment: computers, tablets necessary to ongoing business, mobile or from home.

Limits of Cover

- For valuable items, pearls, jewelry, watches, furs and any sound and/or image reproduction equipment and their accessories and laptops, the reimbursement value shall in no case exceed 30% of the amount covered.
- If a private car is used, thefts will only be covered if the luggage and personal items have been placed in the locked boot of the vehicle and are out of sight. When the vehicle is parked on a public road, cover shall apply between 07:00 am and 10:00 pm only.

5.5.2. EXCLUSIONS TO THE BAGGAGE COVER:

The following is excluded:

- ✗ DAMAGE RESULTING FROM THE DECISION OF A PUBLIC AUTHORITY OR A GOVERNMENT AGENCY.
- ✗ DAMAGE RESULTING FROM INHERENT VICE OF THE INSURED PROPERTY, FROM REGULAR WEAR OR TEAR OR DEPRECIATION, FROM LEAKING LIQUIDS, FAT, COLOURING OR CORROSIVE MATTERS WHICH ARE PART OF THE COVERED LUGGAGE.
- ✗ CASH, CHEQUE BOOKS, MAGNETIC OR CREDIT CARDS, TICKETS, INVESTMENTS SECURITIES, DOCUMENTS SAVED ON TAPES OR FILMS, ANY KIND OF PAPER DOCUMENTS, KEYS.
- ✗ MUSIC INSTRUMENTS, WORKS OF ART, ANTIQUES, COLLECTIONS AND GOODS.
- ✗ CAR ACCESSORIES, BICYCLES, WINDSURFING BOARDS AND GENERALLY, MEANS OF TRANSPORT AND ANY KIND OF SPORTS EQUIPMENT.
- ✗ GLASSES, CONTACT LENSES, PROSTHESES AND PROSTHETIC DEVICES OF ANY KIND.
- ✗ THEFT OF LUGGAGE AND PERSONAL ITEMS LEFT UNATTENDED IN A PUBLIC PLACE OR IN PREMISES MADE AVAILABLE TO DIFFERENT PEOPLE
- ✗ THEFT OF JEWELRY WHEN THEY HAVE NOT BEEN PLACED IN A LOCKED SAFE WHEN NOT WORN.
- ✗ PREGNANCY, WHETHER NORMAL OR PATHOLOGICAL, CHILDBIRTH AND ITS AFTERMATH.
- ✗ DAMAGE OR LOSS CAUSED BY CIVIL OR FOREIGN WAR, WHETHER OR NOT DECLARED (SECTION L. 121-8 OF THE CODE), UNLESS THE RESPONSIBILITY OF THE INSURED DURING THESE EVENTS HAS BEEN ESTABLISHED.
- ✗ DAMAGE OR LOSS CAUSED BY EARTHQUAKES, STORM, TIDAL WAVE, VOLCANIC ERUPTIONS OR OTHER CATAclysms.
- ✗ ANY ORIGINATING EVENTS, DAMAGE OR LOSSES THE INSURED IS AWARE OF AT THE TIME OF INSURANCE PURCHASE, WHICH ARE LIKELY TO GIVE RISE TO CLAIM.

HOWEVER, THE FOLLOWING WILL BE COVERED:

- ✓ THE EFFECTS OF NATURAL DISASTERS IN ACCORDANCE WITH ARTICLE L.125 - 1 TO L.125 - 6 OF THE CODE;

- ✓ **THE EFFECTS OF THE WIND CAUSED BY STORMS, HURRICANES AND CYCLONES, IN ACCORDANCE WITH ARTICLE L.122 - 7 OF THE CODE.**
- ✓ **DAMAGE OR AGGRAVATION OF THE DAMAGE CAUSED:**
 - **BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH THE MODIFICATION OF STRUCTURE OF THE NUCLEUS OF THE ATOM,**
 - **BY ANY NUCLEAR FUEL, PRODUCT OR RADIOACTIVE WASTE, BY ANY SOURCE OF IONIZING RADIATION (ESPECIALLY ANY RADIOISOTOPE).**

5.6. IN THE EVENT OF A DISASTER

In the event of a disaster, it is important to let us know swiftly and accurately of the circumstances the disaster occurred and its potential consequences.

Form and information required

The Insured or his beneficiaries, you, if applicable, or any authorised representative acting on their behalf are required to lodge a claim in writing or verbally report with receipt, to our head office or our representative referred to in the Policy, within 15 days from the date they were made aware of it.

If the claim has not been lodged within the above provided period, unless for force majeure or fortuitous event, we may oppose the forfeiture of cover if we can establish that the late claim has adversely affected us (Section L.113 - 2 of the Insurance Code).

In addition to this statement, they will also be required to provide us with any information about the seriousness, causes and circumstances of the accident and, if possible, the names and addresses of the responsible witnesses and people.

Supporting documents to be provided

- The insured must lodge a claim for loss, damage, theft or destruction of luggage, keys, papers, and bank card with the relevant local authorities **within Twenty Four Hours of the date of the disaster.**
- The original claim receipt and a detailed declaration must be submitted to the Insurer **within a maximum of Ten Days.**
- The Insured must file a claim for loss, deterioration, theft or destruction of luggage with the carrier within **Twenty Four Hours of the date of the disaster.**
- The reservation slips from the carrier when the baggage or items have been lost during the time they were under their legal care;
- In the event of the theft of luggage from the trunk of his vehicle, the Insured is required to provide proof of the break-in (picture of the damage, lock repair bill).
- The Insured is required to provide the Insurer with all documentation to verify or estimate the damage (picture of the damaged baggage, invoice) as well as any documents that the Insurer reserves the right to claim.
- In any case, a letter attesting to the date, the place of purchase as well as the original invoice or pro-forma of the invoice.

With regard to valuables and jewellery, the Insured must provide the Insurer with the original invoices, the original certificate of guarantee, and the deed if the possession of these objects are the result of an estate, the estimate if these objects have been appraised for lack of invoice.

Method of Compensation

Compensation to the Insured is subject to the provision of supporting documents and is based on the replacement value with equivalent items and of the same nature, less wear and tear.

The first year of purchase, reimbursement will be calculated up to 75% of the purchase price. From the second year of purchase, reimbursement will be reduced by 10% per year.

Recovery of baggage, personal items or effects

As soon as he is informed, the Insured shall notify the Insurer by registered letter.

If compensation has not yet been paid, the Insured must regain possession of said luggage, items or personal effects; the Insurer is then required to pay for the damage or any missing items.

If compensation has already been paid, the Insured may choose, within fifteen days:

- to give up the said luggage, items or personal effects to the benefit of the Insurer;
- to recover the said luggage, items or personal effects against the refund of the compensation received by the Insured, less, if applicable, the part of this compensation for damage or missing items. If the Insured has not informed the Insurer on his option within fifteen days, the Insurer will assume the Insured has opted for forfeiture.

5.7. TRAVEL INSURANCE COVER

5.7.1. FLIGHT DELAY, CANCELLATION OR DENIED BOARDING

If, at any airport:

- The Insured's confirmed scheduled flight is delayed **by four hours or more** from the original scheduled departure time.
- The Insured's confirmed scheduled flight has been cancelled.
- The Insured is denied boarding due to unavailable seats and no alternative means of transport is made available **within six hours**.
- Airlines which, in times of COVID, when checking the temperature of the Insured before boarding, in case of fever, the Insured may not be admitted onboard for fear that he carries the virus. (this benefit does not apply to the first flight but any connecting flight in case of multiple-destination, or the return flight.)
- The Insured will receive compensation of **up to the amount set in the Table of Benefits** for all costs of catering, refreshments, hotel and/or return transfer from the airport or terminal.

Benefit will not be granted in the following cases:

- **Provided that confirmation is necessary, the Insured has not previously confirmed his flight unless a strike or force majeure made it impossible to do so.**
- **The delay is the result of a strike or a risk of Civil War or Foreign War which the Insured was aware of before his departure.**

In the event of a temporary or final cancellation of the aircraft's flight authorisation, ordered either by the civil aviation authorities, by the airport authorities or by a similar authority of any country.

5.7.2. DELAY IN BAGGAGE DELIVERY

The Insurer covers the costs of first necessity items purchased (clothes, toiletries, etc.) which are strictly necessary, **up to the amount set in the Table of Benefits**, in case of delay in baggage delivery **exceeding twenty-four hours** from the time of arrival of the flight, when this baggage has been duly checked-in and placed under the responsibility of said airline used by the Insured.

Benefit under this cover will be deducted from that that could be paid under the "Baggage and personal items" cover, if purchased and if the baggage has not been retrieved.

5.7.3. TICKET REFUND (TRAVEL CANCELLATION)

This cover exclusively applies outside the country of residence of the Insured.

The Insurer shall cover the costs for the ticket cancellation upon provision of receipts, in the event where the Insured is unable to travel as a result of the following events:

- ✓ Accident or illness (any unintentional physical injury on the part of the Insured or deterioration of alteration clinically established and requiring medical care to the Insured with hospitalization).
- ✓ Death of the Insured;
- ✓ Death of the person living with him/her, death of a first degree ascendant or descendant, within fifteen days prior to the travel date;
- ✓ Theft of identity documents necessary to travel within 48 hours prior to the trip;
- ✓ Visa denied by the authorities of the country, provided that no application was previously denied to the Insured by the authorities of that country;
- ✓ Serious Damage rendering the Insured's Home uninhabitable

THE FOLLOWING IS NOT COVERED:

- ✗ Accident and illness established prior to booking the ticket.
- ✗ Suicide, attempted suicide.
- ✗ Intoxication or use of narcotics or drugs not prescribed by a qualified medical authority.
- ✗ Psychological or psychiatric disorders.
- ✗ Pregnancy, whether normal or pathological, childbirth and its aftermath.
- ✗ **It shall be mentioned that any consequences and consequences of the epidemic called Covid-19, a disease related to the SARS-CoV-2 virus, as well as any disease caused by coronaviruses and any mutations, are EXCLUDED FROM THE GUARANTEE.**
- ✗ **In addition, direct or indirect consequences of epidemics and/or pandemics and/or diseases of viral and/or bacterial origin which are recognized by the French authorities in stage 2 or 3 and/or recognized in stage 4 by WHO or which are the subject of a declaration of public health emergency of international concern by the latter and entailing in any State relevant to the activities of the Insured, the implementation of national or local restrictive measures on the movement of populations, and/or the organization of shows or events involving an audience or travel or shipping and/or the health treatment of goods and persons are excluded from the GUARANTEE.**

It is noted that the following reasons for cancelling or modifying the trip shall not give rise to any guarantees:

- ✕ strike or embargo.
- ✕ breakdown of the scheduled means of transport.
- ✕ delay or removal of another means of transportation intended to the airport.
- ✕ non provision of a document required to take the intended means of transport, regardless of the reason.
- ✕ any decision made by the carrier or travel agent.

The amount of cover is set in the Table of Benefits.

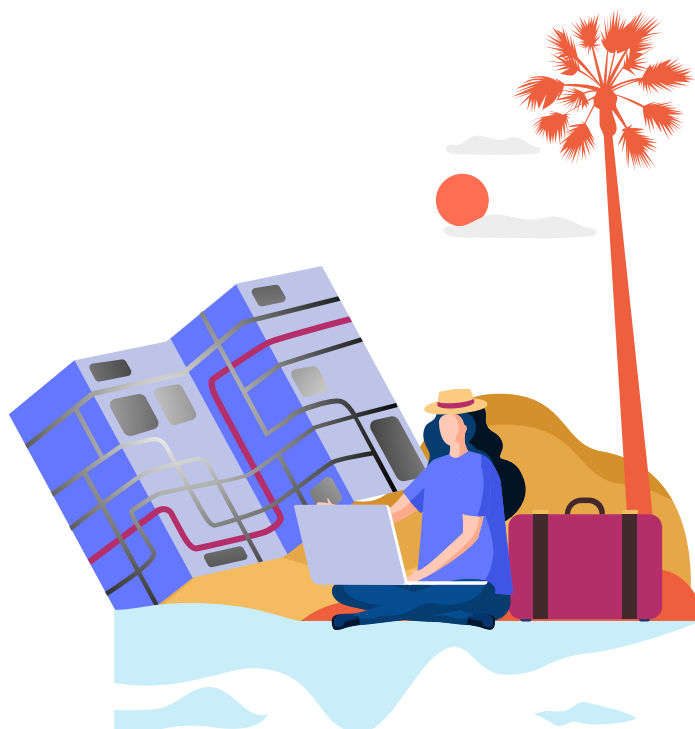
5.7.4. HIJACKING

If during a trip, the means of transport boarded by the Insured, are hijacked from its originally scheduled destination as a result of piracy or terrorism, the Insurer shall indemnify the Insured up to an amount of €3 000.

This covers the reimbursement of accommodation, meals or transportation costs incurred by the Insured.

5.7.5. COMPENSATION IN THE EVENT OF OVERBOOKING ON A COMMERCIAL FLIGHT

If the Insured, although having booked his flight, may not board a scheduled commercial flight as a result of overbooking, the Insurer shall pay a lump sum payment up to €50.



6. PERSONAL LIABILITY

This guarantee shall only apply for travel of less than 90 days.

SPECIAL PROVISIONS ON THIS PART OF THE COVER:

Personal injury

Any bodily injury by a natural person and the resulting damage.

Material damage

Any damage or destruction of anything or substance. Any physical harm to an animal.

Consequential damage

Any financial damage resulting from the total or partial deprivation of use of property or a right, the loss of a profit, the loss of customers, the interruption of a service or an activity, and which is the direct consequence of a covered personal injury or material damage

Damaging Event

The fact which constitutes the originating cause of the damage.

Absolute deductible

The sum (or percentage) which remains in any case the responsibility of the Insured on the amount of benefit due by the Insurer.

The deductible applies per claim, regardless of the number of victims. Deductibles expressed as a percentage apply to the amount of the benefit due by the Insurer.

Pollution Incident

The emission, dispersion, disposal, or deposition of any solid, liquid or gaseous substance, released by the atmosphere, soil or water, resulting from a sudden and unforeseeable event and not occurring in a slowly, gradual or continuous manner.

Claim

Any claim for an amicable or litigious compensation brought by the individual or his beneficiaries who suffered a damage and sent to the Insured or to the Insurer.

Civil Liability

Legal obligation imposed on any person to compensate the damage they caused to others.

Accident

Any loss or damage caused to third parties the Insured is held responsible for, resulting from a damaging event which gave rise to one or more claims. The damaging event being the event that is the generating cause of the damage. A series of damaging events with the same technical cause is considered one single damaging.

Third Party

Any person other than the Insured.

Land motor vehicle

Machine that moves on the ground (i.e., other than air or naval), not on a railway, self-propelled (powered by its own driving force) used to transport people (even if it is only the driver) or goods.

6.1. SCOPE OF COVER

The Insurer shall cover the Insured for financial consequences of liability he may be held for as a result of physical injury, material loss and consequential loss caused to third parties in his/her personal life.

Personal Life means any non-professional activity

THE FOLLOWING IS EXCLUDED:

- ✗ **THE CONSEQUENCES OF THE WILLFUL MISCONDUCT OF THE INSURED .**
- ✗ **DAMAGE CAUSED BY DECLARED OR UNDECLARED CIVIL OR FOREIGN WAR, RIOTS AND POPULAR MOVEMENTS, ACTS OF TERRORISM, ATTACKS OR SABOTAGE.**
- ✗ **DAMAGE CAUSED BY VOLCANIC ERUPTIONS, EARTHQUAKES, STORMS, HURRICANES, CYCLONES, FLOODS, TIDAL WAVE AND OTHER DISASTERS.**
- ✗ **INEVITABLE DAMAGE RESULTING FROM A DELIBERATE ACTION OF THE INSURED AND CAUSING THE INSURANCE POLICY TO LOSE ITS RANDOM POLICY NATURE COVERING UNCERTAIN EVENTS (SECTION 1964 OF THE CIVIL CODE).**
- ✗ **ANY FINE AND ANY OTHER CRIMINAL PENALTY PERSONALLY IMPOSED ON THE INSURED.**
- ✗ **DAMAGE OR AGGRAVATION OF THE DAMAGE CAUSED:**
 - **BY WEAPONS OR DEVICES INTENDED FOR EXPLOSION THROUGH THE MODIFICATION OF STRUCTURE OF THE NUCLEUS OF THE ATOM,**
 - **BY ANY NUCLEAR FUEL, RADIOACTIVE PRODUCT OR WASTE,**
 - **BY ANY SOURCE OF IONIZING RADIATION (IN PARTICULAR ANY RADIOISOTOPE).**
- ✗ **THE CONSEQUENCES OF THE PRESENCE OF ASBESTOS OR LEAD IN BUILDINGS OR STRUCTURES OWNED OR IN THE CARE OF THE INSURED, SEARCH, DESTRUCTION OR NEUTRALISATION OF ASBESTOS OR LEAD, OR THE USE OF PRODUCTS CONTAINING ASBESTOS OR LEAD.**
- ✗ **THE CONSEQUENCES OF CONTRACTUAL COMMITMENTS AGREED BY THE INSURED WHICH RESULT IN INCREASING HIS POTENTIAL LIABILITY IN THE ABSENCE OF SUCH COMMITMENTS.**
- ✗ **IN THE UNITED STATES OF AMERICA AND CANADA:**
 - **PUNITIVE DAMAGES OR EXEMPLARY DAMAGES,**
 - **POLLUTION DAMAGE.**
- ✗ **DAMAGE OF THE NATURE OF THOSE REFERRED TO IN SECTION L. 211-1 OF THE CODE OF INSURANCE ON COMPULSORY AUTOMOBILE INSURANCE AND CAUSED BY LAND MOTOR VEHICLES, THEIR TRAILERS OR SEMI-TRAILERS OWNED BY, IN THE CARE OF, OR USE BY THE INSURED (INCLUDING FROM THE FALL OF ACCESSORIES AND PRODUCTS USED TO USE THE VEHICLE, AND OBJECTS AND SUBSTANCES TRANSPORTED BY THE VEHICLE).**
- ✗ **DAMAGE AND CONSEQUENTIAL LOSS CAUSED BY A FIRE, EXPLOSION OR WATER DAMAGE THAT ORIGINATED IN THE BUILDINGS OWNED, TENANTED OR OCCUPIED BY THE INSURED.**
- ✗ **THEFTS COMMITTED WITHIN THE BUILDINGS MENTIONED IN THE ABOVE EXCLUSION.**

- ✗ **DAMAGE (OTHER THAN THOSE REFERRED TO IN THE ABOVE TWO EXCLUSIONS) AND CONSEQUENTIAL LOSS CAUSED TO THE PROPERTY UNDER THE CARE OF, USED BY OR STORED AT THE RESPONSIBLE INSURED.**
- ✗ **THE CONSEQUENCES OF AIR, SEA, RIVER OR LAKE NAVIGATION WITH CRAFTS OWNED, USED BY OR UNDER THE CARE OF THE INSURED.**
- ✗ **DAMAGE CAUSED BY WEAPONS AND THEIR AMMUNITION WHOSE DETENTION PROHIBITED, POSSESSED OR IS HELD BY THE INSURED WITH NO PREFECTORAL AUTHORISATION.**
- ✗ **DAMAGE SUBJECT TO A LEGAL OBLIGATION OF INSURANCE AND RESULTING FROM THE PRACTICE OF HUNTING.**
- ✗ **DAMAGE CAUSED BY ANIMALS OTHER THAN DOMESTIC ANIMALS.**
- ✗ **DAMAGE CAUSED BY DOGS OF FIRST CATEGORY (ATTACK DOGS) AND SECOND CATEGORY (GUARD AND DEFENCE DOGS), AS DEFINED IN SECTION 211-1 OF THE RURAL CODE, AND BY WILD ANIMALS TAME OR HELD IN CAPTIVITY, MENTIONED IN SECTION 212-1 OF THE RURAL CODE, WHETHER OR NOT STRAY ANIMALS OWNED OR UNDER THE CARE OF THE INSURED (SECTION NO. 99-5 OF 6TH JANUARY 1996 ON DANGEROUS AND STRAY ANIMALS AND ON ANIMAL PROTECTION**
- ✗ **THE CONSEQUENCES:**
 - **OF THE ORGANISATION OF SPORTS COMPETITIONS.**
 - **OF THE PRACTICE OF SPORTS AS A LICENSEE OF A SPORTS FEDERATION;**
 - **OF THE PRACTICE OF AIR OR WATER SPORTS.**

6.2. PERIOD OF COVER

Under this policy, cover will be triggered by the damaging event and cover the Insured for financial loss of an accident, when the damaging event occurs between the initial effective date of the cover and the date of termination or expiry, regardless of the date of the other elements of the loss event (Section L. 124-5 of the Code of insurance).

6.3. AMOUNT OF COVER

The amounts of cover set in the Table of Benefits are per loss event and the limit of the Insurer's liability for all claims related to the same damaging event.

The date of the loss event is that of the damaging fact. Conditions and amounts of cover are those in effect at that date.

6.4. SPECIAL PROVISIONS ON THIS PART OF THE COVER

Leading the proceedings

For damages under "Civil Personal Liability" cover and within its limits, the Insurer shall exclusively lead of the lawsuit brought against the Insured and shall freely exercise the rights to appeal.

The Insurer shall pay for the costs and fees of investigation, legal assessment, legal and proceedings fees. These fees shall be deducted from the applicable amount of cover.

Taking up the defence of the Insured by the Insurer shall not constitute a waiver for the Insurer to claim any exception to cover they would not have been aware of at the time the Insurer took up their defense.

In the event of a criminal trial where civil interests are or will be sought as part of this case or any further proceedings, the Insured agrees to involve the Insurer with his defense and this agreement will not change the scope of cover under this policy.

Under penalty of forfeiture, the Insured must not interfere in the leading of the lawsuit when the purpose thereof falls within the "Personal Liability" cover.

Negotiation

The insurer may solely negotiate with the affected parties within the limit of their cover.

Negotiation or acknowledgment of liability not made by the Insurer may not be binding on him.

However, admitting a material fact, or the mere fact of providing the victim with urgent assistance where the act is an act of assistance that every person has a moral duty to perform, shall not be considered an acknowledgment of liability.

7. SETTLEMENT OF COMPENSATION

7.1. DETERMINING THE CAUSES AND CONSEQUENCES OF THE ACCIDENT

The causes of the accident and its consequences, the disability rate, the duration of temporary total or partial disability, shall be jointly recognized and agreed by the parties or, failing such agreement, by two doctors, respectively appointed by each party. In the event of any conflict, they will call a third doctor to decide; If they fail to agree on the choice of the latter, or failure of one the parties to appoint their expert, he will be appointed at the request of the most diligent party by the president of the Court of the domicile of the Insured with waiver of oath and any other formalities.

Each party will bear the cost of fees and expenses relating to the intervention of the doctor appointed by them, those required by any intervention of a third doctor will be shared equally between the parties.

If additional medical documents or any other supporting documentation is required, the Insured or his legal representative will be personally notified by mail.

7.2. AGGRAVATION UNRELATED TO AN UNFORESEEN EVENT

Whenever the consequences of an accident are aggravated by the condition of the victim, by a lack of care due to his negligence or by empirical treatment, by a pre-existing illness or disability and in particular by a diabetic or hematic condition, the compensation due will be determined on the consequences that the accident would have had in a healthy and normal health person, subject to a proper treatment.

7.3. CHECKING

The Insured is required to undergo a medical examination delegated by us, our agents will have free access to him whenever we deem it necessary, under penalty of forfeiture of the rights of the Insured or any beneficiary, in the event where, with no reasonable grounds, they deny our delegates to carry out a check that would prevent the check to be performed if, with a prior forty-eight hour notice sent by registered post, we are persistently denied to perform this check.

Any fraud, non-disclosure or misrepresentation on your part or that of the beneficiary of the compensation, intended to mislead us about the circumstances or consequences of a claim, shall result in the loss of any right to compensation for the related loss event.

7.4. PAYMENT

Benefits will be paid:

- In the event of death and permanent disability, within one month of provision of the proof of the accidental death of the Insured and as a beneficiary, or the agreement of the parties on the disability rate.
- If cover for processing and search and rescue costs applies, within one month of provision of the supporting documents for the amount of expenses incurred to be repaid by us.
- In the absence of the agreement of the parties, benefits will be settled within fifteen days from the court decision that became binding.

8. DOCUMENTATION REQUIRED FOR REIMBURSEMENT IN THE EVENT OF A DISASTER.

In the event of a disaster, it is important to let us know swiftly and accurately of the circumstances the disaster occurred and its potential consequences.

FORM AND INFORMATION REQUIRED

The Insured or his beneficiaries, you, if applicable, or any authorized representative acting on their behalf are required to lodge a claim in writing or verbally report with receipt, to our head office or our representative referred to in the Policy, within 15 days from the date they were made aware of it.

If the claim has not been lodged within the above provided period, unless for force majeure or fortuitous event, we may oppose the forfeiture of cover if we can establish that the late claim has adversely affected us (Section L.113 - 2 of the Insurance Code).

In addition to this statement, they will also be required to provide us with any information about the seriousness, causes and circumstances of the accident and, if possible, the names and addresses of the responsible witnesses and people.

❖ FOR ALL COVERAGE

- ✓ The Insurance Certificate
- ✓ The Policy Number
- ✓ The certificate of membership mentioning the contact details of the Insured

❖ FOR MEDICAL EXPENSES

A) Medical expenses in case of hospitalization abroad outside the home country

In the event of an accident or illness requiring hospitalization on site, the holder of the insurance certificate issued by Mondial Care – AGIS shall provide this document to the hospital's admissions department

The Admission Department will check and confirm the validity of cover with Mondial Care whose contact details are the card (by phone or fax), or may also check directly on the Mondial Care website validity of the policy in the VALIDITY CHECK Option.

Payment for the costs will be made directly to the hospital by MONDIAL CARE -AGIS and no advance payment will be required from the Insured.

The Insured or his Beneficiaries agree to take all necessary steps to obtain reimbursement of these costs (in whole or in part) from the Social Security or other additional agencies he is a member of the Insured and to repay immediately to AGIS SAS Mondial Care Case Manager any sum he received in this respect.

Important: This guarantee is granted upon acceptance by GROUPAMA ASSISTANCE, and **within the amount set in the Table of Benefit.**

Medical expenses excluding hospital expenses abroad outside the home country

The reimbursement of medical expenses excluding hospital expenses shall be made upon return of the insured to his country of origin. He shall produce any necessary receipts.

The Policyholder Company, the Insured or his beneficiaries agree to take all necessary steps to obtain reimbursement of these costs (in full or in part) from the Social Security and/or other any complementary agencies the Insured is a member of.

The Insurer shall pay for the gap of the medical expenses reimbursed by social security and/or any other complementary organizations the Insured of, or his beneficiaries

Payment for this gap is limited to the amount shown in the Table of Benefits

Medical expenses in metropolitan France

The reimbursement of medical expenses excluding hospital expenses shall be made upon return of the Insured to his country of origin. He shall produce any necessary receipts.

The Insured or his beneficiaries agree to take all necessary steps to obtain reimbursement of these costs (in full or in part) from the Social Security and/or other any complementary agencies the Insured is a member of.

The Insurer shall pay for the gap of the medical expenses reimbursed by social security and/or any other complementary organizations the Insured of, or his beneficiaries

Payment for this gap is limited to the amount shown in the Table of Benefits

❖ FOR TRAVEL INCIDENTS

In order for any reimbursements to be made, the Insured must provide the Insurer with all original receipts for expenses incurred as a result of those incidents.

❖ FOR LOSS, DAMAGE, THEFT, OR DESTRUCTION OF PERSONAL BAGGAGE:

- The Insured must file a complaint for loss, damage, theft or destruction of luggage with the relevant local authorities within Twenty Four Hours from the date of the incident.
- The original claim receipt and a detailed declaration must be submitted to the Insurer within a maximum of Ten Days.
- The Insured must file a claim for loss, deterioration, theft or destruction of luggage with the carrier within Twenty Four Hours from the date of the accident.
- The reservation slips from the carrier when the baggage or items have been lost during the time they were under their legal care;
- In the event of the theft of luggage from the trunk of his vehicle, the Insured is required to provide proof of the break-in (picture of the damage, lock repair bill).
- The Insured is required to provide the Insurer with all documentation to verify or estimate the damage (picture of the damaged baggage, invoice) as well as any documents that the Insurer reserves the right to claim.
- In any case, a letter attesting to the date, the place of purchase as well as the original invoice or pro-forma of the invoice.
- With regard to valuables and jewellery, the Insured must provide the Insurer with the original invoices, the original certificate of guarantee, and the deed if the possession of these objects are the result of an estate, the estimate if these objects have been appraised for lack of invoice.

❖ FOR CANCELLATION OR CHANGE OF TRIP

The Policyholder must notify the travel agency of the cancellation as soon as the covered event occurs.

This cancellation must be reported and made to the Insurer **within Forty Eight Hours** from the request for cancellation with the travel agency ("Tour Operator" or Transport Company).

The Insurer shall reimburse based on the current cancellation fee schedule on the date the event giving rise to a claim, was first found.

The Policyholder shall provide the Insurer with

- The details of the tour operator
- The copy of the contract signed with the tour operator as well as all the documents necessary to assess the loss
- The precise reason for the cancellation and all the necessary documentation such as, depending on the nature of the event: the death certificate, the proof of the family relation between the Insured and the victim, a hospital certificate, the copy of summons to a court, the original receipt of complaint filed in case of theft of ID documents or the copy of the declaration of loss in case of serious damage to the home or any other document necessary to prove the cause of cancellation.

Passed those Forty Eight Hours, if the Insurer suffers any loss as a result of the late report, the Policyholder will forfeit all rights to compensation.

❖ FOR SEARCH AND RESCUE COSTS

In order for the reimbursements to be made, the Insured must provide the Insurer with the original detailed request for the reimbursement of search and rescue costs from the local authorities.

❖ FOR PERSONAL LIABILITY

As soon as the Insured becomes aware of a fact likely for the cover under this policy to apply, and within five days, the Insured shall, subject to forfeiture, unless exceptional circumstances or force majeure), notify the Insurer in writing or verbally against acknowledgment of receipt.

The Insured shall also:

- Let the Insurer know within the shortest possible time, about the circumstances of the loss, its known or presumed causes, the nature and the approximate amount of damages.
- Take all necessary measures to limit the extent of the already known damage and prevent any further damage to be sustained,
- Forward to the Insurer, within the shortest possible time, all notices, convocations, summons, extrajudicial documents, and procedural documents that would have been sent to him, delivered or served.

Failure by the Insured to comply with the obligations listed in the previous three sections, the Insurer will be entitled to compensation proportionate to the damage they may have incurred as a result of this breach.

❖ FOR PSYCHOLOGICAL ASSISTANCE

- The original invoices for consultations with the doctor and/or psychologist.
- A copy of the family booklet or any other document justifying the first line family link with the Insured.

❖ FOR LOCAL SERVICES & PERSONAL CARE SERVICES

For the assistance cover to apply, the Insured must first contact GROUPAMA ASSISTANCE on the contact number shown on the personal identification card, prior to any intervention.

9. ADMINISTRATIVE PROVISIONS

9.1. CONDITIONS OF CHANGE OR CANCELLATION OF THE POLICY

The customer may request a refund within 14 days of purchase. Any request for a refund due to a change of dates concerning the duration of your travel insurance contract will only be considered if you can provide a copy of the ticket justifying this change. Your departure dates can be changed free of charge if Mondialcare is informed at least 48 hours before the start date of the contract.

After this deadline, the contract can no longer be changed.

In the event of cancellation of the trip, and only in this case, the subscription fee may be reimbursed to the policyholder upon written request sent to MONDIALCARE by registered letter with acknowledgement of receipt. The request must be received before the effective date shown on the membership form, as evidenced by the postmark.

In all cases, MONDIALCARE will retain the sum of €25 corresponding to the application fee.

9.2.EFFECTIVE DATE AND DURATION OF THE POLICY

The policy is effective on the date and for the duration referred to in the Insurance certificate, subject to payment of the premium. The policy is entered into for a firm period without tacit renewal and may not be terminated and reimbursed during the period.

9.3.LIMITATION

In accordance with Articles L 114-1 and L 114-2 of the Insurance Code, all actions derived from this Policy are subject to limitation, i.e. they may no longer be brought after years from the event that gave rise to these actions.

However, this time limit shall not begin:

- (1) in the event of non-disclosure, omission, inaccurate statement on the risk, from the date the insurer became aware of it;
- In the event of a loss, from the date the beneficiaries became aware of it, if they can prove they were unaware of it until then.

The limitation shall be extended to ten years for accident cover affecting individuals when the Beneficiaries are the assignees of the deceased Insured

9.4. SUBROGATION TO YOUR RIGHTS AND ACTIONS

In accordance with the provisions of Article L.121-12 of the Insurance Code, GROUPAMA is subrogated, up to the amount of compensation they pay, to the rights and actions of the Insured with respect to Third Parties.

If we may no longer exercise this action, from your personal act, we may be relieved from all or part of our obligations to you.

9.5. SANCTIONS TO APPLY FOR MISREPRESENTATION AT THE TIME OF THE CLAIM

Any non-disclosure or misrepresentation, omission or inaccuracy in the risk statement is sanctioned under the terms by articles L 113-8 and L 113-9 of the Insurance Code:

- in case of bad faith on your part: by the policy becoming null and void;
- if your bad faith has not been established: by a lower benefit proportionate to the premium paid against the premium that would have been due had the risk been fully and accurately declared.

SANCTIONS TO APPLY FOR MISREPRESENTATION AT THE TIME OF THE CLAIM

Any fraud, non-disclosure or intentional misrepresentation on your part on the circumstances or consequences of a loss shall result in any entitlement to benefit or compensation for that loss to be forfeited.

9.6.FOR ALL REQUEST OF REPATRIATION ASSISTANCE

For all requests for assistance, the Insured (or anyone acting on his behalf) must contact GROUPAMA Assistance by quoting the reference of the GSL policy (see the certificate of insurance given on purchasing the policy):

- ✓ **Phone from France:** 01.55.98.57.35
- ✓ **From overseas: (+33) 1.55.98.57.35**

GROUPAMA Assistance team is available 7 days a week, 24 hours a day.

FOR ANY OTHER LOSS EVENT

Contact MondialCare by AGIS SAS, in writing:

contact@mondialcare.eu

Or by mail to:

MONDIALCARE / AGIS SAS
33 Avenue Victor Hugo
75116 PARIS FRANCE

• **by phone:**

- ✓ **From France:** 01.82.83.56.26
- ✓ **From overseas: (+33) 1.82.83.56.26**

Agis SAS owns Mondial Care brand and www.mondialcare.eu website, operates as a Broker-Designer, distributor and manager of this Travel Insurance Program. Agis SAS on behalf of the insured/beneficiary named in the Insurance certificate and agrees to transfer to the Insurer, the premium paid to him by the Insured/beneficiary. Agis SAS on behalf of the insurer, processes and settles claims which are not under the assistance coverage directly by Groupama Assistance. Agis SAS - Allsure Global Insurance Solutions SAS - International Insurance and Reinsurance Brokerage Company RCS Paris B 524 120409 Registration No. 10057380 in the register of Insurance Intermediaries - Orias - 1 rue Jules Lefèvre - 75311 Paris Cedex 9 - Activity under the supervision of ACPR - Banque de France Prudential Supervisory and Resolution Authority, 4 Budapest Square CS 92459, 75436 Paris.

9.7. CLAIMS - MEDIATION

The insurance policy wording in French remains the only legal reference in the event of a dispute between the parties. For any issue, the Policyholder will contact the Broker the Insurance policy was entered with

1. If you disagree or not satisfy with the performance of your policy, please inform MUTUAIDE ASSISTANCE by phone on 01.41.77.45.50, or in writing to medical@mutuaide.fr, or by mail to:

**MUTUAIDE ASSISTANCE
SERVICE QUALITÉ CLIENTS
8/14 AVENUE DES FRÈRES LUMIÈRES
94368 BRY-SUR-MARNE CEDEX**

for assistance benefits.

If their response is not satisfactory, the Policyholder may send his claim to Special Lines Group's "Claims" department:

- By mail:

**GROUPE SPECIAL LINES
SERVICE RÉCLAMATIONS
6-8 RUE JEAN JAURÈS
92800 PUTEAUX**

- by Email: reclamations@groupepeciallines.fr

If the response to the claim remains unsatisfactory, the Policyholder may contact Groupama Rhône-Alpes Auvergne's "Claims" department:

- By mail:

**GROUPAMA RHONE-ALPES-AUVERGNE
SERVICE CONSOMMATEURS
70019 LYON CEDEX 69252**

- By email: service-consommateurs@groupama-ra.com

Finally, if disagreement persists regarding the position or proposed solution, the Policyholder may refer the matter to the Insurance Mediation:

- By mail:

**La médiation de l'Assurance
TSA 50110
75441 PARIS CEDEX 09**

- On the website: www.mediation-assurance.org

2. If you disagree or are not satisfied with the performance of your Policy please contact GROUPE SPECIAL LINES in writing to

reclamations@groupepeciallines.fr

INSURANCE BENEFITS

If the answer is not satisfactory, you may send a letter to:

**GROUPAMA RHONE-ALPES-AUVERGNE
SERVICE CONSOMMATEURS
TSA 70019
69252 LYON CEDEX 09**

GROUPAMA undertakes to acknowledge receipt of your mail within 10 business days. It will be processed within 2 months at most. If the disagreement persists, you may use the Insurance Mediation. Contact details above.

The FFSA Ombudsman is not competent to know about policies purchased to cover professional risks.

9.8. SUPERVISORY AUTHORITY

In accordance with the Insurance Code (Article L. 112-4) it is noted that the SPECIAL LINES GROUP and GROUPAMA Supervisory authority is ACPR, 4 Budapest Square - CS92459 - 75436 Paris Cedex 09.

9.9. PROTECTION OF PERSONAL DATA

Personal data is collected at different stages of our business or insurance activities relating to policyholders or individuals parties or interested in the policies.

This data is processed in accordance with the regulations, including the rights for individuals.

❖ Your rights on personal data:

You have rights to your data that may be easily exercised:

- ✓ the right to review the information we have and to request to complete or correct it
- ✓ (access and rectification rights).
- ✓ the right to request your data to be deleted or limited in use (data deletion or limitation rights).
- ✓ the right to object to the use of your data, particularly regarding business development (right to object).
- ✓ right to recover the data that you have personally provided to us for the performance of your policy or which you have given your consent for (right to data portability).
- ✓ right to set guidelines for the retention, deletion and disclosure of your data after your death.

Any request about your personal data may be sent to our Data Protection Officer - SPECIAL LINES GROUP to: 6/8 rue Jean Jaurès – 92800 PUTEAUX or by email : reclamations@groupepeciallines.fr ; and/or au Délégué à la Protection des Données de GROUPAMA in writing « GROUPAMA SA – Correspondant Informatique et Libertés - 8-10, rue d'Astorg, 75383 Paris » or by email to contactdpo@groupama.com.

You may also also file a claim with the National Commission for Information Technology and Freedoms (CNIL) if you believe that we have breached our obligations regarding your data.

9.10. PERSONAL DATA PROTECTION AND INSURANCE

Why do we collect personal data?

Data collected by Special Lines Group at various stages of taking out an insurance or in managing insurance policies are required for the following objectives:

❖ **Contracting, managing, performing insurance or assistance policies**

The data about you or the parties, interested or involved in the policy for contracting, managing and performing the policies, are collected for the following purposes:

- ✓ The study of insurance needs in order to offer insurance policies tailored to each situation
- ✓ Review, acceptance, control and monitoring of the risk
- ✓ Policy management (from the pre-contractual stage to to the termination of the policy), and the performance of the policy and guarantees,
- ✓ Customer management
- ✓ Recovery and management of claims and litigation
- ✓ The development of statistics and actuarial studies
- ✓ The implementation of preventive measures
- ✓ Compliance with legal or regulatory obligations
- ✓ Conducting research and development activities under the life of the policy

Health data may be processed if it is necessary for contracting, managing or performing the insurance or assistance contracts. This information is processed in accordance with medical confidentiality and with your consent.

If a contract is entered, the data is retained for the duration of the policy or claims, and until the legal statute of limitations expires.

In the absence of a policy (prospect data):

- Health data is stored for up to 5 years for probationary purposes;
- any other data may be stored for up to 3 years.

❖ **Business Development**

Special Lines Group and Groupama Group Companies (Insurance, and Services) have a legitimate interest in conducting prospecting actions towards their customers or prospects, and are implementing processes necessary to:

- ✓ Conducting lead management transactions
- ✓ The acquisition, sale, rental or exchange of customer or prospect data in accordance with the rights of individuals
- ✓ Conducting research and development activities as part of client management and prospecting activities

The use of certain means for carrying out prospecting operations is subject to the consent of the prospects. They involve:

- ✓ Using your email address or phone number for electronic canvassing
- ✓ Using your browsing data to provide you with offers tailored to your needs or interests (see cookie notice for more information);
- ✓ forwarding your data to partners.

Anyone may at any time object to receiving advertisements by mail, email or phone from our services (see your rights above).

❖ **Fighting insurance fraud**

The insurer, which has an obligation to protect the mutuality of insured and avoid unjustified claims, has a legitimate interest in fighting fraud.

Personal data (including health data) may therefore be used to prevent, detect and manage fraud regardless of the originator. These anti-fraud systems may lead to have their name recorded on a register of individuals with a risk of fraud

The Agency for Insurance Counter Fraud (Alfa) may be sent that data for this purpose. Rights on this data may be exercised at any time by mail to ALFA, 1 rue Jules Lefebvre - 75431 Paris Cedex 09.

The data processed for counter fraud is kept for up to 5 years from the fraud file being closed. In the event of a legal proceeding, the data will be retained until the end of the proceeding, and applicable limitations expire.

Those listed as suspected fraudsters will be deregistered, past the 5-year period from record on this list.

❖ **Money Laundering and anti-terrorism financing**

In order to meet their legal obligations, the Insurer shall implement surveillance mechanisms against money laundering, the financing of terrorism and allow financial sanctions to be implemented.

The data used for this purpose is kept for 5 years from the closing of the account or the end of the relationship with the insurer. Those relating to transactions carried out by individuals are kept for 5 years from the day of their performance, including in the event of the closing of the account or the end of the relationship with the insurer. TRACFIN may be sent the data for this purpose.

In accordance with the Monetary and Financial Code, the right to access this data is exercised with the National Commission for Information Technology and Freedoms (see cnil.fr).

Transfers of information outside the European Union:

Personal data is processed within the European Union. However, data may be transferred to countries outside the European Union, in accordance with data protection rules and governed by relevant safeguards (e.g. standard contractual clauses of the European Commission, countries with a level of data protection that is recognized as appropriate...).

These transfers can be made for the the performance of these policies, against the fraud, compliance with legal or regulatory obligations, the management of actions or litigation allowing the Insurer to ensure the finding, exercise or defending their rights in court or for the purposes of defending those involved. Some data, strictly necessary for implementing assistance services, may also be transmitted outside the European Union in the interest of the person concerned or safeguarding individual life.

Who is this information provided to?

The personal data processed are intended, **within the limit of their authority.**

- ✓ To the Department of Special Lines Group or Groupama Group companies in charge of commercial relations and contract management, anti-fraud or anti-money laundering and counter-terrorism and terrorist financing, audit and supervision.
- ✓ This information may also be communicated, if necessary, to our reinsurers, intermediaries, partners, and subcontractors, as well as to organizations that may be involved in the insurance business, such as the organizations or professional bodies (including ALFA for anti-fraud purposes and TRACFIN for anti money laundering and ant-terrorist financing).

Information about your health is exclusively intended for the Insurer's medical advisors or other entities of the Group, its medical department or internal or external persons specifically authorized (including our medical experts).

SUPERVISORY AUTHORITY

In accordance with the Insurance Code (Article L. 112-4) it is noted that the SPECIAL LINES GROUP and GROUPAMA Supervisory authority is ACPR, 4 Budapest Square - CS92459 - 75436 Paris Cedex 09.

Limits for force majeure

GROUPE SPECIAL LINES, GROUPAMA et MUTUAIDE ASSISTANCE may not be held responsible for failing to provide assistance services, as a result of force majeure or any of the following events: civil or foreign wars, common political turmoil, civil commotions, riots, acts of terrorism reprisals, restrictions to the free movement of people and goods, strikes, explosions, natural disasters, disintegration of the atomic nucleus, or delays in the provision of the services resulting from the same causes.

10. TABLE OF BENEFITS FOR ASSISTANCE

ASSISTANCE BENEFITS	Maximum amounts All Tax incl. per person for the duration of the POLICY	TERRITORIALITY
ASSISTANCE TO INDIVIDUALS IN THE EVENT OF AN ILLNESS OR AN ACCIDENT		
Repatriation or medical Evacuation	Actual Costs	Worldwide
Medical, surgical, pharmaceutical and hospital expenses incurred abroad Reimbursement of Actual Costs - Advance on Hospital expenses (Without limitation of duration)	Maximum € 300,000, this amount is increased to € 700,000 for the USA and Canada Deductible of €50 per claim	Outside the home country of the insured
Medical expenses when the Insured contracted COVID-19 during his stay, are covered.		
Including Emergency dental expenses	€200 per claim	
Accompanying the Repatriated/Transported Insured	Travel Ticket	Worldwide
Person at the bedside of the Insured in hospital up to two family members	Travel Ticket* + hotel costs 60 € per person per night – maximum 1000 €	Worldwide
Extension of stay Following an impediment to travel when the Insured has contracted COVID-19 and is unable to take his return flight.	Up to €100 per night with a maximum of €1,000	Worldwide
Message Delivery	Actual Costs	Outside the home country of the Insured
ASSISTANCE IN THE EVENT OF A DEATH		
Repatriation or transportation of the body in the event of death	Actual Costs	Worldwide
Coffin costs	€3,000	
Accompanying the deceased by a family member	Travel Ticket* + €150 hotel costs per day - up to 3 days	Worldwide
SUPPORT AND SERVICES TO THE COMPANY AND TO THE INSURED		
Doctor sent onsite	Actual Costs	Worldwide
Medication shipping	Actual Costs	Worldwide
Advance on bail costs	€10,000	Outside the home country of the insured
Legal aid, legal fees	€5,000	Outside the home country of the insured
Passport or ID Documents Assistance	Assistance and Advice	Outside the home country of the insured
Theft or loss of means of payment	Assistance and Advice	Worldwide
Advice on day-to-day life	Assistance and Advice	Outside the home country of the insured
Evacuation for political unrest or natural disaster	Travel Ticket	Outside the home country of the insured
Search and Rescue Costs	Up to €5,000 per insured and €10,000 per event	Worldwide
Psychological assistance	Payment for consultations up to €500	Worldwide

11. TABLE OF BENEFITS

INSURANCE BENEFITS	Maximum Amounts per person VAT incl. for the duration of the POLICY	TERRITORIALITY
BAGGAGE AND PERSONAL ITEMS		
Loss, damage, theft, or destruction of personal baggage or work equipment no deductible	Up to €1,000	Worldwide
TRAVEL INCIDENTS		
Flight delay, flight cancellation, or boarding denied 4-hour deductible	Up to €300	Worldwide
Delay in baggage delivery for any delay exceeding 24 hours	Up to €300	Worldwide
Travel cancellation (ticketing)	Up to €1,500 per event and family	Outside the home country of the insured
PERSONAL LIABILITY		
Personal injury, property damage and consequential loss:	€2,000,000 per claim Except USA and Canada capped at €500,000	Outside the home country of the insured
Property damage and consequential loss: with an absolute deductible of €150 per claim:	€500,000 per claim	